

Date: 9 September 2021  
e-mail: [eamonn.daly@eastrenfrewshire.gov.uk](mailto:eamonn.daly@eastrenfrewshire.gov.uk)  
Tel: 07584 116619

**TO: MEMBERS OF THE EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

Dear Colleague

**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

A meeting of the East Renfrewshire Integration Joint Board will be held on **Wednesday 22 September 2021 at 10.30 am or if later at the conclusion of the meeting of the Performance and Audit Committee.** Please note the change in the time of the meeting.

**Please note this is a virtual meeting.**

The agenda of business is attached.

Yours faithfully

**Councillor Caroline Bamforth**

Chair

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD  
WEDNESDAY 22 SEPTEMBER 2021 AT 10.30 am**

**VIRTUAL MEETING VIA MICROSOFT TEAMS**

**AGENDA**

- 1. Apologies for absence.**
- 2. Declarations of Interest.**
- 3. Minute of meeting held on 23 June 2021 (copy attached, pages 5 - 12).**
- 4. Matters Arising (copy attached, pages 13 - 16).**
- 5. Rolling Action Log (copy attached, pages 17 - 20).**
- 6. Performance and Audit Committee Minute – 23 June 2021 (copy attached, pages 21 - 28).**
- 7. Annual Performance Report 2020/21 (copy to follow).**
- 8. Chief Social Work Officer's Annual Report 2020-2021 (copy attached, pages 29 - 88).**
- 9. Clinical and Care Governance Annual Report 2020-2021 (copy attached, pages 89 - 122).**
- 10. HSCP Recovery and Renewal Programme Update (copy attached, pages 123 - 134).**
- 11. Revenue Budget Monitoring Report: Position as at 31 July 2021 (copy attached, pages 135 - 152).**
- 12. Charging for Services 2022-23 (copy attached, pages 153 - 164).**
- 13. Mental Health and Wellbeing in Children's Services (copy attached, pages 165 - 184).**
- 14. Intensive Services Update (copy attached, pages 185 - 190).**
- 15./...**

- 15. Community Change Fund Learning Disability Bed Redesign (copy attached, pages 191 - 196).**
- 16. IJB Strategic Risk Register Annual Update (copy to follow).**
- 17. Date of Next Meeting: Wednesday 24 November at 10.30 am.**

**Minute of virtual meeting of the  
East Renfrewshire Integration Joint Board  
held at 2.30 pm on 23 June 2021**

**PRESENT**

Councillor Caroline Bamforth	East Renfrewshire Council (Chair)
Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
Councillor Tony Buchanan	East Renfrewshire Council
Dr Angela Campbell	Consultant Physician in Medicine for the Elderly
Dr Claire Fisher	Clinical Director
Anne Marie Kennedy	Third Sector representative
Amina Khan	NHS Greater Glasgow and Clyde Board
Councillor Alan Lafferty	East Renfrewshire Council
Dr Deirdre McCormick	Chief Nurse
Andrew McCready	Staff Side representative (NHS)
Geoff Mohamed	Carers' representative
Heather Molloy	Scottish Care representative
Anne-Marie Monaghan	NHS Greater Glasgow and Clyde Board (Vice-Chair)
Julie Murray	Chief Officer – IJB
Councillor Jim Swift	East Renfrewshire Council

**IN ATTENDANCE**

Liona Allison	Assistant Committee Services Officer, East Renfrewshire Council
Claire Coburn	Strategic Services Manager, East Renfrewshire Council
Eamonn Daly	Democratic Services Manager, East Renfrewshire Council
Morven Fraser	Audit Scotland
Tom Kelly	Head of Adult Services - Learning Disability and Recovery
Lee McLaughlin	Head of Adult Services – Communities and Wellbeing
Ian McLean	Accountancy Manager
Candy Millard	Head of Adult Health and Social Care Localities
Steven Reid	Policy, Planning and Performance Manager

**APOLOGIES FOR ABSENCE**

Jacqueline Forbes	NHS Greater Glasgow and Clyde Board
Lynne Rankin	Staff Side representative (ERC)
Kate Rocks	Head of Public Protection and Children's Services (Chief Social Work Officer)
Flavia Tudoreanu	NHS Greater Glasgow and Clyde Board

**NOT YET ENDORSED AS A CORRECT RECORD****DECLARATIONS OF INTEREST**

1. There were no declarations of interest intimated.

**MINUTE OF PREVIOUS MEETING**

2. The Board considered and approved the Minute of the meeting held on 12 May 2021.

**MATTERS ARISING**

3. The Board considered and noted a report by the Chief Officer providing an update on matters arising from discussions that had taken place at the previous meeting.

**ROLLING ACTION LOG**

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

Having heard the Chief Officer confirm that a report on the CAMHS and Family Wellbeing Service would be submitted to the next meeting, the Board noted the report.

**LOCAL CHILD POVERTY ACTION REPORT – YEAR 3**

5. The Board took up consideration of a report by the Chief Officer seeking approval and publication of the third annual Local Child Poverty Action Report (LCPAR).

The report referred to the targets for the Scottish Government to reduce significantly child poverty in Scotland by 2030, as set out in the Child Poverty (Scotland) Act 2017. It explained that the Act also placed a duty on health boards and local authorities to work together to develop, produce and deliver LCPARs. The reports were expected to represent a step change in action to address child poverty at a local level, describing both work already under way as well as outlining future plans to tackle child poverty.

Having referred to the work of community planning partners to address child poverty locally which was seen as being integral to the visions for young people set out in the Community Plan, and to the various plans and strategies of which tackling child poverty was a key element, the report highlighted some of the notable key successes in the LCPAR. These included the launch of the new Parental Employability Support Fund providing support for parents facing barriers in progressing their careers; adapted and increased money advice and welfare support services to manage additional demand; extensive free and low-cost food provision to families throughout the COVID-19 pandemic; increased digital access to low income families; and provision of school hub places for all vulnerable children, including those experiencing poverty, throughout school closure periods.

Some of the areas for development and proposed next steps were also highlighted. These included improving availability, access to and uptake of good quality in-work support programmes; improved parental access to benefits and income maximisation information and advice, including new referral pathways; reducing energy costs for vulnerable families; and reducing costs to families of school attendance and participation.

**NOT YET ENDORSED AS A CORRECT RECORD**

It was noted that that at the time of the report's production, the situation with the COVID-19 pandemic was still in flux and the full scale of the impact which this has had and would have on child poverty could not be accurately measured. Action planning for 2021-2022 was therefore subject to change and development. Similarly, many of the actions taken during 2020-2021 were reactive measures that were not anticipated or documented in the previous LCPAR.

In response to questions from Councillor Bamforth in relation to the number of children in East Renfrewshire living in poverty, it was explained that there was a data lag therefore the figure of 3,000 quoted in the report was pre-COVID. This was expected to rise. However as this issue was common across the country it would still be possible for comparisons to be made with other areas.

Ms Molloy was heard on some of the ongoing work through the Regional Growth Deal, which was aimed at tackling in-work poverty with the associated impact this had on children.

The Board agreed to approve and publish the Local Child Poverty Action Report.

**UNAUDITED ANNUAL REPORT AND ACCOUNTS 2020/21**

6. Under reference to the Minute of the meeting of the Performance and Audit Committee held prior to the meeting of the Board, the Board considered a report by the Chief Financial Officer providing an overview of the unaudited report and accounts for the IJB covering the period 1 April 2020 to 31 March 2021. The report also outlined legislative requirements and key stages associated with the approval of the annual report and accounts.

Having referred to the establishment of IJBs and the requirements, in accordance with Section 106 of the Local Government (Scotland) Act 1973, for annual accounts to be prepared in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom, and also to additional guidance produced by the Local Authority (Scotland) Accounts Advisory Committee, the report set out an overview of the process for the preparation and approval of the IJB's annual report and accounts.

The report highlighted the main key messages. There was a year-end underspend of £0.833 million which was 0.56% of the annual revenue budget; COVID-19 spend had been £9.095 million with funding of £12.260 million being received and the balance taken to reserves.

The main variances to the budget were set out in the report in addition to which it was reported that during the year £0.831 million of reserves had been used. The year on year movement in reserves was summarised, it being noted that £6.590 million had been invested into earmarked reserves, the majority of which related to specific ring-fenced funding received from the Scottish Government during the year. The majority of the funding related to COVID-19 costs and would be used to support the ongoing response to the pandemic during 2021/22. Approval for the reserves position as set out in the annual report and accounts was sought.

It was noted that the general reserve remained unchanged at £0.272 million, just under 0.2% of the 2020/21 revenue budget and well below the optimum level at a value of 2% of budget.

It was further noted that the Performance and Audit Committee that had taken place prior to the meeting had considered the annual report and accounts and Ms Monaghan, Chair of the committee confirmed it had been agreed that the annual report and accounts be remitted to the IJB with the recommendation that they be approved.

The Chief Financial Officer was heard further on the annual report and accounts, in the course of which she provided a summary of the discussions that had taken place at the Performance and Audit Committee. In particular she referred to the discussions around

**NOT YET ENDORSED AS A CORRECT RECORD**

allocation of the Council's central support costs and on the proposals to add an action to the committee's Rolling Action Log in relation to ongoing discussions with Council colleagues on central support activity. She also referred to the discussions at the committee in relation to the late receipt of additional funds from Scottish Government and the challenges this posed in terms of being able to spend the money and ensuring value for money. The possibility of adding this to the risk register would be examined.

In response to comments from Mr McCready in relation to budget saving exercises being undertaken by NHSGGC, the Chief Financial Officer explained that the IJB's budget offer from NHSGGC had been made and accepted, and the IJB budget approved on the basis of the offer. No further savings requirements were expected.

The Board:-

- (a) approved the unaudited annual report and accounts;
- (b) approved the proposed reserves allocations;
- (c) noted that the annual report and accounts was subject to review; and
- (d) agreed to receive the annual report and accounts in November, subject to any recommendations made by the external auditor and/or the Performance and Audit Committee.

**MEDIUM-TERM FINANCIAL PLAN**

7. The Board considered a report by the Chief Financial Officer submitting for approval a refreshed Medium-Term Financial Plan for the IJB for the 5 year period 2022/23 to 2026/27. A copy of the plan accompanied the report.

It was explained that the plan was a refresh of the 2019/20-2023/24 Plan approved by the IJB in March 2019.

The report explained that the revised plan reflected the 2021/22 budget and used this as a baseline for calculating future cost pressures. In addition, information was included to reflect the impacts of COVID-19 and the independent review of adult social care and the associated uncertainties this had brought to forward planning. The position in relation to reserves had also been updated.

The report also highlighted the IJB information included in the Audit Scotland publication *Local Government in Scotland Financial Overview 2019/20* published in January 2021 with the main points relating to the IJB and the local position included for context.

The report explained that the plan confirmed the scale of the financial challenge; the potential conflict with existing savings; the risk that if the Recovery and Renewal programme could not be adequately resourced it may not be delivered successfully; and the significant risks around financial sustainability. Opportunities from the independent review of adult social were also recognised in the plan.

Given the numerous dynamics and the iterative approach the IJB had agreed as part of the 2021/22 budget the plan would be revised as information became clearer. It would also be used to inform engagement with partners in future budget discussions.



**NOT YET ENDORSED AS A CORRECT RECORD**

The Board:-

- (a) approved the revised Medium-Term Financial Plan; and
- (b) agreed to receive updates that reflected significant changes in the financial outlook for the IJB.

**2020-21 END-YEAR PERFORMANCE UPDATE AND POSTPONEMENT OF ANNUAL PERFORMANCE REPORT**

8. Under reference to the Minute of the meeting of the Performance and Audit Committee held prior to the meeting of the Board, the Board considered a report by the Chief Officer advising of the postponement of the publication of the 2020-21 Annual Performance Report and providing a summary update of key performance for 2020-21.

Having referred to the legislative requirement for Integration Joint Boards to publish Annual Performance Reports, and to temporary legislative changes in relation to the timescales for the publication of such reports, the report explained that given the volume of work required for a full review of performance and activity during 2020-21, and specifically the requirement for input to the review from partners and services, publication of the Annual Performance Report had been postponed until 31 August 2021 with a draft report being submitted to the next meeting of the IJB on 11 August for approval.

In the interim, summary information was provided relating to performance measures set out under the strategic priorities in the HSCP Strategic Plan 2018-2021.

The report made particular reference to the unprecedented challenge faced by the HSCP in responding to the COVID-19 pandemic highlighting the resilience, commitment and creativity shown by staff and giving examples of some of the work undertaken by HSCP staff including the delivery of vaccination programmes and working in partnership to develop the Community Hub. It was highlighted that COVID-19 response activity was in addition to planned operational activity and that much of the 2020-21 performance data reflected the direct impact of the pandemic on operational activity.

It was noted that the Performance and Audit Committee that had taken place prior to the meeting had considered and noted the report.

Commenting on the report, the Chief Officer referred to the significant increased demand for services including in particular from clients with complex needs. As a consequence, maintaining performance at current levels was challenging.

Echoing the Chief Officer's comments, Councillor Buchanan stated that increased service demand with associated cost pressures was inevitable as society moved from the intensive phase of the pandemic. He also took the opportunity to thank all staff for their efforts in maintaining such good performance levels whilst also dealing with the challenge of the pandemic.

Responding to Ms Khan, the Policy, Planning and Performance Manager indicated that ways to give members of the IJB the opportunity to comment on the final draft of the Annual Performance Report prior to its submission to the Board would be investigated.

The Board noted:-

- (a) that the publication date for the 2020-21 Annual Performance Report had been postponed to 31 August 2021; and

**NOT YET ENDORSED AS A CORRECT RECORD**

- (b) the End-Year Performance Update for 2020-21.

**HSCP RECOVERY AND RENEWAL PROGRAMME UPDATE**

9. The Board considered a report by the Chief Officer providing an update on the HSCP Recovery and Renewal Programme.

Having referred to the presentation made to the Board in May on the proposed HSCP Recovery and Renewal Programme, the report explained that the Recovery and Renewal Programme combined the overall aims of both recovery and transformation into a single programme, and that the programme would seek to ensure that lessons learned during the pandemic were used to inform recovery as well as transform services in the future.

The aims and objectives of the programme having been set out, the report reminded the IJB that the programme contained 4 overarching themes under which projects were aligned. These themes were noted as Recovery; Wellbeing; Individuals' Experiences; and Business Systems and processes, and the report summarised the issues that would be considered across the themes as well as providing an update on progress since the presentation to the IJB in May.

The Board:-

- (a) noted the development of the HSCP Recovery and Renewal Programme; and  
(b) agreed that regular updates be submitted to future meetings.

**INCLUSION OF INTEGRATION JOINT BOARDS AS CATEGORY 1 RESPONDERS UNDER THE CIVIL CONTINGENCIES ACT 2004**

10. The Board considered a report by the Chief Officer in relation to the inclusion of Integration Joint Boards as Category 1 responders in terms of the Civil Contingencies Act 2004 (the Act).

The report explained that following consultation by them, the Scottish Government had amended the Civil Contingencies Act 2004 to include Integration Joint Boards as Category 1 Responders. This change took effect from 18 March 2001.

Having set out the definition of an emergency in terms of the Act the report explained that the Act divided responders into 2 categories depending on the extent of their involvement in civil protection work. A list of Category 1 Responders as well as examples of Category 2 Responders and their statutory duties was provided.

The report provided information on the Resilience Partnership arrangements in place across Scotland noting that East Renfrewshire was a member of the West of Scotland Regional Resilience Partnership, one of 3 in partnerships in place across the country. Within that partnership, East Renfrewshire, along with Renfrewshire and Inverclyde, was part of the West Local Resilience Partnership. It was noted that whilst in the past the HSCP had been invited to contribute to specific areas of work, the Chief Officer now had a permanent seat on the West LRP as a Category 1 Responder on behalf of the IJB. Thereafter, the report set out the duties of a Category 1 Responder and how the IJB discharged those duties.

Ms Monaghan having stated that whilst it was appropriate to acknowledge front-line staff recognition should also be given to those staff that supported front-line service delivery, the Board:-

**NOT YET ENDORSED AS A CORRECT RECORD**

- (a) noted the inclusion of IJB's as Category 1 Responders in terms of the Civil Contingencies Act 2004 (the 2004 Act); the requirements and the arrangements in place and plans to ensure that the IJB met its requirements under the Act;
- (b) instructed the Chief Officer, as the Accountable Officer, to carry out all necessary arrangements to discharge the duties on behalf of the IJB under the 2004 Act; and
- (c) instructed the Chief Officer to bring a report, annually, providing assurance on the resilience arrangements in place to discharge the duties under the 2004 Act.

**CALENDAR OF MEETINGS 2022**

**11.** The Board considered and approved a report by the Chief Officer setting our proposed meeting dates for 2022.

**DATE OF NEXT MEETING.**

**12.** It was noted that the next meeting of the Integration Joint Board would be held on Wednesday 11 August 2021 at 10. am.

**VALEDICTORY – CANDY MILLARD, HEAD OF ADULT HEALTH AND SOCIAL CARE LOCALITIES**

**13.** Councillor Bamforth reported that Candy Millard, Head of Adult Health and Social Care Localities was retiring from the HSCP at the end of the day and this was her last meeting of the IJB. Councillor Bamforth thanked Ms Millard for the support she had provided since Councillor Bamforth's election to the Council and appointment to the IJB.

Thereafter the Chief Officer paid tribute to Ms Millard. She referred to their long working relationship and to the positive contribution made by Ms Millard to the establishment and continuing development of the HSCP, including the construction of the Eastwood Health and Care Centre.

Tributes were also paid by other members of the Board, following which Ms Millard responded in suitable terms.

CHAIR

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	22 September 2021
<b>Agenda Item</b>	4
<b>Title</b>	Matters Arising
<b>Summary</b>	
<p>The purpose of this paper is to update IJB members on progress regarding matters arising from the discussion which took place at the meeting of 23 June 2021.</p>	
<b>Presented by</b>	Julie Murray, Chief Officer
<b>Action Required</b>	
<p>Integration Joint Board members are asked to note the contents of the report.</p>	



**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**22 September 2021**

**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**

Local Child Poverty Action Report – Year 3

3. The report has been published and is available to view [here](#).

Medium Term Financial Plan

4. The Medium Term Finance Plan is referenced in the Revenue Budget Monitoring report which is included on the agenda.

**RECOMMENDATIONS**

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

**REPORT AUTHOR AND PERSON TO CONTACT**

Julie Murray, Chief Officer  
[Julie.Murray@eastrenfrewshire.gov.uk](mailto:Julie.Murray@eastrenfrewshire.gov.uk)

September 2021

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	22 September 2021
<b>Agenda Item</b>	5
<b>Title</b>	Rolling Action Log
<b>Summary</b>	
The attached rolling action log details all open actions, and those which have been completed since the last IJB meeting on 23 June 2021.	
<b>Presented by</b>	Julie Murray, Chief Officer
<b>Action Required</b>	
Integration Joint Board members are asked to note progress.	

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## ACTION LOG: Integration Joint Board (IJB)

September 2021

Action No	Date	Item No	Item Name	Action	Responsible Officer	Status	Due / Closed	Progress Update /Outcome
335	23-Jun-21	5	Rolling Action Log	Submit the report on CAMHS and FWS to the net meeting.	CO/CSWO	CLOSED	Sep-21	Report included on Sep IJB agenda
334	23-Jun-21	6	Local Child Poverty Action Report – Year 3	The Board approved the publication of the report and the appropriate arrangements should be made.	CO	CLOSED	Jun-21	<a href="#">Report published</a>
333	23-Jun-21	7	Unaudited Annual Report and Accounts	Submit the audited accounts to the Performance & Audit Committee and the IJB in November	CFO	OPEN	Nov-21	
332	23-Jun-21	8	Medium-Term Financial Plan	Make the necessary arrangements to implement the Plan and provide updates to future meetings of the Board	CFO	CLOSED	Jun-21	
331	23-Jun-21	9	2020-21 End Year Performance update and Postponement of Annual Performance Report	Make arrangements for the finalised draft of the Annual Performance Report to be submitted to the IJB prior to the publication deadline of 30 September	PPPM	OPEN	Nov-21	Publication deadline is November 2021. Consultation draft to be shared at Sep IJB
330	23-Jun-21	9	2020-21 End Year Performance update and Postponement of Annual Performance Report	Consider possible methods of sharing the draft report with Board members prior to its formal submission	PPPM	CLOSED	Sep-21	Consultation draft included on Sep IJB agenda
329	23-Jun-21	10	HSCP Recovery and Renewal Programme Update	The Board noted the development of the HSCP Recovery and Renewal Programme and agreed to receive regular update reports at future meetings and the necessary arrangements should now be made	CFO	CLOSED	Nov-21	Update on Sep IJB and added to forward planner
328	23-Jun-21	11	Inclusion of Integration Joint Boards as Category 1 Responders under the Civil Contingencies Act 2004	As the Board's Accountable Officer, carry out all necessary arrangements to discharge the duties on behalf of the IJB under the 2004 Act;	CO	CLOSED	Jun-21	
327	12-May-21	4	Matters Arising	Submit a final version of the workforce plan to a future meeting	CO	OPEN	Sep-21	Feedback received from Scottish Government. Plan will be shared at future IJB seminar
313	17-Mar-21	11	East Renfrewshire Peer Support Service Mental Health and Addictions – Test of Change	Submit a copy of the final evaluation report to a future meeting of the Board	SMRS	OPEN	Nov-21	Paper provisionally scheduled for August IJB meeting has been deferred to Nov-21
297	23-Sep-20	10	East Renfrewshire Alcohol and Drugs Plan 2020-23	Submit a report to a future meeting on the impact of the plan and potential changes following engagement with people with lived experience.	LP (RS)	OPEN	Nov-21	Deferred from May to Nov 2021 to allow a more comprehensive update. The ADP has begun a piece of work with The Advocacy Project to identify, engage and support individuals to have meaningful involvement and influence in the work of the ADP. It is proposed to report on this work at the August meeting. The IJB received a report in March on peer support, covering mental health and addictions, and how lived experience was reflected in this work.
287	24-Jun-20	11	Draft Unscheduled Care Strategic Commissioning Plan	The Board approved the draft plan and noted further work underway to finalise the plan, including the planned engagement process. Make arrangements to finalise the plan as outlined and submit a final version to a future meeting.	HAHSL	OPEN	Nov-21	Provisionally scheduled for November-2020 IJB however plan delayed due to pressures.
282	29-Jan-20	4	Minute of meeting of IJB of 27 November 2019.	Provide information to a future meeting on levels of CAMHS access compared to other IJBs.	CO	CLOSED	TBA	Deferred due to Covid-19. Paper included on Sep-21 IJB agenda
279	29-Jan-20	5	Rolling Action Log - Individual Budget Update	In the paper to be submitted to a future meeting in respect of Individual Budget Update (242) take account of the technical developments being introduced such as new technical substitutes for sleepovers, which will impact on individual budgets.	HAHSL	OPEN	TBA	March IJB paper on Implementation of Budget Calculator and SDS available online. Report on Overnight Support scheduled for April'20 has been deferred due to Covid-19
271	27/11/2019	9	Care at Home Improvement and Redesign Programme	Continue to submit progress reports to each meeting until further notice.	CO	OPEN	Sep-21	Intensive Services updated included on Sep-21 IJB agenda

263	25/09/2019	8	Chief Social Work Officer's Annual Report	Submit a report to a future meeting on how the use of data in Children's Services has led to service improvements.	CSWO	OPEN	TBA	Deferred to due to Covid-19.
244	26/06/2019	10	Financial Framework for the 5-Year Adult Mental Health Services Strategy in GGC	Submit a progress report in due course.	CFO	OPEN	TBA	Added to forward planer - Timing of progress report will be dependent on system wide programme and agreement of all six HSCPs within Greater Glasgow and Clyde

Abbreviations

CCGC	Clinical and Care Governance Committee	BSM	Business Support Manager	DSM	Democratic Service Manager
IJB	Integration Joint Board	CD	Clinical Director	GCO	Governance and Compliance Officer
PAC	Performance and Audit Committee	CO	Chief Officer	HAHSCCL	Head of Adult Health and Social Care Localities
		CFO	Chief Finance Officer	PPPM	Policy, Planning & Performance Manager
		CN	Chief Nurse	SMRS	Senior Manager, Recovery Services
		CSWO	Chief Social Work Officer	LP (RS)	Lead Planner (Recovery Services)

**Minute of virtual meeting of the  
East Renfrewshire Integration Joint Board  
Performance and Audit Committee  
held at 1.00pm on 23 June 2021**

**PRESENT**

Anne-Marie Monaghan, NHS Greater Glasgow and Clyde Board (Chair)

Councillor Caroline Bamforth	East Renfrewshire Council
Councillor Barbara Grant	East Renfrewshire Council co-opted member
Anne Marie Kennedy	Non-voting IJB member
Councillor Alan Lafferty	East Renfrewshire Council
Heather Molloy	Scottish Care

**IN ATTENDANCE**

Liona Allison	Assistant Committee Services Officer
Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
Michelle Blair	Chief Auditor, East Renfrewshire Council
John Cornett	Audit Scotland
Eamonn Daly	Democratic Services Manager (East Renfrewshire Council)
Pamela Gomes	Governance and Compliance Officer
Noleen Harte	Audit Scotland
Lee McLaughlin	SDS Forum
Ian McLean	Head of Recovery and Intensive Services
Candy Millard	Accountancy Manager
Julie Murray	Head of Adult Health and Social Care Localities
Steven Reid	Chief Officer - IJB
Louisa Yule	Policy, Planning and Performance Manager
	Audit Scotland

**APOLOGIES FOR ABSENCE**

Jacqueline Forbes	NHS Greater Glasgow and Clyde Board
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**DECLARATIONS OF INTEREST**

1. There were no declarations of interest intimated.

**MINUTE OF PREVIOUS MEETING**

2. The committee considered and approved the Minute of the meeting of 25 November 2020.

## **MATTERS ARISING**

3. The committee considered a report by the Chief Officer providing an update on matters arising from discussions that had taken place at the previous meeting.

Referring to the proposed update showing the impact of the new COVID Recovery team on service demand for both CAMHS and the Family Wellbeing Service (FWS) the Chief Officer reported that this would be taken to the IJB in August.

The committee noted the report.

## **ROLLING ACTION LOG**

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

The Chief Officer reported that the open action in relation to the impact of FWS on CAMHS would be incorporated into the report being presented to the IJB in August.

The committee noted the report.

## **EAST RENFREWSHIRE INTEGRATION JOINT BOARD AUDIT SCOTLAND ANNUAL AUDIT PLAN 2020/21**

5. The committee took up consideration of the Annual Audit Plan for the IJB that had been prepared by Audit Scotland, and which provided details of the work that body would undertake as part of their audit of the Annual Accounts of the IJB for 2020/21.

Ms Monaghan welcomed to the meeting John Cornett and Louisa Yule from Audit Scotland, Mr Cornett being heard thereafter in further explanation of the Plan. In particular, referring to the financial statement audit risks as set out in the report, Mr Cornett explained that the risk in relation to management override of controls applied to partnerships across the country.

Further discussion on risk took place. Ms Monaghan referred to challenges facing the IJB in relation to short-term funding provided by the Scottish Government often with little notice, the challenges around spending these funds in an efficient and effective manner, and questioned whether this should be reflected in the risk register.

In reply, the Chief Financial Officer recognised that the situation outlined by Ms Monaghan was a risk, but explained the mitigations in place to address it. In addition, Mr Cornett explained that the view of Audit Scotland was that they would want to see evidence that the IJB had credible spending plans in place to make informed spending decisions that delivered value for money and good outcomes.

The committee noted the 2020/21 Annual Audit Plan.

## **UNAUDITED ANNUAL REPORT AND ACCOUNTS 2020/21**

6. The committee considered a report by the Chief Financial Officer providing an overview of the unaudited report and accounts for the IJB covering the period 1 April 2020 to 31 March 2021, as well as outlining legislative requirements and key stages associated with the approval of the annual report and accounts.

Having referred to the establishment of IJBs and the requirements, in accordance with Section 106 of the Local Government (Scotland) Act 1973, for annual accounts to be prepared in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom, and also to additional guidance produced by the Local Authority (Scotland) Accounts Advisory Committee, the report set out an overview of the process for the preparation and approval of the IJB's annual report and accounts.

The report highlighted the main key messages. There was a year-end underspend of £0.833 million which was 0.56% of the annual revenue budget; COVID-19 spend had been £9.095 million with funding of £12.260 million being received and the balance taken to reserves.

The main variances to the budget were set out in the report in addition to which it was reported that during the year £0.831 million of reserves had been used. The year on year movement in reserves was summarised, it being noted that £6.590 million had been invested into earmarked reserves, the majority of which related to specific ring-fenced funding received from the Scottish Government during the year. The majority of the funding related to COVID-19 costs and would be used to support the ongoing response to the pandemic during 2021/22. Approval for the reserves position as set out in the annual report and accounts was sought.

It was noted that the general reserve remained unchanged at £0.272 million, just under 0.2% of the 2020/21 revenue budget and well below the optimum level at a value of 2% of budget.

Commenting further on the report and accounts, the Chief Financial Officer explained that the guidance on the accounting treatment for COVID-related funding had not yet been finalised but would be reflected in the final accounts. Furthermore, she explained that central support recharges from the Council showed a £269k overspend and this was a result of £377k of unfunded COVID costs incurred by the various departments offset by some operational underspends. Agreement had been reached with Scottish Government that it was appropriate for the HSCP to allocate this against COVID funding and only the £269k to balance central support was drawn down. Whilst it could be argued that the benefit of £108k underspend had been lost, particularly given ongoing financial challenges, as this was public money offsetting the underspend was considered by the Chief Financial Officer the correct course of action.

Full discussion then took place, and in response to questions the Chief Financial Officer explained further the position in relation to central support recharges including when notification of the anticipated recharge level was provided by the Council and the reasons for the increase in the anticipated level of recharge. She indicated that she would be approaching Council colleagues with a view to increasing the frequency of future discussions on recharges. Ms Monaghan suggested that this should be added to the committee's Rolling Action Log.

Discussion also took place on the level of reserves held by the IJB and the importance of it being understood that a significant proportion was ring-fenced and earmarked for specific purposes with a very small proportion available for non-earmarked use. Supporting this view, Ms Monaghan referred to a forthcoming meeting of NHS IJB leads when budgets and IJB reserves would be discussed.

In response to Councillor Bamforth, the Chief Financial Officer clarified the position in relation to COVID-related costs and whether the IJB had been fully funded for these, confirming this was the case.

Mr Cornett was also heard in relation to IJB reserves, explaining that similar conversations were taking place across the public sector generally. He explained that the narrative in the annual report in relation to earmarked and general reserves was the correct interpretation and Audit Scotland would be looking to reinforce this.

Thereafter the committee agreed to recommend that the Board:-

- (a) approve the unaudited annual report and accounts;
- (b) approve the proposed reserves allocations;
- (c) note that the annual report and accounts was subject to review; and
- (d) agree to receive the annual report and accounts in November, subject to any recommendations made by the external auditor and/or the committee.

## **2020-21 END-YEAR PERFORMANCE UPDATE AND POSTPONEMENT OF ANNUAL PERFORMANCE REPORT**

7. The committee considered a report by the Chief Officer advising of the postponement of the publication of the 2020-21 Annual Performance Report and providing a summary update of key performance for 2020-21.

Having referred to the legislative requirement for Integration Joint Boards to publish Annual Performance Reports, and to temporary legislative changes in relation to the timescales for the publication of such reports, the report explained that given the volume of work required for a full review of performance and activity during 2020-21, and specifically the requirement for input to the review from partners and services, publication of the Annual Performance Report had been postponed until 31 August 2021 with a draft report being submitted to the next meeting of the IJB on 11 August for approval.

In the interim, summary information was provided relating to performance measures set out under the strategic priorities in the HSCP Strategic Plan 2018-2021.

The report made particular reference to the unprecedented challenge faced by the HSCP in responding to the COVID-19 pandemic highlighting the resilience, commitment and creativity shown by staff and giving examples of some of the work undertaken by HSCP staff including the delivery of vaccination programmes and working in partnership to develop the Community Hub. It was highlighted that COVID-19 response activity was in an addition to planned operational activity and that much of the 2020-21 performance data reflected the direct impact of the pandemic on operational activity

The Policy, Planning and Performance Manager was heard in further explanation of the report following which full discussion took place.

Councillor Bamforth commented on the carers seminar held earlier in the week and how it had been useful to hear about the support provided to carers as well as to hear from people with lived experience. In reply, the Head of Adult Health and Social Care Localities explained that part of the reason for the delay in the publication of the report was to enable some of the stories from service users to be included.

The Chief Officer highlighted that maintaining performance during the pandemic had been challenging. In support, Ms Monaghan stated that whilst there had been poorer performance in some areas, this had to be viewed in the context of the pandemic. Overall performance had been good and staff were to be commended for their efforts.

With regard to the report layout, Ms Monaghan suggested there was still an opportunity to try and achieve a better balance between looking back over past performance and plans moving



forward. She suggested this be added to the Rolling Action Log. In reply the Chief Officer explained that Annual Reports were based on the prescribed format set by the Scottish Government. Notwithstanding officers could look further at the way in which the information was provided.

The committee noted:-

- (a) that the publication date for the 2020-21 Annual Performance Report had been postponed to 31 August 2021; and
- (b) the End-Year Performance Update for 2020-21.

## **SELF-DIRECTED SUPPORT**

8. Under reference to the Minute of the meeting held on 23 September 2020 (Item 8 refers) when it had been agreed to note progress to date and to receive an update on future development activity following local self-evaluation, the committee considered a report by the Chief Officer providing an update on progress in relation to the implementation of Self-Directed Support (SDS) within the HSCP.

The report explained that evaluation and review work had taken place between November 2020 and March 2021 with the findings of the review being outlined. These included a recognition that SDS was being used creatively in East Renfrewshire; budgets were fair, and gave people opportunity and choice when managing their support. Furthermore, the review noted the benefits of an Independent SDS Forum and Carers Centre locally and it was clear the current relationships were positive and partnership working was valued. The general public were considered to be well informed and knew how to access services within East Renfrewshire.

Social Workers consulted during the review were positive about the model of SDS and would like to ensure continued improvement.

The report also outlined a number of areas for improvement, in particular the need for the assessment and support plan approval process to be streamlined. A number of gaps in practices and processes were also identified during the review and these were outlined.

The report also explained that the review had identified a number of issues in relation to resources and resource allocation. In particular, increased flexibility to use budgets more creatively had been raised by practitioners supporting carers/care recipients. Issues around resources, and further testing of the Individual Budget Calculator being required although early indicators were that the model was working well for both individuals and practitioners.

The need to consider how to adequately resource capacity to deliver the review recommendations was also highlighted. This could possibly be achieved through the realignment of existing staff although it was explained that should this not be possible and additional resource required, it would be necessary to demonstrate a clear business case and identify a funding source, potentially on an invest to save basis.

Having emphasised that person centred and relationship practice was the foundation to social work practice and SDS with clear opportunities to build on existing strengths and drive forward process and practice improvements, the report explained that an SDS steering group had been established to oversee the local implementation programme. The group would be co-

chaired by Head of Service and SDS Forum Manager and membership would include people with lived experience of using Self-Directed Support, practitioners, managers and finance officers.

The group would collaborate to agree and oversee a local implementation plan highlighting key priorities, achievements and risk to Directorate Management Team, Performance and Audit Committee and Integration Joint Board as required.

Ms Monaghan welcomed to the meeting Noleen Harte of the SDS Forum who explained in detail how the focus groups set up as part of the review had operated and the results of the findings.

Ms Monaghan having referred to the importance of empowering staff and giving them confidence to be flexible and creative in developing care solutions, Ms Harte referred to staff sessions on that topic that had taken place before the pandemic had struck. Efforts were being made to re-establish these sessions.

In response to a question from Ms Molloy on the level of resource available to support a creative approach, Ms Harte explained that there was a low resource base at present and that further work to look at more creative solutions in respect of SDS Option 1 was required.

The Head of Recovery and Intensive Services having commented on the encouraging levels of interest in participation in the Steering Group, the committee noted the:-

- (a) update with respect to SDS implementation in East Renfrewshire;
- (b) establishment of the SDS Steering Group; and
- (c) intention to update the Integration Joint Board and the committee moving forward.

## **AUDIT UPDATE**

9. The committee considered a report by the Chief Officer providing an update on audit activity relating to the IJB undertaken from January 2020; audit activity relating to the HSCP from the same date, information on the Care Finance audit, and details of future reporting arrangements. Information relating to the audit activity work and the Care Finance audit accompanied the report as appendices.

Having summarised the information contained in the appendices, the report explained that NHS Internal Audit activity in relation to HSCPs was NHS wide and did not include information at partnership level. However, notification would be given of any recommendations specifically relating to East Renfrewshire HSCP.

Having welcomed the revised format, the committee noted the report.

## **IJB STRATEGIC RISK REGISTER UPDATE**

10. Under reference to the Minute of the previous meeting (Item 8 refers), the committee considered a report by the Chief Officer providing an update on the Integration Joint Board Strategic Risk Register. A copy of the risk register accompanied the report.

Having set out the risk matrix used to calculate risk scores, the report then referred to the meeting of the committee on 25 November and explained that since then there had been no change in risk scores, no new risks added or any existing risks removed from the register.

It was explained that risk control measures in place had been updated to include any proposed mitigation which had been completed since last reported. Proposed implementation dates had also been reviewed and updated where necessary.

In addition, the report explained that feedback had been received on the Newton Mearns capital bid which was unsuccessful, with deprivation being a strong weighting factor. The IT risk had been updated to reflect the global supply shortage affecting NHSGGC who were currently experiencing procurement issues in relation to laptops. The possibility of reprioritising existing equipment as a temporary solution was being examined. Increased frailty along with an increase in severity of mental health conditions post pandemic was also being experienced, and this was creating additional pressure on services.

Details of those risks still considered to be high or significant post-mitigation were outlined. These related to the Scottish Child Abuse Inquiry where due to the historic nature of the risk no further mitigations had been identified, and Financial Sustainability, which continued to be a high/red risk as last reported and that this was still considered red post-mitigation reflecting the current economic climate and uncertainty around COVID-19 and Brexit implications.

As previously reported, although “Failure of a Provider” was considered as a medium level risk post-mitigation it was still considered a significant risk given the potential impact on service delivery.

The committee noted the report.

## **CALENDAR OF MEETINGS 2022**

**11.** The committee considered a report by the Chief Officer with proposed meeting dates for 2022.

Following discussion in relation to meetings of the committee taking place on the same day as meetings of the IJB and having heard the Chief Officer on the reasons why such an approach had been adopted in the past, the committee approved the dates.

## **DATE OF NEXT MEETING**

**12.** It was reported that the next meeting of the committee would take place on Wednesday 22 September at 9.00am.

CHAIR

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board	
<b>Held on</b>	22 September 2021	
<b>Agenda Item</b>	8	
<b>Title</b>	Chief Social Work Officer's Annual Report 2020/21	
<b>Summary</b>		
<p>This report provides an overview of the professional activity for social work within East Renfrewshire for 2020/21 through the delivery of the statutory functions and responsibilities held by the Chief Social Work Officer.</p>		
<b>Presented by</b>	Lee McLaughlin, Head of Adult Services: Communities and Wellbeing (Acting Chief Social Work Officer)	
<b>Action Required</b>		
<p>The Integration Joint Board is asked to consider the content of the report and thereafter refer it to the Council for consideration.</p>		
<b>Directions</b>	<b>Implications</b>	
<input checked="" type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<input type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Workforce <input type="checkbox"/> Equalities <input type="checkbox"/> Risk <input type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**22 September 2021**

**Report by Acting Chief Social Work Officer**

**CHIEF SOCIAL WORK OFFICER'S ANNUAL REPORT 2020/21**

**PURPOSE OF REPORT**

1. This report presents the Chief Social Work Officer's Annual Report for 2020/201 which is attached at Appendix 1.

**RECOMMENDATIONS**

2. The Integration Joint Board is asked to consider the content of the report and approve its submission to Council.

**BACKGROUND**

3. In compliance with Chief Social Work Officers statutory functions under the Social Work (Scotland) Act 1968, they are required to produce an Annual Report. This is based on a template agreed with the Office of the Chief Social Work Adviser.
4. This year, given the workload implications caused by the Covid-19 pandemic, the template outlines the current pressures being experienced across the service.
5. The report provides a narrative of statutory social work and social care activity. It describes:
  - Governance and Accountability arrangements
  - Service Quality and Performance
  - Resources
  - Workforce
  - Covid-19
6. Performance data and analysis is set throughout the report and reflects the operational delivery of services for childrens services, criminal justice, mental health and adult services including social care.

**CONSULTATION AND PARTNERSHIP WORKING**

7. The Chief Social Work Officer role is key in a number of partnership arrangements including the Health and Social Care Partnership, Multi Agency Public Protection Arrangements (MAPPA), East Renfrewshire Child Protection Committee, East Renfrewshire Adult Support and Protection Committee, and the Violence Against Women Partnership as well as being the professional advisor to the Council.

## IMPLICATIONS OF THE PROPOSALS

### Finance

8. There are no financial implications arising from this report, however the report does refer to the significant financial challenges facing the delivery of social work and social care services for the HSCP.

## DIRECTIONS

9. There are no directions arising from this report.

## CONCLUSIONS

10. This report provides an overview of the professional activity for social work and social care within East Renfrewshire for 2020/21 through the delivery of the statutory functions and responsibilities held by the Chief Social Work Officer.
11. We have many examples of success to celebrate and build on:
  - An enhanced Family Wellbeing Service achieving positive outcomes for children and young people's emotional wellbeing.
  - An innovative multi-disciplinary Healthier Minds team supporting children and young people with their emotional health and well-being.
  - A multi-agency approach to Signs of Safety.
  - Reducing the number of children and young people looked after away from home and strengthening the voice of families in our processes.
  - Enhanced participation and engagement of looked after young people, ensuring their voices are heard and there is a greater understanding of care experience.
  - In adult social work and social care the number of adults reporting their outcomes are met remains high and carer's quality of life is improved.
  - Continue to improve direct participation with individuals in taking ownership of their own care via Self Directed Support Option 1 (18%) and Option 2 (9%).
  - A Self Directed Support Steering Group was established with over 50% membership of individuals who use social care services and their families to shape, improve and streamline our processes.
  - Enhanced collaboration with individuals and family carers in the design, evaluation and recruitment of staff / managers within adult services.
  - Significant improvement in our Care at Home services with Care Inspectorate inspection in July assessing all areas as good.
  - Improvement in our approach to protecting adults at risk of harm, including improved timescales, higher number of referrals to advocacy and increased number of people who have a protection plan in place.
  - Significant improvement of our multi-agency approach to Large Scale Investigations reducing harm and improving outcomes for local residents.
  - The overall strength of multi-agency and partnership working in East Renfrewshire throughout the pandemic across our children's, adult and justice service areas.
  - East Renfrewshire is one of the first pilot sites to facilitate joint investigative interviews under the new Scottish Child Interview Model (SCIM). Ensuring that children and their families will receive the practical and emotional support they require to recover and work towards the vision of a Child's House for Healing (Barnahus).



12. There continues to be a number of significant challenges and risks facing social work and social care within East Renfrewshire including:
  - Increased demand for social work support across both children's and adult services and care at home for adults both in terms of numbers and complexity of need.
  - Increased referrals to Child and Adolescent Mental Health Services (CAMHS) alongside staff vacancies resulting in a need to prioritise resources to meet the needs of young people experiencing emotional distress.
  - Growing complexity of significant domestic abuse which we are responding to through multi agency work, Safe and Together and the implementation of Multi Agency Risk Assessment Conferences (MARAC).
  - Implementation of learning from the Care Review (The Promise) in all aspects of our work with looked after children and young people.
  - The impact of Coronavirus (Covid-19) and the challenge of recovery, particularly as we have seen a rise in poor mental health, emotional distress, and for older people, increased physical frailty and dependency alongside capacity challenges within our social care services.
  
13. The landscape for all Health and Social Care Services will change over the coming years as a consequence of Covid-19 and statutory social work and social care will be required to adapt to ensure we support the recovery, rising demand and renewal associated with protecting and caring for our most vulnerable citizens and all those who are at risk in our communities.
  
14. At the heart of the social work profession lies a commitment to enabling and supporting vulnerable individuals to make positive, sustainable changes to their lives to achieve the best outcomes for them, their families and communities as a whole.

## **RECOMMENDATIONS**

15. The Integration Joint Board is asked to consider the content of the report and thereafter refer it to the Council for consideration.

## **REPORT AUTHOR**

Lee McLaughlin, Head of Adult Services: Communities and Wellbeing  
Acting Chief Social Work Officer  
[lee.mclaughlin@eastrenfrewshire.gov.uk](mailto:lee.mclaughlin@eastrenfrewshire.gov.uk)

September 2021

## **BACKGROUND PAPERS**

[Chief Social Work Officer Annual Report 2019-20](#)

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# **EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP**

## **CHIEF SOCIAL WORK OFFICER'S ANNUAL REPORT**

**1 April 2020 – 31 March 2021**



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## Introduction – Reflection on the Past Year

Social Work professionals work alongside individuals and families providing care and protection for people of all ages, to enhance their wellbeing and improve outcomes for them as children, young people, families and adults.

Over the past year our Social Work professionals in partnership with colleagues across the Health and Social Care Partnership and our communities have continued to do this work in the most unprecedented and challenging times throughout the Coronavirus (Covid-19) pandemic. This has involved responding to higher demands for support, supporting individuals with higher levels of emotional distress, complex needs and limited informal support networks. Due to illness this report has been written in collaboration between the Chief Social Worker and the Acting Chief Social Work Officer. We have seen our social work and social care workforce locally respond compassionately, creatively and with an unwavering commitment to improve outcomes for the individuals and families we support and for this I thank them.

We are always proud of the contribution that social workers and social care workers make to our society, this year more than ever with staff working hard to support vulnerable children, adults and families whilst dealing with this the impact of Coronavirus (Covid-19) in their own personal and family lives.

This report provides a detailed summary of our statutory services and the commitment of our staff in supporting our residents and improving outcomes. It also provides some reflections on the impact of Coronavirus (Covid-19) on our work and our plans as we move towards recovery from the pandemic.

We have many examples of success to celebrate and build on:

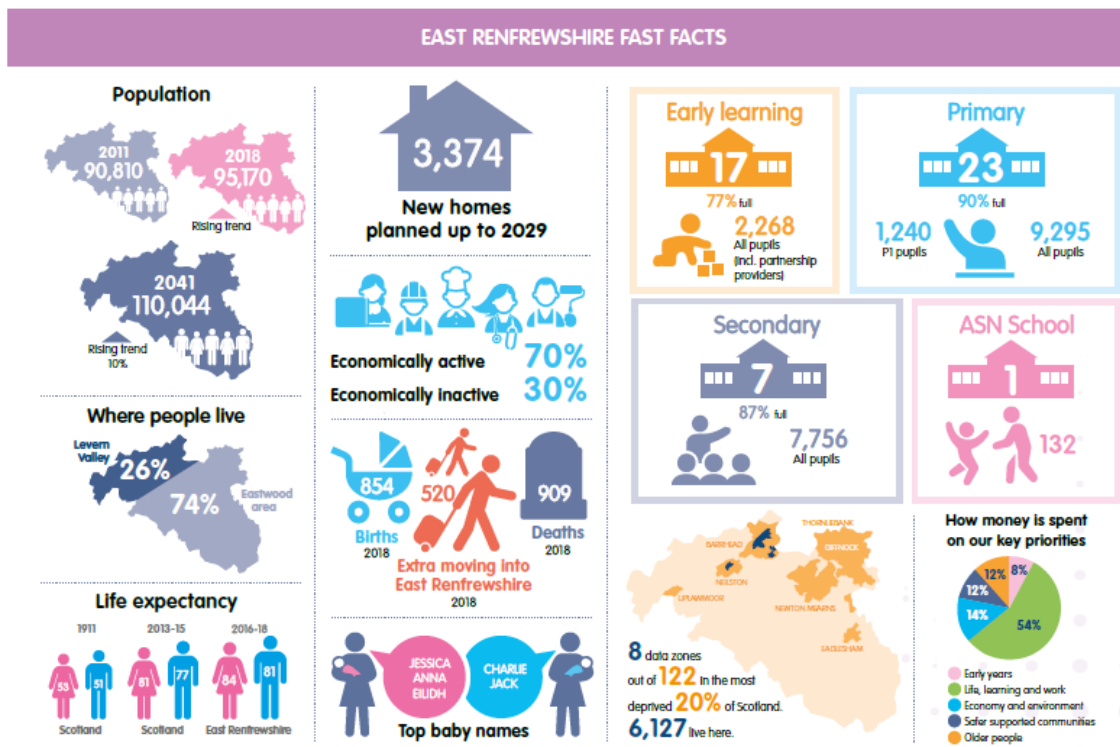
- An enhanced Family Wellbeing Service achieving positive outcomes for children and young people's emotional wellbeing.
- An innovative multi-disciplinary Healthier Minds team supporting children and young people with their emotional health and well-being.
- A multi-agency approach to Signs of Safety.
- Reducing the number of children and young people looked after away from home and strengthening the voice of families in our processes.
- Enhanced participation and engagement of looked after young people, ensuring their voices are heard and there is a greater understanding of care experience.
- In adult social work and social care the number of adults reporting their outcomes are met remains high and carer's quality of life is improved.
- Continue to improve direct participation with individuals in taking ownership of their own care via SDS Option 1 (18%) and Option 2 (9%).
- A Self Directed Support Steering Group was established with over 50% membership of individuals who use social care services and their families to shape, improve and streamline our processes.
- Enhanced collaboration with individuals and family carers in the design, evaluation and recruitment of staff / managers within adult services.

- Significant improvement in our Care at Home services with Care Inspectorate inspection in July assessing all areas as good across all areas.
- Improvement in our approach to protecting adults at risk of harm, including improved timescales, higher number of referrals to advocacy and increased number of people who have a protection plan in place.
- Significant improvement of our multi-agency approach to Large Scale Investigations reducing harm and improving outcomes for local residents.
- Overall the strength of multi-agency and partnership working in East Renfrewshire throughout the pandemic across our children's, adult and justice service areas.
- East Renfrewshire is one of the first pilot sites to facilitate joint investigative interviews under the new Scottish Child Interview Model (SCIM). Ensuring that children and their families will receive the practical and emotional support they require to recover and work towards the vision of a Child's House for Healing (Barnahus).

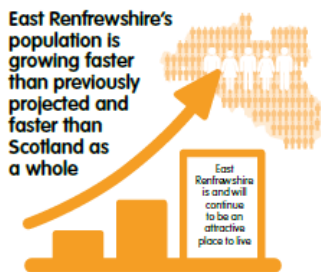
We also know what our most significant challenges are and are making progress in tackling these:

- Increased demand for social work support across both children's and adult services and Care at Home for Adults both in terms of numbers and complexity of need.
- Increased referrals to Child and Adolescent Mental Health Services (CAMHS) alongside staff vacancies resulting in a need to prioritise resources to meet the needs of young people experiencing emotional distress.
- Growing complexity of significant domestic abuse which we are responding to through multi agency work, Safe and Together and the implementation of Multi Agency Risk Assessment Conferences
- Implementation of learning from the Care Review (The Promise) in all aspects of our work with looked after children and young people.
- The impact of Coronavirus (Covid-19) and the challenge of recovery, particularly as we have seen a rise in poor mental health, emotional distress and for older people, increased physical frailty and dependency alongside capacity challenges within our social care services.

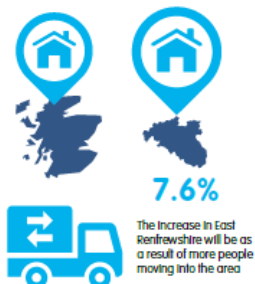
# East Renfrewshire Population Facts



## EAST RENFREWSHIRE'S POPULATION – WHAT TO EXPECT



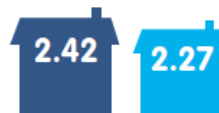
The number of people living in East Renfrewshire is projected to increase by 7.6% by the year 2026 (this is higher than previous projection of 5.7% and higher than the Scottish rate of growth of 3.2%)



### The two age groups that will grow the most



East Renfrewshire currently has the highest average household size in Scotland, but this is projected to shrink as more people live alone



### More houses are being built for three reasons

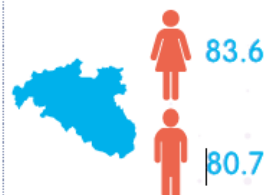


### Demand will increase for services

For older people, as well as general public services such as health and care, leisure and environmental services

More places will be needed in early years, primary and secondary education establishments

East Renfrewshire has the highest life expectancy at birth for both females and males in Scotland.



## **Section 1: Governance and Accountability**

East Renfrewshire Health and Social Care Partnership (HSCP) was established in 2015 under the direction of East Renfrewshire's Integration Joint Board and it has built on the Community Health and Care Partnership, which NHS Greater Glasgow and Clyde and East Renfrewshire Council established in 2006.

Our Partnership has always managed a wider range of services than is required by the relevant legislation. Along with adult community health and social work and care services, we provide health and social work services for children and families and criminal justice social work.

During the last 15 years our integrated health and social care management and staff teams have developed strong relationships with many different partner organisations. Our scale and continuity of approach have enabled these relationships to flourish. We have a history of co-production with our third sector partners and we are willing to test new and innovative approaches.

East Renfrewshire Health and Social Care Partnership is one of six partnerships operating within the NHS Greater Glasgow and Clyde Health Board area. We work very closely with our fellow partnerships to share good practice and to develop more consistent approaches.

This Chief Social Work Officer's report captures the sixth year of the move to a Health and Social Care Partnership and whilst it outlines the key statutory social work functions, it also explains how they are delivered within the spirit of the Public Bodies (Joint Working) (Scotland) Act 2014 legislation. The Chief Social Work Officer provides the Health and Social Care Partnership and Council with professional advice, leadership and oversight of all social work and social care functions. She reports to the Chief Executive for East Renfrewshire Council in her role. The Chief Executive chairs the Chief Officer Public Protection Group and the Chief Social Worker is responsible for the scrutiny and quality assurance of all public protection services in East Renfrewshire. This also includes Violence against Women and Girls. The group is chaired by East Renfrewshire Council's Chief Executive and usually meets bi-annually and the Chief Social Work Officer acts as their professional advisor. The Chief Officer Public Protection Group has met more regularly during the pandemic. The use of driver diagrams and logic modelling supports the scrutiny of public protection processes, outputs and outcomes. The Chief Officer Public Protection Group met regularly throughout lockdown and will continue to do so through recovery.

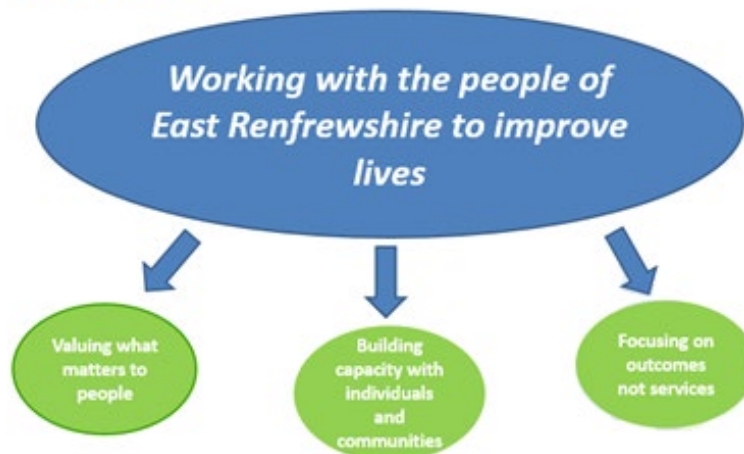
The Chief Social Work Officer and the Chief Officer will provide professional advice and leadership to the Health and Social Care Partnership locally and to national forums to help shape the implementation of the Independent Review of Social Care and the development of a National Care Service. This will ensure that our approach continues to be underpinned by human rights and that local implementation meets the needs of the people of East Renfrewshire.

### **Our Strategic Vision and Priorities**

East Renfrewshire has a proven track record integrating health, social work and care services for 15 years. From the outset of the Community Health and Care Partnership we have focused firmly on outcomes for the people of East Renfrewshire that improve health and wellbeing and reduce inequalities. Under the direction of East Renfrewshire's Integration Joint Board, our Health and Social Care Partnership builds on this secure foundation. Throughout our integration journey, we continue to develop strong relationships with many different partner organisations. Our longevity as an integrated partnership helps us to improve outcomes for the citizens of East Renfrewshire.



## Our Vision



Our vision statement, “*Working together with the people of East Renfrewshire to improve lives*”, was developed in partnership with our workforce and wider partners, carers and members of the community. This vision sets our overarching direction through our Strategic Plan. At the heart of this are the values and behaviours of our staff and the pivotal role individuals, families, carers, communities and wider partners play in supporting the citizens of East Renfrewshire.

## Our Strategic Plan

The strategic plan for 2018 - 2021 sets out seven strategic priorities where we need to make significant change or investment during the course of the plan. These are:

- Working together with **children, young people and their families** to improve mental wellbeing.
- Working together with our community planning partners on new **community justice** pathways that support people to prevent and reduce offending and rebuild lives.
- Working together with our communities that experience shorter life expectancy and **poorer health** to improve their wellbeing.
- Working together with people to maintain their **independence at home** and in their local community.
- Working together with people who experience **mental ill-health** to support them on their journey to recovery.
- Working together with our colleagues in primary and acute care to care for people to reduce **unplanned admissions** to hospital.
- Working together with **people who care for someone** ensuring they are able to exercise choice and control in relation to their caring activities.

Recognising the continuing pressures as we recover from the Coronavirus (Covid-19) pandemic and the current level of dynamism in the health and social care sectors, the partnership chose to establish an interim one-year Strategic Plan for 2021-22. The interim plan builds on the seven priorities listed above and adds a further priority to support resilience and wellbeing among staff across the wider partnership. During this financial year we are undertaking engagement and needs assessment work to support the development of our next three-year Strategic Plan for 2022/25. We plan to do this in collaboration with people who use our services, family carers and local partners. A draft plan will be produced for public consultation by December with the final plan published by April 2022.

## **Annual Performance Report**

Our Annual Performance Report 2020-21 has given us an opportunity to demonstrate how we have delivered on our vision and commitments over 2020/21. It provides information about the progress we are making towards achieving the national outcomes for children, the national health and wellbeing outcomes, and criminal justice outcomes.

## **Clinical and Care Governance Group**

In order to exercise its governance role in relation to the delivery of effective social work and social care services, the Clinical and Care Governance Group focuses on governance, risk management, continuous improvement, inspection activity, learning, service and workforce development, service user feedback and complaints. Although no longer a formal structure of the Integration Joint Board it continues to provide regular scrutiny on the areas requiring development and improvement. Quality assurance is fundamental to safe and effective care and the Chief Social Work Officer Annual Report is remitted to the Clinical and Care Governance Group to provide them with assurance concerning the delivery and performance of statutory social work functions. Furthermore, this allows the group to consider the interdependencies of delivering effective and high quality care within the context of integrated practice. More information can be found in the [Annual Clinical and Care Governance Report](#).

## **Section 2: Service Quality and Performance**

### **2.1 Children's Services**

#### **Early Identification and Intervention**

The Request for Assistance team ensures that children and their families receive a thorough and prompt response to any referrals and / or inquiries for a child or young person. We support our partner agencies at the earliest opportunity by sharing information and offering advice that strengthens our preventative approach to children, young people and their families.

The team is staffed by experienced social workers, an occupational therapist, an advanced practitioner in domestic abuse; and also benefits from the expertise of our third sector partner Children 1st, who consider referrals under Section 12 of the Children and Young People (Scotland) Act 2014 for Family Group Decision Making (FGDM).

From 1 April 2020 to 31 March 2021, the Request for Assistance team completed a total of 1,047 initial assessments, with 19% requiring targeted intervention. These figures are consistent with the previous year's activity.

#### **Family Group Decision Making**

During the period April 2020 to March 2021 there was a focus on specific support to families including delivery of food parcels, help with fuel debt and provision of financial advice. In addition to this, there was a recognition of the impact Coronavirus (Covid-19) restrictions were having on families with an initial move away from progressing to meetings and a focus on supporting families with their emotional wellbeing. Engagement with families happened via Microsoft Teams, phone calls, emailing of resources, meeting families outdoors (when restrictions allowed) and text messages. Virtual platforms were used from July 2020 to progress to family meetings and continued for the rest of the year.

The service was able to support 17 families, involving 25 children and young people with eight families progressing to family plan meetings and four in the early stages of the support. The vision continues to focus on prevention on the need for statutory social work involvement when early identification is made.

In response to the Coronavirus (Covid-19) pandemic and to ensure families have immediate support from the service, an additional two Family Group Decision Making workers were employed and are now in post. Continued development with this service has widened the referral routes to include education and health visiting as direct referrers.

#### **Children and Young People's Mental and Emotional Wellbeing**

As a local authority, East Renfrewshire has recognised the extent of mental health concerns among the children's population, and in our new Children and Young Peoples Services Plan 2020-2023 we have agreed mental and emotional wellbeing as a key priority. The impact of the Coronavirus (Covid-19) pandemic has exacerbated the circumstances of many children, young people and families, and we are now seeing a significant rise in the number of those experiencing challenges with their mental health and wellbeing. This includes those who have a neuro developmental diagnosis.

In response to this a multi-stakeholder Healthier Minds Service approach aligned to school communities has been developed to identify and ensure delivery of mental wellbeing support to promote children and families' recovery. This is working alongside our existing Family

Wellbeing Service which links to GP practices. In addition local Youth Counselling provision has also been increased. Demand for these services is outlined below.

### **Family Wellbeing Service**

The last year has brought a unique set of challenges and demands for the local Family Wellbeing Service delivered by Children 1st. However, it has also brought opportunities. Working in partnership with families and colleagues in East Renfrewshire the service has been able to continue to build on successes and learning despite the pandemic.

The increase in the demand for the service is evidence of this. Although funded to accept a minimum of 178 referrals per year this figure was exceeded significantly demonstrating the need for emotional wellbeing support from the children and families population. Moving into reporting period 2019/2020 179 families were being supported with a further 159 referrals received during 2020/2021. This amounts to a total of 338 children / young people and their families being offered support from the Family Wellbeing Service during this year.

Promotion of the service among GPs has been highly successful with almost all accessing the service when required for their patients. Programme evaluation indicates a significant improvement in the emotional wellbeing of the children and young people referred with fewer repeat presentations to GPs with distress. This demonstrates the efficacy of the family support and wellbeing intervention model deployed by the service.

### **Healthier Minds Team**

This new multi-disciplinary team established in autumn 2020 is directly responding to the emotional wellbeing needs of children and young people aged 10 – 18 years. Although the majority of referrals are from schools other agencies are accessing the service and very importantly this includes self-referrals from young people themselves. By the end of the 2020/21 academic year 278 children and young people have been referred to the service. Professional membership of the team comprises Children 1st, Recovery Across Mental Health (RAMH), school nursing, educational psychology, social work and Child and Adolescent Mental Health Services (CAMHS). This professional oversight means referrals are processed quickly and children are seen timeously. Child and Adolescent Mental Health Services involvement and oversight also results in children being referred to this tier 4 service urgently if it is required.

### **Signs of Safety - Our Approach**

Over 2020/21 we have continued the implementation of the Signs of Safety model, led by the Chief Social Work Officer and the Head of Education Services (Equality and Equity). However, much of our implementation plan has had to be postponed due to the impact on services as a result of the Coronavirus (Covid-19) pandemic. Despite this, we have continued to support practice improvement, with a particular focus on developing relational interventions with children, young people, their families and carers in order to reduce risk and improve children's wellbeing. This has been more important than ever during the pandemic. From analysing our data we have found that our approach and safety planning with families is having a positive impact. Most new referrals coming to our Request for Assistance team are families who were not known to us previously.

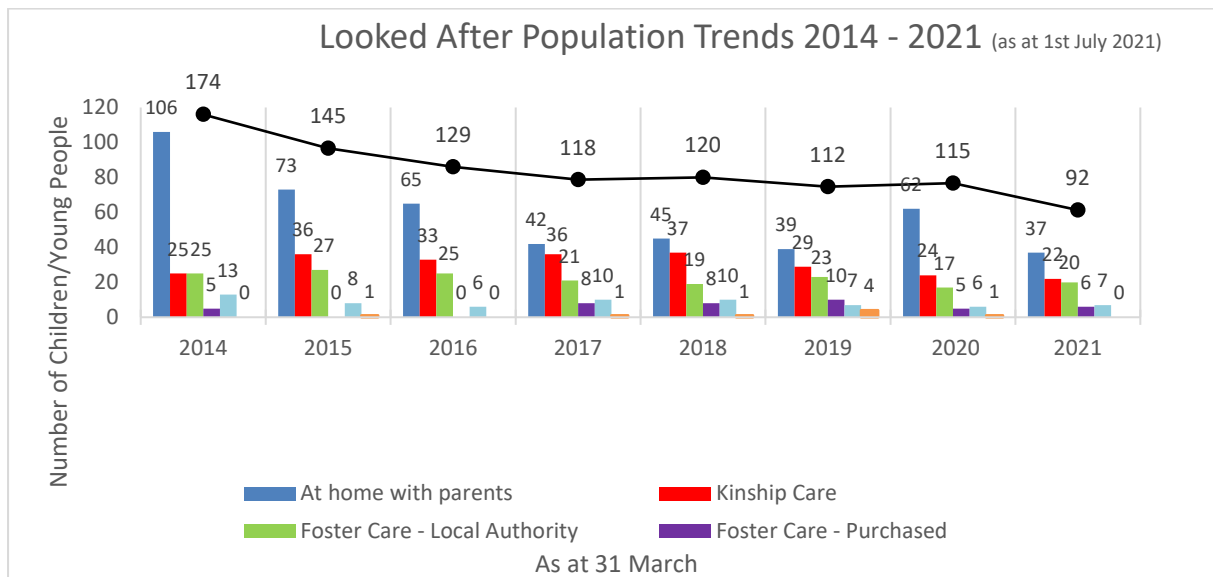
Our key achievements for the second year of our five year implementation plan are:

- Continued commitment from the multi-agency Signs of Safety Implementation Team.

- The multi-agency practice lead network, continued to meet regularly throughout the year, with a clear focus on direct practice improvements.
- Continued workforce training provided at different levels, advanced and generic for all staff groups including education, health, police and adult services. This was adapted to allow for appropriate social distancing guidelines applicable at the time.
- Under the powers of the Coronavirus Act 2020, we reviewed our assessment paperwork to allow for partial assessments to be undertaken. We will revert back to full assessments once the powers cease, however will incorporate all the learning from this into our revised full assessment and plan paperwork
- Continued application of the model in our Child Protection Case Conferences to ensure they are solution orientated, strengths based and risk focused.

**East Renfrewshire’s Looked After Children and Young People’s Population - A Profile of our Children**

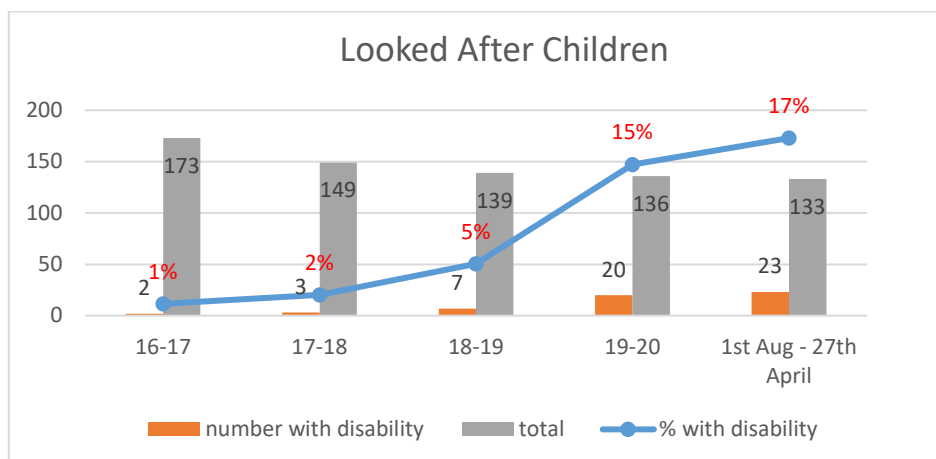
On 31<sup>st</sup> March 2021, 92 children and young people in East Renfrewshire were looked after in a range of settings. This constitutes approximately 0.5% of the total children’s population of the area and remains one of the smallest proportions in Scotland. The gender balance has been consistent in recent years with 60% boys and 40% girls. We have continued to work to improve outcomes for children by securing permanent destinations for them. This year there has been a decline in the number of children looked after at home with the number looked after away from home remaining consistent. The reduction in the number of children looked after at home correlates with a decrease in referrals to Scottish Children’s Reporter Administration (SCRA) overall.



In this year, the average amount of time children were looked after at home increased from 15 months to 20 months. This can be attributed to the significant reduction in children’s hearings taking place and the powers afforded by the Coronavirus Act to extend Compulsory Supervision Orders.

As a result of the pandemic there has been a significant increase in the number of children with complex and additional support needs who have become looked after. Currently 17% of

looked after children have a disability evidencing that the pandemic has significantly affected families with children who have additional support needs.



### Intensive Family Support Team

The Intensive Family Support Service works alongside families who present with more complex needs and where it has been identified that extra support would be helpful. The service when required works across the full week, including evenings and weekends and on an individual and / or group basis. The team operates a trauma sensitive and strengths based model to improve the safety and wellbeing of children.

Examples of support in 2020/21 include:

- Parenting capacity assessments to support permanence decision making.
- Intensive support to parents and family networks to contribute to child protection assessments and reducing risk.
- Attachment focused work to strengthen relationships and understanding within families.
- Intensive support to build on the identified strengths of families to help them manage family life including building routines; managing boundaries; understanding and addressing the health and development needs of children and the needs of parents.
- Intensive parenting and relationships support to help parents and children recover and support rehabilitation.
- Continued support to allocated families during initial stages of the Coronavirus (Covid-19) pandemic providing practical support (collecting prescriptions, food shopping for families with children with additional support needs etc.) and emotional support (helping families maintain face to face connections outdoors).
- Support to families in evenings and weekends during initial stages of the Coronavirus (Covid-19) pandemic. This included out of hours support, responding to child protection concerns and supporting child protection cases out of hours.
- The team contributed to the distribution of food parcels to families across the authority and liaised with a community based charity to identify families who would benefit from the provision of hot meals. This support continued until schools returned in August 2020 with staff from the team volunteering to support distribution. The team also made up and provided summer activity packs to families.

Between April 2020 and March 2021, 93 children received support from the Intensive Family Support Service, with children from all single year age groups from 0 to 13+. Parental Mental Health is the most common reason for intervention, and this is a consistent characteristic within our report.

Children and young people receive support from the team for a range of legislative reasons. However, the majority (77%) of children fall under Welfare of Child in Need legislation. It should also be noted that 15 children's names were placed on East Renfrewshire's Child Protection Register.

### **Youth Intensive Support Service**

The Youth Intensive Support Service (YISS) was established during 2015 as the lead service for all looked after young people aged 12 – 26 years, recognising that more intensive interventions are required to improve recovery from trauma, neglect and abuse.

Using a relationship based model the team delivers the statutory duties within the Children and Young People's (Scotland) Act 2014, namely to support young people eligible for Continuing Care up to the age of 21 years and for Aftercare up to the age of 26 years. The service's aim is to successfully engage the most hard to reach young people in East Renfrewshire by providing and co-ordinating multifaceted support plans. The service has the following shared aims across social work and health services:

- To reduce the number of young people looked after and accommodated and at risk of hospitalisation and custody.
- To reduce the impact of historical trauma and abuse for young people.
- To ensure that the transition into adulthood achieves better long term outcomes.
- To maximise social capital.
- To keep whenever safe to do so a connection to their local communities.

From the period between 1<sup>st</sup> April 2020 and 31<sup>th</sup> March 2021, Youth Intensive Support Service directly supported 155 young people and their families.

- 38 were care experienced young people in receipt of Continuing or After Care support.
- 45 of care experienced young people were supported through East Renfrewshire's Family Firm.
- 62 were assessed as being of immediate risk of custody.

Additionally, Youth Intensive Support Service has two Advanced Practitioner posts. The Advanced Practitioner for the Champions Board co-ordinates, plans and delivers participation and engagement activities for care experienced young people known to the local authority. Our Continuing and Aftercare Advance Practitioner focuses on support and provision to this distinct group of young people. Both have additional responsibilities within East Renfrewshire's Corporate Parenting sub-groups and support the practice development of partner agencies.

During the Covid pandemic the contact levels with young people remained very high. This is evidence of the success of our relationship-based practice, averaging at 81% of young people having contact at least once per fortnight.

### **Champions Board, Group Work and Participation**

Despite Covid restrictions in 2020/21, we continued to engage with our children, young people, families and communities. Although participation opportunities were reduced overall there were key successes in the period:

- Continued Champions Board activity including daily video calls during lockdown period and the distribution of wellbeing bags.

- Summer Programme 2020 - daily activities of Yoga, Fishing, Football, Drama, Graffiti and photography for young people run by Youth Intensive Support Service with support from other agencies. 100 opportunities offered. 30 young people attended in total, with most young people attending a number of the groups. (Under 12s group run for graffiti and football)
- Creative consultation around a vision for the East Renfrewshire Children's Services Plan August 2020. Articulate Cultural Trust were commissioned to consult with young people in a creative way to explore their views on what is important to them to help create a vision for the East Renfrewshire Children's Services Plan. A Care Experienced Young Person from East Renfrewshire was paid as a creative consultant to support this. Consultation took place with 30/40 young people from Mini Champs, Champions Board, and young people attending the Education HUBs.
- Young people were involved in a variety of consultation and planning activities as well as being part of staff and panel member interviews.
- Three of our Care Experienced Young Persons have completed their Peer Mentor training with Move On (online). Three young people attended eight sessions.
- Health and Social Care Partnership Traineeships (four care experienced young people were successful in gaining posts and will work alongside the Champions Board).
- Two Care Day events (2020 and 2021) which reached 60 and 50 young people respectively.
- 15 young people attended in partnership with the Culture and Leisure Trust an Easter 2021 activity programme where they were given the opportunity to participate in Sport/Arts and Cultural activities.
- Craftivism Group run by Articulate Cultural Trust- group for under 12s and over 12s (six days, 10 young people attended). Showcase to Corporate Parents.

This is not an exhaustive list of the activity in 2020-2021. However it demonstrates some of the breadth and success of the continued focus on participation and sustained contact with our children and young people despite the pandemic.

### **Fostering, Adoption and Supported Care**

Intensive Services Adoption, Fostering and Supported Care Team have sought to continue to provide safe and stable placements to meet the needs of children and young people during the challenge of the pandemic. Our carers have been integral in continuing their support to our children and young people. They have provided consistency, stability and care throughout this year. We have worked creatively to provide direct visits and indirect support and supervision to carers and continued to review our carers and progress assessments through having an online Adoption, Fostering and Permanence Panel. Development work was postponed, including a planned advertising campaign to recruit carers for older children.

During the first four weeks of lockdown, East Renfrewshire experienced a 14% increase in the number of children requiring to be removed from their family homes. At this time internal resources were approaching maximum occupancy. Through consultation with the Care Inspectorate we were able to approach and recruit registered employees (either Scottish Social Services Council, Nursing and Midwifery Council or General Teaching Council for Scotland) to act as temporary foster carers until such times as alternative measures of care



could be provided for children. Without these measures, East Renfrewshire Children's Service may have had nowhere to place our children safely.

The Care Inspectorate subsequently published a supportive guidance note regarding the use of employees registered with the Scottish Social Services Council or General Teaching Council for Scotland as temporary foster carers.

## Fostering

- Three additional carer households were temporarily recruited along with one carer, increasing registration during this time. All carers were utilised in providing support to children from short term to short breaks care, offering necessary support and care to children at this time.
- Currently 14 registered foster carer households caring for 16 children / young people looked after or ceasing to be looked after in receipt of continuing care.
- Two children accessing short breaks care to provide support to them and their families. This support has been invaluable to families over the past year.
- Four registered Supported Carers, two of whom have approval along with fostering approval providing care for four young people.
- Within the reporting period East Renfrewshire have had eight children in foster placements with independent fostering agencies.

## Adoption

During 2020/21, the service has:

- Offered our post adoption support group to a membership of approximately 35 families.
- Through our indirect letterbox service we offer and provide support to both adoptive parents, birth family and birth parents in engaging in their letterbox exchange.
- Provided targeted intervention and letter box contact support to 11 adoptive families supporting 23 letter exchanges a year.
- We offer origins counselling to individuals and families through our service agreement with Scottish Adoption Support Services and they have provided support to three families.

## Supported Care

Our team has developed specific supported care support groups. To allow for carers to meet together and discuss topics and themes relevant to the role of supported carer. We also offer ongoing support to our supported carers through direct visits, virtual visits and supervision.

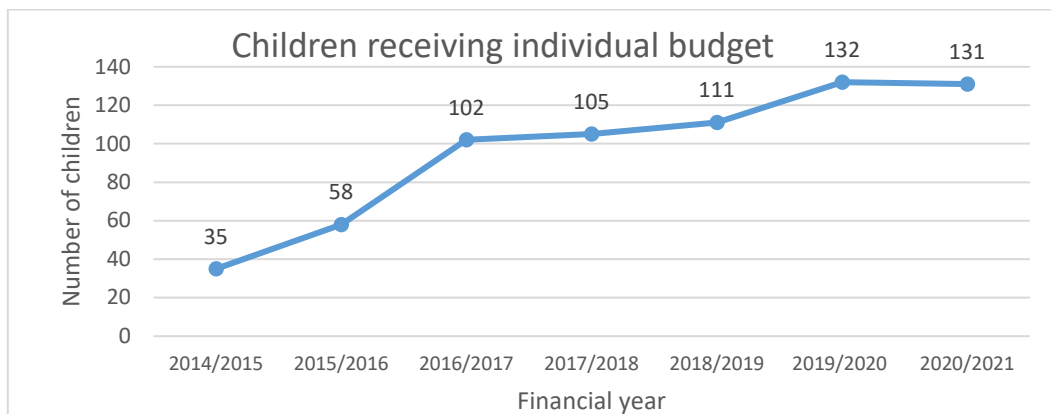
## **Registered Services Inspection**

Our three registered services, fostering, adoption and adult (supported care) placement were inspected in October 2019 and all services received Grade 5 (very good) for the areas inspected with a number of areas commended:

- The strengthened collaborative and relationship based approach by aligning registered services within our Intensive Services structure.
- The commitment from staff especially the partnership working across health, social work and education to ensure we are providing the best possible care to our children and young people.
- The way children, their families and foster households were empowered to contribute to decision making and feel listened to.

## Children with Disabilities

We have fully adopted the principles of Self-Directed Support in partnership with children, their families and other people who are important to them. We recognise that good support planning is reliant on relationship based practice, starting with the family recognising what matters to them, and we are embedding this way of working throughout children's services. Given that 38% of children known to social work teams have a disability, we have undertaken a review of our assessment and planning and have implemented Signs of Wellbeing, a strengths based approach, adapted from Signs of Safety.



The number of children in receipt of an individual budget has quadrupled since 2014 as shown in the chart above. In 2020/21, three quarters of children with disabilities allocated to social workers were in receipt of an individual budget. This will continue to be an area of significant growth and budgetary pressure. Expenditure has increased from just over £200,000 in 2014/15 to £471,558 for option 1 payments in 2020/21 which is consistent with the same period last year.

It is anticipated that this will continue to be an area of significant demand over the years, considering the migration of families who have children with disabilities into East Renfrewshire. Further analysis will be needed to consider the required financial investment moving forward.

This impact is noted at the transition stage with a continued increase in numbers of young people presented at Transition Resource Allocation Group. As a result of this increase in demand a multi-agency working group is developing Transitions Guidance to support practice and improve data. This will support good transitions and accurate projections for coming years including all transitions from children's to adult services.

### Inclusive Support Service.

The Inclusive Support Service (ISS) continues to comprise of three distinct services: holiday provision, out of school activity clubs and individualised support services. The service provides a range of targeted support for children and young people aged 5-18 years. All of the children and young people who access the service have either complex health or behavioural support needs, with a significant number having limited verbal communication.

East Renfrewshire Inclusive Support Team in consultation with social work refocused activity during Coronavirus (Covid-19) pandemic by working closely with partners in Education, Health and Adult Social Care Services to ensure support for our most vulnerable children and young people. In response to the unprecedented Covid-19 outbreak the team continued to support the 226 children, young people and their families through creative and innovative means. The team adapted service delivery as part of the multi-agency response to the changing and challenging demands placed upon the Health and Social Care Partnership. The team showed

their compassion and commitment to the health and wellbeing of children, young people and their families through 308 personalised activity boxes, videos, calls, online chats, outdoor programmes and intensive supports at HUB provisions.

In response to a growing need for families the team organised and delivered a summer, October and December HUB provisions for 52 children and young people with complex support needs, who fell under the Key Worker and Critical Childcare category. The team also supported our colleagues within the adults with learning disabilities teams to provide provisions to young people transitioning from children's services. Further supporting the services ethos of providing the right support at the right time.

### **“At Our Heart” - East Renfrewshire’s Children’s and Young People’s Services Plan 2020-2023**

As in previous years and in accordance with the Children and Young People’s (Scotland) Act 2014, local and national partners who deliver services for East Renfrewshire’s children and families, came together to design and publish the new Children’s Services Plan for 2020-2023 titled “At Our Heart”. Based on a wide ranging assessment of local needs, agencies agreed a plan which has at its heart, the overarching aim of improving the wellbeing of local children, young people, and their families. Children’s planning has a very high profile in East Renfrewshire and all partners again demonstrated a genuine enthusiasm to engage with young people, parents and the communities they reside within. As such the assessment of needs within the plan includes what children and parents / carers told us about their experience of living in East Renfrewshire and the challenges they may encounter.

Furthermore the new **vision** for the 2020-2023 Children and Young People’s Plan was developed by children and families during a series of engagement events, agreed by partners during this year is the following:

*“East Renfrewshire’s children should grow up loved, respected and be given every opportunity to fulfil their potential.*

*We want them to be safe, equal and healthy, have someone to trust, have friends, but most of all HOPE”.*

The Coronavirus (Covid-19) pandemic, the national lockdowns, and the ongoing restrictions, continue to affect all communities in East Renfrewshire, as they have elsewhere in Scotland and the UK. As the impact on children, young people, and families becomes more apparent, East Renfrewshire Council and partners will adapt our Children’s Services Plan accordingly to ensure emerging needs are identified and where possible addressed.

### **The Promise in East Renfrewshire**

Another important event also took place earlier in 2020 with the publication of the national Independent Care Review report “The Promise”. This long awaited report into the children’s care system in Scotland is regarded as the most significant in a generation and it is anticipated it will have a fundamental impact on the design and delivery of *all* children and family services now and over the next decade. As local authorities are expected to commence with implementing the findings of “The Promise” report, East Renfrewshire Council and partners have reflected the importance it will have over the life time of the new children’s services plan and beyond.

Recently our multi agency Corporate Parenting Group worked with the East Renfrewshire Champions Board - our care experienced young people’s participation group - to agree a set of new local priorities. These priorities are now included in this Children and Young People’s

Service Plan for 2020-2023, along with a suite of measures to track the progress we are making. Integral to these priorities are the findings of The Promise, as implementation of phase one of The Promise is from 2021-2024 and the East Renfrewshire Children and Young People's Services Plan timeline is 2020-2023, there will be opportunities to incorporate newly emerging learning and actions as they unfold. This will also enable the Health and Social Care Partnership to consider how these actions can best be achieved and the resources required.

### **Children's Rights**

Whilst we await the commencement of the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill, East Renfrewshire Health and Social Care Partnership and Education Services have established a local Children's Rights Act Implementation Group to begin the process of ensuring we are compliant with the new legislation and the policy guidance that will subsequently be published. The group is building on the considerable work already undertaken to comply with part one of the Children and Young People (Scotland) Act 2014 'Rights of Children' duties as well as the very long established activity in schools, social work, and other departments and settings.

As required under this legislation in December 2020 we published our first East Renfrewshire Council Children's Rights Report which was approved by Council and submitted to the Scottish Government. The report was the culmination of a series of audits of a wide range of services and some of this was undertaken with the involvement of children and young people. In Health and Social Care Partnership the focus for our audit activity has been in the areas of child protection, kinship care, health visiting, and children with complex needs, with the purpose of ensuring that procedures and processes are informed by the United Nations Convention on the Rights of the Child articles and children and young people's rights are respected, protected, enabled and fulfilled. The East Renfrewshire Council Children's Rights Report includes a series of improvement actions that the new group has been tasked to take forward into 2021/2022.

The fulfilling of The Promise will be another step forward in enhancing the rights of children and young people who experience the care system, in particular a child's right to a family life, continuing relationships with siblings, and to grow up loved and safe, and protected from poverty and discrimination. We will be considering the changes that need to take place within the Health and Social Care Partnership and also in the wider local partnerships.

Currently we are awaiting the publication of accessible guidance, training and other materials from the Scottish Government as part of the new Act implementation programme that will assist us to be ready for commencement in October 2021.

## 2.2 Adult Social Work and Social Care

### Adults with Incapacity

The support and protection of the rights of adults who lack capacity to make informed decisions regarding their welfare and finances is a core responsibility of all social work practitioners within the East Renfrewshire Health and Social Care Partnership. Practice to support these individuals is informed by the Adults with Incapacity (Scotland) Act 2000 (AWIA) and section 13za of the Social Work (Scotland) Act 1968 as amended by the Adult Support and Protection (Scotland) Act 2007. Social Work take the lead role in ensuring appropriate processes are in place that enable a human rights approach, supported decision making and appropriate application of the legislation including the ongoing supervision and monitoring of use of legislation and powers. New local procedures to inform practice and ensure consistency have recently been developed with a strengthened focus on:

- The importance of identifying if someone lacks capacity and ensuring their rights are protected including access to independent advocacy services.
- Clarifying the roles and responsibilities of social work and mental health officer staff in the application of the legislation.
- The development of a clear pathway from point of when incapacity has been identified with regard to section 13za reviews and AWIA Case Conferences.
- The development of documentation within Care First that ensure all decision making is evidenced based and that this information is captured and accessible.
- Ensuring that there is appropriate governance and leadership with oversight of the application of legislation at senior management level.

The procedures are currently in draft form with a plan to roll these out over the coming year alongside a training programme to all relevant Health and Social Care Partnership staff. The training will focus on the process and procedures, the enhancement of skills for those staff taking on new responsibilities and an overarching emphasis on ensuring that rights and strength based practice is enshrined in the delivery of all services going forward.

### Self-Directed Support

The Social Care (Self-Directed Support) (Scotland) Act 2014 is a key piece of legislation and was enacted as part of the 10 year National Self-Directed Support Strategy. The purpose of this legislation was to drive transformation in terms of shifting the balance of power from services to individuals who use them and to provide greater choice, control and creativity to individuals and families in terms of meeting their agreed personal outcomes.

Between November 2020 and March 2021, East Renfrewshire Self-Directed Support (SDS) Forum and East Renfrewshire Carers Centre were commissioned by East Renfrewshire Health and Social Care Partnership to sense check local self-directed support implementation, policy, practice and guidance. They completed this by holding focus groups for people who use our services and their unpaid carers and by facilitating focus groups for frontline practitioners and managers.

The East Renfrewshire Self-Directed Support Forum and East Renfrewshire Carers Centre have worked in partnership with East Renfrewshire Health and Social Care Partnership to sense check local self-directed support implementation, policy, practice and guidance. The review highlighted many areas of good practice alongside areas where our processes /

systems could be improved to improve practice and the user experience. Common themes were evident as well as responsive positive solutions. Some gaps in the implementation of self-directed support still exist locally although there is a strong value base and willingness to streamline systems to work from.

Person centred and relationship practice is the foundation to social work practice and self-directed support. There are clear opportunities to build on our strengths locally and drive forward improvements in processes and practice.

In the spirit of collaboration and partnership working, a Self-Directed Support steering group has been established to oversee our implementation programme locally. The group will be co-chaired by a Head of Service and Self-Directed Support Forum manager and the membership will include people with lived experience of using self-directed support, practitioners, managers and finance officers.

The group will collaborate to agree and oversee a local implementation plan highlighting key priorities, achievements and risk to the Directorate Management Team, the Chief Social Work Officer, the Performance and Audit Committee and Integration Joint Board as required.

Local Uptake of the four Self Directed Support options is reviewed regularly and detailed below:

<b>2020-2021 Self-Directed Support care packages</b>	<b>Option 1</b>	<b>Option 2</b>	<b>Option 3</b>	<b>Total SDS</b>
<b>Children &amp; Families Total</b>	<b>£476,084</b>	<b>£0</b>	<b>£739,709</b>	<b>£1,215,793</b>
Community Addictions	£0	£0	£117,534	£117,534
Carers	£2,163	£0	£0	£2,163
LD	£1,410,813	£232,200	£10,678,297	£12,321,309
MH	£39,284	£95,869	£1,138,990	£1,274,143
OP	£1,080,261	£1,333,940	£1,664,109	£4,078,310
PD	£1,133,895	£132,580	£1,088,298	£2,354,773
<b>Total Adult Expenditure</b>	<b>£3,666,416</b>	<b>£1,794,589</b>	<b>£14,687,227</b>	<b>£20,148,232</b>
<b>Total Expenditure</b>	<b>£4,142,500</b>	<b>£1,794,589</b>	<b>£15,426,936</b>	<b>£21,364,025</b>
<b>% split Children &amp; Families</b>	<b>39%</b>	<b>0%</b>	<b>61%</b>	
<b>% split Adults</b>	<b>18%</b>	<b>9%</b>	<b>73%</b>	
<b>% split Total</b>	<b>19%</b>	<b>8%</b>	<b>72%</b>	

### **Supporting Unpaid Carers - Carers (Scotland) Act 2016**

Over the past challenging year for carers, East Renfrewshire Health and Social Care Partnership Carers Lead has worked closely with East Renfrewshire Carers' Centre (ERCC) who contacted all carers registered with them to identify people most at risk during lockdown to offer support and alert services where necessary. Over the past year 18 carers rights awareness sessions have been delivered to Health and Social Care Partnership teams and partners. Since April 2020 there has been a 21% increase in carers identified by East Renfrewshire Health and Social Care Partnership staff, much has overtaken self-referral as the main source of referral to the Carers Centre. The Centre has in turn seen a 20% increase in referrals. The Centre currently has 1,600 carers registered, with 214 being young carers. Throughout the past year East Renfrewshire Carers Centre have offered carers online advice, information, support, including social support and to have their own support plan. Ninety-two Adult Carer Support Plans (ACSPs) have been completed since April 2020 an increase of 1% on the previous year. Schools being closed over such a long period has made it difficult to identify Young Carers this year. A 200% rise in new Young Carers identified (96) the previous

year fell to 26 this year with seven Young Carer Statements completed compared to 35 the previous year.

Examples of creative breaks provided for carers by East Renfrewshire Carers' Centre during the pandemic have been: a tandem bike for a carer and the person they care for; camping equipment; laptops and tablets to allow families to stay in touch; garden furniture to support very short breaks from the caring role. The Carers Collective was established in October 2020 and carers are engaged and involved in shaping local support and services. Examples are with support for autistic young people, their parents and carers and Dementia Day Support Services. Processes and systems are currently being streamlined to ensure each carer identified is being offered the right support at the right time. Equal Partners in Care, an E-learning resource for East Renfrewshire Health and Social Care Partnership staff was introduced in 2020 and in January 2021 East Renfrewshire Health and Social Care Partnership subscribed to an online resource for carers that offers a range of resources to help manage care and caring, 73 people have since downloaded this resource.

We have strengthened our partnership approach to collaboration with unpaid carers in the design and review of local services and the recruitment of staff and managers. A number of local carers helped to design and deliver a development session for our Integration Joint Board to explore the impact of Coronavirus (Covid-19) on local carers and to provide re-assurance about the creative support options available locally.

### **Assessment and Review Activity**

Our improvement journey has continued to make significant progress throughout 2020/21, under the most challenging of circumstances.

Whilst Coronavirus (Covid-19) has affected all social work services, our front door, locality and specialist teams have demonstrated great resilience and quickly adapted our delivery models in line with Scottish Government guidance. Staff have been dynamic, flexible and proactive in their response, utilising technology and a variety of communication techniques to ensure that the most vulnerable in our communities have been protected. The Connecting Scotland programme was a great resource for staff to provide digital devices, data, training and support to get online to those who need it most.

The volume and complexity of referrals coming into the service has changed significantly, and led to the decision to complete a comprehensive review of the front door of the service starting in summer 2021. An external professional adviser will support our management team to analyse our policy and procedure, governance, resources and activity and respond with recommendations to support our continuous improvement and recovery processes into next year.

Our pandemic response, coupled with growing demand levels at the front door has led to a growing backlog of overdue community care reviews. In response, plans are in place to utilise the successes and lessons learned from the care home review team, to replicate this model, and broaden the scope to undertake all adults receiving care with outstanding, and pending reviews.

### **In-house Care at Home Service**

The East Renfrewshire Health and Social Care Partnership Care at Home Service has been at the forefront of the delivery of good quality, person centred care during the pandemic. The social care workforce within this service have continued to demonstrate compassion and commitment providing care to allow people to be cared for in their own homes.

The unannounced inspection in February 2019 by the Care Inspectorate resulted in the requirement to undertake a significant programme of improvement across in house service provision. These improvements were across nine key areas, including care planning and review of support packages, staff supervision, training and management of medication.

The service inspection in 2020 was delayed due to the pandemic with the inspection undertaken in July 2021 and the inspection reporting the service had met all requirements. The revised grading for the service is now good across all inspection themes that were considered during the inspection process. The inspectors noted the high level of service user satisfaction and the sustained and continued improvements across the course of a pandemic. The additional inspection theme - How good is our care and support during the Coronavirus (Covid-19) pandemic - was also graded as good.

The redesign of the service will recommence as part of our recovery plan and will take cognisance of the growing demands on service provision due to the increasing complexity of people being supported as a result of the pandemic. It will also focus on creative and sustainable approaches to recruitment to ensure that we are able to provide support in the right way and the right time. Our focus will be on supporting people to maximise their independence through strengthening our reablement approach.

### **Bonnyton Care Home**

In January 2020 the residents and staff at Bonnyton House in Busby moved to a care home in Crossmyloof for what was meant to be a 12 week renovation.

Our colleagues in Bonnyton House experienced extremely challenging circumstances and long lockdown periods, but they responded with such resilience, flexibility and determination. They lost much-loved residents, nursed others back to health, helped residents through periods of isolation and supported families who lost their loved one or couldn't visit for months. Many of our Bonnyton colleagues also became unwell themselves. To say it was difficult would be an understatement and we are very grateful to every single member of staff.

While residents continued to be cared for at Crossmyloof, as soon as restrictions allowed the team continued to push the renovations forward. The work was complete in October 2020 and after 10 long months, returning to Busby was a huge milestone.

The team worked closely with families during the move back and compiled a short video to show residents and families to support the transition during a time when families could not readily visit their loved ones. The Care Inspectorate noted this as a model of good practice.

The care home underwent a huge refurbishment. All common lounge areas and dining areas were transformed. The bedrooms were fitted with new showers and wet room areas as well as furnishings. The courtyard was paved, making it look much larger and it is now also easier for residents to get about. Residents are enjoying looking after the planters which were installed into the courtyard which are now filled with beautiful flowers, herbs and even some vegetables.

The exterior of the building was painted and the shrubbery areas are also blooming thanks to our colleagues in the council's Neighbourhood Services department.

A Phase two of renovations is planned for next year which will include other communal areas as well as a larger and fit for purpose staff area.



## Care Home Assurance Visits and Care Plan Reviews

The Coronavirus (Covid-19) pandemic has had a significant impact on health and social care with arguably the most significant impact on our care homes, the residents, their families and care home staff.

In February 2021, The Cabinet Secretary for Health and Sport requested via Chief Social Work Officers that assurance visits to all care homes were undertaken to provide assurances regarding the quality of care. There was also a request to complete individual reviews for all residents who did not have a recent review completed. This recent assurance activity builds on a the first round of assurance visits within care the home population in response to the Scottish Government update to the National Clinical and Practice Guidance for adult care homes in Scotland during the Pandemic issued in May 2020. The Cabinet Secretary set out additional requirements for enhanced professional clinical and care oversight of Care Homes during Coronavirus (Covid-19) in a letter to NHS Boards outlining immediate actions required to progress this and proposed the need for a longer term supporting structure.

During 2020, East Renfrewshire Health and Social Care Partnership has led two Large Scale Investigations both of which were intelligence led. As a result of these investigations one care home closed resulting in 55 residents transitioning to their new care homes between March and April 2021. Whilst the timing and scale of this work for a small Health and Social Care Partnership proved a challenge, the learning and collaborative approach from our work very much informed our approach to both care home support and assurance visits and individual care reviews.

We made a decision early on that we wanted to complete these visits through a joint health and social work lens with a real focus on human rights. The visits were completed by Chief Social Work Officer, Chief Nurse, Head of Service and Senior Nurse. The rationale behind this was partly due to capacity issues across our services and also that we were keen to model a compassionate and trauma informed approach that reinforced the message to care homes that their work was valued and appreciated by our most senior leaders.

### Key Themes

- Overall the quality of care within care homes was very good. We saw many examples of person centred care, specific care plans to support residents during lockdown and when care homes opened to visiting.
- We were humbled and inspired by the care home staff / managers and were shown many examples of where they had provided care and end of life care in the most difficult and unprecedented circumstances. We were very reassured to hear confirmation that residents died well and appropriate just in case medications were in place for residents. Care home managers and staff have undoubtedly experienced significant levels of grief and trauma and despite this have continued to support each other and care for residents. We heard stories of loved ones who were unable to be with their dying relative at the start of the pandemic and who watched from the window and care home staff holding phones to residents' ears whilst their loved ones spoke with them.
- Whilst the experience of those managers and staff who did not experienced a Coronavirus (Covid-19) outbreak within the home and / or resident deaths due to Coronavirus, the ongoing fear and focus required to protect the residents from Coronavirus over a prolonged period of time has been challenging. In one of the homes visited 59 staff members contracted Coronavirus (Covid-19) out of 65. Despite this the uninfected care staff ran the home until colleagues returned when no longer infectious in many cases unwell too. Their prime consideration was the residents. The successful

roll out of the Coronavirus (Covid-19) vaccination programme for residents and staff however has had a very positive impact on all notwithstanding the need for ongoing vigilance in relation to existing IPC measures.

- We noted resilience amongst residents however noted that reduced physical activity (due to periods of isolation), lack of visits from families and limited indoor / outdoor activities has most definitely impacted on the health, cognitive ability and mobility of the resident population. Locally this appears to correlate with a higher number of falls and we are keen to examine this data with our colleagues in Public Health. There is evidence of the significant emotional / mental impact that deaths of their friends have had on residents. There are many examples that this has triggered physical, emotional and cognitive deterioration.
- We found many areas of good practice around resident visiting, creative indoor activities and wellbeing support for staff. We also provided a sensitive critical friend approach highlighting areas where improvements could be made. The visits also allowed sharing of good practice between homes and helpful solutions to key issues shared. It also requires to be highlighted that our visits and the subsequent review activity has reduced the capacity for the homes to absorb family and friends visiting and this in our view should have been factored into the assurance expectations.
- Communication and networks between the care home managers has developed from pre Coronavirus (Covid-19) position - we heard examples where care home managers reached out to support one another and we anticipate that the now fortnightly care home manager forum will support us to build on this.
- Whilst there was some variability in the level of support from and access to GPs with some very positive reports further work is required to strengthen the local arrangements for GP support to care home residents.
- There was a concern regarding the indefinite use of DNACPR (do not attempt cardiopulmonary resuscitation) for care home residents where there has been little / no consultation with families / guardians. This is a human rights issue and needs to be reviewed. This emotional impact of this was significant and experienced by resident's families and care home staff.
- Despite collaborative planning and reassurance before visits, Care Homes reported staff were anxious about the further level of assurance being required after such a difficult year.
- We found tensions between the guidance around infection prevention and control and resident's human rights.
- Care home staff were observed as demonstrating very good adherence to the Personal Protective Equipment (PPE) requirements specific to task and any issues in relation to Infection Prevention and Control (IPC) which required attention were addressed during visit and / or shared with the care home manager as part of ongoing improvement activity.
- Staff put their lives on hold. Their focus and priority was the residents and the selflessness that they demonstrated overwhelmed all of us who visited. We were given many examples of staff moving into the home to protect family members who were shielding and / or where there was workforce resilience issues due to impact. There were only a few homes where the use of agency staff was higher and in most cases they kept this to the same staff by block booking. Moving out of restrictions it was great to

hear and meet some of the agency staff who have been given substantive contracts with the homes.

- Leadership has already been outlined within the report as being visible at all levels. The role of the care home manager however needs to be commended as they were often having to balance the health and emotional risk; to staff, residents whilst being that supportive ear for very anxious carers and combing this with the huge expectations of their external partners, commissioners, public health, and scrutiny body. In retrospect this at times must have been impossible task to deliver on considering the continual changing priorities and the unknowns about the transmission of the virus. There is no doubt this at times the system demands reduced their capacity to meet the very high and public expectations and it created additional stressors. For recovery this should be factored into a more proportionate response as nationally we move out of Coronavirus (Covid-19) and there should be more emphasis on compassionately supporting the sector in a more trauma informed way that seeks to restore and renew.

In March we were able to offer additional resources, through Local Mobilisation Plans, to undertake Care Home Assurance Visits and Care Plan Reviews for all East Renfrewshire residents living in a care home.

### **Telecare Services**

The in-house telecare service has circa 3000 service users and has performed well over the past 12 months. The service recently had its annual audit by the Technology Enabled Care (TEC) Services Association audit. The initial feedback was positive and the final report is awaited. A key work stream over the coming months will be in relation to supporting the progress and implementation of the changes required as part of the analogue to digital transformation.

The service was delighted to secure funding support from East Renfrewshire Council to lead the development of the analogue to digital programme. In addition, funding has been secured from the Scottish Government Technology Enabled Care Pathfinder Programme to ensure that individuals and families are supported to consider technology as part of our early intervention and prevention approach. A Technology Enabled Care Peer Mentor will be recruited to support our workforce to 'think digital' as part of the self-management supports for adults.

## 2.3 Mental Health

Mental Health Officers (MHOs) are responsible for carrying out specific duties on behalf of the local authority detailed within the Mental Health (Care & Treatment) (Scotland) Act 2003, Mental Health (Scotland) Act 2015 and Adults with Incapacity (Scotland) Act 2000.

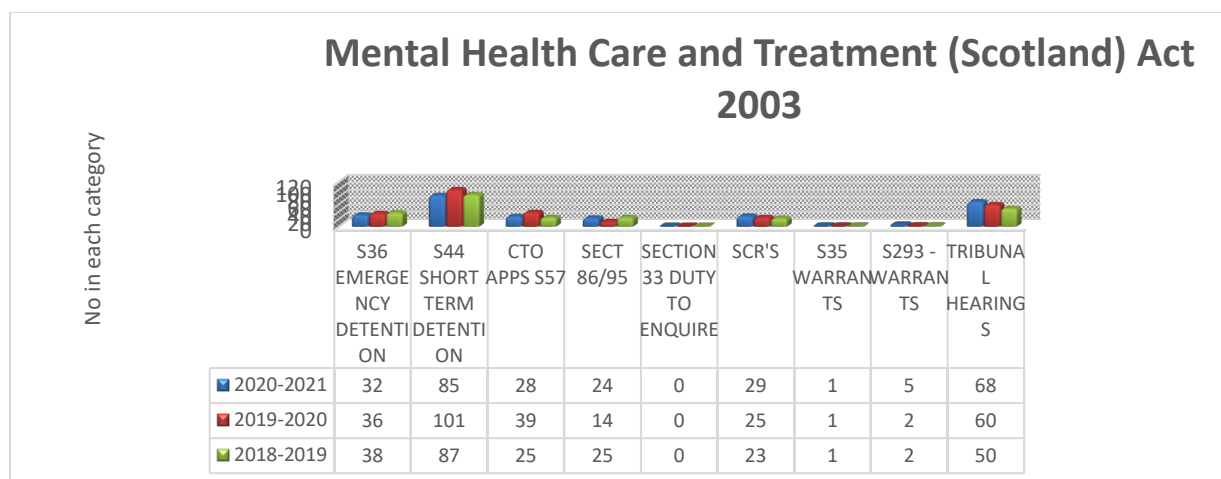
The East Renfrewshire Mental Health Officer service sits within the mental health social work team based in the Barrhead Health and Care Centre. Staff provide the dual role of Mental Health Officer and Care Manager to individuals subject to statutory measures under the Mental Health and Adults with incapacity legislation.

Mental Health Officers work closely with other agencies and professional to improve the quality of experience of people subject to statutory measure and ensure their rights are protected. These include:

- Community health and social work teams including those supporting children and young people experiencing poor mental health.
- Voluntary Sector Partners.
- Independent Advocacy Services.
- The Carers Centre.

Like all staff the Mental Health Officers required to adapt to the changing environment brought on by the pandemic and the associated restrictions in early 2020. Staff were able to work in an agile manner while continuing to provide a responsive service. The introduction of emergency legislation from the Scottish Government created some tensions with regard to ensuring individuals' rights were protected. Therefore the virtual monthly Mental Health Officers Forums were an essential part of keeping staff up to date with relevant changes to practice and legislation and local practice had individuals' rights at the heart.

The Mental Health Officers activity generated by the Mental Health (Care & Treatment) (Scotland) Act 2003 over the last 12 months within East Renfrewshire is not reflective of the national picture. The graph below highlights that statutory work relating to Emergency Detention Certificates, Short Term Detention Certificates, and Compulsory Treatment Order applications all reduced in comparison to the previous 12 months. Areas of work which reflected a slight increase over this period were an increase in the completion of Social Circumstances Reports, section 293 warrants and attendance at Mental Health Tribunals, most likely as a result of increased capacity due to these being held virtually.

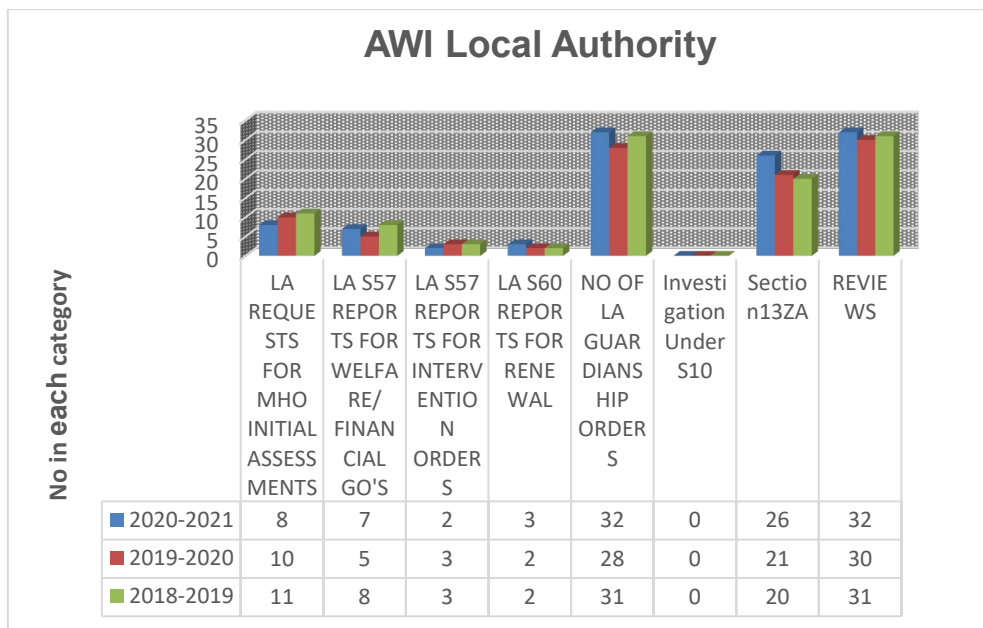


Despite the pandemic figures show that activity remained consistent across the year with a slight spike in Emergency Detentions and Short Term Detentions between October and November.

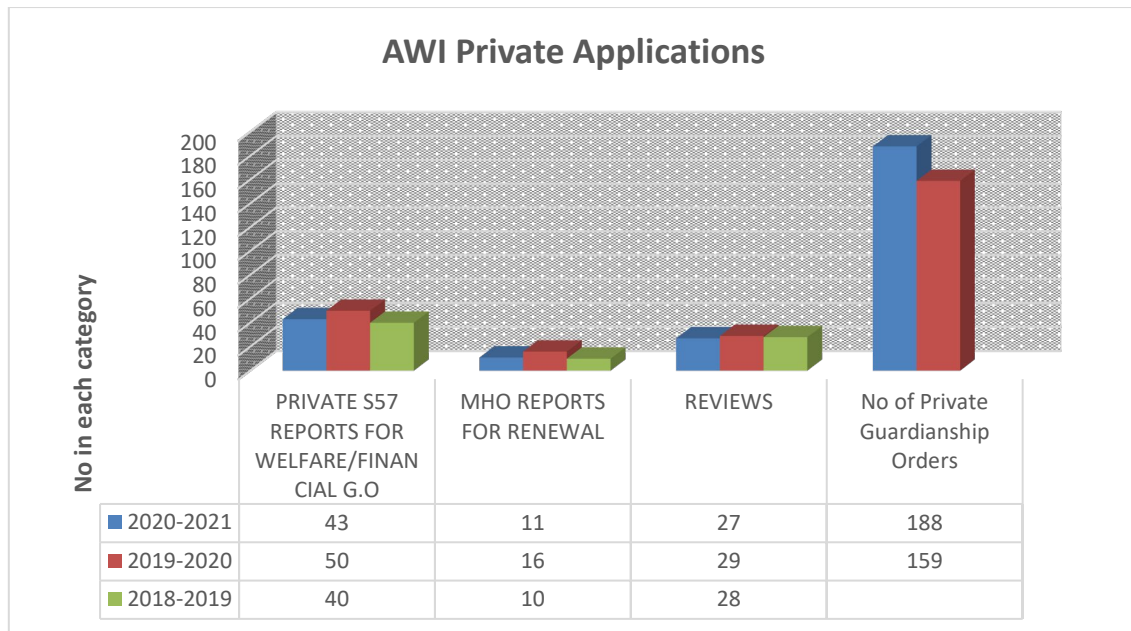
The Adults with Incapacity legislation section 57(2) places a duty on the Local Authority to make an application for Welfare and / or financial Guardianship when specific criteria are met. The Chief Social Work Officer has overall responsibility for the governance and management of local authority Welfare Guardianship Orders while the role of Designated Welfare Guardian is currently delegated to Mental Health Officers. The graph below indicates

- Individuals currently subject to Local Authority Guardianship has increased since the previous year.
- An increase in 13za activity requiring the attendance of a Mental Health Officers to provide advice and guidance regarding the application of the criteria and facilitating a human rights approach.
- A slight increase in the renewal of Local Authority Guardianship Orders. This is despite the 'stop the clock' on the necessity to renew Guardianship orders enacted by the Coronavirus (Scotland) Act 2020 for a period of 176 calendar days from 7<sup>th</sup> April to the 30<sup>th</sup> September 2020.

Referral for mentally disordered offenders remains low with only four individuals subject to mental health court disposals.



The demand for Mental Health Officer reports to accompany private applications for Welfare and Financial Guardianship continues to increase. The supervision of these orders remains a challenge due to the ever increasing amount of guardians to be supervised which currently sits at 188 (an increase of 29 from last year). Many of these are joint guardians which can bring with it additional complexities. There has been an increase in the number of complex cases where more intensive supervision of the guardian(s) is required. New procedures with regard to the Adults with Incapacity legislation are currently in draft form and it is hoped this will provide a framework for practice moving forward.



The recruitment and retention of Mental Health Officers has presented challenges over the last 12 months. Recent national figures suggest a shortfall of 55 Mental Health Officers across Scotland. With consideration of the age demographic of Mental Health Officers nationally and also the impact of the pandemic we can predict that there will be challenges for the service in being able to continue to meet its statutory duties. Following on from the review of Mental Health services at the end of 2019 a consultation exercise has been undertaken to look at the structure of the service. This along with the recent difficulties in recruitment has led to consideration of including social workers within the service which would allow the Mental Health Officers to focus purely on statutory duties with the exception being those with more complex needs. Moving forward our focus will be the development of the current workforce. *Mental Health Officers Capacity Building (Training) Grant Scheme: (2020-21)* funding has enabled the partnership to put forward two candidates for the Post Qualifying Mental Health Officer award this year and facilitate extra capacity for Practice Assessors.

## 2.4 Criminal Justice

As with all areas of our lives, the Coronavirus (Covid-19) pandemic has had a significant impact on the Criminal Justice System and associated Justice Service delivery during 2020/21. This is reflected in the table below which illustrates the number of Statutory Orders and requests for Criminal Justice Social Work Reports received by East Renfrewshire during that year.

	Number 2020-21	Number 2019-20	Change (n)	Change %
<b>Criminal Justice Social Work Reports</b>	123	226	-103	-45%
<b>Community Payback Orders</b>	31	105	-74	-70%
<b>Community Service Orders</b>	0	0	0	0
<b>Through-care (released prisoners)</b>	5	11	-6	-55%
<b>Drug Treatment and Testing Order</b>	0	0	0	0
<b>Fiscal Work Order</b>	0	2	-2	-200%
<b>Diversion</b>	13	10	+3	+30%

### Community Payback Orders (CPO)

During Lockdown restrictions in 2020/21, there was a limited staff presence in offices with only essential services entering council buildings. Social workers continued to supervise people by phone whilst maintaining office contact with those offenders who were deemed as vulnerable or assessed as posing the highest risk of harm.

Unpaid Work (UPW) was suspended in March 2020. This led to a significant backlog in Unpaid Work hours. In line with other areas, we used a blended approach in order to reduce the backlog of hours. We delivered working at home kits, utilised a learning pack that people could complete with the support of a social worker and ensured other activity hours were claimed appropriately.

Legislation was introduced in March 2021 to reduce the number of hours originally imposed on Community Payback Orders (CPOs) by 35%. This excluded Community Payback Orders imposed for domestic abuse, sexual offending or stalking. This legislation reduced the outstanding backlog of hours by 2329 hours.

The delivery of the nationally accredited sex offender group work treatment programme Moving Forward Making Changes (MFMC), was suspended during increased lock down restrictions. Three people, however, successfully completed the programme which was delivered on a one to one basis by practitioners and a treatment manager within the justice team.

### Key Successes

Strong partnership working was evident in planning support for people who were being released early from prison in May 2020. Throughout the Coronavirus (Covid-19) restrictions, we ensured that people being released from custody, including those not subject to statutory supervision, were supported and that housing had been identified for them. Service users released from custody during lockdown necessitated close collaborative working with Housing, Health, Addictions and Police Scotland to ensure needs were met and risks were managed during a particularly challenging time.

During the year we enhanced our Unpaid Work Service by securing workshop premises. We also recruited a full time supervisor and new sessional staff. We have used the period when the service was suspended to ensure the premises were upgraded and equipped with

appropriate tools and machinery. This will enable people subject to Unpaid Work to develop new skills and allow us to address the backlog of unpaid work hours once restrictions ease.

We commissioned the theatre group Street Cones to deliver an online 12 week Road to Change Programme. The 10 service users who attended the interactive lived experience workshops, were credited with other activity hours for participation in this programme which ended with an online performance.

In February 2021, an audit undertaken by the Multi Agency Public Protection Arrangements (MAPPA) Unit, evidenced that robust risk management arrangements were in place for those offenders who pose a high risk of harm.

Qualified social workers in the team, continued to access appropriate risk assessment training which was delivered on Microsoft Teams. This training included: Structured Assessment of Protective Factors (SAPROF), Stable and Acute 2007 (SA07) refresher training and The Spousal Abuse Risk Assessment version 3 (SARA V3).

The Justice Team continued to ensure 100% attendance at scheduled Multi Agency Risk Assessment Conferences (MARAC) to complement the work undertaken by the Service



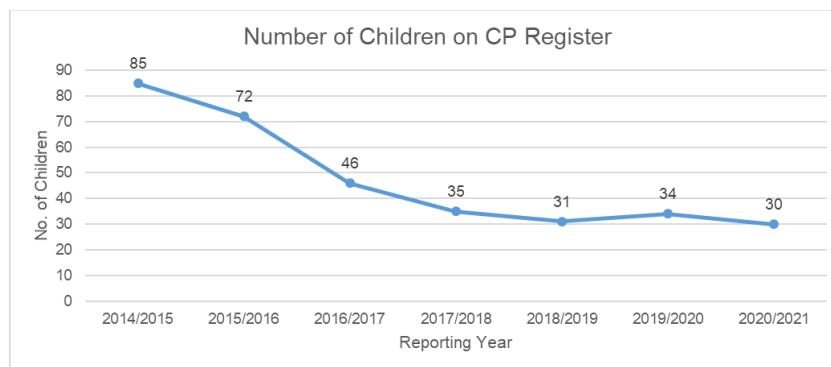
## 2.5 Public Protection

We continue to carry out and enhance our public protection duties safeguarding children and adults across East Renfrewshire.

### Child Protection, Quality Assurance and Continuous Improvement

The number of children on East Renfrewshire's Child Protection Register was 30 in 2020/21. This is a decrease of four on the previous year. Although we had experienced variations in previous years higher than the national average, our registration rate appears to be stabilising at around 30 to 35 children each year. In addition to robust management and audit activity, we continue to benchmark against comparator authorities to ensure that the rate of registration activity is proportionate and necessary.

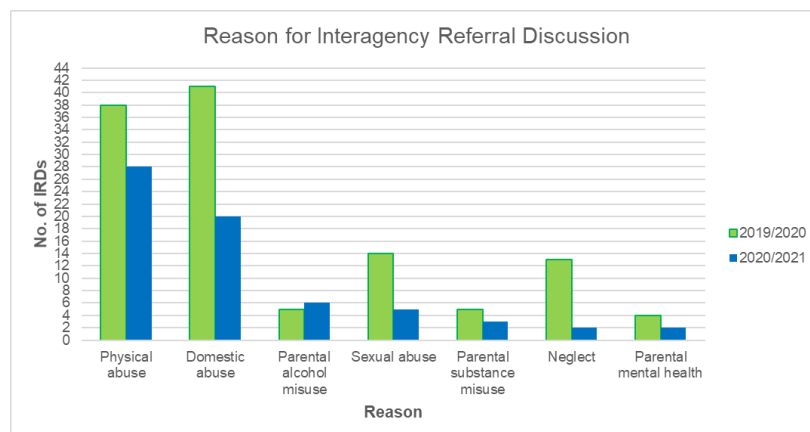
### Child Protection Registrations



### Interagency Referral Discussions

During the period April 2020 – March 2021, we have undertaken 100 Interagency Referral Discussions (between social work, police, health and where appropriate education services) in respect of 148 children.

The most common reasons for initiating an Interagency Referral Discussion (IRD) during 2020/21 are shown in the chart below. The highest reason for an Interagency Referral Discussion in the reporting period was physical abuse. There has been a significant decrease in Interagency Referral Discussions in all reasons apart from parental alcohol misuse which increased slightly.

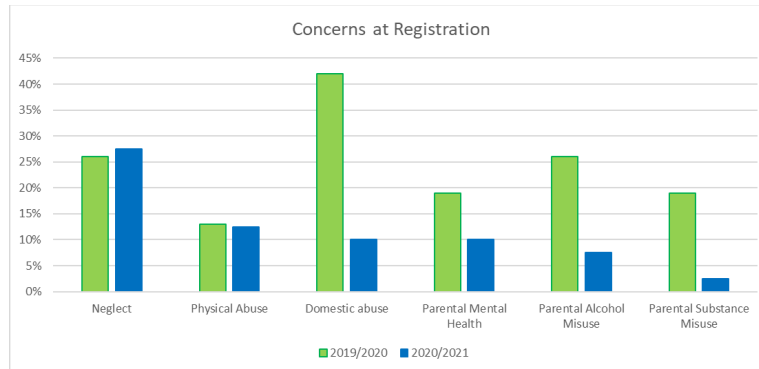


Of the 148 children and young people subject to Interagency Referral Discussions, half were subject to a child protection investigation. 38% went on to have an initial or pre-birth child

protection case conference. Of the 38% of children and young people who were subject to an initial / pre-birth child protection case conference, 75% were registered. This is a significant increase on the previous year of 38%. This equates to approximately 14% of all the children and young people who were subject to an Initial Referral Discussion, which again is a significant increase of 75% from 2019/2020.

### Concerns Identified at Registration

The proportion of children who were registered for neglect increased slightly by 2%. There was a significant decrease in all other concerns apart from physical abuse which was only marginally less than 2019/2020.



### Quality Assurance Activity

#### Interagency Referral Discussion Audits

A quarterly programme of Interagency Referral Discussion audit is now an established part of our continuous improvement programme for Child Protection, allowing us to maintain an overview of the initial decision making in child protection processes. We have completed our quarterly audits for the reporting period.

The findings of the audits are discussed by the Child Protection Committee Continuous Improvement Subgroup and presented to the Child Protection Committee. The feedback is shared with frontline Team Managers to support development of practice. Any appropriate areas for improvement will continue to be taken forward as part of the new Scottish Interview Model for joint investigative interviews.

The following strengths were identified from the 2020/2021 audit:

- Almost all (97%) Interagency Referral Discussions reflected actual or potential risk to the child/young person.
- Almost all (93%) Interagency Referral Discussions considered the historical information relevant to the concern being discussed.
- Most (83%) Interagency Referral Discussions were able to reach a clear conclusion of risk.
- Almost all (94%) ensured the child / young person's safety throughout the process.
- The Interagency Referral Discussions audited achieved an average rating of 'Very Good' in terms of overall quality.

## **The North Strathclyde Child Interview Team - Pilot**

The North Strathclyde Pilot, consisting of four Local Authorities and two Police Divisions went live on the 10<sup>th</sup> August 2020. The pilot continues to develop and fulfil the aim to ensure that all interviews take place in a safe, child friendly, age appropriate way that gives consideration to any developmental or additional needs. Moreover, that all children and their families will receive the practical and emotional support they require to recover.

The four local authorities, two police divisions and Children 1st continue to work collaboratively through monthly operational and strategic group meetings involving partner agencies from Health, Scottish Children's Reporter Administration, and Crown Office and Procurator Fiscal Service to ensure early escalation of process and practice challenges so that learning drives required changes throughout the pilot.

Support for staff in the child interview team to address vicarious trauma as part of our resilience arrangements is progressing via a Forensic Psychologist whereby face to face group supervision as well as one to one sessions will be built into the operational diary at a frequency of six weekly, with each staff member being invited for further sessions at their own request.

In the reporting period, 10<sup>th</sup> August 2020 to 31<sup>st</sup> March 2021, the team have received 273 referrals and completed 218 interviews. Quarter 1 data recorded an overall disclosure rate of 79.2% and Quarter 2, 73%. Over a period of eight months, five months recorded a disclosure rate over 80%. This provides evidence that children and young people feel safe to speak and the interviewers themselves believe the extensive training has informed best practice and focus on planning which anecdotally was too often an oversight. March brought about the highest number of referrals to the team since going live in August 2020. Over 30 primary concerns were recorded as sexual abuse or assault and due to the demands placed upon the interviewers, our learning over this month has highlighted the need for increase resource and resilience for the team due to volume and complexity.

### Breakdown of Completed Interviews:

Over this reporting period, East Renfrewshire made 28 referrals to the child interview team, where 22 progressed to a joint investigative interview. A disclosure rate of 57% was recorded against these interviews with a crime report raised for all 16 of these disclosures. Suitable venues are often a challenge for the team however East Renfrewshire have been able to provide accommodation at the Children's Hearing room in Barrhead Health and Care Centre and Children1st have given access to their premise in Giffnock. A total of 13 interviews were carried out between these two venues for East Renfrewshire children and young people.

The Children1st participation project encompasses a rights-based approach with a right to be heard at the heart of the work. In order to maximise opportunities for gathering feedback a range of tools have been developed to seek views in an ethical, trauma-informed and sensitive way. Continued development in respect of innovative ways to advise families of the opportunity to provide feedback in order that we can impact positive change in respect of the vision that North Strathclyde pilot have in respect of the healing house for children. The provision of support is the main reason for referral to Children1st, which will always be responded to as priority.

Feedback received from the child or young person and their family's perspective will offer valuable insights and from early indications, the interview is only one part of the process for families. It is therefore imperative that all involved partners continue to build upon the commitment to improve the before, during and after interview for families to ensure a trauma-informed model of practice throughout any investigation whether that be criminal proceedings or child protection.

The child interview team continue to be highly motivated and remain eager to contribute to the learning and development to achieve system change for children and young people.

Children 1st alongside East Renfrewshire Health and Social Care Partnership and partner agencies continue to build upon the vision of a child's house for healing, which will be delivered in a building which is child friendly and brings together child protection and justice system to one place. Children and young people will also access medical intervention if required. The child / young person will immediately be able to get support to recover. All court appearances will be carried out at the house by video link. This will be the first model of its kind in the UK and it is hoped that by using research and evaluation the house will be scaled across the whole country.

#### North Strathclyde Child Interview Team Audit Work

Development work continues under the new Scottish Child Interview Model (SCIM), and audit work to date has included:

- Peer evaluations undertaken on a quarterly basis involving four members of the team on each one.
- Monthly self-evaluation undertaken by each member of the team. On a quarterly basis, a detailed evaluation is undertaken by a Detective Sergeant and Social Work Team Manager and feedback provided to the interviewer. To date, this has been carried out by the National Joint Investigative Interview Team and will now transfer to North Strathclyde pilot after completion of training and shadowing opportunity.
- Two multi-agency audits have been completed and have included representation from: Scottish Children's Reporter Administration (SCRA), Police Scotland, NHS Greater Glasgow and Clyde, Social Work, National Joint Investigative Interviewing (JII) Team, Joint Investigative Interviewing Coordinator and a member from the child interview team.
- Scottish Children's Reporter Administration have evaluated three joint investigative interviews undertaken by the pilot team.

Audit work, along with the extensive level of data capture is providing us with evidence that the new model is offering the child / young person an environment and process that they feel safe to disclose. Furthermore, evidence that the planning taking place reflects the complexities of the allegations referred to the team. The audit work and data capture have identified:

- Children / young people appearing comfortable in their environment and having their needs met by interviewers who utilised breaks, comfort / fidget aids, and regularly checking in on their wellbeing throughout interview.
- Data shows high adherence to the key planning tools, in North Strathclyde 100% of interviews had all four planning tools completed.
- Evidence from audit work that interviewers are applying the Scottish National Institute of Child Health and Human Development (NICHD) protocol and the rapport and episodic memory training phases are completed to a high standard.
- Recent evaluations by Scottish Children's Reporter Administration have highlighted that interviewers should ensure they take opportunities to clarify language, phrases or concepts expressed by the child / young person during interview that may be open to

interpretation. A thorough exploration of these types of occurrences during the interview itself is likely to reduce the requirement for these to be tested out in cross-examination.

### **Our biggest challenge – Domestic Abuse**

Domestic abuse continues to be one of the most common reasons for referral to children's social work services. Over the course of 2020/21 East Renfrewshire Health and Social Care Partnership received 517 police concern reports relating to 445 children which is a 16% increase on the same period last year.

In the reporting period 2020/21 Women's Aid supported 805 women and children across the three core services (Refuge, Outreach and Child and Young People support) including helpline and drop in enquiries. This is a decrease of 17% compared to the previous year. Reports from survivors and specialist services during Coronavirus (Covid-19) has shown that lock down restrictions prevented women from seeking support especially where perpetrators remained in the family home.

In the reporting period 2020/21 East Renfrewshire Health and Social Care Partnership received 1047 referrals of which 351 recorded domestic abuse as the primary concern (this was the most common primary concern and makes up 33% of the total referrals).

Domestic abuse features as one of the most common concerns within Interagency Referral Discussions (IRD) held in East Renfrewshire. During the reporting period 2020/21 of the 100 Interagency Referral Discussions held (involving 148 children) 31% of these listed domestic abuse as a significant factor. Compared to the previous year this is a 9% decrease in Interagency Referral Discussions and 18% decrease in the number of children where domestic abuse was listed as a significant factor. There was no change to the overall proportion of Interagency Referral Discussions with domestic abuse as a significant factor which remains at 31%.

There were 34 adults referred to East Renfrewshire Adult Support and Protection team where Domestic Abuse was highlighted as a concern during the reporting period.

### **Multi-Agency Risk Assessment Conference (MARAC) in East Renfrewshire**

Multi-Agency Risk Assessment Conferences are recognised nationally as best practice for addressing cases of domestic abuse that are categorised as high risk. In East Renfrewshire Multi-Agency Risk Assessment Conferences was first introduced in March 2019. Over the course of the last year Multi-Agency Risk Assessment Conferences in East Renfrewshire continued each month, switching to an online platform due to Coronavirus (Covid-19). This has worked very well and we have had 100% attendance from the range of agencies that attend.

In this reporting year 120 high risk victims and 172 children were discussed at Multi-Agency Risk Assessment Conferences. This is an increase of 40% and 28% respectively in cases discussed compared to the previous year.

Of these figures:

- Of the 120 victims discussed, the age range was 17 – 91 years old
- 58% of victims recorded a disability
- 9% of victims were from Black, Asian and Minority Ethnic (BAME) communities
- <1% of victims identified from Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) community
- 29% of children referred were under the age of 5 years (including Pre-Birth)

- 44% of children referred were aged between 5-12 years
- 1% of victims were between 17-18 years
- 5% of victims were male (an increase of five men compared to the previous year).

During the reporting period 2020/21 Police Scotland remained the main referrer to East Renfrewshire Multi-Agency Risk Assessment Conferences, followed by children and families social work, Women's Aid and then adult social work.

A total of 592 actions have been agreed via Multi-Agency Risk Assessment Conference in this reporting period (compared to 469 the previous year). It is important to note that in the reporting period 2020/21, 33 victims did not have school aged children compared to 21 survivors the previous year. This is an increase of 57%. Victims without school aged children were not previously visible in the domestic abuse pathway. The increase demonstrates increased awareness, identification, risk assessment and improved pathway response for domestic abuse across both adult and children's services.

Safe Lives carried out an independent observation of the East Renfrewshire Multi Agency Risk Assessment Conference in May 2021. The observation report and findings were very positive highlighting a range of strengths in best practice, procedure and strategic oversight. This reflects the commitment by all agencies to share information to keep victims of domestic abuse and their children safe and improve outcomes.

### **Multi-Agency Risk Assessment Conference and Risk Assessment Training**

Domestic Abuse Awareness and Multi-Agency Risk Assessment Conference briefings have also moved online due to Coronavirus (Covid-19) restrictions. These picked up again in September 2020 and have run each month; 127 staff have attended the training from September 2020 – March 2021. The sessions continue to be oversubscribed such is the demand from across the Health and Social Care Partnership including delegates from the following: Children and Families, Criminal Justice and Adult Social Work, Health Visiting, Child and Adolescent Mental Health Services, Adult Mental Health, Addictions, Housing, Education, Care at Home organisers / reviewers, Police, Fire and Rescue, Women's Aid and Human Resources.

The Multi-Agency Risk Assessment Conference and Risk Assessment Training Course has evaluated extremely well and high demand for the course has resulted in a waiting list.

In addition to the Multi-Agency Risk Assessment Conference and Risk Assessment Training a previous review highlighted the need for training opportunities for Home Care and Telecare Staff. This training takes place monthly again online at this time. 41 staff have attended this training up to March 2021 and this continues to be delivered with dates booked into the autumn.

### **Safe and Together**

The Safe and Together Model provides improved safety planning for children and adults and improves the assessment and management of perpetrators. Multi agency training has been delivered to key staff across addictions, children and families, adult services, mental health, primary care, housing, education, children's hearing panel members and the third sector.

One day overviews have continued to be delivered online since September 2020 (one day is split into two half days). In total from this period 161 participants from across the Health and Social Care Partnership have attended.

The monthly Safe and Together “drop-in” consultations started in March 2021 and have occurred each month. Monthly dates are identified for the rest of the year and are open to everyone across the Health and Social Care Partnership who would like to discuss any aspects of the Safe and Together training and or how to apply it with an individual or family they are supporting.

The drop-ins are now extended from the Safe and Together Model to encourage staff to use this time to discuss any aspect of domestic abuse in relation to the families they support. For example staff are being supported to create safety plans, discuss a Domestic Abuse, Stalking and Honour based violence (DASH) risk assessment or a referral to Multi-Agency Risk Assessment Conferences.

## **Adult Protection, Quality Assurance and Continuous Improvement**

### **Adult Support and Protection Inquiries**

Within the Reporting Period 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021 there has been a total of 857 inquiries undertaken by Council Officers (Adult Service Social Workers) of which 224 progressed to investigations. Within the previous reporting period 2019/20 there were 697 inquiries carried out and 191 investigations. This demonstrates that there has been an increase of 23% (160) in the number of inquiries and of 17% (33) of the number of investigations undertaken compared to the previous period. This is consistent with the trend of increasing demand noted since the introduction of the 2007 Act alongside the impact of the pandemic on adults at risk of harm within East Renfrewshire.

Of those inquiries carried out during 2020/21, 27% were received from third sector organisations delivering care and support to people in their own homes. This is the second year we have noted an increase in reporting of harm in people’s own homes. This provides assurance that the identification of harm by providers is improving, which has been of particular importance as adults have had limited contact outwith their homes during the Coronavirus (Covid-19) pandemic.

Police Scotland continues to be the main reporter for Adults at Risk, having generated 21% (previously 23%) of all inquiries. We have seen a slight reduction in terms of our care home reporting in this year to 19%, (previously 20%). The rates of reporting by these agencies is consistent with the rate of reporting in 2019/20 despite the significant increase in Adult Support Protection Inquiries.

In November 2020 we introduced new Adults Support and Protection procedures, adjusting our expectation for the completion of inquiries from five working days to two working days.

While there has been an increase in the number of inquiries requiring more than five working days, this must be considered against the backdrop of the pandemic and its impact on working practices.

The introduction of data collection as to the reasons / barriers for non-completion of inquiries within two days will allow us to identify them and develop solutions to improve practice in relation to timescales. This mirrors the approach taken in children’s services.

### **Adult Protection Investigations**

For the period 2020/21 there were 224 Adult Support and Protection investigations that involved 193 individuals, this is 15% increase from 2019/20 (190). The conversion rate from inquiry to investigations is 26.1%, this the second year conversion rates have been recorded

at approximately this rate (27% in 2019/20) down from previously high rates of conversion (36% in 2018/19).

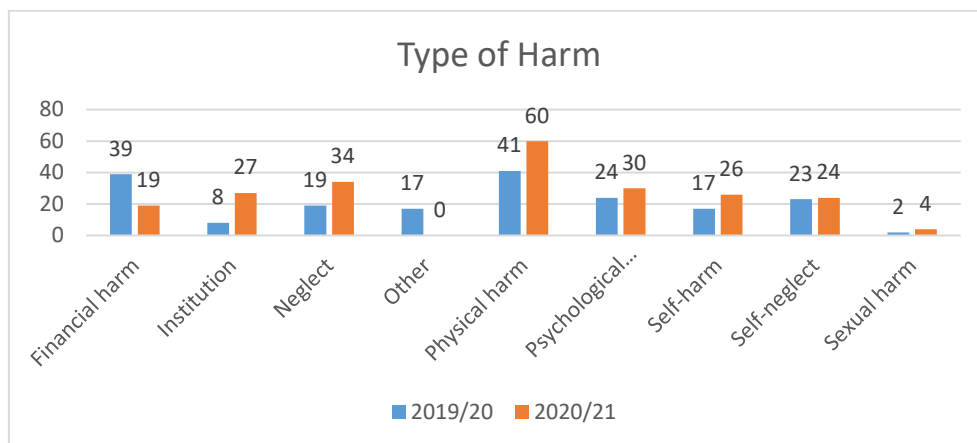
Internal audits carried out in autumn 2020 considered manager oversight and conversion highlighted no immediate concerns regarding conversion. The reduction from previously higher rates may be as a result of the improvement activity around practice procedures and oversight. This will be further examined through ongoing quality assurance and audit activity.

### Type of Harm

Consistent with the 15% increase in investigations in 2020/21, we have seen an increase in almost all types of harm at investigation, with the exception of financial harm which has decreased by 51% by comparison to last year. This reasons for this reduction will be further explored locally and nationally in 2021/22.

Physical Harm remains the most common harm experienced by adults having increased to 27% of the investigations carried out in 2020/21, in 2019/20 this accounted for only 22% of investigations.

Institutional harm has seen a significant increase during this period, accounting for 12% of investigations, in 2019/20 this was only 4% of investigations. This increase is believed to be due to the two large scale investigations (LSIs) undertaken during this period. In order to promote more accurate recording the 'other' category of harm was removed, as such it is recorded as zero this year.



### Key Characteristics

The adults most affected continues to be those with dementia, who make up 34% of all investigations, this has increased from 28% of inquiries in the previous reporting period. This increase may be as a result of the two large scale investigations which took place within care homes. However, as it demonstrates a continuation of the prevalence of harm for this group, further study is required. This study was not conducted in 2020/21 due to pressures of the pandemic.

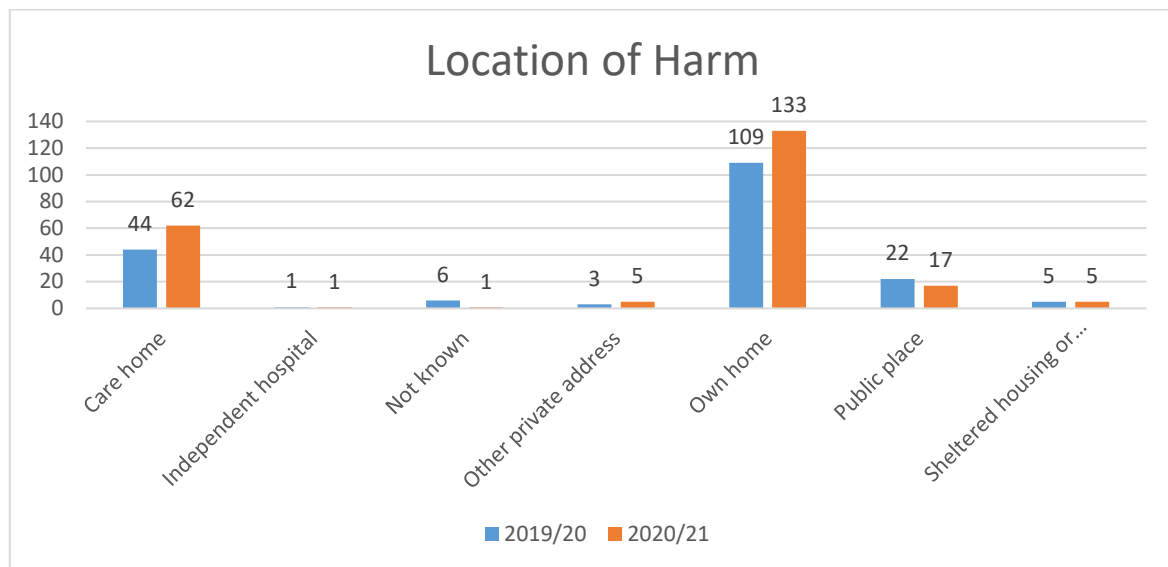
Adults affected by mental health problems constituted 16.5% of investigations, this is a 1.5% decrease from the previous reporting period. Anecdotal evidence suggests mental distress had been key feature during the pandemic. It is of note that while there was decrease in the number of investigations for adults affected by mental health problems, there was a 20% increase in psychological harm and 35% increase in self-harm during this period, suggesting an impact on the wider demographic.



## Location of harm – Adult Support and Protection Investigation

The primary location of harm in 2020/21 in 59% of investigations was within the adult's home. This is comparable to data from 2019/20.

In 2020/21 Care Homes were the second highest location of harm in 28% of investigations progressed. There is an increase compared to reporting period 2019/20 when this occurred in 23% of inquiries as there were two large scale investigation, both within care homes, this increase is not unexpected.



## Adult Support and Protection Improvement Activity

Over 2019/20 we reviewed and implemented new professional leadership and governance arrangements in adult services. We have also supported the development and enhanced management oversight and decision making within Adult Support and Protection through new management arrangements and targeted training by internal and external facilitators.

Adult Support and Protection practice in East Renfrewshire has continued to improve in protecting and supporting adults despite the impact of Coronavirus (Covid-19) pandemic. This has been at times challenging as the rates of referral for inquiries have increased and two significant large scale investigations have taken place in local care homes. During these large scale investigation we piloted revised large scale investigation procedures which received positive feedback and will be implemented in the 2021/22 period. The leadership and multidisciplinary working throughout the large scale investigation has been positively evaluated by council officers, key Health and Social Care Partnership staff and external agencies.

The performance of the service has continued to be reported to the Adult Protection Committee, supported by a quarterly reporting format that identifies referral rates from agencies, patterns of harm and analysis of key performance indicators. Targets have been set to ensure that we are responding timeously in our interventions to keep adults at risk of harm safe.

In addition to the quarterly reporting format we have also implemented an Adult Support and Protection Quality Assurance Framework. This scrutiny and monitoring is undertaken by team managers and provides two monthly reporting to the Chief Social Work Officer and Heads of Service of the safeguarding and support we provide adults within Adult Support and Protection.

## **Adult Support and Protection Service Delivery Response to Coronavirus (Covid-19) Pandemic**

Throughout the pandemic our commitment to supporting adults at risk of harm remained paramount, requiring our service to adapt and respond in a flexible manner while still maintaining the safety of our workforce and those we support. Our workers have risen to the challenge of these difficult times with creativity and compassion adapting to the changing needs of those we support as the pandemic changed the way in which we all engaged with each other.

The establishment of a specific Adult Support and Protection team has assisted in an effective and consistent response to the increased volume of inquiries timeously, keeping the adult at the centre of what we do. It has also supported the development of relationships and partnership working with other agencies in responding to inquiries. We look forward to supporting the development of and working in partnership with a newly formed Police Scotland Adult Support and Protection Team (across G division) further strengthening joint work in relation to protecting adults at risk of harm.

We have employed a range of ways to engage and support individuals using virtual technology. This has helped individuals participate and contribute to the Adult Support and Protection process and link with key agencies such as independent advocacy. This has been particularly evident in case conferences. These have been largely delivered virtually via Microsoft Teams. This has seen benefits in terms of increased participation of carers and family members.

### **Protection Plans in Adult Support and Protection**

In the reporting period 1<sup>st</sup> April 2020 – 31<sup>st</sup> March 2021 we have seen a significant increase in protection plans. This improvement in practice has strengthened oversight of our ability to protect and support adults. This has taken place against the background of Coronavirus (Covid-19) pandemic and the challenges of supporting adults at this challenging time.

The launch of new Adult Support and Protection procedures locally in November 2020 provide a clearer framework for practitioners and will help to strengthen practice.

### **Adult Support and Protection – Referrals to Advocacy**

We have seen a significant increase in advocacy referral rates in the period 2020/21, compared to 2019/20. This improvement has occurred during the Coronavirus (Covid-19) pandemic and whilst the Advocacy Project have followed national guidelines that limited face to face contact during the pandemic, it is a testament to the way in which advocacy workers and council officers have adapted their practice utilising virtual technology to ensure that adults get the correct level of support.

### **Adult Support and Protection – Improvement and Quality Assurance**

The reporting period 1<sup>st</sup> April 2020 – 31<sup>st</sup> March 2021 saw the ongoing impact of Coronavirus (Covid-19) pandemic which has required the Health and Social Care Partnership to adapt while still maintaining our focus on our improvement agenda that has been in progress over the last two years.

The key successes in our improvement journey have been

- In November 2020 revised Adult Support and Protection Local Operating Procedures were implemented. This was preceded by a substantial programme of training which introduced the procedures to council officers and managers involved in adult support and protection activity, second workers (registered professionals) the wider staff group within the Health and Social Care Partnership and partner and provider organisation. This included the following topics:
  - ❖ Adult support and protection – Roles and Responsibilities Practice Note. This has given clear guidance to all in Health and Social Care Partnership of their own responsibilities in adult support and protection.
  - ❖ Further clarity in referrals of criminality to Police Scotland provided within the Adult Support and Protection procedures and practice guidance.
  - ❖ Clarity on the role of the second worker and renewed focus on 3 point test throughout all adult support protection training delivered in 2020-21
- Adult support and protection notifications involving Commissioned Services
  - ❖ Which has strengthened our information sharing between operational social workers and commissioning allowing the early identification of risk and support to providers at an earlier stage.
- More effective use of quarterly reporting and audits of data
  - ❖ Informing senior management and Adult Protection Committee of areas of significant improvement and further areas to monitor.
- Increased levels of awareness within adult services workforce of the interface between Adult Support and protection and Domestic Abuse / Violence against Women.

## **Adult Support and Protection – Large Scale Investigation**

East Renfrewshire completed two Large Scale Investigations within local care homes within the reporting period resulting in the voluntary closure of one home. The Large Scale Investigations were completed in highly challenging circumstances, with significant efforts from the social work team, the wider Health and Social Care Partnership and partner organisations to reduce the risk of harm for local residents.

## Section 3. Resources

### Financial Modelling for Service Delivery

In 2020/21 we ended the financial year with an underspend of £0.833 million against a budget of £179 million (including set aside). This underspend increased our budget saving reserve. We had expected to draw from reserves as we recognised we would not achieve all savings required during the year however we received Coronavirus (Covid-19) funding to support us as we did not have capacity to progress the required work as a result of our focus on the Coronavirus (Covid-19) response.

The impact of Coronavirus (Covid-19) throughout the year meant that the focus of many of our services was on response and the variances against budget reflect this; the £9.1 million we spent on Coronavirus (Covid-19) related costs was fully funded by the Scottish Government so has no impact on each service's budget.

The main variances to the budget were:

- £0.410 million underspend within Children and Families and Public Protection from staff turnover and the costs of care packages.
- £2.071 million underspend in within Older Peoples Nursing, Residential and Day-care Services. This reflects the reduction in care home admissions but does offset the increase in community activity; predominantly Care at Home.
- £1.744 million overspend within Intensive Services as our Care at Home costs reflect that we were able to operate a near full service throughout the pandemic, in part as a result of a successful recruitment campaign early in the year.

Our unaudited annual report and accounts was considered by East Renfrewshire's Integration Joint Board on 23<sup>rd</sup> June and we plan to take our audited annual report and accounts to East Renfrewshire's Integration Joint Board in November.

### Financial Modelling for Service Delivery

East Renfrewshire's Integration Joint Board continues to face a number of challenges, risks and uncertainties in the coming years and this is set out in our current [Medium-Term Financial Plan for 2022/23 to 2026/27](#) which supports our strategic planning process and provides a financial context to support medium-term planning and decision making. The funding gap in future years could range anywhere from £0 to £4.7 million per year, excluding unknown factors and any additional savings requirements in future years. The resulting funding gap will be dependent on the funding settlement for each year.

The budget for the year 2021/22 was agreed by East Renfrewshire's Integration Joint Board on 17<sup>th</sup> March 2021 and identifies a funding gap of £3.9 million which relates to the £2.4 million legacy savings from 2020/21 we did not achieve as a result of the pandemic response and the funding gap of £1.5 million relating to 2021/22. This fell within the poor settlement range of scenario planning.

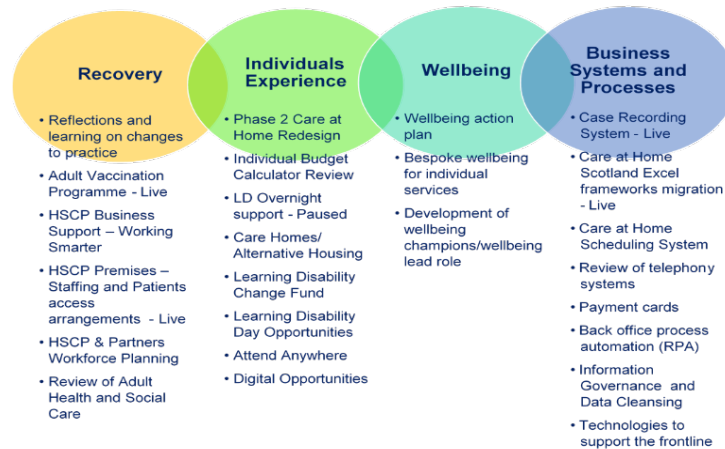
Scottish Government support for Coronavirus (Covid-19) costs continues into 2021/22 and we will utilise this along with all other ring fenced funding throughout the year.

We are working on our Recovery and Renewal programme; a complex and multi-year programme of work that will allow us to emerge from the pandemic in a stronger and more informed position to face the challenges ahead. This should not only support the significant financial challenge we are facing but will also help us to better understand and quantify the longer term impact of Coronavirus (Covid-19) on our population.



East Renfrewshire's Integration Joint Board has recognised this needs to be an iterative and emerging approach as we work towards recovery, including any implications from the independent review of adult social care and the creation of a National Care Service.

Our Recovery and Renewal Programme is summarised:



In setting the 2021/22 budget East Renfrewshire's Integration Joint Board recognised the scale of the challenge; that we were still in response mode; that there are still many unknowns as we work our way towards recovery and the impact and implications from the plans for a national care service are unknown.

Prior to the pandemic we had identified that the majority of the 2020/21 savings would come from the introduction of a contribution from individuals towards the cost of non-residential care, the prioritisation of care package costs and that we would need to further consider prioritisation and eligibility criteria for future savings options. This is now potentially at odds with the recommendations included in the Independent Review of Adult Social Care and the timing of any local decisions will need to be balanced with the risk of implementing change that may require subsequent reversal.

The implications from this review will be reflected in our short and medium term financial planning and in our Recovery and Renewal Programme as 2021/22 progresses and the policy decisions and directions become clearer. We will support any changes to policy/strategic approach that are adopted following the review and will look to include these in our strategic planning engagement for 2022 and beyond. During 2021/22 we will implement any recommendations or specific actions arising from the review as requested by Scottish Government.

East Renfrewshire's Integration Joint Board has recognised that 2021/22 will require an iterative approach and we will need to adapt, respond and flex in a timely manner. As one of the smaller Integration Joint Boards we are nimble and can react quickly however we do have a significant financial risk; our funding gap is £3.9 million, we have c£2 million in reserves to phase in those savings we can achieve, but we will only achieve savings by fully resourcing our Recovery and Renewal programme; and the only options to do this, at present are to divert existing resources and / or invest in the short term thus reducing the reserve available to phase in the savings.

The 2021/22 budget recognises that we may require to invoke financial recovery planning if we cannot close our funding gap on a recurring basis.

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

## Section 4. Workforce

### Workforce Development

East Renfrewshire Health and Social Care Partnership's workforce, our people – are key to our success. As at the 1<sup>st</sup> April 2020, East Renfrewshire Health and Social Care Partnership has a workforce of 881.72 Whole Time Equivalent (WTE) staff, consisting of 506.72 employed by East Renfrewshire Council and 375 WTE employed by NHS Greater Glasgow and Clyde. The significant majority of the workforce work directly with patients, service users, carers and their families to support them.

The Partnership has developed a one year interim Workforce Plan covering the period 2021/22. The plan was developed in partnership with colleagues from across the partnerships, including representatives from the independent and third sector. The plan has four main sections

- Supporting Staff Physical and Psychological Wellbeing
- Short Term Workforce Drivers (Living with Covid) 12 months
- Medium Term Workforce Drivers 12 – 36 month
- Supporting the workforce through transformational change

The population of East Renfrewshire was 95,530 in 2019 and is growing. There is particular growth for our younger and older residents, who are the greatest users of universal health services, and in our oldest residents who are most likely to require social care. This in turn causes demand on our services and in turn resourcing pressures.

Some of the further challenges identified within the report are skills gaps, for example Mental Health Officers within Social Work.

The age profile within East Renfrewshire Health and Social Care Partnership is an older workforce. There are some services where this differs, for example within Social Work Children's services where the workforce is younger and less experienced and further piece of work on recruitment and retention is being taken forward in relation to this.

Within the social care sector both our in-house service and providers reported no difficulties with recruitment and retention during the pandemic. However we anticipate that as we recover from the pandemic in that roles in other sectors become vacant a combined within the impact of Brexit (in that European National can longer move to the UK and may have left to return to their home country) recruitment and retention may become more challenging. East Renfrewshire Health and Social Care Partnership will work with partners to look at solutions. At time of writing, recruitment to care at homes services is particular challenge.

### Health and Wellbeing

The review of strategic priorities for 2020/21 has provided an opportunity to widen the focus on mental health to community wellbeing and now includes an additional priority of the wellbeing of our workforce, of particular relevance in this current landscape. The Health and Wellbeing group was established this year and meets monthly, comprising of representatives from across social work, health, HR, finance and resources, and trade unions.

The group ensures communication and equal access to a range of practical resources - targeting both physical and emotional health needs of staff (e.g. Walking and Pilates groups) as well as promoting specific campaigns (e.g. men's mental health). A Lead Officer post for

Health and Wellbeing has recently been approved to progress this agenda further and develop the longer term, culture change we aim to embed across the workforce.

### **Learning and Development**

The Council's Learning and Development Service continue to offer a range of courses to council staff within East Renfrewshire Health and Social Care Partnership to support essential learning, qualifications, continuous professional development (CPD). In addition East Renfrewshire Health and Social Care Partnership Learning and Development service offer a range of learning and development activity to support and develop practice.

### **Practice Learning**

In response to Scottish Government highlighting concerns regarding the plight of final year Social Work students, significant efforts were made to increase the number of student placements offered. A temporary change in policy allowed for an increased payment to staff engaged in practice teaching, in recognition of the additional challenges involved in taking on a student in these circumstances. Work is currently taking place to increase the availability of placements for the next intake.

The restrictions arising from Coronavirus (Covid-19) have undoubtedly had a significant impact on learning and development activity. However the move to digital learning has been more successful than might have been anticipated, with a vast array of activity having been undertaken. Moving forward, it will be important for the service to reflect on the effectiveness of different models of service delivery and identify potential solutions to any gaps in learning that may have arisen during the pandemic, while at the same time recognising the pressures services are under and the type of challenges that might be faced post lockdown.



## **Section 5. Coronavirus (Covid-19): Early indication of impact on workforce and services**

Coronavirus (Covid-19) will no doubt be recognised as having the greatest impact on our people and communities in our lifetime. Social work and social care services across the Health and Social Care Partnership continued to rise to the complex challenges and uncertainty of the pandemic to ensure that our most vulnerable people were supported and kept safe throughout the pandemic.

This section of the report details the key impacts, successes and themes for recovery planning across Social Work services. Statutory social work services are not delivered in isolation and we will continued to need strong partnership arrangements, whether through our integration of services, our joint delivery with Education and our partnership with the third sector will be key as we approach recovery.

### **Chief Officer's Public Protection Group**

The Chief Officers continue to meet more regularly during the early recovery phase in order to oversee a recovery programme where the protection of vulnerable children and adults are at the forefront of our work in communities.

### **Children's Services**

Key impacts:

Our engagement with families during this period has highlighted the following key impacts that must be a focus of our recovery plans:

- Increased number of children became looked after, particularly children with autism and or complex needs, who required alternative care. There is a lack of foster care placements internally and externally and therefore a fostering recruitment campaign is required.
- Permanence plans for children require to be addressed focusing on the effect the pandemic has had on timescales.
- Additional pressures on the system due to the complexity of the needs of the children becoming looked after.
- Implementation of learning from the Care Review and The Promise in all aspects of our work with looked after children and young people.
- Coronavirus (Covid-19) has brought particular challenges for disabled children and their families. This can be seen by the increase in numbers of disabled children in the child protection system and becoming looked after.
- Delivery of training on Children's Services assessment, planning and resource allocation for all staff that was delayed due to the pandemic.
- Development of a third sector market place for service provision for disabled children, young people and their families in recognition that options are limited.

- Partnership working with Education, Health and adult services to develop new transition pathways for children aged 14 upwards.

#### Key Successes during Coronavirus (Covid-19)

- Implementation of Signs of Safety has continued and the approach has strengthened the voice of the family network in looked after reviews and permanence planning.
- First stages of development have begun to develop the Children's House which will bring approaches aligned with the Barnahus Model to Scotland for the first time.
- Our inclusive support service provided 308 personalised activity boxes, videos, calls, online chats, outdoor programmes and intensive supports at HUB provision for children who have either complex health or behavioural support needs,
- The number of children looked after away from home has continued to decrease.
- Improvement work in multi-agency contribution to Scottish Children's Reporter Administration to support effective decision making.
- Improvement work in Looked After Independent Chair role to ensure effective and consistent decision making for children.
- All staff have been trained in Signs of Wellbeing assessment approach.
- Children Service's processes for resource allocation are aligned with adult services.
- Effective joint working between children and adult services in transition planning.
- 

#### Key Priorities for Recovery

- To continue with the implementation of the Signs of Safety model with a focus on relational interventions with children, young people and their families.
- To further progress the development of the Children's House for children who have been victims or witness to abuse or violence or whose behaviour has caused significant harm. This will include have access to trauma informed recovery support.

#### Child Protection

##### Key impacts:

- The Coronavirus (Covid-19) pandemic has seen an increase in child protection referrals in particular of children who have a diagnosis of autism and or complex needs
- Despite the increase in referrals registration numbers have been retained at a relatively low level, indicating that many of the families coming through the child protection referral route are in need of increased supports rather than child protection plans.

## Key successes:

- Early information sharing and decision making through the Interagency Referral Discussion (IRD) is well established and has been audited quarterly to provide quality assurance and management oversight. This has been an important process in maintaining relatively stable child protection registrations despite there being an increase in referrals.
- Provision of iPads to children and their families to enable them to take part in virtual child protection case conferences / children's hearings.
- Staff provided with Personal Protective Equipment (PPE) equipment to enable them to safely respond to families in crisis and ensure critical services to protect vulnerable children and young people in their communities

**Adult Services including Mental Health**

## Key impacts:

- Staff across the adult services have had to respond to the pandemic with incredible resilience, commitment and creativity. Teams were required to establish and adjust to alternative ways of working in a short space of time.
- Across adult services we have seen increased demand and higher levels of complexity among the people we support.
- As a direct consequence of the pandemic restrictions we have seen increased frailty and social isolation particularly among older people. The period has been especially challenging for our unpaid carers with impacts on health and wellbeing, increasing the difficulties that many carers face as they look after their loved ones.
- The lockdown periods have been challenging for people experiencing mental health or addiction problems and we have seen increased concern about the mental health and wellbeing of the population more generally. There has been a significant increase in demand across mental health and addiction services and increased complexity.
- Some adult services have experienced capacity issues due to staff absence at various stages of the pandemic.
- The pandemic has changed some of the choices service users make and disrupted pathways within the health and social care system. For example, care at home has seen additional pressures due to a desire from more people to be supported at home and we have seen earlier and more complex hospital discharges.
- As we move beyond the crisis period some teams are dealing with operational backlogs having focused on pandemic response and supporting those with most urgent need.

## Key Successes:

- Our teams in adult services have managed throughout the pandemic to maintain and deliver safe and effective services to our residents.
- Through strong local partnerships our teams have responded with great innovation and greater collaborative working in support of our communities.

- With the aid of technology teams have been able to offer people ongoing support throughout pandemic, and access to treatment has been maintained.
- We have developed and coordinated many additional services and supports to residential care homes, who have been caring for some of our most vulnerable residents.
- Whilst we had to close our day services, our learning disability staff worked with partner providers throughout the pandemic to establish outreach and wraparound support for individuals and their families and our older people's Kirkton service staff were redeployed to support care at home.
- We have worked with individuals with lived experience and our partner Penumbra to design and develop a successful peer support service, which works alongside existing mental health and addictions services.
- Mental health services have delivered a mental health and wellbeing remobilisation programme with the third sector including a recovery pilot, staff capacity building around bereavement, mental health and suicide prevention, and wellbeing support to carers.
- Our Hospital to Home team has continued to support effective hospital discharge despite significant challenges in relation to accessing residential care and care at home as well as disruption to procedures for establishing Power of Attorney.
- Working with East Renfrewshire Carers, we have been ensuring carers have access to guidance and Personal Protective Equipment (PPE). Check-in calls to carers were introduced by East Renfrewshire Carers, and carers have been offered support to set up and manage a peer support Facebook Group. The Mental Health Carers group continues to run virtually.
- We have worked with the Care Collective to refresh our Carers Strategy. East Renfrewshire's Short Breaks Statement has also been updated to ensure all advice and information is current and includes the development of creative, Coronavirus (Covid-19)-safe online breaks that meet the outcomes of the carer and the cared for person.

#### Key Priorities for Recovery

- Many older people, shielding residents and those who live alone have become more isolated and had less opportunities for leisure, exercise and social activities. To ensure greater resilience and higher levels of choice and control, we want to build on the positive joint working we have seen during the pandemic and increase the community-based supports and opportunities available.
- Going forward we need to make best use of digital technology and health monitoring systems to support independence and self-management of conditions.
- To support mental health and wellbeing we will emphasise a particular focus on prevention, early intervention and harm reduction; high quality evidence-based care; and compassionate, recovery-oriented care recognising the importance of trauma and adversity and their influence on well-being. We will test and develop the impact of lived experience in the delivery of services such as peer support, alongside formal services.

## Adult Protection

### Key impacts:

- The Coronavirus (Covid-19) pandemic has seen our workforce as individuals and teams respond with creativity, adaptability and flexibility.
- Even during the challenge of the pandemic our focus remained the safety and reduction of harm for adults. We maintained our Adult Support and Protection response throughout the pandemic and kept each person at the heart of what we do.
- We adjusted our practice to incorporate virtual communication which has not only met the immediate necessity of the Coronavirus (Covid-19) pandemic, but also made many aspects of the Adult Support and Protection process more accessible for service users and carers. We have been able to engage with individuals in the way that work for them and overcomes barriers, such as mobility, distance.
- We have developed stronger relationships with partner agencies, promoting an approach that keeps all partners involved and included in discussions and planning particularly in the undertaking of Large Scale Investigations. We have seen increased partnership working with a focus on keeping adults and their families and carers engaged and informed.
- There is an atmosphere of continuous improvement which is a benefit to all, with space given for self-evaluation.

### Key successes:

- Successful test of change and development of a permanent dedicated Adult Support and Protection Team, ensuring continuity and focus on the most at need. The new procedures and new structure of the team and management makes things clearer and much more straightforward.
- In response to Coronavirus (Covid-19) pandemic we created an abbreviated Adult Support and Protection process to keep adults and our workers safe. The lessons learned from the introduction of these measures contributed to a review of all existing Adult Support and Protection procedures and the production and implementation of new procedures.
- Our newly developed Adult Support and Protection procedures help us to reflect the work we do to address risk from the point of contact through to investigation a, case conference and protection planning.
- We maintained training and development activity in relation to Adult Support and Protection and provided dedicated virtual training on the new Adult Support and Protection procedures for council officers and second workers and leadership training and oversight training for managers. This has increased workers confidence relating to policy, procedures and supported effective leadership and oversight.
- We have strengthened and created channels of communication between partners, providers, care homes and others to which are meaningful and support information sharing and partnership working.

- We have developed a shared awareness of the complexity and multifaceted nature of risk, particularly in relation to violence against women, which has improved our joint working and understanding of the roles of other services and partners.

Key priorities for recovery:

- A period of stability and consideration is required to allow workers, teams and services to establish a new equilibrium and reflect on lessons learnt during this challenging period. By necessity there have been many changes in practice and procedures during this time, consolidation and development of learning and developments in practice should be supported by training practice forums and quality assurance activity with regular reporting schedules.
- As we move from out of restriction towards recovery a new balance will need to develop recognising the benefits of virtual meetings and needs of adults, allowing us to deliver support in the most effective manner for the individual. This will include ensuring that supports are delivered in the right way to meet the needs of the individual, including by partners such as advocacy.
- More work is needed to help raising awareness of Adult Support and Protection and support available, such as advocacy. By developing how we communicate with adults and their families, the general public and our partners / providers through resources such as our website we can raise awareness and receive timely evaluation / feedback from those who use our services.
- Building on the relationships developed during the pandemic we would look to develop further joint working and training opportunities with partners and providers.

## **Criminal Justice**

Key impacts:

- The inability to progress Unpaid Work Orders due to suspending the service during the Coronavirus (Covid-19). This has resulted in increased numbers of people subject to Unpaid Work Orders requiring to carry out the work.
- The nationally recognised sex offender group work treatment programme Moving Forward Making Changes (MFMC) was suspending due to the Coronavirus (Covid-19). This has resulted in increased numbers of people requiring to complete the programme.

Key successes:

- Staff were creative in developing ways of allowing unpaid work to be completed, this included developing working at home kits.
- Three people completed the Moving Forward Making Changes (MFMC) programme which was delivered on a one to one basis by practitioners and a treatment manager.
- Strong partnership working with Housing, Health, Addiction Services and Police Scotland was developed in planning support for people being released from prison from the point of release to ensure needs were met and risk were managed during the pandemic.

Key Priorities for Recovery:

- To reopen the Unpaid Work Unit to support people to complete their unpaid work hours and maintain strong health and safety arrangements.
- To resume group-work programmes such as Moving Forward Making Changes.
- Social workers to increase face to face meetings with the people they supervise as opposed to telephone supervision.

## Conclusion

As we moved into the second year of working in the uncertainty of Coronavirus (Covid-19) our social work and social care workforce continued to respond quickly and compassionately to ensure they just did the right thing for our most vulnerable citizens.

We continued to see increased demand for social work services both in terms of numbers and complexity of need. As outlined in the report we have seen a rise in public protection activity across the partnership, increasing domestic abuse incidents, child and adult protection inquiries and notification of concern and mental distress.

For children's services, we continue to see the impact of the pandemic for our children and young people with an even greater impact for children with neuro-developmental conditions and those presenting with emotional distress.

Moving out of lockdown the level of complexity we are managing, particularly in Adult Services, is again unprecedented and very complex. For individuals we are seeing increased frailty and social isolation in our older population and for unpaid carers we are seeing increased impact on their physical and mental health and at times their ability to continue to care for their loved ones.

There are pressures across the service, mainly at the front door of children and adult services which we expect will continue to grow during the early recovery phase.

Finally, we would wish to thank all the social work and social care workforce for their hard work over the past year and would wish to commend their passion for people, their commitment to doing the right thing and for their continued energy and drive even when I know people have been through so much both professionally and personally. We have learned so much from our social work and social care workforce and have been truly humbled by your values, ethics and practice over the past 12 months. We would like to take this opportunity to thank the workforce.







<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	22 September 2021
<b>Agenda Item</b>	9
<b>Title</b>	Clinical and Care Governance Annual Report 2020-2021
<p><b>Summary</b></p> <p>The Clinical and Care Governance Annual Report 2020–20201 reflects on the clinical and care governance arrangements of the HSCP and the progress made in improving the quality of clinical care. The report is structured around the three main domains set out in the National Quality Strategy; Safe, Effective, and Person-Centred Care.</p> <p>The report describes the main governance framework and demonstrates our work to provide assurance for the HSCP in the response to Covid-19 for maintaining services and the unique challenges of the Covid-19 vaccination programme.</p>	
<b>Presented by</b>	Claire Fisher, Clinical Director
<p><b>Action Required</b></p> <p>The Integration Joint Board are asked to:-</p> <ul style="list-style-type: none"> <li>- note the Clinical and Care Governance Annual Report 2020-2021</li> <li>- note that the IJB will retain oversight of the role and function of the Clinical and Care Governance Group where clinical and care governance will be taken forward</li> </ul>	
<p><b>Directions</b></p> <p><input checked="" type="checkbox"/> No Directions Required</p> <p><input type="checkbox"/> Directions to East Renfrewshire Council (ERC)</p> <p><input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)</p> <p><input type="checkbox"/> Directions to both ERC and NHSGGC</p>	<p><b>Implications</b></p> <p><input type="checkbox"/> Finance</p> <p><input type="checkbox"/> Policy</p> <p><input type="checkbox"/> Workforce</p> <p><input type="checkbox"/> Equalities</p> <p><input type="checkbox"/> Risk</p> <p><input type="checkbox"/> Legal</p> <p><input type="checkbox"/> Infrastructure</p> <p><input type="checkbox"/> Fairer Scotland Duty</p>

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# East Renfrewshire Health and Social Care Partnership

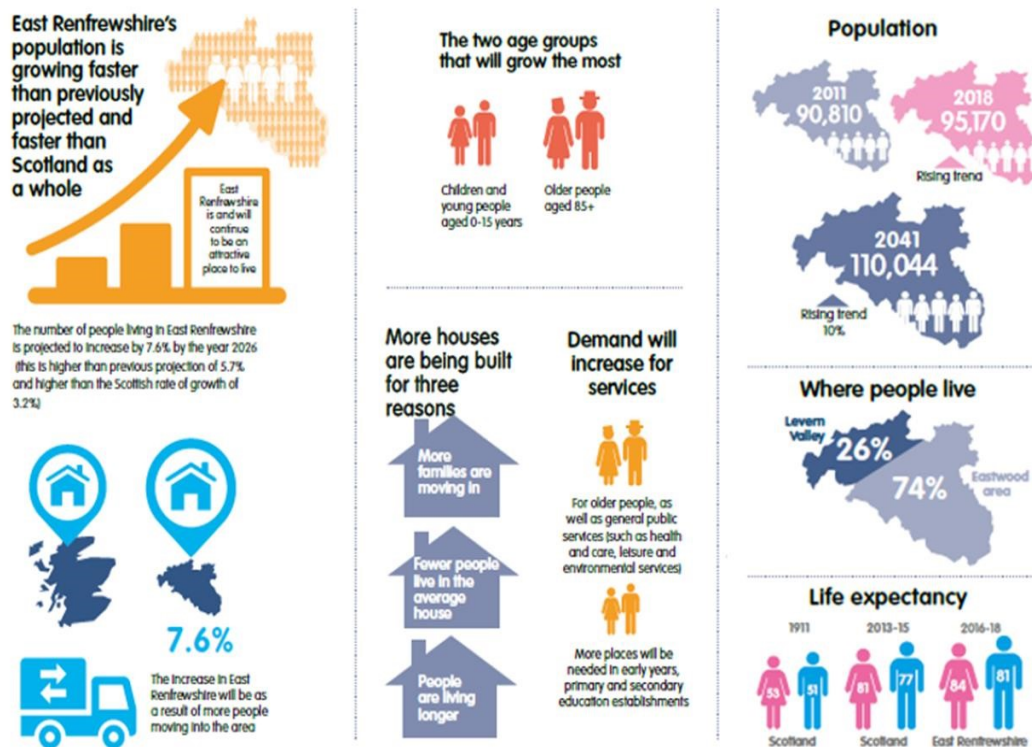
## Annual Clinical and Care Governance Report

2020 - 2021



## 1. Introduction

- 1.1 East Renfrewshire Health and Social Care Partnership was formed in 2015 and covers the population within the same geographical boundary as East Renfrewshire Council.
- 1.2 East Renfrewshire Strategic Plan for Health and Social Care ([1 year plan for 2021-22 recovery period](#)) states that East Renfrewshire's population is growing and there is particular growth for our younger and older residents, who are the greatest users of universal health services.
- 1.3 There has been significant growth in our most elderly population with a 44% increase in the number of residents aged 85 years and over the last decade. The 85+ population is projected to increase by 18% between 2019 and 2024. People over 80 are the greatest users of hospital and community health and social care services.



- 1.4 Each year an annual report reflecting on the clinical and care governance arrangements of the Health and Social Care Partnership and the progress it has made in improving the quality of clinical care is produced. This report will describe the activity and governance arrangements in light of the Covid-19 pandemic and the main challenges ahead for East Renfrewshire HSCP for the services provided.

## 2. COVID-19 Governance Arrangements

- 2.1 Within East Renfrewshire HSCP there had been a temporary suspension of some of our clinical and care governance meetings. However, in practice this means that Governance has adapted to capture the main areas of risk and performance in different ways and demonstrates a level of agility in our governance systems. This did not impact on the East Renfrewshire Clinical and Care Governance Group where the scheduled dates for the meeting synchronised with the move to recovery.

### Clinical and Care Governance Group

- 2.2 The Clinical and Care Governance Group meeting dates for 2020 – 2021 were 10<sup>th</sup> June 2020; 9<sup>th</sup> September 2020; 11<sup>th</sup> November 2020 and 3<sup>rd</sup> March 2021.
- 2.3 The Clinical and Care Governance Group chair is Amina Khan, NHS Greater Glasgow and Clyde Non Executive member. Amina started this role for the September 2020 meeting onwards.
- 2.4 Membership of the group includes Integration Joint Board members; Chief Officer East Renfrewshire Health and Social Care Partnership; Clinical Director; Chief Social Work Officer; Chief Nurse; Pharmacy Lead; Community and Multiples Pharmacy Lead; Senior Manager for Recovery Services; Head of Adult Health and Social Care Localities; Head of Adult Services: Communities and Wellbeing; Localities Intensive Services Manager; NHS Greater Glasgow and Clyde Clinical Risk representative; Scottish Care, and patient and carer representatives from Your Voice. The Specialist Learning Disability In-Patients Service has representation as required and the Professional Nurse Lead for Learning Disability Services also attends for an annual update.
- 2.5 The group meets four times a year and the agenda is structured to cover the areas of:
- Professional Leadership/Standards including registration and practice assurance
  - Improvement Activity including self-evaluation and clinical and care governance actions
  - Service Care Group Activity
  - Public feedback including complaints, surveys and Care Opinion
  - Quality and Safety of Care including public protection, Inspections and Contract Monitoring
- 2.6 The Chief Social Work Officer Annual Report is remitted to the Clinical and Care Governance Group to provide assurance in relation to the delivery and performance of statutory social work functions. Furthermore, this allows the group to consider the interdependencies of delivering effective and high quality care within the context of integrated practice.

- 2.7 The Clinical Director completes an exception report six times per year to submit to the Partnership and Community Clinical and Care Governance Forum (PCCCGF). The exception report is shared with the Directorate Management Team in keeping with local governance arrangements and to ensure all relevant issues are reported from respective services. The Clinical Director and Chief Nurse attend the Partnership Clinical and Care Governance Group meeting. The Chief Nurse provides an update report to the group in the absence of the Clinical Director as required.
- 2.8 The Clinical and Care Governance Group have strengthened the role of the Your Voice Working Group members from its formation. The Integration Joint Board have agreed that there can be two Service User and two Carer Representatives from Your Voice on the clinical and care governance group. The group members are supported by the Clinical and Care Governance Facilitator and have an agenda item for members to raise issues. The Your Voice Working Group receive updates following the Clinical and Care Governance meetings.
- 2.9 Adult Services Clinical and Care Governance Group continues to develop. Two meetings were held during 2020: 15<sup>th</sup> July 2020 and 8<sup>th</sup> December 2020. The group was chaired by Candy Millard, Head of Adult Health and Social Care Localities for the period of this annual report.
- 2.10 We continue to report to the Board wide Mental Health Governance system and continue to operate a Board wide Learning disability Governance Committee and sub-groups which have focussed on Covid-19 planning and support to the wider HSCP family of services.
- 2.11 Mechanisms that were put in place to support the operational oversight at service level included:
- Corporate Resilience Management Team meetings with East Renfrewshire Council;
  - Participation in NHS Greater Glasgow and Clyde Board Covid-19 governance;
  - Weekly HSCP Management Team (Directorate Management Team) meetings;
  - Daily Senior Management Team communication regarding Covid-19 risk issues;
  - Development of dynamic risk assessments for all services with an overarching HSCP Covid-19 risk register reviewed weekly and is submitted to the Local Resilience Management Team (LRMT) and Directorate Management Team. The Local Resilience Management Team (LRMT) includes staff side representatives and continues to meet fortnightly.
  - Maintenance of communication with individual staff and teams. The latter has been an essential element in the provision of operational and professional supervision and caseload management to identify areas of exception with escalation as appropriate to the LRMT and the Directorate Management Team

- Chief Officer's Public Protection Group every 3-4 weeks.
  - The HSCP completed submissions to the Strategic Executive Group to summarise arrangements put in place from March to July 2020.
  - The HSCP continues to link to the Council's Resilience Management Team (CRMT) and Greater Glasgow and Clyde tactical group in addition to regular Greater Glasgow and Clyde and National Chief Officer Meetings. Both Chief Social Work Officer and Chief Financial Officer Meetings continue to take place.
- 2.12 In addition to these groups there has been an increased attention in relation to our care homes resulting in further enhanced communication. Prior to Covid-19 the HSCP and local care homes had a joint Care Home Improvement Network which met on a monthly basis. During Covid-19 this moved to a weekly virtual meeting between care home managers, commissioning and HSCP Localities to offer mutual support and assistance.
- 2.13 Commissioning staff completed a daily situation update call to care homes to ascertain if support is required for staffing, Personal Protective Equipment (PPE), for residents affected by Covid-19. This information has been fed into the HSCP daily Covid-19 monitoring and response. In line with national direction a Care Home Clinical and Care Professional Oversight team was established which includes the Chief Officer, Chief Nurse, Clinical Director, colleagues from Public Health Directorate, Scottish Care and the Care Inspectorate who join members of the safety huddle group on a weekly basis.
- 2.14 Governance arrangements for Significant Case Reviews (SCRs) and Multi Agency Public Protection Arrangements remain in place albeit via teleconference. This also applies to Significant Adverse Event Reviews (SAER's) in accordance with issued guidance. At the time of completion of this report there has been one Initial Case Review (ICR) and no Significant Case Reviews (SCR).
- 2.15 Core data regarding child protection/adult protection/Multi Agency Public Protection Arrangement's and corresponding assurance statements were provided to Chief Officer's group weekly. Multi-Agency Public Protection Arrangements were governed by management oversight group and strategic oversight group. Both of these meetings continued to take place at the usual frequency via teleconference. In addition to six monthly reports, new quarterly reports are prepared for the Adult Protection Committee. In response to the pandemic there was weekly reporting to the Chief Officer for Public Protection and the Scottish Government. Detail included in the Chief Social Work Annual Report.
- 2.16 As part of recovery arrangements the NHS Greater Glasgow and Clyde Strategic Executive Group, which acting as the de facto Acute, Partnership and Board Clinical Governance Forums during the Covid-19 outbreak introduced a template on 13th May 2020 to be completed by all areas including HSCPs on a monthly basis. The template had four key headings; maintenance of key

governance functions, risks to clinical quality, any other headlines, and key successes. The submissions ended July 2020.



### 3. HSCP Operational Covid-19 Response

- 3.1 The HSCP has been at the front line in the response to the coronavirus outbreak, supporting our most vulnerable residents at home, learning disability wards (Specialist Learning Disability in Patients) and residential settings. We have seen significant staffing constraints due the virus. Nonetheless, our staff teams have established and adapted to new ways of working and have continued to maintain and deliver safe and effective services to our residents. Across services we have taken innovative approaches and adapted provision to focus on our most vulnerable residents during the emergency phase of the crisis.
- 3.2 Our recovery activity will follow a phased approach in line with the phased relaxation of lockdown outlined by the Scottish Government. As is broadly recognised, the ongoing situation regarding the coronavirus pandemic is changing week-to-week and needs to be closely monitored particularly in relation to further waves of infection, potentially characterised by localised outbreaks. Given the developing situation it is essential that our approach to recovery recognises the need for flexibility and allows us to respond quickly to change.
- 3.3 This plan and our ongoing approaches are being developed in recognition of the recovery planning activity taking place at East Renfrewshire Council, NHS Greater Glasgow and Clyde and at the national level.
- 3.4 The Covid-19 emergency response has seen incredible resilience, commitment and creativity from staff in all services across East Renfrewshire HSCP. Within a very short space of time teams have established and adapted to new ways of working and have continued to maintain and deliver safe and effective services to our residents. There has been innovation and collaborative working across the health and care system including with external stakeholders and our communities.
- 3.5 Our response to the pandemic has necessarily been tailored within client groups to meet the specific needs of communities and respond to specific challenges posed within these services. The below list summarises the key actions taken across the HSCP:
- Redeployment of staff to work from home;
  - Co-location and social distancing of staff to maximise use of buildings;
  - Introduction of staff rotation and shift working for certain staff groups to ensure adequate support balanced with social distancing and staff protection;
  - Roll out of technology such as Microsoft Teams to enable communication and meetings;
  - Suspension of certain services (e.g. Day Care centres, group work);
  - Redeployment of staff to cover essential services

- Collaboration between our Learning Disability Inpatient settings with mental health and wider community services to establish a resilient response.
- Prioritisation of service provision based on the most urgent or complex needs (e.g. reduction of home visits to only critical need or the continuation of immunisations and first visits for children);
- Extensive use of technology to support advice and triage processes (e.g. telephone and video-based conferencing, Attend Anywhere);
- Introduction of new services and service models (e.g. telemedicine model, postal medicine/collection from clinic options and temporary Assessment Centre)
- Introduction of teleconsultation and video-consultation with service users.

3.6 It is clear that for many months to come, health and social care services will need to be responding and further adapting to the challenges from the Covid-19 pandemic.

3.7 We now need to plan and deliver services beyond the current 'emergency phase' and through a transitional 'recovery phase' where we progressively return to more 'normal', planned provision of services.

3.8 For the HSCP this means thinking about how we have addressed the crisis, what we have learned about the way we deliver services, and what longer-term changes we may be seeing in terms of demand, needs and expectations. It means setting out practical approaches for an efficient return to more normal provision, and thinking creatively about how services can change for the better adopted new norms as a result of our experiences and learning throughout 2020 and into 2021.

## 4. Safe

### Support to Care Homes

- 4.1 During the pandemic the need to restrict the number of professional visitors to care homes and restrictions on family visiting meant that some people living in care homes had not been seen by anyone other than care home staff. Earlier this year Scottish Government asked Chief Social Work Officers to undertake additional work to ensure all residents residing within a care home had an up to date review of their care.
- 4.2 In response we created a temporary Review Team. The Team consists of five Social Workers and two Team Managers with aligned business support and is overseen by one of the Locality Managers. The team completed 268 reviews for individuals within the twelve East Renfrewshire care homes, including those placed by other authorities. The aim was reviews to be complete by the end of June 2021.
- 4.3 East Renfrewshire Chief Social Work Officer and Chief Nurse, supported by members of the Senior Leadership Team carried out support and assurance visits to all local care homes. Focus on Care Home Assurance Visits included the following
- Wellbeing and Practical Support for Residents, Manager and Staff
  - Quality of health and care needs for residents
  - Open with Care – contact between residents and those who matter to them
  - Infection Prevention and Control
  - Workforce. Leadership and Culture
  - Feedback on HSCP Support throughout the Pandemic
  - Feedback on HSCP services (Adult Support and Protection Team, Care Home Liaison Nursing Team (adult and older peoples services) District Nursing and Commissioning Team)
  - Support requirements moving forward
- 4.4 A communication from the Chief Nursing Office (CNO) and CSWO on 28<sup>th</sup> May 2020 clarified that there were no change to the extant Chief Officers or Chief Social Work Officers responsibilities or accountabilities. However, additional requirements regarding accountability for provision of nursing leadership, professional oversight, implementation of infection prevention control measures, use of PPE and quality of care required a new model of support to be developed.
- 4.5 Feedback from care homes is that the visits had been supportive and that our critical friend approach had been helpful. Excellent practice has been a key feature of these visits, particularly where staff in care homes have selflessly

responded to ensure that the safety and risk to residents from transmission was paramount.

- 4.6 Key themes and learning from the visits have been shared with NHS Greater Glasgow and Clyde Care Home Assurance group and at a national level. This information will assist in informing the work plan for the two Care Home Collaboratives which are currently being established to support the Care Home Community. One will be situated in Glasgow City HSCP and the other will serve the remaining five Partnerships. Inverclyde HSCP will lead on the Care Home Collaborative model for the whole system. Each collaborative will be supported by a multidisciplinary team to ensure there is comprehensive support for care homes both proactively, and in response to issues raised. A Care Home Collaborative Programme Board has been set up to provide leadership and oversight for the model. The collaborative will ensure consistent communication across the system, oversee resource allocation and will set and monitor outcomes against plans.
- 4.7 It is important to take the opportunity to confirm the overall quality of care within the care homes was very good and that leadership has been visible at all levels. The care home managers and their deputies have been required to respond to the significant demands placed upon them as a result of the pandemic. The continual changing priorities coupled with the uncertainties in relation to the transmission of the virus whilst maintaining focus on caring for residents and keeping them safe has been exceptionally challenging. The care home managers and their staff are to be commended for their exceptional hard work, dedication, professionalism and the significant contribution they have made in keeping residents, staff and visitors safe.
- 4.8 East Renfrewshire HSCP initiated two Large Scale Investigations in relation to care homes within the Partnership. The detail is provided in section 6. Following feedback from the Care Inspectorate on the inspection which took place on Wednesday 13 January 2021 the provider of one of our Care Homes made a business decision to close. All residents were required to move to their new homes by 2 March 2021. This was a distressing time for residents their families and staff. East Renfrewshire HSCP staff worked closely with the residents to ensure the transition was dealt with in a sensitive and measured way.

### **Personal Protective Equipment Hub**

- 4.9 The HSCP has established a Personal Protective Equipment hub that provides services and carers with protective equipment as required. We will continue to run this service for as long as it is needed. Our team also support the roll out of lateral flow testing and the administration of outbreak testing for care homes and other social care providers.

## Care Homes Covid-19 Vaccination

- 4.10 With the Joint Committee on Vaccination and Immunisation (JCVI) identifying residents and staff in care homes for older adult as the priority group in the Covid-19 vaccination programme, the HSCP promptly responded to the call to action to commence vaccination of this cohort.
- 4.11 A team of nurses were identified and mobilised from their substantive posts to carry out the process of vaccinating care home staff and residents. As with the flu vaccinations, staff came from various HSCP teams. In a very short period of time staff were trained in the complex cold-chain requirements, preparation and administration of the vaccine.
- 4.12 Due to the vulnerability of the residents to Covid-19 there had to be procedures in place to ensure no HSCP staff member could carry Covid-19 into the care homes and so all staff carried out PCR tests weekly and lateral flow tests bi-weekly. Staff were also vaccinated against Covid-19 to help minimise their risk of contracting the virus.
- 4.13 One challenge in relation to the delivery of the Covid-19 vaccine to the care home community was the instability of the Pfizer vaccine. Once the vaccine had been transported to the care home, vials had to be used as they could not be returned to pharmacy. Initially, due to unforeseen circumstances such as allergies or illness, not all doses of vaccine were being used and so some wastage was noted.
- 4.14 In order to overcome the issue of wastage it was agreed doses could be given to HSCP staff. To maximise the impact of this, East Renfrewshire took the decision to give 'spare' doses to Care at Home staff as they give close personal care to those most vulnerable living at home. In order to protect the care home residents, Care at Home staff were vaccinated outside the care homes in the care home grounds. Despite it being the coldest months, both vaccinators and Care at Home staff were happy for vaccinations to take place outside as there was an understanding of the overall benefits.
- 4.15 Covid-19 vaccinations to care homes were carried out in phases to enable both first and second doses to be given.
- 4.16 The District Nursing team were supported by Care home liaison nurses; Diabetes nurse specialists; Treatment room nurses; Bank nurses; Podiatrists; Health visitors and School Nurses. Planning for the 2nd doses of vaccine to Care Home patients commenced 16th February 2021. 369 Care Home residents plus 37 at mop up process received their first dose. 370 second doses had been given by 20<sup>th</sup> May 2020 with this number constantly increasing due to vaccination of those who were not well enough at earlier dates, new residents moving in and people being discharged from hospital.

### **Primary Care-Impact Covid-19**

- 4.17 In January 2020 the Integration Joint Board received an update on mid-year two achievements and challenges against the ambitions outlined in the East Renfrewshire Primary Care Improvement Plan (2018 – 21).
- 4.18 In March 2020 we were halfway to meeting the targets set out within our ambitious Primary Care Improvement Plan. However the Covid-19 pandemic clearly has had a significant impact on our Primary Care Improvement Plan delivery both directly and indirectly. In response to this, some, but not all Primary Care Improvement Plan Implementation came to a halt.
- 4.19 The early Covid-19 response in late March and early April 2020 resulted in:
- The postponement of Primary Care Implementation Plan Implementation groups at both NHS and HSCP level
  - The postponement or delay of recruitment to new Multi-Disciplinary roles
  - The introduction of some new services were put on hold
  - Premises/rooms previously allocated for new Primary Care Improvement Plan services were required for other purposes, specifically Community Assessment Centres (CAC)
  - Premises availability within both GP practices and wider HSCP premises were significantly impacted by the need to reduce footfall and maintain physical distancing.
- 4.20 Following NHS Greater Glasgow and Clyde Primary Care Challenge Escalation Plan in March 2020 some existing Multi-Disciplinary Teams (MDT) within GP practices were deployed to support the Covid-19 response including the Community Assessment Centres and Community Nursing as part of the winter/ Covid-19 response. Advanced Nurse Practitioners, Advanced Physiotherapy Practitioners and Pharmacy staff were also temporarily withdrawn from some practices to support core services.

### **The Vaccination Transformation Programme (VTP)**

- 4.21 The vaccination of primary school aged children was halted with the closure of schools. The schools' vaccination teams were deployed into the NHS Greater Glasgow and Clyde board wide vaccination team to deliver Covid-19 vaccines.
- 4.22 Maternity services continued delivery of both flu and pertussis immunisation for pregnant women via women and children's services/midwifery across all Greater Glasgow and Clyde maternity centres in 2020-21 during the Covid-19 pandemic.
- 4.23 All adult immunisations (Flu, Pneumococcal, Shingles and Travel) were planned to be delivered through the formation of a centralised board led NHS Greater Glasgow and Clyde Adult/Older People's Team hosted across all

HSCP's in year three of the plan using a similar model that was developed for

childhood immunisations. However, the NHS Greater Glasgow and Clyde Adult Immunisations Implementation group leading this programme of work had to redirect their efforts and prioritise the delivery of the extended flu and subsequent Covid-19 vaccination programmes for 2020-21.

- 4.24 The flu immunisations for the housebound normally co-ordinated by the Senior Nurse Adult Services had to be scaled up to a dedicated housebound team within the HSCP to accommodate the increased numbers of patients deemed housebound from the District Nursing caseload and from the GP Practices.
- 4.25 The travel vaccines planning was incorporated as part of the wider adult vaccination planning and was put on hold.
- 4.26 Delivery of these adult vaccine programmes in 2020-21 accelerated the transfer of flu immunisations from GP practices to HSCPs, with all cohorts (with the exception of the 18-64 at risk) being immunised by HSCPs. However, the arrangements were established in the context of Covid-19 physical distancing and enhanced PPE requirements and would not necessarily be replicated as part of the Vaccination Transformation Programme. The learning from this model of delivery could influence future planning of the Vaccination Transformation Programme when the NHS Greater Glasgow and Clyde Implementation Group re-establishes.

### **Influenza Vaccinations**

- 4.27 In winter 2020 the HSCP had the challenge of offering the flu vaccination to all care home residents, the housebound population and the over 65s population. This was then extended to incorporate the over 50s age group. The HSCP also had the responsibility of carrying out peer to peer vaccinations to health staff while Social Care staff would attend pharmacies to be vaccinated. Those under 65 years with additional health needs were vaccinated by their GP practice.
- 4.28 Care Home residents were vaccinated by either the Care Home's own nursing staff or by the district nursing service. The housebound population were also vaccinated by the district nursing service, while mass vaccination clinics had to be set up to vaccinate those in the over 50s cohort.
- 4.29 One of the biggest challenges for the mass vaccination clinics was ensuring all 18,000+ residents were offered an appointment within the allocated timescale whilst maintaining the 2meter social distancing rule in place due to the Covid-19 pandemic. In order to ensure social distancing could be maintained seven and a half minute appointments were scheduled and clinics were set up across four different sites - Eastwood HCC, Barrhead HCC, Glen Halls, Neilston and a vacant unit in the Avenue Shopping Centre, Newton Mearns. Having four sites allowed a lower footfall in each site thus ensuring social distancing could be adhered to.

- 4.30 Identifying the workforce to support the delivery of the flu vaccination programme both locally and at mass vaccination centres was achievable with the support of staff from range of disciplines across the wide range of services who provided their support out with their core working hours. Training and development plans both locally and corporately supported staff to assist with local and board wide vaccination delivery plans.

### **Pharmacotherapy Services**

- 4.31 During the pandemic, the existing practice based pharmacotherapy service continued to operate with all routine tasks continuing to be provided either within practice or moved to remote working, or a hybrid model of both depending on the outcome of risk assessments. However, the focus of work change with fewer Immediate Discharge Letters (IDL) and outpatient requests to action but a changed focus to support the most important medicine related activities for practices and the population, e.g. anticipatory prescribing for palliative care and care homes. Face to face chronic disease clinics were also suspended in line with GP practice pandemic arrangements.

### **Community Treatment and Care Services (CTAC)**

- 4.32 The CTAC Treatment Rooms were due to launch on the 1st April 2020 at both Eastwood and Barrhead Health and Care Centre's following the successful recruitment of the workforce and the setting up of the four treatment rooms. The services were developed according to need of the GP Practices by two short life working groups from the two localities.
- 4.33 However due to the Covid-19 pandemic the newly recruited staff were deployed to Community Nursing to support the core and additional service demands (including testing and vaccinations). The limitations from social distancing, infection control measures and accommodating the Community Assessment Centre within the Health Centre restricted access and use of our previously allocated premises.
- 4.34 The existing Community Health Care Assistants hosted across our fifteen GP Practices attended the Health Care Support Worker in Primary Care training at Glasgow Clyde College in 2020 to allow them to offer a broader variety of tasks to support scheduled chronic disease management within a practice setting, treatment room setting and out in the community.
- 4.35 Standard Operating Procedures to support the new Health Care Support Worker were developed for those task carried out in the GP Practices. During the pandemic these were reviewed to accommodate the limitations in the buildings and during domiciliary visits due to social distancing and enhanced infection control requirements.
- 4.36 The move to more virtual consultations by GP's saw a slight increase in demand for domiciliary visits initially with a requirement to enable tests and investigations



to take place to inform assessment or as a follow up from a virtual consultation. Shielding also contributed to an increase in the demand domiciliary visits.

### **Urgent care (Advanced Nurse Practitioners) (ANP)**

- 4.37 A wealth of data was collated as part of the test of change to inform the future model of an Advanced Nurse Practitioner service in order to scale up across all three clusters. The Advanced Nurse Practitioner now works across one cluster (five practices). Ongoing implementation of urgent care services need to adapt to the changing relationships and oversight arrangements with Care Homes, and the wider context of whole system unscheduled care planning which will include opportunities of virtual triage and assessment.

### **Additional Professional Roles**

- 4.38 We currently have 2 Advanced Physiotherapy Practitioners embedded and providing support to four GP Practices with a plan to recruit a further 1 which will be shared across a further two GP Practices. Our Advanced Physiotherapy Practitioners were initially pulled from GP practices in order to support the Covid-19 response but were not required and returned to practices in July/August 2020 providing virtual consultations (telephone and video) either remotely or within practices in order to minimise risks caused by the current pandemic.

### **Community Link Workers**

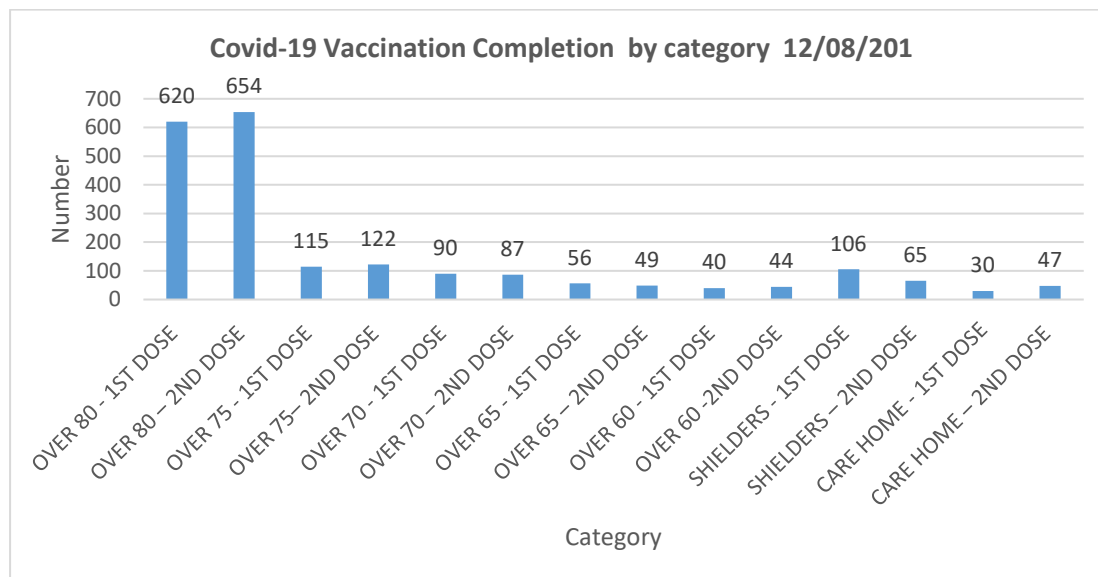
- 4.39 The full implementation of the community link worker service delivered by RAMH continued across all fifteen GP Practices offering support to patients for issues associated with loneliness, social isolation, and lack of community connectedness and associated 'social' issues. As a result of the first phase of the pandemic, the practice based Community Link Workers were quickly moved to mainly a remote working model before continuing as a hybrid model of remote and practice based. Limitations for Community Link Workers to access clinical systems for patients remotely presented some challenges for both practices and Community Link Workers. However the service continued and adapted to the practices and patients' needs during Covid-19. In addition to the normal service, 'wellbeing calls' were provided to those identified by the practice staff as being more vulnerable at this time. Wellbeing support was also given to practice staff during the initial phase of the pandemic.
- 4.40 We developed a Community Link Worker dashboard from data collected by RAMH and analysed it with the support of the Local Intelligence Support Team (LIST). Whilst we anticipated measuring the impact of the service Scottish Primary care Information Resource data was not available to support this. We are therefore working with one GP Practice to measure the impact of the service and the reduction of GP appointments.
- 4.41 The success of the implementation of the Primary Care Implementation Plan and the extension of the Primary Care teams relied on the collection of robust information by services and practices to measure and track the shift of the demand from GPs. However data analysis remains a challenge due to the

varied recording systems in use. A Primary Care Implementation Plan Evaluation group has been established at NHS Greater Glasgow and Clyde to develop a robust data performance and measurement plan to collect both quantitative and qualitative data from all key priority areas. The NHS Greater Glasgow and Clyde Primary Care Programme Board continues to meet with representation from all HSCP leads for Primary Care Improvement Planning and has been key in shaping the direction of travel, sharing learning and exploring opportunities in year three of the plans. The local Primary Care Implementation Plan Steering group meets every eight weeks prior to the GP Forum and drives the local implementation and delivery of the Primary Care Implementation Plan. The collaborative working of the HSCP and GP Practice representatives have been crucial to progress implementation. In 2020/21 we engaged with the Primary Care Implementation Plan Steering group and all three GP Clusters to explore remodelling some of the Memorandum of Understanding priority areas within the plan with a small recurring underspend based on local cluster needs. We recognised that the pandemic had given opportunities to work differently including remote hubs and digital solutions.

- 4.42 All 15 Practices in East Renfrewshire signed up to vaccinate the over 80 year's cohort, and the 74-79 years cohort.
- 4.43 13 Practices signed up to vaccinate the Clinically Extremely Vulnerable (Shielding) cohort. Patients from Practices who opted out of this cohort were appointed to our local Mass Vaccination Centres.
- 4.44 The HSCP worked in collaboration with local Practices to support delivery of Covid-19 Vaccination Programme by offering accommodation, equipment and communications assistance.
- 4.45 Unfortunately there were some delays to delivery of vaccines to Practices, which caused some clinics to be scheduled later than originally anticipated. Despite these delays, Practices worked determinedly to ensure patients were vaccinated as quickly as possible, and are to be commended for their fantastic achievement.
- 4.46 The HSCP has worked collaboratively with GP Practices to identify housebound patients, utilising Community Nursing Team housebound caseloads and GP Practice Data. This was a huge task to develop a core list from multiple sources of data.
- 4.47 The Community Nursing Team had additional support from HSCP staff initially from 5 administrative staff, which has been revised to 2 currently. The additional admin support staff worked tremendously hard to deliver the programme, working 7 days per week, despite challenging inclement weather conditions.
- 4.48 Our HSCP housebound vaccination team (mostly district nursing staff) supported by volunteers from other services) have commenced the second dose for local people who could not get to their GP or local vaccination centre. As of 27 April 2021 770 second vaccinations have been given by the team.

- 4.49 “Mop up” vaccinations were delivered to patients who were unable to receive the vaccination in the first phase due to clinical reasons.

Table 1 Covid-19 Vaccination Completion by category at 12<sup>th</sup> August 2021



- 4.50 The local Covid-19 Vaccination Group has met and performed a Lessons Learned analysis to ensure that learnings are reflected upon, and used to inform planning of the Phase 2 of the Vaccination Programme.
- 4.51 The community mass vaccination programme (which in East Renfrewshire is being led by the Council in partnership with NHS Greater Glasgow and Clyde) is operating two vaccination centres; one in Carmichael Hall and another in the Barrhead Foundry. Currently, a schedule of around 12 weeks is being followed to allow more people to benefit from the protection provided from the first dose during the roll out phase. Longer term protection will then be provided by the second dose.
- 4.52 The Community Assessment Centre for East Renfrewshire was in operation from 14th April 2020 and closed on 5th June 2020.
- 4.53 A video was made for the public to understand what to expect if they had to attend.  
<https://www.nhsggc.org.uk/your-health/health-issues/covid-19-coronavirus/for-patients-the-public/local-support-services/community-assessment-centres-cacs/clarkston-east-renfrewshire/>
- 4.54 The Learning Disability Covid Planning Group worked collaboratively with all teams and our public health colleagues to establish a plan to support vaccination of people with learning disability.

## 5. East Renfrewshire Health Visiting Service – Participation and Engagement during Pandemic

- 5.1 Due to the global Covid-19 pandemic there has been a significant impact upon Health Visiting services and being able to carry out face to face visits without restrictions to families. This is of particular importance when delivering a service to breastfeeding mothers to support them to establish breastfeeding and get off to a good start confidently. By carrying out a satisfaction survey helps to evidence the quality of service that is being delivered and be able to make suitable changes to service delivery.
- 5.2 East Renfrewshire has some of the highest exclusive breastfeeding rates in Scotland (ISD Scotland 2021). Despite this there is a significant difference between the breastfeeding rates across the authority between women living in the most deprived areas. In 2019 23% of women living in the most deprived areas of the authority were exclusively breastfeeding at 6-8 weeks compared with 47% of women living in the least deprived areas. We are delighted to report that despite the significant challenges due to COVID -19 the service has responded proactively seeking different ways of working to support breastfeeding.
- 5.3 The service is working to complete the Health **Visiting UNICEF UK Baby Friendly Initiative** Gold Award in 2021

## 6. Effective

### Large Scale Investigation - Establishment B

- 6.1 This Large Scale Investigation was the first of two in 2020.
- 6.2 The initial concerns were that that was poor end of life Clinical Care; concerns with the leadership and management within the Care Home and response to the pandemic from the provider.
- 6.3 The impact of the large scale investigation reduced the risk of harm for all residents. The HSCP supported improvement activity which led to new and improved management within the home. The provider also changed employment practice in response to Covid-19 and a multi-agency file review identified issues and gave assurance regarding end of life care.
- 6.4 The key lessons were a need to strengthen identification of adults at risk; to improve GP communication and response for care home residents; the importance of management and leadership in care homes and the impact of Covid-19 on staffing and the quality of end of life care.

- 6.5 The Adult Protection Committee oversees the action plan and the learning points are shared with the Clinical and Care Governance Group and will also be addressed within the Chief Social Officer Annual report

### **Large Scale Investigation - Establishment C**

- 6.6 East Renfrewshire HSCP has been working in partnership with Police Scotland on a Large Scale Investigation (LSI) of Establishment C since October 2020.
- 6.7 The Large Scale Investigation was launched following two inspections completed by the Care Inspectorate and since the investigation was launched, the home remained under a Care Inspectorate Improvement Notice.
- 6.8 East Renfrewshire HSCP have provided unprecedented levels of support and resource to the home and worked extensively to support the provider to drive improvements and improve quality of care for residents.
- 6.9 Following feedback from the Care Inspectorate on the inspection which took place on Wednesday 13 January 2021, the provider made a business decision to close. Each resident received support by an allocated social worker, known to the resident and family due to completion of a recent care review to plan the safe and smooth transition for each resident. Working closely with residents, families and colleagues in Advocacy, we have been supporting all residents and their families throughout this transition period to find alternative care for all East Renfrewshire residents.
- 6.10 A plan was in place to move all residents by 2nd March 2021.
- 6.11 The planning around these moves has involved a strong partnership approach with residents and families and colleagues across the HSCP and with partners to ensure comprehensive person centred moves take place taking into account what matters to each resident and their families.
- 6.12 It is also worthy of note that the Cabinet Secretary and the Care Inspectorate have recognised the HSCP and the staff involved in the Large Scale Investigation for the remarkable efforts that have gone into supporting the home, the level of resource committed to the home at a time when services are so stretched and for the high standard of monitoring and professional guidance from all teams, including Adult Support and Protection, social work, nursing and commissioning. The Clinical and Care Governance Group will be sighted on the recommendations following the Large Scale Investigation once concluded.

### **Service updates**

#### **Adult Health and Social Localities**

- 6.13 Our adult social work teams are seeing increased referrals for assessment as a result of significant mental and physical deterioration, carer stress/breakdown and adult support and protection issues. During the period mid-January 2021 to early March 2021, adult locality social work teams have carried out 61

outcome assessments and 105 outcome assessment reviews as compared to 44 assessments and 57 reviews over the same period last year. As reported previously unlike children and families social work we have seen the rescinding of the powers to undertake partial assessments, which we used positively locally to put services rapidly in place and both locality and initial contact team have waiting lists for assessment. We are beginning the implementation of the new Greater Glasgow Discharge to Assess Policy, which hopefully will see earlier referral to our hospital to home team. Our delayed discharge figures have remained below 10 but we are seeing rising numbers of adults with incapacity which is increasing our delay figures.

- 6.14 Pressures on our rehabilitation teams continue to rise in the absence of a number of specialist rehabilitation services and earlier discharges from hospital. Although medically fit, people are being discharged much earlier in their rehab journey and have extensive rehabilitation requirements to regain function/mobility. There have been 493 referrals into the Rehab Teams in the 8 weeks leading up to the 5th March and they are actively working with 380 people requiring specialist intervention. The teams are managing to respond to urgent referrals to prevent admission within 24 hours (weekdays) but are seeing an impact on waits for routine physiotherapy (65 people waiting) or occupational therapy (79 people waiting).
- 6.15 Our District nursing service has continued to provide home visiting since the onset of the pandemic and have adhered to the national and local clinical guidance to ensure the delivery of safe, effective and person centred care and staff safety, The District Nursing Service has a significant increase in the number of patients on their caseloads during the past year and have absorbed this within their current workload and staffing capacity. In consideration of District Nursing services being central to the delivery of essential and urgent care during the COVID -19 pandemic and to recovery targeted investment to grow the workforce will support services locally and nationally, The Health and Social Care Integrated Workforce Plan highlighted an increase of 375 nurses to the workforce across Scotland. In late 2020 the Scottish government wrote to boards with regard to their allocation of funding for November 2020 – April 2021 and recurring funding until 2024-2025. We have therefore been able to recruit additional staff to our district nursing service incorporating this to our existing workforce plan ensuring the sustainability of the essential band 6 District Nurse leadership roles.
- 6.16 Older Adults Mental Health Services continue to provide support within the limitations of current restrictions. In response to increased carer stress and deterioration of older people's dementia and mental health, the team are undertaking outreach visits to support people in their own homes. Medical outpatients' clinics are being offered in the health and care centre, with telephone or virtual consultations as an alternative if requested. Memory clinics and post diagnostic support have not been fully recovered. The service has also instigated a test of change to establish good Occupational Therapy support to local care homes.
- 6.17 Our range of Learning Disability services have adapted to ensure we provide support, with day services moving to an outreach model and our Learning

Disability team focussing on the potential for deeper inequality in terms of health and social isolation.

## **Recovery and Intensive Services**

### Care at Home

- 6.18 Progress against Care Inspectorate requirements has been maintained despite ongoing pressures in the system. The Care Inspectorate have advised that Care at Home inspections have recommenced and that short notice announced inspections are taking place. It is anticipated that an inspection will be undertaken in the near future.
- 6.19 84% of staff participated in the roll of vaccinations, all now having had their first vaccine. The second vaccinations are now being rolled out with the majority of staff now having a date confirmed for their second vaccination.
- 6.20 Weekly PCR testing of staff commenced on the 11th of February. 92% of the staff team are currently participating. Staff on long-term absence from the service are not part of the weekly testing programme.
- 6.21 To date the number of asymptomatic staff identified through testing is low, however resilience planning is ongoing to mitigate against the potential increase in any short term absence as a result of weekly testing.
- 6.22 The ARMED (Advanced Risk Modelling for Early Detection) project has now progressed to phase 2 to support further operational impact and return on investment analysis. Feedback from service users continues to be encouraging. The evaluation of the pilot once finalised will be presented to the Clinical and Care Governance Group.
- 6.23 All front line staff now have upgraded mobile phones, individual East Renfrewshire Council e-mail accounts and access to the Intranet and associated portals. This has presented greater opportunities to improve communications with our dispersed staff team, including improved development opportunities through podcasts.
- 6.24 Our Care at Home service continues to ensure best use of resources and ongoing liaison with external market providers to ensure that there are no waiting lists for service provision from either hospital or community based referrals.
- 6.25 The majority of care at home staff have received their follow up vaccination and routine weekly PCR testing is now established, with 92% of the staff team participating. Most positively, the rate of staff being identified as asymptomatic remains low. To date on average just under 1% of frontline staff on a week by week basis are returning a positive test result. This level of absence is having no impact on our ability to maintain service delivery. An overview of the weekly absence levels for the service will continue to be monitored. We continue to

have only a very small number of service users being supported who are Covid positive.

### Bonnyton

- 6.26 The residents and service users have settled back to their refurbished home. Admissions to our intermediate care beds have recommenced and we anticipate that there may be an increase in use of these due to the implementation of the 'Discharge to Assess' policy. The Scottish Government have adapted the guidance to allow for care home visiting and this news has been most welcome to our Bonnyton residents, their families and the staff.
- 6.27 Visiting is being introduced on a phased approach and for the first two weeks residents can have a 30 minute visit with one loved one. From week commencing 22 March the home will offer two 30 minute visits per week for two nominated visitors (one person per visit). All visitors are taking a lateral flow test prior to entering the home and are wearing appropriate PPE and visits are taking place in residents' rooms. It's been emotional to welcome visitors back and wonderful for morale and mental wellbeing of residents and staff.

### Recovery Services

- 6.28 All teams within recovery services have continued to provide support within the current restrictions and staff within Mental Health and Addictions teams continue to work on a rota system minimising the number of staff in the buildings.
- 6.29 There is an emerging growth in number of adults affected by poor mental health due to the impact of the pandemic. We anticipate this will continue to rise in terms of numbers and complexity with restrictions and community supports that often provide a level of support which is currently restricted. The Primary Care Mental Health Team and the Adult Autism Team are continuing to work from home using Attend Anywhere and Telephone to provide interventions.
- 6.30 Current issues include vacancies and we are seeing some difficulties recruiting staff. Meeting the psychological therapies waiting times are a challenge at present particularly in the Adult Mental Health Team and the Older People's Mental Health Team. We are working with professional leads across the system to see if there are staff available who can work after hours and at the weekend.
- 6.31 With regard to achievements we have managed to roll out a peer support service across Adult Mental Health and Addictions Services. This service is being delivered by a third sector organisation and is going well in spite of the restrictions.

### Adult Support and Protection / Child Protection and Multi Agency Public Protection Arrangements

- 6.32 Adult Support and Protection was a priority for the Clinical and Care Governance Group to receive updates from the Chief Social Work Officer



during 2020 -2021. The Chief Social Work Officer Annual Report for 2020 -2021 will contain detailed updates. Adult Support and Protection, Child Protection and Multi Agency Public Protection Arrangements are set items on the agenda for the Clinical and Care Governance Group. There is an annual update on the work of the Violence against Women and Girls Partnership.

### **Specialist Learning Disability In-Patient Services**

- 6.33 After a spell of slightly less requests for Learning Disability admissions than usual during April and May 2020, we are now seeing a very significant increase for Learning Disability admission requests.
- 6.34 From August 2020 to November 2020 we received a further 19 referrals for admission or advice/support. On average this equated to 2 referrals per week which is a significant increase in our normal referral rate. Of these referrals, 12 people were been admitted to Mental Health and three people directly admitted to our service. Of these total admissions five people have experienced a placement breakdown at the point of admission or subsequently following admission. A further three of the referrals were for inpatient advice/support from the inpatient units to prevent admission. We do continue to monitor the success of this and try to support further where needed to avoid a crisis situation which may result in emergency admission at a later date.
- 6.35 The majority of these requests for admission were predominantly related to deterioration in existing behaviour problems as a consequence of increasing emotional distress in relation to the changes in people's daily routine. A lack of community and social activities and reduced social support as a consequence of Covid, with many being detained under the Mental Health Act due to significant aggression towards others and many needing a high initial level of observation in hospital because of risks. Where Specialist Learning Disability Service cannot admit, people with learning disability will be admitted to mental health hospitals; this places additional demand on the mental health system and is a poor outcome for people.
- 6.36 We have received a further 13 referrals for admission or advice and support in the weeks 3rd November 2020 – 14th February 2021. Five people were directly admitted to our inpatient service. We are acutely aware that Mental Health Inpatient services also have significant challenges in relation to both their acute and Older People Mental Health wards, and find it increasing difficult to accommodate people with learning disability in their services. Further challenges for Mental Health Services was the closure of a number of wards due to Covid-19 outbreaks and staffing challenges which followed these. On some occasions referrals for admission we have made have been declined on certain sites due to the lack of staffing capacity to accommodate enhanced observation for admissions. We continue to working closely with our Mental Health colleagues to explore how we can support this. In some circumstances the inpatient service has provided outreach to Mental Health wards to support the patient and the staff team where safe to do so.

- 6.37 Integrated Learning Disability Teams make every attempt to identify and support individuals at risk of admission as early as possible; however with current guidance and restrictions in resources such as social support it is very difficult for the teams to be able to have a significant impact or to provide alternative support.
- 6.38 We continue to progress discharges where safe to do so and we will, where possible, continue to work collaboratively with HSCPs to achieve the best outcome for individuals.

**SCTCI (Scottish Centre of Technology for Communication Impaired)**

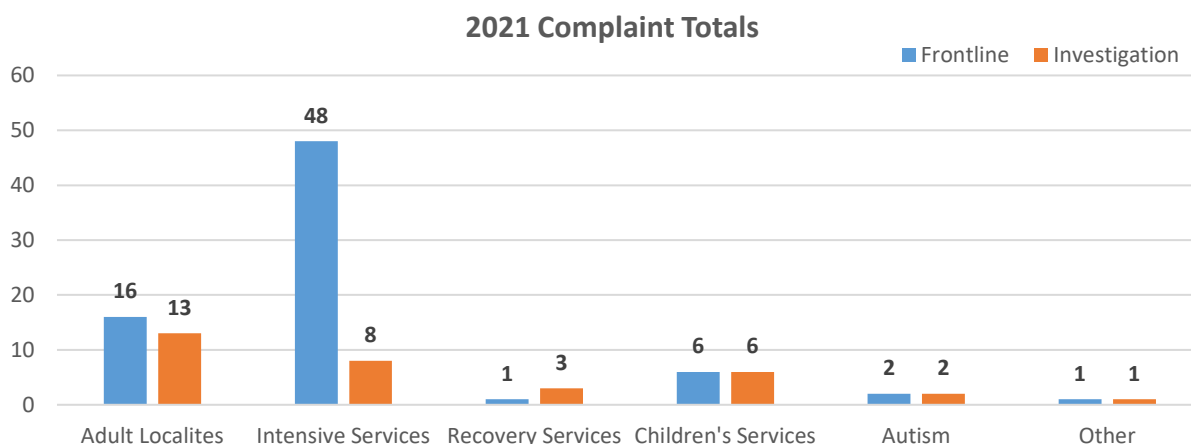
- 6.39 SCTCI (Scottish Centre of Technology for Communication Impaired) is hosted by East Renfrewshire and provides AAC (Augmentative and Alternative Communication) assessment and equipment provision services throughout NHS Greater Glasgow and Clyde and Scotland across all client groups. The service works with patients and their teams, families and carers, to find technological solutions to compensate for disabilities caused by communication impairments, thereby allowing patients to fully participate in their lives and communities.

## 7. Person Centred Care

### HSCP Complaints and Feedback

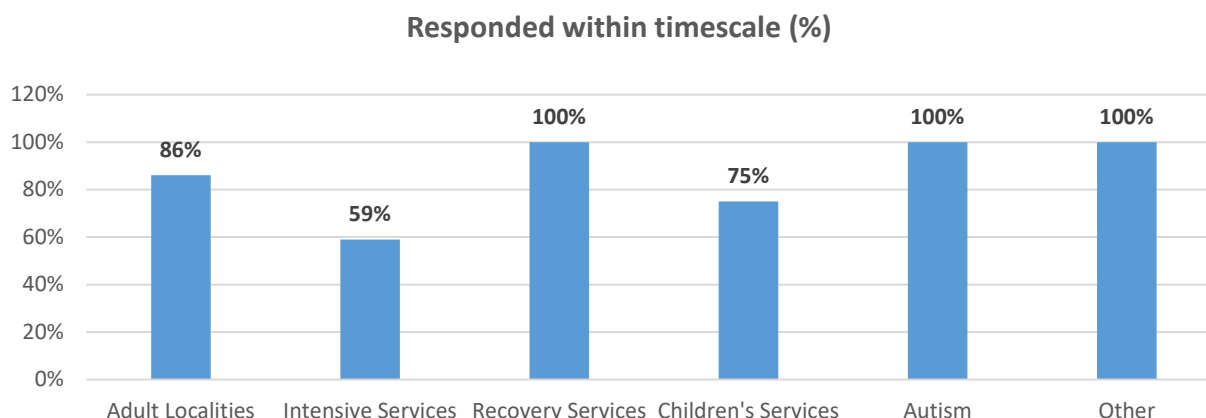
7.1 During 2020/21, a total of 107 complaints were received by the Health and Social Care Partnership. This is a 24% reduction on the previous year. No Integration Joint Board complaints were received. 69% were handled at the first stage as frontline complaints.

Table 2 Complaint totals 2020 -2021



7.2 72% of complaints were responded to within timescales; with average response times of 4 days and 16 days for frontline and investigation complaints respectively.

Table 3: Complaints responded within timescale

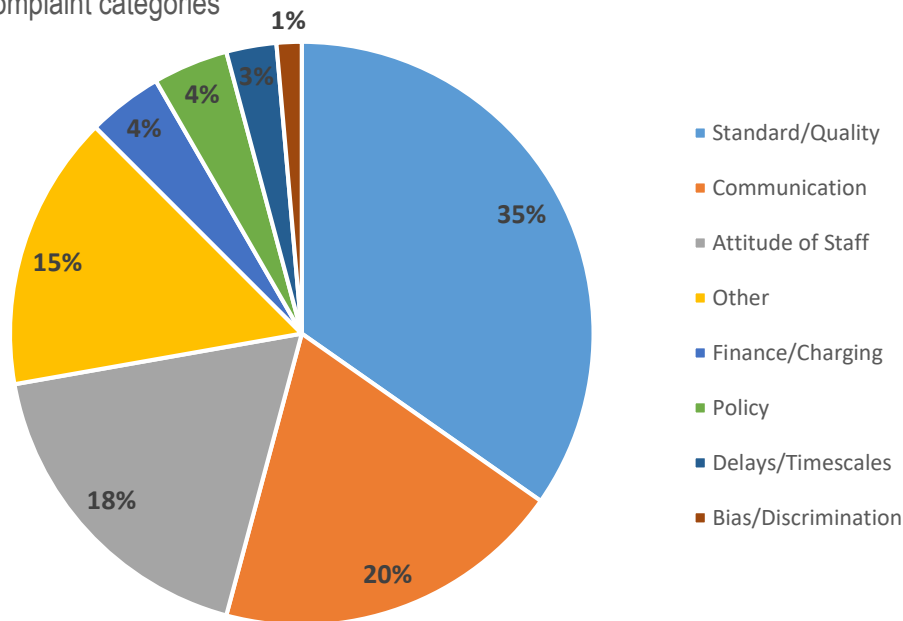


7.3 The majority of complaints received were within Intensive Services, which includes Bonnyton, care at home and telecare services. Adult locality services, including social work, rehab and district nursing received the second highest volume. This is to be expected given the high number of services provided by these teams.

**Complaint Categories and Themes**

7.4 Of the total complaints received 72 (67%) were either upheld or partially upheld. The complaint categories and themes from these 72 complaints are detailed below. It should be noted that these are the primary complaint categories, however in some cases there are multiple themes.

Table 4: Complaint categories



**Learning from Complaints**

7.5 System limitations and reduced capacity as a result of the pandemic has impacted on our ability to undertake full analysis of lessons learned and improvement activity over the last year.

7.6 There have however been some changes as a result of learning from complaints. For some cases we have had reflective learning sessions facilitated by Head of Service to better understand the impact and improvements required as a result of these complaints which are fed back to services in order to implement change. In some cases this has highlighted a need for training, practice improvement or a change to local processes/systems. Examples of these include a change to the CareFirst system to better reflect POA status on the front screen, improvements in our standard operating procedures for our Hospital Team, as well as additional business support staff in Adult Support and Protection to support improvements to case conference administration processes. We will continue to hold reflective learning sessions where appropriate. Our Head of Service: Communities & Wellbeing is coaching Senior Managers across adult services to develop their skills and confidence in handling complaints, drafting responses and facilitating reflective sessions. We have also been in contact with the SPSO regarding training. They will be running courses from August this year which will also build skills and confidence within complaints handling.

- 7.7 Similarly within Children's and Justice Services, external support has been commissioned to investigate complex complaints, support training and coach managers. Regular monthly reporting to teams has been established which will flag any inconsistencies in terms of compliance and also provide an opportunity for teams to further reflect on complaints and consider any changes or improvements which need to be implemented and feed this back so actions can be tracked. Our investigation templates have also been updated and our business support teams have received guidance in terms of processing complaints. In addition, our managers who have more experience in handling complaints, especially from a trauma informed perspective, are providing peer support to others. The Directorate Management Team will continue to have a lead role in overseeing complaints to monitor compliance, provide quality assurance and feedback learning to improve practice.

### **Scottish Public Services Ombudsman (SPSO) Reviews**

- 7.8 Should complainants be dissatisfied following the resolution of their complaint at the investigation stage, they can request a review by the Scottish Public Services Ombudsman (SPSO).
- 7.9 During 2020/21 the SPSO reviewed nine cases. There were five complaints which the SPSO decided not to take forward to investigation. Two of which they closed without requesting any information from the HSCP. In two other cases they did ask that we engage further with the individuals, by either providing a further response or assessment. This was actioned by the HSCP.
- 7.10 In three cases, the SPSO concluded their investigation following receipt of complaint and background information provided by the HSCP. There were no recommendations made for the HSCP in relation to any of these three cases. We are awaiting the outcome of the ninth case. We have also received a decision notice for a complaint which was originally referred to the SPSO by a provider in September 2019. The SPSO have upheld this complaint and made recommendations for the HSCP. They have asked that we apologise to the provider for our failings in terms of our communication and that we provide the SPSO of evidence to support the learning we had identified as part of the complaint, by August 2021. An internal reflective session has been arranged to take this forward. There is one other case which was also referred to the SPSO in 2019 for which we await a final outcome.

### **Compliments**

- 7.11 During 2020/21 a total of 139 compliments were recorded; a total of 32 more positive instances of feedback than negative. The vast majority of compliments were in relation to care at home and telecare services.

### **Care Opinion**

- 7.12 East Renfrewshire are the first Partnership to implement Care Opinion within NHS GGC launching Care Opinion on 10 February 2021. As a direct consequence of the response to the pandemic, implementation has proceeded

at a measured pace taking into account the pressures on the staff group. The Care Opinion Implementation Group is chaired by Deirdre McCormick, Chief Nurse who oversees the implementation plan.

- 7.13 Care Opinion updates are given at the Clinical and Care Governance Group and are also a standard agenda item at the Adult Services Clinical and Care Governance Group.
- 7.14 Care Opinion stories for East Renfrewshire HSCP can be located at the following link <https://www.careopinion.org.uk/opinions?nacs=S37000011>
- 7.15 There are four stories that coincide with the launch of Care Opinion for the period of this report. Three provided positive feedback and one highlighted some issues where the individual was invited to contact the service manager of the service to explore the issues.

### External Organisational Feedback

- 7.16 During 2020/21 East Renfrewshire HSCP received feedback from external organisations highlighting areas of best practice. This includes our work in the following areas:
- 7.17 Talking Points featured as a model of good practice in iHub report [Community Solutions Reports - Community Solutions Reports](#)
- 7.18 Positive Feedback from Social Work Scotland, Scottish Government and the Care Inspectorate regarding our Large Scale Investigation work with Establishment C.
- 7.19 Praise received from Social Work Scotland and the Office of the Chief Social Work Officer regarding the relational support valuable children and families received from social work staff throughout the pandemic.

### Significant Adverse Event Review summary for 2020 -2021

- 7.20 Table 5 shows the breakdown for the five cases identified. One was closed and one is currently in Quality Assurance. There are three reviews to be completed.

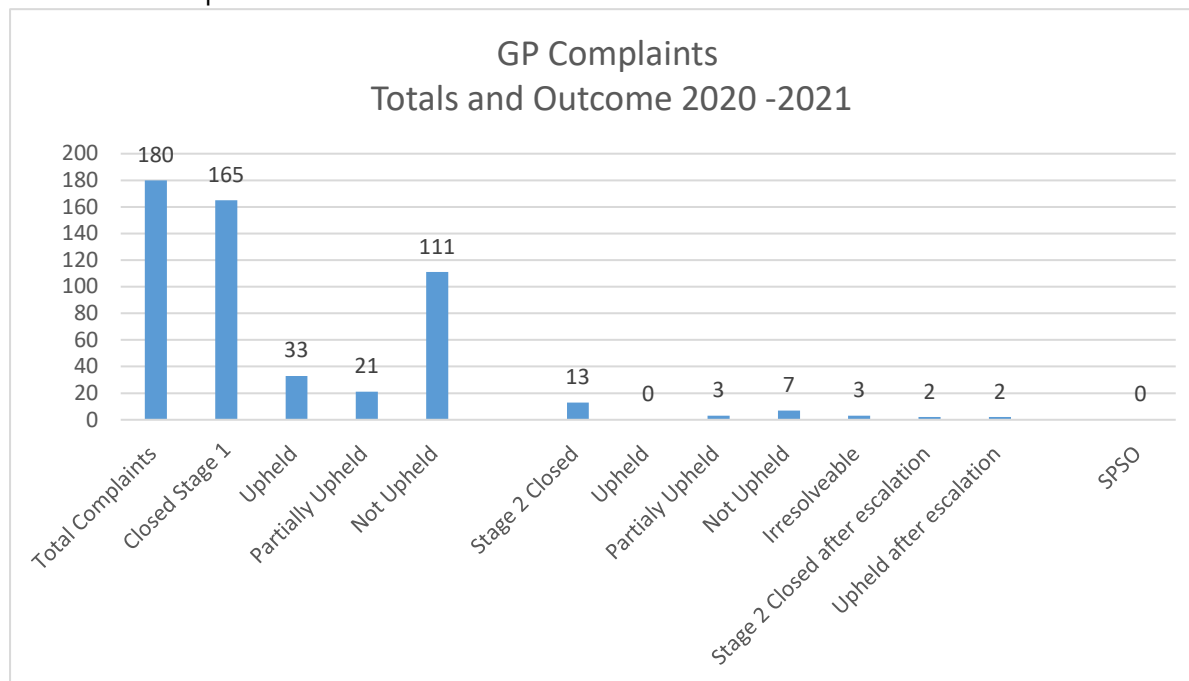
Table 5 Significant Adverse Event Review Summary

ID	Incident date	Specialty	SAER Description	Risk SAER Status
625133	24/08/2020	Community Mental Health Team	Death – Suicide	Under Review
627393	03/09/2020	Community Mental Health Team	Death – Suicide	Closed 31/3/2021
634931	02/11/2020	Community Mental Health Team	Death – Suicide	In Quality Assurance 28/5/2021
640188	14/12/2020	Esteem Team	Death – Suicide	Under Review
652824	19/03/2021	Community Mental Health Team	Death- Suicide	Under Review

## GP and Optometry Complaints

7.21 Table 6 shows the number of complaints recorded and outcome 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021. There were 180 complaints for the year, with the majority closed at Stage 1 and not upheld. There is no information available on the category of complaint. The final quarter still showed the majority of complaints dealt with on Stage 1, but with a higher proportion partially or fully upheld.

Table 6 GP Complaint Total and Outcomes



7.22 There have been no SPSO Decision / Investigation letters in this period.

7.23 For Optometrists, from 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021 there were two complaints registered. Both of these complaints were closed at Stage 1 and both were upheld. There were no decision / investigation letters received from the SPSO.

7.24 The HSCP, GP's and Optometrists continued to respond to complaints as normal despite the additional pressures facing the partnership during the global pandemic. As we begin to move back into recovery, fuller analysis of themes and learning will be undertaken.

## **8. Conclusion**

- 8.1 Our response to the pandemic has seen incredible resilience, commitment and creativity from staff at the HSCP, our partner providers and community groups in East Renfrewshire. Our teams have established and adapted to new ways of working and have continued to maintain and deliver safe and effective services to our residents. During the pandemic period there has been innovation and collaborative working across the health and care system building on and strengthening local partnerships.

### **Emerging impacts from the Covid-19 pandemic**

- 8.2 We will continue to learn lessons as we move through and beyond the pandemic period. The Strategic Plan set out the main impact as follows.

### **Impacts of increasing poverty on health and wellbeing**

- 8.3 While the full economic impact of the pandemic is still emerging it is clear that there have been negative consequences for businesses and employment prospects nationally and locally and that this is likely to worsen as supports including the furlough scheme come to an end. The evidence clearly links economic disadvantage with poorer physical and mental health outcomes. We know that the unemployment rate has risen significantly in East Renfrewshire and we have a high volume of people being furloughed. The 18-25 age group has particularly impacted with the proportion of this group claiming unemployment related benefits increasing significantly.

### **Potentially worsening health inequalities**

- 8.4 National evidence shows that the pandemic has had a disproportionate impact for disadvantaged communities and specific vulnerable groups. The loss of social support during the pandemic due to diminished or interrupted care and support has made disabled people, black and minority ethnic people, older people and children and young people more vulnerable. We have also seen at the UK level, that disadvantaged neighbourhoods and areas with poorer, high-density housing have been particularly badly affected by the pandemic.

### **Negative impacts on mental health and wellbeing**

- 8.5 Evidence indicates that the COVID-19 pandemic is associated with social isolation, distress, anxiety, fear of contagion, depression and insomnia in the general population. Studies have concluded there will be significant longer-term impacts on mental health and wellbeing. For some of the population this could exacerbate pre-existing psychiatric disorders and heighten risks of suicidal behaviour. A number of key groups are at higher risk of adverse mental health outcomes. These include front line staff, women, and people with underlying



health conditions, children and young people (up to age 25). Locally, we know that families and people we support are reporting worsening mental wellbeing.

### **Increased frailty and vulnerability**

- 8.6 Although the HSCP has succeeded in maintaining the vast majority of services throughout the pandemic we have been required to adapt provision and prioritise those in greatest need, particularly during the tightest lockdown restrictions. Some service areas have seen increasing levels of need, frailty and vulnerability among the individuals they are working with where lower level, preventative interventions have been reduced, and increased carer stress.

### **Impacts of ongoing Covid-19 restrictions**

- 8.7 It is unclear how long restrictions such as physical distancing will need to remain in place. These are impacting the way we are able to deliver our services, limiting the numbers of people we can bring into buildings and reducing face-to-face contact and group supports. Alternative approaches are in place and we will work with our partners to re-establish our services and preventative supports as soon as we can.

### **Impacts on the wellbeing and capacity on staff**

- 8.8 The Covid-19 pandemic has placed huge demands on the health and care workforce with frontline staff dealing with the immediate consequences of the pandemic and teams having to adjust to radically different ways of working. Staff teams have also had to work with reduced capacity as a result of sickness absence or staff self-isolating during the crisis. Given the level of stress staff are under and potential for staff to feel isolated it is essential that we continue to support staff resilience and connectedness.
- 8.9 There is a staff wellbeing group established, led by the Head of Service - Community and Wellbeing and this group is overseeing the response to assisting staff for the HSCP.

### **Changes as a result of Covid-19**

#### **Changing patterns of service use**

- 8.10 The pandemic period has seen new ways that people engage with services with increased use of telephone and video contact. In some instances such as 'wellness calls' people have been able to engage with services in quicker and more convenient ways. We must ensure that we understand people's expectations and preferences when accessing services and make sure that any positive changes to service delivery are retained (while not excluding any groups e.g. those without access to digital technology).

#### **Stronger communication across the partnership**

- 8.11 As a partnership the pandemic has brought into sharp focus our shared goals and the shared level of commitment across partner organisations. We have

seen increasingly supportive working relationships between statutory, independent and third sector partners. There have been better lines of communication between health professionals, including access to expert consultant advice for GPs, other primary care professionals and care home staff.

### **High levels of community and third sector activity**

- 8.12 During 2020 we saw high levels of support and participation in our communities. We saw a local surge in residents offering their time as volunteers as well as informal support within neighbourhoods. The experience of the pandemic has reinforced the crucial role of the community and third sectors in delivering essential support to our residents.

### **Capacity for change and innovation**

- 8.13 Over the course of the pandemic we have seen incredible resilience, commitment and creativity from staff. We have seen innovation and collaboration, between partner organisations and with our communities. This capacity for change and innovation will underpin our activity as we move forward to renewal.

### **Clinical and Care Governance Priorities 2021 -2022**

- 8.14 There are significant challenges facing the HSCP and these are reflected in the main aspects of dealing with the ongoing implications of Covid-19 and the move to recovery of services.
- 8.15 The direction of the Clinical and Care Governance Group will be reviewed in 2021 to implement a work plan for the group and provide an opportunity to reflect on the impact of Covid-19 and the priorities for Clinical and Care Governance. The work plan will help to inform and be informed by the NHS GGC Partnership and Community Clinical Governance Group.



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board	
<b>Held on</b>	22 September 2021	
<b>Agenda Item</b>	10	
<b>Title</b>	HSCP Recovery and Renewal Programme	
<b>Summary</b>		
<p>The purpose of this report is to update the Integration Joint Board on the HSCP Recovery and Renewal Programme. The Recovery and Renewal Programme combines the overall aims of both recovery and transformation under one programme. The programme will seek to ensure that the lessons learned during the pandemic are used to inform recovery as well as transform services in the future.</p>		
<b>Presented by</b>	Mairi Clare Armstrong Governance and Systems Manager	
<b>Action Required</b>		
<p>It is recommended that the Integration Joint Board note and comment on the development of the HSCP Recovery and Renewal Programme</p>		
<b>Directions</b>	<b>Implications</b>	
<input checked="" type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<input type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Workforce <input type="checkbox"/> Equalities <input type="checkbox"/> Risk <input type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**22 September 2021**

**Report by Chief Officer**

**HSCP RECOVERY AND RENEWAL PROGRAMME**

**PURPOSE OF REPORT**

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

**RECOMMENDATION**

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

**BACKGROUND**

1. Members will recall a presentation the May meeting of the Integration Joint Board on the proposed Recovery and Renewal Programme for the HSCP. The presentation outlined the programme of work to be undertaken that will seek to support the challenges faced in terms of operational recovery from Covid-19 whilst reflecting on and incorporating the lessons learned during this time.
2. Prior to the pandemic the HSCP had refreshed its existing change programme and had set out an ambitious change programme to support the delivery of key projects to transform service delivery and realise identified efficiencies. The programme was unavoidably put on hold to allow the HSCP to respond to the significant challenges presented by the pandemic. A separate recovery programme was subsequently established to oversee the return to service delivery after the first wave of the pandemic. This too had to be paused to allow focus on responding to the second wave of the pandemic. As the HSCP once more looks at entering into recovery mode it is believed the opportunity now exists to revisit the original change programme and expand this into a broader transformation programme which incorporates recovery.
3. The Recovery and Renewal Programme combines the overall aims of both recovery and transformation under one programme. The programme will seek to ensure that the lessons learned during the pandemic are used to inform recovery as well as transform services in the future. The aims and objectives of the programme are:
  - To establish a comprehensive programme of recovery and renewal to support key areas of change and development across the HSCP
  - Support the operational challenges faced by the partnership as a result of the pandemic
  - Focus on wellbeing and support of staff and those who use our services
  - Build on the lessons learned and new ways of working during the response and initial recovery phase
  - Work with those who use our services and our partners to develop and enhance services
  - Delivery of financial efficiencies and savings and potential realignment of resource
  - Informed by and informing the delivery of the current and future HSCP strategic plans

## REPORT

4. The HSCP recovery and renewal programme consists of four overarching themes under which projects are aligned. The four themes of the Recovery and Renewal Programme are:
  - Recovery
  - Wellbeing
  - Individuals Experience
  - Business Systems and Processes
5. Appendix 1 provides detail on the status of each project within the themes. Appendix 2 provides a high level project timeline.

### Programme Update

6. The formal governance to support the delivery of the HSCP Recovery and Renewal programme is in place. The programme board meet monthly to review programme progress, approve new projects and address any risks or issues raised. The board has met three times to date. The programme board is supported by the HSCP Change Programme Manager who ensures consistent governance as agreed by the Integration Joint Board.
7. As previously intimated to the Integration Joint Board resources will be required to support the delivery of the programme. Initial work has been completed to determine the resource requirements for both live and planned projects. The next step will be to finalise the required resources and identify sufficient funding. Such resources will be essential to the delivery of anticipated benefits outlined in the individual project plans.
8. At present there are seven live projects within the programme, a further seven planned and various future projects being considered.
9. Significant work has been undertaken on progressing the HSCP Case Recording System Replacement project. Detailed project planning has been completed including financial forecasts for both the solution itself and project team resources. In order to progress the project the necessary funding will have to be secured and we are currently working on a number of options.
10. The next steps will include the agreement of a communication and engagement plan to ensure all stakeholders are aware of project developments. Working in conjunction with the Accountancy Manager detailed financial modelling of benefits will continue to be refined.
11. Moving forward the HSCP will continue to develop the programme and provider regular updates to the Integration Joint Board.

## CONSULTATION AND PARTNERSHIP WORKING

12. As the programme evolves and projects are formally established, our staff, those who use our services, trade union colleagues and partner providers will be invited onto projects and working groups.

## IMPLICATIONS OF THE PROPOSALS

13. There are no implications arising from this report.

**DIRECTIONS**

14. There are no directions arising from this report.

**CONCLUSIONS**

15. The HSCP has commenced work on the Recovery and Renewal Programme, which combines the overall aims of both recovery and transformation under one programme.

**RECOMMENDATIONS**

16. It is recommended that the Integration Joint Board note and comment on the development of the HSCP Recovery and Renewal Programme

**REPORT AUTHOR AND PERSON TO CONTACT**

Lesley Bairden, Head of Finance & Resources (Chief Financial Officer)  
[Lesley.Bairden@eastrenfrewshire.gov.uk](mailto:Lesley.Bairden@eastrenfrewshire.gov.uk)  
0141 451 0749

Chief Officer, IJB: Julie Murray

September 2021

**BACKGROUND PAPERS**

IJB Paper 23 June 2021: Item 10. HSCP Recovery & Renewal Programme Update  
[https://www.eastrenfrewshire.gov.uk/media/5721/IJB-Item-10-23-June-2021/pdf/IJB\\_Item\\_10\\_-\\_23\\_June\\_2021.pdf?m=637590085619970000](https://www.eastrenfrewshire.gov.uk/media/5721/IJB-Item-10-23-June-2021/pdf/IJB_Item_10_-_23_June_2021.pdf?m=637590085619970000)

IJB May 2021: Item 6. Recovery and Renewal Programme Presentation, May 2021

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<b>RECOVERY THEME</b>		
<b>Project</b>	<b>Status</b>	<b>Comments</b>
HSCP Business Support – Working Smarter	<b>LIVE</b>	Project has been paused due to temporary unavailability of Project Manager caused by conflicting work priorities
Adult Vaccination Programme	<b>LIVE</b>	<p>Planning forecasts suggest requirement for c.1300 vaccines for the housebound population.</p> <p>Staffing rota currently being put together to cover this - confident of having sufficient staffing resources.</p> <p>HSCP focus will be on housebound and care home vaccinations only as staff vaccination will be carried out at mass vaccination clinics this year.</p> <p>Discussions have commenced with East Renfrewshire Culture &amp; Leisure Trust on moving mass vaccination site from Barrhead Foundry to Barrhead Health &amp; Care Centre late September.</p>
Staffing & Patients Access Arrangements – HSCP Premises	<b>LIVE</b>	Project currently paused as decision that two-metre social distancing to remain in place means that no further action is required at this stage.
Reflections and Learning from working during the pandemic*	<b>PLANNED</b>	Project Mandate approved on 22 July – work ongoing on the Project Brief that is expected to go to Recovery & Renewal Board on 23 September.
Review of Adult Social Care	<b>FUTURE</b>	Project Scope will be reflective of ongoing developments arising from the Feeley Report
<b>INDIVIDUAL'S EXPERIENCE THEME</b>		
<b>Project</b>	<b>Status</b>	<b>Comments</b>
Learning Disability	<b>LIVE</b>	<p>Recovery &amp; Renewal Board agreed to merge Learning Disability Overnight Support and Learning Disability Day Opportunities Project into one overall Learning Disability Development Project.</p> <p>Project Mandate approved on 26 August 2021.</p>
Care at Home Review Phase 2	<b>PLANNED</b>	Project Mandate expected to be approved by Recovery & Renewal Board on 23 September

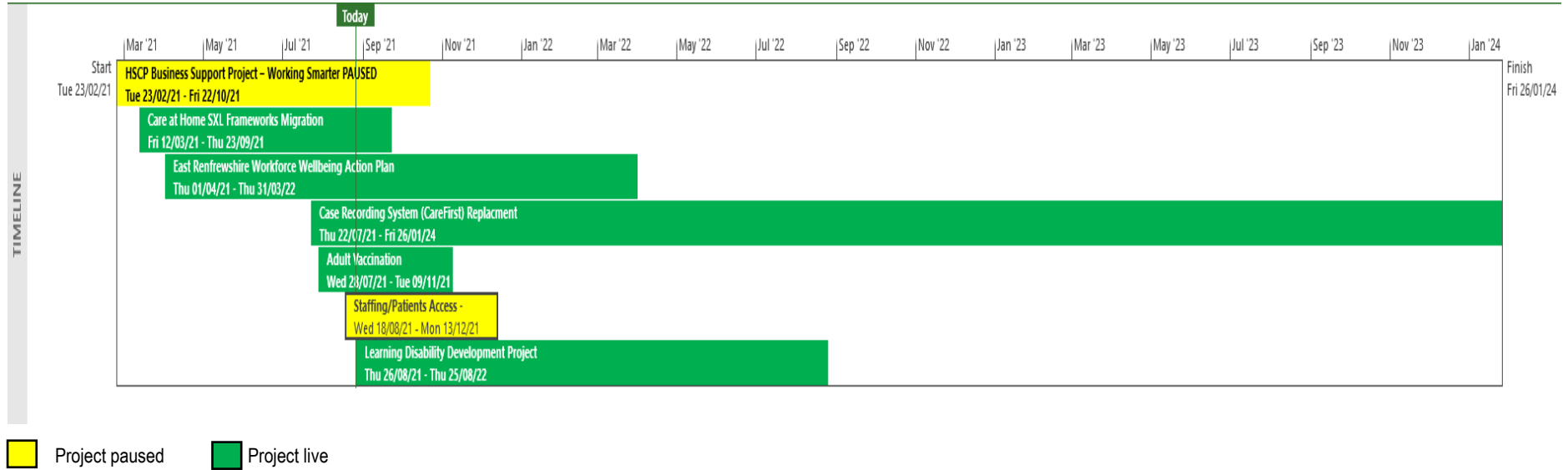
Individual Budget Calculator Review	<b>PLANNED</b>	Project Mandate will be submitted to Recovery & Renewal Board on 23 September 2021
Learning Disability Change Fund	<b>PLANNED</b>	Head of Service working in conjunction with Greater Glasgow and Clyde Health Board on project scope, objectives and resourcing. Update to follow.
Care Homes/ Alternative Housing Options	<b>FUTURE</b>	Require discussion with Head of Service on Aims, Objectives and Scope of project.
Digital Opportunities	<b>FUTURE</b>	Discussions have commenced around liaison with Modern Ambitious Programme (MAP) Board and Digital Board on how best to frame projects in this area. Also commenced exploratory discussions with Digital Scotland on learning from digital projects elsewhere.
Attend Anywhere	<b>FUTURE</b>	Require discussion with Head of Service on Aims, Objectives and Scope of project.
Review and developing the journey with those who use our services	<b>FUTURE</b>	Require clarity around lead service and discussion with Head of Service on Aims, Objectives and Scope of project.
<b>WELLBEING THEME</b>		
<b>Project</b>	<b>Status</b>	<b>Comments</b>
East Renfrewshire Workforce Wellbeing Action Plan	<b>LIVE</b>	Work on the plan commenced on 1 April. Updates being provided via Wellbeing Group minutes posted on R&R Teams Site
Development of Wellbeing Champions/Wellbeing Lead Role	<b>FUTURE</b>	Project will be split in two, with the Champions role development being separated from putting in place the lead role, for which preparatory work has commenced. Expect first update at next Recovery & Renewal Programme Board on 23 September 2021.
	<b>PLANNED</b>	
Bespoke Wellbeing Support for individual services	<b>LIVE</b>	Work on the plan commenced on 1 April. Updates being provided via Wellbeing Group minutes posted on Teams Site
Compassionate/Trauma Informed Responsive Leadership	<b>PLANNED</b>	Expected start date of 1 September 2021
<b>BUSINESS SYSTEMS AND PROCESSES THEME</b>		
<b>Project</b>	<b>Status</b>	<b>Comments</b>
Care at Home SXL Frameworks Migration	<b>LIVE</b>	Tying up final local contractual arrangements with both on-framework and off-framework providers in conjunction with ERC Procurement and Legal. Still expect to have Closure Report to Recovery & Renewal Board on 23 September

Case Recording System (CareFirst) Replacement	<b>LIVE</b>	Project Brief approved on 26 August 2021. Request for funding being considered.
Care at Home Scheduling System Replacement	<b>PLANNED</b>	Currently negotiating terms of 12-month extension with current supplier, due to timescale pressures within service, which has been agreed as best way forward. Once settled, fresh Project Brief now expected to come to Recovery & Renewal Board on 21 October 2021.
Payment/Pre-paid Cards	<b>PLANNED</b>	Requires fresh Project Mandate.
Review of Telephony System		Met with ICT and potential supplier for possible solution. Arranging discussion with NHS colleagues to ensure cross-compatibility. Proof of Concept demo carried out on 1 September.
Back office process automation (RPA)	<b>FUTURE</b>	Early steps to establish this project in 2020, was put on hold. Need to review original project mandate and refresh.
Information Governance and Data Cleansing	<b>FUTURE</b>	Requires discussion with Head of Service and Information Governance Officer to agree scope of project.
Technologies to support the frontline	<b>FUTURE</b>	Require discussion with Head of Service on Aims, Objectives and Scope of project.

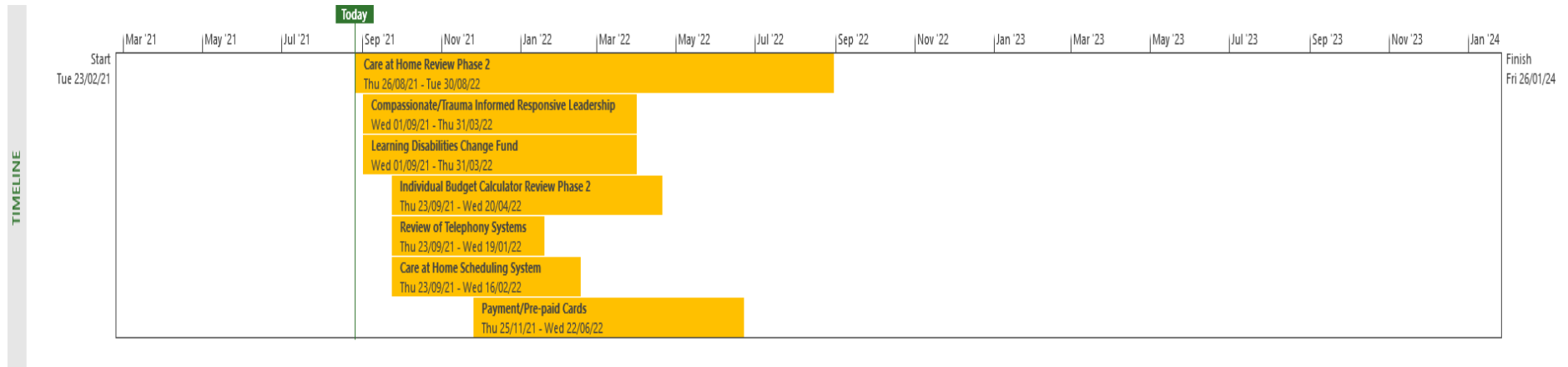
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# Project Timelines

## Live



## Planned



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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board	
<b>Held on</b>	22 September 2021	
<b>Agenda Item</b>	11	
<b>Title</b>	Revenue Budget Monitoring Report 2020/21; position as at 31 <sup>st</sup> July 2021	
<b>Summary</b>		
To provide the Integration Joint Board with financial monitoring information in relation to the revenue budget, as part of the agreed financial governance arrangements.		
<b>Presented by</b>	Ian McLean, Accountancy Manager (Depute Chief Financial Officer)	
<b>Action Required</b>		
The Integration Joint Board is asked to: <ul style="list-style-type: none"> <li>• note the projected outturn for the 2021/22 revenue budget</li> <li>• note the projected reserves balances</li> <li>• approve the requested budget virements</li> </ul>		
<b>Directions</b>	<b>Implications</b>	
<input type="checkbox"/> No Directions Required	<input checked="" type="checkbox"/> Finance	<input checked="" type="checkbox"/> Risk
<input type="checkbox"/> Directions to East Renfrewshire Council (ERC)	<input type="checkbox"/> Policy	<input type="checkbox"/> Legal
<input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)	<input type="checkbox"/> Workforce	<input type="checkbox"/> Infrastructure
<input checked="" type="checkbox"/> Directions to both ERC and NHSGGC	<input type="checkbox"/> Equalities	<input type="checkbox"/> Fairer Scotland Duty

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**22 September 2021**

**Report by Chief Financial Officer**

**REVENUE BUDGET MONITORING REPORT**

**PURPOSE OF REPORT**

1. To advise the Integration Joint Board of the projected outturn position of the 2021/22 revenue budget. This projection is based on ledger information as at 31<sup>st</sup> July 2021 and allowing for latest intelligence.

**RECOMMENDATIONS**

2. The Integration Joint Board is asked to:
  - note the projected outturn for the 2021/22 revenue budget
  - note the projected reserves balances
  - approve the requested budget virements

**BACKGROUND**

3. This report is part of the regular reporting cycle for ensuring that the HSCP financial governance arrangements are maintained. This is the first report for the financial year 2021/22 and provides the projected outturn for the year based on our latest information recognising we are still in a particularly difficult time. The projected costs against budget are continuously reviewed and refined throughout the year, as are the continuing Covid-19 cost implications.
4. The HSCP costs related to Covid-19 activity continue into 2021/22 and are reported to the Scottish Government via NHS Greater Glasgow and Clyde as the health boards are the leads on this reporting. The HSCP provides detailed estimated and actual costs across a number of categories and our current assumptions, which total just over £7.4 million. This is reviewed on a monthly basis and our projections are continually revised as we continue to respond to the pandemic. The projections included in this report assume full Covid-19 funding including support for unachieved savings. There is a significant risk to delivering a balanced budget without this support.
5. In line with previous reports the estimated costs are included in our overall financial position and the bottom line is a nil impact as we are projecting full funding, inclusive of the balance of the Covid-19 reserve we hold. Discussions are ongoing at a national level over funding, we continue to operate our PPE hub and we are working with our partner providers around sustainability support in line with the latest guidance.

6. To date the HSCP projected costs for 2021/22 and balance of funding required after reserves is summarised below:

	£ million
<b>Projected Costs:</b>	
Additional services and staffing including Mental Health Assessment, Community Treatment, Flu, GP, staffing across all response activity	2.871
Infrastructure, equipment, PPE	0.187
Sustainability	1.320
Unachieved savings	3.041
<b>Current Projected Local Mobilisation Plan Costs</b>	<b>7.419</b>
<b>Funded By:</b>	
COVID reserve (Carried forward from 20-21)	3.165
<b>Total Mobilisation Funding/reserves confirmed and received to date</b>	<b>3.165</b>
<b>Further Funding Required</b>	<b>4.254</b>

7. The projected costs for the year are based on the first quarter return made to Scottish Government. This shows that based on funds received in 2020/21 the HSCP has a current COVID reserve of £3.165m against current projected costs of 7.419m, leaving further funding required of £4.254m.
8. The changes to funding throughout the year and associated directions are an integral element of our revenue monitoring and as funding is confirmed this will be reflected in future reports and in Appendix 4 (Directions) in this report.
9. The HSCP Accountancy Team will continue to work through all funding receipts and allocations to ensure the transparency and integrity of budget monitoring is maintained in an ever changing environment.

## REPORT

10. The consolidated budget for 2021/22 and projected outturn position (with Covid-19 costs at nil impact) is reported in detail at Appendix 1. This shows a potential projected operational overspend of £0.497 million against a full year budget of £131.388 million (0.38%) after assumed contributions to and from reserves.
11. Full Covid-19 funding for our unachieved savings has not yet been confirmed although this has been included in our first quarter return to Scottish Government. We will update the board as the year progresses but this remains a risk to the partnership.
12. The consolidated budget and associated financial direction to our partners is detailed at Appendix 4. This is reported to each Integration Joint Board and reflects in year revisions to our funding contributions and associated directions.
13. The main projected operational variances are set out below. The projected costs are based on known care commitments, vacant posts and other supporting information from our financial systems as at 31<sup>st</sup> July 2021 and do allow for the latest known information.

14. **Children & Families Public Protection £281k underspend;** the projected underspend remains, due mainly to the current level of staff turnover and the costs of care packages
15. We have received the first tranche of the 2021/22 allocation to support our Children and Young Peoples Mental Health; the full allocation is confirmed at £261k.
16. **Older Peoples Services £552k underspend;** the projected underspend is a result of current care commitments and staff turnover within teams. In line with last year the underspend is mainly within residential and nursing care at £2.1 million. This is offset by an overspend in localities care at home commitments of £1.6m and is also partly offsetting the increased activity in Care at Home within Intensive Services. Work is ongoing to understand the post Covid-19 impact on demand and the associated financial implications in the longer term. At this stage, we just don't know what the new baseline will look like.
17. The Enhanced Care Home Support work continues through assurance visits and care plan reviews, with costs being included in our Covid-19 returns to Scottish Government.
18. The budget and projected costs include new funding of £76k from Scottish Government for District Nursing to support increased staffing.
19. **Physical & Sensory Disability £182k overspend;** the projected overspend is mainly due to care package commitment trends (£134k) and turnover not achieved.
20. **Learning Disability Community Services £668k underspend;** the projected underspend is mainly due to staffing underspends across the Learning Disability community teams (£414k) and projected care commitments (£254k). As we emerge from the pandemic we may see increased costs.
21. When we look at the collective position across the three adult care groups above (in paragraphs 16 to 18) this gives a total underspend across Barrhead and Eastwood localities of £1.038m million and the locality split is shown as an extract in Appendices 1 to 3 as an alternative presentation of these budgets and projected costs.
22. **Learning Disability Inpatients £nil variance;** it should be noted that whilst the projected costs are to budget this is a result of using £403k from the transitional funding reserves set up to support the long stay beds redesign. This cost pressure is a result of staff costs required to support increased observation and ensure the staffing ratios required to support complex needs is maintained. Should the special observations continue at the current level throughout the rest of the year, we may need to utilise the full reserves balance.
23. **Augmentative and Alternative Communication £nil variance;** whilst there is no projected variance shown the service has a reserve of £70k that may be utilised in part as the year progresses.
24. **Intensive Services £1,588k overspend;** the main cost pressure remains within Care at Home (both purchased and the in-house service) of £1,269k, within Bonnyton House as we emerge from the pandemic (£127k) and within Telecare (£479k), these areas in Intensive services are facing increased demand and pressure from trying to ensure we have capacity to deliver services. These costs are offset in part by staff turnover within day services of £287k and also in part by reduced costs within nursing and residential care and we will continue to monitor activity with a view to some budget realignment during 2021/22.

25. **Recovery Services Mental Health & Addictions £194k overspend;** Current care commitments are causing some pressure within Mental Health (£455k) although this is offset by turnover and care costs within the addictions service (£75k) and within Mental Health Adult Community Services (£170k). The committed costs for Mental Health are an increase on previous year costs and we expect service demand and pressures in this area, however there may be scope to review this as the year progresses in light of any further funding opportunities.
26. **Prescribing Nil Variance;** as we emerge from the pandemic, there is very early data showing an increase in demand from the previous year and further updates will follow as trends solidify as the prescribing activity changes through recovery. We are working closely with colleagues at the Health Board analysing and modelling the various potential implications.
27. **Finance & Resources £30k overspend;** this budget meets the cost of a number of HSCP wide costs, including recharges for prior year pension costs for which a prudent projection is included.
28. **Primary Care Improvement Plan, Alcohol and Drugs and Mental Health Action 15;** we have had confirmation from the Scottish Government of our current year allocations and that reserves balances are expected to be used as part of the cash flow supporting the allocation process. Appendices 8 to 10 give a summarised position against each funding initiative.
29. The current projected revenue budget overspend of £0.497 million will be taken from our budget savings reserve, subject to final outturn and agreed reserves position at the end of the financial year.
30. The reserves position is reported in full at Appendix 5. Spending plans against reserves highlight recovery activity as we emerge from pandemic and as mentioned above a full utilisation of the Covid-19 reserve.
31. The IJB is requested to approve the budget virements detailed at Appendix 7 resulting from the allocation of new funding and the re-allocation of savings from a summary to detailed level across service areas.

## IMPLICATIONS OF THE PROPOSALS

### Finance

32. The savings agreed by the IJB as part of the budget set in March 2021 are set out at Appendix 6. Our capacity to deliver these savings in year is significantly impacted as we work through Covid-19. The impact on savings delivery along with any implications from our recovery programme will continue to be reported to the IJB during 2021/22.
33. A revised Medium-Term Financial plan was brought to the IJB in June. At this stage there are no specific issues requiring revision to the plan, however we are working through the Agenda for Change and other pay awards to ensure we do not have any underlying cost pressures; we also continue to try to better understand the post Covid-19 landscape.
34. Per our quarter 1 Covid-19 funding return we are anticipating full support and this is reflected in our projected costs and income.

35. We continue to make sustainability payments to our partner providers, in line with nationally agreed principles and we continue to review requests for additional costs incurred.

### Risk

36. The previously reported significant risk to the IJB that all Covid-19 related costs would not be fully funded remains in the financial year, although this was fully mitigated in 2020/21. The ongoing implications for 2021/22 continue to be assessed.
37. There are several further risks which could impact on the current and future budget position; including:
- Maintaining capacity to deliver our services
  - Achieving all existing savings on a recurring basis
  - The impact of Covid-19 on our partner providers and the care service market
  - Prescribing costs exceeding budget and reserve over the longer term
  - Observation and Out of Area costs within Specialist Learning Disability Services

### **DIRECTIONS**

38. The running budget reconciliation which forms part of financial directions to our partners is included at Appendix 4.
39. The report reflects a projected breakeven position after the potential net contribution of £0.497 million to reserves for the year to 31 March 2022.

### **CONSULTATION AND PARTNERSHIP WORKING**

40. The Chief Financial Officer has consulted with our partners.
41. This revenue budget reflects the consolidation of funding from both East Renfrewshire Council and NHS Greater Glasgow and Clyde. The HSCP operates under the Financial Regulations as approved by the Performance and Audit Committee on 18 December 2015 and reviewed March 2020. Please note that a review of the financial regulations and reserves policy will be considered by the Performance and Audit Committee on the 22<sup>nd</sup> September 2021.

### **CONCLUSIONS**

42. Appendix 1 reports a potential projected underspend of £0.497 million for the year to 31 March 2022. This is subject to the IJB approval of proposed transfers to reserves as part of the year end process.

### **RECOMMENDATIONS**

43. The Integration Joint Board is asked to note:
- note the projected outturn for the 2021/22 revenue budget
  - note the projected reserves balances
  - approve the requested budget virements

### **REPORT AUTHOR**

Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)  
[lesley.bairden@eastrenfrewshire.gov.uk](mailto:lesley.bairden@eastrenfrewshire.gov.uk)

0141 451 0749

2 September 2021

Chief Officer, IJB: Julie Murray

## **BACKGROUND PAPERS**

IJB 12.05.2020 – Revenue Budget Monitoring Report

IJB 17.03.2020 – Revenue Budget Monitoring Report

[https://www.eastrenfrewshire.gov.uk/media/1415/Integration-Joint-Board-Item-07-18-March-2020/pdf/Integration Joint Board Item 07 - 18 March 2020.pdf?m=637284278222670000](https://www.eastrenfrewshire.gov.uk/media/1415/Integration-Joint-Board-Item-07-18-March-2020/pdf/Integration%20Joint%20Board%20Item%2007%20-%2018%20March%202020.pdf?m=637284278222670000)

IJB 03.02.2020 – Revenue Budget Monitoring Report

[https://www.eastrenfrewshire.gov.uk/media/4560/Integration-Joint-Board-item-8-3-February-2021/pdf/Integration Joint Board item 8 - 3 February 2021.pdf?m=637472533272900000](https://www.eastrenfrewshire.gov.uk/media/4560/Integration-Joint-Board-item-8-3-February-2021/pdf/Integration%20Joint%20Board%20item%208%20-%203%20February%202021.pdf?m=637472533272900000)

IJB 25.11.2020 – Revenue Budget Monitoring Report

[https://www.eastrenfrewshire.gov.uk/media/4342/Integration-Joint-Board-item-13-25-November-2020/pdf/Integration Joint Board Item 13 - 25 November 2020.pdf?m=637413167020300000](https://www.eastrenfrewshire.gov.uk/media/4342/Integration-Joint-Board-item-13-25-November-2020/pdf/Integration%20Joint%20Board%20Item%2013%20-%2025%20November%202020.pdf?m=637413167020300000)

IJB 23.09.2020 – Revenue Budget Monitoring Report

[https://www.eastrenfrewshire.gov.uk/media/3203/Integration-Joint-Board-Item-12-23-September-2020/pdf/Integration Joint Board Item 12 - 23 September 2020.pdf?m=637354314872300000](https://www.eastrenfrewshire.gov.uk/media/3203/Integration-Joint-Board-Item-12-23-September-2020/pdf/Integration%20Joint%20Board%20Item%2012%20-%2023%20September%202020.pdf?m=637354314872300000)

IJB 12.08.2020 – Revenue Budget Monitoring Report

[https://www.eastrenfrewshire.gov.uk/media/1761/Integration-Joint-Board-Item-10-12-August-2020/pdf/Integration Joint Board Item 10 - 12 August 2020.pdf?m=637321474691400000](https://www.eastrenfrewshire.gov.uk/media/1761/Integration-Joint-Board-Item-10-12-August-2020/pdf/Integration%20Joint%20Board%20Item%2010%20-%2012%20August%202020.pdf?m=637321474691400000)

IJB 24.06.2020 – Revenue Budget Monitoring Report

[https://www.eastrenfrewshire.gov.uk/media/1403/Integration-Joint-Board-Item-09-24-June-2020/pdf/Integration Joint Board Item 09 - 24 June 2020.pdf?m=637284227752900000](https://www.eastrenfrewshire.gov.uk/media/1403/Integration-Joint-Board-Item-09-24-June-2020/pdf/Integration%20Joint%20Board%20Item%2009%20-%2024%20June%202020.pdf?m=637284227752900000)

IJB 18.03.2020 – Revenue Budget Monitoring Report

[https://www.eastrenfrewshire.gov.uk/media/1415/Integration-Joint-Board-Item-07-18-March-2020/pdf/Integration Joint Board Item 07 - 18 March 2020.pdf?m=637284278222670000](https://www.eastrenfrewshire.gov.uk/media/1415/Integration-Joint-Board-Item-07-18-March-2020/pdf/Integration%20Joint%20Board%20Item%2007%20-%2018%20March%202020.pdf?m=637284278222670000)

## Consolidated Monitoring Report

## Projected Outturn Position to 31st March 2022

Objective Analysis	Full Year			
	Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Public Protection - Children & Families	12,957,000	12,676,000	281,000	2.17%
Public Protection - Criminal Justice	19,000	19,000	-	0.00%
Adult Localities Services				
Older People	22,703,000	22,151,000	552,000	2.43%
Physical & Sensory Disability	5,393,000	5,575,000	(182,000)	(3.37%)
Learning Disability - Community	15,184,000	14,516,000	668,000	4.40%
Learning Disability - Inpatients	8,740,000	8,740,000	0	0.00%
Augmentative and Alternative Communication	71,000	71,000	0	0.00%
Intensive Services	11,510,000	13,098,000	(1,588,000)	(13.80%)
Recovery Services - Mental Health	4,874,000	5,136,000	(262,000)	(5.38%)
Recovery Services - Addictions	1,750,000	1,682,000	68,000	3.89%
Family Health Services	25,700,000	25,700,000	0	0.00%
Prescribing	16,249,000	16,249,000	0	0.00%
Finance & Resources	6,238,000	6,272,000	(34,000)	(0.55%)
<b>Net Expenditure</b>	<b>131,388,000</b>	<b>131,885,000</b>	<b>(497,000)</b>	<b>(0.38%)</b>
<b>Contribution to / (from) Reserve</b>	<b>-</b>	<b>(497,000)</b>	<b>497,000</b>	<b>-</b>
<b>Net Expenditure</b>	<b>131,388,000</b>	<b>131,388,000</b>	<b>-</b>	<b>-</b>

Figures as at 31 July 2021

<b>Net Contribution To / (From) Reserves</b>	£ <b>(497,000)</b>
Analysed by Partner contribution;	
Health	121,000
Social Care	(618,000)
<b>Net Contribution To / (From) Reserves</b>	<b>(497,000)</b>

## Additional information - Adult Localities

Objective Analysis	Full Year			
	Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Localities Services - Barrhead	19,344,000	18,348,000	996,000	5.15%
Localities Services - Eastwood	23,936,000	23,894,000	42,000	0.18%
<b>Net Expenditure</b>	<b>43,280,000</b>	<b>42,242,000</b>	<b>1,038,000</b>	<b>2.40%</b>

## Council Monitoring Report

## Projected Outturn Position to 31st March 2022

Subjective Analysis	Full Year			
	Budget	Projected	Variance	Variance
	£	Outturn	(Over) / Under	(Over) / Under
Employee Costs	23,557,000	26,545,000	(2,988,000)	(12.68%)
Property Costs	938,000	929,000	9,000	0.96%
Supplies & Services	1,889,000	2,655,000	(766,000)	(40.55%)
Transport Costs	258,000	302,000	(44,000)	(17.05%)
Third Party Payments	41,327,000	45,040,000	(3,713,000)	(8.98%)
Support Services	2,420,000	2,420,000	-	0.00%
Income	(16,684,000)	(23,568,000)	6,884,000	(41.26%)
<b>Net Expenditure</b>	<b>53,705,000</b>	<b>54,323,000</b>	<b>(618,000)</b>	<b>(1.15%)</b>

<b>Contribution to / (from) Reserve</b>	-	<b>(618,000)</b>	<b>618,000</b>	-
<b>Net Expenditure</b>	<b>53,705,000</b>	<b>53,705,000</b>	-	-

Objective Analysis	Full Year			
	Budget	Projected	Variance	Variance
	£	Outturn	(Over) / Under	(Over) / Under
3.i Public Protection - Children & Families	9,810,000	9,410,000	400,000	4.08%
Public Protection - Criminal Justice	19,000	19,000	-	0.00%
Adult Localities Services			-	
Older People	14,513,000	13,906,000	607,000	4.18%
Physical & Sensory Disability	4,819,000	5,001,000	(182,000)	(3.78%)
Learning Disability	9,589,000	9,086,000	503,000	5.25%
Intensive Services	10,530,000	12,118,000	(1,588,000)	(15.08%)
Recovery Services - Mental Health	1,386,000	1,818,000	(432,000)	(31.17%)
Recovery Services - Addictions	273,000	197,000	76,000	27.84%
Finance & Resources	2,766,000	2,768,000	(2,000)	(0.07%)
<b>Net Expenditure</b>	<b>53,705,000</b>	<b>54,323,000</b>	<b>(618,000)</b>	<b>(1.15%)</b>

<b>Contribution to / (from) Reserve</b>	-	<b>(618,000)</b>	<b>618,000</b>	
<b>Net Expenditure</b>	<b>53,705,000</b>	<b>53,705,000</b>	-	

## Notes

1 Figures as at 31 July 2021

2 The projected underspend / (overspend) will be taken to/(from) reserves at year end.

3 Contribution To Reserves is made up of the following transfer;

Net Contribution to / (from) Reserves	£
	<u>(618,000)</u>

## 4 Additional information - Adult Localities

Objective Analysis	Full Year			
	Budget	Projected	Variance	Variance
	£	Outturn	(Over) / Under	(Over) / Under
Localities Services - Barrhead	13,373,000	12,382,000	991,000	7.41%
Localities Services - Eastwood	15,549,000	15,612,000	(63,000)	(0.41%)
<b>Net Expenditure</b>	<b>28,922,000</b>	<b>27,994,000</b>	<b>928,000</b>	<b>(3.21%)</b>



## NHS Monitoring Report

## Projected Outturn Position to 31st March 2022

Subjective Analysis	Full Year			
	Full Year Budget	Projected Outturn	Variance (Over) / Under	Variance (Over) / Under
	£	£	£	%
Employee Costs	21,198,000	20,437,000	761,000	3.59%
Non-pay Expenditure	48,759,000	49,399,000	(640,000)	(1.31%)
Resource Transfer/Social Care Fund	12,514,000	12,514,000	-	0.00%
Income	(4,788,000)	(4,788,000)	-	0.00%
<b>Net Expenditure</b>	<b>77,683,000</b>	<b>77,562,000</b>	<b>121,000</b>	<b>0.16%</b>

<b>Contribution to / (from) Reserve</b>	-	<b>121,000</b>	<b>(121,000)</b>	-
<b>Net Expenditure</b>	<b>77,683,000</b>	<b>77,683,000</b>	-	-

Objective Analysis	Full Year			
	Full Year Budget	Projected Outturn	Variance (Over) / Under	Variance (Over) / Under
	£	£	£	%
Childrens Services	3,052,000	3,171,000	(119,000)	(3.90%)
Adult Community Services	4,463,000	4,518,000	(55,000)	(1.23%)
Learning Disability - Community	1,074,000	909,000	165,000	15.36%
Learning Disability - Inpatient	8,740,000	8,740,000	-	0.00%
Augmentative and Alternative Communication	71,000	71,000	-	0.00%
Family Health Services	25,700,000	25,700,000	-	0.00%
Prescribing	16,249,000	16,249,000	-	0.00%
Recovery Services - Mental Health	2,770,000	2,600,000	170,000	6.14%
Recovery Services - Addictions	970,000	978,000	(8,000)	(0.82%)
Finance & Resources	3,190,000	3,222,000	(32,000)	(1.00%)
Resource Transfer	11,404,000	11,404,000	-	0.00%
<b>Net Expenditure</b>	<b>77,683,000</b>	<b>77,562,000</b>	<b>121,000</b>	<b>0.16%</b>

<b>Contribution to / (from) Reserve</b>	-	<b>121,000</b>	<b>(121,000)</b>	<b>0.00%</b>
<b>Net Expenditure</b>	<b>77,683,000</b>	<b>77,683,000</b>	-	<b>0.00%</b>

## Notes

1 Figures as at 31 July 2021

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

	£
Public Protection - Children & Families	95,000
Adult Localities Services	
Older People	3,727,000
Physical & Sensory Disability	574,000
Learning Disability	4,521,000
Intensive Services	980,000
Recovery Services - Mental Health	718,000
Recovery Services - Addictions	507,000
Finance & Resources	282,000
	<u>11,404,000</u>

Localities Services - Barrhead	4,664,430
Localities Services - Eastwood	4,157,570

3 Net Contribution to / (from) Reserves 121,000

3.i NB: Projected costs assumes reserves contributions detailed in Appendix 5

4 Additional information - Adult Localities

Objective Analysis	Full Year			
	Full Year Budget	Projected Outturn	Variance (Over) / Under	Variance (Over) / Under
	£	£	£	%
Localities Services - Barrhead	1,307,000	1,303,000	4,000	0.31%
Localities Services - Eastwood	4,230,000	4,124,000	106,000	2.51%
<b>Net Expenditure</b>	<b>5,537,000</b>	<b>5,427,000</b>	<b>110,000</b>	<b>1.99%</b>

**East Renfrewshire HSCP - Revenue Budget Monitoring 2021/22**  
**Budget Reconciliation & Directions**

**Appendix 4**

	NHS £000	ERC £000	IJB £000	Total £000
Funding Sources to the IJB				
1 Original Revenue Budget Contributions	73,504	53,705		127,209
Criminal Justice Grant Funded Expenditure		614		614
Criminal Justice Grant		(614)		(614)
FHS / GMS budget adjustments	843			843
Primary Care Improvement Fund Tranche 1	1,256			1,256
Mental Health Action 15 Tranche 1	255			255
ADP Funding Tranche 1	218			218
Prescribing Transfer of Central Budgets and Other	732			732
Pay Award - Agenda for Change	443			443
Adjustments to recurring budget	356			356
Additional District Nursing Funding	76			76
	77,683	53,705	-	131,388
Funding Outwith Revenue Contribution				
Housing Aids & Adaptations *		400		400
Set Aside Hospital Services Opening Budget	32,642			32,642
Total IJB Resources	110,325	54,105	-	164,430
Directions to Partners				
Revenue Budget	77,683	53,705	-	131,388
Criminal Justice Grant Funded Expenditure		614		614
Criminal Justice Grant		(614)		(614)
1 Resource Transfer & Recharges	(12,514)	12,514		0
Carers Information	58	(58)		0
	65,227	66,161	-	131,388
Housing Aids & Adaptations *		400		400
Set Aside Hospital Services Budget	32,642			32,642
	<b>97,869</b>	<b>66,561</b>	-	<b>164,430</b>

\* includes capital spend

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

Earmarked Reserves	Reserve Carry Forward to 2021/22 £'000	2021/22 Projected spend £'000	Projected balance 31/03/22 £'000	comment
<b>Scottish Government Funding</b>				
Mental Health - Action 15	156		156	Being reviewed alongside recovery and renewal
Alcohol & Drugs Partnership	191		191	Being reviewed alongside recovery and renewal
Drugs Death Task Force	39		39	Being reviewed alongside recovery and renewal
Primary Care Improvement	877		877	Plans being worked on
Primary Care Transformation Fund	37		37	Plans being worked on
GP Premises Fund	101		101	Plans being worked on
COVID and Winter Planning	3,165	3,165	0	Expect to spend in full
<b>Scottish Government Funding</b>	<b>4,566</b>	<b>3,165</b>	<b>1,401</b>	
<b>Bridging Finance</b>				
Budget Savings Reserve	1,860	497	1,363	Assumed based on current projected overspend
In Year Pressures Reserve	165		165	Will be applied as required
Prescribing	510		510	To smooth prescribing pressures
<b>Bridging Finance</b>	<b>2,535</b>	<b>497</b>	<b>2,038</b>	
<b>Children &amp; Families</b>				
Residential Accommodation	460	150	310	To smooth the impact of high cost residential placements over time
Health Visitors	183	118	65	To support capacity and training
Home & Belonging	58	58	0	Expect to fully utilise
School Counselling	687	420	267	Plans in place for recovery
Children & Young Peoples Mental Health Framework	127	127	0	Expect to fully utilise
Recovery Activity - Partners	101	101	0	Expect to fully utilise
Continuing Care / Child Healthy Weight	15	15	0	Expect to fully utilise
<b>Children &amp; Families</b>	<b>1,631</b>	<b>989</b>	<b>642</b>	
<b>Transitional Funding</b>				
Learning Disability Specialist Services	654	403	251	Funding Challenging Behaviour Manager post for 20 months from April and additional costs of observations
Community Living Change Fund	295		295	New funding to support learning disability change local and system wide
<b>Total Transitional Funding</b>	<b>949</b>	<b>403</b>	<b>546</b>	
<b>Adult Services</b>				
District Nursing	74	74	0	To support capacity and training - aligned with planned activity
Mental Health - Community Psychology	16		16	To support additional sessions for recovery
Care Home Oversight Support	51	51	0	To support recovery
Augmentative & Alternative Communication	70		70	To support additional session for recovery
Addictions - Residential Rehab	37		37	To smooth the impact of residential placements
<b>Adult Services</b>	<b>248</b>	<b>125</b>	<b>123</b>	
<b>Repairs &amp; Renewals</b>				
Repairs, Furniture and Specialist Equipment	100		100	Environmental works approved by IJB in 2019/20, delayed due to COVID not currently required
<b>Repairs &amp; Renewals</b>	<b>100</b>	<b>0</b>	<b>100</b>	
<b>Capacity</b>				
Partnership Strategic Framework	92	58	34	To fund post in current year. Following year funding committed to support procurement activity
Organisational Learning & Development	92		92	Being reviewed alongside recovery and renewal
<b>Capacity</b>	<b>184</b>	<b>58</b>	<b>126</b>	
<b>Total All Earmarked Reserves</b>	<b>10,213</b>	<b>5,237</b>	<b>4,976</b>	
<b>General Reserves</b>				
East Renfrewshire Council	109	0	109	
NHSGCC	163	0	163	
<b>Total General Reserves</b>	<b>272</b>	<b>0</b>	<b>272</b>	
<b>Grand Total All Reserves</b>	<b>10,485</b>	<b>5,237</b>	<b>5,248</b>	

NB: Subject to audited annual report and accounts 2020/21

East Renfrewshire HSCP - Revenue Budget Monitoring 2021/22  
Analysis of Savings Delivery

Appendix 6

Saving	2021/22 Required £	Projected Saving £	Comments
Adult Care packages	265,000	265,000	Saving applied to budget and achieved
Discretionary spend moratorium	120,000	120,000	Saving applied to budget and achieved
Increased Charges	20,000	20,000	Saving applied to budget and achieved
Freeze Uplift on non-pay - manage through efficiency	150,000	150,000	Saving applied to budget and achieved
Property Savings - lease and other	100,000	100,000	Saving applied to budget and achieved
Travel and Other running costs	60,000	60,000	Saving applied to budget and achieved
Early Identified savings - Recovery and Renewal	432,000	432,000	Work ongoing to achieve these savings in year
Unachieved savings being reviewed as part of Recovery and Renewal	3,041,000	-	Included as part of Covid related cost pressures to Scottish Government, remains subject to confirmation
<b>Sub Total</b>	<b>4,188,000</b>	<b>1,147,000</b>	
Freeze Uplift on non-pay - manage through efficiency	61,000	61,000	Saving applied to budget and achieved
Travel and Other running costs	31,000	31,000	Saving applied to budget and achieved
Learning Disability Services local saving from redesign	100,000	100,000	Saving applied to budget and achieved
<b>Sub Total</b>	<b>192,000</b>	<b>192,000</b>	
<b>Total HSCP Saving Challenge</b>	<b>4,380,000</b>	<b>1,339,000</b>	

Note: capacity to deliver savings impacted by COVID response.

East Renfrewshire HSCP - Revenue Budget Monitoring 2021/22  
Budget Virement

Appendix 7

Subjective Analysis	2020/21 Budget Virement					
	2021/22 Opening Budget £	(1) £	(2) £	(3) £	2021/22 Budget £	Total Virement £
Employee Costs	23,869,000		(312,000)		23,557,000	(312,000)
Property Costs	938,000				938,000	0
Supplies & Services	1,889,000				1,889,000	0
Transport Costs	237,000		21,000		258,000	21,000
Third Party Payments	40,957,000		370,000		41,327,000	370,000
Support Services	2,420,000		0		2,420,000	0
Income	(15,991,000)	(614,000)	(79,000)		(16,684,000)	(693,000)
<b>Net Expenditure</b>	<b>54,319,000</b>	<b>(614,000)</b>	<b>0</b>		<b>53,705,000</b>	<b>(614,000)</b>

Objective Analysis	2020/21 Budget Virement					
	2021/22 Opening Budget £	(1) £	(2) £	(3) £	2021/22 Budget £	Total Virement £
Public Protection - Children & Families	9,810,000				9,810,000	0
Public Protection - Criminal Justice	633,000	(614,000)			19,000	(614,000)
Adult Health - Localities Services	0					
Older People	13,445,000		834,000	234,000	14,279,000	834,000
Physical & Sensory Disability	4,521,000		298,000		4,819,000	298,000
Learning Disability	8,217,000		1,372,000		9,589,000	1,372,000
Adult Health - Intensive Services	10,485,000		45,000		10,530,000	45,000
Recovery Services - Mental Health	1,536,000		84,000	(234,000)	1,620,000	84,000
Recovery Services - Addictions	273,000				273,000	0
Finance & Resources	5,399,000		(2,633,000)		2,766,000	(2,633,000)
<b>Net Expenditure</b>	<b>54,319,000</b>	<b>(614,000)</b>	<b>0</b>	<b>0</b>	<b>53,705,000</b>	<b>(614,000)</b>

Note:

- 1 Criminal Justice Ring Fenced Grant funding received
- 2 Consolidation of unachieved savings into Finance and Resources
- 3 Adult Support and Protection Team - moved to Older People in the structure

## East Renfrewshire HSCP - Revenue Budget Monitoring 2021/22

## Appendix 8

## Primary Care Improvement Plan

Service	Planned Programme Costs	Projected Programme Costs	Projected Variance
	£	£	£
Pharmacist	785,000	699,000	86,000
Advanced Nurse Practitioners	172,000	87,000	85,000
Advanced Practice Physiotherapists	167,000	149,000	18,000
Community Mental Health Link Workers	73,000	73,000	0
Community Healthcare Assistants / Treatment Room *	297,000	341,000	(44,000)
Vaccine Transformation Programme	710,000	417,000	293,000
Programme Support / CQL / Pharmacy First	191,000	128,000	63,000
<b>Total Cost</b>	<b>2,395,000</b>	<b>1,894,000</b>	<b>501,000</b>
<b>Funded by:</b>			
In Year Funding		2,467,000	
Reserve Balance		877,000	
<b>Total Funding</b>		<b>3,344,000</b>	
Potential reserve at year end based on current projection		1,450,000	

NB Plans to utilise existing reserve being developed

Service	Planned Programme Costs	Actual Programme Costs	Projected Variance
	£	£	£
Staff costs - Board wide	183,000	183,000	0
Programme Support	30,000	30,000	0
Other Staff costs	176,000	176,000	0
Other - Peer Support Deliver Service	55,000	55,000	0
Staff costs - MHAU Band 5	-	-	0
Supplies	-	-	0
<b>Total Cost</b>	<b>444,000</b>	<b>444,000</b>	<b>0</b>
<b>Funded by:</b>			
In Year Funding		499,000	
Reserve Balance		156,000	
<b>Total Funding</b>		<b>655,000</b>	
Potential reserve at year end based on current projection		211,000	

NB Plans to utilise existing reserve being developed

East Renfrewshire HSCP - Revenue Budget Monitoring 2021/22  
Alcohol & Drugs Partnership Local Improvement Funding

Appendix 10

Service	Planned Programme Costs	Actual Programme Costs	Projected Variance
	£	£	£
Reducing waiting times for treatment and support services	49,000	49,000	0
Development of Recovery Communities	130,000	130,000	0
Peer Support	25,000	25,000	0
<b>Total Cost</b>	<b>204,000</b>	<b>204,000</b>	<b>0</b>
<b>Funded by:</b>			
In Year Funding	0	266,000	
Reserve Balance	0	191,000	
<b>Total Funding</b>	<b>0</b>	<b>457,000</b>	
Potential reserve at year end based on current projection		253,000	

NB Plans to utilise existing reserve being developed





<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board	
<b>Held on</b>	22 September 2021	
<b>Agenda Item</b>	12	
<b>Title</b>	Charging for Services 2022/23	
<b>Summary</b>		
To provide members of the Integration Joint Board with the proposed charges within the HSCP for the financial year 2022/23, as set out in the attached draft Cabinet paper which is seeking agreement of the proposed increase to existing charges.		
<b>Presented by</b>	Ian McLean, Accountancy Manager (Depute Chief Financial Officer)	
<b>Action Required</b>		
The Integration Joint Board is asked to:		
<ul style="list-style-type: none"> <li>• Agree the proposed inflation increases to existing charges for 2022/23 and remit the attached paper to East Renfrewshire Council's Cabinet on 25 November 2021</li> <li>• Note the addition of a new clause to the Non Residential Charging Policy revised for 2021/22 under point 4 "Residential Rehabilitation; will not incur any individual contribution given the timing and nature of this service". The policy is attached for information.</li> </ul>		
<b>Directions</b>	<b>Implications</b>	
<input checked="" type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<input checked="" type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Workforce <input type="checkbox"/> Equalities <input type="checkbox"/> Risk <input type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty	

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EAST RENFREWSHIRE COUNCILCABINET25 November 2021Report by Chief Officer – Health and Social Care PartnershipHEALTH AND SOCIAL CARE PARTNERSHIP - CHARGING FOR SERVICES 2022/23**PURPOSE OF REPORT**

1. To update Cabinet on the proposed charges within the Health and Social Care Partnership (HSCP) for financial year 2022/23.

**RECOMMENDATION**

2. The Cabinet is asked to:
- (a) Note this update on charging within the HSCP; and
  - (b) Agree the proposed increase to existing charges

**BACKGROUND**

3. This report is produced annually and identifies the proposed charging increases for 2022/23. 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.

4. The Integration Joint Board received this charging report at its meeting on 22nd September and agreed to remit the 2022/23 charging increases to Cabinet for approval.

**REPORT**

5. The standard rate of inflation at 3.7% is the basis of increase to the existing charges within the HSCP. As with prior years this has been rounded up or down to the nearest £0.05. The proposed treatment of each existing charge is set out below:

<b>Service</b>	<b>2021/22 Charge</b>	<b>Proposed Change</b>	<b>2022/23 Proposed Charge</b>
	£		£
Community Alarms (per week)	2.65	Increase by £0.10 (3.8%)	2.75
Meals 2 courses	4.70	Increase by £0.20 (4.3%)	4.90
Meals 3 courses	4.90	Increase by £0.20 (4%)	5.10
Room Hire (per day)	6.70	Increase by £0.20 (3%)	6.90
Day care Charges to Other Local Authorities (per day)	118.10	Increase by £4.40 (3.7%)	122.50
Blue Badges (per application)	20.00	No change proposed	20.00
Bonnyton Residential Care (per week)	750.70	Increase by £27.8 (3.7%)	778.50
Inclusive Support Holiday Programme (per day)	36.60	Increase by £1.40 (3.8%)	38.00

6. The proposed contribution level for Individual Budgets was previously agreed at 5% of the chargeable element of the budget. Where an individual budget is in place the contribution will supersede any charge for individual aspects of a care package listed above. This has not yet been implemented, the review of the Individual Budget calculator was postponed during the pandemic. The current National Care Service consultation may determine policy changes around non-residential charging.

7. The HSCP has a non-residential care charging policy in place to support the charges above.

#### **FINANCE AND EFFICIENCY**

8. All financial issues are included in the report above. The proposed charges, as set out in the table above, will generate a potential £31,400 income when the uplifts are applied to income budgets; in real terms the income achieved will depend on the service delivery and demand, particularly as we emerge from the pandemic.

9. The assessment of the contribution from the implementation of Individual Budgets was impacted by COVID-19 as was the work to review the calculator. This work has recently recommenced as part of the HSCP Recovery and Renewal programme.

#### **CONSULTATION**

10. A full consultation and equalities impact assessment were undertaken prior to implementation of the Individual Budget proposals.

#### **PARTNERSHIP WORKING**

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

#### **IMPLICATIONS OF THE PROPOSALS**

12. A full equalities impact assessment was undertaken as part of the development of the Individual Budget implementation.

13. There are no implications in relation to staffing, property, legal, sustainability or IT implications

#### **CONCLUSIONS**

14. The proposed increases to existing charges are in line with inflation.

#### **RECOMMENDATIONS**

15. The Cabinet is asked to:

- (a) Note this update on charging within the HSCP;
- (b) Agree the proposed increase to existing charges;

**REPORT AUTHOR AND PERSON TO CONTACT**

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

[Lesley.Bairden@eastrenfrewshire.gov.uk](mailto:Lesley.Bairden@eastrenfrewshire.gov.uk)

0141 451 0749

Chief Officer, IJB: Julie Murray

**BACKGROUND PAPERS**

IJB 25.09.2020 – Charging for Services 2020/21

[https://www.eastrenfrewshire.gov.uk/media/3202/Integration-Joint-Board-Item-11-23-September-2020/pdf/Integration Joint Board Item 11 - 23 September 2020.pdf?m=637354314865830000](https://www.eastrenfrewshire.gov.uk/media/3202/Integration-Joint-Board-Item-11-23-September-2020/pdf/Integration%20Joint%20Board%20Item%2011%20-%2023%20September%202020.pdf?m=637354314865830000)

IJB 26.06.2019 - Individual Budget Update

[https://www.eastrenfrewshire.gov.uk/media/2262/Integration-Joint-Board-Item-11-26-June-2019/pdf/Integration Joint Board Item 11 - 26 June 2019.pdf?m=637351721070000000](https://www.eastrenfrewshire.gov.uk/media/2262/Integration-Joint-Board-Item-11-26-June-2019/pdf/Integration%20Joint%20Board%20Item%2011%20-%2026%20June%202019.pdf?m=637351721070000000)

IJB 27.06.2018 - Individual Budgets Self Directed Support Update

CABINET 28.11.2019 - HSCP Charging for Services

[https://www.eastrenfrewshire.gov.uk/media/2157/Cabinet-Item-03-v-28-November-2019/pdf/Cabinet Item 03v - 28 November 2019.pdf?m=637350899335870000](https://www.eastrenfrewshire.gov.uk/media/2157/Cabinet-Item-03-v-28-November-2019/pdf/Cabinet%20Item%2003v%20-%2028%20November%202019.pdf?m=637350899335870000)

CABINET 30.11.2017 - HSCP Charging for Services

[https://www.eastrenfrewshire.gov.uk/media/3279/Cabinet-Item-07-v-30-November-2017/pdf/Cabinet Item 07v - 30 November 2017.pdf?m=637383706570130000](https://www.eastrenfrewshire.gov.uk/media/3279/Cabinet-Item-07-v-30-November-2017/pdf/Cabinet%20Item%2007v%20-%2030%20November%202017.pdf?m=637383706570130000)

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# East Renfrewshire Health and Social Care Partnership

## Non Residential Care Charging Policy 2021/22



<b>Author:</b>	Lesley Bairden, Head of Finance & Resources (Chief Financial Officer)			
<b>Creation Date:</b>	September 2019			
<b>Review Dates:</b>	<b>Date of last review:</b>	September 2021	<b>Date of next review:</b>	September 2022

## Introduction

1. This Charging Policy explains how East Renfrewshire Health and Social Care Partnership (HSCP) considers and calculates the contribution to cost that people who use services will be expected to pay towards the services they receive from the HSCP.
2. Charges apply whether the service is provided directly from the HSCP, or by an external provider commissioned to provide services on the HSCP's behalf or where a person receives an individual budget (direct payment) and arranges their own support.
3. There are some services for which charges do not apply:
  - a) Criminal Justice social work services
  - b) Children in need, including; children subject to statutory and voluntary supervision arrangements, or are involved with social work under section 12 or section 22
  - c) People with mental health problems who are subject to community care or supervision and / or criminal court orders
4. There are some services which are provided free of charge:
  - Care at Home on discharge from hospital for a period of reablement
  - Free Personal Care and Free Nursing Care
  - Carers; some services to support unpaid carers will not be chargeable
  - Palliative care
  - Residential Rehabilitation; will not incur any individual contribution given the timing and nature of this service
5. The charges are set in line with statutory requirements and National Guidance, are remitted by the Integration Joint Board of the HSCP to East Renfrewshire Council to be approved by elected members and reviewed on an annual basis through the budget setting process.
6. The policy to support annual charges will be reviewed annually referencing the relevant legislation and guidance, including but not limited to the COSLA National Strategy and Guidance on charging for non-residential care. The key points from this guidance can be summarised:
  - a) The threshold for single people and couples be based on Income Support Personal Allowance, the Pension Credit – Standard Minimum Guarantee and a buffer of 25% of the thresholds to be up-rated on an annual basis, using the figures announced in November each year. Charging policies that reduce users' net income below these basic levels are not acceptable and undermine social inclusion policies.
  - b) The level of charge, which the service user will pay, will be determined by individual Local Authorities. Any charges should not exceed the cost of providing the service.



- c) Local Authorities should consider adopting a common approach to the treatment of income used to establish the threshold figure. This would take account of net earnings, all social security benefits with the exception of the mobility component of the Disability Living Allowance.
  - d) Local Authorities should ensure equality in charging irrespective of their financial circumstances, and widening client access to income maximisation.
  - e) Local Authorities should exercise discretion to disregard some forms of income
  - f) Where the service user has dependent children, recognition should be afforded to the costs associated with raising and maintaining children. To this end, all benefits paid for, or on behalf of a dependent child, will be disregarded.
  - g) Local Authorities should adopt capital rules similar to those applied in respect of Income Support, but without an upper level beyond which people would be refused service. This guidance does not prevent local authorities from using a higher capital threshold should they wish.
  - h) Where a service user has difficulty in meeting the approved cost of the service, due to their financial circumstances, it is recommended that councils use their powers to abate or waive charges. Local authorities should provide adequate information in their policies on waiving and abating charges.
  - i) It is recommended that all Local Authorities be pro-active in promoting benefit take up for service users. Where possible, local authorities should ensure that there are dedicated staff to promote and assist with Income Maximisation processes for service users.
  - j) All councils should provide clear and concise public information to service users on what elements of the service are free, what can be charged and what the level of charge will be.
7. Charges are linked to an individual's ability to pay. How we determine this is through a Financial Assessment with supporting detail in Appendix 1 to this policy.
8. The Chief Officer and Chief Financial Officer of the HSCP have the delegated authority to waive a charge in exceptional circumstances.
9. When a person is in receipt of an individual budget a contribution towards the cost of care is an element of the budget calculator. This contribution will supersede any charge for individual service elements. The Chief Officer and Chief Financial Officer of the HSCP have the delegate authority to set this contribution level of between 5% to 10% of the chargeable elements of the individual budget, to be deducted at source.
10. Where a financial assessment is undertaken as part of an Individual Budget only the individual's income will be assessed, this is because the wider support is taken account of within the budget calculator.
11. Where there is a Technology Enabled Care element to a care package that is reliant on community alarm technology the charge normally levied for a community alarm will not apply.
12. Where bookings or cancellations are required these will be subject to local service arrangements.

### Financial Assessment – An Assessment of Ability to Pay

1. The Convention of Scottish Local Authorities (CoSLA) provides annual advice on the level of weekly income below which a person cannot be asked to pay charges. These are known as Minimum Income Thresholds and are updated each financial year in line with the Department of Work and Pensions (DWP) benefit up-rates.
2. If the assessable weekly income is less than the income threshold figure, there will be no charge for services other than any flat rate charges e.g. payment for trips and outings not part of a care plan.
3. If the assessable weekly income is more than the income threshold figure, the charge or contribution will apply. Any contribution to the Independent Living Fund will be taken into account and will not result in a “double contribution”.
4. Financial Assessments will be carried out by the HSCP’s Finance Support Officer and / or the Council’s Money Advice and Rights Team (MART). We will meet with service users and gather appropriate financial information to enable the charge to be determined.
5. Where individuals do not wish to claim benefits to which they are entitled they will be financially assessed as if they were in receipt of these benefits.
6. Where a financial assessment is declined the full charge or contribution for the service will be applied.
7. We will not ask you to pay more than you can reasonably afford. When we ask you about your income to see how much you can pay, this is known as a Financial Assessment.

Each year we will set a weekly income amount for single people and couples depending on their age as follows:

Single person under pension age	£138
Single person over pension age	£210
Couple under pension age	£222
Couple over pension age	£338

If your income is below this weekly amount, we will not charge you for services. This does not apply to any flat rate charged services described below.

- You will be asked to give information on your income every year.
- We look at your total weekly income from all sources including you capital and savings. (A set amount is ignored from your capital and savings).
- We disregard set amounts depending on your age as shown above.

## **Income Disregarded in the Financial Assessment**

8. The following income sources are disregarded:

- Disability Living Allowance, Personal Independence Payment (PIP) and Attendance Allowance
- War Widows Pension and War Disability Pension
- Kinship Care/Residence payments
- Industrial Injuries Benefit
- Payments made from a Gallantry award
- Any pension paid from the Austrian or German Government as compensation
- Income derived from benefits paid for or on behalf of children

### **We also disregard:**

Any backdated benefits you receive as a result of a benefit check (for 52 week)  
Any other charges applied by the Council (does not include the leisure trust)

### **Treatment of Capital:**

- Capital such as savings, bonds, stocks and shares, ISAs etc. will be taken into account in determining charges for the service.
- Capital and/ or savings up to a set disregard threshold will be disregarded (this amount is reviewed annually) as will be any property owned and lived in by the service user.
- For service users with capital in excess of the disregard threshold, a tariff income is applied. For people over pension age, this is currently £1 for each band of £500 over the disregard threshold and for people under pension age, the tariff is £1 for each band of £250 over the disregard threshold. These amounts are added to assessed income.

## **Non-Disclosure or Incorrect Information Provided in Respect of Financial Assessment**

If an individual does not wish to divulge financial information for the financial assessment, the HSCP will apply the full charge or contribution for the service.

If incorrect financial information has been provided the HSCP will seek to recover any amount due or will reimburse any amount overpaid. A new financial assessment will be undertaken and the correct charge applied.

The HSCP will have the right to pursue charges not paid through East Renfrewshire Council's corporate debt recovery process.

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board	
<b>Held on</b>	22 September 2021	
<b>Agenda Item</b>	13	
<b>Title</b>	Mental Health and Wellbeing in Children's Services	
<b>Summary</b>		
<p>This report provides the IJB with an overview of the range of mental and emotional wellbeing services for children and young people currently being delivered in East Renfrewshire and the demand on those services over the last year. Supporting children and young people's mental health is a high priority for East Renfrewshire Health and Social Care Partnership and Council, particularly as we seek to provide support to those impacted by the pandemic, and at the same time address the significant needs that existed prior to it.</p>		
<b>Presented by</b>	Raymond Prior, Senior Manager – Children's Strategy and Intensive Services	
<b>Action Required</b>		
<p>The Integration Joint Board is asked to note:</p> <ol style="list-style-type: none"> <li>the content of this report</li> <li>the level of need and demand on community, schools, and clinical services</li> <li>the range of different provision available to meet the varying presenting needs among the children and young people's population</li> <li>the response of services to the Covid-19 pandemic</li> </ol>		
<b>Directions</b>	<b>Implications</b>	
<input checked="" type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<input checked="" type="checkbox"/> Finance <input checked="" type="checkbox"/> Policy <input type="checkbox"/> Workforce <input checked="" type="checkbox"/> Equalities <input type="checkbox"/> Risk <input type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**22 September 2021**

**Report by Chief Officer**

**Mental Health and Wellbeing in Children's Services**

**PURPOSE OF REPORT**

1. The purpose of this report is to provide IJB with an overview of the range of mental and emotional wellbeing services for children and young people currently being delivered in East Renfrewshire and the demand on those services over the last year. Supporting children and young people's mental health is a high priority for East Renfrewshire Health and Social Care Partnership and Council, particularly as we seek to provide support to those impacted by the pandemic, and at the same time address the significant needs that existed prior to it.

**RECOMMENDATION**

2. Integration Joint Board members are asked to note:
  - a) the content of this report
  - b) the level of need and demand on community, schools, and clinical services
  - c) the range of different provision available to meet the varying presenting needs among the children and young people's population
  - d) the response of services to the Covid-19 pandemic

**BACKGROUND**

3. The Children and Young People's Mental Health Taskforce was jointly commissioned by the Scottish Government and COSLA in June 2018 in response to the findings from a national audit of CAMHS services in 2017. The aim of the taskforce was for children, young people, and families/carers to be supported in good mental health and be able to access services which are local, responsive and delivered by people with the right skills. To support the recommendations of the taskforce, COSLA and the Scottish Government agreed to distribute £2 million equally between local authorities, for use by local collaborative partnerships for planning, development, programme and change management costs.
4. Separate to this, in 2018/19 the Scottish Government outlined a commitment to increase access to school counselling services. On 23rd July 2019, the Scottish Government confirmed that it would be providing £12 million funding to local authorities in March 2020 to support delivery of the access to school counselling services, in line with the commitment set out in the Programme for Government.
5. More recently the Children and Young People's Mental Health and Wellbeing Joint Delivery Board was formed to continue the work initiated by the taskforce and oversee reform across relevant areas of education, health, community and children's services and wider areas that impact on the mental health and wellbeing of children and young people. The Board will focus on prevention and early support as well as promotion of good mental health and the services children, young people and their families' access.

6. Of particular significance to the ongoing design and development of local East Renfrewshire provision is the national commitment to:
- continue to enhance community based support for emotional wellbeing/mental distress through ongoing investment and support for local partnerships
  - ensure crisis support is available 24/7 to children and young people
  - support mental health pathways and services for vulnerable children and young people, aligned to the work of the Promise
  - develop a support programme to enable the implementation of the CAMHS service specifications
  - agree and support the implementation of a neurodevelopmental service specification/principles and standards of care
  - develop a programme of education and training to increase the skills and knowledge required by all staff to support children and young people's mental health

## REPORT

### Current local service provision

7. New Scottish Government policy and additional investment to accompany it - *Access to Counselling in Schools Grant and the Children and Young Peoples Mental Health and Wellbeing Supports and Services Framework* - has enabled the HSCP, working with local partners, to respond to increasing demand and this in turn has ensured many more children, young people and their families receive the support they need, when they have need it, underpinned by the values, principles and components of GIRFEC.
8. A co-production event with the key partners (including children, young people and parents/carers) took place in November 2019 to determine how best to target the investment and agree what supports would best meet the needs of our families and school communities. Overwhelmingly, there was support for relationship-based and nurturing approaches which bridged the gap between school and home. It was agreed from this to develop a blended model of support which would incorporate new approaches in line with the areas highlighted whilst further developing the current school counselling model. Two key actions were highlighted:
- Development of school counselling provision – model to include upper Primary School and extend availability to include school holiday periods
  - Commission a new model of systemic individual and family support which would work between home and school.
9. Additional new investment enabled the design and creation of a new service called the Healthier Minds Service Hub, enhance existing youth counselling provision across the local authority by an additional 50%, and provide a comprehensive programme of resources to upskill school staff and the wider children's workforce to respond earlier and prevent children's distress escalating into higher level concerns that would require clinical or medical responses.

### Impact of Covid-19 Pandemic

10. The Healthier Minds Service Hub was established very quickly to respond to the rapidly emerging demands throughout 2020. As such it was viewed as a temporary response until the tender process to commission a new Healthier Minds Service could take place. This procurement process has concluded and Children 1st have been awarded the contract to begin in autumn 2021.



11. Our existing services supporting the emotional wellbeing of our children experienced further demands during the pandemic, particularly CAMHS, at a time when resources were restricted and stretched. The pandemic and subsequent response has produced additional and more immediate concerns which have necessitated the need for earlier and enhanced action until the commissioned service is developed and gets up and running. Schools report increased distress among pupils especially those in the upper primary school year group with increased school unauthorised absence and increased anxiety and related behaviours.

#### Neurodevelopmental – rise in diagnosis and mental ill health

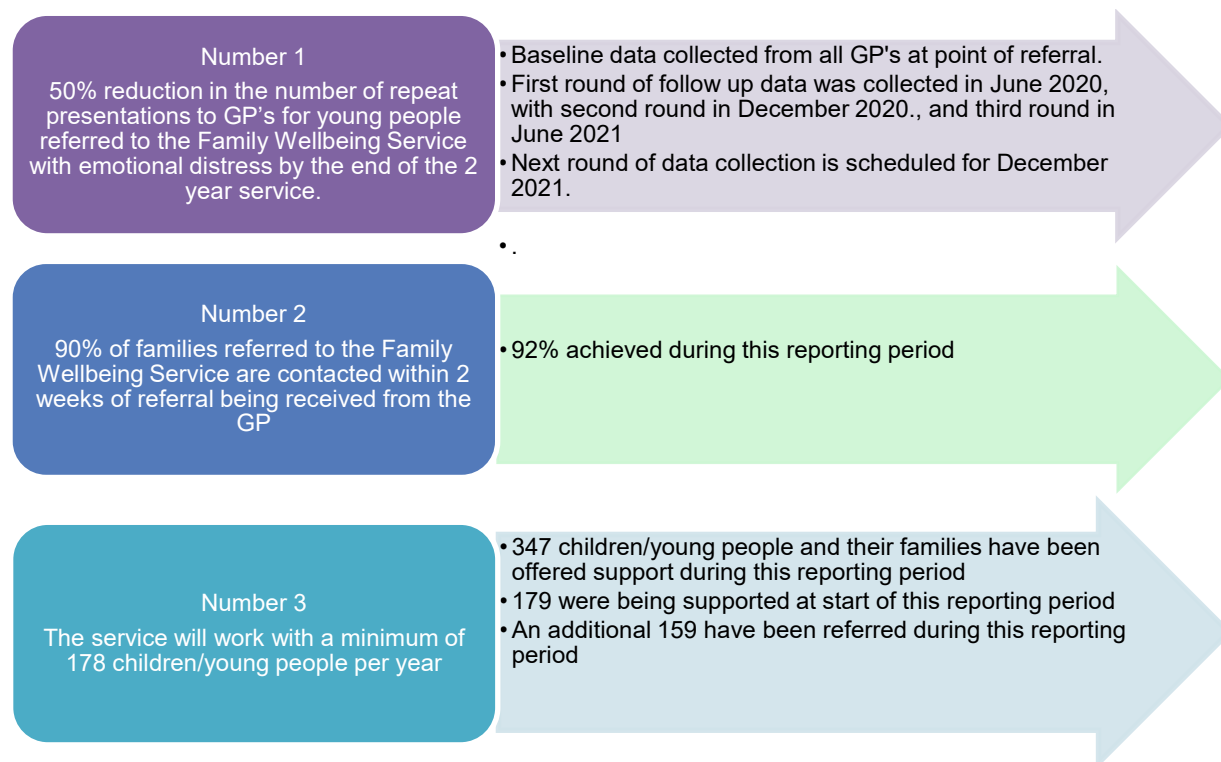
12. An emerging area of increasing need is from children and young people with a neuro developmental diagnosis or suspected diagnosis. Families and services are reporting a significant rise in emotional distress and associated conditions for children and young people within this population. Clinical pathway initiatives are being developed for neurodevelopmental cases which are 40% of the non-urgent caseloads in CAMHS and will require a multi-agency response but currently across the West of Scotland all sectors are some way off a settled model going forward and a test of change is underway in Inverclyde which may inform way forward. Nonetheless services are working together to quantify the level of need in order to be clearer on how to ensure service responses are effective and the workforce is sufficiently equipped to help children and their families in the right way.

#### Family Wellbeing Service (Delivered By Children 1<sup>st</sup>)

13. The tier two Family Wellbeing Service has been operating since late 2017 initially as a pilot working with the two GP surgeries. In 2019 East Renfrewshire HSCP in partnership with Children 1st, were successful in securing significant investment from The Robertson Trust to extend the delivery of the Family Wellbeing Service to all GP practices until June 2022. This new injection of funding for East Renfrewshire was approved as a Social Bridging Finance partnership contract between the three partners – East Renfrewshire HSCP, Children 1st, and The Robertson Trust.
14. The need to introduce the Family Wellbeing Service and test the effectiveness of its family centred approach was based on data demonstrating that many East Renfrewshire children and young people were presenting at universal services particularly GP's with requests for support around anxiety, depression, distress, and associated behaviours which are symptomatic of relational disconnection and trauma. Many local professionals and parents had expressed worry about the wellbeing of children and young people and called upon specialist and clinical services like CAMHS, or Educational Psychology to respond. Services were overwhelmed often inappropriately which in turn resulted in long delays before help was offered, if indeed offered at all.

## Success Criteria

15. The new partnership service agreed the following success criteria – see below. Most the recent performance data for the reporting period 2020-2021 is included with the exception of success criteria number 1. A fuller explanation of the issues relating to success criteria 1 is outlined below.



## Success Criteria 1

16. The purpose of success criteria 1 is to evidence a **reduction in the number of repeat presentations** at GP's following a referral to Family Wellbeing Service. This is an important measure of the impact of the overall service and as such all are keen to ensure that processes are in place to gather this data for scrutiny and evaluation purposes. However there have been challenges for the Family Wellbeing Service being able to gather full data sets from GPs at each round of data collection as not all GP practices were participating fully in providing this feedback about their patients, whilst some were not participating at all. However as of June 2021 we are pleased to report that working with the HSCP and the Clinical Director we have been able to gather a full data set for this report.

17. The table below provides an overview of engagement of GP practices as well as participation in data collection by individual GP practices:

<b>Table 11: Success Criteria 1 - Overview of Presentations to GP's</b>	
<b>Data Collection Information</b>	<b>Number of Presentations at GP's</b>
Baseline data gathered between 1 June 2019 and 31 May 2021	402
Total Number of Repeat Presentations at GP post referral	154
Total Reduction in the % of Repeat Presentations at GP's by Children/Young People who have been referred to Family Wellbeing Service	62%

18. The target for reduction in repeat presentations to GPs is 50%. A reduction of 62%, particularly within the context of increasing distress and anxiety caused by the Covid-19 pandemic, lockdown, school disruption and social isolation reflects the continued efforts of the service to work alongside families to address on-going and emerging challenges.

#### Success Criteria 2

19. We are pleased to report that despite some challenges we have faced during this year, particularly in relation to the impact on capacity and staff absence related to the pandemic and lockdown, we have been able to successfully achieve Success Criteria 2. As highlighted above, against a target of 90% we have achieved 92% success in following up with families within 2 weeks of their GP referring them to the Family Wellbeing Service.

#### Success Criteria 3

20. As outlined above, moving into this reporting period we were supporting 179 families. During this reporting period we have received a further 168 referrals. This is a total of 347 children/young people and their families who have been offered support from the Family Wellbeing Service during this year. At the end of this reporting period, of the total 347 children/young people and their families offered support across this year, they are at the following stage of support:
- 70 are currently being offered support from Family Engagement Team
  - 112 are engaged in individual or group support from the Family Wellbeing Team
  - 165 have closed/ended support

Overview of Distress/Difficulties Experienced by Children/Young People

21. This table highlights the range of difficulties and challenges in relation to the emotional wellbeing and relationships experienced by children, young people and families currently being supported by the Family Wellbeing Service.

<b>Table 12: Distress/Difficulties Experienced by Child/Young Person</b>	<b>% of CYP</b>
Anxiety	75
Low Mood	58
Social Isolation	44
Loss/Bereavement (this could include loss of any sort e.g. separation, change)	60
Relationship breakdown/difficulties - at home/family	65
Relationship breakdown/difficulties - with peers/friends	47
Parental Separation	44
Recent/Current thoughts of Self Harm	12
Recent/Current Self Harm	10
Recent/Current Suicidal Ideation or Suicide Planning	15
Recent/Current Suicide Attempts, including overdose	2
Historical Self Harm/Attempted Suicide	13
Feelings/Distress expressed as Anger	54
Problematic Eating/Eating Disorder	14
Difficulty Managing Emotions	80
Parent finds it difficult to respond to child's emotional needs	63
Child impacted by parents own distress/adversity	53
Current Domestic Abuse	11
Historical Domestic Abuse	21
Current Parental Drug/Alcohol Misuse/Abuse	4
Historical Parental Drug/Alcohol Misuse/Abuse	11
Current Parental Mental Health Difficulties	22
Historical Parental Mental Health Difficulties	20
Current Sexual Violence/Abuse	0
Historical Sexual Violence/Abuse	4
Homelessness/Living in Temporary Accommodation	3
Child/Young Person use/misuse of drugs/alcohol	7
Impact of child/young person poor physical health/disability	12
Young Carer	9
Child has ASD diagnosis	16
Other family member has ASD diagnosis	12
Child waiting for ASD Assessment	10
Other family member waiting for ASD assessment	2
Pressure to achieve from school	28
Pressure to achieve from parents	18
Pressure to achieve from self	39
Attendance at school impacted by emotional wellbeing (start late, finish early, can't go)	31
Child/Young Person's emotional wellbeing impacted by having dyslexia	9
Currently experiencing bullying	9
Has experienced bullying in the past	33
School is not supportive/understanding of emotional distress and impact of this	10
Family wellbeing improved during lockdown/pandemic	32
Family distress increased during lockdown/pandemic	53
Since being supported by us, CAMHS has also been needed to support child	13
Current social work involvement with family	15

### Impact Criteria

22. In addition to reporting against the success criteria as outlined above the Family Wellbeing Service gauges the impact it is having with children, young people and families by frequently asking them to feedback about how they are doing. An Impact Criteria question set was devised by the service and HSCP to measure this along with a target of 75% for each. The criteria is listed on the table below along with the most recent feedback results which clearly shows that the service interventions are achieving high levels of positive outcomes for service users.

<b>Impact of Support provided by Family Wellbeing Service</b>		
<b>Impact Criteria</b>	<b>Families where support is ongoing</b>	<b>Families who have completed support</b>
<b>75%</b> children and young people feel calmer and are less anxious	59% - experiencing improvement 21% - experiencing no change at present 20% - still to be reviewed	<b>86%</b> - experienced improvement 12% - experienced no change 2% - things feeling worse
<b>75%</b> parents are better able to understand and support their children emotional wellbeing	61% - experiencing improvement 18% - experiencing no change at present 21% - still to be reviewed	<b>84%</b> - experienced improvement 15% - experienced no change 1% - things feeling worse
<b>75%</b> family members are better able to communicate	57% - experiencing improvement 23% - experiencing no change at present 20% - still to be reviewed	<b>83%</b> - experienced improvement 17% - experienced no change
<b>75%</b> of families have increased emotional warmth within their family	54% - experiencing improvement 26% - experiencing no change at present 20% - still to be reviewed	<b>79%</b> - experienced improvement 21% - experienced no change
<b>75%</b> of children, young people and families are able to cope better with stressful events and change	53% - experiencing improvement 26% - experiencing no change at present 21% - still to be reviewed	<b>86%</b> - experienced improvement 14% - experienced no change

### Future Service Delivery

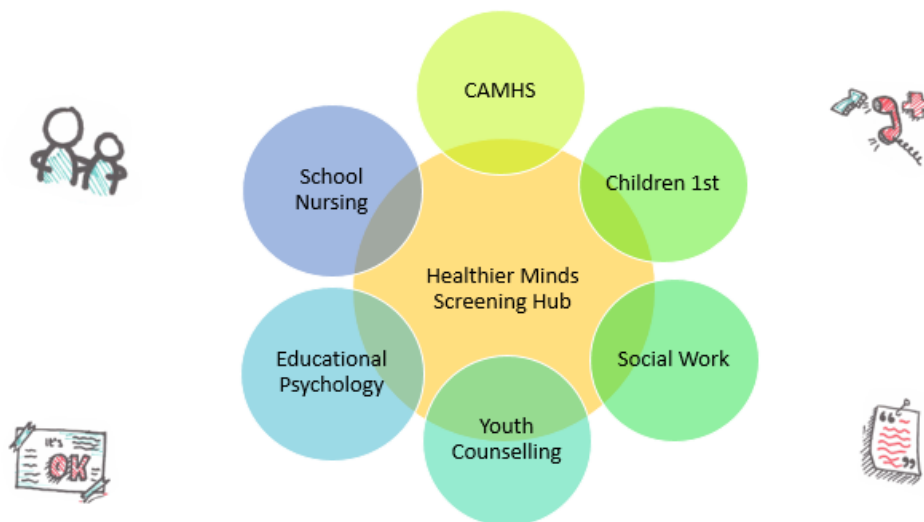
23. In June 2022 funding from The Robertson Trust will come to an end. In preparation for this HSCP and Children 1<sup>st</sup> will begin a full evaluation of the service and include the local GP Forum in this process to enable an informed decision to be made about future provision.

### Healthier Minds Service Hub (Multi Disciplinary Team)

24. A new tier 2 multi-agency recovery team, known as Healthier Minds, was developed in November 2020 and aligned to school communities to identify and ensure delivery of mental wellbeing supports that promote children and families' recovery. The three key service elements are:
- Provision of direct services to children and families to build on strengths and improve social, emotional and mental wellbeing
  - Strategic mapping and support to maximise school community capacity to be trauma responsive
  - Strengthening of our existing school counselling model

### Screening Hub

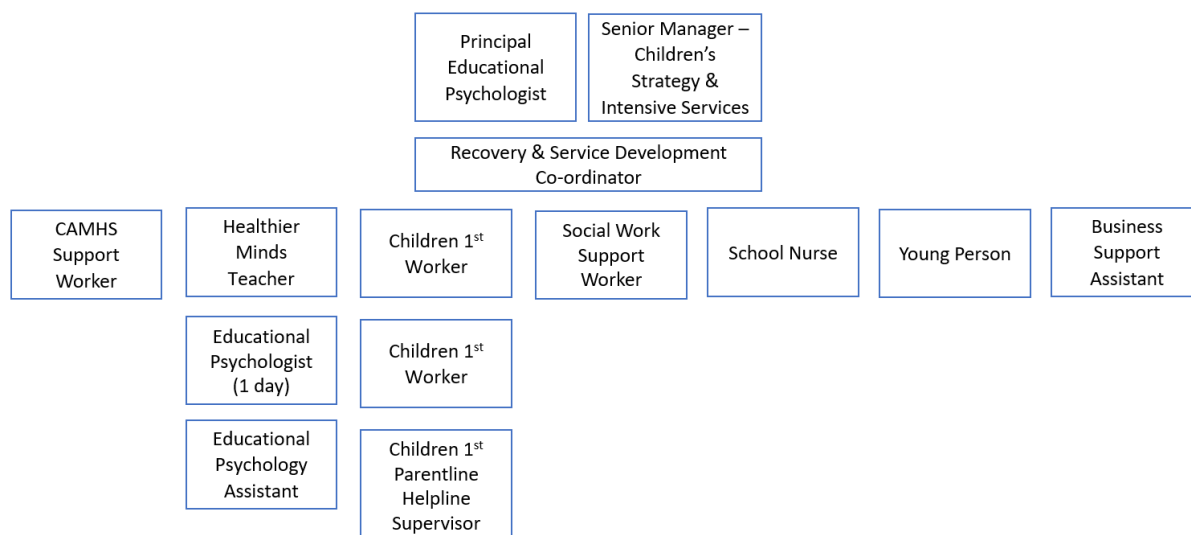
25. A screening hub model has been in place to consider referrals for support, co-ordinated by the Recovery and Service Development Co-ordinator – Children and Young People's Emotional Wellbeing. The Hub meets on a weekly basis, attended by regular representatives from CAMHS, Social Work, Youth Counselling, Educational Psychology and Children 1<sup>st</sup>: Family Wellbeing Service.



26. The Hub discuss and agree the best possible support and route for the provision of this based of the needs of the child or young person (e.g. Healthier Minds support worker, youth counselling service, school nursing). Local partnerships have been strengthened by the establishment of the Healthier Minds multi-agency screening hub.
27. The Team works alongside Primary (with respect to P6/7) and Secondary Schools building on the original co-production event and developing a collaborative approach to identifying opportunities to strengthen mental wellbeing. This includes developing a

needs assessment for each school cluster, facilitating the implementation of targeted packages of support and the delivery of direct services to children, young people and their families where this is assessed as necessary. The Team comprises a mixture of multi-agency professionals from HSCP, education and third sector who have been recruited, seconded or aligned to the recovery model. The majority of the Team remain subject to the existing terms, conditions, management and oversight of their source organisation.

28. The Hub Team membership includes:



29. The route of referral into the service is from education, there is also an online contact form available on the Healthier Minds site for any young person (10-18yrs) who wish to seek support more discreetly. A robust data recording system has been developed to evaluate the effectiveness of activity undertaken by the Healthier Minds Team. This includes the types of support being accessed/provided, ensuring data supports the Scottish Government requirement for breakdown between emotional distress and positive mental health & wellbeing services.

### Service Activity

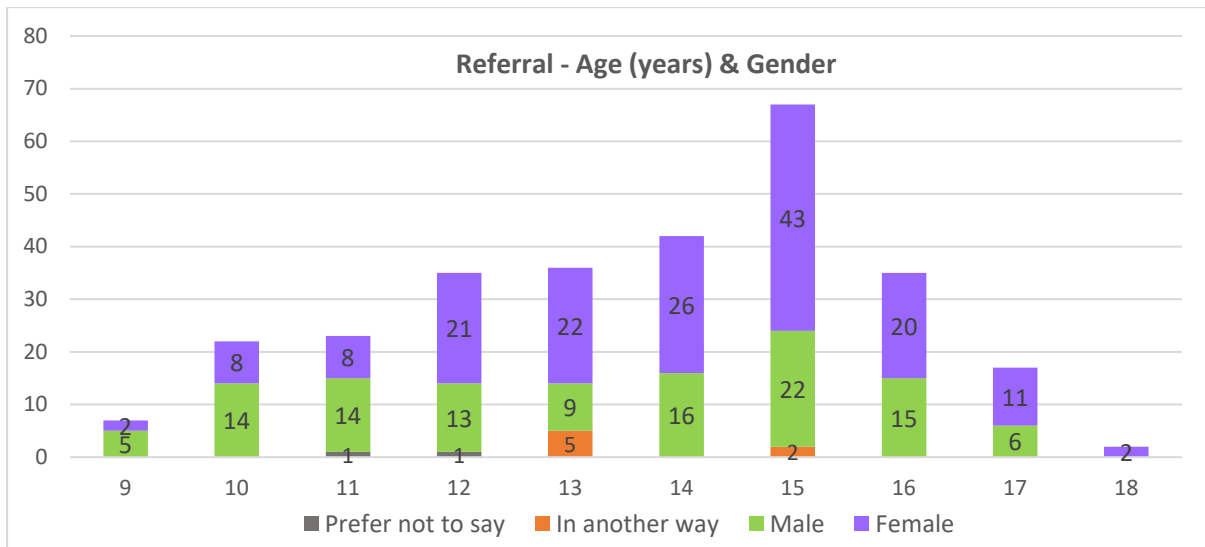
30. From the first meeting of the screening hub on 25<sup>th</sup> November 2020 until 13<sup>th</sup> August 2021, the following activity has taken place:

<b>Number of screening hubs</b>	33	<b>Referrals to HM screening hub</b>	286
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<b>Resulting in referrals to:</b>	
Youth Counselling Service	111
Healthier Minds Team	88
Continuing with existing services/about to be allocated another service/follow-up work completed/Professionals meeting scheduled	76
New referrals to be discussed at next hub meeting	11

*3 onward/escalated referrals to CAMHS*

Age and Gender



54 Primary school, 220 Secondary, 10 other, 1 not recorded

Referral Sources

Referral Source	No.
Education	182
CAMHS	49
Educational Psychology	5
GP	14
Self-referral	6
RAMH	7
Social Work	12
Children 1st	6
Community Link	4
Other	1

Reasons for Referral

31. The three main reasons for referral remain unchanged since the service began:

- Anxiety/stress
- Low mood (include suicidal ideation & depression)
- Emotional regulation

Impact

32. Staff have begun to use the Stirling Wellbeing Scales to assess progress for individual children and young people. Pre and post evaluations are beginning to come through, with children and young people accessing the Healthier Minds Service reporting improvements in their mental wellbeing. Qualitative feedback is confirming this too. As the hub approach is relatively new and most children have only recently started working with the service, post service outcomes data is only now being collated for analysis and reporting purposes.



33. These figures and accompanying analysis will be included in upcoming forthrightly and academic term time reports.

#### Challenges and Risks

34. Healthier Minds is a tier 2 service however due to the pressures on CAMHS we are supporting a number of referrals which meet a higher criteria. Within our data recording systems we have monitored referrals that are known to or have been discharged from CAMHS; currently 22% of referrals to Healthier Minds are also open to or on a wait list for CAMHS.

CAMHS	No.
Open or on wait list	63*
Discharged	19*

***\*These numbers are under reported, recording began on 31/3/21. This data is reliant on the information being shared at the screening hub or present at the point of referral.***

35. Several of the referrals discharged from CAMHS had previously been wait listed for support but have since been contacted by CAMHS and offered a referral to Healthier Minds as an alternative.
36. Staff across all agencies in the Healthier Minds team have highlighted the heightened risk in the referrals they are supporting, however the robust relationship we have with our colleagues in CAMHS allows us to seek guidance and support when required. Additionally we have upskilled the team but now require the remobilization of Public Health training – SMHFA, ASIST, Safe Talk – to allow a higher level of training for staff.

#### East Renfrewshire Healthier Minds Framework and website

37. The Healthier Minds website (managed by our education psychology colleagues) is the first port of call for parents, carers, staff, children and young people to find mental and emotional wellbeing information, resources, strategies, sign posting, service information, self-referral (Healthier Minds) and self-help. The site is update regularly and promoted through social media and other networks. The Pyramid of Support can be found on the website, this infographic provides information on local supports; how to access them and who they can support

#### Future Service Delivery

38. The Hub service will continue to operate into the 2021/2022 school academic year whilst the new Healthier Minds Service that has recently been commissioned gets started.

**East Renfrewshire Youth Counselling Service**

39. This service is delivered by RAMH (Renfrewshire Association for Mental Health) and is accessible to all high school pupils and also pupils from P6 and P7 in primary schools and Isobel Mair School too. In line with new Scottish Government investment for school counselling we increased the funding for the project by 50% in 2020 and to ensure young people are directed to the most appropriate resource the service now links in with the Healthier Minds service weekly hub referral and allocation meetings.

**Total number of referrals**

<b>Total number of referrals 1st July 2020 - 30th June 2021</b>	<b>162</b>
Female	75%
Male	23%
Other/Non Binary	2%

**Appointments offered**

Appointments offered	849
Attendance rate	82.4%

**By reasons for referral and issues at assessment (as defined by referrer)**

Referral issues 1 July 2020 - 30 June 2021	Number of referrals mentioning issue
Abuse	1
Addictions	5
Anger Issues	18
Anxiety – Stress	88
Bereavemen/Loss	18
Bullying	5
Depression	44
Eating Issues	8
Family Issues	31
Interpersonal Relationship	26
Personality Challenging Behaviour	9
Physical Health Illness	2
School Issues	31
Self Harm	35
Suicide	1

**By occupation of referrer**

CAMHS	11
Clinical Psychologist	1
PT Pupil/Pastoral Support/Guidance/Deputy Head	131
Nursing Professional / Community Mental Health Team	2
GP	6
RAMH Internal	7
Self	1
Social Work	2
Voluntary Organisation (external to RAMH)	1
<b>Total</b>	<b>162</b>

### Child and Adolescent Mental Health Services (CAMHS) (ER HSCP)

40. Child and Adolescent Mental Health Services (CAMHS) are core clinical multi-disciplinary teams with expertise in the assessment, care and treatment of children and young people experiencing serious mental health problems. Specialist services for those at risk and with specific conditions are also provided, including inpatient care. CAMHS works with and provides support to the wider system of mental health care for children, young people and their families within the Getting it right for every child (GIRFEC) model.

#### Service Activity - Key performance indicators

41. The Referral to Treatment (RTT) performance has declined from over 80% at end of 2020 to around 45% currently. As well as workforce issues the clinical factors that are also significantly driving the pressures to maintaining RTT compliance are as follows:
- Referral rates increased from a low of 55 in January to a high of 85 in May. There is a slight drop over the summer but always an increase in referrals by end of September as school year resumes
  - The increase in referral rates includes a higher proportion of urgent and emergency presentations particularly in areas of eating disorders and serious self harm and suicidal ideation. This has resulted in the number of cases where the clinical risk is indicated as red and requires a response within 72 hours has risen from 15% of total caseload to 30%. This is in line with services across the west of Scotland although East Renfrewshire along with West Glasgow has the highest number of presentations for eating disorders.
  - 29 CAMHS referrals have been redirected to the Healthier Minds Hub during g this period. It is difficult to ascertain the true impact on CAMHS referrals of the other community tier 2 services that currently operate as the impact has been masked by increase in mental health pathology in the population owing to Covid-19. It may be without these initiatives there would have been even higher but at this point we cannot be certain.

#### Number of Referrals to East Renfrewshire CAMHS

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Referrals Received	55	59	71	64	85	72
Referrals Accepted	44	48	57	48	55	40
Referrals Rejected	11	11	14	16	30	32

#### RTT - Number of Patients Waiting at month end, East Renfrewshire

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
<18 Weeks RTT	159	147	139	145	153	128
>18 Weeks RTT	100	105	129	146	130	131
Total Waiting	259	252	268	291	283	259
Longest wait	32 weeks	34 weeks	35 weeks	36 weeks	37 weeks	39 weeks

Activity - All appointments attended / DNA, East Renfrewshire CAMHS

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Total Attended appts	377	411	434	403	422	370
Total DNA	36	56	46	48	52	44

East Renfrewshire CAMHS Team Staffing Levels and Risk Assessment

42. The East Renfrewshire CAMHS team had a period of stability from April 2019 until May 2021 in relation to staffing levels with low sickness and staff turnover. The table below demonstrates the team at full capacity with no vacancies. The areas highlighted in blue are the current staff vacancies.

		April 2019 - May 2021		
Psychiatry	Nursing	Psychology	AHP's	Admin
0.8 WTE Consultant Psychiatrist	1 WTE x Band 7 Nurse Team Lead/Co-Ordinator/Nurse Prescriber	0.5 WTE x Consultant Clinical Psychologist	0.5 WTE x Band 7 Family Therapist	1 WTE x Band 4 Business Admin Support
0.4 WTE Consultant Psychiatrist	4 WTE x Band 6 Nurse	1 WTE x Band 8A Principal Psychologist	0.4 WTE x Band 7 Occupational Therapist	1 WTE x Band 3 Business support
	1 WTE x Band 5 rotational nurse	0.5 WTE x Band 8A Principal Psychologist	0.4 WTE x Band 7 Speech and Language Therapist	1 WTE x Band 2 Receptionist
	1 WTE x Band 3 Clinical Support Worker (on secondment as Band 4)	1 WTE x Band 7 Clinical Psychologist	0.4 WTE x Band 7 Child Psychotherapist	
	1 WTE x Band 3 Clinical Support Worker	0.5 WTE x Band 7 Clinical Psychologist		
	1 WTE x Band 3 Clinical Support Worker (fixed term)			
	0.4 WTE x Band 6 Link Learning Disability Nurse			
	0.4 WTE x Band 6 Link Nurse Therapist (trauma pathway)			

43. From March 2021 until August 2021, we have significantly reduced staffing levels in East Renfrewshire CAMHS due to staff vacancies. All staff who were vacating their posts did so within a two month period.
44. We have seen an increased demand for CAMHS Services due to Covid-19. With staff vacancies, there are concerns regarding the mental health and wellbeing of staff remaining in the team.

Risk Assessment

45. We have completed a risk assessment of the East Renfrewshire CAMHS Team which has highlighted the following risks:
- Increased waiting times for access to East Renfrewshire CAMHS team
  - Reduced capacity for assessment and intervention with children and young people in with the most severe and risky mental health problems already being seen by CAMHS, and for new referrals into the CAMHS service.
  - Reduced capacity for managing current red and amber caseloads excluding duty, emergency choices and new emergency partnerships into the service.
  - Reduced capacity for intensive work with clinically risky cases
  - Reduced capacity for the delivery of psychological therapies.
  - Reduced capacity for psychological assessments.
  - A reduction in staff with the knowledge and skills to undertake neurodevelopmental assessments, in particular Autism Spectrum Disorder (ASD).
  - Staff health and wellbeing affected by increased demands.
  - Increased numbers of complaints and elected member enquiries due to increased waiting times and perceived lower quality of service.
  - No capacity for Nurse Led ADHD Clinics
  - Limited capacity for nurse prescribing clinic
  - Reduction in staff who provide face to face assessment/intervention to young people due to Staff Covid-19 Risk Assessments and adherence to HR guidance re this
  - Significantly increased risk of serious adverse event e.g. child death
  - Difficulties in recruiting to vacant posts
46. During this time, the patient caseloads were reviewed and categorised into RED, AMBER, GREEN and patients were placed into a category depending on their need and associated risk level. Priority was given to emergency and urgent assessments and young people who required urgent intervention due to severe and significant mental health presentations such as Eating Disorders, Psychosis, and suicidal ideation/intent. All other patients received correspondence from the department alerting them to changes and how to contact the team should there be changes to their child's mental health.

	May 2021	August 2021
<b>RED</b>	47	49
<b>AMBER</b>	53	71
<b>GREEN</b>	257	214

*\*it should be noted that RAG are fluid and change daily dependent on a young person's mental state and risk*

## Unscheduled Emergencies

47. From 24<sup>th</sup> April 2021 – 21<sup>st</sup> May 2021, our team had 29 unscheduled/emergency presentations including emergency assessments. This has placed unprecedented pressure of duty and clinicians to meet the demand and offer assessments/reviews for these young people in timely and safe manner. This has resulted in other clinical activity being cancelled and staff having to provide additional emergency appointments over and above the one per day that is scheduled.

## Staff Vacancies

48. Most vacancies are within the nursing structure, particularly the band 6 nursing posts. This reduced team capacity from 12.2 whole time equivalents (WTE) to 8.4 WTE with only 3.5 WTE case managers. Recruitment of nurses in particular is a challenge and there is a recognition across NHS Greater Glasgow and Clyde that nursing vacancies have been difficult to recruit to with little applicants attracted to Tier 3 CAMHS. There were multiple attempts at recruiting suitable candidates and this has resulted in an extended period of 8 months to complete process which is well out of usual expected timeframes and has again been experienced throughout the west of Scotland where staff turnover and additional posts created as part of the waiting list initiative has resulted in movement around the services further complicating the process.
49. We anticipate that from October all vacancies outstanding will be recruited to with proposed start dates. By end of September all nursing posts will have been successfully recruited and all nursing staff commenced their posts. Priorities for the team will be commencing recovery planning with the number of open cases, internal waiting times and addressing the RTT, and staff wellbeing. With recruitment complete the level of risk will be lowered to allow for an increase in choice and partnership appointments which will result in a corresponding improvement in the RTT but the rate of improvement will be determined by the referral rate and the proportion of referrals being categorised as urgent.
50. Additional monies coming in from the Scottish Government will further improve on the workforce model and allow all aspects of clinical delivery to be further enhanced but again levels of recruitment will be critical. The level of financing has still to be agreed and the relevant discussions are ongoing at senior levels of the organisation but it is accepted that the original RAM is out of date and cannot be applied going forward.

## **CONSULTATION AND PARTNERSHIP WORKING**

51. A study has been undertaken by Educational Psychology in collaboration with the Healthier Minds Service the aim of which is to better understand the impact of Covid-19 on the mental health and wellbeing of young people in P6-S6 across the local authority. The study results are currently being analysed and a report will be published soon. The findings will assist HSCP and partners determine changes to the design of services and delivery and allow us to assess the level of need in the children and young people's population.
52. All services included in this report as part of their provision frequently gather feedback from those who use their services and in turn this information is used to evaluate delivery and design.
53. All of the services included in this report have been developed through the strong partnership working that exists among East Renfrewshire's children's services

organisations, especially between East Renfrewshire HSCP, East Renfrewshire Council Education and Educational Psychology, and the third sector providers. In addition the services frequently report to the Improving Outcomes for Children and Young People's Partnership and participate in the planning sub groups.

## IMPLICATIONS

### Finance

Source	Amount	Note
Scottish Government Access to Counselling in Schools Grant	£411,000 per annum	Funding confirmed until 2022-2023
Scottish Government Children and Young Peoples Mental Health and Wellbeing Supports and Services Framework	£261,000 per annum	Funding confirmed until 2021-2022
Robertson Trust for Family Wellbeing Service	£353,815 per annum	Funding ends 31 May 2022

### Policy

54. Mental wellbeing services for children and young people are designed and delivered based on local need and informed by national policy expectations. Locally the East Renfrewshire Children's Services Plan 2021-2023 and the HSCP Strategic Plan will provide policy direction and steer over the following three year period.

### Equalities

55. East Renfrewshire HSCP and local partners are preparing for the commencement of the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act later this year. Public bodies will be required to ensure compliance with the Act and duties that follow from it. In particular we will be accessing the range of tools that will become available for evaluating the impact of policy and services on the rights of children and young people and in what ways they advance the rights of children or otherwise. .

56. Going forward access to children's mental wellbeing services will be monitored to ensure there are no barriers particularly in the following areas:

- Children with additional needs
- Children who reside in areas of deprivation
- Children who are care experienced
- Children from a black or minority ethnic background

## DIRECTIONS

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

## CONCLUSIONS

58. Improving the mental and emotional wellbeing of children and young people is a key priority for East Renfrewshire Council and the Health and Social Care Partnership. Local as well as national data indicates that children and young people have been experiencing poorer mental wellbeing in recent years and this has been exacerbated by the impact of the Covid-19 pandemic. Whilst there are clinical solutions for a small proportion of these children the majority will not benefit from existing specialist mental health services as their difficulties are routed in the social and familial environment.
59. This report has described the current community, school, and clinical provision available in East Renfrewshire and the demands on these services over the last year. The tier 2 services outlined in this report have been receiving referrals to them that are more appropriately tier 3 in severity. However with current demand and workforce pressures on CAMHS this is expected to continue; the capacity of the tier 2 providers to respond to the significant needs of the children and young people referred will require continual monitoring to ensure risks are assessed and managed.
60. Over the next period the HSCP and local partners will be considering enhancements and improvements to the current service offers to ensure we anticipate the level of need and mirror the national expectations; this activity will involve children, young people and their families, as well as wider partner organisations to ensure any recommended changes meet specific needs in East Renfrewshire.

## RECOMMENDATION

61. Integration Joint Board members are asked to note:
  - a) the content of this report
  - b) the level of need and demand on services
  - c) the range of different provision available to meet the varying presenting needs among the children and young people's population
  - d) the response of services to the Covid-19 pandemic

## REPORT AUTHOR AND PERSON TO CONTACT

Arlene Cassidy, Children's Services Strategy Manager  
[arlene.cassidy@eastrenfrewshire.gov.uk](mailto:arlene.cassidy@eastrenfrewshire.gov.uk)  
0141 451 0755

September 2021

IJB Chief Officer: Julie Murray

## BACKGROUND PAPERS

Children and Young Peoples Mental Health Taskforce: Recommendations  
<https://www.gov.scot/publications/children-young-peoples-mental-health-task-force-recommendations/documents/>

Individuals service reports available on request:-

- East Renfrewshire Family Wellbeing Service Annual Report Annual Report 20/21
- East Renfrewshire Youth Counselling Service 20/21
- Healthier Minds Service





<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board	
<b>Held on</b>	22 September 2021	
<b>Agenda Item</b>	14	
<b>Title</b>	Intensive Services Update	
<b>Summary</b>		
<p>This report provides members of the Integration Joint Board with an update in relation to the current pressures within Intensive Services and the actions taken to address these.</p> <p>A brief update is also included in relation to the latest Care Inspectorate inspection.</p>		
<b>Presented by</b>	Lee McLaughlin, Head of Adult Services: Communities and Wellbeing	
<b>Action Required</b>		
The Integration Joint Board is asked to note and comment on the report.		
<b>Directions</b>	<b>Implications</b>	
<input checked="" type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<input checked="" type="checkbox"/> Finance <input type="checkbox"/> Policy <input checked="" type="checkbox"/> Workforce <input type="checkbox"/> Equalities <input checked="" type="checkbox"/> Risk <input type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**22 SEPTEMBER 2021**

**Report by Chief Officer**

**INTENSIVE SERVICES UPDATE**

**PURPOSE OF REPORT**

1. The purpose of this report is to provide an update in relation to the current pressures within Intensive Services and the actions taken to address these. An update is also included in relation to the recent inspection undertaken by the Care Inspectorate.

**RECOMMENDATION**

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

**BACKGROUND**

3. Members have received regular updates in relation to service pressures, redesign and improvement activity within our care at home service over the years. Reporting was increased following the inspection in February 2019 when the services was received '*weak*' and '*unsatisfactory*' gradings.

**REPORT**

**Care Inspectorate Inspection Report - Care at Home**

4. The Care Inspectorate re-inspected the Care at Home service in mid June and we were delighted that the service met all requirements and improvement areas and was graded as '*good*' against all inspection themes.
5. With the previous gradings of '*weak*' and noting that the attainment of these standards was over the course of the pandemic, it was deemed a particularly commendable achievement.
6. One '*Area for Improvement*' around consistency of staff and timings of visits was highlighted and an action plan has been generated and agreed with the Inspector on this.
7. The Inspector noted that the feedback from service users was extremely positive overall. People using our service felt really well supported by our frontline staff within both our Care at Home and Telecare service. It was commented that our staff teams were positive and motivated to do a good job, regardless of role.
8. A video message from the Chief Officer acknowledged the hard work and dedication of everyone within Intensive Services.

### Care at Home Service Pressures

9. The Care at Home Service is under severe pressure due to the demand for services. There has been an increase in both hospital and community referrals. Currently there is a waiting list for services required to facilitate safe discharge from hospital. A waiting list for community referrals is also being managed. As a result, there is significant pressure on the partnership due to the number of delayed discharges.
10. The increased pressures for Care at Home services has had an impact on the social care workforce across Scotland. Providers and agencies are struggling to provide staffing resource within East Renfrewshire. This is mirrored in partnerships and local authorities across Scotland. It is anticipated that levels of demand will continue and may rise as part of the annual winter pressures.
11. There are significant capacity issues within Care at Home both locally and across Scotland and a national group is in place to look at this. In the last few months, there has been a 50% reduction in the amount of service that commissioned providers are able to deliver. This has led to significant pressure on the HSCP's in house care at home service. We are seeing an increase in complaint activity as a result of service pressures.
12. In mitigation, we have strengthened our pathway whereby a move to intermediate care is now part of our standard discharge plan, should community supports not be readily available. In addition to utilising Bonnyton House, plans are in place to increase availability of intermediate care beds within the partnership as required.
13. This is enabling individuals to move to these beds from hospital or from home where required, in a step-up, step down approach to care. This approach allows for a continuation of care to be provided to our residents. It enables individuals to transition from hospital whilst awaiting a home care package to facilitate a discharge home, and based on a thorough risk assessment, will also provide care for our members of the community at home should there be difficulties in providing their care package.
14. Close oversight and governance is in place to ensure individuals do not remain in this environment any longer than is necessary. To ensure individuals continue to rehabilitate in their journey from hospital, Reablement Occupational Therapists are providing support and interventions. Care home staff also support with rehabilitation plans to ensure residents do not become de-conditioned by their stay.
15. Improved outcomes for those being supported through the intermediate care pathway are anticipated and it should be noted that there will be no charge to individuals accessing intermediate care beds
16. Further recruitment to mitigate against the impacts of the pressures was deemed critical and a fuller update on this is below. Additional actions and mitigations are as follows:
  - Request was made across the HSCP from the Chief Officer for staff willing to support service delivery in the short term.
  - Review and realignment of work patterns within our Organiser team, which will also strengthen our 'out of hours' position. This aligns with our future service redesign ambitions.
  - Realignment of staff within Intensive Services to priority tasks.
  - Using data sources to review direct contact time and opportunities to make service provision adjustments to maximise existing capacity.

- Exceptional agreement obtained to offer payment of annual leave carried over from 2020 only to Care at Home Service staff. The aim is create some capacity in the system putting less demand on the workforce to cover annual leave when demand continues to be high and anticipated to increase over the winter period.
  - Introduction of a Hospital Inreach Test of Change (RAH and QEUH).
17. Despite the heightened profile surrounding the pressures and clear desire to deliver a service for everyone who needs it, running a safe service remains an overarching priority for us and we cannot take discharges where it is unsafe to do so.

#### Care at Home Recruitment

18. The Senior Care at Home manager opted to take early retirement and left us at the end of August. Interviews for this post and the vacant home care manager post have taken place. We were unsuccessful in recruiting to the senior manager post but were successful in appointing to the home care manager post. Interim arrangements to cover the responsibilities of the senior manager post have now been put in place, pending further recruitment.
19. Recent recruitment drives for frontline care staff have been on a temporary basis and have unfortunately been largely unsuccessful. As such, the service has been unable to appoint to previously agreed numbers of temporary appointments. Neighbouring local authorities and other care organisations are currently recruiting permanent staff.
20. We have therefore agreed to move to offer permanent contracts (on a 4 on/4 off basis) and adverts (utilising previously developed audio, branding and imaging) launched on local radio and social media channels on 17<sup>th</sup> August 2021. In light of the strong competition for staff, we aim to 'fast track' candidates to early interviews however normal safe recruitment approaches will continue to be followed. Early signs are positive with over 50 expressions of interest received within the first few days and the interviewing process is progressing at pace.
21. There was a need to convert the existing 24 temporary contracts with the team to permanent contracts in order to avoid temporary staff applying for permanent posts. We need to attract external applicants in order to ensure the resource within the service increased.
22. It is anticipated that given the current unmet need and expected increase in demands as we approach winter, there is little financial risk in any recruitment to permanent positions for frontline staff within the service. Staff will be required on an ongoing basis to meet anticipated service demand. Additionally, some of the costs incurred through additional staff recruitment will be mitigated by reduction in overtime within the current staff team.

#### **CONSULTATION AND PARTNERSHIP WORKING**

23. Ongoing communication with Trade Union colleagues on recruitment process and change management.

#### **IMPLICATIONS OF THE PROPOSALS**

##### Finance

24. The Chief Financial Officer is aware of budget pressures in relation to ongoing recruitment.

Workforce

25. Staffing and recruitment implications are outlined in the report.

Risk

26. We remain alert to the risks to service delivery in relation to operational pressures

**DIRECTIONS**

27. There are no directions arising from this report.

**CONCLUSIONS**

28. The service has met the requirements from the Care Inspectorate and operating at an acceptable level. Risks to service delivery continue to be managed dynamically.

**RECOMMENDATIONS**

29. The Integration Joint Board is asked to note and comment on the report.

**REPORT AUTHOR AND PERSON TO CONTACT**

Gayle Smart, Intensive Services Manager  
[gayle.smart@eastrenfrewshire.gov.uk](mailto:gayle.smart@eastrenfrewshire.gov.uk)

Chief Officer, IJB: Julie Murray

**BACKGROUND PAPERS**

IJB Presentation – November 2020

IJB Presentation – August 2020

IJB Paper: January 2020 – Care at Home Improvement and Redesign Programme  
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=25790&p=0>

IJB Paper: November 2019 – Care at Home Improvement and Redesign Programme  
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=25553&p=0>

IJB Paper: September 2019 – Care at Home Improvement Update: August 2019  
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=25145&p=0>

IJB PAPER: August 2019 – Care at Home Improvement Update  
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24912&p=0>

IJB PAPER: 26 June 2019 – Care at Home Improvement Update  
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24640&p=0>

IJB PAPER: 1 May 2019 – Care at Home Inspection Report and Improvement Plan  
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24316&p=0>

IJB PAPER: 20 March 2019 – Care at Home Improvement Activity  
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24127&p=0>

IJB PAPER: 30 January 2019 – Care at Home Update  
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=23706&p=0>

IJB PAPER: 29 March 2017 – Care at Home Programme Update  
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=19790&p=0>



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	22 September 2021
<b>Agenda Item</b>	15
<b>Title</b>	Community Change Fund LD Bed Redesign
<b>Summary</b>	
<p>This report provides members of the Integration Joint Board with an update on plans to take forward a collaborative programme of redesign with NHS Greater Glasgow and Clyde's HSCPs following the announcement of the Scottish Government's Community Living Change fund.</p>	
<b>Presented by</b>	Tom Kelly, Head of Adult Services: Learning Disability and Recovery
<b>Action Required</b>	
<p>The Integration Joint Board is asked to discuss and note the proposed approach to whole system working led by East Renfrewshire HSCP.</p>	
<b>Directions</b>	<b>Implications</b>
<input type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<input checked="" type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Workforce <input type="checkbox"/> Equalities <input type="checkbox"/> Risk <input type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**22 September 2021**

**Report by Chief Officer**

**COMMUNITY CHANGE FUND LD BED REDESIGN**

**PURPOSE OF REPORT**

1. The purpose of this short report is to update the Integration Joint Board on plans to take forward a collaborative programme of redesign with NHS Greater Glasgow and Clyde's HSCPs following the announcement of the Scottish Government's Community Living Change fund.

**RECOMMENDATION**

2. The Integration Joint Board is asked to discuss and note the proposed approach to whole system working led by East Renfrewshire HSCP.

**BACKGROUND**

3. The Integration Joint Board will be aware that East Renfrewshire has been leading on an agreed strategy to redesign inpatient and community learning disability services. The focus of the strategy is to improve the care and support of people at risk of hospital admission and/or out of area care, typically people who present with perceived challenging behaviour, and to reduce reliance on inpatient beds when clinical need is not the primary reason for admission. The ultimate aim is to improve local responses, support people to remain at home, develop alternatives to admission and prevent people becoming delayed in hospital. As these alternatives became embedded we intended to remodel the bed based services, reducing bed numbers and reinvesting these resources in the community.
4. Inpatient services have led on a number of tests of change which have resulted in good outcomes and improved delayed discharge, good progress was being made prior to the pandemic taking hold.
5. Alongside this work we also committed to closing remaining longer stay facilities, Netherton and Waterloo.
6. We successfully resettled 6 of the longer stay people and Waterloo closed in late 2017 however, Netherton has not closed as the remaining people waited for a new service to be developed by Glasgow City HSCP.
7. In early 2020, the Scottish Government created a short life working group to explore the ongoing issues relating to bed usage, delays in discharge and out of area care. Julie Murray, Chief Officer, Tom Kelly, Head of Service and Dr Elita Smiley, Clinical Director were asked to take part.
8. In April of this year the Scottish Government announced a £20 million fund, shared across Integration Joint Boards to take forward the main recommendations of the SLWG. These recommendations align to the strategic aims we had already identified locally, namely – reduce delayed discharge, redesign services for people with complex needs and repatriate people in out of area care. A full report on the work of SLWG is to be published by the Scottish Government.

9. NHS Greater Glasgow and Clyde Partnerships received a total of £4.7million to be used over three years.

## REPORT

10. The Community Change Fund brings an opportunity to drive forward the strategic aims we had already agreed. We have set out a proposal to develop a collaborative approach with NHS GGC HSCPs. Given the interdependent nature of inpatient services, community services and relationships with third sector providers we have suggested a redesign Programme Board be developed and jointly resourced.
11. The Programme Board will report to both the existing mental health strategy programme board but will be led by East Renfrewshire, with a programme manager reporting to the Head of Adult Services, Learning Disability and Recovery. The Board will consist of two subgroups, one which will progress community and inpatient redesign including workforce development, bed remodelling, transition and sequencing / transfer of resource from beds to community alternatives and eventual closure of one unit and the extension of the remaining unit.
12. The second group will take the form of a multi-agency commissioning group which will lead on the development of new models of support for people who are currently delayed and importantly those people who are at risk of admission. This group will also review people who are currently placed out of area with a view to establishing local services. This will require good commissioning and innovative approaches and will explore where collaborative commissioning could be adopted across partnerships and between third sector partners.
13. The community change fund is to be used within three years and we envisage this programme of work will require this timeframe.
14. In relation to the resettlement of the remaining people in our longer stay unit Netherton, Glasgow City are developing enhanced community living services and we will work together on a realistic timeframe for closure. Glasgow City HSCP intend to purchase (through the City Council) Waterloo Close with some of their allocation of the Change Fund. These two bungalows have remained vacant since closure. Glasgow intend to commission a third sector provider to support remaining people in the longer stay group and people who are currently delayed in hospital and aim to discuss this at a forthcoming IJB.

## CONSULTATION AND PARTNERSHIP WORKING

15. This has been discussed with HSCPs within NHS Greater Glasgow and Clyde. Joint Staff Forum members are involved in Learning Disability redesign programmes. Any future change of use of current NHS facilities will be subject to stakeholder engagement.

## IMPLICATIONS OF THE PROPOSALS

### Finance

16. The community change fund is intended to strengthen community approaches while enabling whole system redesign, therefore each HSCP will be able to develop local resources and where feasible collaborate with each other on shared models. The use of the fund should, in turn, enable reduction in beds and release resources on a recurring basis to all HSCPs. There is also potential to reinvest resources currently funding out of area placements and this will also require to feature in financial planning going forward. High level financial information is available however, the programme board will require to define the detail in early stages of planning.

Infrastructure

17. Any proposals in relation to buildings will be discussed at the Health Board Capital Planning group and taken to NHS CMT.

**DIRECTIONS**

18. There are no directions arising at this point.

**CONCLUSIONS**

19. The Community Change Fund has given added impetus to the redesign of learning disability services within NHS Greater Glasgow and Clyde. The proposed approach will enable good practice to be shared and better use of resources across the system.

**RECOMMENDATIONS**

20. That the IJB discuss and note the proposed approach to whole system working led by East Renfrewshire HSCP.

**REPORT AUTHOR AND PERSON TO CONTACT**

Tom Kelly, Head of Adult Services: Learning Disability and Recovery  
[Tom.kelly@ggc.scot.nhs.uk](mailto:Tom.kelly@ggc.scot.nhs.uk)

Chief Officer, IJB: Julie Murray

**BACKGROUND PAPERS**

None

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