EAST RENFREWSHIRE
HEALTH AND SOCIAL CARE
PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

Date: 2 August 2024
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TO: MEMBERS OF THE EAST RENFREWSHIRE INTEGRATION JOINT BOARD

Dear Colleague

EAST RENFREWSHIRE INTEGRATION JOINT BOARD (IJB)
HYBRID MEETING – WEDNESDAY 14 AUGUST 2024

You are requested to attend a meeting of the East Renfrewshire Integration Joint Board which will be held on **Wednesday 14 August at 10.00 a.m.** in **Civic Room 2, East Renfrewshire Council Offices, 211 Main Street, Barrhead, G78 1SY.**

As this is a hybrid meeting, Board Members can attend in person or via Microsoft Teams. The agenda of business is attached.

Yours faithfully

Councillor Katie Pragnell

Councillor Katie Pragnell
Chair, East Renfrewshire Integration Joint Board

Enc.

ACCESSING THE IJB MEETING AND ALTERNATIVE FORMATS OF MEETING PAPERS

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barry.tudhope@eastrenfrewshire.gov.uk

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EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

Wednesday 14 August 2024 at 10.00 a.m.

Civic Room 2, East Renfrewshire Council Offices, 211 Main Street, Barrhead, G78 1SY (or via Microsoft Teams)

AGENDA

1. **Apologies for Absence**

2. **Declarations of Interest**

3. **Minute of Previous Meeting held on 26 June 2024** (*copy attached, pages 3 to 12)*.

4. **Matters Arising** (*copy attached, pages 13 to 14)*.

5. **Rolling Action Log** (*copy attached, pages 15 to 16)*.

6. **Minute of the Performance and Audit Committee held 26 June 2024** (*copy attached, pages 17 to 24)*.

7. **Presentation: Adult Services Front Door and Peer Professional Review Group**

8. **Health and Care Experience Survey – Access to Primary Care results** (*copy attached, pages 25 to 30)*.

9. **Primary Care Improvement Plan Community Treatment and Care Service: Bloods and Go** (*copy attached, pages 31 to 38)*.

10. **Alcohol and Drug Partnership (ADP) Medication Assisted Treatment Standards** (*copy attached, pages 39 to 46)*.

11. **Audit Scotland Report: Integration Joint Boards Finance and Performance 2024** (*copy attached, pages 47 to 114)*.

12. **Revenue Budget Monitoring Report** (*copy to follow)*.

13. **Charging for Services 2024/25 and beyond** (*copy attached, pages 115 to 128)*.

14. **Presentation: Delayed Discharge position**

15. **Date of Next Meeting:** Wednesday 25 September 2024 at 2.30 p.m.

AGENDA ITEM 3

NOT YET ENDORSED AS A CORRECT RECORD

Minute of virtual meeting of the
East Renfrewshire Integration Joint Board

held on Wednesday 26 June 2024 at 2.30pm

PRESENT

Anne-Marie Monaghan	NHS Greater Glasgow and Clyde Board (Chair)
Mehvish Ashraf	NHS Greater Glasgow and Clyde Board
Lesley Bairden	Chief Financial Officer, IJB
Caroline Bamforth	East Renfrewshire Council
Claire Fisher	Clinical Director
Jacqueline Forbes	NHS Greater Glasgow and Clyde Board
Anne Marie Kennedy	Third Sector Representative
Geoff Mohammed	Carers Representative
Andrew McCready	Staff Representative (NHS)
Julie Murray	Chief Officer, IJB
Councillor Owen O'Donnell	East Renfrewshire Council
Councillor Katie Pragnell	East Renfrewshire Council (Vice Chair)
Raymond Prior	Chief Social Work Officer
Lynn Siddique	Lead Allied Health Professional
Julie Tomlinson	Chief Nurse

IN ATTENDANCE

Pamela Gomes	Governance and Compliance Officer
Tom Kelly	Head of Adult Services: Learning Disability and Recovery
Steven Reid	Policy, Planning and Performance Manager
Jennifer McKean	Senior Manager: Intensive Services and Justice
Lee McLaughlin	Head of Adult Services: Communities and Wellbeing

ALSO IN ATTENDANCE (Items 1 – 7 only)

Ann Forsyth	Head of Primary Care Support (NHS GGC)
Allen Stevenson	Interim Director Primary Care & GP Out of Hours (NHS GGC)
Ann McMillan	Primary Care Transformation Manager (HSCP)

(1) APOLOGIES FOR ABSENCE

Councillor Paul Edlin	East Renfrewshire Council
Dianne Foy	NHS Greater Glasgow and Clyde Board
Barry Tudhope	Democratic Services Manager

(2) DECLARATIONS OF INTERESTS

1. Councillor Pragnell intimated a declaration of interest in respect of agenda item 12. Finance and Policy Implications for Foster Care, Kinship and Adoption. It was agreed that she would leave the meeting for this item.

(3) MINUTE OF PREVIOUS MEETING: 27 MARCH 2024

2. The Committee considered and approved the minute of the meeting held on 27 March 2024 subject to a minor amendment on page 4 where the word ‘home’, in ‘care home contract’ was misspelled.

(4) MATTERS ARISING

3. The Chief Officer confirmed that there were no matters arising from discussions that had taken place at the March meeting which were not covered under other agenda items.

(5) ROLLING ACTION LOG

4. The Committee considered a report providing details of all open actions and those that had been completed since the last meeting. The Chief Officer confirmed that 5 actions remain open. In respect of action 430, the Chief Officer noted that it is not possible to hold future meetings solely in person. The HSCP does not have premises with hybrid capability nor the funding available to invest in technology however we are exploring options within other Council premises.

5. Anne Marie Kennedy requested that we have at least one in-person/hybrid meeting per year. Geoff Mohammed noted that should we hold hybrid meetings in future it is crucial that there is good audio.

6. The Board noted the report.

(6) MINUTE OF PERFORMANCE AND AUDIT COMMITTEE HELD 27 MARCH 2024

7. The Chair confirmed that the Performance and Audit Committee had endorsed the minute of the March meeting as a correct record prior to this meeting.

8. The Board noted the minute.

(7) NHS GGC PRIMARY CARE STRATEGY AND IMPLEMENTATION

9. The Integration Joint Board received a presentation by Allen Stevenson, Interim Director for Primary Care and GP Out of Hours, and Ann Forsyth, Head of Primary Care Support, on the new Primary Care Strategy for NHS Greater Glasgow and Clyde (GGC). The strategy was approved by the NHS Board in April 2024 and is being presented to all IJBs within Greater Glasgow and Clyde as part of the strategy launch.

10. Allen Stevenson provided an overview of the strategy which is the first primary care strategy for NHS GGC, and only the second to be developed in Scotland.

11. Primary Care in the widest sense accounts for 80% of all NHS activity across general practice, community dentistry, optometry and pharmacy and accounts for 20% of the overall NHS budget. Challenges in primary care include prescribing, population health and workforce.

12. The strategy aims to establish and grow an all systems approach across primary care, building on existing good practice. The 3 main areas in strategy are optimising workforce, digitally enabled care and effective integration. Wider areas include improving communication, strengthening prevention, enhancing property and reducing inequality.

13. Ann Forsyth noted that the implementation of the strategy will sit within the NHS GGC Programme Board. A monitoring and evaluation framework has also been developed to measure progress and drive quality improvement.

14. The Chair thanked Allen Stevenson and Anne Forsyth for attending to provide an update, noting that 80% of activity with only 20% budget was interesting.

15. Hearing from Councillor O'Donnell, he advised he welcomed the strategy, particularly in relation to improving the patient experience. Whilst supportive of the transformation and digital front door he was concerned about the 4/5 year timeframe and asked if there was opportunity for some quick wins and acceleration, particularly in terms of self-prescribing and self-diagnosis. He noted that some residents experience difficulties obtaining GP appointments and there appears to be an inconsistent approaches between practices. He suggested there needs to be greater emphasis on social prescribing with consistent signposting which also links to digital front door.

16. Councillor O'Donnell also queried how realistic the aim to enhance primary care accommodation was given the 2 year capital funding freeze.

17. In response, the Clinical Director confirmed that patient self-diagnosis is available through NHS inform which has wealth of information and tools so we already have the foundation for this. She recognised the scale of the challenge to fully implement the strategy and that it is a fantastic vision. In terms of capital funding, she confirmed that there is hiatus and whilst some of the smaller funding sources such as improvement grants isn't readily available this financial year, it is hoped it will be available in future years.

18. Allen Stevenson also noted the challenges around property but is of the view that it needs to be included so we can be ready for any opportunities. He also noted that social prescribing does have huge benefits and has a valuable place in the suite of intervention.

19. In terms of the digital plans, he commented that he was hopeful we would see changes well within the five years. Ann Forsyth added there is linkage with national groups on data.

20. There was some discussion on accessibility. The full strategy will only be available digitally meaning the text is adjustable. However Ann confirmed that there is a programme of public engagement and they will be working with partners on a range of materials to update people on the strategy and its progress. Whilst digital access isn't specifically addressed in the primary care strategy, she noted that they are mindful that people should have a choice in the way in which they access services.

21. The Chief Officer advised that the results from the recent Health and Care Experience survey looked positive locally and suggested a report be brought to the IJB providing an overview of the data and access to primary care services. She also noted that whilst this is a board wide strategy, there are some particular local issues, such as demand and population growth that need to be addressed and hopefully we can work together to ensure these specific local issues are addressed.

22. Finally, Allen Steven wished to formally thank the Chief Officer, Clinical Director and East Renfrewshire team for their support and contribution to the development of the strategy.

23. The Board thanked Allen and Ann for attending and noted the report.

(8) UNAUDITED ANNUAL REPORT AND ACCOUNTS

24. The Performance and Audit Committee Chair confirmed that the Committee had discussed the unaudited annual report and accounts at its meeting prior to the IJB, and the Committee agreed to remit to the IJB without any changes.

25. The Chief Financial Officer confirmed this report will form the basis of the audit by Ernst and Young and the audited report and accounts will be brought in September along with an easy read version. She further went on to advise that the cover report sets out the background, legislative requirements and the key messages.

26. She advised that the IJB has received detailed reporting throughout the year on financial performance and the recovery process itself, including the use of all possible reserves to mitigate costs. It will come as no surprise that financial recovery is the lead message for the year, both in the management commentary and in the governance statement. The challenges ahead recognise the scale of savings needed in 2024/25 and that the unachieved savings and operational pressures taken forward from 2023/24 must be resolved in 2024/25.

27. The £4.7 million overspend at year end was funded through non-recurring support from both partners; £2.6 million from East Renfrewshire Council and £2.1 million form NHS Greater Glasgow Clyde. The Chief Financial Officer noted her thanks from the Chief Officer and herself on behalf of the IJB.

28. In terms of reserves, the most important point to note is that we are in breach of our own reserves policy which states we should hold a general reserve at 2% of our budget. We know that we have been in breach of this in prior years too however we do not have the level of earmarked reserves we held before. The ring-fenced and earmarked reserves held are for specific purposes.

29. We know there is a tension between building and holding reserves whilst protecting front line services and delivering savings, however in the medium to longer term reserves need to be built back as part of long term sustainability.

30. The Chief Financial Officer ended by recognising our financial recovery position is the main element of the report and accounts but this also reflects the diverse range of services we provide, along with a balanced overview of the year's activities and the challenges ahead.

31. Councillor O'Donnell asked for confirmation in relation to the £2.6 million. The Chief Financial Officer confirmed that the covid funding provided by the Council for specific projects of circa £0.8million is additional funding however the 0.7 million agreed in year is part of the £2.6million. She also advised that restructuring costs haven't been included in the report as these are a council expense and therefore wouldn't normally include

32. In summary, the £2.6 overspend is against operational budgets and doesn't take into account covid or restructure funding.

33. With respect to hosted services, Councillor O'Donnell asked if the Learning Disability spend relates to East Renfrewshire only and it was confirmed by the Chief Financial Officer that as the host, it is the totality of the service that is included regardless of which HSCP areas the patients come from. The entire cost of any hosted services sits with the host HSCP.

34. In response to a question about the pilot year for LD Health Checks, the Head of Adult Services: Learning Disability and Recovery provided an update on the roll out of the programme, confirming that the pilot year is for the whole board area.

35. Councillor O'Donnell also queried why the percentage of people moving from drug treatment to recovery was so low. The Head of Adult Services: Learning Disability and Recovery advised he would provide further detail outwith the meeting but noted that in terms of progress against Opiate Substitution Treatment, the percentage is higher.

36. Councillor O'Donnell highlighted the sickness absence days. The Chief Officer advised that there has been a lot of progress particularly within care at home however our NHS performance has decreased, adding that a meeting is scheduled with the health board's Director of HR to discuss absence.

37. Owen's final comment was a spelling error within best value chart on page 148. The Chief Financial Officer confirmed this would be amended prior to submission.

38. There was discussion regarding the repetition between the annual report and accounts and the annual performance report. The Chief Financial Officer agreed with this point however added that there is specific guidance on sections which was must be included within both reports. Cross referencing has previously been ruled out therefore to comply with best practice we will continue to have a degree of repetition.

39. The Integration Joint Board:
    a) Agreed the unaudited annual report and accounts for submission to Ernst & Young subject to correction on page 148
    b) Agreed and endorse the proposed reserves allocations
    c) Note the annual report and accounts is subject to audit review
    d) Agreed 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) Noted the summary overview of financial performance document will be presented with the audited accounts in September.
    f) Noted their appreciation for the amount of work involved.

(9) MEDIUM TERM FINANCIAL PLAN

40. The Chief Financial Officer presented the Medium Term Financial Plan which sets out the potential issues and costs pressures based on a series of scenarios through to 2028/29. The cost pressures range from £3.5 to £8.6 million in any one year based on what if rates of inflation and using a low, medium and high set of assumptions. The year with highest level of cost pressure is 2026/27 as the non-recurring gain from the reduced pension contribution will drop out then, however this is being planned for.

41. Unlike previous versions of this plan, there are no assumptions or modelling included for any settlement income to offset any pressures, as it is not possible at this time to

accurately project this given the uncertainty in the public sector financial landscape. However, the assumption that any specific policy decisions should be funded still stands.

42. The Scottish Government is expected to issue its medium term financial plan for health and social care in the coming months and our plan will be revised for this, or any other relevant information as it arises.

43. The future assumptions are also predicated on delivery of the required savings to balance the 2024/25 budget and progress is summarised in the report.

44. The Chief Financial Officer reminded the Board that we need £9.8 million to balance the budget and we are aiming to achieve savings of £11.9 million to allow for slippage, flexibility and planning ahead. We have £9.8 million of plans identified and are working on a further £2.1 million, related to our NHS funded pressures. To date we are reporting £3.4 million achieved.

45. We are also RAG rating our savings and whilst we have 27% of savings achieved we are showing that our red rated savings are still at 73%; partly to reflect the level of work ahead and partly to ensure we recognise the most prudent position. The summary detail of the savings progress is included at Appendix 3.

46. The Chair thanked the CFO for a robust and detailed report and it was confirmed that Appendix 3 was for 2024/25.

47. Councillor O'Donnell raised concern that we are 3 months in to the financial year and the savings achieved are low given the challenge and suggested a sense of déjà vu. He sought assurance as to the confidence in being able to deliver the required savings.

48. The Chief Financial Officer advised that when you look at savings we are required to make against council, we are progressing more significantly than on the NHS and that a very prudent approach has been taken in terms of the RAG rating, to err on the side of caution. She advised that we are one quarter through the year and have achieved 27%. In terms of the Supporting People Framework, the Chief Financial Officer recognised that savings against adults is proportionally lower as the initial focus of the reviewing capacity has been within care at home. It was confirmed that a dashboard has been developed which will be shared at the IJB in august.

49. The Chief Financial Officer went on to say that she does not know if we will over recover to the planned extent but stated that we absolutely have to deliver the level savings required to balance the budget, recognising we are still facing demand pressures.

50. The Chief Officer added that investment from the Council has allowed us to increase our review capacity to help support savings and the review work for adults will significantly increase once care at home reviews are complete. She went on to add that we continue to have huge demand and complexity in the service and we can only reduce support so far before we will need further investment.

51. The Chief Officer concluded that the Supporting People Framework and delivery of other savings remains an absolute priority for her management team.

52. The Board
    a) Approved the revised Medium Term Financial Plan
    b) Agreed to receive updates that reflect significant changes in the financial outlook for the Integration Joint Board

c) Thanked the team

(10) ANNUAL PERFORMANCE REPORT

53. The Policy, Planning and Performance Manager presented the 8th Annual Performance Report which had been scrutinised by Performance and Audit Committee prior to this meeting.

54. The report provides detailed performance trends and examples of work undertaken and recognises the innovative and collaborative working with the third and independent sectors. The final report will be published by 31st July 2024.

55. Councillor O'Donnell noted that considering the financial pressures, this was a really good report with lots to be proud about. He added that the majority of inspection report results were also pleasing to see.

56. The Chief Officer confirmed that Performance and Audit Committee had made similar comments and whilst this is a remarkably positive report, she advised we are anxious that the significant reduction in services and grant funding will impact future reports, particularly, 2024/25.

57. In relation to absence, she noted that performance is improving within the Council workforce. The focused absence panels within care at home have been successful and we are continuing with additional resource to allow us to target other teams with high absence. She reiterated that a meeting is planned to review NHS absence.

58. Finally, Board members acknowledged how case studies brought the annual report to life and:
    a) Approved the report and its submission to the Scottish Government by the deadline of 31 July 2024
    b) Agreed 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.

(11) THE NATIONAL NEURODEVELOPMENTAL SPECIFICATION

59. The Chief Social Work Officer presented the National Neurodevelopmental specification, noting that there has been an increase in children and young people presenting with ADS (Autism Spectrum Disorder) and ADHD (Attention Deficit Hyperactivity Disorder) in schools and across services which support young people. There are currently 590 young people awaiting assessment.

60. The aim of developing the new neurodiversity pathway is to separate children's needs to better support them and GIRFEC (Getting it Right for Every Child) and whole system holistic support is referenced in the report. He noted that East Renfrewshire has strong working relationships with partners and approaches such as utilising the promise whole family fund to support children and young people in a variety of settings.

61. Work is ongoing to strengthen the transition period for young people and children and adult services are working closely to provide greater clarity and understanding for children, young people and their families.

62. The Chief Social Work Officer concluded that we remain committed to developing the pathway with partners and stressed the whole partnership working across education, the health board and local third sector partners.

63. The Chair thanked the Chief Social Work Officer for a great report

64. Councillor O'Donnell also welcomed the report, noting the complexity of creating a service with different partners. He noted that the time to diagnosis is a real challenge. He feels this is a priority given the pressure and angst experienced whilst waiting, and would welcome anything that can be done to accelerate this.

65. Councillor Bamforth asked about the impact of private psychiatrists and whether we are treating those who have a private diagnosis the same as those with an NHS diagnosis. The Clinical Director advised that NHS guidance has been refreshed and it describes situations where patients have sought assessment and diagnosis privately and wish to transfer to NHS shared care and there is pathway guidance for GPs. She added there are differences between adult and child services, and is conscious of delays and their impact.

66. The Head of Adult Services: Learning Disability and Recovery also advised that we will be able to look at these pathways as part of transitions work. In both cases, any patient still has to be referred into team before medication will be dispensed. The transitions work will help us to focus on difference across landscape and explore how we close the gap.

67. The Chair noted that that this was a good example of team work.

68. The Board noted the progress and development of the service and the challenges therein.

(12) FINANCE AND POLICY IMPLICATIONS FOR FOSTER CARE, KINSHIP AND ADOPTION IN RELATION TO THE SCOTTISH RECOMMENDED ALLOWANCES (SRA)

69. Councillor Pragnell temporarily left the meeting given her declaration of interest in this item.

70. The Chief Social Worker introduced the paper noting that Board members will recall the proposal last August where new rates were approved by the Board.

71. The Scottish Government then implemented the new Scottish Recommended Allowance (SRA) for foster carers shortly after this in an attempt to bring parity for all children and young people across Scotland. Since then we have undertaken work to ensure we are best supporting carers. He confirmed additional funding been provided to allow us to backdate payments to April 2024.

72. The Chief Social Work Officer reminded the Board that we have no children's homes or residential facilities in East Renfrewshire and our foster carers are our dedicated resource to support children and young people, providing a caring role in their own communities.

73. Councillor O'Donnell asked for clarification as to why there were difference for the fees between continuing care and supported care for those over 16. The Senior Manager Intensive Services and Justice explained that there are difference between children moving from foster care to continuing care, and supported care, such as unaccompanied children. In terms of the cost difference, this is based on the allowance element, with the

continuing care allowance higher than the supported care. The national rates set by Scottish Government only apply to the child allowance.

74. The Chair queried whether children make contribution from benefits and it was confirmed that this would be considered as part of a child's review and that often foster carers ask for a contribution which is then put into savings for when the child leaves care.

75. The Board:
    a) Recognised the impact of legislative and policy change for the Health and Social Care Partnership and East Renfrewshire Council.
    b) Approved the revised fostering, kinship and adoption fees and allowances which have been reviewed in line with the Scottish Recommended Allowances (SRA)
    c) Approved the Continuing Care and Supported Care allowances

(13) EAST RENFREWSHIRE ALCOHOL AND DRUG PARTNERSHIP ANNUAL REPORTING SURVEY 2023/24

76. The Chief Officer presented East Renfrewshire Alcohol and Drug Partnerships annual reporting survey and advised that the Scottish Government have stipulated that surveys must be approved by IJBs prior to submission.

77. The Board approved the 2023-24 Survey 2023-24 for submission to the Scottish Government.

(14) DELAYED DISCHARGE POSITION

78. The Head of adult Services: Communities and Wellbeing presented an update on the delayed discharge position, noting that there has been no change to where are ranked for our standard delays and remain second in Scotland. For Code 9 delays (AWI) we are 9th in Scotland, and 2nd in GGC. At the last update to IJB it was noted this was higher than usual, and whilst this has reduced it is still higher than normal.

79. We continue to manage care at home delays well and are able to get people home as quickly as possible. The focus is on discharge without delay and we get 98% of people home without any delay.

80. As at today there are 11 people currently delayed.

81. We are seeing a slight trend in an increase of people moving to residential care. This is mainly due to complexity of need with much frailer individuals unable to return home. We will continue to monitor this.

82. We are still seeing around 50-60 people being referred from acute to our home from hospital or care at home team each week and this includes those with very complex care needs.

83. We are managing significant risk in the community with 125 individuals waiting on new or increased care packages. These are continually reviewed and all fall within substantial and critical.

84. The Chief Officer noted that there is a real focus from a Scottish Government perspective and the CRAG, which meets weekly, have recently produced some data where East Renfrewshire were categorised in the 'need to maintain current performance'. The Chief Officer did point out that is difficult to see how we can maintain current performance when our care at home budget is overspent.

85. Overall, we are performing reasonably well nationally and the majority of HSCPs within GGC are also in maintain current performance category.

86. The Chair noted that it is important we continue to receive this update at IJB meetings.

(15) INTEGRATION JOINT BOARD AND PERFORMANCE AND AUDIT COMMITTEE MEMBERSHIP

87. The Chief Officer presented a short paper on the membership of both the Integration Joint Board and Performance and Audit Committee. As set out in the Integration Scheme, the lead members for NHS GCC and ERC hold their positions as Chair and Vice Chair of the Integration Joint Board for a two year period before switching.

88. This change also coincides with both The Chair and Jacqueline Forbes completing their 8 year term of office on the health board, therefore Councillor Pragnell will take on Chair of the IJB, with Mehvish Ashraf as Vice Chair, in her newly appointed role as the lead NHS GGC member for East Renfrewshire. Mehvish will also chair Performance and Audit Committee, with Councillor Pragnell as Vice Chair.

89. The Chief Office confirmed that appointments had been made by the Health Board at its meeting of 25th June and was delighted to confirm that Martin Cawley and Cath Cooney would be joining East Renfrewshire IJB.

90. The Chief Officer went on to thank Anne Marie Monaghan and Jacqueline Forbes for their commitment and energy to the IJB and associated sub committees and wished them well for the future. She went on to recognise what a brilliant chair Anne Marie had been, providing support and also challenge. Jacqueline's great attention to detail is second to none.

91. Those on the meeting echoed the comments of the Chief Officer.

92. The Chair closed the meting advising it had been a pleasure and commenting on the great leadership and amazing extent of collaborative working with the 3rd sector, having never seen anything like it elsewhere, with best wishes to all.

END

AGENDA ITEM No. 4

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

Meeting of East Renfrewshire Health and Social Care Partnership **Held on**	Integration Joint Board 14 August 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 26 June 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

14 August 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 are not already covered within the agenda, or rolling action log.

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
Julie.Murray@eastrenfrewshire.gov.uk

30 July 2024

AGENDA ITEM No. 5

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

Meeting of East Renfrewshire Health and Social Care Partnership **Held on**	Integration Joint Board 14 August 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 held on 26 June 2024.

Presented by	Julie Murray, Chief Officer

Action Required

Integration Joint Board members are asked to note progress.

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

Action No	Date	Item Name	Action	Responsible Officer	Status	Due / Closed	Progress Update /Outcome
445	26-Jun-24	3. Minute of meeting held 27 March 2024	Minute to be amended to correct typo on page 4 'care home contract'	DSM	CLOSED	Jun-24	Minute amended
444	26-Jun-24	7. NHSGGC Primary Care Strategy and Implementation	Report on results from the Health and Care Experience Survey to be presented to the IJB	CD	CLOSED	Aug-24	Included on IJB agenda (14.08.24)
443	26-Jun-24	8. Unaudited Annual Report and Accounts	Typo within best value diagram on page 148 to be amended prior to submission to Ernst & Young	CFO	CLOSED	Jun-24	Amended and submitted to Ernst & Young 26.06.2024
442	26-Jun-24	10. Annual Performance Report	Annual Performance Report to be published by Scottish Government deadline of 31 July 2024	PPPM	CLOSED	Jul-24	The Annual Performance Report is available online
441	26-Jun-24	12. Foster Care, Kinship and Adoption Fees	Arrangements to be made for the payment of revised fees	CSWO	OPEN	Aug-24	Backdated payments are being calculated
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.
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	An update will be shared with IJB when available
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	An easy read version has been produced. Once published the link will be shared with members.
430	22-Nov-23	4. Matters Arising	Arrange in-person/hybrid meeting after spring	CO	CLOSED	Jul-24	Hybrid meeting arranged for August IJB meting which will take place in Barrhead Council Offices, Civic Room 1
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

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

AGENDA ITEM 6

NOT YET ENDORSED AS A CORRECT RECORD

Minute of virtual meeting of the
East Renfrewshire Integration Joint Board
Performance and Audit Committee

held on Wednesday 26 June 2024 at 1.00pm

PRESENT

Councillor Katie Pragnell	East Renfrewshire Council (Chair)
Councillor Caroline Bamforth	East Renfrewshire Council
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

Mehvish Ashraf	NHS Greater Glasgow and Clyde Board
Lesley Bairden	Chief Financial Officer, IJB
Michelle Blair	Chief Auditor (ERC)
Pamela Gomes	Governance and Compliance Officer
Tom Kelly	Head of Adult Services: Learning Disability and Recovery
Julie Murray	Chief Officer IJB
Steven Reid	Policy, Planning and Performance Manager
Rob Jones	Ernst & Young

APOLOGIES FOR ABSENCE (agenda item 1)

Councillor David Macdonald	East Renfrewshire Council co-opted member
Barry Tudhope	Democratic Services Manager

DECLARATIONS OF INTERESTS (agenda item 2)

1. There were no declarations of interest.

MINUTE OF PREVIOUS MEETING: 27 MARCH 2024 (agenda item 3)

2. The Committee considered and approved the minute of the meeting of the Performance and Audit Committee held on 27 March 2024 as an accurate record.

MATTERS ARISING (Agenda Item 4)

3. The Committee considered a short report by the Chief Financial Officer on matters arising from discussions that had taken place at the March meeting. She noted that the new care home data is included in the Annual Performance report and there would be further detail within the next quarterly performance report. As requested at the March meeting, an update on the Scottish Child Abuse Inquiry was also included.

4. In relation to the Child Abuse Inquiry, Anne Marie Monaghan recognised how challenging it may be for the Chief Officer and Head of Service should they be called to give evidence.

5. The Committee agreed to note the report.

ROLLING ACTION LOG (Agenda Item 5)

6. The Committee considered a report providing details of all open actions and those that had been completed since the last meeting. The Chief Financial Officer confirmed that 4 actions had been closed since the last meeting, and 3 remain open.

7. Anne Marie Monaghan queried whether there was a timeline or progress in respect of action 31. The Chief Internal Auditor confirmed that whilst there is no timescale, she was last in contact with Police Scotland a few weeks ago and they are actively progressing this matter.

8. The Committee agreed to note the report.

ERNST & YOUNG: UNDERSTANDING OF MANAGEMENT PROCESS AND ARRANGEMENTS (Agenda Item 6)

9. The Committee considered the draft response to the Ernst & Young letter submitted to the Chair of the Performance and Audit Committee as part of their audit arrangements. The letter poses a series of questions and the Committee were asked to review and comment on the responses prior to submission to Ernst & Young.

10. The Chief Financial Officer drew particular attention to question 12 in relation to the preparation of the accounts for the IJB on the basis of a going concern. She reminded the Committee that Ernst & Young had previously clarified that as a public body we will continue to provide services despite being in a difficult financial situation, recognising we are in breach of our own reserves policy. Whilst the financial recovery process for 2023/24 and the challenges ahead for 2024/25 may seem counter intuitive to the principle of a going concern, it remains appropriate that we adopt this principle.

11. Anne Marie Monaghan noted that we are in the same position as other IJBs who are also not meeting their 2% reserves policy.

12. The Committee agreed one wording change to the proposed response in relation to question 12 to be clearer that the HSCP delivers the services and the response which will be submitted to Ernst & Young by 28th June 2024.

UNAUDITED ANNUAL REPORT AND ACCOUNTS (Agenda Item 7)

13. The Chair thanked Ernst & Young for their ongoing support and welcomed Rob Jones to the meeting.

14. The Chief Financial Officer confirmed that the report being presented is the unaudited position for 2023/24 and that immediately following this meeting, it will also be discussed by the IJB. Subject to any revisions, the report will be submitted to our auditors by 30th June as it will form the basis of the audit by Ernst & Young.

15. The Chief Financial Officer also confirmed that the audited report and accounts will be brought to the September Committee and an easy read version would also be produced at that point. She went on to provide an overview of the report recognising it will come as no surprise that financial recovery is the lead message for the year, both in the management commentary and in the governance statement. The challenges ahead

recognise the scale of savings needed in 2024/25 and that the unachieved savings and operational pressures taken forward from 2023/24 must be resolved in 2024/25.

16. The IJB received detailed reporting throughout the year on financial performance and the recovery process itself, including the use of all possible reserves to mitigate costs.

17. We ended the year with an overspend of £4.7 million and this was funded through non-recurring support from both partners £2.6 million from East Renfrewshire Council and £2.1 million form NHS Greater Glasgow Clyde and I would like to formally acknowledge thanks from the Chief Officer and myself on behalf of the IJB.

18. In terms of reserves, the most important point to note is that we are in breach of our own reserves policy which states we should hold a general reserve at 2% of our budget. We know that we have been in breach of this in prior years too- however we do not have the level of earmarked reserves we held before. The ring-fenced and earmarked reserves held are for specific purposes.

19. We know there is a tension between building and holding reserves whilst protecting front line services and delivering savings, however in the medium to longer term reserves need to be built back as part of long term sustainability.

20. The Chief Financial Officer ended by recognising our financial recovery position is the main element of the report and accounts but this also reflects the diverse range of services we provide, along with a balanced overview of the year's activities and the challenges ahead.

21. The Chair noted that the report was as expected and thanked the Chief Financial Officer and her team for their commitment particularly given the reduced capacity within the team. Anne Marie Monaghan reflected The Chair's comments and welcomed the inclusion of the strategic plan on a page, however requested that in the final version this be scaled up to a full page.

22. Jacquie Forbes also noted her thanks for a very comprehensive report but was keen to understand how realistic the plan to over recover on savings would be and whether it was realistically deliverable given the current difficulties. She also asked if any major barriers were anticipated. In response, the Chief Financial Officer acknowledged that in 2023/24 the HSCP underestimated how long it would take to realise savings from the Supporting People Framework, thus adding further pressure to this year. She confirmed the HSCP believe it is achievable but recognises not everything will go to plan therefore in order to ensure we don't end up with a shortfall in savings, this allows a buffer and ideally will allow some savings in advance of next year. The Chief Financial Officer reminded the Committee that we are also planning ahead for when the pension benefit that we have this year and next will drop off in 2026/27.

23. The Chief Officer also acknowledged that the pace and culture wasn't right in terms of the Supporting People Framework, and we have learned some lessons. She noted that the Council have invested some of its own pension fund gain to help provide more capacity for reviews; with £700k being invested to help achieve the savings, which is very welcome. She further noted that there are still elements of our service that are overspending and at some point we will need investment in order to keep people safe.

24. The Committee:
    a) Agreed to remit the unaudited annual report and accounts to the Integration Joint Board for approval
    b) Agreed to endorse the proposed reserves allocations

c) Noted the annual report and accounts is subject to audit review
d) Agreed 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) Noted the summary overview of financial performance document will be presented with the audited accounts in September.

REVIEW OF ACTION PLAN – SELF ASSESSMENT OF THE CIPFA FINANCIAL MANAGEMENT CODE (agenda item)

25. In June 2023 this Committee agreed an action plan based on our self-assessment of the CIPFA Management Code and today's report is intended to provide an update to this meeting to support transparent and robust governance. The Chief Financial Officer has reviewed the full plan rather that only those areas where we had previously agreed an action.

26. Updates at June 2024 in are noted in bold and given our financial recovery process in 2023/24 and ongoing savings challenge, combined with our lack of reserves the CFO drew particular attention Sections E and F and also Supporting People in section N.

27. The Committee noted the action plan and were in agreement that an annual update be brought to June meetings of this Committee.

ANNUAL PERFORMANCE REPORT (agenda item 9)

28. The Policy, Planning and Performance Manager presented the 8th Annual Performance Report which will be finalised for publication by 31st July 2024.

29. He noted the report is retrospective and sets out how we delivered on our vision and commitments set out in the Strategic Plan, whilst recognising the challenges we continue to face both locally and nationally. The report set out the current strategic approach, financial performance and detailed performance information illustrating data trends against key performance indicators.

30. The PPPO noted that the report includes case studies and examples of innovative and collaborative approaches that have been taken throughout the year, drawing in experience of the 3rd and independent sectors.

31. He noted that despite the continued pressures we have been facing there has been positive performance and provided an overview of the areas included in the report, recognising that Discharge without Delay continues to be an area of focus.

32. Members commented on how much there was to celebrate and were pleased to see the inclusion of case studies within the report which help bring it to life and show how partners can come together to support our community. Anne Marie Kennedy was pleased that the third sector were able to help and will keep this up. The Chief Officer noted that she was concerned about how positively it read, given the significant changes we have had to make to our services and expects next year's report may be different due to the impact from Supporting People and other savings.

33. In response to The Chair's query around whether the breastfeeding was a local or national target, the Policy, Planning and Performance Manager advised he would check and confirm.

34. The Chair thanked everyone for their contribution and the report was noted by the Committee.

LEARNING DISABILITY INPATIENT SERVICE PERFORMANCE UPDATE

35. The Head of Adult Services: Learning Disability and Recovery presented the performance report which is largely about performance across the wider system as the service receives people and supports discharge across all GGC areas as well as 3 others outwith GGC boundaries.

36. The report sets out the activity on discharge performance around the inpatient service which is hosted by East Renfrewshire on behalf of GGC. The main message was that performance has deteriorated across 23/24 with high number of people delayed, and for longer periods. This impacts our ability to admit new patients into the service and disrupts patient flow.

37. We are also seeing a higher number of people with no, or underdeveloped, discharge plans. The respective HSCPs have explained that this is largely due to difficulties in identifying appropriate housing and/or recruitment challenges with support providers.

38. Discharge tends to be quicker where mental health is the main reason for admission and where people have a home to return to, however the LD service is more likely to admit individuals where behavioural issues are the primary reason for admission and often where there has been a breakdown in support, meaning new care packages are required to be commissioned.

39. During the year, all HSCPs experienced some degree of delays, but the majority of delays are people from Glasgow and Renfrewshire areas and this continues to be the case.

40. We have escalated the issues to all Chief Officers and there is a planned session with Chief Officers in the coming weeks. This report will also be shared via formal routes after this meeting as the current situation is unacceptable. We continue work collaboratively with colleagues and offer support and guidance and are working hard to help teams avoid admissions in the first place and find individual solutions for people with underdeveloped plans.

41. The Chair noted that the performance is very disappointing and was interested to know what the response has been from other COs particularly Glasgow and Renfrewshire. The Head of Adult Services: Learning Disability and Recovery confirmed that we have taken a very personal approach so that Chief Officers have the full details of where individuals are in terms of their discharge plans. We have also set out how we can help and all the chief officers have responded so there is engagement but detailed plans still need to be developed.

42. The Chief Officer advised that the Cabinet Secretary has established a new group around delayed discharge with two sub groups; acute delays and improvement, and the other with a focus on AWI (adults with incapacity), Learning Disability and Mental Health. This will provide further opportunity to reengage with other Chief Officers.

43. Anne Marie Monaghan confirmed that there had been discussion at Glasgow IJB earlier today where they were advised that of the 23 Glasgow people, all but 9 have plans. It was agreed that Glasgow will provide quarterly progress reports to their IJB detailing activity and progress.

44. The Chair thanked Anne Marie Monaghan and Jacqui Forbes for pushing Glasgow IJB on this important issue.

45. The Board noted the report.

COMMUNITY PATHWAYS INSPECTION REPORT (agenda item 11)

46. The Head of Adult Services: Learning Disability and Mental Health provided an overview of the inspection report of the Community Pathways services. He noted that the service has been evolving since covid in terms of the service models people want. This has seen a move from a building based approach to more community based support which the Care Inspectorate found difficult to register. They have therefore registered it as a dispersed service with subgroup of care at home as this is the category that best meets their registration types. We were therefore slightly anxious in terms of the new inspection but it can be seen from the report that it was a good inspection with lots of positive highlights, in terms of service delivery as well as staff and leadership.

47. The Committee acknowledged how stressful unannounced inspections can be and send their regards to all those involved for such a good outcome.

48. The Committee noted the report.

AUDIT UPDATE (agenda item 12)

49. The Chief Financial Officer advised that follow up work has been undertaken on 3 audits which has 8 recommendations now included in the report. This supersedes 34 previous recommendations.

50. This means we now have 49 current recommendations, compared to 75 when we reported in March. Of these we consider 37 closed pending verification. Of the 12 that are open, 8 are from the new follow up audit.

51. The Chief Internal Auditor advised that the follow up of payroll and debtors is currently ongoing therefore it is expected that some of these will be removed by the next update. She has also received a further update from NHS which was too late for inclusion in this paper but indicated that only minor improvements were identified across 5 new reports.

52. The Chief Officer advised we need to develop a better process in relation to NHS audits as these aren't being shared with Chief Officers and asked Michelle to assist in progressing this.

53. Lesley will also raise through the Chief Financial Officer network to see if there are any improvements that can be made in terms of process.

STRATEGIC RISK REGISTER (agenda item 13)

54. The Chief Financial Officer presented the standing strategic risk register report, noting that one risk has been removed since last reported as this related to a specific IT issue, which has been resolved and remained stable for period of time. We are no longer encountering the issues when sending / receiving information.

55. As referred to in the matters arising the workforce score has been reviewed and corrected.

56. The scoring for Care at Home has also been revised based on the service challenges and pressures, this remains amber.

57. As has been the case for some time and will remain so for the foreseeable future Financial Sustainability remains red.

58. Jacqui Forbes noted that there were a few risks where the score after proposed mitigation was being reduced based on impact rather than likelihood and was keen to understand the rationale.

59. There was some discussion recognising that thee assessment of risk is based on the lead professionals knowledge at the point of review and this will always be subjective

60. It was suggested that for the next report that any key assumptions could be included to support the context and or change.

61. The Committee noted the report

VALEDICTORY

62. The Chair thanked both Anne Marie Monaghan and Jacqueline Forbes for their commitment to the Committee recognising their significant contribution.

63. Anne Marie Monaghan and Jacqueline Forbes noted that collaborative, professional and friendly manner of the Committee was refreshing.

64. Mehvish Ashraf will become the nominated Health Board lead for the IJB and will be taking on role of PAC Chair.

AGENDA ITEM No. 8

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

Meeting of East Renfrewshire Health and Social Care Partnership **Held on**	Integration Joint Board 14 August 2024
Agenda Item	8
Title	Primary Care in the Scottish Health and Care Experience (HACE) survey 2024 - Summary of East Renfrewshire responses

Summary

This report provides a summary of East Renfrewshire residents' feedback from the Scottish Health and Care Experience (HACE) survey 2024, specifically in relation to primary care.

Presented by	Dr Claire Fisher, Clinical Director

Action Required

The Integration Joint Board is asked to note the report.

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
- ☐ Policy
- ☐ Workforce
- ☐ Equalities
- ☐ Risk
- ☐ Legal
- ☐ Infrastructure
- ☐ Fairer Scotland Duty

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

14 August 2024

Report by Chief Officer

PRIMARY CARE IN THE SCOTTISH HEALTH AND CARE EXPERIENCE (HACE) SURVEY 2024 – SUMMARY OF EAST RENFREWSHIRE RESPONSES

PURPOSE OF REPORT

1. The purpose of this report is to share the feedback of East Renfrewshire residents from the Scottish Health and Care Experience (HACE) survey 2024, specifically in relation to primary care.

RECOMMENDATION

2. The Integration Joint Board is asked to note the report.

BACKGROUND

3. The Scottish Health and Care Experience (HACE) survey is a postal survey which is sent to a random sample of people aged 17 years or older who are registered with a General Practice (GP) in Scotland. The survey, successor to the GP and Local NHS Services Patient Experience Survey, has been run every two years since 2009. The most recent survey questionnaires were sent out in October and November 2023 asking about people's experiences during the previous 12 months.

4. The HACE survey covers five areas of health and care experience:
   - Your General Practice
   - Treatment or advice from your General Practice
   - Out of hours healthcare
   - Care, support and help with everyday living
   - Caring responsibilities

5. The results are reported at a national level, supplemented with publicly available dashboards allowing analysis at NHS Board, Health and Social Care Partnership, GP Cluster and GP Practice level.

6. Seven interactive dashboards are available and present the results from the 2024 survey along with time trends for all surveys since 2016, where questions are comparable. These online dashboards can be accessed on the Public Health Scotland website.

7. Results at all levels of reporting are weighted to provide results which are more representative of the population. Details of the weighting methodology is also available using the link above.

8. Results from local areas were compared to Scotland and the results from the 2024 survey were compared to the 2022 survey at national, NHS board and HSCP level where the same question was asked in both surveys.

9. This summary aims to highlight key findings from the responses received by East Renfrewshire residents for the General Practice element of the HACE survey.

REPORT

Response Rates and Demographics

10. A total of 526,758 surveys were sent out across Scotland with 8,457 being sent to residents of East Renfrewshire.

11. The 21% response rate from East Renfrewshire compares favourably with the national average of 20%.

12. The response rate for our NHS Greater Glasgow and Clyde Board area was 15%.

13. The response rate across the three GP Clusters in East Renfrewshire varies from 18% to 25%.

Response Rate	ER HSCP	(EW1)	(EW2)	(Levern)	GGC	Scotland
Number of Responses	1,785	(735)	(570)	(480)	25,964	107,538
Sample Size	8,457	(2,935)	(2,852)	(2,670)	173,056	526,758
Response rate	**21%**	**(25%)**	**(20%)**	**(18%)**	**15%**	**20%**

Table above shows the responses rates across ER HSCP, ER GP Clusters, GGC and Scotland.

14. 43% of East Renfrewshire respondents were male and 57% female which reflects the pattern nationally and across GGC.

15. 47% of the respondents from East Renfrewshire were people aged over 65 years. This compares favourably with 46% of all respondents across Scotland and slightly higher than that of GGC (40%).

Summary of Key Results in East Renfrewshire

16. Out of the 1,785 responses, 75% gave a positive rating to the ‘overall care provided by a GP practice’.

17. The East Renfrewshire percentage is higher than both the Scotland average of 69% and GGC average of 70%.

18. The positive rating to the ‘overall care provided by a GP Practice’ is also 5% higher than the 2022 survey (70%).

19. When asked 'how easy it was to contact your GP Practice in the way that you want' in East Renfrewshire, 82% gave a positive rating compared to 76% in Scotland and 78% in GGC.

20. The positive rating for contacting the GP Practices saw variation across our GP Clusters with EW1 (85%), EW2 (73%) and Levern (84)% respectively.

21. 75% or respondents were 'happy with the opening times of their GP Practice' with 17% being unhappy. 8% were unsure of the opening times.

22. Of their appointments, 66% of respondents said they were seen face to face by their GP and 34% received; a phone call (30%), home visit, email / instant messaging, and e-consult or no appointment (4%).

23. 84% of respondents were happy with the appointment they were offered.

24. Of the most positive results received for General Practice:

    a. 93% understood the information they were given
    b. 91% felt that they were able to answer questions if they wanted to
    c. 90% felt that they were listened to
    d. 89% felt that they were treated with dignity and respect

25. Of the most negative results received for General Practice:

    a. 68% were able to make an appointment with their doctor three or more days in advance
    b. 45% felt that they were able to make arrangement to see a Mental Health Practitioner at their practice.

26. Full details and comparisons of the responses to each section of the HACE survey are provided through the dashboard, accessed on the Public Health Scotland website.

CONSULTATION AND PARTNERSHIP WORKING

27. We continue to engage locally and across GGC where appropriate to improve local and board intelligence of access and patient experience of General Practice.

28. Health Improvement Scotland (HIS) and Public Health Scotland (PHS) have developed national programmes to support intelligence / data platforms to direct short and long term transformation of General Practice though a whole system approach. Locally we engage and contribute to these national programmes.

29. There has been significant engagement with people accessing our GP Practice services in East Renfrewshire during the development of the new NHS GGC Primary Care Strategy. We will continuing to engage as the Primary Care Strategy Implementation Plan develops and 'improving accessing to Primary Care' has been identified as one of the key strategic priorities.

IMPLICATIONS OF THE PROPOSALS

30. There are no implications to finance, workforce, infrastructure, risk, equalities, policy, legal or Fairer Scotland Duty.

DIRECTIONS

31. There are no directions arising from this report.

CONCLUSIONS

32. Respondents from East Renfrewshire generally rated their experience of Primary Care / General Practice more positively or the same as the 2022 survey.

33. Responses from East Renfrewshire, rating the experience of health and social care, were generally equal to or more positive than the Scottish and GGC average.

34. GPs and General Practice teams had to adapt their ways of working both during and post pandemic to maintain a high level of service to patients to keep them safe. It is encouraging for East Renfrewshire HSCP to see our local GPs scoring so positively from this year's HACE survey of our resident's recent experiences of their local GP Practice.

35. Demand for GP services has increased over the past few years, with most practices reporting being busier than pre-pandemic. GPs and the new multidisciplinary practice teams will have to continue to work innovatively and change how care is delivered in order to overcome some of these challenges.

RECOMMENDATIONS

36. The Integration Joint Board is asked to note the report.

REPORT AUTHOR AND PERSON TO CONTACT

Ann McMillan, Primary Care Transformation Manager
Ann.McMillan@ggc.scot.nhs.uk

30 July 2024

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

Health and Care Experience Survey 2023/24: National Results
https://www.gov.scot/binaries/content/documents/govscot/publications/statistics/2024/05/health-care-experience-survey-2023-24-national-results/documents/health-care-experience-survey-2023-24-national-results/health-care-experience-survey-2023-24-national-results/govscot%3Adocument/health-care-experience-survey-2023-24-national-results.pdf

AGENDA ITEM No. 9

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

Meeting of East Renfrewshire Health and Social Care Partnership **Held on**	Integration Joint Board 14 August 2024
Agenda Item	9
Title	East Renfrewshire Primary Care Improvement Plan, Community Treatment And Care – 'Bloods and Go' service

Summary

This report provides an overview of the newly developed 'Bloods and Go' phlebotomy service as part of East Renfrewshire Primary Care Improvement Plan, Community Treatment and Care service.

Presented by	Dr Claire Fisher, Clinical Director

Action Required

The Integration Joint Board is asked to note the report.

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

14 August 2024

Report by Chief Officer

Primary Care Improvement Plan, Community Treatment and Care Service 'Bloods and Go'

PURPOSE OF REPORT

1. The purpose of this report is to provide an overview of the newly developed 'Bloods and Go' phlebotomy service offered as part of the Primary Care Improvement Plan (PCIP), Community Treatment and Care (CTAC) Service.

RECOMMENDATION

2. The Integration Joint Board is asked to note the report.

BACKGROUND

3. The Scottish General Medical Services (GMS) Contract, 2018 is a joint agreement between the Scottish Government and the British Medical Association. The Contract set out a new direction for general practice in Scotland which aimed to:

   - improve access for patients, address health inequalities and improve population health including mental health
   - provide financial stability for GPs, and reduce GP workload through the expansion of the primary care multidisciplinary team
   - redefine the role of the GP as an expert medical generalist focusing on complex care, reduce the risks associated with becoming a GP partner and encourage new entrants to the profession as well as help retain existing GPs

4. The Memorandum of Understanding between the Scottish Government, British Medical Association, Integration Authorities and NHS Board for the new GMS contract was agreed in April 2018 and set out the principles by which primary care redesign should be delivered. Crucial to this agreement was that services would only be transferred where it was sustainable for the local healthcare system and, most importantly, where it was safe, appropriate, and improved patient care.

5. As a result of the new contract, all Integration Authorities had a locally-agreed Primary Care Improvement Plan (PCIP) which would improve the primary care people receive in their communities. Investing in multi-disciplinary teams to increase capacity in primary care would allow patients to be seen at the right time by the right person, and also help reduce General Practitioner (GP) workload. One of the six key priority areas in the plan was Community Treatment and Care (CTAC) services.

6. The GMS contract (2018) and the supporting the MOU and MOU(2) highlighted the need for CTAC services to be designed locally, taking into account local population health needs and existing community services. Therefore, CTAC services were able to use a range of delivery models, including hub, bespoke in general practice, and a combination of hub and bespoke models.

7. The benefits of services delivered by CTAC services were:

   - Patients would have a valuable alternative to general practice appointments
   - Staff would feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provided
   - Systems would allow general practice resources to be used more effectively and efficiently as people access CTAC services instead of general practice

8. By April 2021 (extended to 2023 due to the pandemic), these services would be commissioned by HSCPs, and delivered in collaboration with NHS Boards that will employ and manage appropriate nursing and healthcare assistant staff.

9. For CTAC services the GMS Contract agreement (2018) stated:

> *(3) Community Treatment and Care Services - These services include, but are not limited to, basic disease data collection and biometrics (such as blood pressure), chronic disease monitoring, the management of minor injuries and dressings, phlebotomy, ear syringing, suture removal, and some types of minor surgery as locally determined as being appropriate. Phlebotomy will be delivered as a priority in the first stage of the HSCP Primary Care Improvement Plan.*

10. East Renfrewshire HSCP had never operated a Treatment Room hub model of service delivery, so the service was developed from scratch using best practice learning from across GGC and local intelligence. The original East Renfrewshire HSCP PCIP included two treatment rooms, one per locality and hosted within both of our Health and Care Centres, employing Band 3 Health Care Assistants (HCA) and Band 5 Treatment Room Nurses.

11. Innovatively, Band 3 HCAs were preferred to Band 2 Phlebotomists as they could undertake a broader variety of tasks to support scheduled chronic disease management. Band 3 HCA could also work in a Treatment Room setting or out in the community. A proportion of the Treatment Room service was expected largely to consist of phlebotomy services, which could therefore be delivered in a clinic or at home.

12. Band 5 Treatment Room Nurses would undertake more complex activities including dressings in a Treatment Room setting. The new CTAC service would be available to reduce current GP workload and would be accessible only by referral from GPs or delegated GP practice staff.

13. In October 2018, a phlebotomy+ (basic disease data collection and biometrics (such as blood pressure, pulse, height and weight), phlebotomy (clinic and domiciliary), suture removal and intramuscular injections) service was delivered as a priority by allocating 4.0wte Band 3 Heath Care Support Workers / Community Health Care Assistants to all 15 East Renfrewshire GP Practices based on wte / GP registered populations.

14. Following this, in early 2019 an options appraisal was carried out with the GP Practices where it was agreed that a combination of hub and bespoke / hybrid model of CTAC service delivery was the preferred option (mainly due to limited room space in GP Practice premises).

15. A needs analysis and intelligence of GP Practice task and profession activity (Week of Care audit) was carried out and used to determine demand and scale required for Treatment Rooms. Through GP Practice engagement and consultation, two Short Life Working Groups were set up for Eastwood and Barrhead Health and Care Centres to scope out requirements / processes including appointing patients and clinical notes (recording systems), workforce modelling and skill mix, availability of trained staff, working patterns, training and development etc.

16. We secured two rooms at both health centres, recruited staff and created a service specification, intervention list and Standard Operating Procedures (SOPs) based on local decisions proposed from the short life working groups. A soft launch was planned for April 2020 but delayed until December 2020 (Eastwood Health and Care Centre) and April 2021 (Barrhead Health and Care Centre) due to the reduced capacity with social distancing in health centres during the pandemic. The CTAC - Treatment Room service was scaled up and fully implemented in September 2021.

REPORT

17. Following full implementation of CTAC services in 2021 as part of East Renfrewshire PCIP it was acknowledged that there was still a high demand for phlebotomy services within GP Practices

18. The Scottish Government announced that for 2022-23 that we should continue to deliver the priority services set out in the Memorandum of Understanding with a particular focus on three priority areas, one of which was CTAC, using existing regulations. Therefore, in February 2023 following a deep dive of CTAC services in March and October 2022 a further Week of Care audit was carried out to determine the demand of CTAC activity remaining in practice.

19. Although the 2019 – 2022 Week of Care comparison was able to show the shift of the majority of CTAC tasks from GP Practices to Treatment Room, there was still approximately 125 hours / 750 appointments of phlebotomy still being carried out by GP Practice staff in GP Practices (over and above the work shifted to 4.0wte PCIP Heath Care Support Worker / Community Health Care Assistant resource allocated to practices).

20. Original local Primary Care Improvement Funding allocation agreements for CTAC did not allow provision for this additional phlebotomy to be shifted as part of the PCIP to the hybrid model of CTAC services at full implementation. However, in 2023 additional funding was identified following agreement of the Vaccination Transformation Programme (VTP) Financial framework with NHS GGC. We had over-allocated the HSCPs contribution to the VTP programme which was now being delivered centrally by GGC and proposed that this underspend funding be aligned to CTAC services as one of the priority areas.

21. We proposed to the East Renfrewshire HSCP PCIP Oversight group that this funding be used for an enhanced phlebotomy service to complement existing CTAC services called ‘Bloods and Go’. A service which currently operated in NHS Lanarkshire.

22. There has been a growing recognition of the importance of ensuring these PCIP services are designed in ways that meet the needs of individuals and communities by helping people access the ‘right person at the right place at the right time’. ‘Bloods and Go’ would allow any patient who has been seen by an East Renfrewshire GP or GP Practice Health Professional and who requires bloods to be obtained, to attend any of the two health centres within East Renfrewshire for this ‘on the day’ procedure.

23. Following a visit to NHS Lanarkshire we were able to identify the model and processes required to enable us to deliver a similar service in East Renfrewshire.

24. East Renfrewshire HSCP were able to identify space in both health centres and PCIP had them converted and kitted out to the clinical spaces required for ‘Bloods and Go’ service.

25. The ‘Bloods and Go’ phlebotomy service is a function of the CTAC service and phlebotomy is one of the core tasks within CTAC. Phlebotomy was routinely delivered by CTAC Community Health Care Assistants hosted within GP practices since 2018, and therefore ‘Bloods and Go’ would be an extension of this service.

26. Currently the GP / Health Professional request blood tests on GP Order Comms which are picked up and samples taken by CTAC Community Health Care Assistants based in GP Practice clinics. These are then processed at labs and the GP or health professional requesting these then receives the results. The ‘Bloods and Go’ service would function in the same way but the samples would be collected in one of the health centres rather than the GP Practice clinic.

27. The service would be a drop-in clinic model, no booking / appointing systems are required as the new phlebotomy service allows patients to attend for ‘on the day’ bloods and go. ‘Bloods and Go’ is a phlebotomy only service, no other clinical interventions are carried out.

28. The ‘Bloods and Go’ service is delivered within Eastwood and Barrhead Health and Care Centres, in repurposed, dedicated consultation spaces.

29. The workforce of the ‘Bloods and Go’ service is Band 3 Heath Care Support Workers and Band 2 receptionists with oversight from Band 5 Treatment Room Nurse. All Treatment Room staff work on a rotational basis across all CTAC services.

30. Two consultation bays are hosted at Eastwood Health and Care Centre, and one hosted in Barrhead Health and Care Centre. The service offers a phlebotomy service to individuals aged 16 years and over from all 15 GP Practices Monday to Friday from 8.30am to 4.30pm.

31. The ‘Bloods and Go’ service was tested in both health and care centres with a few GP Practices over the first two weeks of June 2024 before being rolled out to all 15 GP Practices.

32. To date we have seen over 1,200 patients access the ‘Bloods and Go’ service across both health and care centres.

33. The feedback has been very encouraging from patients, staff and GPs.

"I have had nothing but praise for the Bloods & Go team. My patients have all been so impressed at how efficient it is. They all feel this is a real positive in their care pathway and said how slick it was". (GP)

"Friendly & efficient - Visit to the doctor's resulted in bloods being taken for Diabetes and Anaemia and I was directed to Bloods on the Go at Eastwood Health Centre. Nurses were friendly and efficient and I left feeling comfortable having all my questions answered. Would like to express my gratitude and it makes all the difference being listened to". (Care Opinion)

CONSULTATION AND PARTNERSHIP WORKING

34. Governance of PCIP services come from East Renfrewshire HSCP Clinical Director and Primary Care Transformation Manager. The CTAC service is managed and led by the PCIP Team Leader for CTAC / VTP and the Senior Nurse for Adult Community Nursing Services.

35. Existing governance and reporting structures are through our local PCIP Oversight Group and the NHS GGC Boardwide CTAC Service Development Group who continue to review and develop the CTAC programme.

IMPLICATIONS OF THE PROPOSALS

Finance

36. Funding to support the implementation of the MoU and PCIP is allocated to Integration Authorities through the Primary Care Improvement Fund.

37. There are no implications to workforce, infrastructure, risk, equalities, policy, legal or Fairer Scotland Duty.

DIRECTIONS

38. There are no directions arising from this report.

CONCLUSIONS

39. Building on learning from other MOU areas we will continue to support improving patient outcomes and experiences though our CTAC services.

40. We will continue to develop the 'Bloods and Go' service following launch and will monitor demand and capacity through weekly reports and feedback from patients, staff and GP Practices.

RECOMMENDATIONS

41. The Integration Joint Board are asked to note the report.

REPORT AUTHOR AND PERSON TO CONTACT

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24 July 2024

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

Memorandum of Understanding
https://www.gov.scot/binaries/content/documents/govscot/publications/correspondence/2017/11/delivering-the-new-gms-contract-in-scotland-memorandum-of-understanding/documents/delivering-gms-contract-in-scotland---memorandum-of-understanding/delivering-gms-contract-in-scotland---memorandum-of-understanding/govscot%3Adocument/Delivering%2BGMS%2Bcontract%2Bin%2BScotland%2B-%2BMemorandum%2Bof%2Bunderstanding.pdf

Memorandum of Understanding (MoU) 2
https://www.publications.scot.nhs.uk/files/memorandum-of-understanding-2-gms-contract-implementation-for-pc-improvement-30-july-2021.pdf

East Renfrewshire HSCP Primary Care Improvement Plan
https://www.eastrenfrewshire.gov.uk/media/2836/Integration-Joint-Board-Item-08-15-August-2018/pdf/IJB_Item_08_-_15_August_2018.pdf?m=637375992886770000

AGENDA ITEM No. 10

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

Meeting of East Renfrewshire Health and Social Care Partnership **Held on**	Integration Joint Board 14 August 2024
Agenda Item	10
Title	East Renfrewshire Medication Assisted Treatment Standards Update 2023-24

Summary

This report provides an update on the outcome of the latest national assessment of East Renfrewshire's progress towards the Medication Assisted Treatment (MAT) Standards, a rigorous process requiring significant preparation of evidence of implementation.

Presented by	Julie Murray, Chief Officer

Action Required

The Integration Joint Board is asked to note and comment on Red/Amber/Green assessment achieved by East Renfrewshire in relation to Medication Assisted Treatment Standards 1 to 10.

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

14 August 2024

Report by Chief Officer

MEDICATION ASSISTED TREATMENT STANDARDS UPDATE 2023-24

PURPOSE OF REPORT

1. The primary purpose of this report is to update on the outcome of the national assessment of East Renfrewshire's progress towards the Medication Assisted Treatment Standards, a rigorous process requiring significant preparation of evidence of implementation.

RECOMMENDATIONS

2. The Integration Joint Board is asked to note and comment on Red/Amber/Green assessment achieved by East Renfrewshire in relation to Medication Assisted Treatment Standards 1 to 5.

BACKGROUND

3. Implementing the Medication Assisted Treatment (MAT) Standards is a key priority for supporting people with harmful opiate use, and is one of the key workstreams of the National Mission to reduce and prevent drug related deaths. They are a holistic set of standards that include rapid access to opiate substitution treatment, on the same day of presentation where possible, as well as improving access to harm reduction, mental health supports, and advocacy services. A summary of the ten Standards is attached in Annex 1 for Integration Joint Board members to note.

4. An East Renfrewshire MAT Standards Implementation Plan has been published which is available at MAT Implementation Plan. Specific funding was allocated by the Scottish Government to increase staffing capacity and this has been achieved, including a full time pharmacist prescriber, enabling prescribing availability from Monday to Friday.

5. There is significant scrutiny across all Drugs Mission delivery but in particular the implementation of the MAT Standards. The implementation plans have been signed by the HSCP's Chief Officer and the Chief Executives of the NHS health board and local authority in accordance with the Ministerial Direction issued on 23 June 2022. Quarterly progress reports have been submitted to the Minister for Drugs and Alcohol Policy since September 2022.

6. At the Integration Joint Board meeting in June 2023, members were advised of the latest Red/Amber/Green assessment of East Renfrewshire's progress towards the MAT Standards. At that time, East Renfrewshire was assessed as Green for standards 1, 2, 3 and 5 (covering rapid access, informed choice, outreach and remaining in treatment). An amber rating was achieved for standard 4 on provision of harm reduction, such as injecting equipment provision and wound care. The Alcohol and Drugs Partnership was disappointed to receive this amber rating, however the necessary changes were implemented very quickly to fully meet the standard, resulting in a green status being achieved within the following weeks.

7. The national MIST team published a National Benchmarking Report in June 2023 which highlighted positive progress across Scotland in achieving the MAT Standards. Work has continued during 2023-24 and this report highlights the outcomes of this work.

REPORT

National Assessment of Progress on Medication Assisted Treatment (MAT) Standards

8. Locally, the MAT implementation process has continued to be been driven by a local Implementation Steering Group (membership including Alcohol and Drug Recovery Service management, Senior Manager Mental Health and Recovery Services, Data Analyst, Lead Planner and MAT Project Manager from NHS Greater Glasgow and Clyde). The working group met regularly during 2023-24 to progress and report on actions and review the evidence being gathered to demonstrate implementation. This group was supported throughout the last year by the national MAT Standards Implementation Support Team (MIST), hosted within Public Health Scotland. This support gave the opportunity to submit evidence for review prior to submission and discuss improvement areas.

9. All Alcohol and Drug Partnership (ADP) areas have now been formally assessed and East Renfrewshire has achieved green ratings for all of Standards 1 to 10. The graphic below shows the progress made over the past three years.

MAT Standards Benchmarking by Reporting Year

Reporting Year	East Renfrewshire									
	MAT 1	MAT 2	MAT 3	MAT 4	MAT 5	MAT 6	MAT 7	MAT 8	MAT 9	MAT 10
2022						N/A	N/A	N/A	N/A	N/A
2023										
2024										

RAG Colour Legend

provisional amber

amber

provisional green

green

*2022 MAT 6 TO MAT 10 were not assessed

10. The highest possible assessment for Standards 6-10 at the current time is “provisional green”. This reflects that the numerical measures for these standards have not yet been developed. The deadline for full implementation of standards 6 to 10 is 31 March 2025.

11. The MIST assessment focused on three areas: numerical evidence, process evidence and experiential evidence. East Renfrewshire’s numerical evidence demonstrated that appropriate and effective arrangements were in place to offer rapid access to Opiate Substitution Treatment, on the same day where clinically appropriate; informed choice of available substitute medications was available; assertive outreach was being carried out in the case of near fatal overdose or risk of one, with harm reduction provision available across the service.

12. In-depth feedback from seven people who use the service was gathered via interviews or small group discussions and 14 service provider interviews were completed. An in-depth analysis of findings was submitted, including the following highlights:

    - People using the service felt informed about treatment options and able to approach staff with any questions or concerns
    - People felt supported to attend appointments, and noted that staff were proactive in the case of non-attendance at appointments, or when they may be experiencing crisis, such as visiting people at home
    - While the service building has some associated stigma, people using the service feel it is warm and welcoming
    - While experiences of trauma are prevalent amongst people using services, feedback demonstrated that staff are compassionate and caring and people feel “comfortable and safe”

13. Feedback from staff providing the service demonstrated:

    - Staff have participated in a range of training courses and put into practice the skills developed including safety and stabilisation skills
    - Staff recognise the additional support people using services may need to attend regular appointments and provide this where required
    - Staff are aware of advocacy services and proactively offer advocacy referrals to service users
    - Wide knowledge of harm reduction supports offered within the service

14. Family members were invited to participate in “winter warmer” events run by the Alcohol and Drug Recovery Service, with feedback demonstrating that family members welcomed being able to see the service where their loved one receives support. Feedback will also inform the future planning of events to encourage greater family involvement.

15. The experiential feedback has also identified areas for improvement including improving awareness and take-up of independent advocacy, further developing recovery supports within the Alcohol and Drug Recovery Service (ADRS) and increasing awareness of recovery supports in the community, positive promotion of the service to increase visibility and reduce stigma and continuing the work to improve joint working between ADRS and mental health services.

16. The levels of engagement achieved across all target groups demonstrated an improvement on 2022-23. Nevertheless, it is an aim of the MAT implementation programme to ensure continuous improvement in the quantity and quality of experiential feedback from all target groups as well as deliver on the areas for improvement.

17. Work will continue to maintain Standards 1-5 through review, monitoring and reporting, as well as progressing the implementation of MAT Standards 6-10 to achieve Green status by the deadline 31 March 2026. Standards 6-10 cover the provision of psychological supports, mental health support, trauma informed care, improved ability to offer MAT in primary care settings and the development of recovery networks.

18. Public Health Scotland published a national benchmarking report on implementation of the Medication Assisted Treatment (MAT) standards on 9 July 2024. This report shows significant progress at national level. In 2023/24, for MAT standards 1–5, 90% have been assessed as fully implemented. This is an increase from 66% in 2022/23 and 17% in 2021/22. For MAT standards 6–10, 91% were assessed as RAGB provisional green,

the highest possible score at the current time. This is an improvement from national performance in 2022-23 when 45% of areas were rated amber and 12% rated red (no evidence of implementation). The report shows that East Renfrewshire has kept pace with progress at national level.

19. The Integration Joint Board is also asked to note East Renfrewshire's performance against the national substance use treatment target set for the area, aimed at increasing the number of people in treatment for opiate dependency. East Renfrewshire was assigned a target of 14 new people starting Opiate Substitution Treatment (OST) and the area has now exceeded this target with 17 new people starting OST during the target period of 1 April 2022 to 31 March 2024.

CONSULTATION AND PARTNERSHIP WORKING

20. The MAT Implementation Steering Group valued the time that service users gave to provide in-depth feedback on their experiences of Medication Assisted Treatment which greatly informed our evidence submission. Gathering evidence of service user experiences will continue in 2024-25 as well as providing feedback on how this evidence is being used to improve service provision.

21. Integration Joint Board members may note that MAT Standards 1-5 are heavily focused on the clinical provision of Medication Assisted Treatment and therefore relate in large part to the provision within the Alcohol and Drugs Recovery Service. While partnership working has been an integral part of implementation to date, working across statutory, third sector and lived experience groups will be even more critical in assuring the delivery of Standards 6-10. This work is already underway, in particular with advocacy services, housing, primary care, and community partners.

IMPLICATIONS OF THE PROPOSALS

22. There are no finance, workforce, risk, infrastructure, policy, legal or equality implications arising from this report.

DIRECTIONS

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

CONCLUSIONS

24. Progress towards the Medication Assisted Treatment Standards reflects a significant amount of work across the Alcohol and Drugs Recovery Service and wider partners. This work will continue into the next phase of implementation of Standards 6 to 10.

<u>Next Steps</u>

25. The lead officers and Implementation Steering Group will continue to deliver on the MAT Standards as set out in the report.

RECOMMENDATIONS

26. The Integration Joint Board is asked to note and comment on Red/Amber/Green assessment achieved by East Renfrewshire in relation to Medication Assisted Treatment Standards 1 to 10.

REPORT AUTHOR AND PERSON TO CONTACT

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Julie Murray, Chief Officer IJB (Chair, Alcohol and Drugs Partnership)
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BACKGROUND PAPERS

National Benchmarking Report on Implementation of the Medication Assisted Treatment Standards
https://publichealthscotland.scot/publications/national-benchmarking-report-on-implementation-of-the-medication-assisted-treatment-mat-standards/national-benchmarking-report-on-the-implementation-of-the-medication-assisted-treatment-mat-standards-scotland-202324-revised-18-july-2024/

IJB 28.06.2023 - Medication Assisted Treatment Standards Update
https://eastrenfrewshire.gov.uk/media/9244/IJB-Item-12-28-June-2023/pdf/IJB_Item_12_-_28_June_2023.pdf?m=1687363541583

Annex 1 – Medication Assisted Treatment Standards

Standard 1: All people accessing services have the option to start MAT from the same day of presentation.

Standard 2: All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.

Standard 3: All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.

Standard 4: All people are offered evidence based harm reduction at the point of MAT delivery.

Standard 5: All people will receive support to remain in treatment for as long as requested.

Standard 6: The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.

Standard 7: All people have the option of MAT shared with Primary Care.

Standard 8: All people have access to independent advocacy and support for housing, welfare and income needs.

Standard 9: All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.

Standard 10: All people receive trauma informed care.

AGENDA ITEM No. 11

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

Meeting of East Renfrewshire Health and Social Care Partnership **Held on**	Integration Joint Board 14 August 2024
Agenda Item	11
Title	Audit Scotland Report: Integration Joint Boards Finance and Performance 2024

Summary

This paper provides an overview and the key messages from the recent Accounts Commission report, published by Audit Scotland on 25th July 2024.

Presented by	Lesley Bairden, Chief Financial Officer

Action Required

The Integration Joint Board is asked to note the report.

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
- ☐ Policy
- ☐ Workforce
- ☐ Equalities
- ☐ Risk
- ☐ Legal
- ☐ Infrastructure
- ☐ Fairer Scotland Duty

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

14 August 2024

Report by Chief Officer

Audit Scotland Report: Integration Joint Boards Finance and Performance 2024

PURPOSE OF REPORT

1. The purpose of this report is to provide the Integration Joint Board with an overview of the recent Accounts Commission report, published by Audit Scotland on 25 July 2024.

RECOMMENDATION

2. The Integration Joint Board is asked to note the report.

BACKGROUND

3. Audit Scotland provide independent assurance that public money is spent properly, efficiently and effectively. They provide services to the Auditor General and the Accounts Commission. The Accounts Commission holds councils and other local government bodies in Scotland to account and helps them improve by reporting to the public on their performance. They operate impartially and independently of councils and of the Scottish Government.

4. The report prepared by Audit Scotland on Integration Joint Boards Finance and Performance 2024 provides a high-level independent analysis of the 30 Integration Joint Boards in Scotland, commenting on:
    - the financial performance of IJBs in 2022/23 and the financial outlook for IJBs in 2023/24 and beyond
    - performance against national health and wellbeing outcomes and targets alongside other publicly available performance information
    - a 'spotlight' focus on commissioning and procurement of social care.

5. The report states that community health and social care faces unprecedented pressures and financial uncertainty, with rising unmet need.

6. This report builds on the previous Audit Scotland report: Integration Joint Boards Financial Analysis 2021/22, which was shared with Performance and Audit Committee in June 2023.

7. It is important to recognise the timeframes within this report with financial information up to 2022/23. Given our financial recovery position in 2023/24 clearly where we benchmark now will have worsened to that included in the report.

REPORT

8. The findings of the report, with 7 key messages and 5 recommendations, will come as no surprise to IJB members as we have been discussing many of the themes and issues raised at our meetings for some time.

9. The report sets out 7 key messages and our initial thoughts are added after each:

> *(1) Integration Joint Boards (IJBs) face a complex landscape of unprecedented pressures, challenges and uncertainties. These are not easy to resolve and are worsening, despite a driven and committed workforce. The health inequality gap is widening, there is an increased demand for services and a growing level of unmet and more complex needs. There is also variability in how much choice and control people who use services feel they have, deepening challenges in sustaining the workforce, alongside increasing funding pressures.*

10. This reflects our local position and reporting to the IJB. The one area where there is possibly less of an issue, at least historically is around choice and control.

> *(2) We have not seen significant evidence of the shift in the balance of care from hospitals to the community intended by the creation of IJBs. They operate within complex governance systems that can make planning and decision making difficult. They cannot address the issues across the sector alone. Whole-system collaborative working is needed as part of a clear national strategy for health and social care that will promote improved outcomes across Scotland but reflects the need to respond to local priorities.*

11. We do a good track record of partnership working and have developed good connections with acute around hospital discharge. However there are wider issues and we still operate across NHS GGC with a notional set aside budget.

> *(3) The workforce is under immense pressure reflecting the wider pressures in the health and social care system. Across the community health and social care sector there are difficulties in recruiting and retaining a skilled workforce. The Covid- 19 pandemic, the cost-of-living crisis and the impact of the withdrawal from the European Union have deepened existing pressures. Unpaid carers are increasingly relied on as part of the system but are also disproportionately affected by the increased cost-of-living. Without significant changes in how services are provided and organised, these issues will get worse as demand continues to increase and the workforce pool continues to contract.*

12. Again these issues are all reflected in various reports to the IJB including the difficulties we have had recruiting, particularly around care at home and in our mental health services. Our partners in the third and independent sector also face the same challenges.

> *(4) Uncertainty around the direction of the plans for a National Care Service and continued instability of leadership in IJBs have also contributed to the difficult context for planning and delivering effective services. We are seeing examples of IJBs trying to work in new and different ways, but there is a lack of collaboration and systematic shared learning on improvement activities.*

13. There is clearly a tension or constriction to wider collaborative working when the local focus is managing capacity challenges.

> *(5) The financial outlook for IJBs continues to weaken with indications of more challenging times ahead.*
> - *In common with other public sector bodies, financial pressures arising from rising inflation, pay uplifts and Covid- 19 legacy costs are making it difficult to sustain services at their current level and, collaborative, preventative and person-centred working is shrinking at a time when it is most needed.*
> - *The financial outlook makes it more important than ever that the budget process involves clear and open conversations with IJB partners, workforce, people who use services and other stakeholders around the difficult choices required to achieve financial sustainability.*
> - *Overall funding to IJBs in 2022/23 decreased by nine per cent in real terms or by one per cent in real terms once Covid-19 funding is excluded. The total reserves held by IJBs almost halved in 2022/23, largely due to the use and return of Covid-related reserves. The majority of IJBs reported notable savings, but these were largely arising on a non-recurring basis from unfilled vacancies.*
> - *IJBs have had to achieve savings as part of their partner funding allocations for several years. The projected funding gap for 2023/24 has almost tripled, in comparison to the previous year, with over a third anticipated to be bridged by non-recurring savings, with a quarter of the gap bridged using reserves. This is not a sustainable approach to balancing budgets.*

14. Given our financial recovery position in 2023/24 none of the above will be new to the IJB. The report shows where we benchmark in 3 exhibits based on 2022/23:
    - Exhibit 3: Operational Surplus as a proportion of net costs of services (page 17) shows us 13th from bottom with less the 0.5%. It is expected that for 2023/24 will be much lower as our operational deficit before recovery support was 2.99% of budget
    - Exhibit 5: Year End IJB reserves as a proportion of new cost of services shows us 5th from bottom. Given the reserves we used as part of financial recovery we would expect this position to worsen. It is worth noting that 3 of the bottom 5 IJBs had no contingency as part of their reserves balance – we would be in this position for 2023/24.
    - Exhibit 6: Funding gap as a proportion of net cost of service shows us as 7th highest and that the funding gap grew for 2023/24. It is worth noting that this mirrors the trend across all. Whilst it is likely our position in the ranking would worsen, given many IJBs across the country are depleting their reserves we may become less of an outlier.

> *(6) Data quality and availability is insufficient to fully assess the performance of IJBs and inform how to improve outcomes for people who use services with a lack also of joined up data sharing. However, available national indicators show a general decline in performance and outcomes.*

15. We report against the required national indicators and as at 2023/24 our local performance has always been relatively positive, despite financial challenges. We have also developed our own performance indicators to demonstrate local priorities and engagement feedback from stakeholders has been consistently positive.

16. We do expect to see a decline across a range of indicators given the significant financial challenges and associated savings required. In particular the focus on early intervention

and prevention and the focus on health inequalities is likely to be impacted. Clearly any national developments going forward will allow us to better assess performance, but this will always need to have some degree of local context.

> *(7) Current commissioning and procurement practices are driven largely by budgets, competition, and cost rather than outcomes for people. They are not always delivering improved outcomes and are a risk for the sustainability of services. Improvement to commissioning and procurement arrangements has been slow to progress but is developing. There are some positive examples of where more ethical and collaborative commissioning models are being adopted.*

17. Our local commissioning arrangements continue to focus on collaboration and outcomes for our people. This has been a long standing approach within East Renfrewshire and the development work with our 3rd sector in particular is notable. We benchmark favourably across IJBs in relation to providers rates and work to support the sustainability of our local providers. To some extent the focus on the financial landscape can detract from this positive work. This reduces flexibility to use resources to be innovative and develop our ethical commissioning work with external partners.

18. The context section of the report highlights that IJBs face a complex landscape of considerable challenges and uncertainties and that these challenges and pressures are not easily resolved and are worsening.

19. The financial performance section shows that funding to IJBs has decreased by 9% in real terms since 2020/21 and draws out that much of the collective savings challenge has been achieved on a non-recurring basis through use of reserves and in turn those reserves are diminishing.

20. The projected funding gap for 2023/24 has almost tripled and that financial sustainability risk have been identified by auditors in the vast majority of IJBs.

21. The report makes 5 recommendations and our initial thoughts are added after each:

> *(1) Integration Joint Boards should ensure that their Medium-Term Financial Plans are up to date and reflect all current known and foreseeable costs to reflect short and longer-term financial sustainability challenges*

22. Our Medium Term Financial Plan is refreshed annually after the budget is set each year and in the event of any significant changes will be revised during the year. Our in year financial reporting also informs of any emerging issues.

23. It is difficult to see however, how such a level of financial challenge combined with increased demand is sustainable on the status quo.

> *(2) Integration Joint Boards should ensure that the annual budgets and proposed savings are achievable and sustainable. The budget process should involve collaboration and clear conversations with IJB partners, workforce, people who use services and other stakeholders around the difficult choices required to achieve financial sustainability*

24. The annual budgets have always been agreed to date, however the level of required savings to meet future costs pressures make this decision increasingly challenging.

> *(3) Integration Joint Boards should work collaboratively with other IJBs and partners to systematically share learning to identify and develop:*
> *– service redesign focused on early intervention and prevention*
> *– approaches focused on improving the recruitment and retention of the workforce*

25. Given we are one of six IJBs with one health board we have a relatively strong collaboration record at a local level. There are national groups for IJB chairs and vice chairs, for Chief Officer and for Chief Financial Officers.

> *(4) work collaboratively with other IJBs and partners to understand what data is available and how it can be developed and used to fully understand and improve outcomes for those using IJB commissioned services. This should include a consideration of gaps in data. It should also include consideration of measures to understand the impact of preventative approaches*

26. As above, as one of six, collaboration is integral to much of the way we work within the geography of NHS Greater Glasgow and Clyde. Given there is no national system for performance data there will always be variation in what is captured and how it is recorded. We do have a concern that the financial pressures mean a move away from the long term focus on prevention to a short term focus on cost reduction.

> *(5) evaluate whether the local commissioning of care and support services, and the contracting of these services, adheres to the ethical commissioning and procurement principles, improving outcomes for people.*

27. This has been an area of strength for us. Whilst we use national commissioning frameworks we also develop local frameworks to ensure we meet the best outcomes, at a local level, in a collaborative way.

CONSULTATION AND PARTNERSHIP WORKING

28. This is not relevant for this report.

IMPLICATIONS OF THE PROPOSALS

29. Whilst there are no direct implication from this report, the issues, challenges, pressures and risks are clearly set out. These are all relevant locally as well as nationally.

DIRECTIONS

30. There are no directions resulting from this report.

CONCLUSIONS

31. This report and the recommendations focus on IJBs, however to respond to the significant and complex challenges in primary and community health and social care all the bodies involved need to work collaboratively on addressing the issues – IJBs alone cannot address the crisis in the sector. The next iteration of this annual report will be produced jointly with the Auditor General for Scotland and will take a whole system approach and will make recommendations to the Scottish Government, councils, NHS boards as well as IJBs, as appropriate.

RECOMMENDATIONS

32. The Integration Joint Board is asked to note the report.

REPORT AUTHOR AND PERSON TO CONTACT

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Chief Officer, IJB: Julie Murray

31 July 2024

BACKGROUND PAPERS

PAC 26.06.2023 - Audit Scotland Report: Integration Joint Boards Financial Analysis 2021/22
https://www.eastrenfrewshire.gov.uk/media/9263/PAC-Item-08-26-June-2023/pdf/PAC_Item_08_-_26_June_2023.pdf?m=1687186205037

Integration Joint Boards

Finance and performance 2024

ACCOUNTS COMMISSION

Prepared by Audit Scotland
July 2024

Contents

Accessibility

You can find out more and read this report using assistive technology on our website www.audit.scot/accessibility.

Audit team

The core audit team consisted of: Kathrine Sibbald, Zoe McGuire, Chris Lewis, Chris Dorrian and Philip Keane, under the direction of Carol Calder.

Key messages

1 Integration Joint Boards (IJBs) face a complex landscape of unprecedented pressures, challenges and uncertainties. These are not easy to resolve and are worsening, despite a driven and committed workforce. The health inequality gap is widening, there is an increased demand for services and a growing level of unmet and more complex needs. There is also variability in how much choice and control people who use services feel they have, deepening challenges in sustaining the workforce, alongside increasing funding pressures.

2 We have not seen significant evidence of the shift in the balance of care from hospitals to the community intended by the creation of IJBs. They operate within complex governance systems that can make planning and decision making difficult. They cannot address the issues across the sector alone. Whole-system collaborative working is needed as part of a clear national strategy for health and social care that will promote improved outcomes across Scotland but reflects the need to respond to local priorities.

3 The workforce is under immense pressure reflecting the wider pressures in the health and social care system. Across the community health and social care sector there are difficulties in recruiting and retaining a skilled workforce. The Covid-19 pandemic, the cost-of-living crisis and the impact of the withdrawal from the European Union have deepened existing pressures. Unpaid carers are increasingly relied on as part of the system but are also disproportionately affected by the increased cost-of-living. Without significant changes in how services are

provided and organised, these issues will get worse as demand continues to increase and the workforce pool continues to contract.

4 Uncertainty around the direction of the plans for a National Care Service and continued instability of leadership in IJBs have also contributed to the difficult context for planning and delivering effective services. We are seeing examples of IJBs trying to work in new and different ways, but there is a lack of collaboration and systematic shared learning on improvement activities.

5 The financial outlook for IJBs continues to weaken with indications of more challenging times ahead.

- In common with other public sector bodies, financial pressures arising from rising inflation, pay uplifts and Covid-19 legacy costs are making it difficult to sustain services at their current level and, collaborative, preventative and person-centred working is shrinking at a time when it is most needed.
- The financial outlook makes it more important than ever that the budget process involves clear and open conversations with IJB partners, workforce, people who use services and other stakeholders around the difficult choices required to achieve financial sustainability.
- Overall funding to IJBs in 2022/23 decreased by nine per cent in real terms or by one per cent in real terms once Covid-19 funding is excluded. The total reserves held by IJBs almost halved in 2022/23, largely due to the use and return of Covid-related reserves. The majority of IJBs reported notable savings, but these were largely arising on a non-recurring basis from unfilled vacancies.

- IJBs have had to achieve savings as part of their partner funding allocations for several years. The projected funding gap for 2023/24 has almost tripled, in comparison to the previous year, with over a third anticipated to be bridged by non-recurring savings, with a quarter of the gap bridged using reserves. This is not a sustainable approach to balancing budgets.

6 Data quality and availability is insufficient to fully assess the performance of IJBs and inform how to improve outcomes for people who use services with a lack also of joined up data sharing. However, available national indicators show a general decline in performance and outcomes.

7 Current commissioning and procurement practices are driven largely by budgets, competition, and cost rather than outcomes for people. They are not always delivering improved outcomes and are a risk for the sustainability of services. Improvement to commissioning and procurement arrangements has been slow to progress but is developing. There are some positive examples of where more ethical and collaborative commissioning models are being adopted.

Recommendations

This report and the recommendations focus on IJBs, however to respond to the significant and complex challenges in primary and community health and social care all the bodies involved need to work collaboratively on addressing the issues – IJBs alone cannot address the crisis in the sector. The next iteration of this annual report will be produced jointly with the Auditor General for Scotland and will take a whole system approach and will make recommendations to the Scottish Government, councils, NHS boards as well as IJBs, as appropriate.

Integration Joint Boards should:

- ensure that their Medium-Term Financial Plans are up to date and reflect all current known and foreseeable costs to reflect short and longer-term financial sustainability challenges
- ensure that the annual budgets and proposed savings are achievable and sustainable. The budget process should involve collaboration and clear conversations with IJB partners, workforce, people who use services and other stakeholders around the difficult choices required to achieve financial sustainability
- work collaboratively with other IJBs and partners to systematically share learning to identify and develop:
  - service redesign focused on early intervention and prevention
  - approaches focused on improving the recruitment and retention of the workforce
- work collaboratively with other IJBs and partners to understand what data is available and how it can be developed and used to fully understand and improve outcomes for those using IJB commissioned services. This should include a consideration of gaps in data. It should also include consideration of measures to understand the impact of preventative approaches
- evaluate whether the local commissioning of care and support services, and the contracting of these services, adheres to the ethical commissioning and procurement principles, improving outcomes for people.

1. Introduction

About this report

1. In 2022 and 2023 the Accounts Commission published a bulletin setting out the financial position of the 30 Scottish IJBs. This year's report expands on this and provides a high-level independent analysis of IJBs, commenting on:

- the financial performance of IJBs in 2022/23 and the financial outlook for IJBs in 2023/24 and beyond
- performance against national health and wellbeing outcomes and targets alongside other publicly available performance information
- a 'spotlight' focus on commissioning and procurement of social care.

2. This report focuses solely on IJBs. While it comments on how they interact and perform within the wider system, the work does not comment on the work of councils, NHS boards or the Scottish Government or make recommendations to these bodies. In future reports we will expand the scope to include these public bodies. This will allow us to consider community health and social care as a whole system and look at how different parts work together when planning and delivering services.

3. Supporting this report we have also published:

- a supplement collating the performance information considered in the report
- a checklist of questions, based on the issues raised in this report, for IJB board members to consider
- a summary of the discussion at a stakeholders' roundtable session we hosted in February 2024 that has helped inform this report.

What is an IJB?

4. An IJB is responsible for the governance, planning and resourcing of social care, primary and community healthcare and unscheduled hospital care for adults in its area.

5. The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) requires the 32 Scottish councils and 14 territorial NHS boards to work together in partnerships to integrate how social care and community healthcare services are provided. IJBs were created as part of the Act as separate legal bodies. Exhibit 1 (page 9) sets out how these IJBs operate.

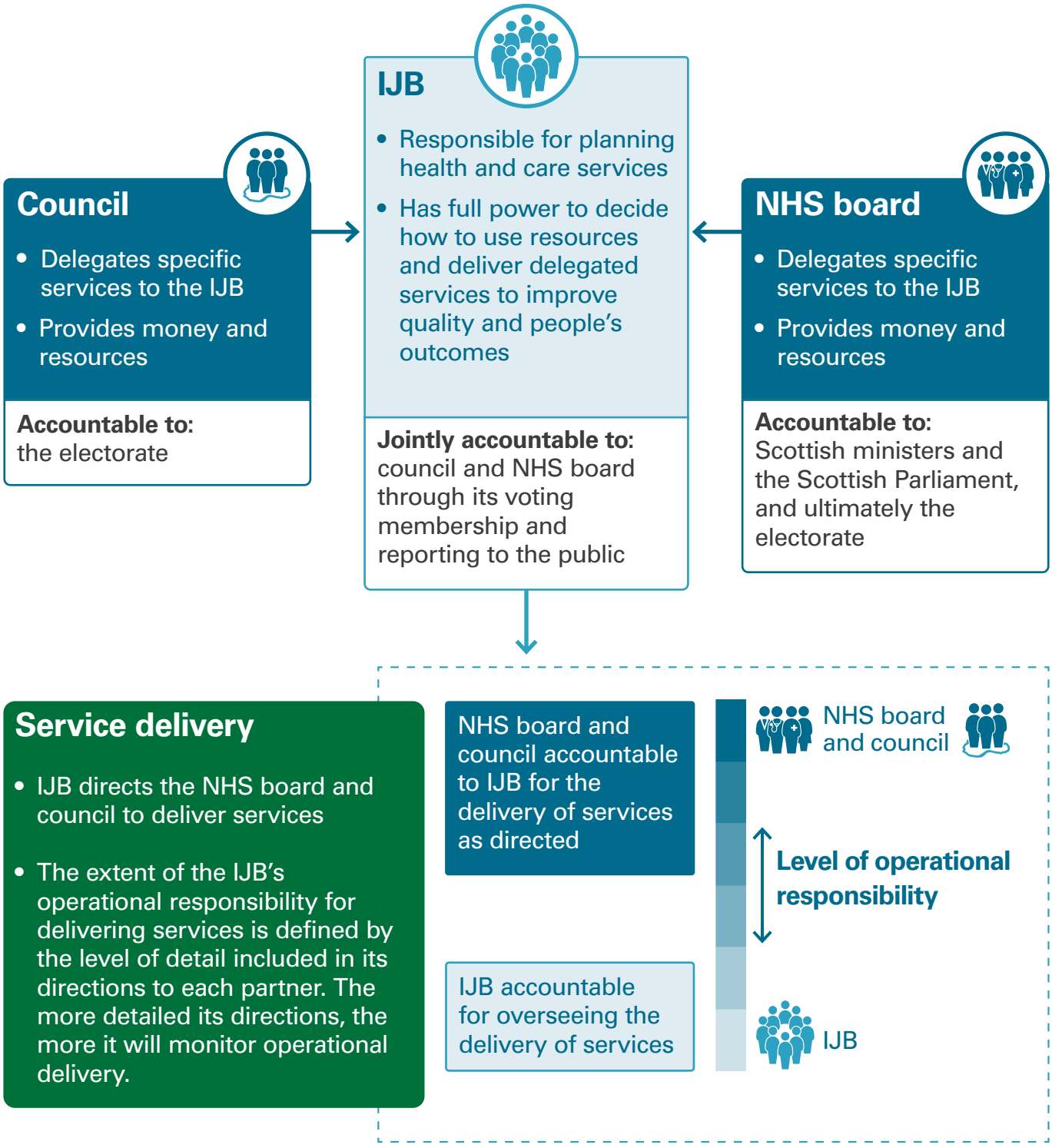
6. There are 31 partnerships across Scotland. Stirling and Clackmannanshire councils have formed a single partnership with NHS Forth Valley. The majority of NHS boards have a partnership with more than one IJB and five IJBs cover the same geographical area as their health boards.

7. Highland follows a different arrangement, a Lead Agency model.[1] This Accounts Commission report focuses on the work of the IJBs and does not comment on the performance of the Highland Health and Social Care Partnership as its scrutiny sits with the Auditor General for Scotland rather than the Accounts Commission.

8. The aim of integration is to ensure that people receive the care they need at the right time and in the right setting, with a focus on community-based, preventative care; improving the outcomes for patients, people who use services, carers and their families. The services are provided by a mixture of public, private and third sector providers dependent on who is most suitable to deliver those services.

9. The Act sets out which services are required to be delegated by councils and NHS boards to the IJBs as a minimum. This includes social care and primary and community healthcare. Services within this scope include for example, services for adults with physical disabilities, mental health services, drug and alcohol services and unscheduled health care. Some IJBs have also integrated other services. For example, 11 IJBs also have strategic responsibility for children's social care services and 16 IJBs have strategic responsibility for criminal justice social work.

Exhibit 1.
How IJBs work



Source: What is integration? A short guide to the integration of health and social care services in Scotland, April 2018, Audit Scotland

10. Audit Scotland has published reports and is currently undertaking work, on behalf of the Accounts Commission and the Auditor General for Scotland, on some of these service areas.

- Adult mental health Report published 13 September 2023.
- Children and young people who need additional support for learning Blog published 17 May 2022.
- Drug and alcohol services: An update Report published 8 March 2022 and Drug and alcohol services – audit scope Ongoing work to be published Autumn 2024.
- Social care briefing Report published 27 January 2022.
- General Medical Services contract progress Audit scope report to be published spring 2025.

2. The context

IJBs face a complex landscape of considerable challenges and uncertainties

11. Social care and primary and community healthcare services in Scotland currently face complex and unprecedented pressures and challenges. These challenges are not easily resolved and are worsening. There is an increased demand for services, deepening challenges in sustaining the workforce, alongside increasing financial pressures. These longstanding challenges have been exacerbated by the cost-of-living crisis, increasing cost of provision of services and a changing policy landscape. The Covid-19 pandemic has also had a lasting impact on this sector, given the impact on health and social care staff and the need to continue to protect vulnerable people.

12. The Independent Review of Adult Social Care[2] (Feeley Review) (published in February 2021), and the scrutiny of the National Care Service (Scotland) Bill has stimulated a lot of public debate and consideration of the need for change in the sector. But, to date there has been limited change for people experiencing or working in social care. It is important to emphasise that this is not a reflection on individuals working in the sector. Our experience, through this work, is that those involved, at all levels, are driven and passionate about improving the lives of people who need support.

13. IJBs cannot address the issues across the sector alone, whole-system collaborative working is needed as part of a clear national strategy. In the Auditor General for Scotland's NHS in Scotland 2023 report, he stated that 'there are a range of strategies, plans and policies in place for the future delivery of healthcare, but no overall vision. To shift from recovery to reform, the Scottish Government needs to lead on the development of a clear national strategy for health and social care. It should include investment in preventative measures and put patients at the centre of future services'.

IJBs are facing significant financial sustainability challenges and cost pressures are only increasing

14. In common with other public sector bodies, financial pressures arising from rising inflation, pay uplifts, the cost-of-living crisis and Covid-19 legacy costs are making it difficult to sustain services at their current level. IJBs are also experiencing an increase in prescribing costs. IJBs have had to achieve savings as part of their partner funding allocations for several years and achieving these savings, while maintaining service levels, has become increasingly difficult. IJBs are now having to consider more significant options as statutory duties have to be prioritised. This

includes ending funding for some care and support services, to ensure financial sustainability in the medium to long term.

The demand and need for services continue to increase and become more complex

15. Demographic changes and the increasing complexity of care needed are driving an increase in the demand for services. For example, an estimated one in 25 people of all ages in Scotland received social care support and services at some point during 2022/23. It is estimated that 76 per cent of these people are aged 65 and over, and 63 per cent are aged 75 and over.[3] An estimated 20 per cent of Scotland's population is aged over 65. In many rural and island areas this population group is even higher, for example 27 per cent of the population in Argyll and Bute and the Western Isles are over 65.[4]

16. The proportion of the population over the age of 65 is projected to grow by nearly a third by mid-2045. Since currently around three-quarters of people receiving social care support are aged 65 or over, this means that there will likely be a substantial rise in the number of people requiring social care support. It is likely this pattern reflects the challenges across most other services commissioned by IJBs. A recent study found that 93 per cent of people aged over 65 who received social care had two or more medical conditions simultaneously.[5] People over 75 are around twice as likely to require outpatient or inpatient care compared to those aged in their mid-20s.[6]

The workforce is under immense pressure

17. Across the primary and community health and social care sector there are difficulties in recruiting and retaining a skilled workforce. Without significant changes in how services are provided and organised, this issue will get worse as demand continues to increase and the workforce pool continues to contract. The number of people aged 25-44 is predicted to fall from 1.4 million to 1.3 million by 2045. Meanwhile the number of people aged over 75 will rise from 469,000 in 2021 to 774,000 in 2045.[7]

18. We have previously highlighted how the effects of the pandemic worsened existing pressures on the social care workforce causing experienced staff to leave their posts. Our ongoing monitoring and discussions with stakeholders show that these issues remain and the cost-of-living crisis and the ongoing impact of withdrawal from the European Union have added to the pressures.

19. The staff vacancy rates across social care and support services in Scotland is high. At 31 December 2022, 49 per cent of services reported vacancies; 63 per cent of these services with vacancies reported problems filling them. The percentage of care services reporting vacancies had been consistent over time up to and including 2020, before a large increase of 11 percentage points reported in 2021.[8]

20. Almost 90 per cent of social care providers stated recruitment and retention was problematic for them in a survey carried out by Scottish Care.[9] This survey also found that a quarter of staff leave an organisation within the first three months of joining. Providers find they are competing for staff:

- across other public, independent and third sector providers with differences in pay and terms and conditions
- with the hospitality and retail sectors, who pay more for less demanding roles
- with the health sector with an increasing disparity between health sector and social care sector wages – the current pay gap is 19 per cent between adult social care workers and NHS entry level pay.

The cost-of-living crisis is affecting the demand for services as well as the ability to provide them

21. The increased costs of living have exacerbated the workforce challenges as the low wages are making it a less favourable career choice. This is particularly an issue for those providing care at home services who are experiencing an increase in petrol costs and are not always reimbursed in a timely manner, or, in some cases, at all for all their journeys.

22. Unpaid carers are also disproportionately affected by the increased cost-of-living crisis. People in the most deprived areas are more likely to provide 50 or more hours of unpaid care a week compared to people living in the least deprived areas.[10]

23. The cost of provision of services has also increased. Homecare costs per hour have increased by 19 per cent between 2016/17 and 2022/23. Residential care costs per week (for those aged 65 and over) have increased by 23 per cent between 2016/17 and 2022/23. There are also significant cost differences between urban and rural areas.[11]

24. In particular, for smaller, independent and third sector service providers, increased costs are causing problems for the sustainability of services. For example, in residential care homes, an increase in fuel costs to heat and provide power for residents has made their financial viability increasingly challenging.

IJBs operate within complex governance systems that can make planning and decision making difficult

25. We previously reported in our Health and social care integration: update of progress report, that the current model of governance is complicated, with decisions made at IJB, council and health board level. We found that cultural differences between partner organisations are a barrier to achieving collaborative working and achieving key priorities. These challenges have not been resolved.

An unpaid carer is anyone who cares for someone who is ill, disabled, older, has mental health concerns or is experiencing addiction and is not paid by a company or council to do this. Primarily, this is a family member or friend.

Instability of leadership continues to be a challenge for IJBs

26. A notable turnover of senior leadership positions since the start of health and social care integration continues to be a concern. Half of all IJBs experienced turnover in either their chief officer and/or chief finance officer posts in the last two years. Across 2021/22 and 2022/23, seven Chief Officers, 11 Chief Financial Officers, one IJB chair and one chief social work officer changed. Instability in leadership teams has the potential to disrupt strategic planning at a time when difficult and significant decisions need to be made. It can affect the culture of an organisation at a time when the workforce is under pressure.

Plans for a National Care Service have brought uncertainty for IJBs

27. In June 2022, the Scottish Government introduced the National Care Service (Scotland) Bill to Scottish Parliament. The Bill was intended to ensure:

- consistent delivery of high-quality social care support to every single person who needs it across Scotland, including better support for unpaid carers
- that care workers are respected and valued.

28. The main elements of the Bill were the proposed creation of a National Care Service, including a national board, making Scottish Ministers accountable for social work and social care support. The original Bill also set out to transfer social care and social work council functions, staff and assets to Scottish Ministers or local care boards. This put in question the role and responsibility of IJBs and caused uncertainty for IJBs on the timescales for implementing the proposed National Care Service and what form it would likely take. This has complicated IJBs ability to undertake medium- and long-term financial planning.

29. After some delays, Stage 1 of the Bill was passed in March 2024. Amendments planned for the NCS Bill now mean IJBs will be reformed rather than replaced by 2029/30. IJBs should therefore ensure they have effective medium- and longer-term planning in place and continue to drive improvements in how they commission and deliver services.

3. Financial performance

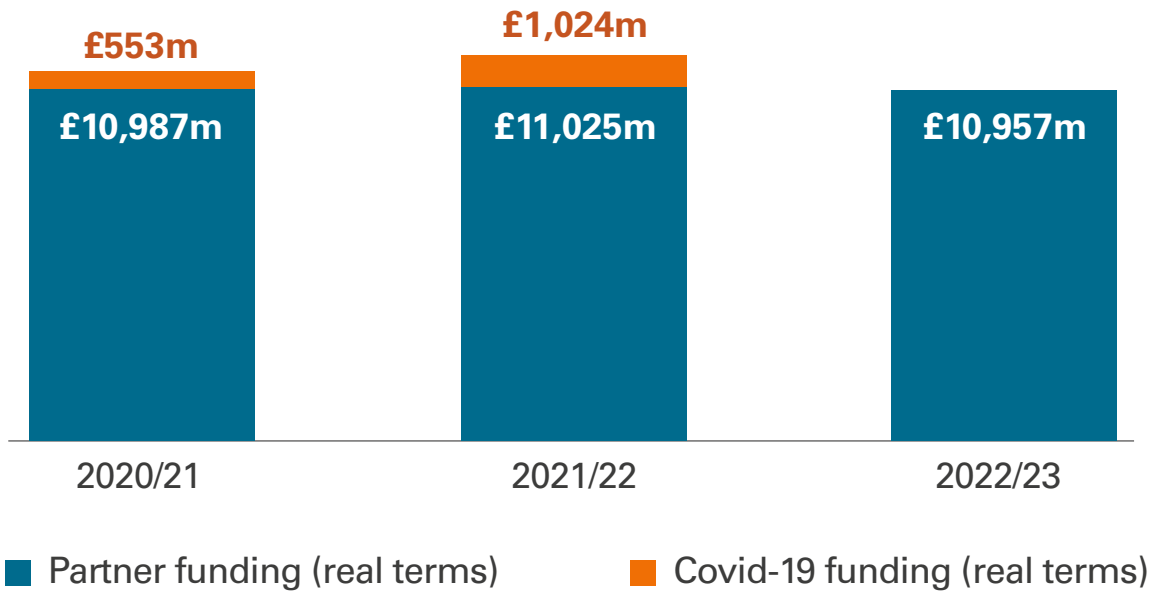
The financial health of IJBs continues to weaken and there are indications of more challenging times ahead

IJB funding has decreased in real terms compared to 2021/22

30. IJBs receive their funding as annually agreed contributions from their council and NHS board partners. Funding is largely received to cover in-year expenditure on providing services but can also be received for specific services and national initiatives to be funded in future years.

31. Funding to IJBs in 2022/23 decreased by £1.1 billion (nine per cent) in real terms to £11.0 billion; a £342 million decrease in cash terms Exhibit 2. IJBs received £1.0 billion of additional funding in 2021/22 to support their response to the Covid-19 pandemic. Excluding the 2021/22 Covid-19 related funding, this shows an underlying decrease of £68 million in real terms, representing a 1.0 per cent decrease.

Exhibit 2.
Real terms movement in IJB funding



Source: IJB audited annual accounts 2020/21, 2021/22 and 2022/23 and ONS deflators

Non-recurring savings, largely arising from unfilled vacancies, led to the majority of IJBs reporting a surplus on the cost of providing services

32. Nineteen IJBs reported a surplus on the cost of providing services, but these underspends were driven largely by vacancies and staff turnover (Exhibit 3, page 17). Three IJBs reported a break-even position and the remaining eight IJBs recorded an overspend of two per cent, or under, of their net cost of services. The three IJBs reporting a break-even position did so after receiving additional funding allocations from their partner bodies. The net underspend position on the costs of providing services across IJBs was £110 million.

33. The IJBs ability to meet the rising demand for their services and maintain service quality, is weakened by unfilled vacancies. The IJBs reporting a surplus would be unlikely to do so if the workforce was at full capacity.

The majority of the total planned savings were achieved, but over a third were achieved only on a one-off basis

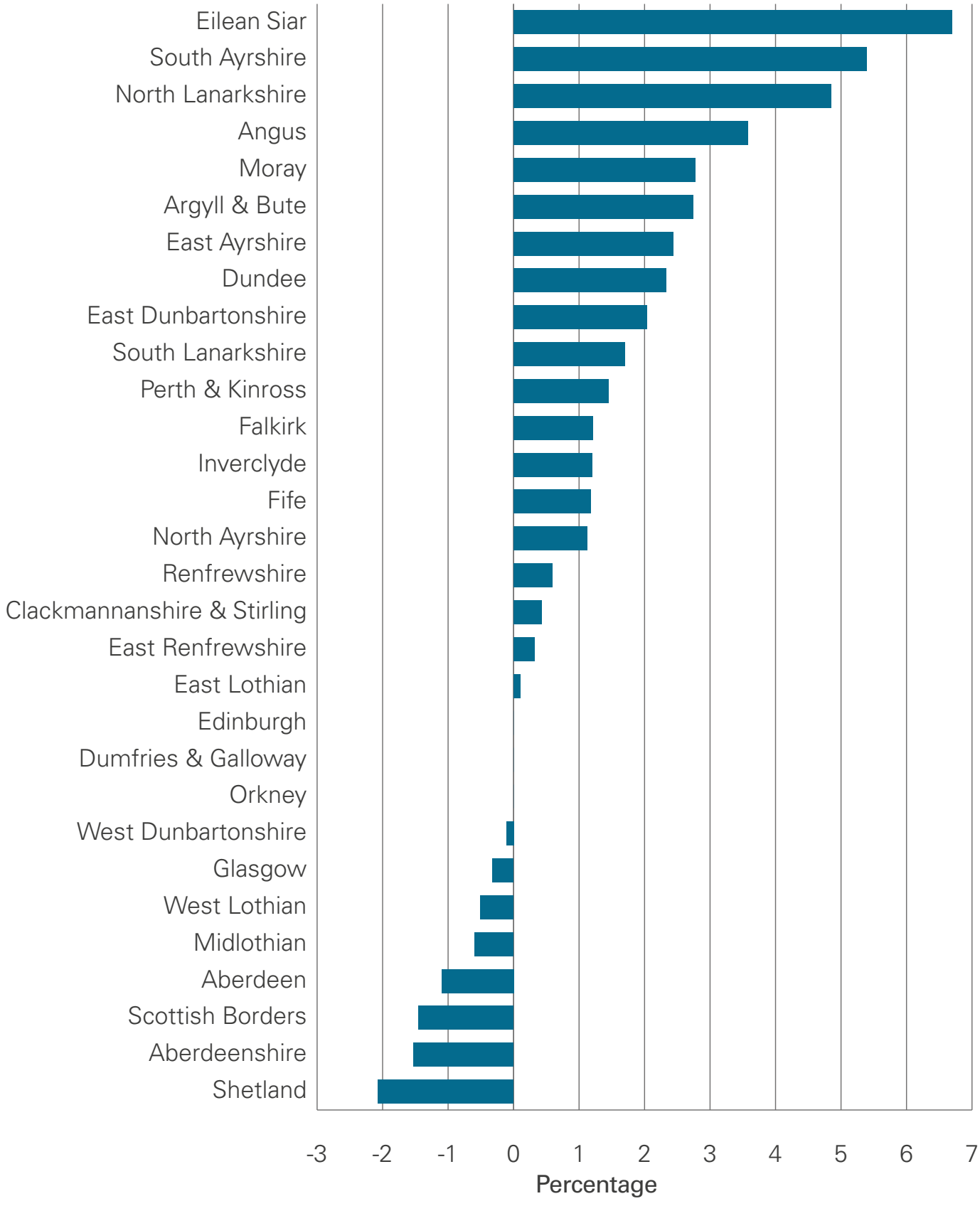
34. IJBs achieved 84 per cent of their £77 million planned savings target in 2022/23. Over a third of this was achieved on a non-recurring basis. This means that these savings will be carried forward to be found again in future years. Identifying and achieving savings every year on a recurring basis, and moving away from relying on one-off savings, is essential for IJBs to maintain financial sustainability.

Total reserves held by IJBs have almost halved in 2022/23 due largely to the use or return of Covid-19 related reserves

35. By the end of 2022/23, all IJBs reported a reduction in their total level of reserves, decreasing by £560 million to £702 million, a 44 per cent reduction.

36. The decrease in the overall reserves balance was largely the result of a reduction in the reserves of funding that the Scottish Government specifically provided for the response to the Covid-19 pandemic. The Covid-19 related reserves decreased by 97 per cent, from £502 million to £14 million. Auditors confirmed that over two-thirds (£333 million) of the Covid-19 reserve reduction was a result of unused balances being returned to the Scottish Government.

Exhibit 3.
Operational surplus as a proportion of net cost of service



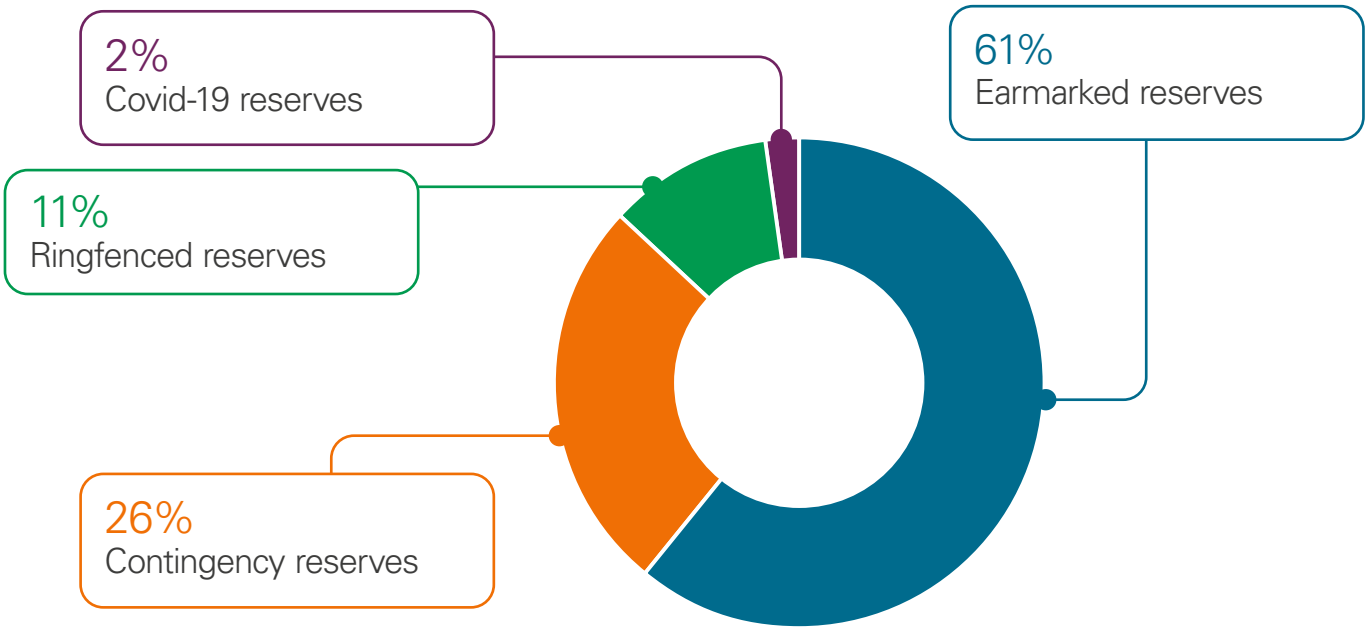
Source: IJB audited annual accounts 2022/23

37. The exceptional impact of Covid-19 reserve movements can obscure underlying reserve movements. When Covid-19 reserve movements are excluded, the total value of reserves was reduced by 10 per cent (£72 million) from £760 million to £687 million.

38. IJBs hold reserves for a variety of reasons, including reserves held to address specific local or national policy initiatives or to mitigate the financial impact of unforeseen circumstances. The reserves held by IJBs consisted largely of four main areas (Exhibit 4, page 19), as follows:

- Earmarked reserves of £426 million (£426 million in 2021/22) held by individual IJBs for a range of local planned purposes, such as reserves for multidisciplinary teams, interim care beds, as well as more generic reserves associated with winter planning and local reserves to support newer innovative practices that contribute towards strategic change.
- Ring-fenced reserves of £79 million (£185 million in 2021/22) provided to support Scottish Government national policy objectives. Examples include the Primary Care Improvement Fund, Mental Health Recovery and Renewal, Mental Health Action 15, Community Living Change Fund and Alcohol and Drug Partnership funding.
- Contingency reserves of £183 million (£148 million in 2021/22) that have not been earmarked for a specific purpose. IJBs have more flexibility on the use of this type of reserves which are often used to mitigate the financial impact of unforeseen circumstances.
- Covid-19 related reserves of £14 million (£502 million in 2021/22), representing all unspent funding received to support the impact of the pandemic on IJB services.

Exhibit 4.
2022/23 Reserves



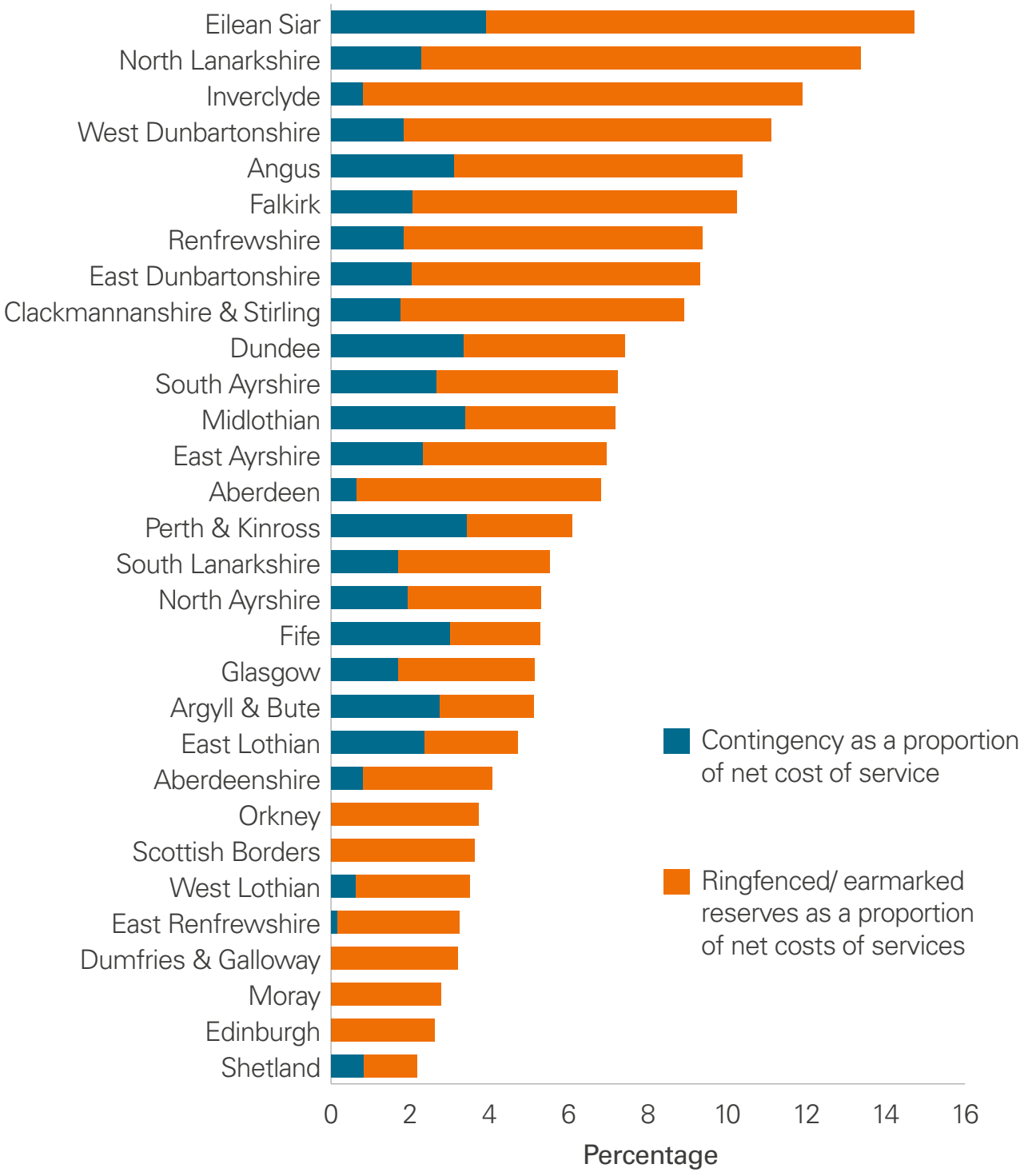
Source: IJB audited annual accounts 2022/23

39. Reserves ring-fenced to support Scottish Government national policy objectives saw a 57 per cent reduction of £106 million to £79 million. These national initiatives include programmes for primary care improvement and mental health programmes.

40. These reserve balances largely represent non-recurring amounts of money that can only be used for specific and defined national policy priorities. As these non-recurring reserves are utilised, funding will need to be identified to fund any continuing associated initiatives on a sustainable basis.

41. The reduction in reserves was slightly offset by increases in the contingency reserves and other locally earmarked reserves. Contingency reserves have continued to increase, largely as a result of unplanned vacancy savings, and now represent a quarter of the total year end reserves balance.

Exhibit 5.
Year end IJB reserves as a proportion of net cost of services



Source: IJB audited annual accounts 2022/23

42. Contingency reserves are uncommitted funds held by IJBs to mitigate the financial impact of unforeseen circumstances and the amount held will vary depending on individual IJB reserve policies. A review of a sample of ten IJB reserve policies showed that the majority (eight) had a contingency reserve target of two per cent of annually budgeted expenditure. There is no statutory maximum or minimum level of contingency reserves.

43. Seventeen IJBs reported an increase in their contingency reserves leading to a net increase of 24 per cent (£35 million) to £183 million between 2021/22 and 2022/23. Across the IJBs, contingency reserves, as a proportion of the net cost of services, ranged from zero per cent to four per cent (Exhibit 5, page 20). Two thirds of IJBs had contingency reserve levels of over two per cent of the net cost of services. Five IJBs had no contingency reserves.

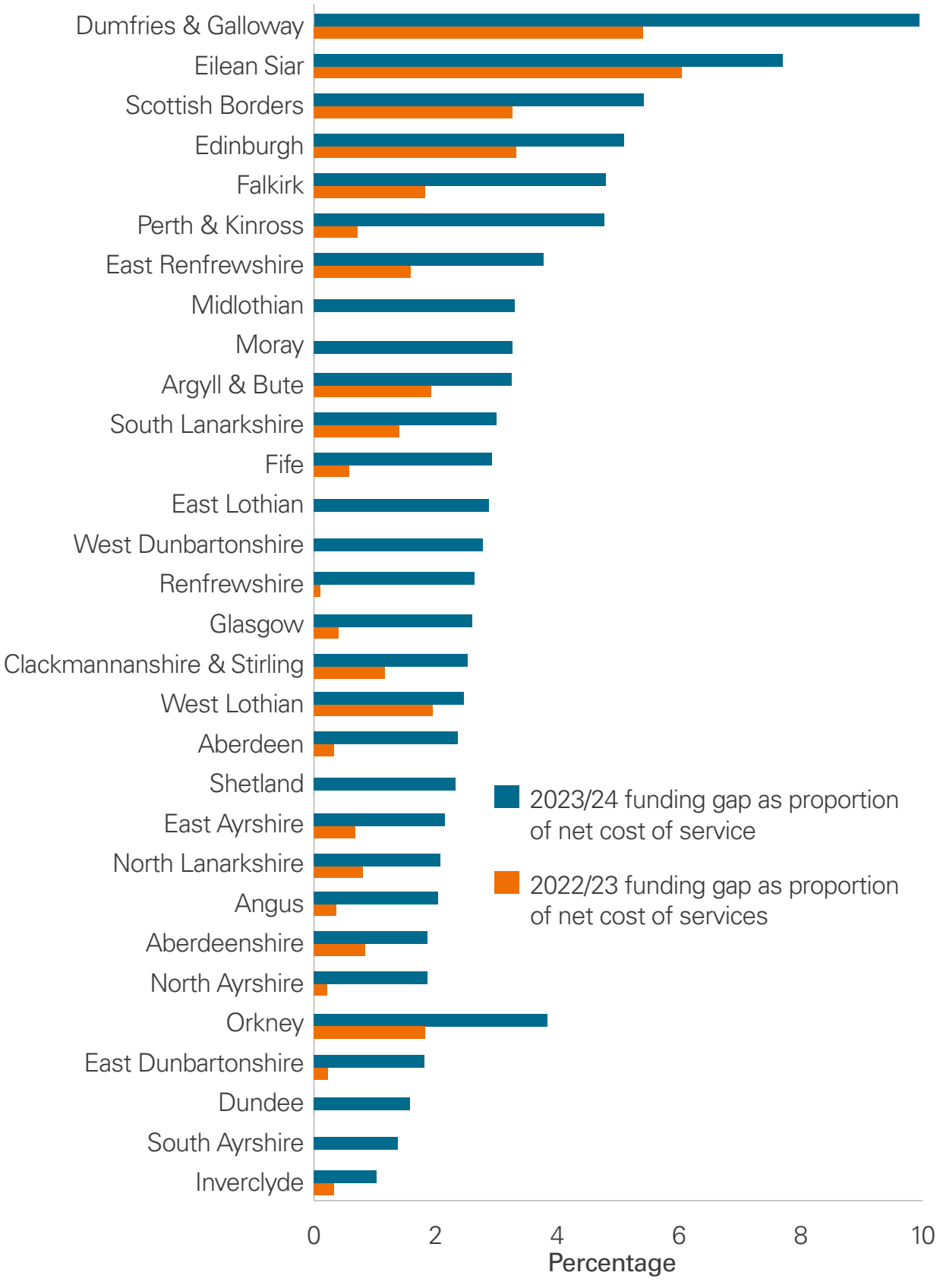
The projected financial position is set to worsen

44. Twenty five IJBs agreed their 2023/24 budget before the start of the financial year. Delays in the agreement of savings plans and uncertainty around NHS partner funding were the most common reasons for IJBs not agreeing a balanced budgets before the start of the financial year.

45. IJBs do not always receive notification of funding allocations from NHS boards before the start of the financial year. This adversely affects the IJBs' ability to plan expenditure, can cause delays to decision-making and lead to vacancies being held unfilled due to uncertainty over funding.

46. The projected funding gap for 2023/24 has almost tripled in comparison to the previous year. All IJBs reported an increase in their projected funding gap with the exception of Orkney IJB. The 2023/24 projected funding gap was £357 million representing a 187 per cent increase from the 2022/23 projected funding gap (£124 million). Funding gaps, as a proportion of the 2022/23 net cost of services, ranged from one to ten per cent (Exhibit 6, page 22).

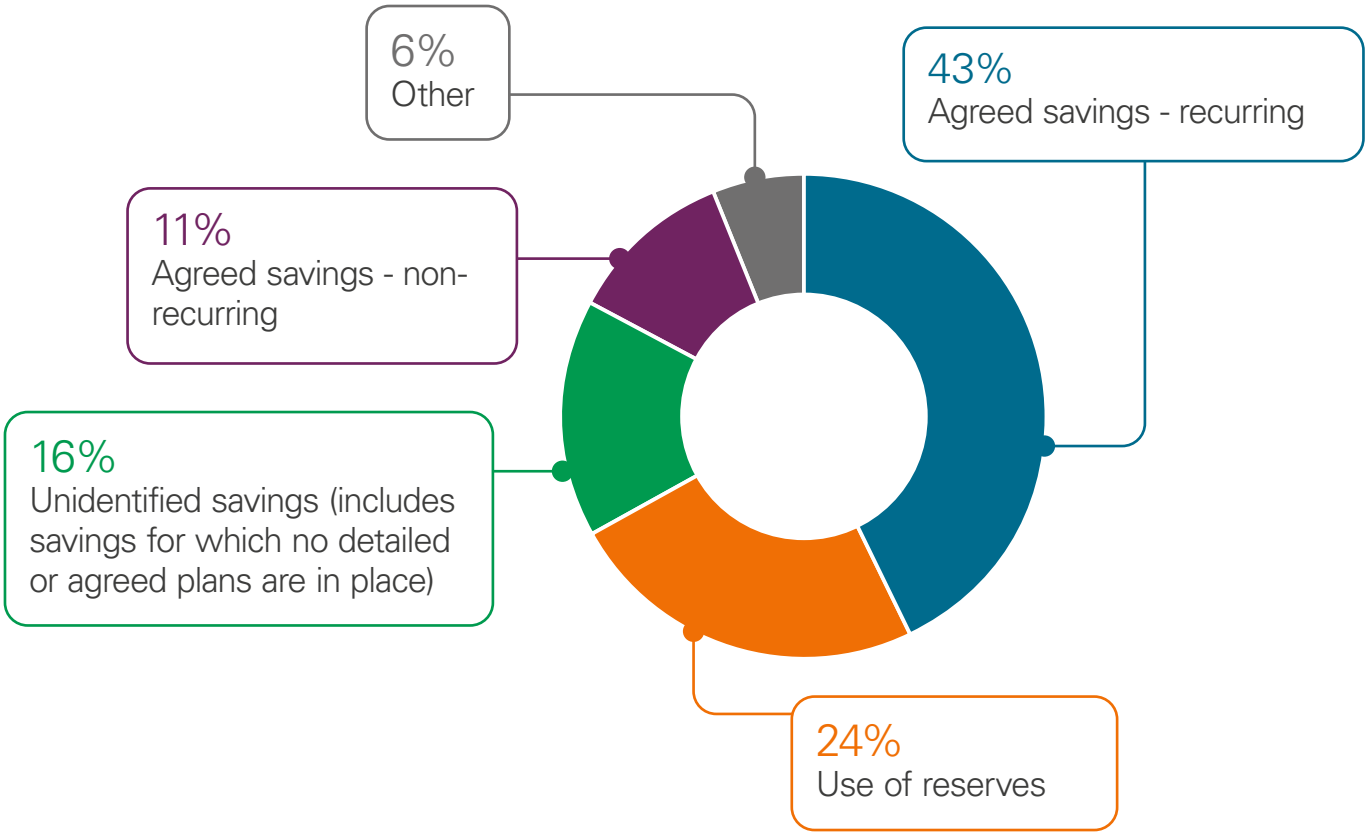
Exhibit 6.
Funding gap as a proportion of net cost of service



Source: Auditor data return

47. Of the total funding gap, 53 per cent (57 per cent in 2021/22) is anticipated to be met by identified savings, 24 per cent from the use of reserves, with actions yet to be identified to bridge the remaining gap Exhibit 7.

Exhibit 7.
2023/24 IJB funding gap planned action



Source: Auditor data return

The increasing reliance on non-recurring sources of income is not sustainable

48. At the time of the 2023/24 budget setting, over a third of the projected funding gap was anticipated to be bridged by one-off sources of funding, ie on a non-recurring basis. A quarter of the projected funding gap was planned to be bridged by the use of non-recurring reserves and a further fifth of the identified savings were anticipated to be non-recurring.

49. In addition, a significant proportion of the funding gap did not have planned savings action agreed against it at the time of budget setting. These unidentified savings made up 16 per cent of the total projected funding gap and were the result of eight IJBs not starting the 2023/24 financial year with a balanced budget.

50. The increased reliance on non-recurring sources of income to fund recurring budget pressures is unsustainable in the medium to long term. The identification and delivery of recurring savings and a reduced reliance on drawing from reserves to fund revenue expenditure will be key to ensuring long-term financial sustainability.

Financial sustainability risks have been identified by auditors in the vast majority of IJBs

51. Auditors identified financial sustainability risks for 80 per cent of IJBs as part of their 2022/23 audits. Findings suggested that there was a reliance on non-recurring savings and sources of income to achieve financial balance.

52. As recurring savings get more difficult to identify and achieve, the need for a more significant transformation of services, in order to achieve financial sustainability, becomes more important.

53. IJBs are currently facing a range of significant and growing challenges and uncertainties impacting financial sustainability and service provision, including:

- uncertainty around the level and terms of future funding settlements and funding allocations for specific initiatives
- significant recruitment and retention challenges, both with the IJB and partner bodies and with external providers in the sector
- rising demand and increasing complexity of care arising from the demographic challenges of an ageing population
- cost-of-living crisis and inflationary cost pressures, including prescribing costs, making it more expensive to maintain the same level of services

- ongoing legacy cost impacts of Covid-19, including vaccination programmes, testing and Personal Protective Equipment costs.

54. An initial analysis of 2024/25 budget setting reveals that the projected funding gap for IJBs has increased again to £456 million. This increase underlines the importance of IJB board members having clear and frank conversations not only at the board level, but with partners, providers and the wider public, about the decisions that will be required to achieve future savings and the likely implication these decisions will have on the services individuals currently receive.

Medium-Term Financial Plans need to be updated to reflect all cost pressures currently known

55. The majority of IJBs have an up to date Medium-Term Financial Plan in place, but auditors found a third needed to update their plan. It is essential that IJBs ensure Medium-Term Financial Plans are updated, reflecting all known and foreseeable costs, to allow informed decision-making on the delivery of sustainable service provision and reform in the future.

4. Performance

Data quality and availability is insufficient to fully assess the performance of IJBs, but national indicators show a general decline in performance and outcomes

Data quality and availability is insufficient to fully assess the performance of IJBs and inform actions to improve outcomes for service users with a lack of joint data across the system

56. The Public Bodies (Joint Working) (Scotland) Act 2014 sets out nine National Health and Wellbeing Outcomes. These seek to measure the impact that integration is having on people's lives. These national outcomes are underpinned by 23 associated national indicators, although four indicators have not been finalised for reporting. These national indicators have been developed from national data sources to provide consistency in measurement. IJBs are also encouraged to devise their own performance indicators for their area. Each IJB produces an annual performance report which sets out publicly its performance against key performance indicators.

57. Our review of IJB annual performance reports for 2022/23 shows the majority report against the key national performance indicators. All set out performance against their own identified strategic priorities. Some IJBs have developed their own indicators, as suggested in the Act, to help demonstrate how they are working towards their strategic outcomes. This allows for flexibility in reporting on local performance but means that describing a comprehensive national picture of performance is not possible.

58. Published performance information is not always clearly linked to the National Health and Wellbeing Outcomes with some gaps in the completeness of national performance information. Nine of the national integration performance indicators are based on the biennial Health and Care Experience Survey (HACE). Response rates for the HACE are generally quite low, with more deprived areas experiencing the lowest response rates. This increases the risk that there may be underrepresentation of the experience of certain groups of people and areas.

The IJB Performance Supplement to this report sets out the performance of each IJB against the 19 national indicators available under the National Health and Wellbeing Outcomes.

59. In our engagement with stakeholders, we heard a consistent message that data is key to a whole system approach and performance management needs to be redefined to reflect this. They indicated a range of challenges around data that is currently collected:

- The current data does not provide good evidence on how the performance of one part of the system impacts on either other parts of the social care system or the system as a whole. This means the current performance data is of limited use in helping to inform system changes which might improve performance and deliver better long-term outcomes.
- There is too much emphasis on data that is used by individual organisations for their governance and operational purposes rather than the collective partnership focus on its priorities. Current arrangements do not reflect a 'whole-systems' approach to performance management and reporting.
- A lack of good data on primary care as it is voluntary for GP's to report.
- Data is more routinely collected and published on health services than social care services.

Work to improve the data sets is at an early stage but is progressing

60. Work is being carried out by the Scottish Government and Public Health Scotland to improve data and allow the comparison of performance including the development of the Care & Wellbeing dashboard. This was launched in November 2023 and is populated with management information and updated on a weekly basis. IJB chairs and chief officers have access to the system to monitor significant shifts in performance and anomalies in the data. The system is still in its early stages of development and use.

61. There are other resources that can be utilised to assist in the analysis of data. In our Health and social care integration: update of progress 2018 report we set out the existence of Local Intelligence Support Team (LIST) analysts. Using a LIST analyst to tailor and interpret local data helps IJBs to better understand local need and demand and to plan and target services.

62. There are also examples of individual IJBs starting to manage their data in more innovative ways, for example at Midlothian IJB.
(Case study 1, page 28)

Case study 1.
Midlothian IJB outcome mapping

Midlothian IJB coordinates health and social care support to nearly 97,000 people. To better understand how the IJB contributes to personal outcomes for people, it asked all Midlothian HSCP services to track their contribution to improving outcomes using an outcome mapping approach by January 2024.

Outcome mapping is a way to understand how services contribute to people achieving the outcomes that matter to them and can help services make more targeted, locally informed decisions about how to design, deliver or commission services. This approach allows them to describe what they do, who with, what people learn and gain as a result, how this makes them feel and the difference this makes in their lives. The outcome mapping approach was developed by 'a Scottish software and consultancy company in partnership with the Midlothian HSCP Planning and Performance team.

Each 'stepping-stone' of the outcome map framework includes a set of success criteria aligned to the Care Inspectorate joint inspection framework. The outcome map is colour-coded to show an evaluation of the extent to which the service is making progress towards personal outcomes and confidence in how strong the evidence is to support that progress rating. This results in a two-factor rating system for each 'stepping-stone' in the outcome map.

The IJB also uses outcome mapping and has developed a Strategic Commissioning Map that provides a real-time picture of the whole system progress towards their strategic aims and the nine National Health and Wellbeing Outcomes by linking to service outcome maps.

Outcome mapping is now central to performance measurement in the planning and performance teams. It is part of the triangulation of three types of data: service activity, population experience, and personal outcomes. The information collected from each of these three areas together provides objective, whole system evidence that supports services to develop meaningful action plans for change.

Currently 60 per cent of service areas are using the framework. Some services are using this system to articulate, record, examine, and evaluate service provision and actively using this tool to support service redesign. Resourcing pressures continue to present challenges for some areas to find the time and space to complete a first map and a programme of targeted support is in place to help those areas with the most significant delivery pressures.

The partnership has shared this work with Healthcare Improvement Scotland (HIS), the Scottish Government team developing the National Improvement Framework for Adult Social Care and Community Health and most recently the team developing a new improvement framework for health that will support person centred care.

Source: Midlothian HSCP

Available national indicators show a general decline in performance and outcomes for people using social care and primary and community healthcare services

63. As set out in the thematic sections below (and in the performance information supplement) there is a general decline in performance against the national indicators.

64. The following sections draw out performance findings against key themes set out in the bullet points below. Alongside nationally available data, for each theme we also describe the context and challenges. Some case studies of examples are also set out in Appendix 1 (page 50). These illustrate examples of where IJBs are using or developing different working practice to improve performance and outcomes.

- Theme 1 – Prevention and early intervention
- Theme 2 – Shifting the balance of care
- Theme 3 – Person-centred care/choice and control
- Theme 4 – Reducing inequalities
- Theme 5 – Unpaid carers/community resilience.

Theme 1 Indicators – Prevention and early intervention

Collaborative, preventative and person-centred working is shrinking at a time when it is most needed. Instead of a focus on care at the right place at the right time, there is a shift to reactive services with little capacity to invest in early intervention and prevention.

65. Addressing individuals' health and social care needs at an earlier stage through prevention and early intervention promotes better outcomes for individuals, improving their quality of life and independence, and reduces the need for costly support and care later on. The 2021 Independent Review of Adult Social Care in Scotland (Feeley Review) set out the need for an increased focus on preventative, early intervention and anticipatory forms of support and a shift away from a crisis intervention. However, this is difficult to progress when the pressures on services are so acute.

66. As financial pressures have increased, eligibility criteria for individuals accessing social care services have tightened. With this, opportunities to undertake prevention and early intervention focused services have decreased. IJBs and their partner bodies have instead signposted less formalised support in the community, often provided by third and voluntary sector organisations. However, we have found that the financial challenges are leading IJBs and other funding bodies such as NHS boards and councils to reduce grant funding to these service providers reducing the capacity to meet and address these lower level, often more preventative focused needs.

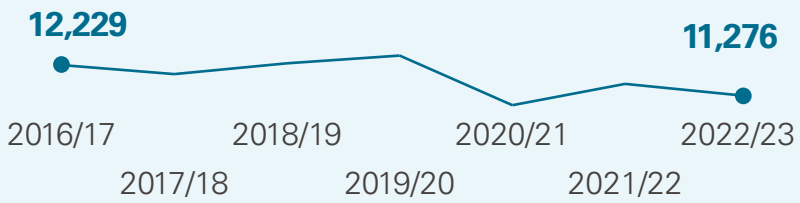
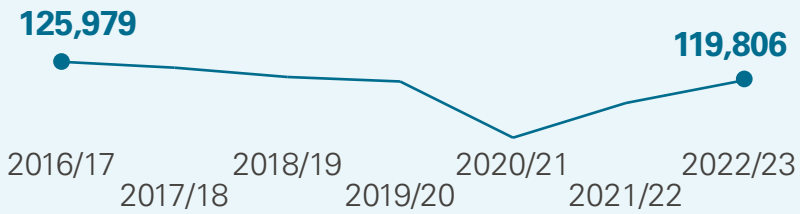
67. Leaving lower-level health and social care needs unaddressed until they become more significant tends to lead to increased complexity of need, the requirement for a more resource intensive intervention and less positive outcomes for individuals in the longer term. It is essential that IJBs and their partner bodies find ways to protect and increase the health and social care interventions at an earlier stage. This will be key to addressing future demand pressures arising from demographic shifts to an older population in a more financially sustainable manner.

68. How well individuals consider themselves able to look after their health is indicative of the IJBs' and partner bodies' effectiveness in addressing and supporting individual needs to sustain healthy lives in the community. Since 2013/14, there has been a deterioration by four percentage points of adults who are able to look after their health either 'very well' or 'quite well' Exhibit 8. All the IJBs recorded a reduction in this measure over the period 2013/14 to 2022/23. Fourteen IJBs saw a reduction greater than average over this period, with three IJBs recording a reduction greater than five percentage points.

Exhibit 8.
Theme 1 indicators

Source: Core Suite of Integration Indicators, Public Health Scotland

Exhibit 9.
Theme 1 indicators

Emergency admission rate (per 100,000 population)		-8%
Emergency bed day rate (per 100,000 population)		-5%

Source: Core Suite of Integration Indicators, Public Health Scotland

69. Emergency admissions rate and the emergency bed day rate are often used as indicators of how well IJBs are reducing unnecessary hospital stays and situations where individuals remain in hospital while they are deemed to be fit enough to return to a more community-based setting.

70. Positively, there has been an eight per cent reduction in the emergency admissions rate as well as a five per cent reduction in the emergency bed day rate since 2016/17. Compared to 2020/21 there is an 16 per cent increase in the emergency bed day rate, however this reflects the impact of the Covid-19 pandemic Exhibit 9.

71. Eighteen IJBs recorded a reduction in emergency bed day rate over the period 2016/17 to 2022/23 Exhibit 9. Of the twelve that recorded an increase, two IJBs record an increase of over 10 per cent.

72. Some IJBs have put in place schemes and plans and maintain early intervention and prevention services. For example, Aberdeen City have set up a listening service to offer first-level support for people with low-level mental health challenges, addressing issues such as bereavement, redundancy, and life changes that can impact overall wellbeing. In Fife, a text chat service was launched in November 2022 enabling young people aged 12 to 19 to have direct, confidential access to the school nursing service. Further examples are set out in Appendix 1 (page 50).

Theme 2 Indicators – Shifting the balance of care

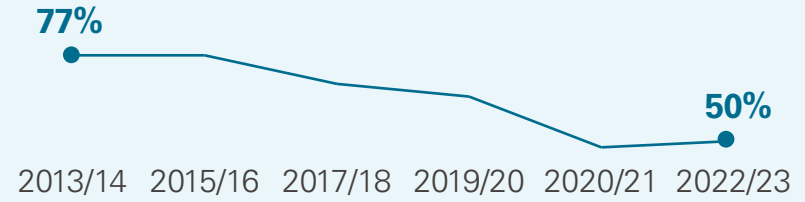
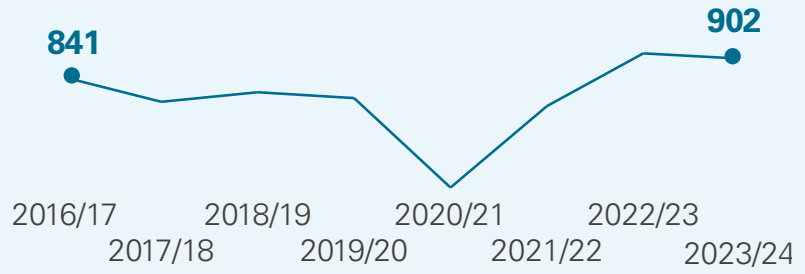
There is a recognition by the Scottish Government, councils and NHS boards that the balance of care needs to shift out of hospital to the community. Although this was the intention of the creation of IJBs, we have not seen significant evidence of this happening.

73. Part of the aims of the integration of health and social care was to help shift resources away from the institutional settings, such as hospitals and residential care institutions, and into more community-based services. The rationale for this is that, alongside it often being a more cost-effective way of providing services, it also helps promote greater independence and improved outcomes for the individual.

74. There has been an increase in the provision of services in the community, with an increase in the percentage of adults with intensive care needs receiving care at home and in the proportion of end-of-life care provided at home or in a community setting. At the same time, the percentage of expenditure on institutional and community-based Adult Social Care services has largely remained static with a small increase in the proportion spent on accommodation-based services.

75. Indicators tracking the balance of care and provision of services in the community have largely shown an increase in the number of individuals receiving care at home or in the community. However, these changes are marginal when viewed over the period since the inception of health and social care integration in 2015. There are also indications of pressures impacting the access to community-based services and the capacity of community services (Exhibit 10, page 33).

Exhibit 10.
Theme 2 indicators

Percentage of adults with intensive care needs receiving care at home		+3%
Proportion of last 6 months of life spent at home or in a community setting		+2%
Percentage of patients provided with advanced booking to GP practice (3 or more working days in advance)		-27%
Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)		+7%

Source: Core Suite of Integration Indicators, Public Health Scotland

76. At the same time there has been a deterioration in the experience of those receiving those services in the community nationally Exhibit 11.

Exhibit 11.
Theme 2 indicators

Percentage of adults supported at home who agree that they are supported to live as independently as possible	81% (2019/20) → 79% (2021/22)	-2%
Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life	80% (2019/20) → 78% (2021/22)	-2%

Source: Core Suite of Integration Indicators, Public Health Scotland

77. The Auditor General for Scotland NHS in Scotland 2023 report states that 'lack of social care capacity remains an obstacle to improving patient flow and reducing the number of delayed discharges from hospital. This is supported by data showing that many patients whose discharge is delayed are awaiting the completion of care arrangements to allow them to live in their own home (awaiting social care support), waiting for a place in a nursing home, or awaiting the completion of a post-hospital social care assessment'.

78. Examples of approaches to shift the balance of care from the hospital to community settings are set out in Appendix 1 (page 50).

Theme 3 Indicators – Person-centred care: choice and control

The amount of choice and control service users feel they have is variable across the country

79. In 2010, the Scottish Government and COSLA set out a ten-year self-directed support (SDS) strategy with the aim of supporting people's right to direct their own social care support. The Social Care (Self-directed Support) (Scotland) Act 2013 was part of the SDS strategy and set out how councils should offer people options for how their social care is managed.[12]

80. The Scottish Government, IJBs, councils, providers and service users and their carers recognise the gap between what the SDS legislation is designed to do and what is happening for people trying to access services in parts of Scotland. While there are examples of people being supported in effective ways through SDS, not everyone is getting the choice and control envisaged through the strategy. Some people who use services feel they have a lack of choice and need to accept what is offered with the type of care they receive being driven by the service provider. This is most recently evidenced in the Scottish Parliament's Health, Social Care and Sport Committee post-legislative scrutiny of the Self-directed Support (Scotland) Act 2013 phase 1 report.[13] Examples of increased flexibility, choice and control were given for both individuals and unpaid carers but the Committee also reflected that many areas of improvement are required. For example, a need to improve the consistency of implementation between councils and improve clarity and knowledge around SDS by providing more support and guidance to navigate the process.

81. People who use services and their carers highlight issues accessing services. Either the times at which services are available is unsuitable or the process required to access them is overly complicated. Service users also highlighted a lack of coordination and communication between services, often having to repeat their symptoms or issues multiple times as they move from service to service. Poor data sharing was highlighted as a contributing factor.

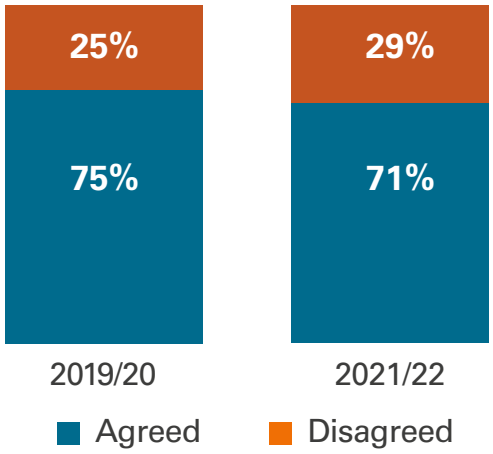
82. People who use services described being put to bed at 2pm or left in bed for hours at a time during the day. This was largely attributed to care services being under-resourced and care workers having to schedule their day to fit in additional people.

83. Research[14] has found that while those who received SDS generally had positive experiences and found it beneficial, more than one-quarter of people who use SDS had their option chosen by someone else.

84. The percentage of people who are receiving social care support through SDS is increasing, estimated at 88.5 per cent in 2021/22, up from 77.1 per cent in 2017/18.

Exhibit 12.

Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided



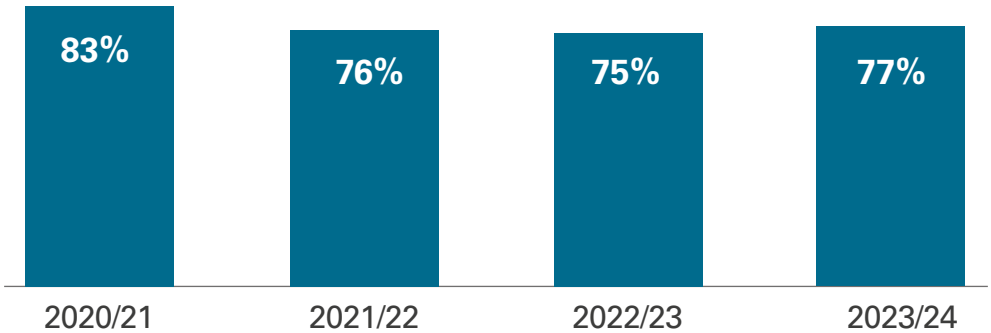
Source: Core Suite of Integration Indicators, Public Health Scotland

85. In general, there has been a deterioration in the proportion of adults who felt that they had a say in how their care is provided Exhibit 12. The latest year of data (for 2023/24) shows that 60 per cent of adults supported at home who disagreed that they had a say in how their help, care or support was provided. Due to how the data is collected this data is not comparable to previous years.

86. The Care Inspectorate amended their approach to inspections of care services in response to the Covid-19 pandemic. Inspection activity was shifted to focus on services where there were concerns or intelligence suggesting that they are a higher risk. The overall trend since 2020/21 has seen a reduction in the number of care services graded as either 'good' or better Exhibit 13.

Exhibit 13.

Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections



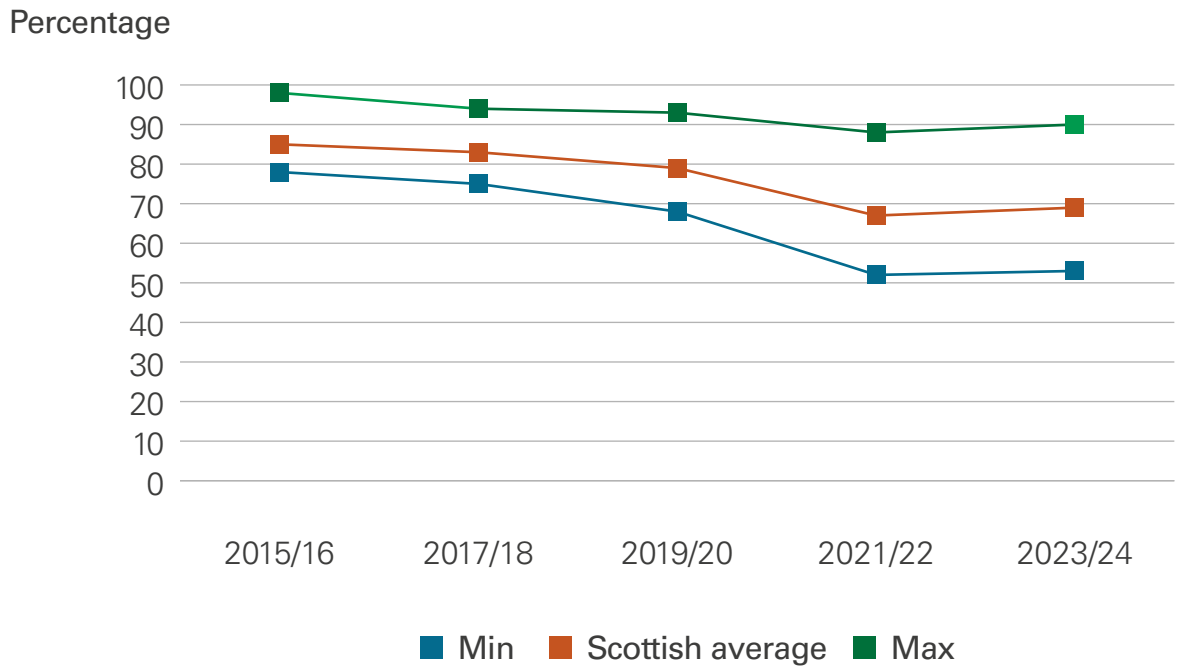
Source: Core Suite of Integration Indicators, Public Health Scotland

87. There is limited national data on access to GPs. (The Auditor General for Scotland's upcoming report on the General Medical Services contract will look further at the availability and quality of data.) However, the percentage of people reporting a positive experience of care at their GP practice between 2015/16 and 2023/24 has declined by 17 points Exhibit 14. There has been a decline across all IJBs and the gap between the best and worst performing areas has widened.

88. Some examples of IJBs working with partners to intervene to give people more choice and control and feedback on the services they receive are set out in Appendix 1 (page 50).

Exhibit 14.

Percentage of people with positive experience of care at their GP practice



Source: Core Suite of Integration Indicators, Public Health Scotland

Theme 4 Indicators – Reducing inequalities

The Covid-19 pandemic has exacerbated existing inequalities

89. A recent review[15] of health inequalities found that the health of people living in Scotland's most deprived areas is not keeping up with the rest of society. The health inequality gap is widening, evident through increased drug deaths, infant mortality and a fall in life expectancy in more deprived areas. People living in deprived areas have a significantly lower healthy life expectancy, 26 years less for males and 25 for females in the most deprived decile compared to the least deprived decile. This gap has been widening over the past decade.[16]

90. Research has found people who access social care, unpaid carers and those who work in the social care sector have been disproportionately impacted (both directly and indirectly) by the Covid-19 pandemic and mitigation measures.[17] The review also highlights that some groups could experience multiple and compounding inequalities. There is a risk that equality groups and people most at risk of having their human rights breached are set back by changes to and reductions in service provision, particularly as finances become tighter.

91. Respondents to a survey about their experiences of social care[18] who did not receive support but felt they needed it, were proportionally more likely to be non-white, disabled, living in deprived areas, LGBO (lesbian, gay, bisexual, other) and unpaid carers.

The premature mortality rate is increasing with rates higher in more urban and more deprived areas

92. The premature mortality rate is increasing across Scotland Exhibit 15 with a one per cent increase between 2016 and 2022.

Exhibit 15.
Theme 4 indicator

Source: Core Suite of Integration Indicators, Public Health Scotland

93

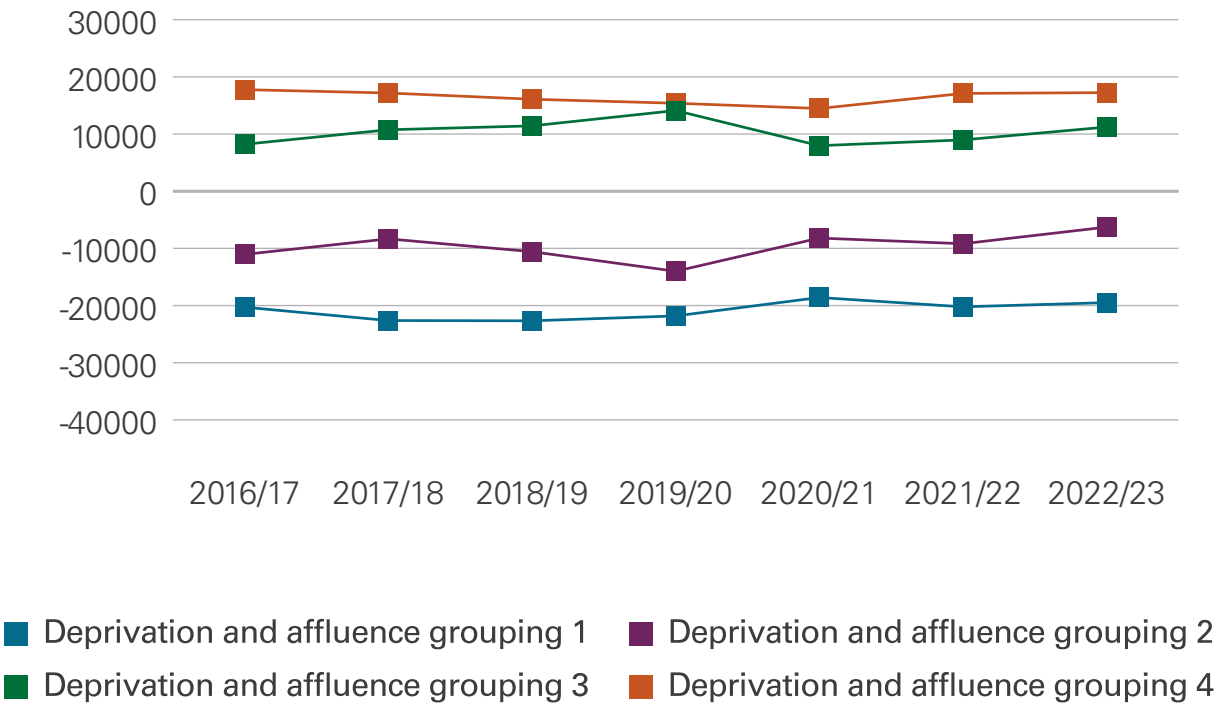
93. IJBs were found to have consistently lower rates of premature mortality in areas that were more rural and/or relatively more affluent. Five IJBs, all from more urban and less affluent areas (Dundee, Glasgow City, Inverclyde, North Lanarkshire, West Dunbartonshire), have consistently had relatively high premature mortality rates.

Emergency bed day rates are greater in areas with higher levels of deprivation

94. There is a clear relationship between the emergency bed day rate and the deprivation and affluence of an area. Using the Improvement Service's **family groupings of IJB** areas, shows that areas with higher levels of deprivation have higher levels of emergency day bed rates than areas that are more affluent Exhibit 16.

Family groups are groupings of IJBs that are similar in the type of population they serve (deprivation and affluence levels) as well as the type of area they serve (rural, semi-rural and urban).

Exhibit 16.
Emergency bed day rate (per 100,000 population): Difference to Scottish rate



Note: Grouping 1 represents the least deprived/affluent IJB areas and grouping 4 represents the most deprived/affluent

Source: Core Suite of Integration Indicators, Public Health Scotland, Improvement Service (deprivation and affluence grouping)

95. Example case studies in Appendix 1 (page 50) set out some programmes IJBs have in place to tackle inequalities in their communities and improve outcomes for all.

Theme 5 Indicators – Unpaid carers

The reliance on unpaid carers is increasing as the social care workforce is under added pressure

96. There is an enormous reliance on unpaid carers to support the social care system. These carers provide support to friends or family who need it. Carers can claim an allowance of £81.90 a week if they care for someone at least 35 hours a week. An additional carer support payment of £288.60 twice a year is also available to some carers. Although the exact number of unpaid carers is not known, as many carers don't identify themselves as such, there are an estimated 800,000 unpaid carers in Scotland; this includes 30,000 young carers under the age of 18.[19] The social care system relies on the contribution of the community and unpaid carers with the value of unpaid care estimated at £36 billion a year in Scotland.[20] The Feeley Review stated that 'The role communities play in supporting adults to remain active in their community simply cannot be overstated.'[21]

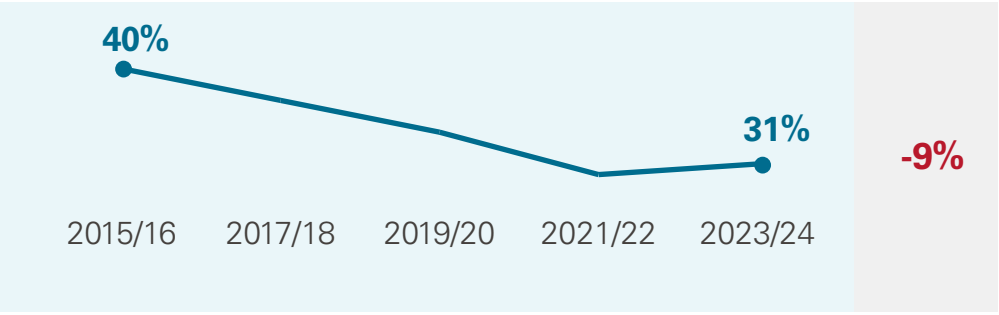
97. This reliance on unpaid carers is increasing as the social care paid workforce is under increased pressure. This is unsustainable.

98. Carers are feeling the mental, physical and financial pressure of a system under strain. Carers Scotland's latest State of Caring survey[22] found that over half (54 per cent) of carers said that their physical health had suffered because of their caring role, with one in five (20 per cent) suffering a physical injury from caring. Forty-four per cent of those on Carers Allowance are cutting back on food and heating. Research[23] carried out by the Carers Trust on the experience of older carers found:

- 80 per cent said their physical health had been affected by their caring role
- 87 per cent said their mental health and wellbeing had been affected by their caring role
- 82 per cent felt as though their caring role has financially affected them; 37 per cent have used less gas and electricity in their homes as a way to save money, and 19 per cent have skipped meals in the past 12 months
- 46 per cent of carers had missed some form of health appointment due to their caring role. This will have knock effects for the efficiency of the health service.

Exhibit 17.
Theme 5 indicator

Percentage of carers who feel supported to continue in their caring role



Source: Core Suite of Integration Indicators, Public Health Scotland

99. Caring responsibilities fall disproportionately on women, people living in rural areas and people living in deprived areas. National indicators also illustrate the declining sense of wellbeing for unpaid carers and those needing care Exhibit 17. There are provisions in the NCS Bill to improve support to unpaid carers but this has been subject to ongoing delays.

100. Some IJBs have set up interventions to support unpaid carers such as Falkirk and Clackmannanshire Carers Centre who provide information and signposting to those who are assessed as low or moderate on the unpaid carers eligibility for support.

5. Commissioning and procurement

Commissioning and procurement practices for social care services continue to be largely driven by budgets, competition, and cost rather than outcomes for people. Improvements to commissioning and procurement arrangements have been slow to progress but are developing

101. Our 2022 Social Care briefing highlighted commissioning arrangements as a key issue stating: 'Commissioning tends to focus on cost rather than quality or outcomes. Current commissioning and procurement procedures have led to competition at the expense of collaboration and quality.' In this section of this report, we focus on this issue and consider what progress is being made.

What are commissioning and procurement?

102. Commissioning identifies what is to be provided. It is the process each IJB uses to set out to its partner councils and NHS boards, what it requires them to provide to meet its strategic plan for social care and primary and community health services, based on population needs and available budgets. Procurement establishes how and who will provide the services. It is the process of contracting or purchasing specific services to meet those requirements. The IJBs do not procure the services. This is done by the relevant councils or the NHS and can be from the public, private and third sector. Scotland Excel assists some councils in procuring services and has developed national adult social care frameworks. Currently, the private sector provide 54 per cent of social care services, 24 per cent by councils, 21 per cent by the third sector and the remaining element (one per cent) by health boards.[24]

103. All IJBs have integration strategic commissioning plans. The 2014 Act sets out requirements for the plans that are also supported by Scottish Government guidance issued in 2015.[25] The plans are required to:

- be reviewed at least every three years
- set out what the arrangements are to carry out the tasks of the IJB over the three years

- divide the area geographically into at least two localities for setting out these arrangements with each locality done separately
- include how the arrangements are intended to contribute to achieving the national health and wellbeing outcomes.

104. The commissioning of social care and primary and community health services is a cyclical process carried out by a Strategic Planning Group for each IJB. This group must consider the outcomes for people and how the needs and availability of services change. Healthcare Improvement Scotland and the Care Inspectorate have produced a quality framework[26] to evaluate the effectiveness of strategic planning.

105. The Independent Review of Adult Social Care in Scotland, considered in detail the arrangements for commissioning and procuring social care services in Scotland. The review identified ten changes needed in commissioning and procurement practices.

Improvements to commissioning and procurement arrangements have been slow, with cost rather than outcomes driving decision-making

106. Commissioning and procurement decisions are currently driven largely by achieving the range and volume of services required at the lowest cost. This is understandable given the financial pressures and increased demand faced by IJBs, but the pressure on the service providers to remain competitive can reinforce a focus on driving down prices. This can be at the cost of promoting service quality, equality, innovation and collaboration with others, to improve people's outcomes.

107. Tenders for support packages for people are often constructed around time and task of the service, rather than the outcomes. This lack of flexibility in the system means that NHS and council resources can get tied up in providing services that aren't effective in improving outcomes. More flexibility is needed across the system.

108. The cyclical nature of the commissioning and procurement, mean that time and resource are focused on contracts renewal processes instead of a more strategic long-term approach.

109. As set out at paragraph 25, the current model of governance is complicated. This can cause difficulties when trying to commission services in a collaborative way. All stakeholders, including providers and users need to be part the strategic commissioning process in order to reflect what people need and want. This current approach also does not fully allow for innovation of the sector in finding solutions.

110. The current commissioning and procurement system lacks a process of accountability when people do not receive the services they need. People have described the process of accessing social care as

'notoriously difficult' and 'over-complicated' and needing to 'fight for' and 'justify' their support where they had a negative experience.[27]

Current commissioning and procurement practices are a risk for the sustainability of service providers and the workforce

111. Current arrangements are heavily reliant on a stable provider market and workforce but there are exacerbating financial and workforce issues facing providers, risking the viability of some.

112. A consequence of the current cyclical commissioning and procurement arrangements is that many risks around the effective delivery of service are largely put onto the providers. For example, where the cost of energy makes a service more expensive to deliver than the contract provides for, the provider is still required to provide the service, bearing the loss.

113. There is uncertainty for all providers, particularly in the third sector around future funding and their role in service provision. Providers are also experiencing challenges with providing services and fulfilling contracts largely due to difficulties with workforce recruitment and retention:

- Private and third sector providers find that council commissioning rates are not enough to deliver social care and support and residential, personal and nursing care, and pay expenses such as staff, training and overheads. These providers say they cannot compete with councils where pay and terms and conditions are better than they can provide due to the flat cash settlement local government receives from the Scottish Government.
- Non-committal framework agreements leading to zero hours or short hour contracts for staff.
- Contracts that do not cover travel costs, especially challenging in rural Scotland which were particularly badly affected by fuel price rises.
- Growth in split shifts and reduction in paid sleepovers for staff.
- Although there has been an uplift in adult social care workers' wages, this has not been universally applied for all social care workers as some roles have been out of scope for the intended policy outcome. This has focused on uprating pay for those on the lowest incomes. There is no equivalent uplift for those with supervisor or manager roles making these positions less desirable.
- High levels of overtime and agency costs.
- High and ongoing recruitment costs, particularly in more rural areas.

114. Local government have been calling for multi-year funding settlements from the Scottish Government to support providers with medium- to long-term planning. This is currently being discussed through the Verity House Agreement and the fiscal framework discussions.

115. As set out in the context section, the workforce feel undervalued in the system and there are unprecedented numbers of vacancies (paragraph 19). The **Fair Work** Convention Report[28] set out that 'Despite some good practice and efforts by individual employers, the wider funding and commissioning system makes it almost impossible for providers to offer fair work.' Without urgent progress on the fair working agenda nationally it is likely that the risks to the sustainability of the sector will deepen.

Fair work is work that offers all individuals an effective voice, opportunity, security, fulfilment and respect. It balances the rights and responsibilities of employers and workers.

Current commissioning and procurement practices are not always delivering improved outcomes for people

116. People who use services are often not involved in commissioning and procurement processes and therefore services are not necessarily reflective of what people need and want. The Independent Review of Adult Social Care in Scotland[29] reported that commissioning using generic frameworks based on an hourly rate does not work well for people who have fluctuating needs for support, particularly support for mental health.

117. The Self-directed Support (Scotland) Act 2013 was designed to ensure people had choice and control in how their social care support is provided. As highlighted at paragraph 80, there is a recognised implementation gap in this policy. The Scottish Parliament's Health, Social Care and Sport Committee post-legislative scrutiny of the Act has highlighted concerns around commissioning in relation to SDS including:

- the importance of facilitating collaborative commissioning conversations
- a need to develop a marketplace of providers
- a need to end competitive tendering and restrictive procurement processes
- the disparity in the relative available funding under different SDS options.

There is an increasing desire to move towards more ethical and collaborative commissioning models but it has not yet been universally adopted

118. There are examples of IJBs attempting to adopt collaborative and **ethical commissioning** processes in their strategies but these appear to be at an early stage. Almost a third of IJBs have adopted the Unison Ethical Charter for Social Care Commissioning[30] which is based on ethical commissioning principles.

Ethical commissioning aims to embed ethical standards into the commissioning and procurement process to ensure the process is around equity and quality for people, not just around efficiency and cost.

119. IJBs are reaching out for support from IRISS (Institute for Research and Innovation in Social Services) in collaborative commissioning, for example work to improve outcomes-based commissioning with East Dunbartonshire, East Ayrshire and Orkney IJBs with Healthcare Improvement Scotland. IRISS has also been supporting West Dunbartonshire and North Ayrshire IJBs to change commissioning to a more collaborative approach. Both projects are at an early stage but they have highlighted that the relationship between stakeholders are a key aspect of addressing commissioning arrangements. Significant time and resource capacity is needed to work out these relationship issues.

120. There are some strong examples of how IJBs are working to commission in a more collaborative and flexible way including Aberdeen IJB and Fife IJB. Two examples are set out in Appendix 1 (page 50).

National approaches to improve commissioning have been slow to progress but are developing

121. Across stakeholders we have engaged with, there is a recognition that commissioning needs to improve. The Feeley Report recommended that the Scottish Government and COSLA develop and agree ethical commissioning principles and core requirements. This is happening through the development of the NCS Bill, an Adult Social Care Ethical Commissioning Working Group was set up (also including the Institute for Research and Innovation in Social Services (IRISS), Social Work Scotland (SWS) and the Coalition of Care and Support Providers in Scotland (CCPS)). This group is developing a framework for ethical commissioning and has identified nine ethical commissioning principles:

- Person-led care and support
- Outcomes-focused practices
- Human rights approach
- Full involvement of people with lived experience
- Fair working practices
- High-quality care and support
- Climate and circular economy

- Financial transparency, sustainable pricing and commercial viability
- Shared accountability.

122. Current Scottish Government plans are that the NCS Bill will include a clear and comprehensive definition of ethical commissioning, with a National Care Service Board[31] providing national oversight, guidance and practical support.[32]

Endnotes

1 Lead Agency model - In Highland the NHS Board and council have adopted a different model for integration, a lead agency model. NHS Highland leads on adult services and Highland Council leads on children's services. Therefore, there is no Integrated Joint Board but an Integration Joint Monitoring Committee to monitor the planning and delivery of services. Revisions to the National Care Service Bill currently being developed, propose that Highland adopt a reformed IJB model as these are implemented.

2 Independent Review of Adult Social Care in Scotland, Derek Feeley, February 2021

3 People supported through Social Care Services: Support provided or funded by health and social care partnerships in Scotland 2022/23, Public Health Scotland, March 2024.

4 Mid-2022 Population Estimates, Scotland, National Records of Scotland, March 2024.

5 Scotland's Health and Demographic profile, Social Research, Scottish Government, June 2022.

6 Scotland's Unsustainable Health Service Modelling NHS demand to 2040, Our Scottish Future Health Commission, December 2023.

7 Population projections of Scotland - National Records of Scotland January 2023.

8 Staff vacancies in care services 2022, Care Inspectorate and Scottish Social Services Council, September 2023.

9 Workforce Recruitment and Retention Survey Findings, Scottish Care, September 2021

10 People who access social care and unpaid carers in Scotland, Scottish Government, June 2022

11 Local Government Benchmarking Framework, Improvement Service, February 2024

12 Self-directed support (SDS) aims to improve the lives of people with social care needs by empowering them to be equal partners in decisions about their care and support. Four fundamental principles of SDS are built into legislation – participation and dignity, involvement, informed choice and collaboration. The Social Care (Self-directed Support) (Scotland) Act 2013 gave councils responsibility, from April 2014 onwards, for offering people four options for how their social care is managed:

- Option 1: The individual or carer chooses and arranges the support and manages the budget as a direct payment.
- Option 2: The individual chooses the support and the authority or other organisation arranges the chosen support and manages the budget.
- Option 3: The authority chooses and arranges the support.
- Option 4: A mixture of options 1, 2 and 3.

13 Post-legislative scrutiny of the Social Care (Self-directed Support) (Scotland) Act 2013: Phase 1: SP Paper 577, Health, Social Care and Sport Committee, May 2024.

14 My Support My Choice: People's Experiences of Self-directed Support and Social Care in Scotland National Report, ALLIANCE and Self Directed Support Scotland, October 2020.

15 Leave No-one Behind The state of health and health inequalities in Scotland, The Health Foundation, An Independent Review, David Finch, Heather Wilson, Jo Bibby, January 2023.

16 Health Life Expectancy in Scotland 2019-2021, National Records of Scotland, December 2022.

17 Adult Social Care in Scotland – Equality Evidence Review, Scottish Government, June 2022.

18 Health and Care Experience Survey, Scottish Government, May 2022.

19 Scotland's Carers Update Release, Scottish Government, December 2022.

20 Independent Review of Adult Social Care in Scotland, Derek Feeley, February 2021.

21 Independent Review of Adult Social Care in Scotland, Derek Feeley, February 2021.

22 State of Caring Survey 2023, Carers Scotland, November 2023.

23 Experiences of Older Adult Unpaid Carers in Scotland, Carers Trust Scotland, March 2023.

24 Summary of No. of registered care services at 31 March 2024, Care Inspectorate.

25 Strategic commissioning plans: guidance, Scottish Government, December 2015.

26 Evaluating the Effectiveness of Strategic Planning: Quality Framework, Care Inspectorate and Healthcare Improvement Scotland.

27 Independent Review of Adult Social Care in Scotland, Derek Feeley, February 2021.

28 Fair Work in Scotland's Social Care Sector 2019, Fair Work Convention, February 2021.

29 Independent Review of Adult Social Care in Scotland, Derek Feeley, February 2021.

30 UNISON's ethical care charter, UNISON.

31 The remit and membership of a National Care Service Board will be determined by at Stage 2 of the National Care Service Bill. The overarching purpose of the Board 'will be to ensure consistent, fair, human rights-based social care support and community health services, underpinned by effective complaints mechanisms and enhanced advocacy services'.

32 National Care Service (NCS) (Scotland) Bill: Scottish Government Response to Stage 1 report, Letter from Minister for Social Care, Mental Wellbeing and Sport to Health, Social Care and Sport Committee, March 2024.

Appendix 1

Case studies

These case studies set out some examples of where integrated joint boards are using or developing different working practice to improve performance and outcomes.

Case study 2.
Early intervention and prevention services

Preventing Frailty by Improving Nutrition (Shetland)

People providing care and support have an important role in recognising risk and preventing malnutrition. A project in the summer of 2022 led by the dietetics department in collaboration with Shetland residential teams including social care workers, seniors, care home cooks and care at home staff in the community. The project included reviewing dietetic patients care, menu and mealtime observations and advice, training needs analysis and delivery of MUST (Malnutrition Universal Screening Tool) training.

The IJB reported that confidence in ability to screen for malnutrition, provide nutrition advice and care, and actioning nutritional care plans was considerably increased following training, which was provided to more than 100 staff across Shetland.

Whole Family Wellbeing Funding programme (national scheme)

The Whole Family Wellbeing Funding (WFWF) is a £500 million Scottish Government investment in preventative whole family support measures. The aims of the fund are to support the change that is necessary for reducing the need for crisis interventions in families, and to move investment towards early intervention and prevention. The scheme is funded nationally from 2022 to 2026 with any new systems or services funded locally after that period.

The programme is split into three parts:

- to provide direct support to Children's Services Planning Partnerships (CSPPs) to help expand and deliver whole family support services as well as support transformational change
- to support local transformation through National Support for Local Delivery
- support projects that take a cross Scottish Government approach to system change which progress the aims of WFWF.

An evaluation report of year one funding of the first two parts reports that substantial progress has been made so far across most CSPPs. However, they have found it difficult to achieve the pace of progress envisaged by the Scottish Government in year one of the funding.

In South Lanarkshire, the funding has enabled the recruitment of peer support workers with lived experience who are able to reduce the stigma of needing support. The funding also enabled the creation of a team of early years staff, based in NHS Lanarkshire, that will give support to families that have children under the age of five. In addition, the funding enabled the expansion of Pathfinders, a school-based family project that aims to reduce the need for later intervention.

The funding has supported North Ayrshire to add two further locations to their Family Centred Wellbeing Service. The fund has also seen the expansion of North Ayrshire's Health Visiting Team, which aims to support early intervention and prevention for children by working with the whole family.

Source: Scottish Government and Shetland Health and Social Care Partnership

Case study 3.
IJBs shifting the balance of care

Home First Response Service (Glasgow)

Glasgow's Home First Response Service has the aim of ensuring frail people spend less time in hospital. The service is community led and made of multi-disciplinary frailty teams. Each team is led by advanced frailty practitioners based in hospitals with 26 now in post following a successful pilot of the service.

One in three people identified during the pilot were discharged the same day with a care plan having been put in place.

To enable fast access to the community services needed to move frail people out of hospitals and back home, the service uses a hub and spoke service model with each of the six Health Partnerships in Glasgow having their own frailty teams.

The teams liaise with other healthcare colleagues in the community including advanced nurse practitioners, pharmacists and allied health practitioners. This ensures that people receive the same level of care that they would in a hospital setting.

The Home First Response Service has been achieving, on average, a 50 per cent early turnaround rate per month.

Integrated Discharge Hub (West Lothian)

The West Lothian Integrated Discharge Hub (IDH) was set up in 2018 at St John's Hospital to improve delayed discharges and reduce the time it was taking make arrangements for people requiring care and support in the community following discharge from hospital.

To plan the safe and timely discharge of patients, an inter-agency team consisting of discharge coordinators, hospital social workers, Carers of West Lothian as well as inhouse care team staff work with patients and their families to plan their discharge and how their ongoing requirements will be met in the community.

Since the implementation of the discharge hub the IJB reports that improvements have been seen, with reduced lengths of stay, reduced occupied acute bed days, improved performance for days lost to delays in discharge and improved processes for interim placements when a patient is waiting for care home placement.

Between December 2022 and April 2023, the average number of days between a person being admitted to St John's Hospital and being identified as needing the support of the discharge hub has been reduced by 52 per cent. The length of stay for patients getting help from the discharge hub has also been reduced by 28 per cent during the same period.

The success of the discharge hub has drawn interest from other IJBs across Scotland.

The Joint Dementia Initiative (Falkirk)

The Joint Dementia Initiative (JDI) is a registered service in the Falkirk Health and Social Care Partnership. It has two main services: a one-to-one support service, which provides care and support at the user's own home, and a Home from Home service, which provides support to users in a group setting.

The JDI service aims to help people with dementia to continue to live the life they want to live by continuing to live at home in their own communities for as long as possible. This is delivered through meaningful engagement with service users, families, and key stakeholders from across Falkirk HSCP following a person-centred approach to the care provided.

A review of the JDI was carried out in April 2021 that included arranging engagement events with service users, their families, carers, staff, and stakeholders. The aim was to improve outcomes for families and carers and identify specific areas of concern and gaps in service delivery.

Identified as an important issue at the engagement events, the partnership looked at the flexibility of the service and dementia being a 24/7 illness. The partnership is working to provide evening and weekend support for families and carers, due to start in August 2024. These improvements would allow the partnership to achieve outcomes from their strategic plan.

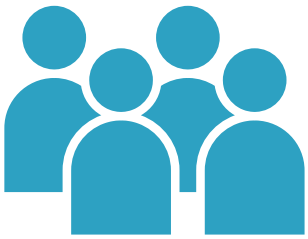
A current project is being carried out to change Adult Placement Carers in the Home from Home service from self-employed to employees of the partnership. This change aims to improve recruitment and retention rates for the service.

The JDI has been successful in achieving funding from multiple funds including the Dementia Innovation Fund and the Carers Challenge Fund. This has allowed the Initiative to renovate their community space as well as create two part time support worker posts to help provide evening and weekend support to service users

Source: NHS Greater Glasgow and Clyde, West Lothian Health and Social Care Partnership, and Falkirk Health and Social Care Partnership

Case study 4.
Choice and control

Community Brokerage Network (North and South Ayrshire)



The Community Brokerage Network is well established in the Ayrshires and provide brokers, who offer free independent information about self-directed support to people and their carers at any stage in their social care journey, whether they are entitled to a formal social care assessment or not. They have successfully connected people with services that have helped them achieve their personal outcomes in a way that works for them. A Brokerage Framework for Scotland has recently been produced by Self-directed Support Scotland and its partners to help encourage the use of this model further across Scotland.

Care Opinion (Falkirk)

Care Opinion is an online integrated platform where people can safely share their experience of any health service or Care Inspectorate-registered providers of adult social care services. Care Opinion has national scale and visibility and has worked with all Scottish health boards as well as ten HSCPs. Over 29,000 stories have been shared about health and social care services in Scotland on the Care Opinion platform.

Care Opinion enables Falkirk HSCP and the commissioned providers to use online feedback as one method of learning from lived experience. The aim is to drive forward quality service improvements, build a reputation for openness, to potentially avoid formal complaints, and develop a culture of transparency across the Partnership.

Source: Self Directed Support Scotland, Falkirk Health and Social Care Partnership

Case study 5.
Work to reduce inequalities

Welfare Advice & Health Partnerships (WAHPs) programme (Glasgow)

Scottish Government funding is enabling 84 GP Practices across the most deprived parts of Glasgow to host a dedicated welfare and health adviser one day per week. According to the Partnership this has had a positive impact on patient health, poverty and health inequalities, while also freeing up staff time for clinical care. In the last year, there have been 3,997 referrals made by WAHP practice staff across Glasgow, achieving a reported £3.3 million in financial gains and £1.1 million in debt managed for people.

eFRAILTY Power BI dashboard (West Lothian)

The eFRAILTY Power BI Dashboard was created with the aim to provide a snapshot of the make-up of frailty within the West Lothian population with the goal of identifying people who could benefit from help, improving the health inequality gap. The dashboard also has the aim of mapping frailty data by GP postcode to enable the targeting of resources.

The data in the dashboard uses the Rockwood clinical frailty score from patient and carer self-assessment forms. These forms are collected at vaccination centres each year during the patient's annual flu jab. The frailty data is collected by the vaccination nurses and then entered into GP systems before being extracted and used to populate the eFRAILTY dashboard.

The dashboard is still in the scoping and data-gathering phase, however the Partnership is looking at options for how to put the data to use. An example given by the Partnership for the use of the data was to refer patients graded as having mild frailty to their Xcite Exercise referral scheme.

Source: Glasgow City Health and Social Care Partnership, Scottish Government, and West Lothian Health and Social Care Partnership

Case study 6.
Granite Care Consortium

Established in October 2020, Granite Care Consortium (GCC) is composed of a mix of ten independent and third sector care providers delivering over 12,000 hours of care a week to more than 1,200 people.

GCC was set up with the aim of creating market stability, improving outcomes for service users and building a consistent trained and skilled workforce. Competitive methods of commissioning and procurement were identified as presenting a risk of providers reducing their services or exiting the market completely. Providers also often work in silos with little input or communication from other services.

Aberdeen City Health and Social Care Partnership (ACHSCP), commissioned GCC to take a collaborative approach, with a focus on the outcomes for the individual. This saw GCC move away from a 'time and task' model towards one built around the service user. The collaboration between providers allows different types of support to be added to a care plan without the need for time consuming reassessments.

For example, someone receiving mental health support who then required personal care could have this added to their care plan in a matter of hours.

Collaboration has also enabled greater data sharing and visibility. GCC use data at a local level as well as city wide to inform decision-making. A recent test of change has seen the introducing of hotspots allowing GCC to focus on where demand for care is greatest.

Funding is provided in monthly blocks by ACHSCP which allows GCC to flex individual care and support packages without the need for social worker authorisation. This speeds up the process, improving outcomes for individuals. The number of days those aged 75+ in Aberdeen City are waiting to be discharged from hospital (per 1,000 population) stands at 112 as of November 2023. This is down from 579 in 2019/20.

GCC faces the same workforce challenges as the wider sector but is using its outcomes focussed model as a positive tool to aid recruitment and retention. Learning and development is also a large part of the workforce strategy with GCC working in partnership with Robert Gordon University to develop new ways of delivering training.

I have felt partnership working between ACHSCP and GCC has been stronger than my previous experience before GCC – Social Worker

Building trust, both from ACHSCP and the ten partnering service providers, was crucial in delivering this model. Challenging traditional ways of working and thinking was acknowledged by GCC as difficult but it reports that there is now genuine trust between all parties and the culture of collaboration is now embedded within the consortium.

The Scottish Parliament Health, Social Care and Sport Committee have identified this work as a good model to provide the basis to develop best practice in ethical commissioning.

Source: LGBF Indicators, GCC Annual Report 2020-21

Case study 7.
Fife Care Collaborative

Established in 2021 the Care at Home Collaborative was a Collaborative of 16 Independent Care at Home Providers who delivered over 90 per cent of externally commissioned care at home services in the Fife IJB area. The Collaborative in June 2024 are now made up of 41 care at home Providers including Fife Council. The split between service delivery is approximately 30 per cent Council and 70 per cent Collaborative.

The aim of the collaborative is to involve all member organisations in active engagement and participation as well as to share best practice and lessons learned. The collaborative also aims to benefit from the economy of scale of working together, for example securing funding to maintain a higher weekend pay rate has helped the retention of staff.

One of the members of the collaborative, Cera Care, commented:

'Since joining the Collaborative we have seen a dramatic improvement in the services we deliver as a whole in Fife. It has given us the opportunity to communicate with Scottish Care, Fife Council and External Providers together to input ideas and suggestions across to help each other and the people we care for.'

The collaborative makes use of a GPS tool called 'Pin-Point' which is a live dashboard of services used to manage commissioning. The IJB is able to manage capacity across the whole system by using monitoring and escalation systems that are connected to the collaborative.

A recent self-evaluation saw that previous recruitment and retention issues encountered by providers have been continuously improving and attributable to the success of the Collaborative.

Source: Fife Health and Social Care Partnership

Appendix 2

Methodology

Previous work

In 2022 and in 2023, the Accounts Commission published bulletins setting out the financial performance of IJBs. Together with the Auditor General for Scotland and Audit Scotland, we have reported more widely on the progress of health and social care integration and social care in Scotland. This includes reports in 2015 and 2018 setting out improvements needed by integration authorities. Our work in 2014 and 2017 set out the progress of the self-directed support legislation implementation and found while implementation was happening successfully in some areas, not everyone was getting the choice and control in their social care support envisaged in the legislation. In January 2022, a joint Social Care briefing set out the significant ongoing challenges impacting the delivery of social care services.

We aim to answer the following audit questions in this report:

- How well are IJBs responding to contextual challenges and improving their performance and the outcomes for people?
- How financially sustainable are IJBs and how are they responding to the financial challenges they face?
- How are IJBs using commissioning and procurement to improve performance and deliver improved outcomes in the lives of people who use social care services?

Our findings are based upon:

- the 2022/23 audited accounts and annual audit reports of IJBs and supplementary returns provided by appointed auditors
- the 2022/23 annual performance reports and Chief Social Work Officer reports of IJBs
- national data sets including core integration indicators and the Local Government Benchmarking Framework (LGBF)
- a review national reports and guidance
- a review of relevant published research
- interviews with key stakeholders including IJB chief officers and chief finance officers.

In February 2024, we hosted a roundtable discussion bringing together key stakeholders to consider the critical issues for IJBs and in particular

the provision of social care. The discussion covered immediate challenges as upcoming issues in the medium and long term. The discussion helped to inform this report and also identify future work for the Accounts Commission. The additional output sets out a summary of discussion.

Advisory Group

To support our work, an Advisory Panel was established to provide challenge and insight at key stages of the audit process. Members sat in an advisory capacity only and the content and conclusions of this report are the sole responsibility of Audit Scotland.

Members of the group included representatives from Health and Social Care Scotland, COSLA, Care Inspectorate, The ALLIANCE, Coalition of Care and Support Providers Scotland, Scottish Care and SPICe. We would like to thank them for their support.

Integration Joint Boards

Finance and performance 2024

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AGENDA ITEM No. 13

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

Meeting of East Renfrewshire Health and Social Care Partnership **Held on**	Integration Joint Board 14 August 2024
Agenda Item	13
Title	Charging for Services 2024/25 and beyond

Summary

To provide the Integration Joint Board (IJB) with an update from the Income Generation Short Life Working Group (IGSLWG) and the proposed approach to extending the scope for charging for non-residential services. This will consider the potential impact to income for during 2024/25 and beyond, including in year increases for some existing charges.

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

Action Required

The Integration Joint Board is asked to:

- Note the progress on the implementation of charging for non-residential care
- Note the report to ERC Cabinet for 5 September 2024 that proposes increases to existing charges for Community Alarms and for Bonnyton House, per the recommendations of the IGSLWG, effective from 1 January 2025;
  - Increase charges for Community Alarms to £4.90 per week, increased from £3.25
  - Increase charges for Bonnyton House to £960 per week, increased from £912.80
- Agree to receive a detailed report in September confirming the proposed approach for 2025/26

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
- ☐ Policy
- ☒ Workforce
- ☒ Equalities
- ☒ Risk
- ☐ Legal
- ☐ Infrastructure
- ☐ Fairer Scotland Duty

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

14 August 2024

Report by Chief Financial Officer

Charging for Non-Residential Care

PURPOSE OF REPORT

1. To provide the Integration Joint Board with a proposed approach to expanding charging for non-residential services for 2024/25 and beyond and confirming the recommendations from the IGSLWG to propose to ERC Cabinet an increase to existing charges for Community Alarms and for Bonnyton House.

RECOMMENDATIONS

2. The Integration Joint Board is asked to:
   - Note the progress on the implementation of charging for non-residential care
   - Note the report to ERC Cabinet for 5 September 2024 that proposes increases to existing charges for Community Alarms and for Bonnyton House, per the recommendations of the IGSLWG, effective from 1 January 2025;
     - Increase charges for Community Alarms to £4.90 per week, increased from £3.25
     - Increase charges for Bonnyton House to £960 per week, increased from £912.80
   - Agree to receive a detailed report in September confirming the proposed approach for 2025/26

BACKGROUND

3. The Income Generation Short Life Working Group (IGSLWG) was set up to explore the implementation of wider charging for non-residential care.

4. Some members of the IJB will recall that the original timing of this report, previously discussed and reluctantly agreed at the seminar on 29 May 2024, was to submit to East Renfrewshire Council Cabinet in June 2024. Given the election was announced shortly thereafter this timescale was revised. In order to promote transparency and good governance this report is being presented again with the revised timeline.

5. Within the existing legislation the Council has the statutory duty to set charges. In prior years the IJB considers a review of existing charges at its September meeting and is asked to endorse the approach and inflationary uplifts for Councils consideration. The Council sets its charges each November / December for the coming year. In the December 2023 report the Council was asked to consider proposals from the IJB out with this cycle during 2024/25, if required.

6. The additional report in-year is necessary as two existing charges need to be increased to ensure additional income is generated in line with the savings agreed as part of the 2024/25 budget agreed by the IJB in March 2024.

7. Some members of the IJB will recall there is an existing decision relating to a contribution model as part of the Individual Budget Calculator, set at 5% with agreement in place to increase up to 10%. This was not implemented recognising the conflict with

the Scottish Government policy to abolish non-residential charging in the term of this parliament.

8. The IGSLWG had initial discussions on all charges which include residential care, community alarms and premises, however the fundamental work of the group was to consider the options available to the IJB around charging for non-residential care. This paper provides an update on the approach along with a proposed increase to the charge for community alarms and Bonnyton House during 2024/25.

9. The 2024/25 budget includes a target of £0.2 million income as a saving, recognising this needs to increase in 2025/26 to £1.5 million. For 2024/25 we have achieved £0.058m so far from inflation and premises related income.

REPORT

10. There are two approaches open to the IJB to introduce charges for non-residential care:
    - A contribution model as previously agreed, but not implemented
    - The traditional approach which looks at payment towards the cost of care, normally on a per hour charge

11. Both approaches would be linked to the ability to pay and this would be established through a financial assessment process. There is a risk that some people may choose not to engage in this process and potentially pay the full cost of care, or withdraw from engagement with the HSCP. Given the East Renfrewshire population dynamic some people may opt to engage in private arrangements entirely.

12. When the contribution element from the Individual Budget Calculator was previously agreed this was set at a point in time and was based on the premise of a modest universal charge. This approach was not expected to lead to a significant increase in requests for financial assessment, nor would it generate the level of income we now require from charging for care. It was previously estimated that a 5% contribution would equate to c£0.17 million and 10% to £0.34 million.

13. Whilst the advantages of this model were around the ease of approach the subsequent move, during 2023/24, to the supporting people framework with a criteria basis means we are now operating very differently and in an incredibly challenging financial landscape.

14. The alternative approach applies a charge for the service provided. There is not a nationally agreed charge for a type of serve and each HSCP through its council will set its own level of charge depending on local policy. There is the “COSLA NATIONAL STRATEGY & GUIDANCE; Charges Applying to Social Care Support for people at home 2024/2025 guidance” which provides a recognised framework.

15. The ability to pay the identified charge is then linked to a financial assessment which looks at all income the person has, allows for a range of deductions recognising the costs of living incurred, identifies a “disposable amount” left over and then applies a taper to that disposable amount. The taper is used to determine the percentage of the disposable income the person should keep and the percentage that should go towards paying for their care.

16. This will allow a calculation that will show the maximum amount someone would pay towards the cost of their care. It is important that we identify an appropriate cap – a level which should not be exceeded – to ensure that those with the most complex needs, whose cost of care is normally higher, are not disproportionally disadvantaged. A

national benchmarking exercise has recently been undertaken and this will help inform the proposed charging levels for non-residential care and support.

17. Previous benchmarking work to establish the policy approach in other areas, with a focus on the taper income level being applied showed that this ranged from 50% to 75%. Again the recent national work will allow a further review of this

18. As we do not undertake financial assessments at present we modelled 10 people with a range of ages, types of support and income levels. We used an estimated 'ability to pay' at 25% and 20% (our initial "educated guess"). The 10 case studies show, after financial assessment, the combined disposable income for those people came to 28% of their chargeable weekly amount, so our modelled income values using between 20% and 25% holds, albeit on a small sample.

19. The table below uses £12.3m cost of care as our starting point (being our estimated budget cost of non-residential care, less all personal care, carers and adjusting out low and moderate costs per our Supporting People Framework). This shows the potential income level from different tapers assuming the 25% or 20% 'ability to pay'.

20. Using the 20% ability to pay could allow us to incorporate an element of bad debt too, a more prudent approach. In order to achieve an income target of £1.5 million we would need to set the taper at 60%.

			Percent of disposable income charged				Percent of disposable income charged		
	Budget, less low, moderate, carers and personal care £k	Assume cost recovery based on 25% ability to pay £k	50% £k	60% £k	75% £k	Assume cost recovery based on 20% ability to pay £k	50% £k	**60% £k**	75% £k
Learning Disability	£8,402	£2,100	£1,050	£1,260	£1,575	£1,680	£840	**£1,008**	£1,260
Mental Health & Addictions	£917	£229	£115	£138	£172	£183	£92	**£110**	£138
Physical Disability	£1,097	£274	£137	£165	£206	£219	£110	**£132**	£165
Older People	£1,902	£476	£238	£285	£357	£380	£190	**£228**	£285
	£12,318	£3,079	£1,540	£1,848	£2,310	£2,464	£1,232	**£1,478**	£1,848

21. We need to identify the range of charges we will set to support charging such as an hourly rate for support (initial benchmarks for 2024/25 show c£15 to £20 per hour and the national benchmarking work should provide further information.

22. There will also be certain circumstances where it is not appropriate to charge for a service and the Charging Policy for the IJB (refreshed every September) sets this out.

23. We are in the early stages of setting up new processes and protocols for managing the costs of care in the new case recording system and this will include charging for services. Once we have a clearer understanding of all work flows this will allow us to assess the ongoing additional resource needed to operate charging and whether or not we will have any efficiency gains we can offset against new activity. The council has provided funding for a post for a 12 month period to support development and

implementation, as part of a package of £700k support for invest to save initiatives. This post is currently being recruited.

24. The phasing in of charging needs to be considered and we need to factor in income for 2024/25, consultation and engagement and ensuring we have a fit for purpose infrastructure to support this.

25. An engagement and communication timetable will be included in the September report. A Frequently Asked Questions has been developed and a refreshed equality, fairness and rights assessment will be included too. Engagement will be through a wide range of networks already in place and we will need a series of events.

26. For implementation of new non-residential care charges, the latest report date needs to be September 2024 to allow the IJB to consider the proposal. This will then be taken to the Council cabinet meeting in November as part of the annual cycle to set charges for 2025/26.

27. The IGSLWG indicated whether the IJB may wish to consider a “grace period” between supporting people framework (SPF) reviews and implementing charging for individuals, the alternative is a fixed start date. When the report is brought to the IJB in September we will have a clearer position on the end date for SPF timetable.

28. The workload to implement any change to the existing finance module would be time, capacity and cost prohibitive.

29. In the budget savings for 2024/25 we included £0.2 million and would expect full charging in place by April 2025 to generate c£1.5 million in 2025/26. Unless we are able to implement the finance module of the new system early (which will also need full implementation of other modules) then the only realistic option in the current year to generate significant additional income is to increase existing charges for community alarms and for Bonnyton House.

30. The IGSLWG had proposed the 1st of October 2024, as the date to increase these two existing charges. This allowed a 3 month period from any decision for detailed communication and allowing for implementation. This timescale has now been revised to 1 January 2025 to allow the same 3 month lead in period. This would generate 3 months of increased income for 2024/25.

31. Our current 2024/25 weekly charge for community alarms is £3.25 per week and the associated income budget is £0.38 million. Within the Greater Glasgow and Clyde partnerships the current charges are shown below and we are 2nd lowest:

HSCP	£ per week
Inverclyde	3.15
East Renfrewshire	3.25
Glasgow	3.96
Renfrewshire	4.07
East Dunbartonshire	4.85
West Dunbartonshire	6.50

32. It needs to be recognised that the costs of providing this service will change during 2025/26 with the move from analogue to digital with the cost to provide the service increasing by c£0.13 million by 2025/26. We expect this would be a £1.15 p/w increase plus a one off £7.50 for the move to SIM card based services. The IJB will need to decide on a policy approach for future years i.e. do we change the rate for everyone at a

fixed point in time or apply a change in rate as and when new units come online. This means the charge for 2025/26 could increase for inflation and the increased cost to deliver the service.

33. Options for an increase in community alarm charges for 2024/25:

Weekly Charge	Weekly Increase	% increase	Additional Income (full year)	Additional Income (3 months)
£4.00	£0.75	23%	£0.088m	£0.022m
£4.50	£1.25	38%	£0.146m	£0.036m
£4.75	£1.50	46%	£0.175m	£0.043m
£4.85 *	£1.60	49%	£0.187m	£0.047m
£4.90	£1.65	51%	£0.193m	£0.048m
£5.00	£1.75	54%	£0.205m	£0.052m

*Same rate as East Dunbartonshire

34. **The IGSLWG recommendation is the charge increases to £4.90 per week, effective from 1st January 2025.**

35. The weekly charge for Bonnyton House residential care is currently £912.80 p/w, subject to the ability to pay and the annual income is c£0.5m. In addition to the in-year increase proposed below, we will revisit charging for future years as part of our work to reduce costs.

36. Within the Greater Glasgow and Clyde partnerships the current charges are shown below, to the nearest £, and we are in the mid-range, recognising we do not distinguish frail elderly and dementia.

HSCP	£ per week
Inverclyde	n/a
East Dunbartonshire	n/a
Glasgow – Frail Elderly	739
Renfrewshire – Frail Elderly	881
East Renfrewshire	913
Glasgow Dementia	1,074
Renfrewshire - Dementia	1,093
West Dunbartonshire	1,277

37. For context the weekly rate for non-local authority residential care homes in East Renfrewshire range from c£1,200 to £1,500 at 2023/24 rates.

38. Options for an increase to Bonnyton House charges for 2024/25:

Weekly Charge	Weekly Increase	% increase	Additional Income (full year)	Additional Income (6 months)
£940	£27	3%	£0.015m	£0.003m
£960	£47	5%	£0.026m	£0.006m
£980	£67	7%	£0.037m	£0.009m
£1,000	£87	10%	£0.048m	£0.012m
£1,020	£107	12%	£0.059m	£0.014m

39. **The IGSLWG recommendation is the charge increases to £960 per week, effective from 1st January 2025.**

40. Based on the IGSLWG recommendation if we increased community alarms to £4.90 p/w and Bonnyton House to £960 per week this would generate c£0.054m not allowing for any attrition from either service or any increase in debt levels. This would also generate a further £0.162m in 2025/26.

41. In order to generate this income during the current financial year, with lead in time to 1st January 2025, a report needs to go to Council Cabinet on 5th September with potential discussion at the full Council meeting on 11th September if called in. The draft report for Council Cabinet is included at Appendix 1.

CONSULTATION AND PARTNERSHIP WORKING

42. The Chief Financial Officer has consulted with our partners and will continue to work in partnership with colleagues to develop and implement the expansion of non-residential charging, recognising this was agreed as part of the budget process for 2024/25 and preparing for 2025/26.

IMPLICATIONS OF THE PROPOSALS

Finance

43. The proposals from the increase to existing charges will generate additional income of £0.054m for 2024/25 and a further £0.162m in 2025/26.

44. The likely income level from non-residential charging will continue to be assessed and included in the September report to the IJB, along with the proposed timetable.

45. Consideration needs to be given to the treatment of bad debt and any non-payment for services provided. Under the current arrangements the Chief Officer and Chief Financial Officer have the delegated authority to write off bad debt, although to date this has not been required at any material level.

Risk

46. If charging for non-residential services is not implemented then additional savings will be required to meet the targets required in 2024/25 and beyond. The in-year increases to existing charges are required to meet the savings included in the 2024/25 budget agreed by the IJB in March 2024.

47. There will be cumulative impacts on individuals as a result of implementing charging on top of other changes to care packages.

48. We may see a retraction from use of or engagement with statutory services.

49. There may be conflicts with Scottish Government policy intentions.

50. Managing the expectations of the people we support and their families may result in reputational damage.

Workforce

51. There will be additional work involved relating to setting up and operating the processes for charging for services. This will need to be considered alongside the system and process changes resulting from the implementation of a new case recording system and associated finance module. The council is supporting the IJB with “invest to save” funding for a post to support the implementation of non-residential charging for a 12 month period.

52. It is hoped that some of the new work may be contained through the introduction of new processes for existing workflows. As we work towards implementation of the Mosaic system this will become clearer.

Equalities

53. We will refresh the full equalities and fairness impact assessment relating to the charging proposals and engage in consultation with key stakeholders.

54. Engagement and communication needs to be mindful of multiple impacts on any group or individual following supporting people reviews and / or other service changes.

DIRECTIONS

55. There are no specific directions at this time.

CONCLUSIONS

56. The IGSLWG have identified in-year increases to two charges to support the delivery of required savings for 2024/25. The IJB will receive a further report in September that will set out the impacts and implementation process for non-residential charging for 2025/26 along with the associated report to be considered by Council for setting all charges for 2025/26.

RECOMMENDATIONS

57. The Integration Joint Board is asked to:
    - Note the progress on the implementation of charging for non-residential care
    - Note the report to ERC Cabinet for 5 September 2024 that proposes increases to existing charges for Community Alarms and for Bonnyton House, per the recommendations of the IGSLWG, effective from 1 October 2024;
        - Increase charges for Community Alarms to £4.90 per week, increased from £3.25
        - Increase charges for Bonnyton House to £960 per week, increased from £912.80
    - Agree to receive a detailed report in September confirming the proposed approach for 2025/26

REPORT AUTHOR

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30 July 2024

Chief Officer, IJB: Julie Murray

APPENDIX 1

EAST RENFREWSHIRE COUNCIL

CABINET

5 September 2024

Report by Chief Officer – Health and Social Care Partnership

HEALTH AND SOCIAL CARE PARTNERSHIP CHARGING FOR SERVICES 2024/25 AND BEYOND

PURPOSE OF REPORT

1. To update Cabinet on the progress of moving to implementation of charging for non-residential services and to request an increase to existing charges for Community Alarms to £4.90 per week increased from £3.25 and for Bonnyton House to £960 per week increased from £912.80 in the current financial year. The increases would be effective from 1 January 2025 and are subject to the ability to pay.

RECOMMENDATION

2. The Cabinet is asked to:

   (a) Note this update on charging within the HSCP;
   (b) Agree the proposed increase to existing charges for Community Alarms to £4.90 per week and Bonnyton House to £960 per week, effective from 1 January 2025; and
   (c) Note the usual annual report in November / December will provide the detail on new charges as well as the usual approach to annual inflation

BACKGROUND

3. The charging for services report to Cabinet is usually report is produced annually and identifies the proposed charging increases for the coming year. In the report setting the charges for 2024/25 the HSCP requested the ability to bring a report during this financial year if required.

4. The legislation supporting the integration of health and social care determines that the authority and approval for setting charges for social care remains with the Council, this function was not delegated to the Integration Joint Board.

5. This recommendations in this report are a result of the Income Generation Short Life Working Group (IGSLWG) established at the request of the IJB. This group was set up to explore the implementation of wider charging for non-residential care as well as review of existing charges. The IJB endorsed / did not endorse the recommendations of the IGSLWG at its meeting on 14 August 2024.

6. The additional report in-year is necessary as two existing charges need to be increased to ensure additional income is generated in line with the savings agreed as part of the 2024/25 budget agreed by the IJB in March 2024.

7. The 2024/25 budget includes a target of £0.2 million income as a saving, recognising this needs to increase in 2025/26 to £1.5 million. For 2024/25 the HSCP has achieved £0.058m so far from inflation and premises related income

8. The IJB received a progress report at its meeting on 14 August, with a previous update at a seminar on 29 May on the wider work of the IGSLWG on the implementation of expanding the charges for non-residential care, with the detailed report due in September. This in turn will inform any request to Cabinet as part of the annual charging for services report for 2025/26.

9. The original intention was to bring this report to Cabinet in June, however the timescale was revised given the timing of the recent general election.

REPORT

10. The HSCP budget savings for 2024/25 includes £0.2 million for additional income.

11. The savings target for 2025/26 for will include new charging for non-residential care and support to be in place by April 2025. Given the implementation timeframe for the new case recording system and associated finance module the only realistic option in the current year to generate additional income is to increase existing charges for community alarms and for Bonnyton House.

12. The IGSLWG had previously proposed the 1st of October 2024, as the date to increase these two existing charges. This allowed a 3 month period from any decision for detailed communication and implementation. This timescale has now been revised to 1 January 2025 to allow the same 3 month lead in period. This would give 3 months of increased income for 2024/25.

13. Our current 2024/25 weekly charge for community alarms is £3.25 per week and the associated income budget is £0.38 million. Within the Greater Glasgow and Clyde partnerships the current charges are shown below and we are 2nd lowest:

HSCP	£ per week
Inverclyde	3.15
East Renfrewshire	3.25
Glasgow	3.96
Renfrewshire	4.07
East Dunbartonshire	4.85
West Dunbartonshire	6.50

14. It needs to be recognised that the costs of providing this service will change during 2025/26 with the move from analogue to digital with the cost to provide the service increasing by c£0.13 million by 2025/26. We expect this would be a £1.15 p/w increase plus a one off £7.50 for the move to SIM card based services. The IJB will need to decide on a policy approach for future years i.e. do we change the rate for everyone at a fixed point in time or apply a change in rate as and when new units come online. This means the charge for 2025/26 could increase for inflation and the increased cost to deliver the service.

15. Options for an increase in community alarm charges for 2024/25:

HSCP	£ per week
Inverclyde	3.15
East Renfrewshire	3.25
Glasgow	3.96
Renfrewshire	4.07
East Dunbartonshire	4.85
West Dunbartonshire	6.50

16. The IGSLWG recommendation is the charge increases to £4.90 per week, effective from 1st January 2025.

17. The weekly charge for Bonnyton House residential care is currently £912.80 p/w, subject to the ability to pay and the annual income is c£0.5m. In addition to the in-year increase proposed below, we will revisit charging for future years as part of our work to reduce costs.

18. Within the Greater Glasgow and Clyde partnerships the current charges are shown below, to the nearest £, and we are in the mid-range, recognising we do not distinguish frail elderly and dementia.

HSCP	£ per week
Inverclyde	n/a
East Dunbartonshire	n/a
Glasgow – Frail Elderly	739
Renfrewshire – Frail Elderly	881
East Renfrewshire	913
Glasgow - Dementia	1,074
Renfrewshire - Dementia	1,093
West Dunbartonshire	1,277

19. For context the weekly rate for non-local authority residential care home in East Renfrewshire range from c£1,200 to £1,500 at 2023/24 rates.

20. Options for an increase to Bonnyton House charges for 2024/25:

Weekly Charge	Weekly Increase	% increase	Additional Income (full year)	Additional Income (6 months)
£940	£27	3%	£0.015m	£0.003m
£960	£47	5%	£0.026m	£0.006m
£980	£67	7%	£0.037m	£0.009m
£1,000	£87	10%	£0.048m	£0.012m
£1,020	£107	12%	£0.059m	£0.014m

21. The IGSLWG recommendation is the charge increases to £960 per week, effective from 1st January 2025.

22. Based on the IGSLWG recommendation if we increased community alarms to £4.90 p/w and Bonnyton House to £960 per week this would generate c£0.054m not allowing for any attrition from either service or any increase in debt levels. This would also generate a further £0.162m in 2025/26.

23. The HSCP has a non-residential care charging policy in place to support these charges. This was last reviewed and agreed by the IJB at its meeting on 27th September 2023. This will be reviewed again in September 2024.

FINANCE AND EFFICIENCY

24. The proposals from the increase to existing charges will generate additional income of £0.054m for 2024/25 and a further £0.162m in 2025/26

25. The likely income level from the introduction of non-residential charging will continue to be assessed and will be included in the September report to the IJB, along with the proposed timetable for implementation, communication and engagement.

26. Consideration needs to be given to the treatment of bad debt and any non-payment for services provided. Under the current arrangements the Chief Officer and Chief Financial Officer have the delegated authority to write off bad debt, although to date this has not been required at any material level.

CONSULTATION

27. The Chief Financial Officer has consulted with our partners and will continue to work in partnership with colleagues to develop and implement the expansion of non-residential charging, recognising this was agreed as part of the budget process for 2024/25 and preparing for 2025/26

28. The in-year changes will be clearly communicated and wider consultation with a range of stakeholders will be undertaken for the implementation of new non-residential charges. The previous equalities impact assessment will be refreshed.

PARTNERSHIP WORKING

29. The setting of fees and charges remains a responsibility of East Renfrewshire Council under the legislation.

IMPLICATIONS OF THE PROPOSALS

30. A full equalities impact assessment was undertaken as part of the development of the Individual Budget implementation. This is being refreshed in advance of any changes for 2025/26.

31. There are no direct implications in relation to staffing, property, legal, sustainability or IT as part of this paper. However it should be noted that Council are supporting the HSCP with Invest to Save funding for a fixed term post to support the implementation of non-residential charging for services.

32. There is a significant risk to the ability of the HSCP to deliver required savings without these changes.

CONCLUSIONS

33. The ISLWG have identified in year increases to two charges to support the delivery of required savings for 2024/25. The IJB will receive an update report in August and a further report in September that will set out the impacts and implementation process for non-residential charging for 2025/26 along with the associated report to be considered by council for setting all charges for 2025/26.

RECOMMENDATIONS

34. The Cabinet is asked to:

(a) Note this update on charging within the HSCP;
(b) Agree the proposed increase to existing charges for Community Alarms to £4.90 per week and Bonnyton House to £960 per week, effective from 1 January 2025; and
(c) Note the usual annual report in November / December will provide the detail on new charges as well as the usual approach to annual inflation

REPORT AUTHOR AND PERSON TO CONTACT

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Chief Officer, IJB: Julie Murray

30 July 2024

BACKGROUND PAPERS

Cabinet 14.12.2023 – Item 5. Summary of Departmental Charging Proposals for 2024/25
https://www.eastrenfrewshire.gov.uk/media/9805/Cabinet-Item-05-14-December-2023/pdf/Cabinet_Item_05_-_14_December_2023.pdf?m=1701424127080