

Date: 7 March 2022  
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 16 March 2022 at 10.30 am or if later at the conclusion of the Performance and Audit Committee.**

**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 16 MARCH 2022 AT 10.30 am**

**VIRTUAL MEETING VIA MICROSOFT TEAMS**

**AGENDA**

- 1. Apologies for absence.**
- 2. Declarations of Interest.**
- 3. Minute of meeting held on 26 January 2022 (copy attached, pages 5 - 10).**
- 4. Matters Arising (copy attached, pages 11 - 14).**
- 5. Rolling Action Log (copy attached, pages 15 - 18).**
- 6. East Renfrewshire HSCP Strategic Plan 2022-25 (copy attached, pages 19 - 86).**
- 7. East Renfrewshire HSCP Response to COVID-19 (copy attached, pages 87 - 98).**
- 8. Budget 2022/23 (copy to follow).**
- 9. Medium-Term Financial Plan (copy to follow).**
- 10. Revenue Budget Monitoring Report as at 31 January 2022 (copy attached, pages 99 - 118).**
- 11. Age of Criminal Responsibility (Scotland) Act 2019 (copy attached, pages 119 - 124).**
- 12. Joint Inspection of Children's Services – Oral report.**
- 13. Unscheduled Care Commissioning Plan (Design & Delivery Plan 2022/23 - 2024/25) (copy attached, pages 125 - 134).**
- 14. East Renfrewshire IJB Code of Conduct (copy attached, pages 135 - 186).**
- 15. Date of Next Meeting: Wednesday 22 June 2022 at 10.30 am.**

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**Minute of virtual meeting of the  
East Renfrewshire Integration Joint Board  
held at 10.00 am on 26 January 2022**

**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
Provost Jim Fletcher	East Renfrewshire Council
Jacqueline Forbes	NHS Greater Glasgow and Clyde Board
Anne Marie Kennedy	Third Sector representative
Amina Khan	NHS Greater Glasgow and Clyde Board
Ian Marshall	Scottish Care representative (substitute)
Dr Deirdre McCormick	Chief Nurse
Geoff Mohamed	Carers' representative
Anne-Marie Monaghan	NHS Greater Glasgow and Clyde Board (Vice-Chair)
Julie Murray	Chief Officer – IJB
Lynne Rankin	Staff Side representative (ERC)
Kate Rocks	Head of Public Protection and Children's Services (Chief Social Work Officer)
Michelle Wailes	NHS Greater Glasgow and Clyde Board

**IN ATTENDANCE**

Liona Allison	Assistant Committee Services Officer, East Renfrewshire Council
Eamonn Daly	Democratic Services Manager, East Renfrewshire Council
Pamela Gomes	Governance and Compliance Officer
Tom Kelly	Head of Adult Services - Learning Disability and Recovery
Lee McLaughlin	Head of Adult Services – Communities and Wellbeing
Louisa Yule	Audit Scotland

**APOLOGIES FOR ABSENCE**

Andrew McCready	Staff Side representative (NHS)
Councillor Jim Swift	East Renfrewshire Council

**DECLARATIONS OF INTEREST**

1. There were no declarations of interest intimated.

**MINUTE OF PREVIOUS MEETING**

2. The Board considered the Minute of the meeting held on 24 November 2021. In response to Ms Forbes who sought an update on whether or not all rate changes and backdating in relation to the implementation of the fair work agenda had occurred (Item 8 refers), the Chief Financial Officer indicated that she was not aware that this had not been completed.

The Board approved the Minute.

**PERFORMANCE AND AUDIT COMMITTEE**

3. The Board considered and noted the Minute of the meeting of the Performance and Audit Committee held on 24 November 2021.

**HSCP COVID RESPONSE**

4. The Board considered a report by the Chief Officer providing an update on developments within the HSCP in response to the ongoing COVID-19 pandemic and continued pressure being faced by the HSCP, in common with health and social care services across the country.

The report reminded the Board that recent regular updates submitted for consideration had included information on the HSCP's recovery programme, with the last report solely on response to the pandemic having been in May 2021. However, given current pressures the recovery programme had been suspended with the service reverting to full response mode.

The report explained that at the time of writing, a number of service areas were rated as "monitor carefully/prepare to take action" on the critical functions list, these service areas being noted as Care at Home; Learning Disability Inpatients; Adult Protection, and Older Adults Mental Health.

Thereafter the report provided comprehensive information in relation to the challenges being faced across these service areas and the way in which these challenges were being addressed.

In addition, the report highlighted the challenges being faced in other service areas including Public Protection and Children's Services.

In relation to working with other agencies, the report explained that the HSCP continued to link with the Council's Resilience Management Team, and Greater Glasgow and Clyde Tactical Group, in addition to regular Greater Glasgow and Clyde and National Chief Officer meetings taking place.

The Chief Officer then spoke at length in relation to the report. She explained that a further service review had taken place the previous week (21 January), and that overall the picture was improving. Some of the issues in relation to staff absence were easing and services were coping.

**NOT YET ENDORSED AS A CORRECT RECORD**

Specific reference was made to the challenges in respect of the Care at Home Service which had seen absence rates of 30%. Rates had now reduced to 21% and details of the steps that were being taken to increase resilience, including efforts to attract volunteers to the service, were explained.

Challenges in relation to social work capacity were also referred to and it was further noted that a local campaign to recruit home care assistants was under way.

The Chief Officer also outlined the ongoing work with care homes and the significant additional demands being placed on Children's Services/Public Protection, referring in particular to the 65% increase in the number of children requiring to be accommodated by the service.

In conclusion the Chief Officer restated that overall things were improving, that absences were reducing, and that the focus on social care by both the media and Scottish Government which highlighted the challenges facing the service had been welcomed.

Full discussion then took place and in response to questions from Provost Fletcher it was confirmed that anyone who had responded to the request for Care at Home volunteers was paid the appropriate rate for the job.

Councillor Buchanan paid tribute to the efforts of all staff involved in delivering services in such challenging circumstances, noting that whilst the picture was improving, prioritisation of services would continue for the immediate future. This was confirmed by the Chief Officer who referred to the number of services that had been suspended in light of the need to focus on an increase in demand for support as a result of the pandemic.

Ms Monaghan commented on the impact on carers, and on the increase in the numbers of children to be accommodated. In response, both the Head of Adult Services – Communities and Wellbeing and Head of Adult Services - Learning Disability and Recovery were heard on some of the work that had been undertaken locally to support carers.

In relation to accommodated children, the Chief Social Work Officer explained that whilst the percentage increase was high, the actual number of 6 was low. She highlighted that in most of these cases the children were not already known to the service and had neurodiverse conditions. Dealing with increasing numbers of children with neurodiverse conditions was going to be the biggest challenge going forward and reference was made to the ongoing work with the Education Department in this respect.

Ms Khan emphasised the challenges to service sustainability, and the importance of the recovery and renewal programme resuming as quickly as possible. She questioned what steps were being taken to ensure that service users and client groups were aware of future challenges, and sought clarification of what support mechanisms were in place for staff.

In reply, the Chief Officer explained that communication methods differed depending on the service/client group. Contact methods used included social media and direct clinician contact. The Head of Adult Services – Communities and Wellbeing also provided some examples of staff support mechanisms in use.

The Board noted the report.

**REVENUE BUDGET MONITORING REPORT**

5. The Board considered a report by the Chief Financial Officer providing details of the projected outturn position of the 2021-22 revenue budget as at 31 December 2021. It was noted that this was the third monitoring report for 2021-22 and provided the projected outturn for the year based on the latest information.

**NOT YET ENDORSED AS A CORRECT RECORD**

The report set out the confirmed level of 2021-22 winter funding received and the service areas to which it was allocated. Full spend was assumed with a further assumption, in line with the national position, that all unspent balances would be taken to an earmarked reserve.

Indicative allocations for 2022-23 had been intimated, but the distribution of the £554 million announced by the Scottish Government as part of the 2022/23 budget had not been finalised and would be included in the 2022-23 budget report to be considered by the Board in March.

As in previous updates the report explained that HSCP costs related to COVID-19 activity were reported to the Scottish Government via NHS Greater Glasgow and Clyde, as health boards were the leads on this reporting. For 2021-22 Projected COVID related costs were £9.769 million. Projections were revised on an ongoing basis as response to the pandemic continued.

It was also noted that while some costs had reduced as winter funding was applied, COVID-19 related costs had increased in some other areas. The assumption that £200K savings to be achieved through the restart of the recovery and renewal programme, had been eliminated due to the move back to response.

Costs were reviewed and projections continually revised as response to the pandemic continued. The projections included in the report assumed full COVID-19 funding including support from the Scottish Government for unachieved savings. There was a significant risk to delivering a balanced budget without this support.

Projected costs for 2021/22 and the balance of funding required after reserves having been summarised, the report explained that against a full year budget of £136.193 million there was a projected underspend of £0.165 million (0.12%), after assumed contributions to and from reserves. This would be added to the budget savings reserve, subject to final outturn and agreed reserves position at the end of the financial year.

Comment was then made on the main projected operational variances. Projected costs were based on known care commitments, vacant posts and other supporting information from financial systems as at 31 December 2021, and allowed for the latest known information.

In relation to the underspend in Older Peoples Services, the report sought approval of a budget virement of £500k from Nursing and Residential Care to Care at Home. This reflected current trends and if approved would be reflected in the report in March.

In addition, in relation to reserves the report also sought approval for the establishment of three new reserves; Winter Funding; Trauma Informed Practice; and Mental Health – Mental Health Officer Capacity Building.

The Head of Finance and Resources (Chief Financial Officer) was then heard further on the report in the course of which she gave detailed explanations in relation to the main variances. Referring to the figure of £2.143 million in paragraph 5 of the report in relation to winter funding, she explained that this did not reflect a further confirmed £741k for provider social care pay uplifts resulting in total winter funding for the year being £2.884 million.

Responding to a question from Ms Forbes in relation to the level of reduction in the previously reported overspend of £119k in CAMHS the Chief Financial Officer indicated that she would contact Ms Forbes directly with details.

Also in relation to questions from Ms Forbes on the imbalance in the levels of underspend in the Barrhead and Eastwood Localities, who found it surprising that the larger underspend was in the area with higher levels of deprivation, the Head of Adult Services – Communities and



Wellbeing explained that whilst there were higher deprivation levels in the Barrhead Locality, service demand in the Eastwood Locality was higher. However service provision models, including locality areas were currently under review.

The Board:-

- (a) noted the projected outturn for the 2021/22 revenue budget;
- (b) noted the projected reserves balances and approved the establishment of the following 3 reserves;
  - Winter Funding
  - Trauma Informed Practice
  - Metal Health – Mental Health Officer Capacity Building; and
- (c) agreed to the virements of £500k from Nursing and Residential Care to Care at Home.

### **FUTURE FUNDING FOR THE FAMILY WELLBEING SERVICE**

**6.** The Board considered a report by the Head of Public Protection and Children's Services (Chief Social Work Officer), advising of the end of the social bridging contract between the HSCP and The Robertson Trust on 31 May 2022, and seeking approval for an alternative funding method to enable the continuation of the Family Wellbeing Service.

By way of background, the report reminded the Board that in September 2017, Children 1<sup>st</sup> and the HSCP had developed a one year pilot service (the Family Wellbeing Service) to offer early help for children and families who were experiencing emotional distress. The pilot, which included a partnership with two local GP practices, was evaluated as a success and in 2018 the Board agreed to continue to fund the service for a further year to enable expansion to take place. By the beginning of 2019 the service had expanded and took referrals from six GP practices.

The report further explained that during 2018 The Robertson Trust had agreed to fund the scaling up of the Family Wellbeing Service within East Renfrewshire rolling it out to all GP practices within the HSCP. The Trust provided social bridging finance as it was the intention of the partnership to remodel the delivery of mental health services for children through the re-provision of mental health budgets from acute and primary care.

The purpose of additional investment enabled the development of the expansion of the service to reach even more children and families in East Renfrewshire, with all GP practices in East Renfrewshire participating in the project over the three years 2019-2022.

As part of the expansion of the project new success criteria had been agreed and a recent evaluation of the service demonstrated that all the criteria had been exceeded even during the difficulties of providing services during the pandemic.

The report then referred to changing Scottish Government policy and additional resources made available over the preceding three years in respect of supporting mental health in children and young people.

Details of how available funding would be used were set out and it was explained that to enable the Family Wellbeing Service to continue for the next two years following the withdrawing of funding by The Robertson Trust, it was proposed to use current core funding

from the School Counselling reserve which had built up during the pandemic due to a delay in the service being commissioned, and a small top-up from Children and Young Persons Mental Health Framework funding. A full breakdown of the funding proposals was provided.

The Head of Public Protection and Children's Services was heard in further explanation of the proposed approach, and in response to questions from Ms Forbes on when the funding requirement would actually start as the Robertson Trust funding ran until the end of May 2022, clarified the funding periods and associated levels of funding required. She also confirmed in response to Ms Wailes that there were no contractual obligations on the HSCP associated with the withdrawal of funding by The Robertson Trust.

Councillor Buchanan and other members of the Board having offered support for the proposals the Board:-

- (a) noted that the three year social bridging finance contract between the HSCP and The Robertson Trust ended on 31 May 2022; and
- (b) approved the use of the Access to School Counselling Grant and the Children and Young Peoples Mental Health and Wellbeing reserves to fund the Family Wellbeing Services from 1 June 2022 for a 2 year period.

**DATE OF NEXT MEETING**

**13.** It was noted that the next meeting of the Integration Joint Board would be held on Wednesday 16 March 2022 at 10.30 am.

CHAIR



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	16 March 2022
<b>Agenda Item</b>	4
<b>Title</b>	Matters Arising
<p><b>Summary</b></p> <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 26 January 2022.</p>	
<b>Presented by</b>	Julie Murray, Chief Officer
<p><b>Action Required</b></p> <p>Integration Joint Board members are asked to note the contents of the report.</p>	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**16 March 2022**

**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**

**Revenue Budget Monitoring Report**

3. The reserves have been created and £500k transferred from Nursing and Residential Care to Care at Home as outlined at the meeting.

**Interim Workforce Plan**

4. A copy of the interim workforce plan has been circulated to members for information along with a copy of the feedback letter received from Scottish Government last year.

5. The Scottish Government have extended the deadline for the 3-Year Workforce Plan originally due to be submitted by 31 March to 31 July 2022.

6. The HSCP Workforce Planning Group has been reconvened following a pause due to the operational response in relation to the Omicron variant. The Group awaits the checklist from Scottish Government which will form the basis of the plan. Given the delay in publication there is a requirement to update the workforce dataset and we will use employee data as at end March 2022. This will take account of the increased FTE from the winter planning recruitment.

7. Once finalised, the HSCP 3-Year Workforce Plan will be shared with the IJB prior to publication.

**RECOMMENDATIONS**

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

**REPORT AUTHOR AND PERSON TO CONTACT**

Lesley Bairden, Chief Financial Officer  
[Lesley.Bairden@eastrenfrewshire.gov.uk](mailto:Lesley.Bairden@eastrenfrewshire.gov.uk)

March 2022

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	16 March 2022
<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 26 January 2022.	
<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)

March 2022

Action No	Date	Item No	Item Name	Action	Responsible Officer	Status	Due / Closed	Progress Update /Outcome
351	26-Jan-22	6	Revenue Budget Monitoring Report	Provide a separate note to Jacqueline Forbes on the issues around CAMHS overspend (Para 19 bullet point 3).	CFO	OPEN	Mar-22	Requested information is being collated and will be shared with J Forbes
350	26-Jan-22	6	Revenue Budget Monitoring Report	Make arrangements to establish the 3 new reserves as outlined and to transfer the 500K from Nursing and Residential Care to Care at Home	CFO	CLOSED	Jan-22	Reserves created
349	26-Jan-22	7	Healthier Minds	The Board approved the use of the Access to School Counselling Grant and the Children and Young Peoples Mental Health and Wellbeing reserves to fund the Family Wellbeing Service from 1 June 2022 and the appropriate arrangements should be made.	CSWO	CLOSED	Jan-22	Funding agreed
348	24-Nov-21	5	Rolling Action Log	Submit the Interim Workforce Evaluation Plan to a future meeting of the IJB	CO	OPEN	Jul-22	The interim workforce plan and feedback letter from Scottish Government has been shared with members of the Board for information. The draft 3 year plan will now be submitted to Scottish Government in July-22 and will be shared with IJB members for comment prior to publication. SEE ALSO ACTION 336
347	24-Nov-21	7	Annual Report and Accounts	The Chair, Chief Officer and Chief Financial Officer should now accept and sign the annual report and accounts on behalf of the Integration Joint Board.	CFO	CLOSED	Nov-21	Accounts signed
346	24-Nov-21	7	Annual Report and Accounts	Arrange for publication on the website	CFO	CLOSED	Nov-21	Published
345	24-Nov-21	8	Winter Planning	Circulate copies of presentation to Board members	DSM	CLOSED	Nov-21	Circulated to members
344	24-Nov-21	10	HSCP Recovery and Renewal Programme Update	Circulate copies of appendix 1 and 2 to Board members	DSM	CLOSED	Nov-21	Circulated to members
343	24-Nov-21	11	ER Peer Support Service - Mental Health and Addictions Final Evaluation Report	Consider the possibility of making a presentation on the evaluation report to a future meeting	HAS - LD&R	OPEN	Dec-22	Added to forward planner - scheduled for Dec-22
336	22-Sep-21	17	Draft GGC Unscheduled Care Commissioning Plan	The report and draft Design and Delivery Plan were noted. Submit an update on the Plan including the financial framework towards the end of 2021/22	CO	CLOSED	Mar-22	Added to forward planner - scheduled for Mar-22 - Paper included on Mar-22 IJB Agenda
327	12-May-21	4	Matters Arising	Submit a final version of the workforce plan to a future meeting	CO	CLOSED	Mar-22	The interim plan was finalised following feedback received from Scottish Government. Rather than present the interim plan to a future IJB seminar we will present the draft 3 year plan to IJB in Mar-22 SUPERSEDED BY ACTION 348
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 to due to Covid-19
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	GCO	Governance and Compliance Officer
IJB	Integration Joint Board	CD	Clinical Director	HAHSL	Head of Adult Health and Social Care Localities
PAC	Performance and Audit Committee	CO	Chief Officer	HAS - C&W	Head of Adult Services - Communities and Wellbeing
		CFO	Chief Finance Officer	HAS - LD&R	Head of Adult Services - Learning Disability and Recovery
		CN	Chief Nurse	PPPM	Policy, Planning & Performance Manager
		CSWO	Chief Social Work Officer	SMRS	Senior Manager, Recovery Services
		DSM	Democratic Service Manager	LP (RS)	Lead Planner (Recovery Services)



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board	
<b>Held on</b>	16 March 2022	
<b>Agenda Item</b>	6	
<b>Title</b>	East Renfrewshire HSCP Strategic Plan 2022-25	
<b>Summary</b>		
<p>The purpose of this report is to seek approval of the HSCP Strategic Plan for the period 2022-25. The Plan has been produced following extensive engagement and development work during the past 12 months and succeeds the HSCP Interim Strategic Plan 2021-22. The plan sets out the principle strategic priorities for the partnership, key areas of focus and activity for the three years ahead; and recognises the continuing context of recovery from the Covid-19 pandemic. The paper also sets out planned activity for communicating the key messages in the plan.</p>		
<b>Presented by</b>	Steven Reid Policy, Planning and Performance Manager	
<b>Action Required</b>		
<p>It is recommended that the Integration Joint Board:</p> <ul style="list-style-type: none"> <li>• approve the Strategic Plan for 2022-25;</li> <li>• note the development of user-friendly formats of the plan and proposals for wider communication.</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 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**

**16 March 2022**

**Report by Chief Officer**

**EAST RENFREWSHIRE HSCP STRATEGIC PLAN 2022-25**

**PURPOSE OF REPORT**

1. The purpose of this report is to seek approval of the HSCP Strategic Plan for the period 2022-25.

**RECOMMENDATION**

2. It is recommended that the Integration Joint Board:
  - approve the Strategic Plan for 2022-25;
  - note the development of user-friendly formats of the plan and proposals for wider communication.

**BACKGROUND**

3. The Public Bodies (Joint Working) (Scotland) Act 2014 requires that Integration Authorities review their strategic commissioning plan at least every three years. Recognising the challenges of undertaking planning activity during the pandemic period and the unique circumstances that we were facing, it was agreed in November 2020 that the HSCP would establish a one-year 'bridging' plan for 2021-22 reflecting priorities during our recovery from the Covid-19 pandemic.
4. It was also agreed that during 2021-22 we would undertake a more comprehensive strategic needs assessment and full programme of community and stakeholder engagement to support the establishment of a full three-year strategic plan for the period 2022-25 to be published by 1 April 2022. This work is now complete and represented in the content of the Strategic Plan.

**REPORT**

5. In the context of continuing challenges from the Covid-19 pandemic, significant work has been undertaken to develop our Strategic Plan drawing in views of a wide range of stakeholders and communities. This has included:
  - Ongoing consultation with the Strategic Planning Group (SPG) during the development of both the interim (2021-22) plan and the new three year plan. The SPG has been convened monthly during significant stages of the plan's development.
  - Review of national and local strategic planning (including relevant local, regional and national plans relating to response and recovery from Covid-19 pandemic).
  - Assessment of lessons learned and impacts from the Covid-19 pandemic in consultation with HSCP service managers and the SPG.
  - Desk-based review of strategic performance reporting 2018-21 considering progress against priorities in previous strategic plan.
  - Refreshment of demographic, health and service need information carried out in liaison with Public Health Scotland LIST analysts.

- Discussion with SPG to review performance and demographic information, assess progress towards existing strategic priorities and consider reviewed suite of priorities for the plan in light of performance assessment, the ongoing Covid-19 pandemic and wider operational context.
  - ‘Festival of engagement’ – Community and stakeholder engagement carried out August to October 2021. Delivery of the engagement process was supported by partners in the HSCP Participation and Engagement Network. Twenty focus groups and workshops (principally delivered online with some face-to-face groups) were delivered involving nearly 200 participants. These included people with lived experience, unpaid carers, staff and management at support providers, HSCP staff and officers from internal and external partner organisations. People choosing not to attend workshop events could participate through online surveys and one-to-one discussions with support organisations.
  - Engagement feedback shared and assessed with the SPG and summary findings shared with engagement participants and service managers.
  - High-level draft strategy for consultation produced and reviewed by SPG 18 November 2021.
  - Public consultation period including online survey ran 16 December 2021 to 13 February 2022. Promotion of consultation through social media and through stakeholders and engagement networks.
  - Consultation draft shared for discussion with:
    - East Renfrewshire Council Corporate Management Team (CMT) (14 December 2021)
    - NHS Greater Glasgow and Clyde CMT (2 December 2021) and
    - NHSGGC Finance, Planning and Performance Committee (7 December 21).
  - Draft strategy considered at IJB Seminar – 31 January 2022.
  - Discussion of updates to draft plan at SPG February 2022 and further updating of content.
  - Presentation of draft final strategy to IJB – March 2022.
6. The next steps are:
- Final drafting of strategy recognising comments from IJB and any outstanding feedback.
  - Publication of the Strategic Plan 2022-25, including accessible and interactive formats.
7. The three-year Strategic Plan meets the statutory requirements for planning set out in the Public Bodies (Joint Working) (Scotland) Act 2014. The strategy sets out:
- the ambition, vision and priorities of the partnership for the three-year period;
  - key themes from our stakeholder and residents’ engagement;
  - our strategic priorities for 2022-25 – including key areas of focus for delivery;
  - East Renfrewshire’s current context – including summaries of demographics, recognised impacts from Covid-19 pandemic, medium and longer-term challenges for the partnership, and planning context (including planned National Care Service); a review of progress against our strategic priorities;
  - details of how we will resource our strategic plan (to be completed following agreement of budget);
  - explanation of how we measure success.
8. The plan describes our partnership and vision recognising the benefits of working collaboratively as a broad and inclusive partnership and the opportunities that exist to build on the strengthened partnership working we have seen during the pandemic.

9. Where possible, reference has been made in the plan to relevant recovery/remobilisation planning at NHSGGC Board level, including the priorities set out in Moving Forward Together, and commitments reflected in the Five Year Strategy for Adult Mental Health Services, the Public Health Strategy: Turning the Tide through Prevention and the Joint Unscheduled Care Commissioning Plan. The plan also recognises the implications from the Independent Review of Adult Social Care and subsequent National Care Service proposals and national consultation exercise.
10. The draft plan illustrates how the HSCP will contribute to the priorities established in the East Renfrewshire Community Plan and Fairer East Ren. Under our strategic priorities we set out our key activities and critical indicators that link to the HSCP contribution to East Renfrewshire Council's Outcome Delivery Plan.
11. The consultation found that respondents were positive about our inclusive approach to engagement during the development of the plan; and there was strong support for this to continue throughout the delivery of the plan. People were supportive of our strategic priorities and the key areas of focus set out in the plan. A majority of consultees are confident that the approaches described in our plan will deliver on our priorities and wider objectives for HSCP – while recognising the challenges we face. Many people emphasised the crucial importance of partnership and collaborative working and there was a focus on ensuring the necessary support is in place for our staff and for local unpaid carers.
12. Key changes we have made to the final draft following the consultation period include:
  - Strengthening the emphasis in the plan on safety, preventing harm and addressing rising incidence of violence against women and girls following the pandemic.
  - Reference to the practical supports available for digital solutions; and recognition to the role of peer support in recovery and supporting independence.
  - More detail on how we are working to enhance mental health support through primary care; and local initiatives using the Community Mental Health and Wellbeing Fund.
  - Strengthen discussion of new approaches being developed in line with winter planning investment – in the context of the pandemic and changing demand patterns.
  - More references to the impact of the pandemic on unpaid carers and increased pressures for carers including increased caring requirement.
  - In our existing discussion of health inequalities, greater reference to the wider impacts of poverty and focus on supporting people with protected characteristics.
  - For our priority supporting staff wellbeing recognition our intention to be a 'listening' partnership; and outlining activities including wellbeing group, plan and appointment of wellbeing lead.
  - Inclusion of a 'plan on a page' summarising the main elements of the plan.
13. Our headline planning priorities build on those set out in our previous strategic plans. In the development of our interim plan for 2021-22, we extended our priority for mental health to include mental health and wellbeing across our communities. We changed the emphasis of our priorities relating to health inequalities and primary and community-based healthcare and we introduced a new strategic priority focusing on the crucial role of the workforce across the partnership. For the 2022-25 plan we have also added a distinct priority focusing on protecting people from harm, reflecting the cross-cutting and multi-agency nature of this activity. For each priority we set out the contributing outcomes that we will work to, key activities for the next three years and accompanying performance measures. Our strategic priorities for 2022-25 are:

- Working together with children, young people and their families to improve mental and emotional wellbeing;
  - Working together with people to maintain their independence at home and in their local community;
  - Working together to support mental health and wellbeing;
  - Working together to meet people's healthcare needs by providing support in the right way, by the right person at the right time;
  - Working together with people who care for someone ensuring they are able to exercise choice and control in relation to their caring activities;
  - Working together with our community planning partners on new community justice pathways that support people to stop offending and rebuild lives;
  - Working together with individuals and communities to tackle health inequalities and improve life chances;
  - Working together with staff across the partnership to support resilience and wellbeing; and,
  - Protecting people from harm.
14. The Strategic Plan outlines the range of thematic plans that support its implementation. We will revise our local delivery plans in light of the new plan, building on the intermediate outcomes and key activities outlines under each strategic priority.
  15. We are working in collaboration with ERC Housing Services and other partners to support housing research that will inform the next Local Housing Strategy. In tandem with this activity we will revise and refresh the Housing Contribution Statement and present this to the IJB at a future date. Timelines for our updated Workforce Plan have also been revised to later in the year and will also be presented to a future meeting of the IJB.
  16. To support the development of the Strategic Plan we are producing an Equality Impact Assessment (EqIA) in collaboration with a range of stakeholders. The EqIA considers positive and potentially negative impacts of the plan on people with protected characteristics. The finalised EqIA will be available alongside the published plan and, in line with good practice, we will review the EqIA during 2022-23 as we take forward its implementation.
  17. East Renfrewshire Council Communications Team will revise the Strategic Plan document to included greater illustration and visualisation and we will produce an easy-read summary of the final plan. We will also produce an interactive online version of the plan including summaries and videos explaining our approaches. The plan will be made available in a variety of formats and languages as required to meet the needs of residents.
  18. Subject to approval at the IJB, the Strategic Plan will be shared for agreement with East Renfrewshire Council and NHS Greater Glasgow and Clyde Finance, Planning and Performance Committee.

## **CONSULTATION AND PARTNERSHIP WORKING**

19. We have convened regular meetings of the Strategic Planning Group (SPG) to support the development of the Strategic Plan and gather views from local stakeholder organisations, with six meeting taking place during 2021-22. Over the course of the meetings SPG members: reviewed the workplan and timetable for the development of the strategy, including the approach to wider engagement; considered key issues and priorities for the new plan; reviewed feedback form the engagement programme and public consultation and commented on draft versions of the plan.



20. A public engagement process was led by our multi-agency Participation and Engagement Network, delivered in line with the principles set out in the East Renfrewshire Health and Social Care Participation and Engagement Strategy 2020-23. Partner organisations supported facilitation of engagement events and over the three months we conducted 20 focus groups and workshops (principally delivered online with some face-to-face groups) involving nearly 200 participants. Workshops focused on key themes and were designed to be fun and participative using tools such as instant online polls (via mobile phones). Those unable to attend events or wishing to give individual views had the opportunity to complete short online surveys in relation to the engagement themes. The engagement drew in the voices of people with lived experience, unpaid carers, staff and management at support providers, HSCP staff and officers from internal and external partner organisations.
21. Following the development of a consultative draft of the strategic plan, a full public consultation exercise was carried out between December 2021 and February 2022. During the consultation period the draft plan was shared with our partners at East Renfrewshire Council and NHSGGC, considered in an IJB seminar event and promoted through social media and other communication channels.

## **IMPLICATIONS OF THE PROPOSALS**

22. There are no operational implications arising from this report.

## **DIRECTIONS**

23. There are no directions arising from this report.

## **CONCLUSION**

24. Significant work has been undertaken to develop our Strategic Plan for 2022-25 in consultation with stakeholders and East Renfrewshire residents, despite the continuing challenges of the pandemic. This includes a highly participative engagement process coproduced with wider partners through our Participation and Engagement Network. The plan represents a strong strategic footing for the partnership over the next three years as we continue our recovery and renewal following the Covid-19 pandemic. The key messages from the plan will be communicated through innovative, user friendly methods including development of an easy-read document and interactive online version of the plan. In the months ahead we will put in place a range of delivery plans and refresh thematic plans that support the implementation of the strategy.

## **RECOMMENDATION**

25. It is recommended that the Integration Joint Board:
  - approve the Strategic Plan for 2022-25;
  - note the development of user-friendly formats of the plan and proposals for wider communication.

## **REPORT AUTHOR AND PERSON TO CONTACT**

Steven Reid: Policy, Planning and Performance Manager  
[steven.reid@eastrenfrewshire.gov.uk](mailto:steven.reid@eastrenfrewshire.gov.uk)  
0141 451 0746

Chief Officer, IJB: Julie Murray

**BACKGROUND PAPERS**

HSCP Interim Strategic Plan 2021-22, 17 March 2021

[https://www.eastrenfrewshire.gov.uk/media/4738/IJB-Item-08-17-March-2021/pdf/IJB\\_Item\\_08\\_-\\_17\\_March\\_2021.pdf?m=637505417890570000](https://www.eastrenfrewshire.gov.uk/media/4738/IJB-Item-08-17-March-2021/pdf/IJB_Item_08_-_17_March_2021.pdf?m=637505417890570000)



**Working Together for  
East Renfrewshire –  
A Three Year Strategic  
Plan for Health and  
Social Care  
2022-25**

**East Renfrewshire  
Health and Social Care  
Partnership**

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## 1. Introduction

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Welcome to the third Strategic Plan for East Renfrewshire Health and Social Care Partnership (HSCP). The plan sets out the shared ambitions and strategic priorities of our partnership; and how we will focus our activity to deliver high quality health and social care to the people of East Renfrewshire. The plan covers the period 2022-25 and builds on our one-year 2021-22 'bridging plan' that was developed to support planning during our pandemic response phase.

Our strategic planning activity is taking place during an exceptionally challenging period for the partnership as we continue to support local residents through the Covid-19 pandemic and begin our recovery from the impacts of the crisis. The partnership continues to find itself in a period of change with significant uncertainty for the months and years ahead. At the same time, it is essential that we fully understand the lasting impacts of the pandemic as we work to deliver our strategic aims and objectives.

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. This positive response is informing current and future approaches and we will continue to build on innovation and best practice over the course of this strategic plan.

While the plan sets out fundamental strategic priorities for health and social care such as supporting people to living independently and well at home, supporting better mental health and wellbeing, and ensuring access to high quality local health care services we continue to operate in the context of the pandemic. Our plan will be reviewed annually, building on the experiences and new learning as we continue our recovery.

This plan is based on strong evidence of local needs and despite practical challenges has been developed through a highly participative process drawing in voices from our partners in the community, third and independent sectors as well as people with lived experience and unpaid carers. As an inclusive partnership we will continue to engage widely as we review the delivery of our commitments in this plan and work to bring in fresh and innovative ideas as we move forward.

## 2. Our ambition, vision and priorities

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## 2.1 Our ambition

This is a pivotal time for health and social care in Scotland and it is the ambition of East Renfrewshire HSCP to meet the challenges we face and embrace new opportunities with a renewed commitment to innovation and high quality services and supports, designed and delivered in partnership with local people and partners.

We want to ensure that health and care supports available in East Renfrewshire meet the needs, values and personal ambitions of the people who live here. We want supports to be truly person-centred, focused on human rights and empowering people to thrive at whatever stage they are at in life.

Building the health and social care system we want to see requires strong collaboration and over the life of this plan we will work to further strengthen collaborative practices, building on examples such as our digital partnership and local delivery of the Communities Mental Health and Wellbeing Fund.

Our focus is on prevention and early intervention, with a range of supports in place to meet health and care needs early, preventing deterioration and helping people avoid crisis situations. As a broad and inclusive partnership our ambition is to maximise the supports and opportunities that are available for local people in the community, supporting prevention and working to tackle health inequalities across our communities. We recognise the wider determinants of health and wellbeing including education, employment and income, and the importance of good quality, affordable and appropriate housing. Through collaborative and ethical commissioning we will work with communities, third sector organisations and our independent sector providers, championing the most innovative and effective ideas and approaches.

Everyone has the right to live in safety and be protected from neglect, abuse and harm. Our partnership has a key role in helping to keep vulnerable people in our communities safe; and in preventing harm and supporting people at risk of harm. Over the life of this plan we will continue to develop our responses to new risks and vulnerabilities as these emerge.



Our health and care system depends on those that provide care and support, both paid and unpaid. Our ambition in East Renfrewshire is to increase recognition of the role that unpaid carers play, and ensure that the supports needed by carers are in place. As a partnership our workforce are our greatest asset. We want to ensure that those providing invaluable health and care services are happy and motivated; and feel respected and fulfilled in their role for years to come.

## 2.2 Listening to the experiences of people in East Renfrewshire

To support the development of this Strategic Plan we carried out a highly participative engagement process during 2021 designed and delivered in partnership with our third and independent sector partners. A wide range of views were shared with us by people with lived experience, unpaid carers, staff and management at support providers, HSCP staff and officers from internal and external partner organisations. Some of the most prominent issues raised in relation to our strategic themes are given below along with the response we take as a partnership.



Supporting people to maintain independence

What people told us	How we respond as a partnership
<ul style="list-style-type: none"> <li>• We need to move beyond the mindset of traditional services – look at innovative options for support.</li> <li>• We need to be serious about prevention and stopping people reaching crisis. We need to expand what’s available in the community – and communicate what’s available to those that need support.</li> <li>• We need to make sure that services are ‘joined-up’ and support providers are talking to each other.</li> <li>• We need to make sure we’re making the best use of digital technology.</li> <li>• We need to fulfil our commitment to expanding choice and control. We need a more effective framework needed around Self-directed Support – clarity on supports and criteria.</li> <li>• We need more collaborative working between support providers and with other partners – e.g. training, finance, and approaches to recruitment.</li> </ul>	<ul style="list-style-type: none"> <li>• We are committed to the principles and priorities set out in the Independent Review of Adult Social Care and the initial proposals for a National Care Service including: the commitment to person-centred, right-based approaches; more collaborative working and ‘joined-up’ approaches that focus on the experiences of individuals; and expanding choice and control through full delivery of self-directed support.</li> <li>• We will develop and delivery our Commissioning and Market-shaping Plan to support this strategy. Through collaborative practices we will develop and expand local market provision.</li> <li>• In partnership with our local providers’ forum we will explore practical steps for more collaborative working between local support providers.</li> <li>• We will promote and support the expanded use of digital communication technology for access to health and care supports; and promote use of health monitoring systems to support self-management of conditions.</li> </ul>
Supporting better mental health and wellbeing	
What people told us	How we respond as a partnership
<ul style="list-style-type: none"> <li>• Essential that we support and promote resilience and self-management – across a range of groups – e.g. elderly, disabled, men, young people, shielding group, carers.</li> <li>• More strengths based support – building on people’s lived experiences.</li> <li>• We need to ensure peer to peer support continues and is built on going forward.</li> <li>• Encourage prevention – self-awareness and understanding around mental wellbeing.</li> </ul>	<ul style="list-style-type: none"> <li>• Working collaboratively with our wider community planning partners we are focused on supporting better mental wellbeing and resilience across our communities. Led by the third sector, innovative approaches are being supported through the Communities Mental Health and Wellbeing Fund.</li> <li>• We are focused on preventative approaches and will build on the strengths of approaches such as community link workers in GP practices and our peer support programme.</li> </ul>

<ul style="list-style-type: none"> <li>• We need to make sure we are giving individuals time/space – listening and directing to most appropriate support.</li> <li>• We need to tackle stigma – getting messages across; embed with managers and staff.</li> <li>• Communication and awareness of services before crisis; sharing resources across our partnership and more widely. There is an increasing group of people not connected to services – they need to know what to do when they require support.</li> <li>• Some people have benefited from greater community connectedness during the pandemic – we should build on positive experiences.</li> </ul>	<ul style="list-style-type: none"> <li>• Through information and advice provision, digital communications, and greater awareness across services we will work to ensure access to the right mental health supports at the right time.</li> <li>• Through collaborative practices we will develop and expand local market provision for mental health and addiction supports.</li> <li>• Learning from our experiences during the pandemic, we will take full advantage of opportunities from digital technology to increase contact and improve access to mental health and addiction services.</li> </ul>
<b>Meeting local healthcare needs – and addressing health inequalities</b>	
<b>What people told us</b>	<b>How we respond as a partnership</b>
<ul style="list-style-type: none"> <li>• Better information and access to support – raising awareness of what is available.</li> <li>• Need choice and flexibility for health and wellbeing - Services must fit people rather than people fitting services.</li> <li>• We need to see services coming together and working collaboratively.</li> <li>• We need to refocus our efforts on wider health improvement activity. Need to return to pre-pandemic screening programmes</li> <li>• We must promote the prevention agenda through interventions such as Talking Points, community link workers, support for self-management. And recognise that loneliness / isolation is a massive issues for health and wellbeing.</li> <li>• Need to improve support for learning disabilities post pandemic – and return to collaborative practices.</li> <li>• Health inequalities – need to look at wider issues of poverty and housing. Significant health inequalities for people with</li> </ul>	<ul style="list-style-type: none"> <li>• We are committed to working collaboratively to improve the health and wellbeing of our population. We are focused on delivering targeted health improvement interventions in communities experiencing greater health inequalities. With our community planning partners we are working to tackle the root causes of health inequalities including child poverty, housing and employment; working to promote health literacy and self-management; and working to strengthen community resilience and capacity.</li> <li>• We are focused on preventative approaches and will continue to develop the support provided by Talking Points, community link workers, and physical health interventions delivered in partnership with the Culture and Leisure Trust.</li> <li>• In collaboration with NHS Greater Glasgow and Clyde we work to improve person-centred pathways for those accessing healthcare supports.</li> </ul>

<p>physical and learning disabilities – exacerbated during the pandemic – delays, disruption to clinics.</p> <ul style="list-style-type: none"> <li>• There needs to be a focus on how we organise as communities to support health and wellbeing.</li> </ul>	<ul style="list-style-type: none"> <li>• We are committed to early intervention and prevention for people with long-term conditions; minimising unplanned hospital use; and improving support in the community for people leaving hospital.</li> </ul>
<b>Supporting unpaid carers</b>	
<b>What people told us</b>	<b>How we respond as a partnership</b>
<ul style="list-style-type: none"> <li>• We need to be creative – shift from traditional approaches and shift thinking on what’s possible for families.</li> <li>• Collaborative working between organisations and better engagement / communication with unpaid carers is imperative.</li> <li>• We need to develop the availability of regular short breaks – many families at breaking point following the pandemic.</li> <li>• We need to build clarity/understanding on definition of breaks – wide ranging in length and nature – supporting carers as individuals.</li> <li>• We need to help people recognise their role and identify as carers – and overcome any barriers/stigma.</li> <li>• We need to return to face-to-face peer support for unpaid – this has important social aspect.</li> </ul>	<ul style="list-style-type: none"> <li>• In partnership with East Renfrewshire Carers Centre, we will work collaboratively with local carers in designing new, more flexible approaches to support.</li> <li>• We are committed to developing the range of short-break options and increasing availability for carers to allow them to continue in their caring role. Listening to the needs and experiences of carers, we will work collaboratively with providers to expand the range of options available.</li> <li>• We will work to widen understanding of caring, and the challenges faced by unpaid carers in East Renfrewshire through information and training.</li> <li>• As we move beyond the pandemic, we will ensure that vital informal supports are re-established and strengthened as appropriate to the needs of local carers.</li> </ul>
<b>Supporting staff wellbeing</b>	
<b>What people told us</b>	<b>How we respond as a partnership</b>
<ul style="list-style-type: none"> <li>• We need to recognise and reward the incredible contribution of our staff and the pressures they are under - before, during and after the pandemic.</li> <li>• Important to recognise the wider mental health issues among staff (across our wider partnership).</li> <li>• We need to support our staff with new ways of working and adapting to a new landscape following the pandemic.</li> <li>• There is a need for flexibility and balance - providing staff autonomy.</li> </ul>	<ul style="list-style-type: none"> <li>• Across the partnership our workforce as gone above and beyond to continue delivering vital support to local people during extremely challenging circumstances. We are entirely focused on supporting the wellbeing of our staff – and committed to embedding successful approaches as normal practice.</li> <li>• We have put in place new structures and new channels for communication and we will review and develop these approaches moving forward.</li> </ul>

<ul style="list-style-type: none"> <li>• We need to embed and sustain new meaningful supports for staff without stigma.</li> <li>• We need to focus on the wellbeing of staff e.g. through wellness sessions and ‘champions’ to take forward wellbeing issues alongside our management structures.</li> <li>• There should be better communication and sharing of resources across partnership – tapping into available supports.</li> <li>• We need to build on the raised profile and wider recognition of staff in care sector as a result of the pandemic.</li> <li>• We need to develop the skills of our managers to provide support – and have appropriate open conversations with staff.</li> <li>• We need to ensure we keep people connected where they are still working remotely.</li> </ul>	<ul style="list-style-type: none"> <li>• In the context of the pandemic, we are supporting managers to ensure team members feel connected and can access different levels of support for mental and emotional wellbeing.</li> <li>• Opportunities for physical activity, rest and relaxation will continue to be developed and promoted and will be available for staff across the wider partnership.</li> </ul>
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### Listening to children and young people

In accordance with the Children and Young People’s (Scotland) Act 2014 local and national partners have been working together to identify the needs of children, young people and families across East Renfrewshire. This work culminated in the publication of the **East Renfrewshire Children and Young People’s Services Plan 2020-2023**. Based on a wide ranging assessment of local needs carried out in 2020-2021 East Renfrewshire HSCP and partners agreed a set of priorities to drive change and improve the wellbeing of children and their families.

This activity has included extensive engagement with children, young people, parents/carers in a range of settings including early learning centres, youth facilities, parents and carers groups, and summer holiday programmes. Furthermore an emphasis has been placed on the need to specifically ensure the participation of vulnerable children and families including those care experienced and those with complex needs.

The range of information gathered from this engagement activity has also informed the development of this Strategic Plan and ensured we agree improvement priorities that will have the greatest impact across our statutory, specialist, and universal children’s services provision over the three years ahead.

### 2.3 Our partnership

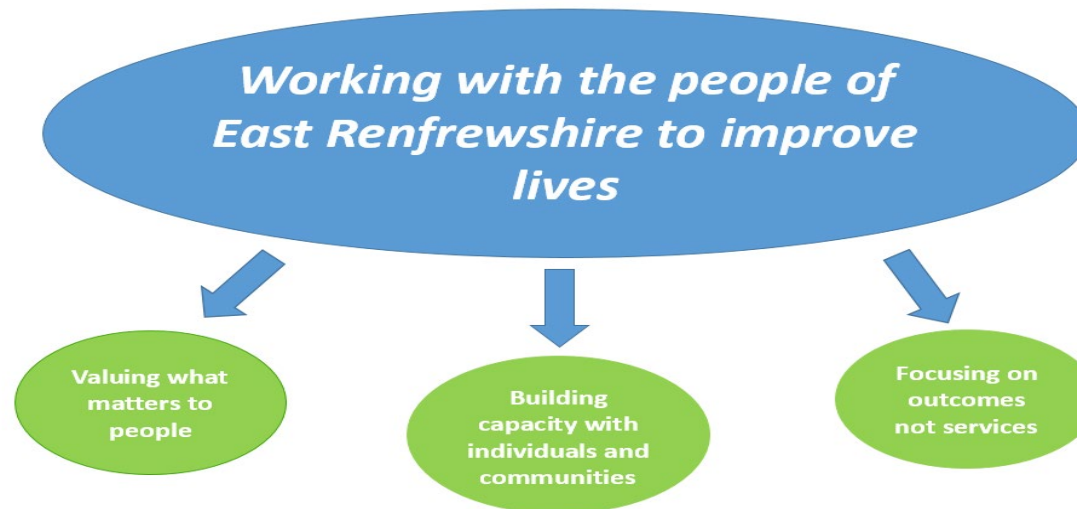
Under the direction of East Renfrewshire's Integration Joint Board (IJB), our HSCP builds on a secure footing of a 16 year commitment to health and social care partnership in East Renfrewshire. Our experiences throughout the Covid-19 pandemic have reinforced the benefits of working together as a broad and inclusive partnership. Moving forward we will further strengthen our supportive relationships with independent and third sector partners. It is also essential that we recognise the increased levels of participation in our communities and informal support within neighbourhoods that have developed in response to Covid-19. Our partnership must extend beyond traditional health and care services to a long-term meaningful partnership with local people and carers, volunteers and community organisations.

### 2.4 Our long-term 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 and remains unchanged for this iteration of our Strategic Plan.

We developed integration touchstones to progress this vision. These touchstones, which are set out below, are used to guide everything we do as a partnership.

- *Valuing what matters to people*
- *Building capacity with individuals and communities*
- *Focusing on outcomes, not services*



## 2.5 Our strategic priorities

In line with our vision and the wider priorities for our partnership, we have reviewed our strategic priorities. While our high-level strategic focus remains unchanged and the majority of our priorities from our previous 3-year (2018-21) plan will continue, we are building a wider focus on mental health to include community wellbeing. We have also added a strategic priority relating to the wellbeing of our workforce. Our strategic priorities are discussed in more detail at Section 4 and our operational planning will reflect how these priorities will be pursued as we recovery from the pandemic.

## 2.6 Delivering our strategy as we move beyond the Covid-19 pandemic

The plan covers 2022-25, a period in which we will continue to respond to the impacts of the pandemic as well as building our recovery based on learning and understanding of the shifting needs and priorities our East Renfrewshire residents.

As a broad and inclusive partnership we will continue to meet the needs of those directly impacted by Covid-19, including those receiving care and support and their carers. The continuing delivery of the local Covid-19 and flu vaccination programme is of particular importance to residents and will remain a significant focus for our resources in the short and medium term. We will also continue to support NHS Greater Glasgow and Clyde (NHSGGC) to deliver vaccination programmes as efficiently as possible for East Renfrewshire residents.

New models and delivery approaches established in response to the challenges of the pandemic will continue as we deliver on the commitments in this plan. As a partnership we will take forward our approach to collaborative and ethical commissioning; and draw in wider opportunities including in relation to housing options and technology solutions in our market shaping strategy.

Recovery and Renewal Programme – aims and objectives:

- 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
- Be informed by and inform the delivery of current and future HSCP strategic plans

At the same time, we will take forward our Recovery and Renewal Programme. The programme seeks to ensure that the lessons learned during the pandemic are used to inform our recovery as well as bring transformational change to the delivery of services in the future.

## 2.7 Our engagement process

To support the development of this Strategic Plan we carried out a highly participative engagement process designed and delivered in partnership with our third and independent sector partners. Our 'Festival of Engagement' ran between August and October 2021 and in spite of the practical challenges of the pandemic drew in the voices of people with lived experience, unpaid carers, staff and



management at support providers, HSCP staff and officers from internal and external partner organisations. Full details of the engagement and learning coming from it can be viewed in our supporting Summary of Engagement document.



The engagement process was led by our multi-agency Participation and Engagement Network, delivered in line with the principles set out in the East Renfrewshire Health and Social Care Participation and Engagement Strategy 2020-23. Partner organisations supported facilitation of engagement events and over the three months we conducted 20 focus groups and workshops (principally delivered online with some face-to-face groups) involving nearly 200 participants. Workshops focused on key themes and were designed to be fun and participative using tools such as instant online polls (via mobile phones). Those unable to attend events or wishing to give individual views had the opportunity to complete short online surveys in relation to the engagement themes.



Following development of a draft strategic plan a full public consultation exercise was carried out between November 2021 and February 2022. During the consultation period the draft plan was shared with our partners at East Renfrewshire Council and NHS GGC, considered in an IJB seminar event and promoted through social media and other communication channels. The engagement process has provided the partnership with a wealth of knowledge on the experiences and challenges being faced by those receiving support, unpaid carers and those delivering support in East Renfrewshire. This knowledge informs the priorities set out in this high-level strategy and will inform the operational plans that support it as well as our other thematic strategic plans.

Ongoing engagement with our communities is an essential part of our work. Through the Participation and Engagement Network we will continue to ensure that our engagement processes are robust, well-coordinated and reflect best practice. In East Renfrewshire engagement is recognised as a shared responsibility across our wider partnership and we will continue to ensure that as many voices as possible inform our planning and delivery.

### 3. Working Together for East Renfrewshire - our plan on a page

<b>The context for our Strategic Plan includes...</b>								
East Renfrewshire's population, demographics and patterns of needs	Our recovery from the Covid-19 pandemic	The Independent Review of Adult Social Care and National Care Service	National Health and Wellbeing Outcomes					
			National legislation, policies and strategies					
			Local plans, strategies and improvement/change programmes					
<b>Our vision is...</b>					<b>Our touchstones are...</b>			
Working together with the people of East Renfrewshire to improve lives					<ul style="list-style-type: none"> <li>Valuing what matters to people</li> <li>Building capacity with individuals and communities</li> <li>Focusing on outcomes, not services</li> </ul>			
<b>Our strategic priorities are... Working together...</b>								
...with children, young people and their families to improve mental and emotional wellbeing	...with people to maintain their independence at home and in their local community	...with people to maintain their independence at home and in their local community	...to support mental health and wellbeing	...to meet people's healthcare needs by providing support in the right way, by the right person at the right time	...with people who care for someone ensuring they are able to exercise choice and control	...on effective community justice pathways that support people to stop offending and rebuild lives	...with individuals and communities to tackle health inequalities and improve life chances	...with staff across the partnership to support resilience and wellbeing
<b>and... Protecting people from harm</b>								
<b>Our strategic enablers are...</b>								
Workforce and organisational development	Medium-term Financial and Strategic Planning	Collaborative, ethical commissioning	Communication and Engagement	Data and intelligence	Digital technology and Infrastructure			
<b>We will deliver this strategy through supporting plans and programmes, including...</b>								
HSCP Delivery and Improvement Plans	Commissioning and Market-shaping Plan	Medium-term Financial Plan	ER HSCP Workforce Plan	NHS Greater Glasgow and Clyde and ERC Improvement Plans	East Renfrewshire Children and Young People's Services Plan	East Renfrewshire Carers Strategy	Public Protection Improvement Plans	ER HSCP Participation & Engagement Strategy

## 4. Our strategic priorities

We have reviewed our performance in relation to the strategic priorities in our previous Strategic Plan (see Section 6), assessed our demographic profile and the lessons learned from the Covid-19 pandemic, and in consultation with key stakeholders and communities we have reviewed our strategic priorities and areas of focus within these. The majority of our high-level priorities remain unchanged from our previous three-year plan but we agreed in 2020 to widen our focus on mental health to include community wellbeing and have added a strategic priority relating to the wellbeing of our workforce. We also include a section looking at our cross-cutting, multi-agency work to protect people from harm. This activity underpins and enables the delivery of our other strategic priorities.



## Working together with children, young people and their families to improve mental and emotional wellbeing

Our multi-agency approach to supporting the needs of children and young people in East Renfrewshire is set out in “*At Our Heart*” our Children and Young People’s Services Plan 2020-2023. Improving the mental and emotional wellbeing of children and young people will continue to be one of the highest priorities for East Renfrewshire Health and Social Care Partnership (HSCP) as we go forward in future years.

Together all partners in East Renfrewshire are building an approach to mental health support for children, young people and families that will ensure they receive the right care and interventions at the right time and in the right place. A co-production event which included children, young people and parents/carers supported relationship-based and nurturing approaches which bridge the gap between school and home. There was a shared view that in many instances help for a child or young person would be best placed in the context of the child’s family network. From this it was agreed to develop a blended model of support which would incorporate new as well as existing approaches.

The 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. 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 will work alongside our existing suite of support for families including the Family Wellbeing Service which links to GP practices and the CAMHS service. In addition, our Healthier Minds Framework is an evidence-based guide for children, young people, families and practitioners, outlining ways to support mental wellbeing in a holistic way and provides information about service and resources that can help at different stages in time.

An emerging area of increasing need is from children and young people with a neurodevelopmental diagnosis (including autism) or suspected diagnosis. In partnership with the Council and other partners we will ensure service responses are effective and the workforce is sufficiently equipped to help children and their families in the right way.

We continue to support our care experienced children and young people and are committed to fully implementing the findings of the national Independent Care Review report “The Promise”. As outlined in the Children and Young People’s Plan we will work in our role as Corporate Parents to ensure all care experienced children and young people have settled, secure, nurturing and permanent places to live, within a family setting.

<b>Mental and emotional wellbeing is improved among children, young people and their families</b>	
<b>Our contributions to delivering this outcome</b>	<b>How we will measure our progress</b>
<p>Protect our most vulnerable children, young people and families</p> <p>Deliver on our corporate parenting responsibilities to our care experienced children and young people by fully implementing The Promise</p> <p>Respond to the mental and emotional health and wellbeing needs of children and young people</p> <p>Ensure children and young people with complex needs are supported to overcome barriers to inclusion at home and in their communities</p>	<p>% of children with child protection plans assessed as having an increase in their level of safety</p> <p>% of children subject to child protection who are offered advocacy service</p> <p>% Looked After Children with more than one placement within the last year</p> <p>% of young people in transition to young adulthood with a transition plan by age of 16</p>
<p><b>Key activities during 2022-25</b></p> <ul style="list-style-type: none"> <li>• Implementing the new Healthier Minds service linked to schools and communities</li> <li>• Support engagement and participation through East Renfrewshire Champions Board and Mini Champs</li> <li>• Work in partnership with children, young people and their families to implement the recommendations of the Independent Review of Care Report (The Promise).</li> <li>• Offer Family Group Decision Making at the initial referral stage through Request for Assistance (s12 duties)</li> <li>• Embed the Signs of Safety practice principles across all child and family interventions</li> <li>• Fully implement new Scottish Child Interview Model (SCIM), alongside key partner agencies ensuring trauma informed support from referral to recovery</li> </ul>	

## Working together with people to maintain their independence at home and in their local community

Ensuring as many East Renfrewshire residents as possible can maintain their independence at home remains a priority of the partnership and a key area of focus as we move through and beyond the Covid-19 pandemic. Our approaches are person-centred and focused on the rights of individuals to exercise choice and control. We are able to deliver on this priority thanks to the enthusiasm and commitment of our partner providers and community support organisations and will continue to promote collaborative approaches.

We are aware that many older people, residents who were required to shield during the pandemic and those who live alone have become more isolated and had less opportunities for leisure, exercise and social activities. At the same time, the response to the pandemic in East Renfrewshire has demonstrated the resilience of our community-based supports with teams of volunteers and staff keeping touch with the most vulnerable and isolated, notably through the Community Hub. We work to minimise isolation and engage with those in need through approaches such as befriending, peer support and the work of our Kindness Collaborative and Talking Points, linking people to local supports. We will continue to build on this collaborative working going forward to increase the community supports and opportunities available. Recognising the impacts of the pandemic on individuals, we will ensure that the people we support receive timely review and reassessments as we move through the pandemic.

We will make best use of technology and health monitoring systems to support independence and self-management. With our partners we will support digital inclusion and the roll out of the AskSARA web based assessment and advice on equipment and solutions to support daily activities. We will support the increased use of digital technology, telephone and Near Me technology to support remote consultations and enable services to continue seeing patients in new ways. To support this we have linked with the Scottish Government's Connecting Scotland programme and we are working alongside partners in the third sector and our Culture and Leisure Trust to minimise digital exclusion. We will ensure that digital technology is used only as appropriate to the needs of the people we work with and that a range of options are available to people.

***“We need to focus on how we work together as a whole partnership under the ‘umbrella’ of the HSCP” Support staff***

***“It’s about feeling respected and trusting the support that’s there - not just ‘going along with things’. It’s about being understood and support providers seeing beyond ‘the mask’”*** Unpaid carer

We are committed to increasing choice and control and delivering the full potential of Self-directed Support. We will continue to review and embed our outcome-focused assessment tool and our individual budget calculator and ensure that people who require support have as much choice and control as they wish in relation to their supports. We will work collaboratively to ensure that we have an effective delivery framework in relation to supporting individuals and enabling innovative approaches. We will support our partner providers and in-house services to develop their business/service plans to adapt to these new approaches. As we recover from the pandemic we will build on our strong local partnerships and social enterprise approach, encouraging innovation that supports people to live independently in the community and offers alternatives to residential care.

As more people live longer with more complex conditions it is important that we work collaboratively with housing providers to support independent living in our communities. We will continue to work with colleagues in East Renfrewshire Council Housing Services and local housing providers to better understand local needs and discuss future models of housing, technology and support.

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<b>People are supported to maintain their independence at home and in their local community</b>	
<b>Our contributions to delivering this priority</b>	<b>How we will measure our progress</b>
<p>More people stay independent and avoid crisis through early intervention work</p> <p>The people we work with have choice and control over their lives and the support they receive.</p>	<p>Number of people engaged through Talking Points events and support</p> <p>Referrals to preventative support through Talking Point engagement</p> <p>% of people whose care need has reduced following re-ablement/rehabilitation</p> <p>Number of people self-directing their care through receiving direct payments and other forms of self-directed support.</p> <p>Percentage of people reporting 'living where you want to live' needs fully met.</p> <p>% of people aged 65+ with intensive needs receiving care at home</p> <p>Percentage of people aged 65+ who live in housing rather than a care home or hospital</p>
<p><b>Key activities during 2022-25</b></p> <ul style="list-style-type: none"> <li>• Promote the range of local supports and opportunities available through the Community Hub and Talking Points</li> <li>• Establishing greater choice and innovation by developing the local market for provision</li> <li>• Review and refresh our roll out of individual budget calculator and access to self-directed options</li> <li>• Promote the use of AskSARA and other digital opportunities that support independence</li> <li>• Support use of digital technology, telephone and Near Me technology</li> <li>• Improve links and pathways between our rehabilitation and re-ablement services</li> <li>• Work with housing providers to refresh our housing need assessment and consider future housing opportunities</li> </ul>	

## Working together to support mental health and wellbeing

In our previous plan our strategic priority had a focus on recovery for people experiencing mental ill health. In response to the impact of the pandemic we have extended this priority to working together to support mental health and wellbeing across our communities.

The experience of the Covid-19 pandemic has impacted on emotional wellbeing for people in all walks of life, and will continue to do so. Many of us have been anxious or worried about our health, our family and friends, and changes to our way of life. Some individuals, families and communities have struggled significantly over the period. During the pandemic we have adapted our approaches across services to support the mental wellbeing of the people we work with. As we move forward we will continue to focus on good mental wellbeing, and on ensuring that the right help and support is available whenever it is needed. We recognise that different types of mental health need will continue to emerge as time passes and that we will need to continually adapt our approach to reflect this. We are focused on close collaboration with primary care, and further enhancing the mental health and wellbeing supports within primary care settings. We will work with GPs, third sector partners and people with lived experience to develop our approach to ensure people get the right service, in the right place at the right time.

We are enhancing our approach to minimising drug-related harms and deaths and improving overall wellbeing amongst people with harmful drug or alcohol use and their families. This includes implementation of the Medication Assisted Treatment standards to ensure low barrier, person centred service provision, increasing access to residential rehabilitation and enhancing community based recovery supports. We recognise that there are often close links between individuals' mental health and substance use. Therefore, it is important that alcohol and drugs services have close connections with our mental health services in East Renfrewshire.

We will continue to work in partnership with people who use services, carers and staff to influence the Greater Glasgow and Clyde

***“One approach won't fit for everyone – it's about being open minded and flexible and treating everyone as an individual.”***

Support provider

Five Year Strategy for Adult Mental Health Services and contribute to its delivery to ensure the needs of East Renfrewshire residents are met. We will ensure a particular focus on prevention, early intervention and harm reduction; high quality evidence-based care; and compassionate, recovery-oriented care recognising the importance of trauma and adversity and their influence on well-being. We are working on improving access to psychological therapies to ensure individuals receive the right support at the right time. We will continue to test and develop the impact of lived experience in the delivery of services such as peer support and its contribution to individual's recovery journeys, alongside formal services.

Over the life of this plan we will continue to support the promotion of positive attitudes to mental health, reduce stigma and support targeted action to improve wellbeing among specific groups. Suicide prevention is a key focus, raising awareness, reducing stigma and ensuring effective responses to distress and crisis.

We have committed to working together with community planning partners on activities that support mental wellbeing and resilience across our communities, with Voluntary Action taking a leading role. The rollout of the Scottish Government's Community Mental Health and Wellbeing Fund in East Renfrewshire is enabling grassroots community organisations to provide vital supports and activities to local communities with £238,000 already distributed – ranging from community food, cooking and exercise initiatives, mindfulness courses, social activities to reduce loneliness and isolation, a recovery college and dementia support services. We will work closely with Voluntary Action and wider partners to assure the success and sustainability of funded programmes.

Over the life of this plan we will continue to support the promotion of positive attitudes on mental health, reduce stigma and support targeted action to improve wellbeing among specific groups. Supporting the wellbeing and resilience of our staff and volunteers is critical to ensuring they can support residents effectively. We will continue our partnership working with primary care and Recovery Across Mental Health (RAMH) in which link workers in all of our GP practices offer social and psychological interventions to improve wellbeing.

***“Helping people have resilience isn’t always about services - often it’s recognising small things we can do for ourselves and for one another.”*** Local resident  
***“Promoting self – management doesn’t mean you are on your own.”*** Local resident

<b>People are supported to look after and improve their own mental health and wellbeing</b>	
<b>Our contributions to delivering this priority</b>	<b>How we will measure our progress</b>
<p>Individuals can access a range of supports on their journey to recovery from mental health and alcohol and drugs harms</p> <p>Wellbeing is enhanced through a strong partnership approach to prevention and early intervention</p> <p>Staff and volunteers have the skills, knowledge and resilience to support individuals and communities</p>	<p>Percentage of people waiting no longer than 18 weeks for access to psychological therapies</p> <p>Percentage of people waiting no longer than three weeks from referral to alcohol / drug treatment</p> <p>Mental health hospital admissions (age standardised rate per 1,000 population)</p> <p>Positive outcomes for individuals supported through link worker interventions</p> <p>Positive outcomes for individuals receiving peer support</p> <p><i>Wellbeing measures being developed with CP partners</i></p>
<p><b>Key activities during 2022-25</b></p> <ul style="list-style-type: none"> <li>• Work with our communities to promote positive mental health and wellbeing</li> <li>• Support mental health and wellbeing interventions delivered through third sector and community-led activity</li> <li>• Enhance access to primary care mental health services</li> <li>• Continue to increase the mental health workforce through Action 15 funding, including occupational therapy provision in care homes and peer support for recovery</li> <li>• Implement the priorities set out in the Greater Glasgow and Clyde Mental Health Strategy in East Renfrewshire and the Coronavirus mental health transition and recovery plan</li> <li>• Enhance alcohol/drugs frontline staffing and service design to implement the Medication Assisted Treatment Standards and ensure fast, appropriate access to treatment.</li> <li>• Develop and deliver local action plan for suicide prevention with key partners.</li> <li>• Reflect and build on innovative ways services have been delivered during the pandemic (including digital solutions)</li> <li>• Enhancing alcohol/drugs service provision to support Rights, Respect and Recovery and the Drugs Mission to prevent drug-related deaths</li> <li>• Maximise opportunities for skills development in relation to mental health across services and the wider partnership</li> </ul>	

## Working together to meet people's healthcare needs by providing support in the right way, by the right person at the right time.

Primary care is the cornerstone of the NHS with the vast majority of healthcare delivered in primary care settings in the heart of our local communities. It is vital in promoting good health self-care and supporting people with long-term health needs and as a result reducing demands on the rest of the health and social care system. Through our Primary Care Improvement activity we have been expanding primary care teams with new staff and roles to support more patients in the community. This should allow local GPs to spend more time in clinically managing patients with complex care needs.

During the pandemic we have strengthened our partnership working and opportunities for shared clinical conversations between the consultants and clinical leaders in hospitals and the GP as the expert medical generalists in the community. The vision set out by NHSGGC in its recovery and remobilisation planning is to have in place a whole system of health and social care enabled by the delivery of key primary care and community health and social care services. HSCPs are working in partnership to ensure effective communications, a consistent approach, shared information and the alignment of planning processes.

***“Better and quicker access to specialist services can help deal with problems early and result in an appropriate action plan”***  
Local resident

Significant investment in winter 2022 has helped add resilience to our health and care response. We have strengthened the capacity of our Care at Home Responder Service, Community Nursing and Community Rehabilitation teams and have established an intensive support service at our in-house care home for a multidisciplinary ‘step-up’, ‘step-down’ approach. This is supporting rehabilitation and reablement and timely discharge to home/homely settings. Additional resources are being used to address the accelerated demand pressures we have seen for Care at Home services, with increased frontline staff as well as management and support, and increased capacity for the Home First model and Technology Enabled Care. We are also building the capacity of our multi-disciplinary teams across the HSCP including: developing our multi-disciplinary Front Door model and leadership arrangements; additional capacity for social work and our Care Home and Community Review Team; support for the wider GGC frailty hubs; and increased capacity for frailty practitioners. We will continue to build on the collaborative working which has been further developed in response to the pandemic in order to support our care home community in maintaining residents in the community, and avoiding hospital admissions.

We have seen increasing use of digital communication as people interact with healthcare providers including, for example, extensive use of Near Me video appointments. We will take an evidence-based and inclusive approach to supporting the anticipated change in the way our communities access healthcare. This means ensuring wider access to digital communication technologies, keeping pace with new approaches and opportunities and making sure a suite of options are available for those requiring alternatives.

We continue to work together with HSCPs across Glasgow, primary and acute services to support people in the community, and develop alternatives to hospital care. We will support the delivery of NHSGGC board-wide initiatives to help those experiencing frailty including the frailty pathway, Home First and other approaches supporting older people to stay well at home. In partnership we will support the national development of capacity for resilience and recovery, through the prioritisation of: the Covid Remote Health Monitoring Pathway; the Hospital@Home Pathway; the Community Respiratory Response Pathway; and, Out-patient Parental Antibiotic Therapy (OPAT).

In partnership we support the development and delivery of the joint strategic commissioning plan which outlines improvements for patients to be implemented over the next five years.

Our joint programme is focused on three key themes:

- **early intervention and prevention** of admission to hospital to better support people in the community;
- **improving hospital discharge** and **better** supporting people to transfer from acute care to community supports;
- **improving the primary / secondary care interface** to better manage patient care in the most **appropriate** setting.

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<b>People's healthcare needs are met with support provided in the right way, by the right person at the right time.</b>	
<b>Our contributions to delivering this priority</b>	<b>How we will measure our progress</b>
<p>Early intervention and prevention of admission to hospital to better support people in the community</p> <p>Improved hospital discharge and better support for people to transfer from acute care to community supports</p> <p>Improved primary / secondary care interface to better manage patient care in the most appropriate setting</p>	<p>No. of A &amp; E Attendances            Number of Emergency Admissions            A &amp; E Attendances from Care Homes            Emergency Admissions from Care Homes            Occupied Bed Days (Adult – non-elective)</p> <p>People waiting more than 3 days to be discharged from hospital            Bed days lost to delayed discharge            % of last six months of life spent in Community setting            Percentage of people admitted to hospital from home during the year, who are discharged to a care home</p> <p>Number of clients supported into intermediate care</p>
<p><b>Key activities during 2022-25</b></p> <ul style="list-style-type: none"> <li>• Improve quality and quantity of Anticipatory Care Plans and Emergency Care Information Summaries</li> <li>• Progress local out of hours response arrangements to support implementation of Urgent Care Resource Hub.</li> <li>• Implement discharge to assess protocol.</li> <li>• Implement frailty pathway and initiatives to address frailty</li> <li>• Improve process for AWI patents learning from mental welfare commission recommendations and GGC wider review</li> <li>• Develop and test enhanced community support and intermediate care models in partnership with HSCPs across Glasgow</li> <li>• Continue support to local care homes and other supported living providers through safety and professional assurance arrangements.</li> </ul>	

## Working together with people who care for someone ensuring they are able to exercise choice and control in relation to their caring activities

The contribution of unpaid carers to our social care system is beyond measure and the daily efforts of families and loved ones to those needing support is fully recognised by the partnership. Carers have been significantly impacted by the pandemic and changes to a range of supports available to those providing care. Unpaid carers have also taken on increased caring during this time and have faced additional pressures. As we move beyond the pandemic we must ensure that the right supports and services are in place for carers. The ongoing work of the Carers Collective has demonstrated the need to maintain and strengthen our approach to involving carers throughout the planning process in identifying the outcomes that matter to them and by ensuring carers voices are valued and reflected within our strategic planning work.

***“It’s important to know there are people out there, who can, will and want to help you”***

Carer

Our Carers Strategy sets out how we will work together with partners to improve the lives of East Renfrewshire’s carers. Through our local engagement and discussion we know that we need to develop our workforce, pathways and supports for carers. We have committed to working together with East Renfrewshire Carers Centre to improve access to accurate, timely information. We will continue to encourage collaboration between support providers for advice, information and support for carers ensuring local provision that best meets carers needs. We will provide information and training to raise awareness of the impact of caring responsibilities. We will continue to support the expansion of personalised support planning in collaboration with our unpaid carers and ensure that self-directed support options are offered to all adult carers who have been identified as eligible for support.

Our engagement for this plan reemphasised the importance of flexible and innovative approaches to the provision of breaks from caring. This will remain a focus for the partnership over the life of this plan. We will work collaboratively with providers to develop the range of options available; and we will make sure that carers are aware of and have access to appropriate breaks.

Peer support and having the opportunity to share experiences is highly valued by our carers but has been disrupted during the pandemic. As a wider partnership we will ensure that these informal supports that enable people to continue in their caring role are re-established and strengthened going forward.

***Having the opportunity to hear from other carers is great, and although problems and situations may be different the message you take home is “you are not alone”.*** Carer



<b>People who care for someone are able to exercise choice and control in relation to their caring activities</b>	
<b>Our contributions to delivering this priority</b>	<b>How we will measure our progress</b>
<p>Staff across the partnership are able to identify carers and value them as equal partners</p> <p>Carers can access accurate information about carers' rights, eligibility criteria and supports</p> <p>More carers have the opportunity to develop their own carer support plan</p> <p>More carers are being involved in planning the services that affect them and in strategic planning</p>	<p>Percentage of carers who feel supported to continue in their caring role. (NI8)</p> <p>People reporting 'quality of life for carers' needs fully met (%)</p> <p>Carers offered support to develop their own personal support plans</p> <p>Services involving carers in their design and planning process</p>
<p><b>Key activities during 2022-25</b></p> <ul style="list-style-type: none"> <li>• In partnership with Carers Centre provide information and training to raise awareness of the impact of caring and requirements of Carers Act.</li> <li>• Publicise our clear prioritisation framework for support and implement consistently</li> <li>• Work with providers to review and modernise our approach to breaks in light of Covid-19 requirements</li> <li>• Ensure that carers and support organisations are aware of the scope and different types of replacement care and short-break provision available.</li> <li>• Develop tools and supports to help carers identify the impact of their caring role and plan how best to meet their needs</li> <li>• Work with partners to ensure supports are available to carers to minimise the impact of financial hardship as a result of caring.</li> <li>• Implement carers' support planning including planning for emergencies with individual carers.</li> <li>• Work together with partners to ensure carers are being involved in planning the services that affect them</li> </ul>	

## Working together with our community planning partners on effective community justice pathways that support people to stop offending and rebuild lives

We will continue to work together with our multi-agency partners to ensure there are strong pathways to recovery and rehabilitation following a criminal conviction.

Through the East Renfrewshire Community Justice Outcome Improvement Plan we are committed to a range of actions with community planning partners. We are working together to support communities to improve their understanding and participation in community justice. As an HSCP our justice service will continue to promote the range of community justice services that we deliver and, in response to the challenges posed by the pandemic period, will continue to identify and build on opportunities for the unpaid work element of community payback orders to meet the needs of the local community and reduce the risk of further offending. We will build on the innovative approaches that have been developed during the pandemic and ensure we have the capacity to support people to complete unpaid work.

We will continue to strengthen our links with community services and programmes to provide greater access and support for people to stop offending. In the context of our recovery from the pandemic we will work to ensure that people moving through the justice system have access to the services they require, including welfare, health and wellbeing, housing and employability.

<b>People are supported to stop offending and rebuild their lives through effective community justice pathways</b>	
<b>Our contributions to delivering this priority</b>	<b>How we will measure our progress</b>
<p>People have improved access to through-care</p> <p>People have access to a comprehensive range of recovery services</p> <p>Trauma-informed practice is embedded across justice services</p> <p>Structured deferred sentence and bail supervision is implemented</p> <p>The risk of offending is reduced through high quality person centred interventions</p>	<p>% of people reporting community payback order helped to reduce their offending</p> <p>% of people completing unpaid work requirements</p> <p>Positive employability and volunteering outcomes for people with convictions</p>
<p><b>Key activities during 2022-25</b></p> <ul style="list-style-type: none"> <li>• Use appropriate risk assessment tools to identify need and reduce the risk of further offending.</li> <li>• Delivering a whole systems approach to diverting both young people and women from custody</li> <li>• Delivering accredited programmes aimed at reducing reoffending</li> <li>• Working with local partners to ensure a range of beneficial unpaid work placements are taken up</li> <li>• Enhance skills and knowledge in trauma informed practice across justice services</li> <li>• Increase effective use of structured deferred sentence, bail supervision electronic monitoring.</li> <li>• Actively participate in the East Renfrewshire Employability Partnership to develop pathway and employability support</li> <li>• Ensure people subject to statutory and voluntary supervision including licence have early access to community mental health, alcohol and drug recovery services</li> <li>• Deliver multi-agency public protection arrangements with police, health and prisons which assess and manage sex offenders, serious and violent offenders</li> </ul>	

## Working together with individuals and communities to tackle health inequalities and improve life chances.

We are committed to the local implementation of Greater Glasgow and Clyde's Public Health Strategy: Turning the Tide through Prevention which requires a clear and effective focus on the prevention of ill-health and on the improvement of wellbeing in order to increase the healthy life expectancy of the whole population and reduce health inequalities. This includes a commitment to reduce the burden of disease through health improvement programmes and a measurable shift to prevention and reducing health inequalities through advocacy and community planning. We will work to ensure that the health improvement activities we support are accessible, well communicated, and flexible; driven by the needs of local people. We will coproduce targeted interventions recognising diversity and addressing the specific needs of people with protected characteristics.

***“Prevention work is key, now more than ever. The decline in general health following the pandemic is noticeable for many.”***

Support provider

The significance of health inequalities has been brought into even sharper focus as a result of the Covid-19 pandemic. We will continue to work together with community planning partners to improve health and wellbeing outcomes for our most disadvantaged localities and those who have been disproportionately impacted by the pandemic. We will also work collaboratively with local and regional partners to develop our understanding of health inequalities in East Renfrewshire and changing patterns of need as we recover from the pandemic. We will support equalities activities being taken forward under NHSGGC recovery and remobilisation planning including mainstreaming of changes shown to be effective in reducing inequalities.

***“We need to highlight inequalities and redress the current gaps for some of our most vulnerable individuals and families; to support families affected by poverty, mental health issues and addictions.”*** Support provider

This priority also reflects our longer-term ambitions for East Renfrewshire. The HSCP will continue to support community planning activity that aims to tackle the root causes of health inequalities as reflected in our Community Plan (Fairer EastRen). This includes activity to address child poverty, promote health literacy and strengthen community resilience. We will continue to promote digital inclusion with a particular focus on supporting people to live well independently; and play a proactive role in managing their health and wellbeing.

Through local delivery of the Universal Pathway we will ensure our children and young people have the best start in life with access to early support and help, and improved health and wellbeing with opportunities to maximise their growth, development and learning. The Universal Pathway will ensure all 0–5 year olds receive core universal provision including through antenatal supports.

<b>Minimise health inequalities and improve life chances working in collaboration with our communities</b>	
<b>Our contributions to delivering this priority</b>	<b>How we will measure our progress</b>
<p style="text-align: center;">Increase in activities delivered in partnership which support prevention and early intervention, improve outcomes and reduce inequalities.</p> <p style="text-align: center;">Health inequalities will be reduced by working with communities and through co-produced targeted interventions</p>	<p style="text-align: center;">Male life expectancy at birth in 15 per cent most deprived communities</p> <p style="text-align: center;">Female life expectancy at birth in 15 per cent most deprived communities</p> <p style="text-align: center;">Premature mortality rate per 100,000 persons aged under 75.</p> <p style="text-align: center;">% increase in exclusive breastfeeding at 6-8 weeks in most deprived SIMD data zones</p> <p style="text-align: center;">Smokers supported to successfully stop smoking in most deprived SIMD data zones</p> <p style="text-align: center;">Cancer screening uptake in most deprived SIMD data zones</p> <p style="text-align: center;">Alcohol brief interventions delivered</p>
<p><b>Key activities during 2022-25</b></p> <ul style="list-style-type: none"> <li>• Work to understand the needs of the population and address longer term impacts of Covid-19 on our communities and protected characteristic groups</li> <li>• Work in partnership to build the capacity of community organisations, groups and individuals to deliver their own solutions for recovery from the coronavirus pandemic</li> <li>• Deliver tailored health improvement programmes and activities in communities with greater health inequalities and disproportionate effects of Covid-19</li> <li>• Continue to explore additional funding opportunities to support targeted health improvement interventions</li> <li>• Continue to support local activity to tackle Child Poverty and mitigate its effects</li> </ul>	

- Work to ensure people in our most disadvantaged community are able to access digital opportunities that support independence and wellbeing
- Work with our partners to tackle inequalities and support residents with a number of long term conditions such respiratory illness, cardiovascular disease and obesity to provide physical and psychological health benefits
- Implement the Women's Health Plan and Maternal and Infant Nutrition Framework
- Lead on the development of the HSCP's Wellbeing Strategy for health and social care staff and implement staff wellbeing activities.

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## Working together with staff across the partnership to support resilience and wellbeing

In consultation with staff and stakeholders we added support for resilience and staff wellbeing as a new strategic priority during the pandemic, and this remains a key area of focus for our new 3-year plan. Working together with staff and our partners we will continue to develop and embed positive practices and interventions to promote staff wellbeing over the life of the plan. We will work to ensure that this priority is delivered across the wider partnership with advice, support and activities made available as widely as possible.

***“It’s important that we continue to support flexibility in the ongoing situation - as home life has been disrupted for staff as well as work life.”***

Support provider

During the pandemic the people who comprise the health and social care workforce have gone above and beyond to deliver much needed care to individuals under incredibly difficult circumstances. While these challenges are still evolving, we continue to rely on the workforce to support all aspects of health and social care and their wellbeing and resilience has never been more important.

The HSCP has established a health and wellbeing ‘champion’ who contributes to discussions at a national level and we have appointed a dedicated Health and Wellbeing Lead Officer for the wider partnership. A local Health and Wellbeing Group has been established to support the workforce across the partnership. The group is chaired by Head of Recovery and Intensive Services who also holds the national champion role. The group have put in place a wellbeing plan entitled ‘You care....We care too.’ The plan identifies four strategic objectives / outcomes and a supporting action plan:

- Overview and Communication - Staff have access to resources and information that can improve their wellbeing;
- Resilience and connectedness - Build resilience across HSCP ensuring all employees feel connected to their team or service and embed health and wellbeing culture across HSCP;
- Promotion of physical activity, rest and relaxation - Opportunities for staff to take part in physical activity are promoted across the HSCP and opportunities for rest and relaxation are provided;
- Staff feel safe in their workplace - Appropriate measures are in place to ensure staff feel safe in the workplace.

***“A key challenge is sustaining things going forward; especially low level interventions that can help with prevention”***

Support provider

Our activity aligns to the NHSGGC Mental Health and Wellbeing Action Plan and national objectives. We will continue to input at a national level to the health and wellbeing conversation and to the development and delivery of the NHSGGC vision to support the mental health and wellbeing of staff. This includes ensuring rest and recuperation, peer support, helping staff fully utilise their leave

allowance, and ensuring working arrangements are sustainable in light of continuing constraints and reflect ongoing changes to services and pathways.

<b>Staff resilience and wellbeing in supported across the partnership</b>	
<b>Our contributions to delivering this priority</b>	<b>How we will measure our progress</b>
<p>Staff have access to resources and information that can improve their wellbeing</p> <p>Staff feel connected to their team or service and we embed a health and wellbeing culture across the partnership</p> <p>Opportunities are promoted for staff to take part in physical activity, rest and relaxation</p> <p>Staff feel safe in the work place</p>	<p>Number of activities promoted</p> <p>Participation rates in health and wellbeing activities for staff</p> <p>iMatter feedback from staff, including:  <i>"My manager cares about my health and wellbeing"</i>  <i>"I am given the time and resources to support my learning growth"</i>  <i>"I feel involved in decisions in relation to my job"</i></p>
<p><b>Key activities during 2022-25</b></p> <ul style="list-style-type: none"> <li>• Ensure that all staff have access to universal information with regard to health and wellbeing across the partnership's services, including staff working from home</li> <li>• Develop leadership competencies across management in order to focus on resilience across the partnership</li> <li>• Ensure regular wellbeing conversations with staff and teams</li> <li>• Promote relaxation and physical activity opportunities across the partnership</li> <li>• Ensure all physical environments are adapted to be Covid-19 compliant</li> </ul>	



## Protecting people from harm

Fundamental to the work of the HSCP and cross-cutting the strategic priorities set out in this plan, is our responsibility to keep people protected and safe from harm. Everyone has the right to live in safety and be protected from neglect, abuse and harm. Our partnership has a key role in helping to keep vulnerable people in our communities safe and in preventing harm and supporting people at risk of harm. We deliver these through a variety of multi-agency public protection arrangements including: Child Protection; Adult Support and Protection; Violence Against Women Partnership; Multi-Agency Management of Offenders (MAPPA) and the Alcohol and Drugs Partnership. We also respond to new risks and vulnerabilities as these emerge, taking actions with our partners to prevent and respond and learning from each other to improve the ways we support and protect vulnerable people.

In our work to protect adults at risk from harm we will continue to respond to the changing needs that have arisen as a result of the pandemic and our learning from our experiences will help us to deal more effectively with ongoing challenges and ensure the right supports are in place. Through the delivery of our multi-agency **Adult Protection Improvement Plan 2021-23** we are focused on: ensuring that adults at risk, their families and carers views are heard and help shape the way we deliver services; making best use of all our opportunities for the prevention and identification of harm; and ensuring that we offer supports and services which meet the needs of Adults at risk of harm and those who support them. Over the life of this plan we will continue to strengthen the consistency and robustness of our processes and continue to develop awareness of Adult Support and Protection with our partners, providers and the public.

Through the delivery of our **Child Protection Business/Improvement Plan 2020-23** we are supporting a range of multi-agency activity to minimise harm to our children and young people. Through the plan we are focused on recovery from the Covid-19 pandemic, working to mitigate the impacts from the pandemic and minimising disruption to the provision of services to children, young people and their families. We are focused on ensuring that children, young people and their families are actively part of safety planning and these plans are accurately recorded and shared with them. Our multi-agency approach sees partners working together to ensure oversight and timeous responses to child protection concerns.

East Renfrewshire is leading the way in supporting children and young people impacted by abuse either as a victim or witness, with the establishment in 2022 of Scotland's first **barnahus** – or bairns' house. The barnahus model brings together all agencies involved in a case in one setting appropriate to the child. Key to the idea is that the child only has to tell their story once, minimising the time between a child disclosing abuse and being interviewed, so that they can move on to recovery as soon as possible, with all the specialist expertise for supporting children through the criminal process and therapies for recovery under one roof.

### Violence Against Women and Girls (VAW&G)

Evidence overwhelmingly indicates that domestic abuse is a widespread, chronic and damaging social problem. There is no doubt that the impact of the pandemic on women, children and young people who are victim-survivors of domestic abuse has been severe. The pandemic has put a spotlight on an existing crisis which has and continues to have a significant negative impact on survivors and children.

In East Renfrewshire, we have witnessed the devastating impact on women and children first hand through the increase in volume and complexity of domestic abuse referrals to our services. Domestic abuse continues to be the predominant reason for referral to our children's services and features as one of the most common concerns within child protection interagency referral discussions. In line with trends seen across Scotland we have seen a significant increase in referrals to our Multi Agency Risk Assessment Conference (MARAC) and to our specialist advocacy and support services provided by Women's Aid and ASSIST. It is expected that domestic abuse referrals will continue to increase longer term and recovering from the social and economic effects of Covid-19, and mitigating the long-term effects of trauma and abuse experienced by women, children and young people will require specific action to strengthen the capacity of our services and action across the whole system to ensure their recovery needs are recognised and addressed.

Our multi-agency approach to responding to all forms of violence against women and girls is set out in **The East Renfrewshire Equally Safe Improvement Plan 2020-2023**. The plan is underpinned with a clear focus on recovery and sets out how we will work collaboratively to achieve these aims and identifies the range of actions we will take to mitigate the impact of Covid-19. In the longer term it will ensure an effective and sustainable approach to preventing, reducing and responding effectively to all forms of violence against women and girls.

Our key priorities are:

- Ensure robust processes and pathways are in place to identify, protect and respond effectively to women, children and young people affected by domestic abuse and all forms of gender-based violence
- Strengthen the capacity of our services and action across the whole system to address the long-term effects of trauma and abuse experienced by women, children and young people
- Implementation of Routine Sensitive Enquiry, Multi Agency Risk Assessment Conference and Safe and Together practice to ensure a perpetrator pattern based, child centred, survivor strengths approach to working with domestic abuse.

#### Key performance indicators

##### Adult Support and Protection

People agreed to be at risk of harm have a protection plan in place  
 Number of ASP inquiries completed within our reporting period  
 % of ASP inquiries progressed to investigation  
 Type and locations of harm

##### VAWG

Change in women's domestic abuse outcomes (safety and wellbeing)  
 Change in children's domestic abuse outcomes (safety and wellbeing)  
 Number of referrals/number of new referrals to VAWG support services  
 Number of referrals/re-referrals to MARAC

<p><u>Child Protection</u> % of children with multi-agency plans who have had contact with a professional % of referrals to Request for Assistance referred for allocation % of children and young people subject to child protection processes referred to the children's reporter</p>	
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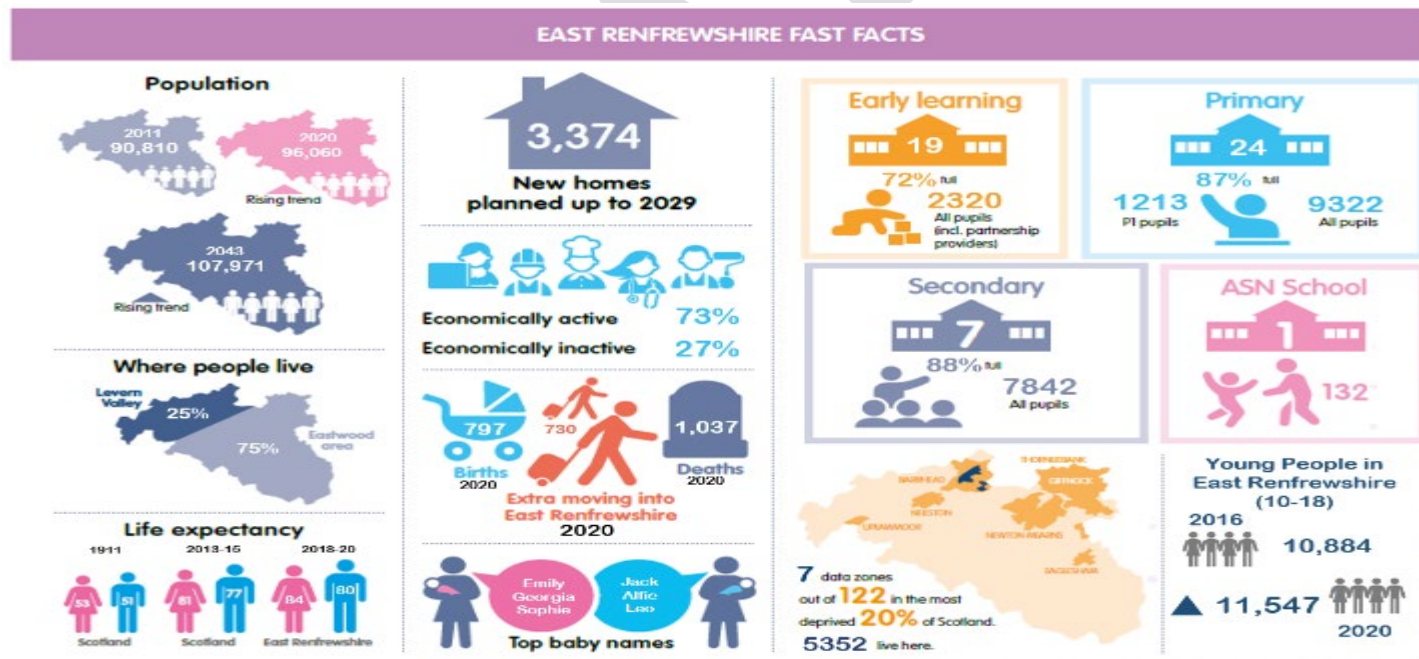
## 5. East Renfrewshire's current context

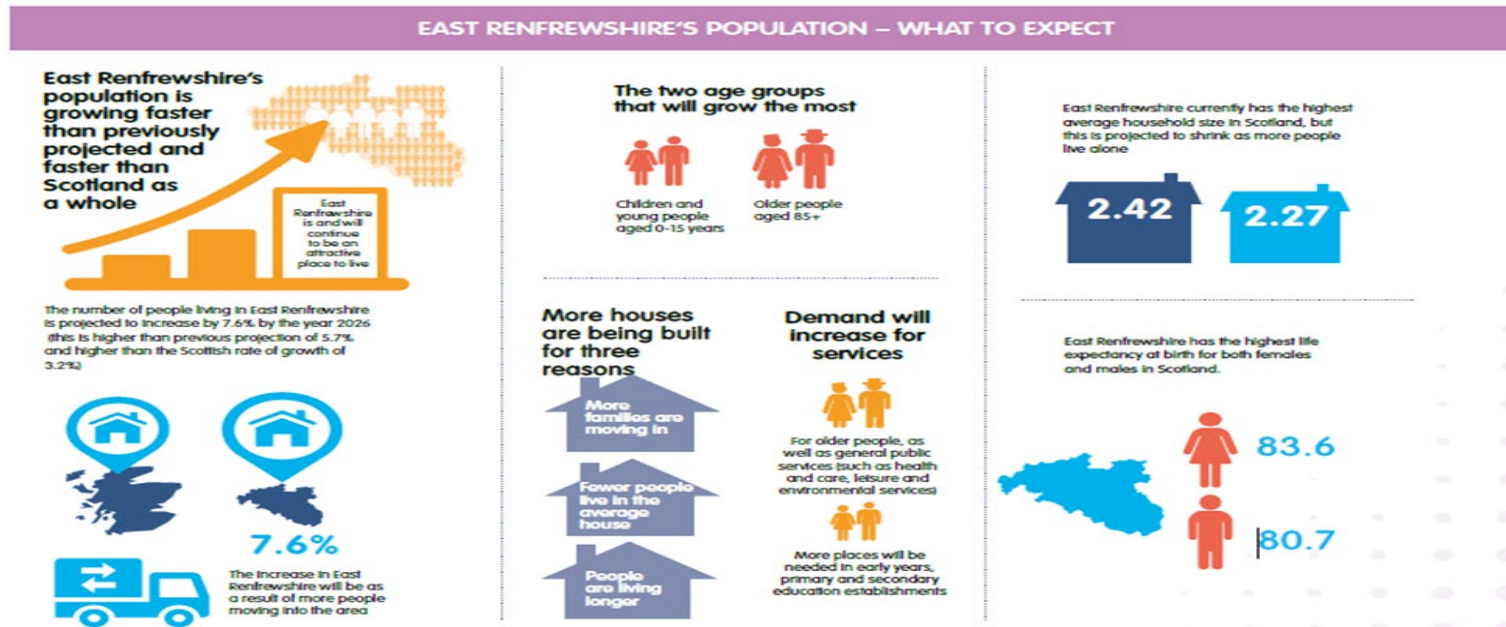
This section summarises our current context in relation to East Renfrewshire's demographic and health profile, future challenges and the impacts we are seeing from the Covid-19 pandemic, and our wider planning context for recovery.

### 5.1 East Renfrewshire's demographics

Detailed needs assessment work has been carried out to support the development of this plan and our full Joint Strategic Needs Assessment is available as a supporting document. A full socio-demographic profile has been developed for East Renfrewshire and covering our two localities (Eastwood and Barrhead) giving information on population, households, deprivation, health profile, life expectancy and use of services. This section provides an overview.

#### 5.1.1 Population





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.

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.

### 5.1.2 Deprivation

Overall, East Renfrewshire is one of the least deprived local authority areas in Scotland. However, this mask the notable discrepancies that we see across the area with some neighbourhoods experiencing significant disadvantage.

The table below shows that more than half of East Renfrewshire's population (55%), and 67% of the Eastwood population live in SIMD datazones that are among the 20% least deprived in Scotland. All of East Renfrewshire's neighbourhoods that are among the 20% most deprived are concentrated in the Barrhead locality with a quarter of the population living in these datazones.

Indicators	Data Type	Time Period	Eastwood Locality	Barrhead Locality	East Renfrewshire HSCP	Scotland
Population in least deprived SIMD quintile	%	2020	67	17	55	20
Population in most deprived SIMD quintile	%	2020	0	25	6.4	20

### 5.1.3 Health outcomes and inequalities

In line with the socio-demographic profile we see differing health outcomes for the populations in our two localities. While life expectancy at birth is above the Scottish average for East Renfrewshire as a whole, it remains below average in the Barrhead locality. Early mortality rates and the prevalence of long-term conditions including cancers are also higher for Barrhead.

Data also shows poorer outcomes for the Barrhead local in relation to the percentage of the population prescribed medication for anxiety, depression and psychosis. Hospital admission related to alcohol and drugs are also higher for Barrhead.

Indicators	Data Type	Time Period	Eastwood Locality	Barrhead Locality	East Renfrewshire HSCP	Scotland
Male average life expectancy in years	mean	2014-2018*	81.7	76.3	80.7	77.1
Female average life expectancy in years	mean	2014-2018*	84.8	80.2	83.6	81.1
Early mortality rate per 100,000	rate	2016-2018	51	90	62	110
Population with long-term condition	%	2018/19	19	22	21	19
Cancer registrations per 100,000	rate	2015-2017	606	636	615	632
Anxiety, depression & psychosis prescriptions	%	2018/19	16	20	17	19

Data also shows discrepancies across the two localities in our objective to reduce unplanned hospital use with poorer performance in the Barrhead locality for most measures. However, people at the end of life are more likely to be supported in their community during the last six months of life compared with the Eastwood locality. The Barrhead locality records a higher rate of mental-health related emergency admissions to hospital and unplanned bed days.

## 5.2 Impacts from the Covid-19 pandemic and future challenges

This section considers the impacts of Covid-19 and the changes we have made as a partnership. We continue to learn lessons as we move through and beyond the pandemic period. We also outline what we consider some of the key challenges we face following the pandemic and in light of other external factors facing the partnership.

### 5.2.1 Direct impacts of Covid-19

- **Impacts of increasing poverty on health and wellbeing.** While the full economic consequences of the pandemic are still developing it is clear that there have been negative consequences for businesses and employment prospects nationally and locally. The evidence clearly links economic disadvantage with poorer physical and mental health outcomes and we have seen the unemployment rate rise in East Renfrewshire. The 18-25 age group has been particularly impacted with the proportion of this group claiming unemployment related benefits increasing significantly.
- **Potentially worsening health inequalities.** 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.** Evidence indicates that the Covid-19 pandemic has impacted on increased 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, people with underlying health conditions, children and young people (up to age 25). Locally, we know that families and people we support have reported worsening mental wellbeing.
- **Increased frailty and vulnerability.** 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.** It is unclear how long restrictions such as physical distancing will need to remain in place. These has impacted the way we are able to deliver our services, limiting the numbers of people we can bring into buildings and restricting face-to-face contact and group supports. Alternative approaches are in place and we are working with our partners to re-establish our services and preventative supports as rapidly as possible.

- **Impacts on the wellbeing and capacity on staff.** 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.

### 5.2.2 Changes and opportunities as a result of Covid-19

- **Changing patterns of service use.** 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.** 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.** Since the emergence of the Covid-19 we have seen high levels of support and participation in our communities. At the height of the pandemic 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.** 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.

### 5.2.3 Future challenges for the partnership

This section sets out some of the key challenges that the partnership faces as we embark on our new Strategic Plan, in the context of the Covid-19 pandemic and other external factors.

- **Increasing and changing service demand pressures.** In the immediate aftermath of the Covid-19 pandemic we are seeing significant increases in demand across service areas and higher levels of complexity among the people we are working with.



This includes: higher volume of referrals to adult and child protection; increased CAMHS referrals and increase cases allocated to our children's social work teams; increased referrals to Care at Home services (and capacity pressures on partner providers) and higher levels of frailty and complexity among those accessing adult services. We continue to monitor demand pressures as we move through and beyond the pandemic.

- **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.
- **Delivering a balanced budget.** 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. There are still many financial unknowns as we work our way towards recovery and the impact and implications from the plans for a National Care Service are currently unknown. Further information on our financial resources is available in our Medium-Term Financial Plan for 2022/23 to 2026/27 and our Annual Report and Accounts.
- **Minimising delayed discharges from hospital.** In order to achieve the target time of 72 hours we continue to require more community based provision. The medium-term aspiration is that the costs of increased community services will be met by shifting the balance of care from hospital services. The work to agree a funding mechanism to achieve this remains ongoing with NHS Greater Glasgow and Clyde and its partner IJBs through an Unscheduled Care Commissioning Plan.
- **Meeting our prescribing costs.** The cost of drugs prescribed to the population of East Renfrewshire by GPs and other community prescribers is delegated to the IJB. This is a complex and volatile cost base of around £16 million per year. The post Covid-19 impact on prescribing in the medium to long term is unclear. During 2020/21 the volume of items prescribed reduced by 4.8% over the year as a result of the pandemic. The post Covid-19 implication is not yet clear in terms of complexity of need, population demand and mental health impacts.
- **Supporting the care market and our local care providers.** The longer term impact on the sustainability of the care provider market following Covid-19 is unknown and we continue to work closely with all our partners to work through issues, support where we can and look to develop the best way of working building on our collaborative and ethical commissioning approach as we move forward. This will build on our work to date, including the move to national contractual frameworks along with the implications from the independent review of adult social care which may impact on how we commission services.
- **Impact of Brexit.** The consequences of Brexit have not manifested in any specific issues to date although there are some anecdotal concerns in relation workforce vacancies particularly among partner providers. However, given we remain in a comparatively volatile period, this will continue to be monitored and working groups with partners remain active.

### 5.3 Our planning context

East Renfrewshire Health and Social Care Partnership operates within an evolving framework of legislation, regulations and national guidance that shape our responsibilities to the people of East Renfrewshire and influence how we deliver our services. The Partnership is committed to incorporating and aligning the key elements of national, regional and local policies in the planning, design and delivery of our services. This section highlights some of the key planning considerations that influence our current strategic direction.

#### 5.3.1 A Fairer, Greener Scotland: Programme for Government 2021-22

Published in September 2021, A Fairer, Greener Scotland sets out the Programme for Government and recognises the priority continues to be addressing the impact of Covid-19 as the single greatest public health crisis of our lifetimes and the impact on our health, economy and society. The programme also recognises the need to prioritise the recovery of our health and social care services – rebuilding capacity, and establishing a new form of care which people can access in a way, place, and time which works for them. It requires us to redouble efforts to tackle the inequalities that continue to blight our society –eradicating poverty and discrimination, and ensuring opportunity is never limited by economic or social circumstance. The programme also focuses on securing an economic recovery which is green and fair – for everyone and in every part of Scotland – and delivers the Scottish Government’s ambition to become a net-zero nation.

#### 5.3.2 NHS Greater Glasgow and Clyde Remobilisation Plan

The NHS Greater Glasgow and Clyde Remobilisation Plan is the current operational plan for the health board area setting out planned activity in relation to key priority areas. It covers a number of activity areas of particular relevance to the HSCP including supporting staff wellbeing, recognising the importance of providing on-going support to promote both physical and psychological wellbeing over the coming year and looking to embed systems of support for the longer term.

The remobilisation plan sets out the approach to full remobilisation across adult services including the provision of advice, support and guidance to Care Homes, provision of services to support people in their own homes including care at home, respite and day care services, whilst ensuring that safety remains the top priority at all times. The plan is clear that lessons learned and innovative approaches developed during the pandemic, irrespective of setting, should be maintained and examples of best practice shared and adopted across IJBs.

The plan supports the continuing safe delivery of (non-Covid) essential services in parallel with the response to Covid-19. It recognises that optimisation of self-care and an expansion of the role of primary care/community-based services will be a key element of the new “business as usual” following the pandemic. Key areas of activity include: enhancing the interface between primary and

secondary care (including the development of Community Care and Treatment Room Services); sustaining Covid-19 pathways; primary care support to the essential roles/functions of care homes and care at home; responding to any increased demand for rehabilitation services (including potential impact of long Covid); and provision of key services in community including pain management, dentistry, and eye care.

The Remobilisation Plan supports a whole system approach to mental health and wellbeing in response to the mental health impacts of Covid-19, addressing the challenges that the pandemic has had, and will continue to have, on the population's mental health. In line with the national Coronavirus (COVID-19): Mental Health - Transition and Recovery Plan, the Scottish Government will support Boards and IJBs to remobilise services and to improve performance against the CAMHS and Psychological Therapies waiting times standards.

The plan aims to ensure that provision reflects the service user perspective and experience across the whole health and social care system, and is structured around patient/service user pathways rather than service boundaries. It seeks to address the health inequalities that have been exposed and exacerbated by the pandemic and, as appropriate, embed innovative practices and new ways of working that have been evident during the pandemic response.

### **5.3.3 Moving Forward Together**

Moving Forward Together (MFT) is the strategic document which describes the vision for future clinical and care services in Greater Glasgow and Clyde. The key principles established through MFT are summarised below:



Although the formal governance arrangements for MFT were stood down due the pandemic, these priorities have continue to be delivered in partnership between clinicians, service users and the public. There has been significant progress since the start of the pandemic in relation to: maximising the potential benefits from eHealth (with higher volume of remote consultations); centralising specialist care where there is evidence to support this; providing person centred care at the right time in the right place (through the redesign of urgent care and strengthening of pathways); and, removing unnecessary barriers between primary and secondary care (though the cross system approach to recovery and remobilisation planning).

#### 5.3.4 Independent Review of Adult Social Care & National Care Service Consultation

The Independent Review of Adult Social Care in Scotland (chaired by Derek Feeley, a former Scottish Government Director General for Health and Social Care and Chief Executive of NHS Scotland) was published on 3rd February 2021. The principal aim of the review was to recommend improvements to adult social care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and families; and the experience of people who work in adult social care.

The report put forward a bold vision for adult social care support in Scotland building on the opportunity for meaningful change as we move beyond the Covid-19 pandemic.

***Everyone in Scotland will get the social care support they need to live their lives as they choose and to be active citizens. We will all work together to promote and ensure human rights, wellbeing, independent living and equity.***

It calls for new thinking and a new positive narrative around the role of social care support, recognising its 'foundational' importance in society and moving towards a human rights based approach.

<b><i>Old Thinking</i></b>	<b><i>New Thinking</i></b>
<i>Social care support is a burden on society</i>	<i>Social care support is an investment</i>
<i>Managing need</i>	<i>Enabling rights and capabilities</i>
<i>Available in a crisis</i>	<i>Preventative and anticipatory</i>
<i>Competition and markets</i>	<i>Collaboration</i>
<i>Transactions</i>	<i>Relationships</i>
<i>A place for services (e.g. a care home)</i>	<i>A vehicle for supporting independent living</i>
<i>Variable</i>	<i>Consistent and fair</i>

It also argues that we must strengthen the foundations of the social care system. This means: fully implementing positive approaches such as self-directed support and the integration of health and social care; as well as nurturing and strengthening our workforce and supporting unpaid carers.

The independent review called for some structural changes including the establishment of a National Care Service (NCS) with accountability for social care support moving from local government to Scottish Ministers. The proposed NCS would oversee improvements in the consistency, quality and equity of care and support. The report also suggests a reformed role for Integration Joint Boards in implementing the social care vision outcome measures, and delivering planning, commissioning/procurement, managing local GP contracts, as well as local planning and engagement.

The report made 53 wide-ranging recommendations in relation to the following priorities:

- Mainstreaming and embedding a human rights approach;

- Ensuring better, more consistent support for unpaid carers;
- Establishing a National Care Service (NCS) for Scotland;
- Establishing a new approach to improving outcomes through a National Improvement Programme for social care;
- Developing models of care;
- Commissioning for the public good through collaborative commissioning and a greater focus on people's needs;
- Developing fair work arrangements with national oversight;
- Improving investment with a focus on prevention rather than crisis response.

The Scottish Government subsequently put forward proposals for the establishment of a National Care Service for Scotland. The proposals go beyond the scope and recommendations of the review and set out how a National Care Service will define the strategic direction and quality standards for community health and social care in Scotland. The consultation proposes that the NCS will have reformed local delivery boards which work with the NHS, local authorities, and the third and independent sectors to plan, commission and deliver support and services.

The consultation ran from 9<sup>th</sup> August to 2<sup>nd</sup> November 2021 and sought views from stakeholders on:

- Improving Care for People
- Establishing a National Care Service
- The Scope of the National Care Service
- Reforming Integration Joint Boards (as new Community Health and Social Care Board)
- Improving Commissioning of services
- Regulation
- Valuing people who work in social care

It is expected that the findings from the consultation exercise will have significant impacts for the delivery of social care and wider supports moving forward. We will support any changes that are adopted and will look to include these in our strategic and operational planning. During the life of this Strategic Plan we will implement any recommendations or specific actions arising from the review as requested by Scottish Government.

### 5.3.5 The Promise – the Independent Care Review for young people

The national focus on young people emphasises improving access and equality to education and employment for all our young people including our looked after young people. This aligns with the outcome of the Independent Care Review for care experienced young people –The Promise. It works with all kinds of organisations to support shifts in policy, practice and culture so Scotland can keep the promise it made to care experienced infants, children, young people, adults and their families - that every child grows up loved, safe and respected, able to realise their full potential.

### 5.3.6 East Renfrewshire Community Plan & Fairer East Ren

The East Renfrewshire Community Plan sets out how local services work together to create stronger and fairer communities together with the people of East Renfrewshire.

The Community Plan (2018-28) reflects residents' top priorities and serves as the main strategic document for the East Renfrewshire Community Planning Partnership (CPP). The Community Plan is structured around five strategic priorities:

1. Early Years and Vulnerable Young People
2. Learning, Life and Work
3. Economy and Environment
4. Safe, Supportive Communities
5. Older People and People with Long-Term Conditions

In supporting delivery of the plan, the HSCP has a specific focus on supporting vulnerable young people (Outcome 1), older people and people with long-term conditions (Outcome 5) as well as supporting Outcome 4 through our community Justice services.

The Plan also includes Fairer East Ren – our Local Outcomes Improvement Plan - as required by the Community Empowerment Act. Fairer East Ren focuses on reducing inequality of outcome across groups and communities and sets out the following strategic outcomes:

1. Child poverty in East Renfrewshire is reduced
2. Residents have the right skills, learning opportunities and confidence to secure and sustain work
3. East Renfrewshire's transport links are accessible, attractive and seamless
4. Residents' mental health and wellbeing is improved
5. Residents are safe and more socially connected with their communities

### 5.3.7 Planning in collaboration with housing

Ensuring our communities have access to good quality housing and housing-related services is key to enabling people to live as independently as possible and also makes a significant contribution to reducing health inequalities locally. We have developed a shared strategic focus delivered through the **Housing Contribution Statement (HCS)** which we will update in line with the new East Renfrewshire Local Housing Strategy. The HCS operates as the “bridge” between strategic housing planning and that of health and social care. It constitutes an integral part of our strategic planning and identifies the contribution of the housing sector in achieving the aspirations of this plan. Housing services contribute positively to improving the health and wellbeing of our communities and ensuring that more people are cared for and supported at home or in a homely setting, in a way that is personal to them, respects their rights and maintains connections with important people and places.

The Local Housing Strategy (LHS) is the key planning vehicle that sets out how the Council and its partners will meet the housing requirements of people in East Renfrewshire. The priorities established in the strategy reflect those of the HSCP and set out the specific actions that the ERC Housing Services and local housing providers will undertake to support independent living and the integration of health, social care and housing. The strategy provides details of the services and supports that are available to achieve this goal and provides an estimate of future specialist provision, need and delivery options. The HSCP is working collaboration with housing colleagues to support the development of the next LHS for 2022-27.



## 6. Review of progress against our strategic priorities (2018-22)

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In developing our plan we reviewed the progress we have made towards the outcomes and strategic priorities set out in our previous Strategic Plan 2018-21 in collaboration with our Strategic Planning Group (SPG). The review recognised the impact of the Covid-19 pandemic in the final year of the previous Strategic Plan and during 2021-22 and the emerging lessons from the period. More information on our performance is available in our [Annual Performance Report](#).

### 6.1 Mental wellbeing for children and young people

We have made good progress in establishing and developing more appropriate and proportionate models to support wellbeing for children and young people with a focus on prevention and holistic support to families. Our Family Wellbeing Service which supports children and young people who present with a range of significant mental and emotional wellbeing concerns is delivering positive outcomes for individuals. The service is now well established and has expanded its reach to all GP practices. We are seeing improving outcomes for children after parent/carer completion of our Psychology of Parenting Project (PoPP). The programme offers support to families experiencing difficulties with behaviour, building confidence among parents.

We continue to perform well in keeping children safe in their local community wherever possible and acting quickly to make decisions. We have made progress with the implementation of the Signs of Safety model which focuses on developing relational interventions with children, young people, their families and carers in order to reduce risk and improve children's wellbeing. We continue to shift the balance of care and now have the highest proportion of children being looked after in the community in Scotland. Further progress has been made in ensuring our care experienced young people have a voice through our Champions Board with increased levels of participation and engagement.

### 6.2 Criminal Justice pathways

The IJB has been supporting multi-agency approaches to criminal justice through East Renfrewshire's Community Justice Outcome Improvement Plan with good progress in the establishment of stronger pathways to recovery and rehabilitative services.

High quality person centred interventions have been delivered through the Community Payback Team facilitating unpaid work, reducing the risk of reoffending and supporting individuals to overcome barriers into training and employment. We have enhanced our unpaid work service by ensuring that tasks are meaningful to communities and provide learning opportunities for service users, including improving the environment and supporting charitable and voluntary organisations. We receive regular feedback from the public on the positive impact that community payback has had on their local community.

We continue to put effective interventions in place to protect people from harm and have seen improving personal outcomes for women and children who have experienced domestic abuse.

This work needs to continue into the next strategic plan.

### **6.3 Supporting health and wellbeing in our disadvantaged communities**

East Renfrewshire as a whole continues to perform well ahead of the Scottish average for life expectancy and premature mortality rates. Collaborative and targeted interventions with physical activity and health awareness have been delivered in Barrhead and Neilston. In partnership with the East Renfrewshire Culture and Leisure Trust we have been progressing our Ageing Well activity to support health and wellbeing for older residents.

Health inequalities persist in East Renfrewshire and may have been exacerbated by the impact of the pandemic. We will continue to work with our community planning partners to develop our understanding of health inequalities and target interventions appropriately.

### **6.4 Supporting people to remain independent and live well at home**

Supporting independence and minimising reliance on institutional care has been a significant area of focus for the IJB during the period. We have seen good progress in the development of our preventative and community-led supports, promotion of models that increase individual choice and control, and development of innovative support for people to maintain health and wellbeing in their own homes. In particular, prior to the Covid-19 pandemic, Talking Points hubs were established across East Renfrewshire as places where people can go to have a good conversation about their health and wellbeing and be directed to the right support at the right time. The approach has strengthened our work as a partnership, with clearer understanding among support providers of what is available across East Renfrewshire. This has resulted in increased availability of information and access to community supports.

The HSCP has introduced an 'individual budget' calculator to support self-directed support but further work is required to embed the new processes. We have made good progress in supporting independent living for people with learning disabilities including the development of a range of meaningful activities in the community. We have progressed independent living with the promotion of telecare and the expansion of our Home and Mobile Health Monitoring (HMHM) service with GP practices.

We would like to see more improvement in our performance that indicates a shift in the balance of care. Supporting people to live independently and well remains a strategic priority for the IJB and we will work to progress the most appropriate models of care, including making best use of digital opportunities to support local people.

### **6.5 Supporting recovery from mental ill-health**

We continue to develop our approaches to ensure that people who experience mental ill-health can access the appropriate support on their journey to recovery. Community Link Workers have been introduced to all GP practices to support preventative and holistic approaches. Approximately 2000 people have benefitted from a wide range of physical, social and psychological interventions. We have progressed self-management through the promotion of computerised cognitive behavioural therapy (cCBT) and increased our referrals to specialised mental health services.

Available performance information for mental health remains limited and we will work to progress our understanding of local experiences through improved data and engagement. There is strong emerging evidence on the impact the pandemic is having on mental wellbeing across groups in the community. In recognition of this we will expand the scope of this strategic priority from tackling mental ill-health to supporting mental wellbeing in the community more widely.

### **6.6 Reducing unplanned admissions to hospital**

Not accounting for the exceptional impact of the Covid-19 pandemic on acute care and patterns of hospital use, we have seen good progress in our development of supportive pathways out of hospital. We perform well on minimising delayed discharges and are seeing a reduction in unplanned days spent in hospital. However, the data shows that (before the pandemic) we were not reducing the volume of emergency admissions to hospital and there had been an overall increase in the number of A&E attendances over the period of the strategy (although with modest improvement for 2019/20).

To minimise unplanned presentations at hospital we have been working closely with GP practices and at cluster level and focusing on local data (e.g. frequent hospital attenders) to support to patients and minimise use of acute services. Prior to the pandemic good collaborative working with local care homes, brought down emergency attendances and admissions from this sector. We have seen good progress in supporting people at end of life with improving performance on the proportion of time people are supported in their own homes.

Our overall performance on unscheduled care indicates that we continue to be very successful at putting support in place to allow people to return to the community after as stay in hospital. However, with attendance and admission rates not improving over the longer term, we must work to ensure that people have the appropriate level of support in the community. We must also continue to work to identify those at greatest risk and plan support accordingly.

### 6.7 Supporting unpaid carers to exercise choice and control

We have seen continued progress in our development of support for East Renfrewshire's unpaid carers working in collaboration with our local Carers Centre. Our most recent report shows 92% of carers reporting satisfaction with their quality of life. This indicator has improved consistently year on year and by 22% since 2016/17. However, the 2017/18 Scottish Health and Care Experience Survey showed that just 37% of carers felt supported in their caring role, although 70% of the people who responded were able to report a positive balance in terms of their caring role and other interests in their life. Whilst our performance is similar to that across Scotland, we know that this is an area that we can improve and we remain focused on ensuring that local people who provide unpaid care are valued and supported.

Working in partnership with the Care Collective (East Renfrewshire Carers and Voluntary Action East Renfrewshire), the HSCP has undertaken a range of activities to support the implementation of the Carers Act and establish a holistic approach to supporting local carers. We believe we have developed a sound continuum of support for improving outcomes for carers of all ages. Our local Carers Centre. Carers Centre staff have been trained in outcome-focussed, asset-based planning and Good Conversations and have completed Adult Carer Support Plans (ACSP) with carers. Those carers identified as having a substantial or critical need for support were referred to the HSCP for further social work intervention.

The HSCP appointed a Carers Lead in 2019/20 to promote the understanding and uptake of the legislation within East Renfrewshire. The Carers Lead is taking forward the development and implementation of the new East Renfrewshire Carers Strategy. Partners are clear that ensuring choice and control remains the key strategic priority for carers in East Renfrewshire.

## 7. Resourcing our Strategic Plan

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To be added following announcement of financial settlement and agreement of budgets.

This section will set out the financial context for the three-year period including key challenges and plans for transformational change; and will set out our planned budgeting framework.

DRAFT

## 8. How we will measure success

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Our performance reporting is fully aligned to the strategic priorities set out in this plan. In addition to regular performance reporting to our Performance and Audit Committee and Integration Joint Board, we publish Annual Performance Reports giving a retrospective look at the previous year's performance. These reports set out progress made to deliver our strategic priorities over the previous 12 months. We review our performance data against agreed local and national performance indicators, including:

- National Core Suite of Integration Indicators
- Ministerial Strategic Group (MSG), and
- Statutory Performance Indicators.

In addition to data, our performance reports draw on personal experiences, views and examples of service developments and approaches to describe the improvement process and how improved outcomes are being achieved.



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	16 March 2022
<b>Agenda Item</b>	7
<b>Title</b>	East Renfrewshire HSCP Response to Covid-19
<p><b>Summary</b></p> <p>This report provides the Integration Joint Board with an update on developments in response to the ongoing Covid-19 pandemic and the continued pressure the HSCP is facing, in common with health and social care services across Scotland. A combination of increased demand across all services and staff absence created significant issues with capacity over the winter period although we are starting to see greater stability as the threat from the omicron variant subsides. Overall, we continue to experience higher rates of referrals and more complex presentations as a result of the pandemic.</p>	
<b>Presented by</b>	Julie Murray, Chief Officer
<p><b>Action Required</b></p> <p>The Integration Joint Board is asked to note and comment on the report.</p>	
<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 checked="" type="checkbox"/> Finance</p> <p><input type="checkbox"/> Policy</p> <p><input checked="" type="checkbox"/> Workforce</p> <p><input type="checkbox"/> Equalities</p> <p><input checked="" type="checkbox"/> Risk</p> <p><input type="checkbox"/> Legal</p> <p><input checked="" type="checkbox"/> Infrastructure</p> <p><input type="checkbox"/> Fairer Scotland Duty</p>

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**16 March 2022**

**Report by Chief Officer**

**EAST RENFREWSHIRE HSCP RESPONSE TO COVID-19**

**PURPOSE OF REPORT**

1. This report provides the Integration Joint Board with an update on any changes in relation to HSCP services.

**RECOMMENDATION**

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

**BACKGROUND**

3. The Integration Joint Board have received regular updates in relation to the HSCP response to Covid-19 and the associated recovery programme. The last response update was provided to the IJB in January 2022 reflecting the impact of the omicron variant and the resulting pressures on HSCP support provision.
4. From December 2021, emergency planning meetings were reinstated as a result of the increasing number of Covid cases and potential impact on our services. The HSCP increased monitoring of our critical functions to ensure continued service delivery and allow for contingency arrangements over the festive period and into the new year. Our Local Response Management Team (LRMT) were also increased and met 3 times per week until the end of February, in addition to daily huddle meetings with the Senior Team to review the status of critical functions and take necessary decisions to ensure continued service delivery. LRMT meetings have now been reduced to weekly, with the daily huddle continuing throughout March.
5. At the time of writing, five service areas were rated red 'monitor carefully/prepare to take action' on the critical functions list. These are Children with Disabilities, School Nursing, CAMHS, Family Wellbeing Service (contracted), and Older Adult Mental Health Team.
6. Major projects within the Recovery and Renewal Programme, including the Replacement Case Recording System and Care at Home Projects, have been paused to allow the HSCP to respond to the ongoing pandemic. The Programme Manager has also been realigned to support our response. However, it is now expected that the programme will fully re-commence in March 2022 with a detailed updated position being put to the Recovery and Renewal Board containing a plan for bringing the above projects back on stream, and a timescale for introducing further planned projects currently in the pipeline. It should also be noted that very positive discussions with the Council's new Business Operations & Partnerships, which will ensure sufficient resources can be deployed in the delivery of these projects. This will include early recruitment of a new Business Analyst resource to concentrate on HSCP Recovery and Renewal projects.
7. This report therefore provides an update on any significant developments and areas of pressure.

## REPORT

### Adult Services

#### Supporting people at home

8. The Care at Home service has seen a more stable period with less sickness absence (Covid and non Covid reasons) and a lower number of staff requiring to self-isolate. The current absence rate in the service has reduced to 15.3% (42 employees are currently absent from work). Staff have continued to support us by working overtime and agency resources have also been used to ensure the continued safe operation of the service. We are also grateful to a number of staff in the team who have supported us by undertaking different tasks on a short term basis to support service 'hotspots' and most have now returned to their normal duties.
9. The recent 'annual leave buy back' offer attracted interest, with 14 frontline staff taking up the opportunity and a total of 500 hours being secured. Volunteer training was completed to plan and individuals have been used to support both frontline care and critical office functions at key times. Our recruitment activity has progressed well with employment offers made so far for one telecare responder and 31 frontline care roles. Following the satisfactory completion of required pre-employment checks, six individuals have commenced our first two week 'classroom' based induction programme of 2022. This will now run on a rolling fortnightly basis to ensure all recruits are accommodated. Recruitment is also underway for the vacant Senior Homecare Manager (and registered manager for the Care at Home service) role and five applicants have successfully progressed to the interview stage (taking place on 24th March).
10. Numbers awaiting a care at home service has reduced in the period too. The number of people in hospital awaiting a service is eight, while the total of those in the community who await service is 29. We continue to support the hospital discharge efforts by promoting the use of intermediate care beds where a care at home package cannot be immediately accommodated. Currently there are six individuals in these beds while awaiting care at home. The demands on the service continue both in terms of referral numbers but, particularly, around the increased complexity of these, which may well be a post –pandemic feature for some time to come.
11. The HSCP continues to work in partnership with Voluntary Action East Renfrewshire to investigate opportunities for the third sector to provide support for older or vulnerable people, when discharged from hospital to settle back home and re-connect/make new connections within their community. This has resulted in two linked, but separate funding streams which will provide community led support for individuals who have been disproportionately affected by the pandemic and associated restrictions.
12. At the start of 2022, there were 166 adults awaiting a statutory review of their care. A dedicated resource within adult services has been created, with a team of three retired social workers currently working through the waiting list and completing assessment reviews. By the end of February, 72 of these have been allocated, with a growing number completed. This work will continue in the coming weeks ahead until the new review team is in place.
13. To address concerns around staff capacity we have continued our winter planning recruitment activity. We successfully recruited four social workers to our Review Team who have been deployed to support critical services completing assessments at the front door to reduce the waiting list. We have been very successful in our recruitment to Council posts which began in early December, and have filled 42 of the 46 advertised

posts. This includes 28 homecare/reablement workers and 4 telecare workers. As part of the Council recruitment we have also appointed new managers to our Review Team and Intensive Support Service.

14. We are also recruiting a range of multi-disciplinary roles to support our interim care arrangements (step up /step down and proactive support in the community). For NHS posts recruitment started later and has proved more challenging with recruitment of posts still in progress. With regards to the Healthcare Support Worker (HCSW) recruitment we have only been able to fill 6 out of 16 posts following three rounds of recruitment. We are now reviewing how we best to utilise these roles going forward in different teams.
15. In the meantime we are continuing to offer interim care beds in our local Care Homes (depending on outbreak status). Our Social Work staff continue to proactively encourage families to consider interim care options where Care at Home is not available although this continues to be a challenge.
16. Overall, during the recruitment process we have seen the greater challenges in recruiting to social care and HSCW roles. In addition, we have struggled to recruit to posts with non-recurring funding and have seen limited numbers of applicants due to the high number of vacant posts across the system. We are re-advertising a number of social care roles as part a larger campaign within our Bonnyton Care Home. We are reviewing approaches to the recruitment of Healthcare Support Workers. HR colleagues in NHSGGC partnerships have discussed reviewing vacant posts at the end of the recruitment process, and exploring the possibility of joint advertising targeted outside of Scotland. In addition, they have discussed developing an Integrated HCSW role for partnerships similar to role developed in NHS Lanarkshire that could be used for future recruitment.
17. Across all mental health and recovery services, work is continuing to provide person-centred care throughout the challenges that Covid-19 has presented. The Older Adult Mental Health Team is currently going through some staff turnover within the nursing discipline. We were successful in recruiting a new Nursing Team Lead. However, our two Band 5 posts remain vacant. The Older adult team are also experiencing challenges with medical staffing and we are working with the Boards Associate Medical Director to find local solutions. Our adult mental health team and PCMHT and addictions services have remained operational with limited impact from Covid-19, however at the time of writing we are seeing pockets of increased infection rates in these staff groups and are monitoring this closely. We continue to implement a RAG approach consistent with our Greater Glasgow and Clyde mental health colleagues to ensure that at any given time we can quickly identify and respond to individuals based on risk should staffing become depleted.
18. The Mental Health Officer (MHO) team is now fully staffed. However, as is the case nationally there is a national shortage of MHOs, we have been successful in securing Scottish Government grant to support training of two additional MHOs for future workforce needs.
19. In terms of our hosted services, Scottish Centre of Technology for the Communication Impaired (STCTI) has continued to support individuals across 12 health boards in Scotland making full use of remote and virtual mechanisms. The Adult Autism Team had a number of vacancies and following proactive recruitment the team should be full established by end of March 2022.

### Day Services

20. Days Services staff were key to supporting our Intensive Services throughout the challenges presented by Omicron. This resulted in Day Services being reduced. However, staff are now returning to the day service and service is increasing. We aim to be operating a fuller blended model of building based and outreach by the end of March. We have been meeting regularly with carers to identify where support has been required.

### Supporting Care Homes

21. Support to our care homes continues using our existing support and governance mechanisms including the newly established Care Home Collaborative Hub model.
22. The Collaborative is made up of three multidisciplinary teams (Hubs) of health professionals to support care homes: one to cover Glasgow City HSCP; one hosted by Inverclyde HSCP on behalf of the remaining 5 partnerships; and, one central 'specialist' team with shared resources spanning both local Hubs. Additionally, the MDT Hubs are supported via a Corporate Hub in order to strengthen professional oversight and robust governance. The overarching purpose is to enable care home residents to live their best life aligned to what matters to them. The Hubs provide professional and practical support, oversight and leadership offering a range of additional support in key areas including, but not limited to, infection prevention and control, person centeredness, food fluid and nutrition, tissue viability, quality improvement, leadership and education. Recruitment within the collaborative is ongoing.
23. Our care homes are currently experiencing a greater number of outbreaks due to the new variant and this is reflected across Greater Glasgow and Clyde, and nationally. Residents are experiencing milder symptoms with the majority reported as being asymptomatic. Community transmission has been high which affected a number of staff.
24. Our Care Homes continue to face staff shortages due to the national recruitment crisis across the social care sector. They have managed to stay above minimum staffing levels by implementing contingency plans and recruiting using agency and bank staff. Care Homes have also been creative in terms of extending current staff hours and redeploying staff from non-front facing roles.
25. At present we have three care homes RAG rated as 'Amber', one of which was previously rated as 'Red' due to an improvement notice issued by the Care Inspectorate following an inspection on 23 November 2021. The care home met all their requirements on 31 January 2022. An additional requirement around care plans was added to be met by 2nd May 2022. The HSCP and colleagues from the Care Home Collaborative Hub 5 will continue to support implementation of their improvement action plan. This particular care home also experienced a Covid-19 outbreak from 6<sup>th</sup> January to 18<sup>th</sup> February 2022 which was actively managed. Of the other two care homes, concerns are around care planning, change of management and Adult Support and Protection concerns.

### Care Home Assurance Tool (CHAT) Visits

26. Care Home Assurance Tool (CHAT) visits are now established within East Renfrewshire and will be supported by the Care Home Collaborative colleagues as required. Due to the significant impact of the Omicron variant CHAT visits to the care homes were paused over the winter period. A schedule for the next round of visits is currently being developed and will be agreed at our Care Home Oversight meeting following discussion with senior managers and professional leads.

### Covid Vaccination Programme

27. The HSCP have delivered vaccinations to care home residents and staff, as well as housebound patients within East Renfrewshire as part of the winter vaccination programme. The care home vaccination programme is now complete. Based on population figures ascertained at the start of the programme, 93% of care home residents received their Covid-19 booster, and 90% also received their flu vaccine. Care home staff were also offered vaccination alongside residents during vaccination visits in addition to accessing the mass vaccination clinics to support optimal uptake of the Covid-19 vaccination. In total the partnership provided 27% of care home staff with Covid-19 vaccines and 43% with flu vaccines. We continue to encourage uptake of booster vaccinations for all staff.
28. The housebound patients' vaccination programme commenced in October 2021 for all patients fitting the eligibility criteria. Since October, 1019 covid-19 booster and 895 flu vaccinations have been administered to housebound patients.
29. We continue to ensure that all new admissions to care homes and new housebound patients are offered Covid-19 vaccination and / or are up to date with the Covid-19 vaccination programme. Planning is underway for a second booster for over 75s and those who are assessed as clinically extremely vulnerable.
30. The Scottish Government is guided by the clinical and scientific advice on vaccination as provided by the Joint Committee on Vaccination and Immunisation (JCVI) which advises on the Covid-19 vaccination programme. In its advice of 21 February 2022, the JCVI advised that the primary aim of the Covid-19 vaccination programme continues to be the prevention of severe disease, hospitalisation and mortality arising from Covid-19. As a precautionary strategy for 2022, the JCVI has advised a Covid-19 spring dose for the most vulnerable around six months after their last vaccine dose. The vaccination will be offered to:
  - Adults aged 75 years and over;
  - Residents in a care home for older adults; and
  - Individuals aged 12 years and over who are immunosuppressed.
31. Planning is therefore underway for the delivery of the second booster. The programme will commence in March 2022 with a yet to be agreed start date for all HSCPs across Greater Glasgow and Clyde.

### Supporting In-patient Services

32. Significant clinical complexity has resulted in a need for very close support and in the service activating contingency plans and accessing staff from our community learning disability teams across Greater Glasgow and Clyde. Absence related to Covid had stabilised late January; but in line with other areas the service has seen an increase in infection rates in February which requires close monitoring.

### Improving access through our 'Front door'

33. We recognise the impact of the pandemic on the individuals and families and commissioned an independent review of the HSCP Front Door for adult services in partnership with individuals, families and professionals in order to ensure that the single point of access to adult services was fit for purpose as we move towards recovery.
34. The independent review noted many strengths of our approach, mainly in terms of our rapid access OT service, our Talking Points and the single point of access model. The report also noted some key recommendations to strengthen our front door which includes:

- Widening out the Multi-disciplinary element of our front door to include access to Rehab Physio, Rehab Nurse (prescriber), Pharmacy, technology enabled care and money advice.
  - Operating a daily huddle model to support our right support, right place, right person approach to referrals.
  - Strengthening our call handling model to free up our social work assistants to complete less complex assessments.
  - Streamline our assessment and resource allocation process to reduce duplication and make more user friendly for individuals and families.
35. An initial implementation plan has been completed alongside the team, people who use our services, unpaid carers and frontline practitioners and we are aiming toward June/July 2022 for a launch of our new model.

### **Cross System Support**

#### **Mass Vaccination Clinics**

36. The HSCP continues to support mass vaccination clinics run by Greater Glasgow and Clyde in partnership with East Renfrewshire Council. The continued operation of the weekend clinic at Barrhead Health and Care Centre represents a significant commitment to ensure the centre works efficiently and safely, with staff supporting the non-clinical operation through facilities management of the buildings, queue management and liaison with clinical staff.
37. Vaccination of the population remains the most important line of defence to slowing down the spread and severity of the virus. Therefore, work continues with our NHS partners to maximise the opportunities for our residents to be vaccinated with additional clinics scheduled and it is likely that the vaccination centres will remain operational over the coming months.

#### **Mental Health and Learning Disability**

38. We are working with our mental health colleagues within Greater Glasgow and Clyde to ensure good cross system support across services when and if this is required.
39. In respect of our clinical governance role for learning disability we stepped up our LD Covid-19 Planning meeting to support risk management and staff deployment across Greater Glasgow and Clyde partnerships.

#### **Community Assessment Centres (CACs)**

40. Plans are in place to work towards a phased closure of centres by the end of March, with the understanding that CACs will be reinstated if required should the situation change.

### **Public Protection and Children's Services**

41. Within our Children and Public Protection service, we continue to see additional demand for services for children with additional support needs (vulnerable children), fostering services and residential services and alternative provision to prevent this. Increased accommodation of children out with the family home has increased by approximately 65%.

### Supporting Children and Young People

42. Supporting children and young people's mental health continues to be a high priority, 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. 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. The Family Wellbeing Service and the Healthier Minds Hub - the local tier 2 services - have received 678 referrals over the last year from GPs, school and other services and practitioners. If these services had not been in existence many of the children and young people would not have received any service to support them in managing their significant mental distress. Indeed a significant proportion would have been referred to CAMHS often inappropriately and it is very likely school attendance would have reduced sharply. Many more families would have sought targeted services such as social work, and GP attendance would have increased. 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.
43. An emerging area of increasing need is from children and young people with a neuro developmental diagnosis or suspected diagnosis. Clinical pathway initiatives are being developed for neurodevelopmental cases which have been as high as 40% of the non-urgent caseloads in CAMHS and will require a multi-agency response. Across the HSCP and Council 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.
44. 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. This year alone the number of children and young people accommodated in residential care settings has increased by 85.7%; and 67% of children and young people looked after in a residential setting have a neurological diagnosis. This has significantly impacted on residential care budgets as costs are extremely high for each placement due to complexity of individual. Across the looked after children's population 17% have a significantly complex disability. The number of families eligible for an SDS budget has increased by 17% and overall referrals to the HSCP Children and Families Community Team have increased by 29%.

### Justice pathways

45. The provision of unpaid work has been significantly impacted by the pandemic with Community Payback Orders suspended on 23rd March 2020. 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 backlog of hours by 2,329 hours. The current outstanding backlog of hours for completion total 6,291.
46. In line with the increased throughput through the courts, the justice service has seen a 44% increase in Diversion from Prosecution requests received from the Crown Office and Procurator Fiscal Service (COPFS) during April to September 2021. Requests for Criminal Justice Social Work Reports have also increased by 151% over this period compared to the same period last year.
47. To support recovery and renewal the justice service modernised key aspects of the unpaid work service. Two new workshop premises were secured with the space

upgraded and equipped for future use. This will allow the service to expand and assist in addressing the outstanding balance of hours. A full-time supervisor and sessional workers were recruited who have skillsets in joinery and carpentry. This has enabled socially distanced 1:1 work with service users and supported people to learn a range of new skills. We were able to provide benefit to the community by delivering the items built by the service users to community projects, nursery schools and care homes.

#### Supporting people affected by domestic abuse

48. We have continued to provide support for women and families affected by domestic abuse throughout the pandemic. During the six month period 1st April to 30th September 2021 East Renfrewshire Women's Aid service reported a significant increase in referrals across their services compared to the same period last year. In total 645 women and children were supported compared to 447 during the same period last year with 33% of new referrals from partner agencies, the majority from social work (30%). This is a significant increase of 44% across the whole service and significant increase 63% in duty/helpline contacts.
49. Domestic Abuse continues to be the predominant reason for referral/concern reported to HSCP Children and Families Request for Assistance (RFA) Team. In the six month period April 2021 to September 2021 there were a total of 477 referrals received with domestic abuse listed as the primary concern in 99 referrals. This is 21% of the total RFA referrals received.
50. In line with trends across Scotland the East Renfrewshire Multi-Agency Risk Assessment Conference (MARAC) has witnessed an increase in referrals for high risk victims and children as the Covid-19 restrictions have eased. In the period April 2021 to September 2021, 66 victims (63 female, 3 male) were discussed compared to 55 (53 female, 2 male) in the same period last year - an increase of 20%. 114 children were discussed at MARAC – 78 in the same period last year representing an increase of 46%.
51. Data recorded for the three month period October 2021 – December 2021 has continued to demonstrate an increase in referrals to domestic services. Referrals to MARAC increased by 24% compared to the same period previous year (36 compared to 29 cases discussed).
52. Referrals for support to the East Renfrewshire Women's Aid service have continued to increase. Referrals to duty/helpline contacts increased by 36% (218 in comparison to 160 for the same period previous year). Outreach referrals during this period increased by 39% (28 to 39) and children and young people's referrals have increased by 110% (10 to 21).
53. HSCP Children and Families Request for Assistance (RFA) Team reported a total of 119 referrals received with domestic abuse listed as the primary concern in 34 referrals. This is 28.5% of the total RFA referrals received.
54. East Renfrewshire Women's Aid were successful in securing additional funding to meet their shortfall in staff capacity. This was secured through the East Renfrewshire Communities Mental Health & Well Being Fund. The funding is for a one year period with an opportunity to bid for a second year. The added capacity will ensure women receive support as they need it and keep waiting times to a minimum.
55. East Renfrewshire Women's Aid drop in service moved to new premises in the Foundry in Barrhead in October 2021. The service from the Foundry provides direct face to face



support and drop in facilities for women seeking information or support. East Renfrewshire Council have identified an additional refuge property for the service and this will be available by the end of March 2022.

56. It is expected that domestic abuse referrals will continue to increase longer-term and that there are significant challenges in ensuring our services have sufficient capacity to respond.

#### Supporting staff wellbeing

57. The HSCP recently recruited a Health and Wellbeing Lead Officer who is undertaking a scoping exercise across the wider health and social care landscape. This role has been specifically designed to acknowledge the growing pressures and challenges upon the health and social care workforce, and to create resources, tools and services to support the health and wellbeing of all staff and volunteers who work for and support the HSCP.

### **CONSULTATION AND PARTNERSHIP WORKING**

58. 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.
59. The Local Resilience Management Team (LRMT) includes staff side representatives and meetings was increased to three times per week to the end of February. These meetings will now continue on a weekly basis. Our senior team continue to meet daily to review our critical service list and respond to any changing pressures.

### **IMPLICATIONS OF THE PROPOSALS**

#### Finance

60. The HSCP finance team continue to monitor all costs associated with the HSCP Covid-19 response.

#### Risk

61. The HSCP continues to monitor the risk implications from the Covid-19 response.

#### Workforce

62. The HSCP continues to monitor workforce issues through the daily huddle.

#### Infrastructure

63. IT issues affecting access to Outlook for users on the Council network have been ongoing since Christmas which resulted in Business Continuity Plans being initiated. The Council have put in place alternative solutions to improve access and continue to work on this to find a permanent solution. We will include learning from this recent event in our refreshed Business Continuity Plans.

### **DIRECTIONS**

64. There are no directions arising from this report.

## RECOMMENDATIONS

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

## REPORT AUTHOR

HSCP Heads of Service  
0141 451 0749

Chief Officer, IJB: Julie Murray

1 March 2022

## BACKGROUND PAPERS

IJB Paper – 26 January 2022: HSCP Response to Covid-19  
[https://www.eastrenfrewshire.gov.uk/media/7316/IJB-item-05-26-January-2022/pdf/IJB\\_item\\_05\\_-\\_26\\_January\\_2022.pdf?m=637783618118070000](https://www.eastrenfrewshire.gov.uk/media/7316/IJB-item-05-26-January-2022/pdf/IJB_item_05_-_26_January_2022.pdf?m=637783618118070000)

IJB Paper – 12 May 2021: HSCP Response to Covid-19  
[https://www.eastrenfrewshire.gov.uk/media/4943/IJB-Item-07-12-May-2021/pdf/IJB\\_Item\\_07\\_-\\_12\\_May\\_2021.pdf?m=637553296810270000](https://www.eastrenfrewshire.gov.uk/media/4943/IJB-Item-07-12-May-2021/pdf/IJB_Item_07_-_12_May_2021.pdf?m=637553296810270000)

IJB Paper – 17 March 2021: HSCP Response to Covid-19  
[https://www.eastrenfrewshire.gov.uk/media/4790/IJB-Item-12-17-March-2021/pdf/IJB\\_Item\\_12\\_-\\_17\\_March\\_2021.pdf?m=637511548494570000](https://www.eastrenfrewshire.gov.uk/media/4790/IJB-Item-12-17-March-2021/pdf/IJB_Item_12_-_17_March_2021.pdf?m=637511548494570000)

IJB Paper – 3 February 2021: HSCP Response to Covid-19  
<https://www.eastrenfrewshire.gov.uk/integration-joint-board-030221>

IJB Paper - 24 June 2020: East Renfrewshire HSCP Response to Covid-19  
[https://www.eastrenfrewshire.gov.uk/media/1398/Integration-Joint-Board-Item-04-24-June-2020/pdf/Integration\\_Joint\\_Board\\_Item\\_04\\_-\\_24\\_June\\_2020.pdf?m=637284227714400000](https://www.eastrenfrewshire.gov.uk/media/1398/Integration-Joint-Board-Item-04-24-June-2020/pdf/Integration_Joint_Board_Item_04_-_24_June_2020.pdf?m=637284227714400000)

IJB Paper – March 2020: Delegated Authority for Chief Officer  
[https://www.eastrenfrewshire.gov.uk/media/1423/Integration-Joint-Board-supplementary-papers-2-18-March-2020/pdf/Integration\\_Joint\\_Board\\_Supplementary\\_Papers\\_2\\_-\\_18\\_March\\_2020.pdf?m=637347399888670000](https://www.eastrenfrewshire.gov.uk/media/1423/Integration-Joint-Board-supplementary-papers-2-18-March-2020/pdf/Integration_Joint_Board_Supplementary_Papers_2_-_18_March_2020.pdf?m=637347399888670000)



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	16 March 2022
<b>Agenda Item</b>	10
<b>Title</b>	Revenue Budget Monitoring Report 2021/22; position as at 31 <sup>st</sup> January 2022
<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>	Lesley Bairden (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> </ul>	
<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 checked="" 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 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****16 March 2022****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> January 2022 and allowing for latest intelligence.
2. The report includes the application of winter funding for 2021/22.

**RECOMMENDATIONS**

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

**BACKGROUND**

4. This report is part of the regular reporting cycle for ensuring that the HSCP financial governance arrangements are maintained. This is the fourth 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 uncertain times. The projected costs against budget are continuously reviewed and refined throughout the year.
5. The current projected outturn shows an underspend for the year of £0.554 million after the application of winter funding of £3.124 million and Covid-19 funding of £9.411 million.

**Winter Funding 2021/22**

6. As previously reported, we have received additional funding for Winter 2021/22 of £3.124 million:

Initiative	£ million	Comments / Purpose
Interim Care	0.703	To support delayed discharge pathways with more appropriate care and support. Non-recurring for a six month period.
Care at Home Capacity	1.089	To expand capacity to address increased need and acuity. Recurring.
Multi-Disciplinary Teams	0.351	To support cross system working including focus on delayed discharge. Recurring.
Social Care Pay Uplifts	0.741	Up to £48 million nationally for social care staff hourly rate increases. We are paying increased rates effective from 1 <sup>st</sup> December to implement the policy. Recurring.
Additional Health Care Assistants	0.240	Part of NHSGGC wide recruitment. Recurring.

7. This funding has been allocated to the respective budget areas and we are assuming full spend as any slippage in the current year will be taken to an earmarked reserve as

part of the usual year end process. Recruitment is ongoing and work continues to project the costs for the current year.

8. The budget report for 2022/23 addresses the allocations to support this work going forward.

### **Covid-19 Funding 2021/22**

9. 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 under £9.411 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 show full Covid-19 funding including support for unachieved savings.
10. Updated projections around Sustainability and Alternatives to Daycare costs have resulted in a decrease in cost projections since last reported of £0.349 million.
11. 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 have confirmed funding, inclusive of the balance of the Covid-19 reserve we hold. The Scottish Government have announced additional funding to be allocated to HSCPs during 2021/22 to meet ongoing costs associated with the Covid response and recovery for the current year and into 2022/23. The final balance of the £14.781 million for East Renfrewshire HSCP will be earmarked within reserves and the application will be determined as the new financial year progresses.
12. 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	3.597
Infrastructure, equipment, PPE	0.088
Sustainability	2.160
Unachieved savings	3.566
<b>Current Projected Local Mobilisation Plan Costs</b>	<b>9.411</b>
<b>Funded By:</b>	
COVID reserve (Carried forward from 2020/21)	3.145
2021/22 Allocations to date	0.220
<b>Total Mobilisation Funding/reserves confirmed and received to date</b>	<b>3.365</b>
<b>Further Funding Confirmed on 25/2/2022 (not yet received)</b>	<b>6.046</b>

## REPORT

13. The consolidated budget for 2021/22 and projected outturn position, with Covid-19 costs at nil impact and the provisional application of winter funding is reported in detail at Appendix 1. This shows a projected underspend of £0.554 million against a full year budget of £136.603 million (0.41%) after assumed contributions to and from reserves.
14. 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.
15. 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> January 2022 and do allow for the latest known information.
16. **Children & Families and Public Protection £88k overspend;** this remains primarily due to care package costs, however this is a reduction in projected costs of £262k since last reported, mainly due to:
  - £87k decrease in payroll projections from vacancies being filled.
  - £144k reduction in third party payments projections in residential and foster care costs
17. The service continue to monitor the pressures within purchased care with the assumption that current placements will remain to March 2022 and beyond.
18. **Older Peoples Services £1,093k underspend;** the projected underspend remains a result of current care commitments and staff turnover within teams. Continuing the current year trend, this underspend is mainly within residential and nursing care at £2 million alongside a staffing underspend of £0.2m. This is offset by an overspend in localities care at home commitments of £1.1m and is also partly offsetting the increased activity in Care at Home within Intensive Services. This is after the agreed £500k virement from Residential to Care at Home. The true trend is yet to be determined.
19. The underspend has decreased by £373k since last reported in the main due to the agreed £500k movement of budget between Residential Care and Care at Home which has now been actioned.
20. **Physical & Sensory Disability £19k overspend;** the projected overspend is due to care package commitment trends and turnover not achieved; this is a reduction in projected costs of £23k based on current care package cost commitments.
21. **Learning Disability Community Services £1,070k underspend;** the projected underspend remains due to staffing across the Learning Disability community teams (£247k) and within day services (£313k) and also projected care commitments (£554k). This is a small increase in costs of £23k since last reported.
22. Some of our Learning Disability Day Services staff have supported Care at Home and the Responder service. Some costs will be transferred to winter funding so this underspend may increase.
23. When we look at the collective position across the three adult care groups above (in paragraphs 17 to 19 this gives a total underspend across Barrhead and Eastwood localities of £2.144 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.

24. **Learning Disability Inpatients £nil variance;** it should be noted that whilst the projected costs are shown to budget this is after applying £292k from the transitional funding reserve set up to support the long stay beds redesign.
25. This is an improved position from the £393k projected when last reported mainly due to reduced additional hours to be funded. The cost pressure remains a result of staffing requirements to support observation levels and ensure the appropriate ratio of staffing to support complex needs is maintained.
26. **Augmentative and Alternative Communication £nil variance;** whilst there is a modest projected underspend of £15k we will add this to the existing earmarked reserve to smooth the impact of demand given the specialist nature of this service.
27. **Intensive Services £1,462k overspend;** the most significant cost pressure remains within Care at Home (both purchased and the in-house service) of £971k, with the telecare responders service projected overspend at £622k; all predominately around staffing and agency as we continue to respond to the pandemic.
28. Bonnyton House remains overspent (£151k) mainly due to staffing costs. These pressures are offset in part by staff turnover and vacancies within day services (£338k).
29. This is a net reduction in Intensive Services projected overspend of £483k since last reported in the main due to the budget movement between Residential care and Care at Home of £500k.
30. **Recovery Services Mental Health & Addictions £76k underspend;** current care commitments are causing some pressure within Mental Health (£283k) although this is offset by turnover in both services (£79k) and within Mental Health Adult Community Services (£279k). This is a reduction in projected costs of £55k since last reported from both the cost of care and turnover.
31. The committed costs for Mental Health are an increase on the previous year and we expect continued service demand and pressures in this area. We will need to consider longer term funding once we are clear on the new baseline.
32. **Prescribing Nil Variance;** although the data for the year continues to show an increase in demand from last year, with the trend starting to reflect pre pandemic demand, costs to date remain broadly in line with budget. We continue to work closely with colleagues at the Health Board analysing and modelling various scenarios.
33. **Finance & Resources £116k 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. This is an increase in projected costs of £38k mainly from legal costs for the HSCP.
34. **Primary Care Improvement Plan, Alcohol and Drugs (Local Improvement Fund) and Mental Health Action 15;** we have had confirmation from the Scottish Government of our current year allocations to be distributed in full, with slippage taken to earmarked reserves balances to support committed costs for future years. Appendices 8 to 10 give a summarised position against each funding initiative, showing the full allocation will be received against each.

#### Other

35. The current projected revenue budget underspend of £0.554 million will be added to our budget savings reserve, subject to final outturn and agreed reserves position at the end of the financial year. This is in line with our agreed approach, pre-pandemic, to smooth in budget savings.



36. The reserves position is reported in full at Appendix 5. Spending plans against reserves highlight recovery activity as we emerge from pandemic and allow for full utilisation of Covid-19 and winter funding for 2021/22.
37. The changes to funding throughout the year and associated directions are an integral element of our revenue monitoring and as / if funding is revised this is reflected in Appendix 4 (Directions) in this report.
38. The projected costs allow for additional activity through the latter part of winter and we recognise that our central support charge from ERC may vary to that budgeted for, however we do not have any revised value at this point.
39. 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.

## IMPLICATIONS OF THE PROPOSALS

### Finance

40. 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 continues to be significantly impacted as we work through Covid-19. Full support for unachieved savings this year has been included in Scottish Government funding for Covid-19 activity.
41. A revised Medium-Term Financial Plan (MTFP) was brought to the IJB in June 2021. The winter funding allocations for 2022/23 are reflected in the budget report and revised MTFP reported to the IJB elsewhere on the March 2022 agenda.
42. We continue to work 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.
43. Per our Covid-19 funding returns we have projected full support as reflected in our projected costs and income.
44. 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

45. The previously reported significant risk to the IJB that all Covid-19 related costs would not be fully funded is mitigated in 2021/22. The ongoing implications continue to be assessed.
46. 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

47. The running budget reconciliation which forms part of financial directions to our partners is included at Appendix 4.
48. The report reflects a projected breakeven position after the potential net contribution of £0.554 million to reserves for the year to 31 March 2022.

## CONSULTATION AND PARTNERSHIP WORKING

49. The Chief Financial Officer has consulted with our partners.
50. This revenue budget reflects the consolidation of funding from both East Renfrewshire Council and NHS Greater Glasgow and Clyde. The HSCP operates under the Financial Regulations as approved by the Performance and Audit Committee on 18 December 2015 and reviewed March 2020; the latest review of the financial regulations and reserves policy were agreed by the Performance and Audit Committee on the 22<sup>nd</sup> September 2021.

## CONCLUSIONS

51. Appendix 1 reports a potential projected underspend of £0.554 million for the year to 31 March 2022, allowing for full Covid-19 support and recognising that slippage from winter funding will be earmarked as part of the year end outturn.

## RECOMMENDATIONS

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

## 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

3<sup>rd</sup> March 2022

Chief Officer, IJB: Julie Murray

**BACKGROUND PAPERS**

IJB 26.01.2022 – Revenue Budget Monitoring Report

[https://www.eastrenfrewshire.gov.uk/media/7317/IJB-item-06-26-January-2022/pdf/IJB\\_item\\_06\\_-\\_26\\_January\\_2022.pdf?m=637783618121870000](https://www.eastrenfrewshire.gov.uk/media/7317/IJB-item-06-26-January-2022/pdf/IJB_item_06_-_26_January_2022.pdf?m=637783618121870000)

IJB 24.11.2021 – Revenue Budget Monitoring Report

[https://www.eastrenfrewshire.gov.uk/media/7173/IJB-Item-09-24-November-2021/pdf/IJB\\_Item\\_09\\_-\\_24\\_November\\_2021.pdf?m=637731757242470000](https://www.eastrenfrewshire.gov.uk/media/7173/IJB-Item-09-24-November-2021/pdf/IJB_Item_09_-_24_November_2021.pdf?m=637731757242470000)

IJB 22.09.2021 – Revenue Budget Monitoring Report

[https://www.eastrenfrewshire.gov.uk/media/5992/IJB-Item-11-22-September-2021/pdf/IJB\\_Item\\_11\\_-\\_22\\_September\\_2021.pdf?m=637668671034530000](https://www.eastrenfrewshire.gov.uk/media/5992/IJB-Item-11-22-September-2021/pdf/IJB_Item_11_-_22_September_2021.pdf?m=637668671034530000)

IJB 12.05.2021 – Revenue Budget Monitoring Report

[https://www.eastrenfrewshire.gov.uk/media/4979/IJB-Item-08-12-May-2021/pdf/IJB\\_Item\\_08\\_-\\_12\\_May\\_2021.pdf?m=637558874874170000](https://www.eastrenfrewshire.gov.uk/media/4979/IJB-Item-08-12-May-2021/pdf/IJB_Item_08_-_12_May_2021.pdf?m=637558874874170000)

IJB 17.03.2021 – Revenue Budget Monitoring Report

[https://www.eastrenfrewshire.gov.uk/media/4789/IJB-Item-06-17-March-2021/pdf/IJB\\_Item\\_06\\_-\\_17\\_March\\_2021.pdf?m=637511548490270000](https://www.eastrenfrewshire.gov.uk/media/4789/IJB-Item-06-17-March-2021/pdf/IJB_Item_06_-_17_March_2021.pdf?m=637511548490270000)

IJB 03.02.2021 – 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_Joint_Board_item_8_-_3_February_2021.pdf?m=637472533272900000)

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## 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	13,808,000	13,896,000	(88,000)	(0.64%)
Public Protection - Criminal Justice	14,000	14,000	-	0.00%
Adult Localities Services				
Older People	23,305,000	22,212,000	1,093,000	4.69%
Physical & Sensory Disability	5,607,000	5,626,000	(19,000)	(0.34%)
Learning Disability - Community	15,812,000	14,742,000	1,070,000	6.77%
Learning Disability - Inpatients	8,829,000	8,829,000	-	0.00%
Augmentative and Alternative Communication	246,000	246,000	-	0.00%
Intensive Services	13,217,000	14,679,000	(1,462,000)	(11.06%)
Recovery Services - Mental Health	5,102,000	5,125,000	(23,000)	(0.45%)
Recovery Services - Addictions	2,038,000	1,939,000	99,000	4.86%
Family Health Services	25,718,000	25,718,000	-	0.00%
Prescribing	16,487,000	16,487,000	-	0.00%
Finance & Resources	6,420,000	6,536,000	(116,000)	(1.81%)
<b>Net Expenditure</b>	<b>136,603,000</b>	<b>136,049,000</b>	<b>554,000</b>	<b>0.41%</b>
<b>Contribution to / (from) Reserve</b>	<b>-</b>	<b>554,000</b>	<b>(554,000)</b>	<b>-</b>
<b>Net Expenditure</b>	<b>136,603,000</b>	<b>136,603,000</b>	<b>-</b>	

Figures as at 31 January 2022

<b>Net Contribution To / (From) Reserves</b>	<b>£ 554,000</b>
Analysed by Partner contribution;	
Health	290,000
Social Care (provisional)	264,000
<b>Net Contribution To / (From) Reserves</b>	<b>554,000</b>

## Additional information - Adult Localities

Objective Analysis	Full Year			
	Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Localities Services - Barrhead	20,104,000	18,413,000	1,691,000	8.41%
Localities Services - Eastwood	24,620,000	24,167,000	453,000	1.84%
<b>Net Expenditure</b>	<b>44,724,000</b>	<b>42,580,000</b>	<b>2,144,000</b>	<b>4.79%</b>

## Council Monitoring Report

## Projected Outturn Position to 31st March 2022

Subjective Analysis	Full Year				Variance showing Covid-19 impact		
	Budget	Projected	Variance	Variance	COVID	Unachieved	Operational
	£	Outturn	(Over) / Under	(Over) / Under			
		£	£	%			
Employee Costs	25,109,000	27,404,000	(2,295,000)	(9.14%)	(1,010,000)	(700,000)	(585,000)
Property Costs	813,000	872,000	(59,000)	(7.26%)	(10,000)		(49,000)
Supplies & Services	2,077,000	2,813,000	(736,000)	(35.44%)	(70,000)	(233,000)	(433,000)
Transport Costs	258,000	354,000	(96,000)	(37.21%)			(96,000)
Third Party Payments	42,676,000	49,905,000	(7,229,000)	(16.94%)	(3,147,000)	(2,633,000)	(1,449,000)
Support Services	2,420,000	2,420,000	-	0.00%			-
Income	(17,020,000)	(27,699,000)	10,679,000	(62.74%)	7,803,000		2,876,000
<b>Net Expenditure</b>	<b>56,333,000</b>	<b>56,069,000</b>	<b>264,000</b>	<b>0.47%</b>	<b>3,566,000</b>	<b>(3,566,000)</b>	<b>264,000</b>
<b>Contribution to / (from) Reserve</b>	<b>-</b>	<b>264,000</b>	<b>(264,000)</b>	<b>-</b>			
<b>Net Expenditure</b>	<b>56,333,000</b>	<b>56,333,000</b>	<b>-</b>	<b>-</b>			

Objective Analysis	Full Year			
	Budget	Projected	Variance	Variance
	£	Outturn	(Over) / Under	(Over) / Under
		£	£	%
3.i Public Protection - Children & Families	9,846,000	9,946,000	(100,000)	(1.02%)
Public Protection - Criminal Justice	14,000	14,000	-	0.00%
Adult Localities Services				
Older People	14,619,000	13,504,000	1,115,000	7.63%
Physical & Sensory Disability	4,999,000	5,018,000	(19,000)	(0.38%)
Learning Disability	9,919,000	9,096,000	823,000	8.30%
Intensive Services	12,210,000	13,672,000	(1,462,000)	(11.97%)
Recovery Services - Mental Health	1,467,000	1,750,000	(283,000)	(19.29%)
Recovery Services - Addictions	273,000	193,000	80,000	29.30%
Finance & Resources	2,986,000	2,876,000	110,000	3.68%
<b>Net Expenditure</b>	<b>56,333,000</b>	<b>56,069,000</b>	<b>264,000</b>	<b>0.47%</b>
<b>Contribution to / (from) Reserve</b>	<b>-</b>	<b>264,000</b>	<b>(264,000)</b>	
<b>Net Expenditure</b>	<b>56,333,000</b>	<b>56,333,000</b>	<b>-</b>	

## Notes

- Figures as at 31 January 2022
- The projected underspend / (overspend) will be taken to/(from) reserves at year end.
- Contribution To Reserves is made up of the following transfer;

Net Contribution to / (from) Reserves	£ 264,000
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3.i In addition to the above addition spending from reserves is detailed at Appendix 5

## 4 Additional information - Adult Localities

Objective Analysis	Full Year			
	Budget	Projected	Variance	Variance
	£	Outturn	(Over) / Under	(Over) / Under
		£	£	%
Localities Services - Barrhead	13,760,000	12,144,000	1,616,000	11.74%
Localities Services - Eastwood	15,777,000	15,474,000	303,000	1.92%
<b>Net Expenditure</b>	<b>29,537,000</b>	<b>27,618,000</b>	<b>1,919,000</b>	<b>(6.50%)</b>

## NHS Monitoring Report

## Projected Outturn Position to 31st March 2022

Subjective Analysis	Full Year				Variance showing Covid-19 impact		
	Full Year Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %	COVID	Unachieved Savings	Operational Variance
Employee Costs	24,083,000	24,565,000	(482,000)	(2.00%)	1,342,000		860,000
Non-pay Expenditure	49,099,000	49,917,000	(818,000)	(1.67%)	248,000		(570,000)
Resource Transfer/Social Care Fund	12,617,000	12,617,000	-	0.00%			-
Income	(5,529,000)	(7,119,000)	1,590,000	28.76%	(1,590,000)		-
<b>Net Expenditure</b>	<b>80,270,000</b>	<b>79,980,000</b>	<b>290,000</b>	<b>0.36%</b>	<b>-</b>	<b>-</b>	<b>290,000</b>

<b>Contribution to / (from) Reserve</b>	<b>-</b>	<b>290,000</b>	<b>(290,000)</b>	<b>-</b>
<b>Net Expenditure</b>	<b>80,270,000</b>	<b>80,270,000</b>	<b>-</b>	<b>-</b>

Objective Analysis	Full Year			
	Full Year Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Childrens Services	3,862,000	3,850,000	12,000	0.31%
Adult Community Services	5,379,000	5,401,000	(22,000)	(0.41%)
Learning Disability - Community	1,089,000	842,000	247,000	22.68%
Learning Disability - Inpatient	8,829,000	8,829,000	-	0.00%
Augmentative and Alternative Communication	246,000	246,000	-	0.00%
Family Health Services	25,718,000	25,718,000	-	0.00%
Prescribing	16,487,000	16,487,000	-	0.00%
Recovery Services - Mental Health	2,872,000	2,612,000	260,000	9.05%
Recovery Services - Addictions	1,259,000	1,240,000	19,000	1.51%
Finance & Resources	3,047,000	3,273,000	(226,000)	(7.42%)
Resource Transfer	11,482,000	11,482,000	-	0.00%
<b>Net Expenditure</b>	<b>80,270,000</b>	<b>79,980,000</b>	<b>290,000</b>	<b>0.36%</b>

<b>Contribution to / (from) Reserve</b>	<b>-</b>	<b>290,000</b>	<b>(290,000)</b>	<b>0.00%</b>
<b>Net Expenditure</b>	<b>80,270,000</b>	<b>80,270,000</b>	<b>-</b>	<b>0.00%</b>

## Notes

1 Figures as at 31 January 2022

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	100,000
Adult Localities Services	
Older People	3,307,000
Physical & Sensory Disability	608,000
Learning Disability	4,804,000
Intensive Services	1,007,000
Recovery Services - Mental Health	763,000
Recovery Services - Addictions	506,000
Finance & Resources	387,000
	<u>11,482,000</u>

Localities Resource Transfer - alternative presentation	
Localities Services - Barrhead	4,949,000
Localities Services - Eastwood	3,770,000

3 Net Contribution to / (from) Reserves £  
290,000

3.i In addition to the above addition spending from reserves is detailed at 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	1,395,000	1,320,000	75,000	5.38%
Localities Services - Eastwood	5,073,000	4,923,000	150,000	2.96%
<b>Net Expenditure</b>	<b>6,468,000</b>	<b>6,243,000</b>	<b>225,000</b>	<b>3.48%</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 / GP Premises budget adjustments	1,130			1,130
Primary Care Improvement Fund Tranche 1	1,256			1,256
Mental Health Action 15 Tranche 1 & 2 & Outcomes	278			278
ADP Funding Tranche 1 & 2 & LIF	587			587
Prescribing Transfer of Central Budgets and Other	519			519
Pay Award - Agenda for Change, Medical & Dental	477			477
Adjustments to recurring budget	373			373
Additional District Nursing Funding	109			109
Additional CAMHS Funding	779			779
Diabetes funding	40			40
Wellbeing	63			63
LD Inpatients SESP and transfer to ED HSCP	(24)			(24)
Tobacco Prevention	43			43
Augmentative and Alternative Communication SLA uplift	175			175
Covid-19 Funding Allocation	220			220
Dementia	56			56
Winter Planning	591	2,533		3,124
Trauma Informed Practice		95		95
Drugs Death Task Force	42			42
Care Home Lead Nurse	52			52
	80,270	56,333	-	136,603
Funding Outwith Revenue Contribution				
Housing Aids & Adaptations *		400		400
Set Aside Hospital Services Opening Budget	32,642			32,642
Total IJB Resources	<b>112,912</b>	<b>56,733</b>	-	<b>169,645</b>
Directions to Partners				
Revenue Budget	80,270	56,333	-	136,603
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
	67,814	68,789	-	136,603
Housing Aids & Adaptations *		400		400
Set Aside Hospital Services Budget	32,642			32,642
	<b>100,456</b>	<b>69,189</b>	-	<b>169,645</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	(55)	211	Plans being worked on including projected in year underspend
Alcohol & Drugs Partnership	191	(29)	220	Plans being worked on including projected in year underspend
Drugs Death Task Force	39		39	Being reviewed alongside recovery and renewal
Primary Care Improvement Fund	877	(412)	1,289	Plans being worked on including projected in year underspend
Primary Care Transformation Fund	37		37	Will be drawn as required
GP Premises Fund	101		101	Plans being worked on alongside PCIF
COVID and Winter Planning	3,145	(5,590)	8,735	2021/22 cost funded in full. Balance of confirmed funding earmarked for Covid-19 activity
<b>Scottish Government Funding</b>	<b>4,546</b>	<b>(6,086)</b>	<b>10,632</b>	
<b>Bridging Finance</b>				
Budget Savings Reserve	1,880	(554)	2,434	Assumed based on current projected overspend and application of winter funding; subject to change
Winter Funding		tbc	tbc	Balance will be earmarked once confirmed and subject to IJB agreement
In Year Pressures Reserve	165		165	Will be applied as required
Prescribing	510		510	To smooth prescribing pressures
<b>Bridging Finance</b>	<b>2,555</b>	<b>(554)</b>	<b>3,109</b>	
<b>Children &amp; Families</b>				
Residential Accommodation	460	0	460	To smooth the impact of high cost residential placements over time, currently assumed no draw and will continue to be monitored
Health Visitors	183	118	65	To support capacity and training
Home & Belonging	58	58	0	Expect to fully utilise
School Counselling	687		687	Proposal to IJB to support Family Wellbeing Service from 2022/23 for 2 years
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
Trauma Informed Practice		(50)	50	Funding received in year but no capacity, will carry forward subject to IJB agreement
<b>Children &amp; Families</b>	<b>1,631</b>	<b>369</b>	<b>1,262</b>	
<b>Transitional Funding</b>				
Learning Disability Specialist Services	654	292	362	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 - proposals being finalised
<b>Total Transitional Funding</b>	<b>949</b>	<b>292</b>	<b>657</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
Mental Health - MHO Capacity Building		(45)	45	Funding received in year but no capacity, will carry forward subject to IJB agreement
Care Home Oversight Support	51	51	0	To support recovery
Augmentative & Alternative Communication	70	(15)	85	To smooth demand with current year projected underspend added
Addictions - Residential Rehabilitation	37		37	To smooth the impact of residential placements
<b>Adult Services</b>	<b>248</b>	<b>65</b>	<b>183</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 now required. May supplement capital works if 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>(5,856)</b>	<b>16,069</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>(5,856)</b>	<b>16,341</b>	

NB: Final balances will be confirmed as part of the annual report and accounts for 2021/22

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

Appendix 6

## Analysis of Savings Delivery

Saving	2021/22 Funding Gap £	Projected Saving £	Saving still to be achieved	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	57,000	93,000	Saving applied to budget and partly achieved, balance treated as Covid related pressure
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 started to achieve these savings in year, £200k previously projected but unlikely to be achieved, now treated as Covid pressure and funding support confirmed
Unachieved savings being reviewed as part of Recovery and Renewal	3,041,000		3,041,000	Included as part of Covid related cost pressures to Scottish Government, funding support confirmed
<b>Sub Total</b>	<b>4,188,000</b>	<b>622,000</b>	<b>3,566,000</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>-</b>	
<b>Total HSCP Saving Challenge</b>	<b>4,380,000</b>	<b>814,000</b>	<b>3,566,000</b>	

Note; capacity to deliver savings impacted by COVID response.

2021/22 Budget Virement									
Subjective Analysis	2021/22 Opening Budget £	(1) £	(2) £	(3) £	(4) £	(5) £	(6) £	2021/22 Budget £	Total Virement £
Employee Costs	23,594,000	(105,000)						23,489,000	(105,000)
Property Costs	903,000							903,000	0
Supplies & Services	1,891,000							1,891,000	0
Transport Costs	258,000							258,000	0
Third Party Payments	41,324,000							41,324,000	0
Support Services	2,419,000							2,419,000	0
Income	(16,684,000)	(246,000)						(16,930,000)	(246,000)
<b>Net Expenditure</b>	<b>53,705,000</b>	<b>(351,000)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>53,354,000</b>	<b>(351,000)</b>

2021/22 Budget Virement									
Objective Analysis	2021/22 Opening Budget £	(1) £	(2) £	(3) £	(4) £	(5) £	(6) £	2021/22 Budget £	Total Virement £
Public Protection - Children & Families	9,810,000							9,810,000	0
Public Protection - Criminal Justice	19,000							19,000	0
Adult Health - Localities Services									0
Older People	14,126,000	(51,000)	(500,000)					13,575,000	(551,000)
Physical & Sensory Disability	4,877,000	(165,000)						4,712,000	(165,000)
Learning Disability	9,589,000							9,589,000	0
Adult Health - Intensive Services	10,859,000	(82,000)	500,000					11,277,000	418,000
Recovery Services - Mental Health	1,386,000							1,386,000	0
Recovery Services - Addictions	273,000							273,000	0
Finance & Resources	2,766,000	(53,000)						2,713,000	(53,000)
<b>Net Expenditure</b>	<b>53,705,000</b>	<b>(351,000)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>53,354,000</b>	<b>(351,000)</b>

Note:

- 1 Winter Planning Funding - Multi Disciplinary Teams - previously assumed via ERC now confirmed through NHSGGC
- 2 Agreed virement between Residential care budget and Care at Home

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

## Appendix 8

## Primary Care Improvement Plan

Service	Planned Programme Costs	Projected Programme Costs	Projected Variance
	£	£	£
Pharmacy Support	843,000	645,000	198,000
Advanced Nurse Practitioners	170,000	60,000	110,000
Advanced Practice Physiotherapists	177,000	152,000	25,000
Community Mental Health Link Workers	73,000	73,000	0
Community Healthcare Assistants / Treatment Room *	363,000	323,000	40,000
Vaccine Transformation Programme	714,000	715,000	(1,000)
Programme Support / CQL / Pharmacy First	208,000	87,000	121,000
<b>Total Cost</b>	<b>2,548,000</b>	<b>2,055,000</b>	<b>493,000</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		1,289,000	

NB Plans to utilise existing reserve being developed

Service	Planned Programme Costs	Actual Programme Costs	Projected Variance
	£	£	£
Staff costs - Board wide including Nursing, Psychology and Occupational Therapy	175,000	174,000	1,000
Programme Support	30,000	30,000	0
Staff Costs East Ren HSCP including Psychology, CAMHS and Occupational Therapy	269,000	190,000	79,000
Other - Peer Support Delivery Service	60,000	60,000	0
<b>Total Cost</b>	<b>534,000</b>	<b>454,000</b>	<b>80,000</b>
<b>Funded by:</b>			
In Year Funding		509,000	
Reserve Balance		156,000	
<b>Total Funding</b>		<b>665,000</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	42,000	28,000	14,000
Addictions Officer	49,000	49,000	0
Development of Recovery Communities	130,000	130,000	0
Peer Support	30,000	30,000	0
<b>Total Cost</b>	<b>251,000</b>	<b>237,000</b>	<b>14,000</b>
<b>Funded by:</b>			
In Year Funding		266,000	
Reserve Balance		191,000	
<b>Total Funding</b>		<b>457,000</b>	
Potential reserve at year end based on current projection		220,000	

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>	16 March 2022								
<b>Agenda Item</b>	11								
<b>Title</b>	Age of Criminal Responsibility (Scotland) Act 2019								
<p><b>Summary</b></p> <p>This report is to inform the Integration Joint Board of the Age of Criminal Responsibility (Scotland) Act 2019 and its implications for the Children's Services provided through the HSCP and the local authority. The report sets out the provisions within the legislation which were implemented on 17 December 2021.</p> <p>The Act increases the age of criminal responsibility to 12 years old.</p>									
<b>Presented by</b>	Grace Thomson, Service Manager								
<p><b>Action Required</b></p> <p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> <li>Note the arrangements set out in the report to allow the partnership to meet its statutory responsibilities under the Age of Criminal Responsibility (Scotland) Act 2019.</li> <li>Note the collaborative partnership approach with City of Glasgow HSCP, East Dunbartonshire HSCP and G Division Police Scotland in relation to a shared approach to the implementation of the legislative guidance.</li> <li>Support proposals for a named establishment as a Place of Safety which will be identified by the HSCP.</li> </ol>									
<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> <table> <tr> <td><input checked="" type="checkbox"/> Finance</td> <td><input checked="" type="checkbox"/> Risk</td> </tr> <tr> <td><input type="checkbox"/> Policy</td> <td><input checked="" type="checkbox"/> Legal</td> </tr> <tr> <td><input checked="" type="checkbox"/> Workforce</td> <td><input checked="" type="checkbox"/> Infrastructure</td> </tr> <tr> <td><input type="checkbox"/> Equalities</td> <td><input type="checkbox"/> Fairer Scotland Duty</td> </tr> </table>	<input checked="" type="checkbox"/> Finance	<input checked="" type="checkbox"/> Risk	<input type="checkbox"/> Policy	<input checked="" type="checkbox"/> Legal	<input checked="" type="checkbox"/> Workforce	<input checked="" type="checkbox"/> Infrastructure	<input type="checkbox"/> Equalities	<input type="checkbox"/> Fairer Scotland Duty
<input checked="" type="checkbox"/> Finance	<input checked="" type="checkbox"/> Risk								
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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**16 March 2022**

**Report by Head of Public Protection and Children's Services (Chief Social Work Officer)**

**Age of Criminal Responsibility (Scotland) Act 2019**

**PURPOSE OF REPORT**

1. The purpose of this report is to provide the Integration Joint Board (IJB) with an overview of the changes in legislation through the introduction of the Age of Criminal Responsibility (Scotland) Act 2019 and how this will impact upon children social work services.

**RECOMMENDATION**

2. The Integration Joint Board is asked to:-
  - a) Note the arrangements set out in the report to allow the partnership to meet its statutory responsibilities under the Age of Criminal Responsibility (Scotland) Act 2019.
  - b) Note the collaborative partnership approach with City of Glasgow HSCP, East Dunbartonshire HSCP and G Division Police Scotland in relation to a shared approach to the implementation of the legislative guidance.
  - c) Support proposals for a named establishment as a Place of Safety, which will be identified by the HSCP.

**BACKGROUND**

3. The Age of Criminal Responsibility (Scotland) Act 2019 (the Act) received Royal Assent in June 2019. This Act allows Scottish Ministers to raise the age of criminal responsibility from 8 years old to 12 years old. The legislation is intended to protect children from the harmful effects of early criminalisation. The Act focuses on events where a child demonstrates a serious risk to themselves or to others. The Act came into place on 17 December 2021. Powers within the Act will enable Police to investigate incidents, where children under the age of 12 years may pose a risk of causing significant harm.
4. Where police investigate the behaviour of children under 12 years old, a police officer may take any child to a Place of Safety (PoS) when they believe that the child is behaving, (or is likely to have behaved) in a way that is causing, or risks causing, significant harm to another person. The Police Officer must deem that the child's removal is necessary to protect another person from an immediate risk of significant harm. The use of a Place of Safety is for a 24 hour period only.
5. The Act requires Scottish Ministers to compile, maintain and publish a list of identified Places of Safety across Scotland. This list does not involve the publication of addresses or any other information which may allow the identification of individual children. These Places of Safety may include being in the care of other family members and kinship arrangements and this would always be the first option for children social work services. A Place of Safety could also be, internal and external foster care and residential resources, health based acute resources e.g. hospital, a Police Station or the child's home address with a responsible adult.

6. The East Renfrewshire Children and Young People's Services Plan 2020-2023 sets out a number of priorities including:
- Help families and carers give their children the best start in life in a nurturing, safe and stable home environment
  - Protect our most vulnerable children, young people and families
  - Deliver on our Corporate Parenting responsibilities to our care experienced children and young people by fully implementing The Promise
  - Respond to the mental and emotional wellbeing needs of children and young people
  - Ensure children and young people with complex needs are supported to overcome barriers to inclusion at home, school and communities.

## **REPORT**

7. One of the difficulties in planning around the use of the Age of Criminal Responsibility Act that it is highly likely to be an extraordinary event. Scottish Government estimates that this may happen up to twenty times a year across the whole of Scotland.
8. The power to place a child in a Place of Safety is intended to be an emergency response to situations for a child under the age of 12 years who poses an immediate risk of harm to others. The local authority will be required to identify a Place of Safety. This is intended to minimise any time that children are kept in Police facilities (police stations, cells or vehicles). It is expected that the facilities will be child friendly and nurturing environments for children. As such, a Place of Safety may be required without notice and could possibly be required for more than one child involved in the same incident, meeting this requirement may offer some challenges to Children's Services.
9. In circumstances where the Age of Criminal Responsibility legislation is required Children's Services will consider if child protection processes are also necessary if there is significant harm to self or others. There will be planning and intervention for the ongoing care of the child.
10. All of the above options will require intensive staff support and we intend to use existing staff compliment in partnership with Glasgow and Partners Emergency Social Work Service, who will be the first response to many situations out-with office hours.
11. Local authorities in the West of Scotland, within the Police Scotland G division, are developing a collaborative approach. This is to develop increased training opportunities and resources and to monitor the demand across the partnership areas. Further discussions are underway to develop our collaborative arrangement to create options where it may be desirable to use a Place of Safety located outside of East Renfrewshire.

## **CONSULTATION AND PARTNERSHIP WORKING**

12. Further consultation will continue with key partners within the HSCP, neighbouring Local Authority, G Division Police Scotland and the Community and 3<sup>rd</sup> sector to further develop options that can be used as a Place of Safety and the packages of support available to any child requiring them.

## IMPLICATIONS OF THE PROPOSALS

### Finance

13. Named suitable accommodation that can be provided for the first 24 hours for a Place of Safety for children within the corporate landlord portfolio, requires to be identified for children where it is not possible for them to remain at home.

### Workforce

14. A briefing for staff has been delivered.
15. Consultation and training with Children's Services and partnership agencies will look at creating flexibility that will allow short notice responses to children requiring a Place of Safety.

### Risk

16. Although providing a Place of Safety may be an unusual event, the risk of not being able to provide one when required may have a significant impact on any child involved, their family and the wider community. The proposal is to use the child's available support network, where appropriate and assessed as suitable, and our available accommodation within the HSCP and Council portfolio continues the best options to fulfil our statutory obligations. There continues to be a national expectation that we have a named premise as a Place of Safety.

### Legal

17. Legal services are aware of the legislative changes and are available to offer discussion and advise should matters arise requiring clarification of the Act.

## CONCLUSIONS

18. The [Age of Criminal Responsibility \(Scotland\) Act 2019](#) raises the age of criminal responsibility to 12 years.
19. The Act is formed of seven parts and is supported by Statutory Guidance and Practice Guidance.
20. Raising the Age of Criminal Responsibility (ACR) means that a child under the age of 12 years cannot be charged with any offences. The police will no longer have recourse to their criminal justice powers, particularly around arrest, detention, interview and reporting to crown office. In practice this will mean that a child under 12 years will no longer be held criminally responsible for their actions. The police will still have a duty to record and investigate any allegations of crime.
21. Increasing the age of criminal responsibility from 8 to 12 years aligns with the current minimum age of criminal prosecution in Scotland. This has the potential to support a positive cultural shift in how the harmful behaviour of children, and the underlying issues that may have led to it, will require all partners and agencies to understand much more about the impact of trauma on children.
22. Trauma is described as a wide range of traumatic, abusive or neglectful events or series of events that are experienced as being emotionally or physically harmful or life threatening. Being able to recognise when a child may be affected by trauma and adapting the way we work to take this into account and supports recovery requires the

workforce to be trauma informed. Where there are concerns about a child's behaviour, which cannot be met via voluntary supports and early intervention, a referral can be made to the Children's Reporter on non-offence grounds.

## **RECOMMENDATIONS**

The Integration Joint Board is asked to:-

- a) Note the arrangements set out in the report to allow the partnership to meet its statutory responsibilities under the Age of Criminal Responsibility (Scotland) Act 2019.
- b) Note the collaborative partnership approach with City of Glasgow HSCP, East Dunbartonshire HSCP and G Division Police Scotland in relation to a shared approach to the implementation of the legislative guidance.
- c) Support proposals for a named establishment as a Place of Safety, which will be identified by the HSCP.

## **REPORT AUTHOR AND PERSON TO CONTACT**

Grace Thomson, Service Manager  
[grace.thomson@eastrenfrewshire.gov.uk](mailto:grace.thomson@eastrenfrewshire.gov.uk)

Kate Rocks, Head of Public Protection and Children's Services (Chief Social Work Officer)  
[kate.rocks@eastrenfrewshire.gov.uk](mailto:kate.rocks@eastrenfrewshire.gov.uk)

3<sup>rd</sup> March 2021

Chief Officer, IJB: Julie Murray



EAST RENFREWSHIRE  
HEALTH AND SOCIAL CARE  
PARTNERSHIP



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	16 March 2021
<b>Agenda Item</b>	13
<b>Title</b>	Unscheduled Care Commissioning Plan (Design & Delivery Plan 2022/23 - 2024/25)
<p><b>Summary</b></p> <p>The IJB considered and approved a draft strategic commissioning plan for unscheduled care at its meeting on 22 September 2021. The draft was also approved by the other five HSCPs in Greater Glasgow and Clyde. This plan fulfils the IJB's strategic planning responsibility for unscheduled care services as described in the Integration Scheme, and updated the plan presented to IJBs in 2020. Since the original plan was developed in early 2020 there has been considerable change in the health and social system overall as a result of the coronavirus pandemic, and a national redesign of urgent care implemented. While many of the actions in the draft plan approved by IJBs remain relevant, some needed updating to reflect the changed circumstances arising from our response to the pandemic, and additional actions added on the new challenges being faced by the health and social care system. This is a reflection of the need for the constant review and updating of such a significant scale strategic system wide change programme.</p> <p>This report also sets out the financial commitment from East Renfrewshire HSCP to deliver local and regional aspirations for unscheduled care.</p>	
<b>Presented by</b>	Lee McLaughlin Head of Adult Services Communities & Wellbeing
<p><b>Action Required</b></p> <p>a) approve the Design &amp; Delivery Plan 2022/23-2024/25 attached as the updated and refreshed Board-wide unscheduled care improvement programme;</p> <p>b) approve the financial framework outlined below and in section 7 of the Plan;</p> <p>c) note the performance management arrangements to report on and monitor progress towards delivery of the Plan;</p> <p>d) receive a further update on the delivery of the programme towards the end of 2022/23; and,</p> <p>e) note that the Plan will be reported to all six IJBs simultaneously and the Health Board's Finance, Audit and Performance Committee.</p>	
<p><b>Directions</b></p> <p><input type="checkbox"/> No Directions Required</p> <p><input type="checkbox"/> Directions to East Renfrewshire Council (ERC)</p> <p><input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)</p> <p><input 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 INTEGRATION JOINT BOARD**

**16 March 2022**

**Report by Chief Officer**

**UNSCHEDULED CARE COMMISSIONING PLAN**  
**(DESIGN & DELIVERY PLAN 2022/23-2024/25)**

**PURPOSE OF REPORT**

1. The purpose of this report is to present the final version of the HSCP led Greater Glasgow and Clyde unscheduled care programme Design and Delivery Plan as the updated and refreshed Board-wide strategic commissioning plan for unscheduled care.

**RECOMMENDATION**

2. The Integration Joint Board is asked to:
  - a) approve the Design & Delivery Plan 2022/23-2024/25 attached as the updated and refreshed Board-wide unscheduled care improvement programme;
  - b) approve the financial framework outlined below and in section 7 of the Plan;
  - c) note the performance management arrangements to report on and monitor progress towards delivery of the Plan;
  - d) receive a further update on the delivery of the programme towards the end of 2022/23; and,
  - e) note that the Plan will be reported to all six IJBs simultaneously and the Health Board Finance, Audit and Performance Committee.

**BACKGROUND**

3. At its meeting in September 2021 the IJB received a report on the Board-wide draft unscheduled care plan, which was subsequently agreed by the other five HSCPs in Greater Glasgow and Clyde. Since then comments have been received on the draft progress made on a number of key actions. In addition, the Scottish Government allocated winter planning monies (reported elsewhere on the agenda).
4. This report presents the updated unscheduled care programme in the form of the final Design and Delivery Plan for the period 2022/23 to 2024/25. Similar reports are being considered by the other five HSCPs in Greater Glasgow and Clyde (GGC) and the Health Board.
5. The IJB at its meeting in September 2021 considered and approved a [draft strategic commissioning plan for unscheduled care](#). That plan fulfilled the IJB's strategic planning responsibility for unscheduled care services as described in the Integration Scheme, and updated the [plan](#) presented to IJBs in 2020.
6. The draft was also approved by the other five HSCPs in GGC in 2021. The plan was developed in partnership in partnership with the NHS Board and Acute Services Division and built on the GGC Board wide [Unscheduled Care Improvement Programme](#) which was integral to the [Board-wide Moving Forward Together programme](#).

7. Since the original plan was developed in early 2020 there has been considerable change in the health and social system overall as a result of the coronavirus pandemic, and a national redesign of urgent care implemented. While many of the actions in the draft plan approved by IJBs remain relevant, some needed updating to reflect the changed circumstances arising from our response to the pandemic, and additional actions added on the new challenges being faced by the health and social care system. This is a reflection of the need for the constant review and updating of such a large scale strategic system wide change programme as unscheduled care in Scotland's biggest, most complex and diverse health and social care economy with many moving and inter related parts.
8. In addition further work has been undertaken on engagement and the development of financial and performance frameworks to support delivery of the programme overall.

## REPORT

### Unscheduled Care Programme

9. The purpose of the plan is to show how we aim to respond to the pressures on health and social care services in GGC, and meet future demand. The plan explains that with an ageing population and changes in how and when people chose to access services, change was needed and patients' needs met in different ways, and with services that were more clearly integrated and the public better understood how to use them.
10. The programme outlined in the plan is based on evidence of what works and estimates of patient needs in GGC. The programme was focused on three key themes following the patient journey:
  - **early intervention and prevention** of admission to hospital to better support people in the community;
  - **improving hospital discharge** and better supporting people to transfer from acute care to community supports; and,
  - **improving the primary / secondary care interface** jointly with acute to better manage patient care in the most appropriate setting.
11. The draft also describes how we needed to communicate more directly with patients and the general public to ensure that people knew what service is best for them and can access the right service at the right time and in the right place.

### **Design and Delivery Plan**

12. The final Design & Delivery Plan attached updates the actions in the draft unscheduled care plan reported to the IJB in September 2021. The refreshed programme follows through on the three key themes from the 2020 plan, and shows the key priorities to be progressed this year (phase 1), actions for 2022/23 (phase 2) and future years (phase 3).
13. An updated action plan is included in annex C, and revised performance trajectories included. It is projected that the overall impact of the programme on emergency admissions (65+) taking account of future population increases and current trends, as currently funded, has the potential to reduce emergency admissions for over 65s by 5% during 2022/23.



## Financial Framework

14. A financial framework has been developed in partnership with all six IJBs and Greater Glasgow and Clyde NHS Board to support the implementation of the Design and Delivery Plan. It should be noted that this has been completed on a 2022/23 cost base. This Plan represents the first step in moving towards delegated hospital budgets and set aside arrangements within GGC.
15. The investment required to deliver on Phase 1 priorities has been fully costed and is included in the Financial Framework (see annex F of the Design and Delivery Plan). This highlights the need for £37.000m of investment across Greater Glasgow and Clyde, of which £14.998m is required on a recurring basis and £22.002m is required non-recurrently. Full funding for the non-recurring investment has been found with partner bodies utilising reserve balances or managing within existing budgets to deliver the funding required. Of the recurring funding of £14.998m required, only £8.864m of funding has been able to be identified on a recurring basis. £1.012m of the funding gap relates to MHAU's for which recurring funding is still to be put in place by Scottish Government. The remaining funding gap recognises the challenge which all IJBs and the Health Board have had in securing full funding for Phase 1. This has implications for the delivery of the plan, even for Phase 1, with actions not able to be fully implemented in all IJBs until funding is secured.
16. Funding is in place for phase 1 implementation in East Renfrewshire HSCP, with the exception of the funding for the Mental Health Assessment Units to which we contribute. Recurring funding from Scottish Government continues to be pursued for these.
17. Phase 2 and 3 will be costed fully as tests of change and work streams further develop their proposals. Some actions in Phase 2 and 3 have funding which has already been secured in some IJBs. As a result, this investment is planned to proceed now as part of an early adoption of Phase 2 and 3. Details can be found in the Design and Delivery Plan and specifically annex D.

## CONSULTATION AND PARTNERSHIP WORKING

18. The approach outlined in the Design & Delivery Plan will have implications for the planning and delivery of acute hospital services for East Renfrewshire residents and residents in other HSCPs. These are currently being discussed with the NHS Board.
19. The unscheduled care programme contributes to all nine national outcomes and in particular is fundamental to the delivery of outcome 9 that resources are used effectively and efficiently in the provision of health and social care services.
20. Carers are positively impacted through the designing of services around the needs of individuals, carers and communities.
21. The plan ensures that HSCPs, with NHS Boards, local authorities and other care providers, make full use of their new powers and responsibilities to shift investment into community provision by reducing inappropriate use of hospital care and redesigning the shape of service provision across hospital, care home and community settings.

## IMPLICATIONS OF THE PROPOSALS

### Finance

22. The IJB's budget for 2021/22 includes a "set aside" amount for the commissioning of acute hospital services within scope (e.g. accident & emergency services). This is currently estimated to be £32,642,000 for East Renfrewshire.

23. Section 7 outlines the financial framework to deliver against the phased approach. This has highlighted a gap between current available financial resources and the funding required to deliver the programme in full across GGC. Funding is in place for phase 1 implementation in East Renfrewshire HSCP, with the exception of the funding for the Mental Health Assessment Units. Recurring funding from Scottish Government continues to be pursued for these.
24. This plan represents the first step in moving towards delegated budgets and set aside arrangements for Greater Glasgow and Clyde.

Risk

25. A risk analysis will be developed alongside the detailed action plan.

Workforce

26. None at this stage. Work force plans will be developed for each work stream.

Equalities

27. None at this stage. An EQIA will be completed during phase 1.

Legal

28. The integration scheme for the IJB includes specific responsibilities for the strategic planning of certain acute hospital services.

Fairer Scotland Duty

29. None at this stage.

**DIRECTIONS**

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

**CONCLUSIONS**

31. Integration Authorities have responsibility for strategic planning, in partnership with the hospital sector, of those hospital services most commonly associated with the emergency care pathway, alongside primary and community health care and social care. This is known as unscheduled hospital care and is reflected in the set aside budget. The objective is to create a coherent single cross-sector system for local joint strategic commissioning of health and social care services and a single process through which a shift in the balance of care can be achieved.

**RECOMMENDATIONS**

32. The Integration Joint Board is asked to:
- a) approve the Design & Delivery Plan 2022/23-2024/25 attached as the updated and refreshed Board-wide unscheduled care improvement programme;
  - b) approve the financial framework outlined below and in section 7 of the Plan;
  - c) note the performance management arrangements to report on and monitor progress towards delivery of the Plan;
  - d) receive a further update on the delivery of the programme towards the end of 2022/23; and,
  - e) note that the Plan will be reported to all six IJBs simultaneously and the Health Board Finance, Audit and Performance Committee.

**REPORT AUTHOR AND PERSON TO CONTACT**

Lee McLaughlin, Head of Adult Services: Communities & Wellbeing  
[lee.mclaughlin@eastrenfrewshire.gov.uk](mailto:lee.mclaughlin@eastrenfrewshire.gov.uk)

Chief Officer, IJB: Julie Murray

**BACKGROUND PAPERS**

IJB Paper: 22.09.2021 – Draft Unscheduled Care Joint Commissioning Plan: Design & Delivery Plan  
[https://www.eastrenfrewshire.gov.uk/media/6944/IJB-Item-17-22-September-2021/pdf/IJB\\_Item\\_17\\_-\\_22\\_September\\_2021.pdf?m=637674686336370000](https://www.eastrenfrewshire.gov.uk/media/6944/IJB-Item-17-22-September-2021/pdf/IJB_Item_17_-_22_September_2021.pdf?m=637674686336370000)

IJB Paper: 24.06.2020 – Draft Unscheduled Care Strategic Commissioning Plan  
[https://www.eastrenfrewshire.gov.uk/media/1405/Integration-Joint-Board-Item-11-24-June-2020/pdf/Integration\\_Joint\\_Board\\_Item\\_11\\_-\\_24\\_June\\_2020.pdf?m=637284227771670000](https://www.eastrenfrewshire.gov.uk/media/1405/Integration-Joint-Board-Item-11-24-June-2020/pdf/Integration_Joint_Board_Item_11_-_24_June_2020.pdf?m=637284227771670000)

Greater Glasgow and Clyde Board wide Unscheduled Care Improvement Programme  
<http://www.nhsggc.org.uk/media/245268/10-unscheduled-care-update.pdf>

Board-wide Moving Forward Together programme  
[https://www.nhsggc.org.uk/media/251904/item-10a-paper-18\\_60-mft-update.pdf](https://www.nhsggc.org.uk/media/251904/item-10a-paper-18_60-mft-update.pdf)

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Unscheduled Care : Financial Framework		East Renfrewshire IA				
		Recurring (R)/ Non Recurring (N/R)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
<b>Phase 1</b>						
<b>Communications</b>						
1	We will take forward a major campaign across a range of media to better inform the public about which service to access for what and when. The campaign will also raise awareness about issues such as anticipatory care plans, and key health promotion initiatives. The aim will be to have a more informed public consumer of health and care services.	R	£10,000	£0	£0	£10,000
<b>Prevention &amp; Early Intervention</b>						
2	We will implement a systematic programme of anticipatory care plans across GG&C with aim of supporting a reduction in emergency admissions.	R	£21,652	£7,217	£0	£28,869
3	We will work with the SAS and patient groups to develop a care pathway to safely manage the care of patients who have had a fall but do not need to be seen in an A&E department.		£0	£0	£0	£0
4	We will through the frailty collaborative develop an integrated frailty pathway with secondary care, GPs and community teams to provide alternatives to hospital or to reduce length of stay for patients admitted with frailty and that contributes to a reduction in emergency admissions.		£77,508	£25,836	£0	£103,344
5	We will increase support to carers as part of implementation of the Carer's Act.		£0	£0	£0	£0
6	We will increase community capacity to support individuals within their community engaging with 3rd sector, Culture & Leisure Trusts, Primary Care Link Workers etc		£0	£0	£0	£0
9	We will further develop access to "step up" services for GPs as an alternative to hospital admission.	R	£85,696	£28,565	£0	£114,262
10	We will continue the work with the independent sector, GPs and others to further reduce avoidable emergency department attendances and admissions from care homes.	R	£93,194	£31,065	£0	£124,259
<b>Primary Care &amp; Secondary Care Interface</b>						
12	We will develop and apply a policy of re-direction to ensure patients see the right person in the right place at the right time.		£0	£0	£0	£0
13	We will test a service in Emergency Departments that offers patients who could be seen elsewhere advice and assistance in getting the most appropriate service.		£0	£0	£0	£0
14	To improve the management of minor injuries and flow within Emergency Departments and access for patients, separate and distinct minor injury units (MIUs) will be established at all main acute sites.		£0	£0	£0	£0
17	We will improve urgent access to mental health services.	R	£91,161	£0	£0	£91,161
20	We will develop hospital at home approaches that strengthen joint working between consultant geriatricians and GPs in order to better support patients in the community at most at risk of admission to hospital. Specific populations will be prioritised, including care home residents and people with frailty. (PILOT ONLY - SOUTH).		£0	£0	£0	£0
21	Improving access and waiting times for scheduled care at QEUH and GRI to reduce the time patients are waiting for procedures and thereby the likelihood of them attending A&E		£0	£0	£0	£0
<b>Improving Discharge</b>						
23	Working closely with acute teams, HSCP staff will proactively begin care planning as soon as possible after a patient is admitted to hospital with the aim of expediting discharge at the earliest opportunity once the person is medically fit.		£0	£0	£0	£0
24	We will undertake a programme of continuous improvement in relation to HSCP intermediate care and rehabilitation and re-ablement in an effort to optimise efficient and effective use of these resources which are critical to the overall acute system performance.		£0	£0	£0	£0
<b>Total</b>			<b>£379,211</b>	<b>£92,683</b>	<b>£0</b>	<b>£471,895</b>

	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Recurring	£379,211	£92,683	£0	£471,895
Non Recurring	£0	£0	£0	£0
<b>Total</b>	<b>£379,211</b>	<b>£92,683</b>	<b>£0</b>	<b>£471,895</b>

	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
<b>Funding : Recurring Expenditure</b>				
Scottish Government Funding	£203,204	£54,401	£0	£257,605
Scottish Government Funding : COVID	£0	£0	£0	£0
IJB Budget	£84,846	-£84,846	£0	£0
<b>Total Funding Recurring</b>	<b>£288,050</b>	<b>-£30,445</b>	<b>£0</b>	<b>£257,605</b>

<b>Funding Gap</b>	<b>£91,161</b>	<b>£123,128</b>	<b>£0</b>	<b>£214,290</b>
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	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
<b>Funding : Non Recurring Expenditure</b>				
Earmarked Reserves	£0	£0	£0	£0
Manage within HSCP Budget	£0	£0	£0	£0
Scottish Government Funding	£0	£0	£0	£0
<b>Total Funding Non Recurring</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>

<b>Funding Gap</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>
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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board	
<b>Held on</b>	16 March 2022	
<b>Agenda Item</b>		
<b>Title</b>	East Renfrewshire IJB Code of Conduct	
<b>Summary</b>		
<p>To submit for consideration a new Code of Conduct specific to the IJB. The new Code of Conduct has been based on the new Model Code for Members of Devolved Public Bodies approved by the Scottish Parliament.</p>		
<b>Presented by</b>	Eamonn Daly, Democratic Services Manager, East Renfrewshire Council	
<b>Action Required</b>		
<p>It is recommended that the new Code of Conduct for Members of the East Renfrewshire Integration Joint Board be adopted and submitted to Scottish Ministers for final approval.</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 checked="" type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**16 March 2022**

**Report by Chief Officer**

**EAST RENFREWSHIRE IJB CODE OF CONDUCT**

**PURPOSE OF REPORT**

1. To seek the adoption of a new Code of Conduct for members of the East Renfrewshire Integration Joint Board.

**RECOMMENDATION**

2. That the IJB agree:-

- (a) to adopt the Code of Conduct for Members of the East Renfrewshire Integration Joint Board; subject to determining whether or not to apply the provisions of Paragraph 3.11 in relation to collective decision-making and corporate responsibility; and
- (b) that the Code as adopted be sent to Scottish Ministers for approval.

**BACKGROUND**

3. In June 2016 the IJB adopted a Code of Conduct for Members. The Code was based on the Model Code of Conduct for Members of Devolved Public Bodies in place at that time. Following adoption by the IJB, the East Renfrewshire Code was submitted to Scottish Ministers for approval, which was given on 21 June 2016.

**REPORT**

4. The Standards Commission for Scotland has reviewed and revised both the Code of Conduct for Councillors and the Model Code of Conduct for Members of Devolved Public Bodies with both the Councillors' Code and Model Code having been approved by the Scottish Parliament in December 2021. A copy of the Model Code was circulated to Board Members in December.

5. Scottish Ministers have now written to the Chair asking the IJB to adopt the revised Code.

6. A copy of the draft Code, with minor textual alterations to reflect that it is the Code for the East Renfrewshire IJB, is attached (Appendix 1). To allow comparison, a copy of the current Code is also attached (Appendix 2).

**Key Changes**

7. There have been changes to all 6 sections of the Code and these are summarised below. General changes to the Code are:-

- Provisions are now written in plain English wherever possible, to make it more understandable and accessible.

- Most of the factual background information, guidance and reasoning has been removed (and will now be in the Standards Commission's Guidance). This is to make Code more concise and to avoid repetition.
- The provisions are now in the first person – for example, “I will” or “I won't” do something. The aim is to encourage ownership and engagement.

### **Section 1 – Introduction**

8. The introduction section emphasises that it is a Member's personal responsibility to be familiar and to comply with the provisions of the IJB's Code, the law and rules, standing orders and regulations. It provides that Members will not, at any time, advocate or encourage any action that is contrary to the Code.

9. This section provides more information about when the Code will apply. As before, the Code does not apply to a Member's private and family life. In considering whether the Code applies, the Standards Commission will consider whether a member of the public, with knowledge of the relevant facts, would reasonably consider that the individual was acting as a member of their public body at the time of the events in question. It should be noted that this can include when they are engaging in online activity.

10. The Guidance on the Code notes that it can be very difficult to persuade people that a member can take a different view, or even have an open mind, in their capacity as a Member of a public body from any view they may have expressed in their personal capacity. This is particularly pertinent in respect of using social media, where the separation of public and private comments may be unclear to someone reading them, and where information about the membership of the public body may be readily available online or from different sources (including the public body's website).

11. The Code does not prevent a Member from expressing views (including making political comment) provided they do so in a way that is compatible with the substantive provisions of the Code, being Sections 3 to 6 inclusive. This includes the requirements to behave with courtesy and respect and to maintain confidentiality.

### **Section 2 – Key Principles of the Code**

12. This section now states that a breach of one or more of the key principles does not in itself constitute evidence of a breach of the Code. However, the key principles can be used by the Ethical Standards Commissioner's office (in its investigatory role) and the Standards Commission (in its adjudicatory role) to assist with interpretation of alleged breaches of the substantive sections of the Code.

### **Section 3 – General Conduct**

13. Section 3 of the Code makes clear that Members are required to treat everyone with courtesy and respect. This includes in person, in writing, at meetings, when online and when using social media. New paragraph 3.2, provides that Members must not discriminate unlawfully and should advance equality of opportunity.

14. The Code notes that disrespect, bullying and harassment can be:

- a) a one-off incident,
- b) part of a cumulative course of conduct;
- c) a pattern of behaviour; and
- d) physical, verbal and non-verbal conduct.

It notes that it is the impact of the behaviour, not the intent, that is the key.

15. The section also contains a number of new provisions. Firstly, Members will not undermine any individual employee or group of employees, or raise concerns about their performance, conduct or capability in public.

16. Secondly, Members will not take, or seek to take, unfair advantage of their position in their dealings with employees or bring any undue influence to bear on employees to take a certain action. The provision states they will not ask or direct employees to do something which they know, or should reasonably know, could compromise them or prevent them from undertaking their duties properly and appropriately.

17. The Code contains a further new provision noting that, except where it is written their role and/or at the invitation of the Chief Officer, Members will not become involved in operational management. The provision acknowledges that operational management is the responsibility of the Chief Officer and Executive Team.

18. The Code allows Members to seek information about specific matters, cases or a particular item of work but notes that, in doing so, they should be aware that employees may feel pressured by a Member challenging their actions or appearing critical of some aspect of their work.

19. There is a new provision (paragraph 3.11) stating that Members must respect the principle of collective decision-making and corporate responsibility. This means that once the Board has made a decision, they are to support that decision, even if they did not agree with it or vote for it. If a Member fundamentally disagrees with the decision taken by their board, then they have the option of recording their concerns in the minutes of the board meeting. If they remain discontented, they can ask the Chair of the board for a meeting to discuss their concerns. Ultimately, though, if a Member's concerns are not resolved and they cannot accept and support the collective decision of the board, they will need to consider whether it is appropriate to resign. The requirement to respect the principle of collective decision-making and corporate responsibility does not prevent a board from making a subsequent formal decision to alter, delete or rescind a decision (although if the board does so, the principle will apply to the new or altered decision).

20. In relation to the paragraph on collective responsibility referred to above, in the letter to IJB Chairs, the Scottish Government have acknowledged this section is not relevant to how IJBs operate and to remedy this have proposed that the best way to resolve this point is by allowing IJBs to opt out of this paragraph when adopting their version of the Code. In considering the draft Code the IJB will therefore need to decide whether or not to include paragraph 3.11.

21. Changes have also been made in relation to gifts and hospitality. The changes are designed to avoid any perception that Members are using their role to obtain access to benefits that members of the public would otherwise be expected to pay for, and also to prevent them from being influenced (inadvertently or otherwise) into making decisions for reasons other than the public interest.

21. The Code makes it clear that the default position is Members should refuse all offers of gifts & hospitality, except in the very limited circumstances listed at paragraph 3.15 of the Code. It should be noted that acceptance can include accepting the *promise* of a gift or hospitality.

22. In relation to confidentiality, the Code has also been clarified to make it clear that confidential information is not just information deemed to be confidential by statute. It notes that such information can also include discussions, documents and information which is not yet public or which is never intended to be public.

23. The Code notes that Members should assume they cannot disclose confidential information, or information which should reasonably be regarded as being of a confidential or of a private nature, without the express consent of a person or body authorised to give

such consent. If a Member cannot obtain such express consent, they should assume it is not given.

24. Paragraph 3.24 of the Code states that Members are only to use confidential information to undertake their duties as a board member. They must not use it in any way for personal advantage or to discredit the IJB (even if they are of the view that the information should be publicly available).

#### **Section 4 – Registration of Interests**

25. Some minor changes have been made to the registration categories.

Category 1: Remuneration: Members are now required to register any work for which they receive, or expect to receive, payment or reward.

Category 2: In the previous version of the Code this category was entitled ‘unremunerated directorships’. The provisions under this category have been simplified and the category has been renamed ‘Other Roles’.

Category 3: Contracts. Only minor change to replace the word “consideration” with “value”.

Category 4: Election Expenses. This recognises that some members of devolved public bodies are elected. If so, they are required to register a description of, and statement of, any assistance towards election expenses relating to election to their public body. It is important to note that this is not about any election expenses associated with being elected as a councillor.

Category 5: Houses, Land & Buildings. The wording for this category has been clarified. The Code states that, when deciding whether or not they need to register any interest they have in houses, land or buildings, the test to be applied is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the Member’s interest as being so significant that it could potentially affect their responsibilities to their public body and to the public, or could influence their actions, speeches or decision-making.

Category 6: Interest in Shares and Securities. Provisions have been clarified and now state Members have a registrable interest where:

- a) They own or have an interest in more than 1% of the issued share capital of the company or body; or
- b) Where, at the relevant date, the market value of any shares and securities (in any one specific company or body) that they own or have an interest in is greater than £25,000.

‘Relevant date’ is defined in the ‘Definitions’ at Annex B as the date the member was appointed and the 5<sup>th</sup> of April in each succeeding year.

Category 7: Gifts & Hospitality. The Code now states that as members are no longer allowed to accept any gifts or hospitality (other than under very limited circumstances), there is no longer the need to register any.

Category 8: Non-Financial Interests. The objective test that applies to this category has been clarified. The Code states that non-financial interests are those which members of the public, with knowledge of the relevant facts, might reasonably think could influence the Member’s actions, speeches, votes or decision-making.

Category 9: Close Family Members. This is a new category under which Members are required to register the interests of any close family member who has transactions with their public body or is likely to have transactions or do business with it. This new provision is aimed at ensuring the public body complies with accounting standards.

## Section 5 – Declarations of Interest

26. This section has been significantly revised with a new 3 stage process: Connection; Interest; Declaration; being introduced. The revised Section is intended to make it easier for Members to determine when they have a declarable interest. The introduction of first two stages is intended to help members distinguish between situations when they simply have a connection to a matter and ones where that connection could objectively be regarded as having the potential to influence them in their role as a member (where it would be a declarable interest).

27. The third stage makes it clear that members must leave room and cannot participate if they have identified that they have a declarable interest in a matter to be discussed.

## Section 6 – Lobbying and Access

28. The provisions under section 6 on lobbying and access have been simplified. The Code now distinguishes lobbying from helping service users / members of the public and community engagement.

29. The Code explains that lobbying is where a Member is approached by an individual or organisation who is seeking to influence them for financial gain or advantage, particularly those who are seeking to do business with the member's public body (for example contracts/procurement).

30. The Code requires Members to have regard to the objective test in deciding whether, and if so, how to respond to such lobbying. This is whether a member of the public, with knowledge of the relevant facts, would reasonably regard their conduct in responding to the lobbying as being likely to influence their or the public body's decisions.

31. The Code prohibits Members from accepting any paid work:

- a) which would involve them lobbying on behalf of any person or organisation or any clients of a person or organisation.
- b) to provide services as a strategist, adviser or consultant, for example, advising on how to influence the public body and its Members.

32. This does not prohibit a Member from being remunerated for activity that may arise from their membership of the public body, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.

## IMPLICATIONS OF THE REPORT

### Legal

33. The IJB is required to approve a new Code and submit it to Scottish Ministers for approval in terms of the relevant ethical standards legislation.

### Other

34. There are no financial, human resources, property, IT, equalities or sustainability implications arising from this report.

## CONCLUSIONS

35. Approval of the Code will ensure that the IJB complies with the legislation.

**RECOMMENDATION**

36. That the IJB agree:-

- (a) to adopt the Code of Conduct for Members of the East Renfrewshire Integration Joint Board; subject to determining whether or not to apply the provisions of Paragraph 3.11 in relation to collective decision-making and corporate responsibility; and
- (b) that the Code as adopted be sent to Scottish Ministers for approval.

**REPORT AUTHOR AND PERSON TO CONTACT**

Eamonn Daly, Democratic Services Manager,  
East Renfrewshire Council  
[eamonn.daly@eastrenfrewshire.gov.uk](mailto:eamonn.daly@eastrenfrewshire.gov.uk)  
0141 577 3023

**BACKGROUND PAPERS**

Standing Orders for Integration Joint Board

# **Code of Conduct for Members of East Renfrewshire Integration Joint Board**

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## Section 1: Introduction To The Code Of Conduct

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1.1 This Code has been based on the Model Code issued by the Scottish Ministers, with the approval of the Scottish Parliament, as required by the [Ethical Standards in Public Life etc. \(Scotland\) Act 2000 \(the “Act”\)](#).

1.2 The purpose of the Model Code is to set out the conduct expected of those who serve on the boards of public bodies in Scotland.

1.3 The Model Code on which this Code is based has been developed in line with the nine key principles of public life in Scotland. The principles are listed in [Section 2](#) and set out how the provisions of the Code should be interpreted and applied in practice.

### My Responsibilities

1.4 I understand that the public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties. I will always seek to meet those expectations by ensuring that I conduct myself in accordance with the Code.

1.5 I will comply with the substantive provisions of this Code, being sections 3 to 6 inclusive, in all situations and at all times where I am acting as a member of the Integration Joint Board (IJB), have referred to myself as a board member or could objectively be considered to be acting as a board member.

1.6 I will comply with the substantive provisions of this Code, being sections 3 to 6 inclusive, in all my dealings with the public, employees and fellow board members, whether formal or informal.

1.7 I understand that it is my personal responsibility to be familiar with the provisions of this Code and that I must also comply with the law and the IJB’s rules, standing orders and regulations. I will also ensure that I am familiar with any guidance or advice notes issued by the Standards Commission for Scotland (“Standards Commission”) and the IJB, and endeavour to take part in any training offered on the Code.

1.8 I will not, at any time, advocate or encourage any action contrary to this Code.

1.9 I understand that no written information, whether in the Code itself or the associated Guidance or Advice Notes issued by the Standards Commission, can provide for all circumstances. If I am uncertain about how the Code applies, I will seek advice from the Standards Officer, failing whom the Chief Officer of the IJB. I note that I may also choose to seek external legal advice on how to interpret the provisions of the Code.

### Enforcement

1.10 [Part 2 of the Act](#) sets out the provisions for dealing with alleged breaches of the Code, including the sanctions that can be applied if the Standards Commission finds that there has been a breach of the Code. More information on how complaints are dealt with and the sanctions available can be found at [Annex A](#).

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**Section 2: Key Principles Of The Code Of Conduct**

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2.1 The Code has been based on the following key principles of public life. I will behave in accordance with these principles and understand that they should be used for guidance and interpreting the provisions in the Code.

2.2 I note that a breach of one or more of the key principles does not in itself amount to a breach of the Code. I note that, for a breach of the Code to be found, there must also be a contravention of one or more of the provisions in sections 3 to 6 inclusive of the Code.

The key principles are:

**Duty**

I have a duty to uphold the law and act in accordance with the law and the public trust placed in me. I have a duty to act in the interests of the IJB and in accordance with the core functions and duties of the IJB.

**Selflessness**

I have a duty to take decisions solely in terms of public interest. I must not act in order to gain financial or other material benefit for myself, family or friends.

**Integrity**

I must not place myself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence me in the performance of my duties.

**Objectivity**

I must make decisions solely on merit and in a way that is consistent with the functions of the IJB when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.

**Accountability and Stewardship**

I am accountable to the public for my decisions and actions. I have a duty to consider issues on their merits, taking account of the views of others and I must ensure that the IJB uses its resources prudently and in accordance with the law.

**Openness**

I have a duty to be as open as possible about my decisions and actions, giving reasons for my decisions and restricting information only when the wider public interest clearly demands.

**Honesty**

I have a duty to act honestly. I must declare any private interests relating to my public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

**Leadership**

I have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public's trust and confidence in the integrity of the IJB and its members in conducting public business.

**Respect**

I must respect all other IJB members and all employees of the Health and Social Care Partnership (HSCP) and the role they play, treating them with courtesy at all times. Similarly, I must respect members of the public when performing my duties as a board member.

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**Section 3: General Conduct**

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**Respect and Courtesy**

3.1 I will treat everyone with courtesy and respect. This includes in person, in writing, at meetings, when I am online and when I am using social media.

3.2 I will not discriminate unlawfully on the basis of race, age, sex, sexual orientation, gender reassignment, disability, religion or belief, marital status or pregnancy/maternity; I will advance equality of opportunity and seek to foster good relations between different people.

3.3 I will not engage in any conduct that could amount to bullying or harassment (which includes sexual harassment). I accept that such conduct is completely unacceptable and will be considered to be a breach of this Code.

3.4 I accept that disrespect, bullying and harassment can be:

- a) a one-off incident,
- b) part of a cumulative course of conduct; or
- c) a pattern of behaviour.

3.5 I understand that how, and in what context, I exhibit certain behaviours can be as important as what I communicate, given that disrespect, bullying and harassment can be physical, verbal and non-verbal conduct.

3.6 I accept that it is my responsibility to understand what constitutes bullying and harassment and I will use resources, including the Standards Commission's guidance and advice notes, the IJB's policies and training material (where appropriate) to ensure that my knowledge and understanding is up to date.

3.7 Except where it is written into my role as board member, and / or at the invitation of the Chief Officer, I will not become involved in operational management of the HSCP. I acknowledge and understand that operational management is the responsibility of the Chief Officer and Executive Team.

3.8 I will not undermine any individual employee or group of employees, or raise concerns about their performance, conduct or capability in public. I will raise any concerns I have on such matters in private with senior management as appropriate.

3.9 I will not take, or seek to take, unfair advantage of my position in my dealings with employees of the HSCP or bring any undue influence to bear on employees to take a certain action. I will not ask or direct employees to do something which I know, or should reasonably know, could compromise them or prevent them from undertaking their duties properly and appropriately.

3.10 I will respect and comply with rulings from the Chair during meetings of:

- a) the IJB, its committees; and
- b) any outside organisations that I have been appointed or nominated to by the IJB or on which I represent it.

3.11 I will respect the principle of collective decision-making and corporate responsibility. This means that once the IJB has made a decision, I will support that decision, even if I did not agree with it or vote for it.

### **Remuneration, Allowances and Expenses**

3.12 I will comply with the rules, and the policies of the IJB, on the payment of remuneration, allowances and expenses.

### **Gifts and Hospitality**

3.13 I understand that I may be offered gifts (including money raised via crowdfunding or sponsorship), hospitality, material benefits or services (“gift or hospitality”) that may be reasonably regarded by a member of the public with knowledge of the relevant facts as placing me under an improper obligation or being capable of influencing my judgement.

3.14 I will never **ask for** or **seek** any gift or hospitality.

3.15 I will refuse any gift or hospitality, unless it is:

- a) a minor item or token of modest intrinsic value offered on an infrequent basis;
- b) a gift being offered to the IJB;
- c) hospitality which would reasonably be associated with my duties as a board member; or
- d) hospitality which has been approved in advance by the IJB.

3.16 I will consider whether there could be a reasonable perception that any gift or hospitality received by a person or body connected to me could or would influence my judgement.

3.17 I will not allow the promise of money or other financial advantage to induce me to act improperly in my role as a board member. I accept that the money or advantage (including any gift or hospitality) does not have to be given to me directly. The offer of monies or advantages to others, including community groups, may amount to bribery, if the intention is to induce me to improperly perform a function.

3.18 I will never accept any gift or hospitality from any individual or applicant who is awaiting a decision from, or seeking to do business with, the IJB or HSCP .

3.19 If I consider that declining an offer of a gift would cause offence, I will accept it and hand it over to the IJB at the earliest possible opportunity and ask for it to be registered.

3.20 I will promptly advise the Standards Officer if I am offered (but refuse) any gift or hospitality of any significant value and / or if I am offered any gift or hospitality from the same source on a repeated basis, so that this can be monitored.

3.21 I will familiarise myself with the terms of the [Bribery Act 2010](#), which provides for offences of bribing another person and offences relating to being bribed.

**Confidentiality**

3.22 I will not disclose confidential information or information which should reasonably be regarded as being of a confidential or private nature, without the express consent of a person or body authorised to give such consent, or unless required to do so by law. I note that if I cannot obtain such express consent, I should assume it is not given.

3.23 I accept that confidential information can include discussions, documents, and information which is not yet public or never intended to be public, and information deemed confidential by statute.

3.24 I will only use confidential information to undertake my duties as a board member. I will not use it in any way for personal advantage or to discredit the IJB (even if my personal view is that the information should be publicly available).

3.25 I note that these confidentiality requirements do not apply to protected whistleblowing disclosures made to the prescribed persons and bodies as identified in statute.

**Use of Public Body Resources**

3.26 I will only use IJB or HSCP resources, including employee assistance, facilities, stationery and IT equipment, for carrying out duties on behalf of the IJB, in accordance with its relevant policies.

3.27 I will not use, or in any way enable others to use, the IJB's resources:

- a) imprudently (without thinking about the implications or consequences);
- b) unlawfully;
- c) for any political activities or matters relating to these; or
- d) improperly.

**Dealing with the IJB and Preferential Treatment**

3.28 I will not use, or attempt to use, my position or influence as a board member to:

- a) improperly confer on or secure for myself, or others, an advantage;
- b) avoid a disadvantage for myself, or create a disadvantage for others or
- c) improperly seek preferential treatment or access for myself or others.

3.29 I will avoid any action which could lead members of the public to believe that preferential treatment or access is being sought.

3.30 I will advise employees of any connection, as defined at [Section 5](#), I may have to a matter, when seeking information or advice or responding to a request for information or advice from them.



**Appointments to Outside Organisations**

3.31 If I am appointed, or nominated by the IJB, as a member of another body or organisation, I will abide by the rules of conduct and will act in the best interests of that body or organisation while acting as a member of it. I will also continue to observe the rules of this Code when carrying out the duties of that body or organisation.

3.32 I accept that if I am a director or trustee (or equivalent) of a company or a charity, I will be responsible for identifying, and taking advice on, any conflicts of interest that may arise between the company or charity and the IJB.

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**Section 4: Registration Of Interests**

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4.1 The following paragraphs set out what I have to register when I am appointed and whenever my circumstances change. The register covers my current term of appointment.

4.2 I understand that regulations made by the Scottish Ministers describe the detail and timescale for registering interests; including a requirement that a board member must register their registrable interests within one month of becoming a board member, and register any changes to those interests within one month of those changes having occurred.

4.3 The interests which I am required to register are those set out in the following paragraphs. Other than as required by paragraph 4.23, I understand it is not necessary to register the interests of my spouse or cohabitee.

**Category One: Remuneration**

4.4 I will register any work for which I receive, or expect to receive, payment. I have a registerable interest where I receive remuneration by virtue of being:

- a) employed;
- b) self-employed;
- c) the holder of an office;
- d) a director of an undertaking;
- e) a partner in a firm;
- f) appointed or nominated by my public body to another body; or
- g) engaged in a trade, profession or vocation or any other work.

4.5 I understand that in relation to 4.4 above, the amount of remuneration does not require to be registered. I understand that any remuneration received as member of the IJB does not have to be registered.

4.6 I understand that if a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under Category Two, "Other Roles".

4.7 I must register any allowances I receive in relation to membership of any organisation under Category One.

4.8 When registering employment as an employee, I must give the full name of the employer, the nature of its business, and the nature of the post I hold in the organisation.

4.9 When registering remuneration from the categories listed in paragraph 4.4 (b) to (g) above, I must provide the full name and give details of the nature of the business, organisation, undertaking, partnership or other body, as appropriate. I recognise that some other employments may be incompatible with my role as member of the IJB in terms of paragraph [6.7](#) of this Code.

4.10 Where I otherwise undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and how often it is undertaken.

4.11 When registering a directorship, it is necessary to provide the registered name and registered number of the undertaking in which the directorship is held and provide information about the nature of its business.

4.12 I understand that registration of a pension is not required as this falls outside the scope of the category.

### **Category Two: Other Roles**

4.13 I will register any unremunerated directorships where the body in question is a subsidiary or parent company of an undertaking in which I hold a remunerated directorship.

4.14 I will register the registered name and registered number of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which I am a director and from which I receive remuneration.

### **Category Three: Contracts**

4.15 I have a registerable interest where I (or a firm in which I am a partner, or an undertaking in which I am a director or in which I have shares of a value as described in paragraph 4.19 below) have made a contract with the IJB/HSCP:

- a) under which goods or services are to be provided, or works are to be executed; and
- b) which has not been fully discharged.

4.16 I will register a description of the contract, including its duration, but excluding the value.

### **Category Four: Election Expenses**

4.17 If I have been elected to the IJB, then I will register a description of, and statement of, any assistance towards election expenses relating to election to the IJB.

### **Category Five: Houses, Land and Buildings**

4.18 I have a registrable interest where I own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of the IJB.

4.19 I accept that, when deciding whether or not I need to register any interest I have in houses, land or buildings, the test to be applied is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as being so significant that it could potentially affect my responsibilities to the IJB and to the public, or could influence my actions, speeches or decision-making.

**Category Six: Interest in Shares and Securities**

4.20 I have a registerable interest where:

- a) I own or have an interest in more than 1% of the issued share capital of the company or other body; or
- b) Where, at the relevant date, the market value of any shares and securities (in any one specific company or body) that I own or have an interest in is greater than £25,000.

**Category Seven: Gifts and Hospitality**

4.21 I understand the requirements of paragraphs [3.13 to 3.21](#) regarding gifts and hospitality. As I will not accept any gifts or hospitality, other than under the limited circumstances allowed, I understand there is no longer the need to register any.

**Category Eight: Non-Financial Interests**

4.22 I may also have other interests and I understand it is equally important that relevant interests such as membership or holding office in other public bodies, companies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described. In this context, I understand non-financial interests are those which members of the public with knowledge of the relevant facts might reasonably think could influence my actions, speeches, votes or decision-making in the IJB (this includes its committees and memberships of other organisations to which I have been appointed or nominated by the IJB).

**Category Nine: Close Family Members**

4.23 I will register the interests of any close family member who has transactions with the IJB/HSCP or is likely to have transactions or do business with it.

**Stage 1: Connection**

5.1 For each particular matter I am involved in as a board member, I will first consider whether I have a connection to that matter.

5.2 I understand that a connection is any link between the matter being considered and me, or a person or body I am associated with. This could be a family relationship or a social or professional contact.

5.3 A connection includes anything that I have registered as an interest.

5.4 A connection does not include being a member of a body to which I have been appointed or nominated by the IJB as a representative of it, unless:

- a) The matter being considered by the IJB is quasi-judicial or regulatory; or
- b) I have a personal conflict by reason of my actions, my connections or my legal obligations.

**Stage 2: Interest**

5.5 I understand my connection is an interest that requires to be declared where the objective test is met – that is where a member of the public with knowledge of the relevant facts would reasonably regard my connection to a particular matter as being so significant that it would be considered as being likely to influence the discussion or decision-making.

**Stage 3: Participation**

5.6 I will declare my interest as early as possible in meetings. I will not remain in the meeting nor participate in any way in those parts of meetings where I have declared an interest.

5.7 I will consider whether it is appropriate for transparency reasons to state publicly where I have a connection, which I do not consider amounts to an interest.

5.8 I note that I can apply to the Standards Commission and ask it to grant a dispensation to allow me to take part in the discussion and decision-making on a matter where I would otherwise have to declare an interest and withdraw (as a result of having a connection to the matter that would fall within the objective test). I note that such an application must be made in advance of any meetings where the dispensation is sought and that I cannot take part in any discussion or decision-making on the matter in question unless, and until, the application is granted.

5.9 I note that public confidence in a public body is damaged by the perception that decisions taken by that body are substantially influenced by factors other than the public interest. I will not accept a role or appointment if doing so means I will have to declare interests frequently at meetings in respect of my role as a board member. Similarly, if any appointment or nomination to another body would give rise to objective concern because of my existing personal involvement or affiliations, I will not accept the appointment or nomination.

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**Section 6: Lobbying And Access**

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6.1 I understand that a wide range of people will seek access to me as a board member and will try to lobby me, including individuals, organisations and companies. I must distinguish between:

- a) any role I have in dealing with enquiries from the public;
- b) any community engagement where I am working with individuals and organisations to encourage their participation and involvement, and;
- c) lobbying, which is where I am approached by any individual or organisation who is seeking to influence me for financial gain or advantage, particularly those who are seeking to do business with my public body (for example contracts/procurement).

6.2 In deciding whether, and if so how, to respond to such lobbying, I will always have regard to the objective test, which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard my conduct as being likely to influence my, or the IJB's, decision-making role.

6.3 I will not, in relation to contact with any person or organisation that lobbies, do anything which contravenes this Code or any other relevant rule of the IJB or any statutory provision.

6.4 I will not, in relation to contact with any person or organisation that lobbies, act in any way which could bring discredit upon the IJB.

6.5 If I have concerns about the approach or methods used by any person or organisation in their contacts with me, I will seek the guidance of the Chief Officer or Standards Officer of the IJB.

6.6 The public must be assured that no person or organisation will gain better access to, or treatment by, me as a result of employing a company or individual to lobby on a fee basis on their behalf. I will not, therefore, offer or accord any preferential access or treatment to those lobbying on a fee basis on behalf of clients compared with that which I accord any other person or organisation who lobbies or approaches me. I will ensure that those lobbying on a fee basis on behalf of clients are not given to understand that preferential access or treatment, compared to that accorded to any other person or organisation, might be forthcoming.

6.7 Before taking any action as a result of being lobbied, I will seek to satisfy myself about the identity of the person or organisation that is lobbying and the motive for lobbying. I understand I may choose to act in response to a person or organisation lobbying on a fee basis on behalf of clients but it is important that I understand the basis on which I am being lobbied in order to ensure that any action taken in connection with the lobbyist complies with the standards set out in this Code and the [Lobbying \(Scotland\) Act 2016](#).

6.8 I will not accept any paid work:

- a) which would involve me lobbying on behalf of any person or organisation or any clients of a person or organisation.
- b) to provide services as a strategist, adviser or consultant, for example, advising on how to influence the IJB and its members. This does not prohibit me from being remunerated for activity which may arise because of, or relate to, membership of the IJB, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.

## Annex A: Breaches Of The Code

### Introduction

1. [The Ethical Standards in Public Life etc. \(Scotland\) Act 2000](#) (“the Act”) provided for a framework to encourage and, where necessary, enforce high ethical standards in public life.
2. The Act provided for the introduction of new codes of conduct for local authority councillors and members of relevant public bodies, imposing on councils and relevant public bodies a duty to help their members comply with the relevant code.
3. The Act and the subsequent Scottish Parliamentary Commissions and Commissioners etc. Act 2010 established the [Standards Commission for Scotland](#) (“Standards Commission”) and the post of [Commissioner for Ethical Standards in Public Life in Scotland](#) (“ESC”).
4. The Standards Commission and ESC are separate and independent, each with distinct functions. Complaints of breaches of a public body’s Code of Conduct are investigated by the ESC and adjudicated upon by the Standards Commission.
5. The first Model Code of Conduct came into force in 2002. The Code has since been reviewed and re-issued in 2014. The 2021 Code has been issued by the Scottish Ministers following consultation, and with the approval of the Scottish Parliament, as required by the Act.

### Investigation of Complaints

6. The ESC is responsible for investigating complaints about members of devolved public bodies. It is not, however, mandatory to report a complaint about a potential breach of the Code to the ESC. It may be more appropriate in some circumstances for attempts to be made to resolve the matter informally at a local level.
7. On conclusion of the investigation, the ESC will send a report to the Standards Commission.

### Hearings

8. On receipt of a report from the ESC, the Standards Commission can choose to:
  - Do nothing;
  - Direct the ESC to carry out further investigations; or
  - Hold a Hearing.
9. Hearings are held (usually in public) to determine whether the member concerned has breached their public body’s Code of Conduct. The Hearing Panel comprises of three members of the Standards Commission. The ESC will present evidence and/or make submissions at the Hearing about the investigation and any conclusions as to whether the member has contravened the Code. The member is entitled to attend or be represented at the Hearing and can also present evidence and make



submissions. Both parties can call witnesses. Once it has heard all the evidence and submissions, the Hearing Panel will make a determination about whether or not it is satisfied, on the balance of probabilities, that there has been a contravention of the Code by the member. If the Hearing Panel decides that a member has breached their public body's Code, it is obliged to impose a sanction.

## Sanctions

10. The sanctions that can be imposed following a finding of a breach of the Code are as follows:
- **Censure:** A censure is a formal record of the Standards Commission's severe and public disapproval of the member concerned.
  - **Suspension:** This can be a full or partial suspension (for up to one year). A full suspension means that the member is suspended from attending all meetings of the public body. Partial suspension means that the member is suspended from attending some of the meetings of the public body. The Commission can direct that any remuneration or allowance the member receives as a result of their membership of the public body be reduced or not paid during a period of suspension.
  - **Disqualification:** Disqualification means that the member is removed from membership of the body and disqualified (for a period not exceeding five years), from membership of the body. Where a member is also a member of another devolved public body (as defined in the Act), the Commission may also remove or disqualify that person in respect of that membership. Full details of the sanctions are set out in section 19 of the Act.

## Interim Suspensions

11. Section 21 of the Act provides the Standards Commission with the power to impose an interim suspension on a member on receipt of an interim report from the ESC about an ongoing investigation. In making a decision about whether or not to impose an interim suspension, a Panel comprising of three Members of the Standards Commission will review the interim report and any representations received from the member and will consider whether it is satisfied:
- That the further conduct of the ESC's investigation is likely to be prejudiced if such an action is not taken (for example if there are concerns that the member may try to interfere with evidence or witnesses); or
  - That it is otherwise in the public interest to take such a measure. A policy outlining how the Standards Commission makes any decision under Section 21 and the procedures it will follow in doing so, should any such a report be received from the ESC can be found [here](#).
12. The decision to impose an interim suspension is not, and should not be seen as, a finding on the merits of any complaint or the validity of any allegations against a member of a devolved public body, nor should it be viewed as a disciplinary measure.

## Annex B: Definitions

**“Bullying”** is inappropriate and unwelcome behaviour which is offensive and intimidating, and which makes an individual or group feel undermined, humiliated or insulted.

**"Chair"** includes Board Convener or any other individual discharging a similar function to that of a Chair or Convener under alternative decision-making structures.

**“Code”** is the code of conduct for members of your devolved public body, which is based on the Model Code of Conduct for members of devolved public bodies in Scotland.

**"Cohabitee"** includes any person who is living with you in a relationship similar to that of a partner, civil partner, or spouse.

**“Confidential Information”** includes:

- any information passed on to the public body by a Government department (even if it is not clearly marked as confidential) which does not allow the disclosure of that information to the public;
- information of which the law prohibits disclosure (under statute or by the order of a Court);
- any legal advice provided to the public body; or
- any other information which would reasonably be considered a breach of confidence should it be made public.

**"Election expenses"** means expenses incurred, whether before, during or after the election, on account of, or in respect of, the conduct or management of the election.

**“Employee”** includes individuals employed:

- directly by the public body;
- as contractors by the public body, or
- by a contractor to work on the public body’s premises.

**“Gifts”** a gift can include any item or service received free of charge, or which may be offered or promised at a discounted rate or on terms not available to the general public. Gifts include benefits such as relief from indebtedness, loan concessions, or provision of property, services or facilities at a cost below that generally charged to members of the public. It can also include gifts received directly or gifts received by any company in which the recipient holds a controlling interest in, or by a partnership of which the recipient is a partner.

**“Harassment”** is any unwelcome behaviour or conduct which makes someone feel offended, humiliated, intimidated, frightened and / or uncomfortable. Harassment can be experienced directly or indirectly and can occur as an isolated incident or as a course of persistent behaviour.

**“Hospitality”** includes the offer or promise of food, drink, accommodation, entertainment or the opportunity to attend any cultural or sporting event on terms not available to the general public.

**“Relevant Date”** Where a board member had an interest in shares at the date on which the member was appointed as a member, the relevant date is – (a) that date; and (b) the 5th April immediately following that date and in each succeeding year, where the interest is retained on that 5th April.

**“Public body”** means a devolved public body listed in Schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000, as amended.

**“Remuneration”** includes any salary, wage, share of profits, fee, other monetary benefit or benefit in kind.

**“Securities”** a security is a certificate or other financial instrument that has monetary value and can be traded. Securities includes equity and debt securities, such as stocks bonds and debentures.

**“Undertaking”** means:

- a) a body corporate or partnership; or
- b) an unincorporated association carrying on a trade or business, with or without a view to a profit.

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**CODE of CONDUCT**

**for**

**MEMBERS**

**of**

***East Renfrewshire Integration Joint Board***

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**CODE OF CONDUCT for MEMBERS of  
*East Renfrewshire Integration Joint Board***

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## SECTION 1: INTRODUCTION TO THE CODE OF CONDUCT

1.1 The Scottish public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties. You must meet those expectations by ensuring that your conduct is above reproach.

1.2 The Ethical Standards in Public Life etc. (Scotland) Act 2000, “the 2000 Act”, provides for Codes of Conduct for local authority Councillors and members of relevant public bodies; imposes on councils and relevant public bodies a duty to help their members to comply with the relevant Code; and establishes a Standards Commission for Scotland, “The Standards Commission” to oversee the new framework and deal with alleged breaches of the Codes.

1.3 The 2000 Act requires the Scottish Ministers to lay before Parliament a Code of Conduct for Councillors and a Model Code for Members of Devolved Public Bodies. The Model Code for members was first introduced in 2002 and has now been revised in December 2013 following consultation and the approval of the Scottish Parliament. These revisions will make it consistent with the relevant parts of the Code of Conduct for Councillors, which was revised in 2010 following the approval of the Scottish Parliament.

The Public Bodies (Joint Working) (Scotland) Act 2014 (Consequential Amendments & Savings) Order 2015 has determined that Integration Joint Boards are “devolved public bodies” for the purposes of the 2000 Act.

1.4 This Code for Integration Joint Boards has been specifically developed using the Model Code and the statutory requirements of the 2000 Act. As a member of East Renfrewshire Integration Joint Board, “the IJB”, it is your responsibility to make sure that you are familiar with, and that your actions comply with, the provisions of this Code of Conduct which has now been made by the IJB.

This Code applies when you are acting as a member of East Renfrewshire IJB and you may also be subject to another Code of Conduct.

### **Appointments to the Boards of Public Bodies**

1.5 Whilst your appointment as a member of an Integration Joint Board sits outside the Ministerial appointment process, you should have an awareness of the system surrounding public appointments in Scotland. Further information can be found in the public appointment section of the Scottish Government website at <http://www.appointed-for-scotland.org/>.

Details of IJB membership requirements are set out in the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 and further helpful information is contained in the “Roles, Responsibilities and Membership of the Integration Joint Board” guidance, which also includes information on Equality Duties and Diversity.

Public bodies in Scotland are required to deliver effective services to meet the needs of an increasingly diverse population. In addition, the Scottish Government’s equality outcome on public appointments is to ensure that Ministerial appointments are more diverse than at present. In order to meet both of these aims, a board should ideally be drawn from varied backgrounds with a wide spectrum of characteristics, knowledge and experience. It is crucial to the success of public bodies that they attract the best people for the job and therefore it is essential that a board’s appointments process should encourage as many suitable people to apply for positions and be free from unnecessary barriers. You should therefore be aware of the varied roles and functions of the IJB on which you serve and of wider diversity and equality issues.

1.6 You should also familiarise yourself with how the East Renfrewshire IJB policy operates in relation to succession planning, which should ensure that the IJB has a strategy to make sure they have the members in place with the skills, knowledge and experience necessary to fulfil their role economically, efficiently and effectively.

#### **Guidance on the Code of Conduct**

1.7 You must observe the rules of conduct contained in this Code. **It is your personal responsibility to comply with these and review regularly, and at least annually, your personal circumstances with this in mind, particularly when your circumstances change.** You must not at any time advocate or encourage any action contrary to the Code of Conduct.

1.8 The Code has been developed in line with the key principles listed in Section 2 and provides additional information on how the principles should be interpreted and applied in practice. The Standards Commission may also issue guidance. No Code can provide for all circumstances and if you are uncertain about how the rules apply, you should in the first instance seek advice from the Chair of the IJB or Chief Officer. You may also choose to consult your own legal advisers and, on detailed financial and commercial matters, seek advice from other relevant professionals.

1.9 You should familiarise yourself with the Scottish Government publication “On Board – a guide for board members of public bodies in Scotland” and the “Roles, Responsibilities and Membership of the Integration Joint Board” guidance. These publications will provide you with information to help you in your role as a member of an Integration Joint Board, and can be viewed on the Scottish Government website.

## **Enforcement**

1.10 Part 2 of the 2000 Act sets out the provisions for dealing with alleged breaches of this Code of Conduct and where appropriate the sanctions that will be applied if the Standards Commission finds that there has been a breach of the Code. Those sanctions are outlined in **Annex A**.

## **SECTION 2: KEY PRINCIPLES OF THE CODE OF CONDUCT**

2.1 The general principles upon which this Code is based should be used for guidance and interpretation only. These general principles are:

### **Duty**

You have a duty to uphold the law and act in accordance with the law and the public trust placed in you. You have a duty to act in the interests of East Renfrewshire IJB and in accordance with the core functions and duties of the IJB.

### **Selflessness**

You have a duty to take decisions solely in terms of public interest. You must not act in order to gain financial or other material benefit for yourself, family or friends.

### **Integrity**

You must not place yourself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence you in the performance of your duties.

### **Objectivity**

You must make decisions solely on merit and in a way that is consistent with the functions of East Renfrewshire IJB when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.

### **Accountability and Stewardship**

You are accountable for your decisions and actions to the public. You have a duty to consider issues on their merits, taking account of the views of others and must ensure that East Renfrewshire IJB uses its resources prudently and in accordance with the law.

### **Openness**

You have a duty to be as open as possible about your decisions and actions, giving reasons for your decisions and restricting information only when the wider public interest clearly demands.

### **Honesty**

You have a duty to act honestly. You must declare any private interests relating to your public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

**Leadership**

You have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public's trust and confidence in the integrity of East Renfrewshire IJB and its members in conducting public business.

**Respect**

You must respect fellow members of East Renfrewshire IJB and employees of related organisations supporting the operation of the IJB and the role they play, treating them with courtesy at all times. Similarly you must respect members of the public when performing duties as a member of East Renfrewshire IJB.

2.2 You should apply the principles of this Code to your dealings with fellow members of East Renfrewshire IJB, employees of related organisations supporting the operation of the IJB and other stakeholders. Similarly you should also observe the principles of this Code in dealings with the public when performing duties as a member of East Renfrewshire IJB.

**SECTION 3: GENERAL CONDUCT**

3.1 The rules of good conduct in this section must be observed in all situations where you act as a member of the IJB.

**Conduct at Meetings**

3.2 You must respect the chair, your colleagues and employees of related organisations supporting the operation of the IJB in meetings. You must comply with rulings from the chair in the conduct of the business of these meetings.

You should familiarise yourself with the Standing Orders for East Renfrewshire IJB, which govern the Board's proceedings and business. The "Roles, Responsibilities and Membership of the Integration Joint Board" guidance, will also provide you with further helpful information.

**Relationship with IJB Members and Employees of Related Organisations**

3.3 You will treat your fellow IJB members and employees of related organisations supporting the operation of the IJB with courtesy and respect. It is expected that fellow IJB members and employees of related organisations supporting the operation of the IJB will show you the same consideration in return. It is good practice for employers to provide examples of what is unacceptable behaviour in their organisation and the Health Board or local authority of the IJB should be able to provide this information to any IJB member on request.

Public bodies should promote a safe, healthy and fair working environment for all. As a member of East Renfrewshire IJB you should be familiar with any policies of the Health Board and local authority of the IJB as a minimum in relation to bullying and harassment in the workplace, and also lead by exemplar behaviour.

### Remuneration, Allowances and Expenses

3.4 You must comply with any rules applying to the IJB regarding remuneration, allowances and expenses.

### Gifts and Hospitality

3.5 You must not accept any offer by way of gift or hospitality which could give rise to real or substantive personal gain or a reasonable suspicion of influence on your part to show favour, or disadvantage, to any individual or organisation. You should also consider whether there may be any reasonable perception that any gift received by your spouse or cohabitee or by any company in which you have a controlling interest, or by a partnership of which you are a partner, can or would influence your judgement. The term “gift” includes benefits such as relief from indebtedness, loan concessions or provision of services at a cost below that generally charged to members of the public.

3.6 You must never ask for gifts or hospitality.

3.7 You are personally responsible for all decisions connected with the offer or acceptance of gifts or hospitality offered to you and for avoiding the risk of damage to public confidence in your IJB. As a general guide, it is usually appropriate to refuse offers except:

- (a) isolated gifts of a trivial character, the value of which must not exceed £50;
- (b) normal hospitality associated with your duties and which would reasonably be regarded as appropriate; or
- (c) gifts received on behalf of the IJB.

3.8 You must not accept any offer of a gift or hospitality from any individual or organisation which stands to gain or benefit from a decision that East Renfrewshire IJB may be involved in determining, or who is seeking to do business with your IJB, and which a person might reasonably consider could have a bearing on your judgement. If you are making a visit in your capacity as a member of East Renfrewshire IJB then, as a general rule, you should ensure that your IJB pays for the cost of the visit.

3.9 You must not accept repeated hospitality or repeated gifts from the same source.

3.10 As a member of a devolved public body, you should familiarise yourself with the terms of the Bribery Act 2010 which provides for offences of bribing another person and offences relating to being bribed.

### **Confidentiality Requirements**

3.11 There may be times when you will be required to treat discussions, documents or other information relating to the work of East Renfrewshire IJB in a confidential manner. You will often receive information of a private nature which is not yet public, or which perhaps would not be intended to be public. You must always respect the confidential nature of such information and comply with the requirement to keep such information private.

3.12 It is unacceptable to disclose any information to which you have privileged access, for example derived from a confidential document, either orally or in writing. In the case of other documents and information, you are requested to exercise your judgement as to what should or should not be made available to outside bodies or individuals. In any event, such information should never be used for the purposes of personal or financial gain or for political purposes or used in such a way as to bring East Renfrewshire IJB into disrepute.

### **Use of Health Board or Local Authority Facilities by Members of the IJB**

3.13 Members of East Renfrewshire IJB must not misuse facilities, equipment, stationery, telephony, computer, information technology equipment and services, or use them for party political or campaigning activities. Use of such equipment and services etc. must be in accordance with the Health Board or local authority policy and rules on their usage. Care must also be exercised when using social media networks not to compromise your position as a member of East Renfrewshire IJB.

### **Appointment to Partner Organisations**

3.14 In the unlikely circumstances that you may be appointed, or nominated by East Renfrewshire IJB, as a member of another body or organisation, you are bound by the rules of conduct of these organisations and should observe the rules of this Code in carrying out the duties of that body.

3.15 Members who become directors of companies as nominees of their IJB will assume personal responsibilities under the Companies Acts. It is possible that conflicts of interest can arise for such members between the company and the IJB. It is your responsibility to take advice on your responsibilities to the IJB and to the company. This will include questions of declarations of interest.

## SECTION 4: REGISTRATION OF INTERESTS

4.1 The following paragraphs set out the kinds of interests, financial and otherwise which you have to register. These are called “Registerable Interests”. You must, at all times, ensure that these interests are registered, when you are appointed and whenever your circumstances change in such a way as to require change or an addition to your entry in the IJB’s Register. It is your duty to ensure any changes in circumstances are reported within one month of them changing.

4.2 The Regulations<sup>1</sup> as amended describe the detail and timescale for registering interests. It is your personal responsibility to comply with these regulations and you should review regularly and at least once a year your personal circumstances. Annex B contains key definitions and explanatory notes to help you decide what is required when registering your interests under any particular category. The interests which require to be registered are those set out in the following paragraphs and relate to you. It is not necessary to register the interests of your spouse or cohabitee.

### Category One: Remuneration

4.3 You have a Registerable Interest where you receive remuneration by virtue of being:

- employed;
- self-employed;
- the holder of an office;
- a director of an undertaking;
- a partner in a firm; or
- undertaking a trade, profession or vocation or any other work.

This requirement also applies where, by virtue of your employment in a particular post, you are required to be a member of the IJB.

4.4 In relation to 4.3 above, the amount of remuneration does not require to be registered and remuneration received as a member does not have to be registered.

4.5 If a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under category two, “Related Undertakings”.

4.6 If you receive any allowances in relation to membership of any organisation, the fact that you receive such an allowance must be registered.

4.7 When registering employment, you must give the name of the employer, the nature of its business, and the nature of the post held in the organisation.

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<sup>1</sup> SSI - The Ethical Standards in Public Life etc. (Scotland) Act 2000 (Register of Interests) Regulations 2003 Number 135, as amended.

4.8 When registering self-employment, you must provide the name and give details of the nature of the business. When registering an interest in a partnership, you must give the name of the partnership and the nature of its business.

4.9 Where you undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and its regularity. For example, if you write for a newspaper, you must give the name of the publication, and the frequency of articles for which you are paid.

4.10 When registering a directorship, it is necessary to provide the registered name of the undertaking in which the directorship is held and the nature of its business.

4.11 Registration of a pension is not required as this falls outside the scope of the category.

### **Category Two: Related Undertakings**

4.12 You must register any directorships held which are themselves not remunerated but where the company (or other undertaking) in question is a subsidiary of, or a parent of, a company (or other undertaking) in which you hold a remunerated directorship.

4.13 You must register the name of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which you are a director and from which you receive remuneration.

4.14 The situations to which the above paragraphs apply are as follows:

- you are a director of a board of an undertaking and receive remuneration declared under category one – and
- you are a director of a parent or subsidiary undertaking but do not receive remuneration in that capacity.

### **Category Three: Contracts**

4.15 You have a registerable interest where you (or a firm in which you are a partner, or an undertaking in which you are a director or in which you have shares of a value as described in paragraph 4.19 below) have made a contract with the IJB of which you are a member:

(i) under which goods or services are to be provided, or works are to be executed; and

(ii) which has not been fully discharged.

4.16 You must register a description of the contract, including its duration, but excluding the consideration.



#### Category Four: Houses, Land and Buildings

4.17 You have a registerable interest where you own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of the body to which you are appointed.

4.18 The test to be applied when considering appropriateness of registration is to ask whether a member of the public acting reasonably might consider any interests in houses, land and buildings could potentially affect your responsibilities to the organisation to which you are appointed and to the public, or could influence your actions, speeches or decision making.

#### Category Five: Interest in Shares and Securities

4.19 You have a registerable interest where you have an interest in shares comprised in the share capital of a company or other body which may be significant to, of relevance to, or bear upon, the work and operation of (a) the body to which you are appointed and (b) the **nominal value** of the shares is:

- (i) greater than 1% of the issued share capital of the company or other body; or
- (ii) greater than £25,000.

Where you are required to register the interest, you should provide the registered name of the company in which you hold shares; the amount or value of the shares does not have to be registered.

#### Category Six: Gifts and Hospitality

4.20 You must register the details of any gifts or hospitality received within your current term of office. This record will be available for public inspection. It is not however necessary to record any gifts or hospitality as described in paragraph 3.7 (a) to (c) of this Code.

#### Category Seven: Non-Financial Interests

4.21 You may also have a registerable interest if you have non-financial interests which may be significant to, of relevance to, or bear upon, the work and operation of the IJB to which you are appointed. It is important that relevant interests such as membership or holding office in other public bodies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described. This requirement also applies where, by virtue of your membership of a particular group, you have been appointed to the IJB.

4.22 In the context of non-financial interests, the test to be applied when considering appropriateness of registration is to ask whether a member of the public might reasonably think that any non-financial interest could potentially affect your responsibilities to the organisation to which you are appointed and to the public, or could influence your actions, speeches or decision-making.

## SECTION 5: DECLARATION OF INTERESTS

### General

5.1 The key principles of the Code, especially those in relation to integrity, honesty and openness, are given further practical effect by the requirement for you to declare certain interests in proceedings of the IJB. Together with the rules on registration of interests, this ensures transparency of your interests which might influence, or be thought to influence, your actions. For further detail on the declaration requirements of East Renfrewshire IJB, you can refer to the IJB's Standing Orders.

5.2 IJBs inevitably have dealings with a wide variety of organisations and individuals and this Code indicates the circumstances in which a business or personal interest must be declared. Public confidence in East Renfrewshire IJB and its members depends on it being clearly understood that decisions are taken in the public interest and not for any other reason.

5.3 In considering whether to make a declaration in any proceedings, you must consider not only whether you will be influenced but whether anybody else would think that you might be influenced by the interest. You must, however, always comply with the **objective test** ("the objective test") which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as so significant that it is likely to prejudice your discussion or decision making in your role as a member of East Renfrewshire IJB. You will wish to familiarise yourself with your IJB's Standing Orders and the "Roles, Responsibilities and Membership of the Integration Joint Board" guidance.

5.4 If you feel that, in the context of the matter being considered, your involvement is neither capable of being viewed as more significant than that of an ordinary member of the public, nor likely to be perceived by the public as wrong, you may continue to attend the meeting and participate in both discussion and voting. The relevant interest must however be declared. It is your responsibility to judge whether an interest is sufficiently relevant to particular proceedings to require a declaration and you are advised to err on the side of caution. If a board member is unsure as to whether a conflict of interest exists, they should seek advice from the Board chair or Chief Officer in the first instance.

5.5 As a member of East Renfrewshire IJB you might *also* serve on other bodies. In relation to service on the boards and management committees of limited liability companies, public bodies, societies and other organisations, you must decide, in the particular circumstances surrounding any matter, whether to declare an interest.

Only if you believe that, in the particular circumstances, the nature of the interest is so remote or without significance, should it not be declared. You must always remember the public interest points towards transparency and, in particular, a possible divergence of interest between your IJB and another body. Keep particularly in mind the advice in paragraph 3.15 of this Code about your legal responsibilities to any limited company of which you are a director.

### Interests which Require Declaration

5.6 Interests which require to be declared if known to you may be financial or non-financial. They may or may not cover interests which are registerable under the terms of this Code. Most of the interests to be declared will be your personal interests but, on occasion, you will have to consider whether the interests of other persons require you to make a declaration. The paragraphs which follow deal with (a) your financial interests (b) your non-financial interests and (c) the

interests, financial and non-financial, of other persons.

5.7 You will also have other private and personal interests and may serve, or be associated with, bodies, societies and organisations as a result of your private and personal interests and not because of your role as a member of an IJB. In the context of any particular matter you will need to decide whether to declare an interest. You should declare an interest unless you believe that, in the particular circumstances, the interest is too remote or without significance. In reaching a view on whether the objective test applies to the interest, you should consider whether your interest (whether taking the form of association or the holding of office) would be seen by a member of the public acting reasonably in a different light because it is the interest of a person who is a member of an IJB as opposed to the interest of an ordinary member of the public.

### **Your Financial Interests**

5.8 You must declare, if it is known to you, any financial interest (including any financial interest which is registerable under any of the categories prescribed in Section 4 of this Code). If, under category one (or category seven in respect of non-financial interests) of section 4 of this Code, you have registered an interest as a

- Councillor or a Member of another Devolved Public Body where the Council or other Devolved Public Body, as the case may be, has nominated or appointed you as a Member of the IJB, or you have been appointed to the IJB by virtue of your position under the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014;

you do not, for that reason alone, have to declare that interest.

**There is no need to declare an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.**

A member must disclose any direct or indirect pecuniary or other interest in relation to an item of business to be transacted at a meeting of the integration joint board, or a committee of the integration joint board, before taking part in any discussion on that item.

Where an interest is disclosed under the above terms the onus is on the member declaring the interest to decide whether, in the circumstances, it is appropriate for that member to take part in the discussion of, or voting on the item of business.

You must withdraw from the meeting room until discussion of and voting on the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

### **Your Non-Financial Interests**

5.9 You must declare, if it is known to you, any non-financial interest if:

- (i) that interest has been registered under category seven (Non-Financial Interests) of Section 4 of the Code; or
- (ii) that interest would fall within the terms of the objective test.

There is no need to declare an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

You do not have to declare an interest solely because you are a Councillor or Member of another Devolved Public Body or you have been appointed to the IJB by virtue of your position under the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

A member must disclose any direct or indirect pecuniary or other interest in relation to an item of business to be transacted at a meeting of the integration joint board, or a committee of the integration joint board, before taking part in any discussion on that item.

Where an interest is disclosed under the above terms the onus is on the member declaring the interest to decide whether, in the circumstances, it is appropriate for that member to take part in the discussion of, or voting on the item of business.

You must withdraw from the meeting room until discussion of and voting on the relevant item where you have a declarable interest is concluded. **There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.**

### The Financial Interests of Other Persons

5.10 The Code requires only your financial interests to be registered. You also, however, have to consider whether you should declare any financial interest of certain other persons.

You must declare if it is known to you any financial interest of:-

- (i) a spouse, a civil partner or a co-habitee;
- (ii) a close relative, close friend or close associate;
- (iii) an employer or a partner in a firm;
- (iv) a body (or subsidiary or parent of a body) of which you are a remunerated member or director;
- (v) a person from whom you have received a registerable gift or registerable hospitality;
- (vi) a person from whom you have received registerable expenses.

There is no need to declare an interest if it is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

You must withdraw from the meeting room until discussion of and voting on the relevant item where you have a declarable interest is concluded. **There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.**

5.11 This Code does not attempt the task of defining “relative” or “friend” or “associate”. Not only is such a task fraught with difficulty but is also unlikely that such definitions would reflect the intention of this part of the Code. The key principle is the need for transparency in regard to any interest which might (regardless of the precise description of relationship) be objectively regarded by a member of the public, acting reasonably, as potentially affecting your responsibilities as a

member of the IJB and, as such, would be covered by the objective test.

### **The Non-Financial Interests of Other Persons**

5.12 You must declare if it is known to you any non-financial interest of:-

- (i) a spouse, a civil partner or a co-habitee;
- (ii) a close relative, close friend or close associate;
- (iii) an employer or a partner in a firm;
- (iv) a body (or subsidiary or parent of a body) of which you are a remunerated member or director;
- (v) a person from whom you have received a registerable gift or registerable hospitality;
- (vi) a person from whom you have received registerable election expenses.

**There is no need to declare the interest if it is so remote or insignificant that it could not reasonably be taken to fall within the objective test.**

There is only a need to withdraw from the meeting if the interest is clear and substantial.

### **Making a Declaration**

5.13 You must consider at the earliest stage possible whether you have an interest to declare in relation to any matter which is to be considered. You should consider whether agendas for meetings raise any issue of declaration of interest. Your declaration of interest must be made as soon as practicable at a meeting where that interest arises. If you do identify the need for a declaration of interest only when a particular matter is being discussed you must declare the interest as soon as you realise it is necessary.

5.14 The oral statement of declaration of interest should identify the item or items of business to which it relates. The statement should begin with the words "I declare an interest". The statement must be sufficiently informative to enable those at the meeting to understand the nature of your interest but need not give a detailed description of the interest.

### **Frequent Declarations of Interest**

5.15 Public confidence in an IJB is damaged by perception that decisions taken by that body are substantially influenced by factors other than the public interest. If members are frequently declaring interests at meetings then they should consider whether they can carry out their role effectively and discuss this at the earliest opportunity with their chair or Chief Officer.

Similarly, if any appointment or nomination to another body would give rise to objective concern because of your existing personal involvement or affiliations, you should not accept the appointment or nomination.

### **Dispensations**

5.16 In some very limited circumstances dispensations can be granted by the Standards Commission in relation to the existence of financial and non-financial interests which would otherwise prohibit you from taking part and voting on matters coming before your IJB and its committees.

5.17 Applications for dispensations will be considered by the Standards Commission and should be made as soon as possible in order to allow proper consideration of the application in advance of meetings where dispensation is sought. You should not take part in the consideration of the matter in question until the application has been granted.

## SECTION 6: LOBBYING AND ACCESS TO MEMBERS OF PUBLIC BODIES

### Introduction

6.1 In order for East Renfrewshire IJB to fulfil its commitment to being open and accessible, it needs to encourage participation by organisations and individuals in the decision-making process. Clearly however, the desire to involve the public and other interest groups in the decision-making process must take account of the need to ensure transparency and probity in the way in which East Renfrewshire IJB conducts its business.

6.2 You will need to be able to consider evidence and arguments advanced by a wide range of organisations and individuals in order to perform your duties effectively. Some of these organisations and individuals will make their views known directly to individual members. The rules in this Code set out how you should conduct yourself in your contacts with those who would seek to influence you. They are designed to encourage proper interaction between members of public bodies, those they represent and interest groups. You should also familiarise yourself with the “Roles, Responsibilities and Membership” guidance for members of an Integration Joint Board.

### Rules and Guidance

6.3 You must not, in relation to contact with any person or organisation that lobbies do anything which contravenes this Code or any other relevant rule of East Renfrewshire IJB or any statutory provision.

6.4 You must not, in relation to contact with any person or organisation who lobbies, act in any way which could bring discredit upon East Renfrewshire IJB.

6.5 The public must be assured that no person or organisation will gain better access to or treatment by, you as a result of employing a company or individual to lobby on a fee basis on their behalf. You must not, therefore, offer or accord any preferential access or treatment to those lobbying on a fee basis on behalf of clients compared with that which you accord any other person or organisation who lobbies or approaches you. Nor should those lobbying on a fee basis on behalf of clients be given to understand that preferential access or treatment, compared to that accorded to any other person or organisation, might be forthcoming from another member of East Renfrewshire IJB.

6.6 Before taking any action as a result of being lobbied, you should seek to satisfy yourself about the identity of the person or organisation that is lobbying and the motive for lobbying. You may choose to act in response to a person or organisation lobbying on a fee basis on behalf of clients but it is important that you know the basis on which you are being lobbied in order to ensure that any action taken in connection with the lobbyist complies with the standards set out in this Code.

6.7 You should not accept any paid work relating to health and social care:-

- (a) which would involve you lobbying on behalf of any person or organisation or any clients of a person or organisation.
- (b) to provide services as a strategist, adviser or consultant, for example, advising on how to influence the IJB and its members. This does not prohibit you from being remunerated for activity which may arise because of, or relate to, membership of the IJB, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.

Members of Integration Joint Boards are appointed because of the skills, knowledge and experience they possess. The onus will be on the individual member to consider their position under paragraph 6.7.

6.8 If you have concerns about the approach or methods used by any person or organisation in their contacts with you, you must seek the guidance of the chair of East Renfrewshire IJB or Chief Officer in the first instance.



**ANNEX A****SANCTIONS AVAILABLE TO THE STANDARDS COMMISSION FOR BREACH OF THE CODE**

- (a) Censure – the Commission may reprimand the member but otherwise take no action against them;
- (b) Suspension – of the member for a maximum period of one year from attending one or more, but not all, of the following:
- i) all meetings of the public body;
  - ii) all meetings of one or more committees or sub-committees of the public body;
  - (iii) all meetings of any other public body on which that member is a representative or nominee of the public body of which they are a member.
- (c) Suspension – for a period not exceeding one year, of the member’s entitlement to attend all of the meetings referred to in (b) above;
- (d) Disqualification – removing the member from membership of that public body for a period of no more than five years.

Where a member has been suspended, the Standards Commission may direct that any remuneration or allowance received from membership of that public body be reduced, or not paid.

Where the Standards Commission disqualifies a member of a public body, it may go on to impose the following further sanctions:

- (a) Where the member of a public body is also a councillor, the Standards Commission may disqualify that member (for a period of no more than five years) from being nominated for election as, or from being elected, a councillor. Disqualification of a councillor has the effect of disqualifying that member from their public body and terminating membership of any committee, sub-committee, joint committee, joint board or any other body on which that member sits as a representative of their local authority.
- (b) Direct that the member be removed from membership, and disqualified in respect of membership, of any other devolved public body (provided the members’ code applicable to that body is then in force) and may disqualify that person from office as the Water Industry Commissioner.

In some cases the Standards Commission do not have the legislative powers to deal with sanctions, for example if the respondent is an executive member of the board or appointed by the Queen. Sections 23 and 24 of the Ethical Standards in Public Life etc. (Scotland) Act 2000 refer.

Full details of the sanctions are set out in Section 19 of the Act.

## ANNEX B

## DEFINITIONS AND EXPLANATORY NOTES

**“Chair”** includes Board Convener or any person discharging similar functions under alternative decision making structures.

**“Code”** code of conduct for members of devolved public bodies

**“Cohabitee”** includes a person, whether of the opposite sex or not, who is living with you in a relationship similar to that of husband and wife.

**“Group of companies”** has the same meaning as “group” in section 474(1) of the Companies Act 2006. A “group”, within section 474 (1) of the Companies Act 2006, means a parent undertaking and its subsidiary undertakings.

**“Parent Undertaking”** is an undertaking in relation to another undertaking, a subsidiary undertaking, if a) it holds a majority of the rights in the undertaking; or b) it is a member of the undertaking and has the right to appoint or remove a majority of its board of directors; or c) it has the right to exercise a dominant influence over the undertaking (i) by virtue of provisions contained in the undertaking’s memorandum or articles or (ii) by virtue of a control contract; or d) it is a councillor of the undertaking and controls alone, pursuant to an agreement with other shareholders or councillors, a majority of the rights in the undertaking.

**“A person”** means a single individual or legal person and includes a group of companies.

**“Any person”** includes individuals, incorporated and unincorporated bodies, trade unions, charities and voluntary organisations.

**“Public body”** means a devolved public body listed in Schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000, as amended.

**“Related Undertaking”** is a parent or subsidiary company of a principal undertaking of which you are also a director. You will receive remuneration for the principal undertaking though you will not receive remuneration as director of the related undertaking.

**“Remuneration”** includes any salary, wage, share of profits, fee, expenses, other monetary benefit or benefit in kind. This would include, for example, the provision of a company car or travelling expenses by an employer.

**“Spouse”** does not include a former spouse or a spouse who is living separately and apart from you.

**“Undertaking”** means:

- a) a body corporate or partnership; or
- b) an unincorporated association carrying on a trade or business, with or without a view to a profit.