



Date: 11 November 2022
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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 23 November 2022 at 10.30 am.**

Please note this is a virtual meeting.

The agenda of business is attached.

Yours faithfully

Anne-Marie Monaghan

Chair

For information on how to access the virtual meeting please email eamonn.daly@eastrenfrewshire.gov.uk

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD
WEDNESDAY 23 NOVEMBER 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 21 September 2022 (copy attached, pages 5 - 16).**
- 4. Matters Arising (copy attached, pages 17 - 20).**
- 5. Rolling Action Log (copy attached, pages 21 - 24).**
- 6. Performance and Audit Committee – Minute of meeting held on 21 September 2022 (copy attached, pages 25 - 30).**
- 7. Audited Annual Report and Accounts (copy attached, pages 31 - 120).**
- 8. Revenue Budget Monitoring Report (copy attached, pages 121 - 140).**
- 9. HSCP Recovery and Renewal Programme Update (copy attached, pages 141 - 158).**
- 10. Winter Planning: Presentation by Head of Adult Services – Communities and Wellbeing.**
- 11. HSCP Workforce Plan (copy attached, pages 159 - 218).**
- 12. East Renfrewshire Alcohol and Drugs Partnership Update (copy attached, pages 219 - 292).**
- 13. Date of Next Meeting – Wednesday 1 February at 10.00am.**

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**Minute of virtual meeting of the
East Renfrewshire Integration Joint Board
held at 10.00 am on 21 September 2022**

PRESENT

Anne-Marie Monaghan	NHS Greater Glasgow and Clyde (Chair)
Lynsey Allan	Scottish Care
Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
Councillor Caroline Bamforth	East Renfrewshire Council
Councillor Paul Edlin	East Renfrewshire Council
Dr Claire Fisher	Clinical Director
Jacqueline Forbes	NHS Greater Glasgow and Clyde Board
Dianne Foy	NHS Greater Glasgow and Clyde Board
Anne Marie Kennedy	Third Sector representative
Amina Khan	NHS Greater Glasgow and Clyde Board
Dr Deirdre McCormick	Chief Nurse
Andrew McCready	Staff Side Representative (NHS)
Geoff Mohamed	Carers' representative
Julie Murray	Chief Officer – IJB
Councillor Katie Pragnell	East Renfrewshire Council (Vice-Chair)
Raymond Prior	Interim Head of Public Protection and Children's Services (Chief Social Work Officer)

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
Lee McLaughlin	Head of Adult Services – Communities and Wellbeing
Margaret Phelps	Strategic Planning, Performance and Commissioning Manager
Stephen Shaw	Audit Scotland
Tom Kelly	Head of Adult Services – Learning Disability and Recovery

APOLOGIES FOR ABSENCE

Dr Angela Campbell	Consultant Physician in Medicine for the Elderly
Councillor Owen O'Donnell	East Renfrewshire Council
Lynne Rankin	Staff Side Representative (ERC)

DECLARATIONS OF INTEREST

1. There were no declarations of interest intimated.

MINUTE OF PREVIOUS MEETING

2. The Board considered and approved the Minute of the meeting held on 10 August 2022.

MATTERS ARISING

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

ROLLING ACTION LOG

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

ANNUAL PERFORMANCE REPORT 2021-22

5. Under reference to the Minute of the meeting of the Performance and Audit Committee held prior to the meeting of the Board, the Board considered a report by the Chief Officer providing details of the performance of the HSCP over 2021-22.

Having referred to the legislation and guidance setting out the prescribed content of a performance report for an integration authority, and also having highlighted the delayed reporting timescales due to COVID-19, the report explained that this was the sixth Annual Performance Report that had been prepared. It was noted that the report was a high-level report principally structured around the priorities set out in the Strategic Plan, and linked to the National Health and Wellbeing Outcomes as well as those for Criminal Justice and Children and Families.

The report explained that the Annual Report, a copy of which accompanied the report, set out how the HSCP had delivered on its vision and commitments over 2021-22, recognising the continuing challenges of the pandemic, its impact on ways of working, and potential disruption to performance trends.

The main elements of the report set out the HSCP's current strategic approach; the response to the pandemic; work to deliver the strategic priorities and meet the challenges of the pandemic over the preceding 12 months; financial performance; and detailed performance information illustrating data trends against key performance indicators.

The report explained that national performance measures could be grouped into two types of complementary measures; outcome measures and organisational measures. It was noted that outcome measures were based on survey feedback available every two years from a national survey of people taken from a random sample based on GP practice populations, whilst organisational measures were taken from data that was collected across the health and care system for other reasons.

The remaining performance information in the report related to the key local indicators and targets developed to monitor progress against the Interim Strategic Plan 2021-22. These indicators illustrated progress against each of the seven strategic priorities. It was noted that Chapter 4 of the report gave trend data from 2016-17 and used a Red, Amber, Green status key to show whether targets were being met.

NOT YET ENDORSED AS A CORRECT RECORD

Having referred to the continuing impact of the pandemic, and to the performance update provided to the Board in June, the report then listed summary headline performance information across 8 service areas.

Ms Monaghan having reported that the report had been scrutinised in detail at the earlier meeting of the Performance and Audit Committee, the Policy, Planning and Performance Manager was then heard further on the report including on the proposed alterations suggested by the committee, following which full discussion took place.

Ms Monaghan referred to the changes to be made and that in future efforts would be made to present the report to an earlier committee meeting to allow for a final revised version, incorporating any changes agreed at the committee, to be presented to the Board.

Responding to Councillor Pragnell, the Interim Head of Public Protection and Children's Services was heard on some of the work being carried out to support families in crisis and deal with the increasing numbers of children coming into care. He emphasised the importance of early intervention and explained that conversations were ongoing in relation to the use of The Promise funding in this regard. A report on this could be submitted to a future meeting of the Board.

Further discussion took place on the process for finalising the annual report and the Policy, Planning and Performance Manager intimated that the final draft could be shared with Board members before being sent to the Scottish Government. In addition, responding to comments from Ms Khan on how some of the performance information provided was confusing, he confirmed that the way in which information was presented in future performance reports was to be considered by the short life working group set up for that purpose.

Thereafter the Board:-

- (a) approved the report, subject to the amendments as outlined by both the Board and the preceding Performance and Audit Committee;
- (b) agreed that the final version of the report be circulated to members of the Board prior to submission to the Scottish Government by 30 September; and
- (c) agreed that the Policy, Planning and Performance Team work with the Council's Communications Team to consider a range of media to engage with the public, illustrate performance and publish the Performance Report online and through social media.

CLINICAL AND CARE GOVERNANCE ANNUAL REPORT

6. The Board took up consideration of a report by the Clinical Director submitting the HSCP's Annual Clinical and Care Governance Report for 2021-22. A copy of the Annual Report was appended to the report.

It was explained that the report reflected on the clinical and care governance arrangements of the HSCP and progress made in improving the quality of clinical care. It was structured around the three main domains set out in the National Quality Strategy: Safe, Effective and Person-Centred Care.

The report described the main governance framework and demonstrated work to provide assurance for the HSCP, with an emphasis on the work for the HSCP Workforce Plan and the importance of building resilience and supporting staff wellbeing.

The Clinical Director was heard at length in the course of which the key points of the report were summarised.

Ms Monaghan welcomed the report, and in particular highlighted how the stories and photographs that had been included were particularly powerful.

Ms Forbes highlighted a number of typographical errors in the report and posed a number of questions in respect of which the Clinical Director was heard in response. In particular, the Clinical Director explained that the number of practices a single member of staff could cover was determined by the Musculoskeletal (MSK) service. An extra member of staff had been requested but this had not been possible due to wider staffing challenges. Locally the preferred service delivery method would be through a hub model but the MSK service did not appear to favour that approach. Although 60% of practices were now covered, continued efforts to encourage the MSK service to both increase staff numbers and adopt a hub model would be made.

In addition the Chief Nurse explained that the main reason for the change in vaccination numbers was down to changed eligibility criteria. A footnote to explain this further could be added to the report.

Responding to Ms Foy, the Clinical Director then explained the process for categorising and prioritising patients with adult autism referring to work that had been undertaken in relation to neurodivergent pathways. In addition, in relation to staffing levels, the Head of Adult Services – Learning Disability and Recovery, reminded the Board that the report was historical, that the team was now fully staffed, and consequently people were being dealt with more quickly

The Chief Officer then responded to questions from Ms Khan on the potential impact on clinical and care governance arrangements of both the independent review of adult social care and the Scottish Government plans for a National Care Service. She explained that although the independent review had preceded the National Care Service proposals they both dealt with the same issues and comments had been submitted to the Scottish Parliament committee leading on scrutiny of the plans in response to their call for evidence.

The Board noted:-

- (a) the Clinical and Care Governance Annual Report 2021-2022; and
- (b) that the IJB would retain oversight of the role and function of the Clinical and Care Governance Group where clinical and care governance would be taken forward.

CHIEF SOCIAL WORK OFFICER'S ANNUAL REPORT 2021-22

7. The Board considered a report by the Chief Social Work Officer providing details of the Annual Report for 2021-22. A copy of the Annual Report was appended to the report.

The Annual Report provided an overview of the professional activity for social work within East Renfrewshire for 2020-21 through the delivery of statutory functions and responsibilities held by the Chief Social Work Officer. The report noted that over the preceding year social work professionals had continued to support individuals and families within East Renfrewshire during continued unprecedented and challenging times. This had involved responding to higher demands for support in unpredictable times. Social work staff had responded creatively with a commitment to improve outcomes for the individuals and families receiving support.

NOT YET ENDORSED AS A CORRECT RECORD

The report provided a detailed summary of statutory services and the dedication of staff in supporting residents and improving outcomes. It also provided some reflections on the impact of COVID-19 on the work of the service and future plans.

The report also highlighted many examples of success to celebrate and build on.

The Interim Chief Social Work Officer was then heard at length on the report during which he commented on some of the service successes that had been delivered and also referred to some of the challenges to be faced, including a greater need to focus on support for service users with neurodivergent profiles and increasing challenges relating to poverty and cost of living.

Ms Monaghan welcomed the improved balance in the report between adult and children's services following which the Head of Adult Services – Communities and Wellbeing, in response to Councillor Bamforth, provided more information in relation to private guardianship orders. This included the application and review process, it being noted that whilst families were encouraged to apply for these orders, it did increase demands on staff as any arrangements introduced had to be reviewed to ensure the powers granted were being used appropriately. It was explained that ideally, rather than reach a stage where families had to apply for guardianship orders, power of attorney should be sought earlier. This approach would be promoted as part of the winter planning arrangements.

Councillor Pragnell referred to the number of families participating in the post-adoption support group and enquired how long support services were available, in response to which the Interim CSWO explained that it was recognised that the type of support required could change as children got older and that there was no cut-off age beyond which support was no longer provided. He also explained in response to questions from Ms Khan on staffing issues such as absence and retention that generally, staff absence was not an issue in the social work service. He also confirmed that social work staff retention in East Renfrewshire was positive. The Head of Adult Services - Communities and Wellbeing provided further information on the various wellness programmes in place to support staff.

Discussion also took place in relation to the Cygnet Parenting Programme for parents of children with an autism diagnosis, and the steps being taken to reintroduce face to face meetings were explained.

Summarising discussions, Ms Monaghan reminded the Board that one of the actions on the rolling action log related to the reporting to a future meeting on how the use of data in Children's Services had led to service improvements. She suggested that the Annual Report had dealt with this satisfactorily and that the action could now be considered closed. This was agreed. She also suggested that a report to a future meeting on all neurodivergent activity taking place be added to the rolling action log.

Thereafter Ms Monaghan having thanked officers for all the annual reports on the agenda and on behalf of the Board thank the workforce for their continuing efforts to deliver services, the Board

- (a) noted the Chief Social Work Officer's Annual Report; and
- (b) agreed that the report be submitted to East Renfrewshire Council for consideration.

REVENUE BUDGET MONITORING REPORT

8. The Board considered a report by the Chief Financial Officer advising of the projected outturn position of the 2022/23 revenue budget as at 31 August 2022.

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. The latest return showed projected costs had decreased by £3.2 million as system wide costs for LFT testing and PPE Hubs had been removed as advised by Scottish Government. Funding received late in 2021/22 would meet the costs of expected activity as outlined in the report, it being noted that this no longer included support for unachieved savings.

The report explained that current projected local mobilisation plan costs were £4.976 million. This was funded by £9.266 COVID Reserve funding carried forward leaving a balance of £4.290 million. It was also noted that the Scottish Government advice that it was unlikely that there would be further COVID-19 funding this year remained unchanged and work was ongoing to ensure appropriate exit strategies were in place. Work was also ongoing with the Scottish Government nationally to determine the use of any balances of COVID-19 funding during 2022/23.

Thereafter it was reported that against a full year budget of £143.602 million there was a projected operational overspend of £0.566 million (0.39%) after assumed contributions to and from reserves.

Details of the main projected operational variances as well as ongoing financial risks were set out.

The Chief Financial Officer was then heard further on the report giving further details of the operational variances set out, reference also being made to the impact of the ongoing public sector pay award negotiations. As any settlement and any potential funding was not known this had not been included in the projected costs at this stage. There was significant risk to the IJB that any shortfall in funding would add to the current financial challenge and every 1% not funded would cost c£450k for a full year.

It was clarified that this should be mitigated to some degree as the Scottish Government had previously committed to fund NHS agenda for change and medical pay awards.

Further contractual variation requests from care providers were also expected and it was intended to contain this within the provision that had been made for further activity during the year.

Given the increasing demand pressures and possible new cost pressures the Senior Management Team within were looking at a number of actions to minimise all non-essential costs and working on an action plan for cost reductions and new savings proposals in preparation for the 2023/24 budget.

In addition the Chief Financial Officer reported that the Scottish Government had written to Chief Officers on 12 September advising that it was intended to reclaim COVID reserves and redistribute these across the sector. It was imperative therefore that the expenditure return submitted to Scottish Government was as accurate as possible. It was not anticipated there would be any significant changes in costs locally.

The Chief Financial Officer also reported that the cost pressure from unaccompanied asylum seeker children had abated since the report was written as there were no longer any residential placements. This meant the costs for the current 11 children should be within funding and activity and costs would be closely monitored as the year progressed.

Furthermore whilst prescribing was shown as a nil variance, the report also set out current challenges, in relation to which it was expected that it would be necessary to draw from the smoothing reserve this year, although at this stage by how much remained unclear.

Finally it was reported that the Scottish Government had also advised that for 2022/23 Primary Care Improvement funding, the value of the ring-fenced reserve would be deducted from the allocation in the current year. Discussions continued at a national level, however locally this was a lower risk as commitments against the balance were relatively low.

Ms Monaghan highlighted those elements over which the HSCP had no control but acknowledged and recognised the work of the Chief Financial Officer to ensure appropriate financial controls over other elements including having anticipated the request from Scottish Government for the return of unspent COVID funding. This was supported by Ms Forbes who more generally referred to the challenging financial times ahead.

Responding to questions from Councillor Bamforth on funding support for Ukrainian families the Chief Financial Officer explained that it would be expected to receive funding in accordance with Home Office agreed amounts and modelling would be carried out on that basis.

In addition to the comments from the Chief Financial Officer the Interim CSWO explained that there were different schemes for unaccompanied children and for Ukrainian families. There were impacts on Children's Services including residential costs associated with unaccompanied children. The Chief Officer also confirmed that a report on cost pressures was being compiled. This would include issues such as the cost of funding placements. This was to be presented to the Council's Corporate Management Team as part of ongoing budgetary work but could be presented to a future Board meeting.

The Board noted the:-

- (a) projected outturn for the 2023-23 revenue budget; and
- (b) projected reserves balances.

CHARGING FOR SERVICES 2023-24

9. The Board considered a report by the Chief Officer, to be considered by the East Renfrewshire Council Cabinet, seeking the Board's endorsement for proposed charges for services provided by the HSCP for 2023-24.

Having explained that authority for setting charges for social care had not been delegated to the Board and still lay with the Council, the report provided details of current charges, and outlined the proposed charges for 2023-24.

The Chief Financial Officer was heard further in the course of which she explained that the economic climate and associated cost of living challenges currently being faced were unprecedented within the lifetime of the IJB. This was particularly pertinent to those individuals receiving support, many of whom would be impacted in particular by the rising cost of utilities where temperature would specifically impact on health and wellbeing.

It was noted that the usual process for increasing charges was linked to inflation so in the current climate there was a very real tension between inflation related increases that would further impact on the cost of living challenge for many people. The inflation increase used in the 2022/ 23 charges was 3.7% based on information at November 2021. Were this to be restated to reflect the position now, it would be 10.4%; however it was emphasised there was no proposal to revise charges in the current year. The inflation rate per the annual process was identified at 12.3% for 2023/ 24 and this was the figure currently reflected in the proposed charges to be submitted to the Cabinet.

In relation to energy costs, it was recognised that there would be some government support for individuals recognising the increase in these costs, and the IJB was being asked to agree that this should be disregarded when a financial assessment was undertaken to establish the ability to pay charges.

The Chief Financial Officer referred to the plans outlined in the report for the review of the individual budget calculator as one of the projects within the Recovery and Renewal programme and that the review would need to take cognisance of the revised Self Directed Support guidance due to be published by the Scottish Government, expected in the autumn.

She also explained the tensions between increasing charges to generate income which was offset by the additional workload generated through the need for financial assessments to be carried out on all service users. The fact that current thinking in relation to the National Care Service seemed likely to determine policy changes around non-residential charging along with national criteria, resulting in any introduction of this charge being time limited, also needed to be considered.

The Chief Financial Officer also referred to the proposal to add a new clause to the policy, subject to IJB approval, to include the treatment of compensation payments. Treatment of compensation payments should be considered where the breakdown of any compensation award included provision for the cost of care. Any such element should be included in assessment and the ability to pay, subject to legal advice and agreement to ensure the financial assessment was accurate and fair.

Full discussion then took place. Ms Monaghan referred to the significant increase in weekly costs for Bonnyton House residents questioning the impact on those already resident in the facility. In reply the Chief Officer explained that residents being required to pay increased charges was the same regardless of whether it was a public or private sector home. The Chief Financial Officer confirmed that a new financial assessment would be undertaken in respect of all Bonnyton House residents.

The Chief Financial Officer was heard more in relation to the percentage figures in relation to Bonnyton House, explaining that the rounding up or down to the nearest 5p could in some cases alter the percentage.

Responding to a question whether the level of charges for care homes was proving to be a disincentive with a subsequent increased demand for care at home, the Head of Adult Services – Communities and Wellbeing explained that the assessment of care need was completely separate from financial assessment and that if a care need assessment showed that a person could be better supported in a care home than at home discussions would take place at that time.

Further discussion took place in relation to whether or not the IJB would wish to proceed with the introduction of a contribution model. This would most likely mean a combination of deduction at source and/or billing for the contribution. The benefits and disbenefits of introducing this having been discussed, the general view was that taking account of various factors, including the additional work required, the amount of ill-will that would be generated, and that the Scottish Government wanted to remove charges by the end of the current parliamentary term, the model should not be introduced as part of the 2023/24 budget.

The Board:-

- (a) noted the issues raised;
- (b) agreed that any additional income through government initiatives that individuals may receive towards the cost of living is disregarded in financial assessments;

NOT YET ENDORSED AS A CORRECT RECORD

- (c) endorsed the draft annual proposed inflation increases to existing charges for 2023/24 and agreed that they be remitted to East Renfrewshire Council's Cabinet for consideration;
- (d) agreed that the contribution element of the individual budget calculator should not be introduced as part of the 2023/24 budget process; and
- (e) approved the addition of a new clause to the Non Residential Charging Policy to include treatment of compensation.

HSCP RECOVERY AND RENEWAL PROGRAMME

10. Under reference to the Minute of the previous meeting (Item 8 refers), the Board considered a report by the Chief Officer providing an update on the HSCP Recovery and Renewal Programme. A detailed overview of current projects accompanied the report.

It was explained that following the previous meeting the reporting format had been revised to better reflect project details and benefits. This included indicative financial savings.

The Chief Financial Officer having confirmed that over the coming months the size of the programme and subsequent level of detail presented to the Board would increase, and both Ms Monaghan and Ms Forbes having welcomed the new reporting arrangements, the Board noted the report.

SPECIALIST LEARNING DISABILITY INPATIENT SERVICE PERFORMANCE REPORT

11. Under reference to the Minute of the meeting of the Performance and Audit Committee of 22 June 2022 (Item 8 refers), the Board considered a report by the Chief Officer providing performance data on Specialist Learning Disability Inpatient Services, with a particular focus on admission and discharge activity for both the 2021 calendar year and for that part of 2022 for which information was available. This service was hosted by East Renfrewshire HSCP on behalf of NHS Greater Glasgow and Clyde.

It was explained that the report containing the 2021 performance information had been discussed in detail at the June meeting of the committee and it had been agreed that the report be updated to include 2022 data and presented to the Board for its interest.

It was explained that the report focussed on activity relating to the Assessment and Treatment Services (Blythswood House and Claythorn House) which had 27 beds across the two sites. The service was available to people with a learning disability residing in 9 Health and Social Care Partnerships, 6 of which lay within the NHS Greater Glasgow and Clyde boundary and a further 3 outwith NHS Greater Glasgow and Clyde area which were provided via service level agreements.

It was further explained that the data in the report had been collected from the bed management and patient management systems; EMIS and TrakCare. There were some limitations in the data provided due to patients admitted in the previous years but not yet discharged being included in the report. There was also missing data for the number of individuals appropriately admitted to mental health care, who had not needed specialist learning disability inpatient care.

The report highlighted some key performance related messages following which it provided an overview of activity over the reporting periods.

The Head of Adult Services – Learning Disability and Recovery was then heard further on the report in the course of which he explained that what the report did demonstrate was in many instances the lack of detailed plans to facilitate patient discharge.

Ms Forbes welcomed the presentation of the report to the Board which clearly showed that collectively amongst the HSCPs in the NHSGGC area more had to be done. She highlighted the one patient waiting to move out of learning disability hospital provision since 2016 which she considered unacceptable. She further referred to the information where patients with learning disability remained in a mental health bed during their in-patient stay in hospital rather than being transferred to a learning disability bed.

Ms Khan sought clarification if the ethnic groupings listed in the report were in accord with Scottish Government categories. She also questioned whether the numbers of minority ethnic patients were disproportionately high and also highlighted the increase in female admissions during 2021.

In response it was noted that the ethnic categories could be checked, confirmed that there was an emerging overrepresentation from minority ethnic groups, and also that there was a definite shift in terms of the people being supported by the service.

Mr Mohamed referred to non-verbal patients suggesting that it would be interesting to see further information relative to them. He explained that non-verbal patients were particularly vulnerable and questioned what support measures and communications strategies were in place. He also referred to the absence of input from carers.

In response the Head of Adult Services – Learning Disability and Recovery, suggested that the information referred to by Mr Mohamed may be more suitable for inclusion in a separate report about service quality and pathways and that he would be happy to discuss this offline. He also reported that the service had just been reaccredited by the Royal College of Psychiatry.

Also referring to Mr Mohamed's comments the Chief Officer explained that the purpose of the report was to draw the attention of the other HSCPs in the NHSGGC area to those matters that needed to be addressed.

The Board:-

- (a) noted the report;
- (b) agreed that the report be shared with the Chief Officers of the other HSCPs in the NHSGGC area with a request that action plans be prepared for those patients each HSCP was responsible for; and
- (c) those Chief Officers be requested to present the report to their respective IJBs to allow the information to be considered

IJB STRATEGIC RISK REGISTER ANNUAL UPDATE 2022

12. The Board considered a report by the Chief Officer submitting for consideration the annual update on the IJB Strategic Risk Register, a copy of which accompanied the report.

The report explained that the Performance and Audit Committee received updates on the risk register at each meeting with any additions, deletions or changes to the register and the reasons for each also being reported.

It was explained that since the register was last reported to the Board in September 2021, all risk control measures had been reviewed and updated where necessary, all risk scores had been reviewed and updated. This had resulted in 4 risk scores being reduced, 1 increased, no new risks added and no risks removed. Details of those matters where the risk score had changed were outlined.

In addition the report explained that those risks that scored between 11-16 on the risk matrix post-mitigation, as well as those the management team considered to be significant, were brought to the attention of the committee by way of an exception report. Thereafter, the report highlighted the 1 risk identified as red (high), this being in relation to financial sustainability and explained why the risk was considered as red even after mitigation.

It was also explained that although Failure of a Provider was scored as 9 (medium) post mitigation, it was considered a significant risk given the potential impact on service delivery.

The Board noted the register.

DATE OF NEXT MEETING.

13. It was noted that the next meeting of the Integration Joint Board would be held on Wednesday 23 November 2022 at 10.30 am.

CHAIR

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	23 November 2022
Agenda Item	4
Title	Matters Arising
<p>Summary</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 21 September 2022.</p>	
Presented by	Julie Murray, Chief Officer
<p>Action Required</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

23 November 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

Annual Reports

3. Comments made at the Integration Joint Board on 23 September have been incorporated into the Annual Performance Report and the final draft has been recirculated for any final comments prior to publication ahead of the Scottish Government deadline of 30 November 2022.
4. Small amendments to the Clinical and Care Governance Annual Report have also been made following the last meeting. The final version will be made available online.
5. The Chief Social Work Officer report was presented to Council on 26 October 2022 where it was approved for submission to Scottish Government.

Specialist Learning Disability Inpatient Service Performance

6. The performance report in relation to LD Inpatient Services has been shared with the other Health and Social Care Partnerships within Greater Glasgow and Clyde as requested by the Integration Joint Board.

HSCP Strategic Plan

7. The summary version of our HSCP Strategic Plan which includes video case studies has been shared with IJB Members and other partners. It is also available online and has been shared through social media.
<https://indd.adobe.com/view/badd5a41-54e9-4205-973a-06e3b4134c9b>

RECOMMENDATIONS

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

REPORT AUTHOR AND PERSON TO CONTACT

IJB Chief Officer: Julie Murray

4 November 2022

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	23 November 2022
Agenda Item	5
Title	Rolling Action Log
Summary	
The attached rolling action log details all open actions, and those which have been completed since the last IJB meeting on 21 September 2022.	
Presented by	Julie Murray, Chief Officer
Action Required	
Integration Joint Board members are asked to note progress.	

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ACTION LOG: Integration Joint Board (IJB)

November 2022

Action No	Date	Item No	Item Name	Action	Responsible Officer	Status	Due / Closed	Progress Update /Outcome
380	21-Sep-22	6	Annual Performance Report	The report was approved subject to the amendments/alterations proposed at the meeting and at the preceding Performance and Audit Committee. Make the changes and share the final draft with members of the IJB prior to submission to the Scottish Government by 30 September	PPPM	CLOSED	Nov-22	The final Annual Pperformance Report has been circulated to IJB members for final comments ahead of Scottish Government deadline of 30 November.
379	21-Sep-22	6	Annual Performance Report	Consider submitting a report on the use of The Promise funding for early intervention measures	CSWO	OPEN	Mar-23	Added to forward planner - provisionally scheduled for Mar 2023
378	21-Sep-22	7	Clinical and Care Governance Annual Report 2021/22	Make typographical amendments as highlighted at the meeting and add explanatory note/footnote to table re vaccination levels re patients declining consent	CD	CLOSED	Nov-22	Changes have been incorporated and the final version will be added to our publication scheme
377	21-Sep-22	8	Chief Social Work Officer Annual Report	The report was noted and arrangements should be made for it to be considered by East Renfrewshire Council	CSWO	CLOSED	Oct-22	Report presented at Council 26/10/2022
376	21-Sep-22	8	Chief Social Work Officer Annual Report	Arrange for a report on all neurodivergent activity taking place to be added to the rolling action log for presentation at a future meeting.	CSWO	OPEN	Mar-23	Added to forward planner - provisionally scheduled for Mar 2023
375	21-Sep-22	9	Revenue Budget Monitoring Report as at 31 August	Prepare a report regarding the cost pressures associated with supporting Ukranian families and unaccompanied children for submission to the Council's CMT prior to submission to a future IJB	CSWO	OPEN	Dec-22	The situation continues to be monitored
374	21-Sep-22	10	Charging for Services 2023/24	Make arrangements for the report to be remitted to the East Renfrewshire Council Cabinet	CFO	CLOSED	Nov-22	Report will be presented at Cabinet on 01.12.22
373	21-Sep-22	12	Specialist Learning disability In Patients Performance Report	Arrange for the report to be shared with the other HSCPs in the NHSGGC area and ask they share it with their IJBs and that they have action plans for the patients they are responsible for	HAS: LD&R	CLOSED	Oct-22	The performance report was shared with GGC HSCPs at the Chief Officers meeting 28/10/22
372	10-Aug-22	5	Matters Arising	Submit an update on the HSCP Workforce Plan to a future meeting following receipt of comments from Scottish Government.	CO	CLOSED	Nov-22	Report included on Nov-22 IJB agenda
370	10-Aug-22	6	Rolling Action Log	Share a copy of the Strategic Plan with Board members once ready for publication.	CO	CLOSED	Oct-22	Now available online. Shared with IJB members 20/10/22
366	10-Aug-22	15	Calendar of Meetings 2023	The 2023 calendar was approved, subject to checking with NHSGGC about possible clashes of dates. Contact NHSGGC for their calendar and make the necessary arrangements.	DSM	OPEN	Aug-22	Contacted NHSGGC Board - awaiting feedback
362	22-Jun-22	9	Unaudited Annual Report and Accounts	The Board approved the unaudited accounts and the proposed reserves allocations. Submit the audited accounts to the Performance & Audit Committee and the IJB in November	CFO	CLOSED	Nov-22	Report included on Nov-22 IJB agenda
355	16-Mar-22	11	Age of Criminal Responsibility (Scotland) Act 2019	Make arrangements to identify a named establishment as a place of safety.	CSWO	OPEN	Dec-22	Working with Council Corporate Landlord to explore options
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	Feb-23	Added to forward planner - deferred from Nov-22 to Feb-23
244	26-Jun-19	10	Financial Framework for the 5-Year Adult Mental Health Services Strategy in GGC	Submit a progress report in due course.	CFO	OPEN	Dec-22	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
 IJB Integration Joint Board
 PAC Performance and Audit Committee

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

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

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**Minute of virtual meeting of the
East Renfrewshire Integration Joint Board
Performance and Audit Committee
held at 9.00am on 21 September 2022**

PRESENT

Councillor Katie Pragnell, East Renfrewshire Council (Chair)

Lynsey Allan	Scottish Care
Councillor Caroline Bamforth	East Renfrewshire Council
Jacqueline Forbes	NHS Greater Glasgow and Clyde Board
Anne Marie Kennedy	Non-voting IJB member
Councillor David Macdonald	East Renfrewshire Council co-opted member
Anne-Marie Monaghan	NHS Greater Glasgow and Clyde Board

IN ATTENDANCE

Liona Allison	Assistant Committee Services Officer (East Renfrewshire Council)
Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
Michelle Blair	Chief Auditor (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
Julie Murray	Chief Officer – IJB
Margaret Phelps	Strategic Planning, Performance and Commissioning Manager
Steven Reid	Policy, Planning and Performance Manager
Louisa Yule	Audit Scotland

DECLARATIONS OF INTEREST

1. There were no declarations of interest intimated.

MINUTE OF PREVIOUS MEETING

2. The committee considered and approved the Minute of the meeting of 22 June 2022.

MATTERS ARISING

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

In relation to performance reporting in respect of Children and Adolescent Mental Health Services (CAMHS) it was reported that as at 21 September 100% of referrals had been seen within the target waiting time of 18 weeks. It was hoped to sustain this level of performance but this would be dependent on retaining staff.

In response to a question from Councillor Pragnell on an increase in the number of young people presenting with eating disorders the Chief Officer indicated that she would need to investigate this further but that it was a national and not a local issue.

The committee noted the report.

ROLLING ACTION LOG

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

The Chief Financial Officer was heard in relation to those actions that remained open. In particular she outlined the steps to be taken regarding reminders being issued to managers and confirmed that in relation to overhead allocations the Council was carrying out a mid-year exercise in the current year. This information could be brought to the seminar on overhead allocations to be arranged.

Responding to Mrs Kennedy who intimated that she had not yet received an invitation to attend the meeting of the short-life working group being set up to look at performance reporting, it was confirmed that this would be issued, and that if there had been a wider problem with the non-receipt of invitations the meeting could be rescheduled.

The committee noted the report.

ANNUAL PERFORMANCE REPORT 2021-22

5. The committee considered a report by the Chief Officer providing details of the performance of the HSCP over 2021-22.

Having referred to the legislation and guidance setting out the prescribed content of a performance report for an integration authority, and also having highlighted the delayed reporting timescales due to COVID-19, the report explained that this was the sixth Annual Performance Report that had been prepared. It was noted that the report was a high-level report principally structured around the priorities set out in the Strategic Plan, and linked to the National Health and Wellbeing Outcomes as well as those for Criminal Justice and Children and Families.

The report explained that the Annual Report, a copy of which accompanied the report, set out how the HSCP had delivered on its vision and commitments over 2021-22, recognising the continuing challenges of the pandemic, its impact on ways of working, and potential disruption to performance trends.

The main elements of the report set out the HSCP's current strategic approach; the response to the pandemic; work to deliver the strategic priorities and meet the challenges of the pandemic over the preceding 12 months; financial performance; and detailed performance information illustrating data trends against key performance indicators.

The report explained that national performance measures could be grouped into two types of complementary measures; outcome measures and organisational measures. It was noted that outcome measures were based on survey feedback available every two years from a national survey of people taken from a random sample based on GP practice populations, whilst organisational measures were taken from data that was collected across the health and care system for other reasons.

The remaining performance information in the report related to the key local indicators and targets developed to monitor progress against the Interim Strategic Plan 2021-22. These indicators illustrated progress against each of the seven strategic priorities. It was noted that Chapter 4 of the report gave trend data from 2016-17 and used a Red, Amber, Green status key to show whether targets were being met.

Having referred to the continuing impact of the pandemic, and to the performance update provided to the Board in June, the report then listed summary headline performance information across 8 service areas.

The Policy, Planning and Performance Manager was then heard further on the report following which full discussion took place.

Ms Forbes highlighted a number of typographical errors throughout the report and in relation to the chart setting out governance, relationships and links with partners suggested that this should be amended to make clearer the links between the IJB, the health board and the Council. She also reiterated a point made at other meetings regarding the challenge of any changes suggested by the committee being fully reflected on and reported to the Board as both meetings were on the same day.

In reply, officers confirmed that the governance chart would be amended and that the timing of the presentation of the report to the committee could be reviewed.

Officers also responded to questions from Ms Allan on hours of homecare service provided by partner providers and opportunities to discuss funding allocations.

Responding to Councillor Bamforth, the reason for an increase in Women's Aid referrals against a decrease of domestic abuse Request for Assistance referrals was explained.

It was also confirmed that whilst the number of emergency admissions was trending down from the previous year those admitted were remaining in hospital longer due to having more complex needs which required a longer assessment time, with a corresponding increase in delayed discharges.

The committee noted the report.

BONNYTON HOUSE CARE HOME INSPECTION REPORT

6. The committee considered a report by the Chief Officer providing an overview of the most recent inspection by the Care Inspectorate and subsequent report into Bonnyton House. A copy of the Care Inspectorate report accompanied the report as an appendix.

The report outlined the Care Inspectorate's key messages, provided examples of positive feedback from families and highlighted that overall the inspection was positive with grades of "Good" and "Very Good" awarded and no requirements made. This was an improvement on the previous inspection. Across the 5 inspection categories there had been 3 ratings of "Good"

and 2 of “Very Good”. Furthermore it was noted that the four recommendations from the previous inspection had been met and no further recommendations were made, however a number of areas for improvement had been identified and an action plan had been put in place.

The Head of Adult Services – Communities and Wellbeing, reminded the committee that Bonnyton House had been decanted during the pandemic and that the improvements that had been delivered had been achieved during particularly difficult times.

Members of the committee having congratulated staff on the report, the Head of Adult Services – Communities and Wellbeing, in response to Ms Monaghan, explained the processes in place to ensure that the service improvements were maintained.

Councillor Macdonald having reminded the committee that at one stage the closure of Bonnyton House had been actively considered, Councillor Bamforth queried if there was any evidence to suggest that families were reluctant to place family members in care homes following the events of the pandemic. In reply the Head of Adult Services – Communities and Wellbeing, suggested that whilst feedback was that people wanted to stay at home where possible, families were now more nervous about family members staying at home rather than in care homes.

The committee noted the report.

INTERNAL AUDIT PLAN 2022-23

7. The committee considered a report by the Chief Auditor, East Renfrewshire Council, providing details of the proposed 2022-23 audit plan, for which approval was sought

The report explained that 15 days had been allocated against the IJB within the ERC Annual Audit Plan. This was considered to be an adequate number of days due to the limited IJB-specific audits to be carried out.

Commenting on the proposed plan, the Chief Auditor explained that it was proposed that most of the allocated days were held in reserve and called upon if required. These could be supplemented if necessary by available contingency time.

Ms Forbes emphasised the importance of any audits carried out by either the Council or NHSGGC with implications for the IJB being presented to the committee, in response to which the Chief Financial Officer explained that the following item on the agenda provided an update on new audit activity relating to the Integration Joint Board since last reported to the Performance and Audit Committee in June 2022, and any new audit activity relating to the Health and Social Care Partnership since last reported to Performance and Audit Committee in June 2022. Notwithstanding she could work with the Chief Auditor to consider if there was a more suitable way to address Ms Forbes’ comments.

The committee approved the proposed 2022-23 Audit Plan.

AUDIT UPDATE

8. Under reference to the Minute of the previous meeting (Item 9 refers), the committee considered a report by the Chief Officer providing an update on new audit activity relating to the IJB and HSCP since last reported to the committee in June 2022, and summarising all

open audit recommendations. Accompanying the report were a series of appendices. These contained information regarding audit activity relating to the IJB and HSCP; and information on recommendations from previous audits. Summary information in relation to the appendices was contained in the report

The Chief Auditor was heard in response to comments from Councillor Pragnell regarding a shortage of auditors and how she would prioritise audits impacting on governance and assurance.

Ms Forbes welcomed the progress that had been made on verification. She suggested that new timescales were required in relation to the open actions associated with the audit into the CareFirst Finance system and that the actions in relation to the audit on emergency payments needed checked.

In reply the Chief Auditor explained that it would be for HSCP staff to provide updated timescales for completing the actions relative to CareFirst and that she would work with staff to agree actions in relation to emergency payments.

The committee noted the report.

POLICY UPDATE

9. Under reference to the Minute of the previous meeting (Item 10 refers), the committee considered a report by the Chief Officer providing details of a number of 6 policies that had been reviewed as part of the ongoing process of reviewing those policies relating specifically to the governance of the IJB. Copies of each of the policies accompanied the report.

The committee noted the report.

IJB STRATEGIC RISK REGISTER UPDATE

10. Under reference to the Minute of the previous meeting (Item 11 refers), the committee considered a report by the Chief Officer providing an update on the Integration Joint Board Strategic Risk Register. A copy of the risk register accompanied the report.

Having set out the risk matrix used to calculate risk scores, the report then referred to the meeting of the committee on 22 June 2022 and explained that since then no new risks had been added; no existing risks had been removed, and no risk scores had changed.

The committee noted the report.

CALENDAR OF MEETINGS

11. The committee considered a report by the Chief Officer with proposed meeting dates for 2023. Ms Forbes having referred to earlier comments about the issues associated with meetings of the committee and the UIJB taking place on the same day, the committee approved the meeting dates.

DATE OF NEXT MEETING

12. It was reported that the next meeting of the committee would take place on Wednesday 23 November 2022 at 9.00am.

CHAIR



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	23 November 2022
Agenda Item	7
Title	Audited Annual Report and Accounts 2021/22
<p>Summary</p> <p>This report provides an overview of the audited annual report and accounts for the Integration Joint Board (IJB) covering the period 1 April 2021 to 31 March 2022.</p> <p>The Chair of Performance and Audit Committee will advise the Integration Joint Board of:-</p> <ul style="list-style-type: none"> ▪ any matters arising from the Performance and Audit Committee ▪ the Performance and Audit Committee's decision on the remittance of the audited Annual Report and Accounts to the Integration Joint Board. <p>The Performance and Audit Committee Meeting is immediately prior to the Integration Joint Board on 23 November 2022.</p>	
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<p>Action Required</p> <p>The Integration Joint Board is requested to:</p> <ol style="list-style-type: none"> a) Approve the audited annual report and accounts as remitted from the Performance and Audit Committee. b) Authorise the Chair, Chief Officer and Chief Financial Officer to accept and sign the annual report and accounts on behalf of the IJB for submission to Audit Scotland. c) Note and comment on the summary overview of financial performance document for 2021/22 prior to publication on the IJB website. 	
<p>Directions</p> <p><input type="checkbox"/> No Directions Required</p> <p><input type="checkbox"/> Directions to East Renfrewshire Council (ERC)</p> <p><input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)</p> <p><input type="checkbox"/> Directions to both ERC and NHSGGC</p>	<p>Implications</p> <p><input checked="" type="checkbox"/> Finance</p> <p><input checked="" 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 checked="" 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

23 NOVEMBER 2022

Report by Chief Financial Officer

AUDITED ANNUAL ACCOUNTS 2021/22

PURPOSE OF REPORT

1. The purpose of this report is to provide an overview of the audited annual report and accounts for the Integration Joint Board (IJB) covering the period 1 April 2021 to 31 March 2022.
2. The Chair of the Performance and Audit Committee will advise the IJB of any audit findings.
3. A summary overview of the financial year is included as an easy read summary document.

RECOMMENDATION

4. The Integration Joint Board is requested to:
 - a) Approve the audited annual report and accounts as remitted from the Performance and Audit Committee.
 - b) Authorise the Chair, Chief Officer and Chief Financial Officer to accept and sign the annual report and accounts on behalf of the IJB for submission to Audit Scotland.
 - c) Note and comment on the summary overview of financial performance document for 2021/22 prior to publication on the IJB website.

BACKGROUND

5. The Public Bodies (Joint Working)(Scotland) Act 2014 was passed by the Scottish Parliament on 25 February 2014 and received Royal Assent in April 2014. This established the framework for the integration of Health and Social Care in Scotland.
6. The IJB is a legal entity in its own right, created by Parliamentary Order, following Ministerial approval of the Integration Scheme. NHS Greater Glasgow and Clyde (NHSGGC) and East Renfrewshire Council have delegated functions to the IJB which has the responsibility for strategic planning, resourcing and ensuring delivery of all integrated services.
7. The IJB is specified in legislation as a 'section 106' body under the terms of the Local Government Scotland Act 1973 and as such is expected to prepare annual accounts in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom.

REPORT

8. The audited annual report and accounts for the IJB has been prepared in accordance with appropriate legislation and guidance.
9. The annual report and accounts of the IJB are included at Appendix 1 and, subject to IJB approval, will be signed via the Audit Scotland electronic process. The signing requirements are:

Management Commentary	Chair of the IJB, Chief Officer, Chief Financial Officer
Statement of Responsibilities	Chair of the IJB, Chief Financial Officer
Annual Governance Statement	Chair of the IJB, Chief Officer
Remuneration Report	Chair of the IJB, Chief Officer
Balance Sheet	Chief Financial Officer
Acknowledgement	Chair of the IJB, Chief Officer, Chief Financial Officer

10. It is a statutory requirement that the Chief Financial Officer (being the proper officer) provide Audit Scotland with a letter of representation (ISA580) along with the annual report and accounts. This is included at Appendix 2.
11. The Chief Internal Auditor's Annual Report and the Draft Audit Scotland Annual Report confirm the Annual Report and Accounts for 2021/22 are unqualified, unmodified, meet legislative requirements and are transparent, address best value and are appropriately governed.
12. The Chair of the Performance and Audit Committee will advise the IJB on the key points from this committee and associated presentation of audit findings.
13. The key messages from Audit Scotland are summarised:
- The IJB has appropriate and effective financial management arrangements
 - The level of general reserves the IJB holds is well below our policy level of 2%
 - The medium term financial outlook for the IJB is challenging and we should continue to work with our partners to develop a sustainable strategy
 - The IJB has appropriate governance arrangements in place
 - The IJB has appropriate arrangements in place to demonstrate best value
14. The action plans included at Appendix 1 of the Audit Scotland Annual report detail the 3 recommendations from the audit along with our response:

Recommendation	Response
The IJB should engage strategically with partner bodies to review future funding levels and service priorities to ensure service plans developed are affordable and deliver value for money.	<p>The maturity of our IJB has allowed to us to not only recognise the long standing financial challenges we face, but also take a pragmatic approach to our financial planning. The future uncertainties are unprecedented and still include understanding the impact Covid-19 on demand and complexity of need.</p> <p>The IJB recognised that the 2022/23 budget would again be an iterative process, with funding changes relating to Covid-19 and other initiatives emerging as the year progressed.</p>

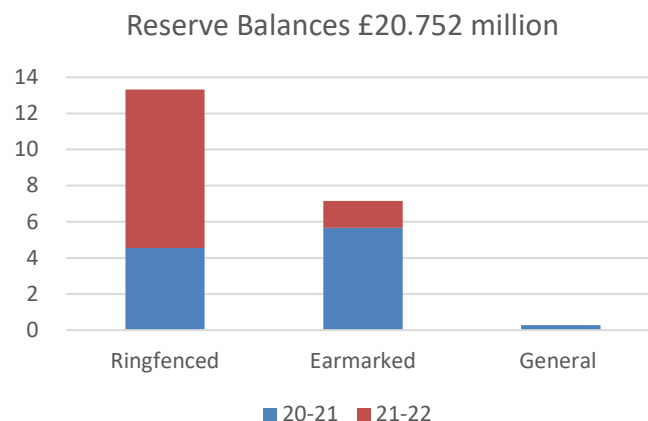
	<p>The IJB also recognised;</p> <ul style="list-style-type: none"> • that without support for Covid-19 costs, we would most likely need to invoke financial recovery planning. • that the reserves strategy in place, pre pandemic, to phase in savings would recommence • the pre-pandemic savings plans were significantly impacted by covid demands and policy changes <p>We continue with scenario planning, financial modelling and report the financial position to every IJB meeting.</p> <p>We will continue to work with our partners to articulate these challenges as part of our funding and performance discussions.</p> <p>The Scottish Government may determine some budget conditions that must be collectively met, usually a minimum contribution per partner along with any specific policy funding.</p>
<p>The level of general reserves remains unchanged and is currently lower than the IJB's reserve policy target. The reserve policy should be reviewed, and appropriate action taken to bring the level of general reserves held into line with the Board's reserve strategy.</p>	<p>Whilst fully accepting we are not compliant with this policy this is a long standing position for the IJB. As we have previously reported there is a tension between holding unallocated reserves when we have operated for a number of years with significant financial challenges. Our earmarked reserves strategy has allowed the IJB to prioritise service delivery. Without a significant increase in funding it is unlikely that the optimum 2% level of general reserve will be achieved.</p> <p>Given the future financial outlook it is unlikely there will be any opportunity to invest in our general reserve in the coming years.</p>
<p>The IJB should continue to work on re-basing relevant targets, to ensure these reflect the impact of the pandemic and wider financial pressures facing the organisation on the IJBs performance.</p>	<p>Whilst many of our performance indicators are national or part of a wider Greater Glasgow and Clyde suite of measures we will endeavour to re-base those where we can as we work through our recovery from the pandemic.</p> <p>Covid-19 has had a direct impact on people's health and wellbeing. We still do not understand where we are in a post Covid demand for services. The impact on health including long Covid may still take some time to manifest. This means our performance indicators may need revision over a longer period of time.</p>

15. As with prior years this action plan will be reported as part of our regular Audit actions progress reporting to the Performance and Audit Committee.

16. The main messages from the annual report and accounts remain unchanged from the unaudited position reported in June and summarised below:
17. We ended the year with an operational underspend of £0.837 million which was 0.54% of our budget for the year. This was marginally better than the position last reported to the IJB in March when the projected outturn was an underspend of £0.554 million.
18. The Covid-19 spend is shown as £8.945 million and we received new funding late in the year of £15.066 million with the balance taken to our reserves.
19. The main variances to the budget were:
- £1.904 million underspend within Older Peoples Nursing, Residential and Daycare Services. This reflects the ongoing trend of reduction in care home admissions but does offset the increase in community activity; predominantly Care at Home.
 - £1.715 million overspend within Intensive Services as our Care at Home costs reflect that we continued to operate a near full service in the second year of the pandemic. This is the position after we applied £0.826 million of winter funding to meet the increases in demand and complexity within this service.
 - £0.458 million underspend within Learning Disability Community Services from a combination of staff turnover and running costs.
20. Our reserves increased significantly during the year, with further allocations received in the final quarter of 2021/22 mainly for winter funding, Primary Care Improvement Plan and Covid-19. This is summarised:

Reserves Movement	£ Million	£ Million
Reserves at 31 March 2021		10.485
Planned use of existing reserves during the year	(3.937)	
Funds added to reserves during the year	14.204	
Net increase in reserves during the year		10.267
Reserves at 31 March 2022		20.752

21. The increase in our reserves is in line with the national position and the vast majority of this relates to Scottish Government ring-fenced funding.



22. We received £11.933 million during the year for ring-fenced activity and used £3.153 million. We can only spend this funding on those initiatives that the funding supports; the majority of this increase relates to Covid-19 and this will support the ongoing response to the pandemic in 2022/23.
23. The IJB are aware of the Scottish Governments intention to clawback unused Covid-19 reserve funding during 2022/23, with the mechanism still to be confirmed.
24. Our earmarked reserves are in place to support a number of projects, provide transitional funding for service redesign, provide bridging finance for in year pressures, add capacity to support services and to smooth impact of demand and timing of spend across multiple years. We spent £0.785 million supporting service pressures and delivering on projects as planned and added £2.272 million.
25. Our general reserve remains unchanged at £0.272 million and is well below the optimum level at a value of 2% of the budget we would ideally hold. The general reserve is currently just under 0.15% of the 2021/22 revenue budget.
26. Given the scale of the financial challenge we faced pre pandemic the IJB strategy to invest where possible in smoothing the impact of savings challenges had not allowed any investment into general reserves. As we have previously discussed, both PAC and the IJB have recognised that whilst this means we are below our policy level the prioritisation has been on long term sustainability and minimising the impact of savings over time on those services we provide. In the event we find ourselves unable to achieve sufficient savings delivery during 2022/23 we may need to un-hypothecate (i.e. un-earmark) reserves to meet operational costs. However the IJB will note from the revenue monitoring position the extensive use of reserves in 2022/23.
27. The unaudited accounts reported in June showed a restatement of the prior year set-aside expenditure for 2020/21, restated from £28.177 million to £28.029 million as colleagues in NHSGGC advised of an error in the previous figures. This reduction of £0.148 million was a result of eliminating expenditure relating to the Royal Hospital for Children included in error. This is notional expenditure to the IJB so has nil impact. Audit Scotland have confirmed this is not material and this restatement is not required. We have however left an explanatory note at Note 14 in the accounts for transparency.
28. As with every year we have taken the opportunity between the unaudited and final version of the Annual Report and Accounts to refine some of our narrative and update our performance information. There are no material changes, however the IJB should note that the medium term financial assumptions have been updated to reflect current thinking:

“In the MTFP published in March 2022 the funding gap in future years could range anywhere from £0 to £5.7 million per year, excluding unknown factors, recent inflation implications and any additional savings requirements in future years.

The current scale of costs pressures now look closer to £9 million to £13 million in 2023/24 and £4 million to £9 million in the following two years. This takes into account the impact of pay, inflation, utilities costs and other economic impacts since April 2022. Therefore the funding gap has significantly increased. The actual funding gap and therefore savings requirement on the IJB will be dependent on the funding settlement for each year.”
29. A summary overview of the financial year is included as an easy read summary document and this is included at Appendix 3.

30. The Chief Financial Officer would like to extend sincere thanks to audit, finance and performance colleagues for invaluable input and support in a particularly challenging period.

CONSULTATION AND PARTNERSHIP WORKING

31. This has been another challenging year with the complexities of the pandemic response; the associated reporting and accounting requirements; and significant funding changes late in the year.

IMPLICATIONS OF THE PROPOSALS

32. All finance, workforce, risk, legal and policy implications are included in the report above.

DIRECTIONS

33. There is no requirement to issue directions.

CONCLUSIONS

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

RECOMMENDATIONS

The Integration Joint Board is requested to:

- a) Approve the audited annual report and accounts as remitted from the Performance and Audit Committee.
- b) Authorise the Chair, Chief Officer and Chief Financial Officer to accept and sign the annual report and accounts on behalf of the IJB for submission to Audit Scotland.
- c) Note and comment on the summary overview of financial performance document for 2021/22 prior to publication on the IJB website.

REPORT AUTHOR AND PERSON TO CONTACT

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

Lesley.Bairden@eastrenfrewshire.gov.uk

0141 451 0746

2 November 2022

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

Annual Report and Accounts 2020/21

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

Annual Report and Accounts 2019/20

https://www.eastrenfrewshire.gov.uk/media/4451/IJB-audited-annual-Report-and-accounts-2019-2020/pdf/IJB_Annual_Report_and_Accounts_2019-20_FINAL_web.pdf?m=637441633455770000

Annual Report and Accounts 2018/19

https://www.eastrenfrewshire.gov.uk/media/2248/Integration-Joint-Board-Item-07-25-September-2019/pdf/Integration_Joint_Board_Item_07_-_25_September_2019.pdf?m=637351714681700000

Annual Report and Accounts 2017/18

https://www.eastrenfrewshire.gov.uk/media/2825/Integration-Joint-Board-Item-06-26-September-2018/pdf/Integration_Joint_Board_Item_06_-_26_Setpember_2018.pdf?m=637375997307930000

Annual Report and Accounts 2016/17

https://www.eastrenfrewshire.gov.uk/media/3666/Integration-Joint-Board-Item-10-27-September-2017/pdf/Integration_Joint_Board_Item_10_-_27_September_2017.pdf?m=637394072745500000

Annual Report and Accounts 2015/16

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

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

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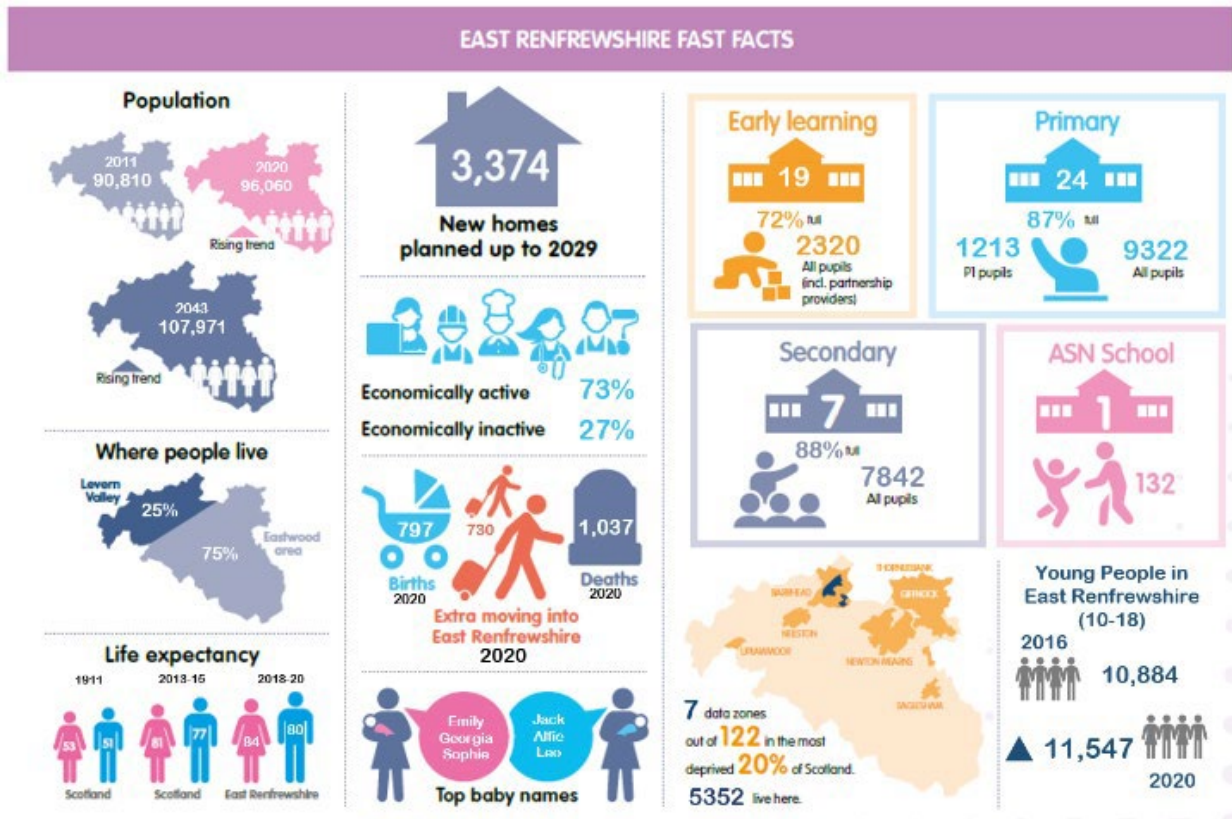
East Renfrewshire Health and Social Care Partnership Integration Joint Board

Audited Annual Report And Accounts 2021/22

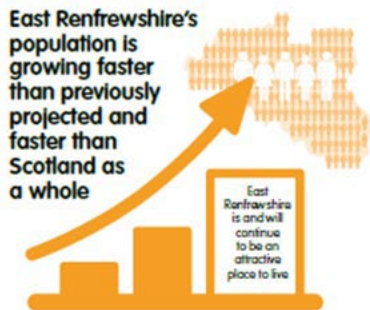
Covering the period 1st April 2021 to 31st March 2022



About East Renfrewshire – Some General Facts and Figures



EAST RENFREWSHIRE'S POPULATION – WHAT TO EXPECT



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



The two age groups that will grow the most



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



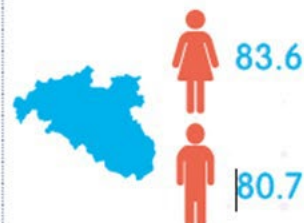
More houses are being built for three reasons



Demand will increase for services



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



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

Our population is growing and reached 96,060 in 2020. Geographically 75% of the population live in the Eastwood area (Busby, Clarkston and Williamwood, Eaglesham and Waterfoot, Giffnock, Netherlee and Stamperland, Newton Mearns and Thornliebank) and 25% live in the Barrhead area (Barrhead, Neilston and Uplawmoor).

East Renfrewshire has an increasing ageing population with a 44% increase in the number of residents aged 85 years and over during the last decade.



Management Commentary

Introduction

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

The IJB is a legal body in its own right, as set out in the legislation, the Public Bodies (Joint Working) (Scotland) Act 2014, which established the framework for the integration of health and social care in Scotland.

The Integration Scheme for the IJB sets out how we will meet the requirements of this legislation. We are responsible for planning, commissioning and delivery of services for children and adults from both of our partners, East Renfrewshire Council and NHS Greater Glasgow and Clyde, and also have the planning responsibility for our population's use of large hospital based services along with housing aids and adaptations. The Integration Scheme provides a detailed breakdown of all the services the IJB is responsible for.

The management commentary in this report discusses our;

- Strategic Planning
- Key Messages and Operational Highlights for 2021/22 including:
 1. how our services have continued to respond to the Covid-19 pandemic
 2. staffing impacts and wellbeing
 3. service highlights during the year
 4. moving towards recovery
 5. the key risks and uncertainties we are facing
- Performance Achievements for the year
- Financial Performance
- Future Challenges
- Conclusion

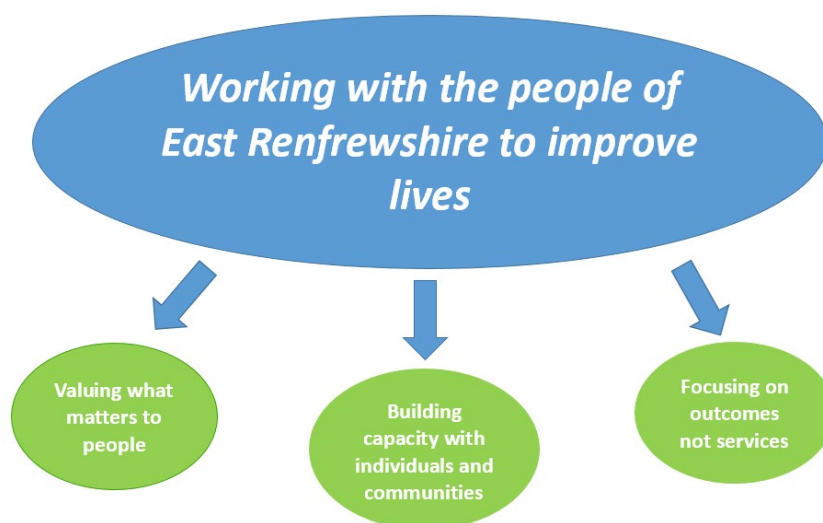
Strategic Planning

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

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

Strategic Plan 2022/25

Our current Strategic Plan covers the 3 year period 2022-2025 and sets out the shared ambitions and strategic priorities of our partnership; and how we will focus our activity to deliver high quality health and social care to the people of East Renfrewshire. Our partnership vision statement is:



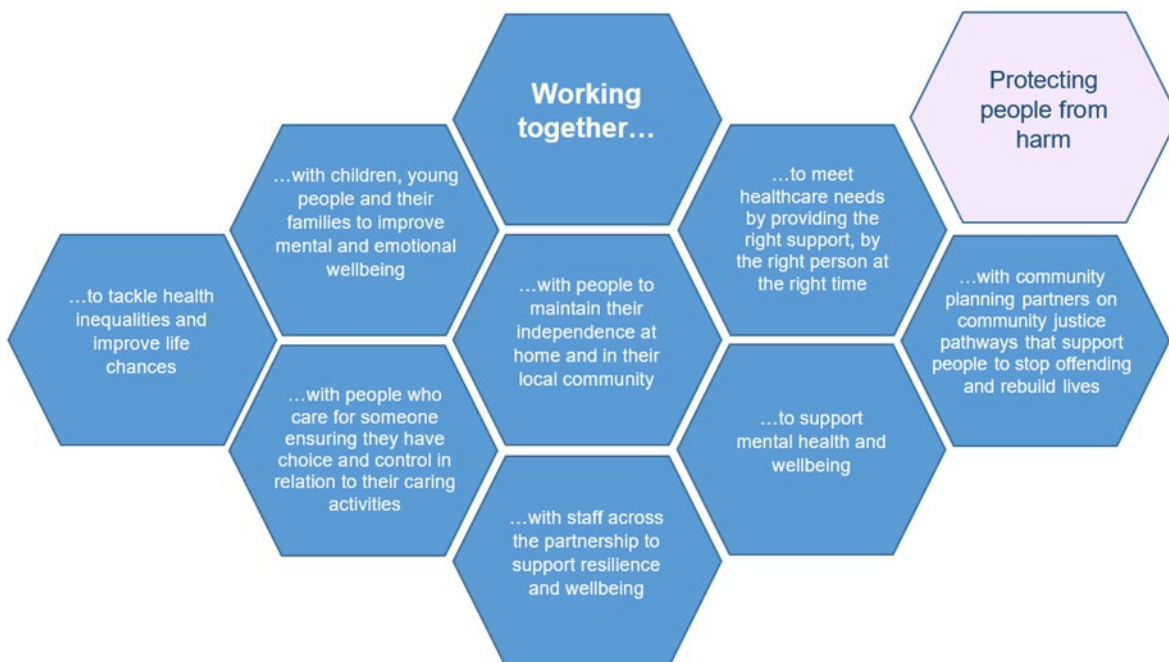
This document and our Annual Performance Report demonstrate how we have supported delivery of our strategic priorities.

Our current plan has been produced during an exceptionally challenging period as we continued to support local residents and our workforce through the Covid-19 pandemic. Our experiences over this time have reinforced the benefits of partnership working, building on our long standing 17 years of integration (as a Community Health and Care Partnership prior to 2015) and should place us well to begin to understand the lasting impacts of the pandemic.

As we work towards recovery and renewal we continue to strengthen our supportive relationships with independent and third sector partners, recognise the increased levels of participation in our communities and informal support within our localities that have developed in response to Covid-19.

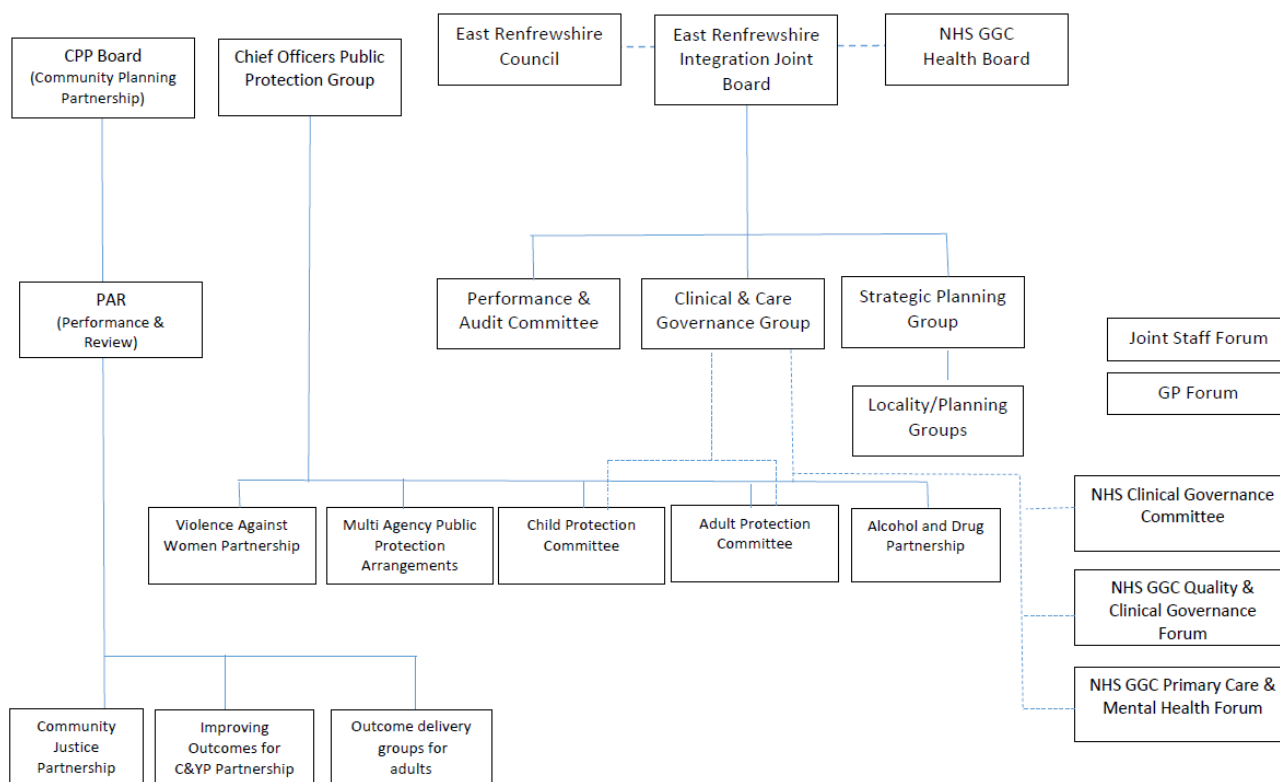
We recognise that we need to extend beyond traditional health and social care services to a long term wider partnership with our local people, carers, volunteers, community organisations, providers and community planners. Work has started to develop a collaborative commissioning model to support how we will work differently.

We have reviewed our performance in relation to the strategic priorities in our previous Strategic Plan, assessed our demographic profile and the lessons learned from the Covid-19 pandemic. 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, as part of our 1 year interim plan for 2020/21, 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.



The IJB continues to build on the long standing delivery of integrated health and care services within East Renfrewshire and the continued and valued partnership working with our community, the third, voluntary and independent sectors, facilitating the successful operation of the Health and Social Care Partnership (HSCP).

The chart below shows the governance, relationships and links with partners which form the IJB business environment.



Key Messages and Operational Highlights for 2021/22

1. The Continued Impact of Covid-19

The year of 2021/22 was shaped by the continued challenge of the Covid-19 pandemic; another unprecedented year where our staff across the HSCP continued to respond with incredible resilience, commitment and creativity. This dedication allowed us to work through the emergence of the Omicron variant and successfully deliver services despite a very difficult and challenging winter period.

We did make a tentative start towards recovery during the year, however the emergence of the Omicron variant meant this was relatively short lived as we needed to again focus on response. The HSCP and our partner organisations experienced increased staff absence with resulting pressures within the health and social care system, which reflected the national position.

Care Home Support

Support to our care homes continued during the year using our existing support and governance mechanisms including the Care Home Collaborative Hub model developed as part of the ongoing response to the pandemic.

This model comprises three multidisciplinary teams (MDT) (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.

Our local care homes experienced another challenging year with a number of outbreaks due to the new variant, although residents experienced milder symptoms with the majority reported as being asymptomatic. As community transmission was high this affected a number of staff.

The Care Home Assurance Tool (CHAT) visits are now established within East Renfrewshire, 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. The visits are now scheduled and some have taken place since September (delayed from the initial plan of June due to a number of Covid outbreaks). These visits are supported by a new electronic version of the CHAT, as part of self-evaluation in advance of the joint visit undertaken by HSCP staff. It is expected all visits will be completed by November 2022 and initial feedback and evaluation is positive.

Covid-19 Vaccination Programme

The HSCP has delivered vaccinations to care home residents and staff, as well as housebound patients within East Renfrewshire as part of the winter vaccination programme. Based on population figures 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.

The housebound patients' vaccination programme commenced in October 2021 for all patients fitting the eligibility criteria. Since October 1,019 covid-19 booster and 895 flu vaccinations have been administered to housebound patients.

We continue to ensure that all new admissions to care homes and new housebound patients are offered a Covid-19 vaccination and/or are up to date with the Covid-19 vaccination programme. Delivery of the second booster for over 75s and those who are assessed as clinically extremely vulnerable commenced in March 2022 and was completed within that month.

Hosted Learning Disability Service

Our service continued to operate at full capacity across our three in-patient units throughout the second year of the pandemic. Significant clinical complexity resulted in a need for very close support which meant the service had to activate contingency plans and access staff from our own community learning disability team as well as those across Greater Glasgow and Clyde. Increased Covid-19 infection rates particularly from the Omicron variant meant a particularly challenging few months for this service.

Other Support

The Personal Protective Equipment (PPE) hub set up by HSCP support staff remained in operation and continued to distribute essential protective supplies and Lateral Flow Device test kits during the year.

The HSCP supported the mass vaccination clinics run by Greater Glasgow and Clyde in partnership with East Renfrewshire Council. The weekend clinics held at Barrhead Health and Care Centre represented a significant commitment to ensure the centre worked efficiently and safely, with staff supporting the non-clinical operation through facilities management of the buildings, queue management and liaison with clinical staff.

Whilst the Community Assessment Centre within East Renfrewshire only operated for a short period during the first year of the pandemic we provided staffing, albeit limited to when we could release capacity, to those centres that remained in place until the closure of these facilities in March 2022.

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

Governance during Covid-19

A number of governance arrangements we put in place at the beginning of the pandemic continued during the year including; drawing on business continuity plans to support critical functions and supporting prioritisation of resources, maintaining our Local Resilience Management Team, participating in local and national working groups and maintaining a Covid-19 Risk Register.

We also set up a daily huddle as part of our response to the Omicron variant and this allowed our senior managers to meet each morning to assess the situation, prioritise workloads and support service delivery in a very challenging period. This also provides an informal support network which has been invaluable.

We worked very closely with our partners' governance and response arrangements during the pandemic, including East Renfrewshire Council, NHS Greater Glasgow and Clyde, National Chief Officer, Chief Social Work Officer and Chief Financial Officer meetings.

Our IJB met as planned throughout the second year of the pandemic virtually. This allowed us to maintain our full governance requirements and ensure our statutory obligations were met. Regular communications to the IJB and to our workforce remain in place.

Our Annual Governance Statement provides a comprehensive overview of all governance and assurance activity.

Financial Impact of Covid-19 and Funding Support

The ongoing operational implications from the Covid-19 outbreak are summarised above and the mechanism for co-ordination and consolidation of our local and system wide response was reported to the Scottish Government as part of the Local Mobilisation Plan submitted by NHS Greater Glasgow and Clyde Health Board; this plan covered the community and acute response across the totality of the Health Board area.

The additional activity was significant, in line with 2020/21, and the Scottish Government provided funding to support the associated costs of responding to the pandemic. This included supporting response, sustainability and maintaining new ways of working. We continue to follow the Local Authority (Scotland) Account Advisory Committee (LASAAC) guidance on Accounting for Coronavirus (Covid-19) Grants / Funding streams and our treatment of the £15.066 million funding and associated £8.945 million of costs reflect this. The funding position is summarised:

Covid-19 Related Expenditure Summary:	£ million
Additional services and staffing including Mental Health Assessment, Community Treatment, Flu, GP, staffing across all response activity	3.689
Infrastructure, equipment, PPE	0.109
Sustainability payments to partners	1.581
Unachieved savings due to limited capacity	3.566
Total Expenditure	8.945
New Funding Received (£15.001m ERHSCP and £0.065m NHSGGC for Family Health Service spend)	15.066
Earmarked Reserve from 2020/21	3.145
Total Funding	18.211
Balance to Earmarked Reserve	9.266

The costs relating to the PPE Hub and testing activity have been met centrally and therefore do not impact the IJB.

2. Staffing and Wellbeing

We have also seen significant recruitment and retention challenges and as the pandemic continued we are also seeing an increasingly fatigued workforce; we are placing a significant focus on supporting staff health and wellbeing, both within the HSCP and with our partners to support our collective staff as best we can.

Our strong local partnerships allow us to continue to respond with innovation and collaborative working with and in support of our local communities.

The Scottish Government recognised the pressures across health and social care and provided additional funding to support winter pressures, to increase capacity and help address recruitment and retention. We received £3.124 million, of which we spent £2.112 million and will take the balance of £1.012 million into 2022/23:

Initiative	£ million	Purpose and Application
Interim Care	0.703	To support delayed discharge pathways with more appropriate care and support. This funding is non-recurring for a six month period from November 2021. We spent £0.198 million and will take £0.505 million into 2022/23.
Care at Home Capacity	1.089	To expand capacity to address increased need and acuity. This funding is recurring. We spent £1.053 million and will take £0.036 million into 2022/23.
Multi-Disciplinary Teams	0.351	To support cross system working including focus on delayed discharge. This funding is recurring. We spent £0.084 million and will take £0.267 million into 2022/23.
Social Care Pay Uplifts	0.741	To support care provider social care staff hourly rate increases. This funding is recurring. We spent the full £0.741 million.
Additional Health Care Assistants	0.240	To support capacity and increase staffing by up to 16 posts. This funding is recurring We spent £0.036 million and will take £0.204 million into 2022/23.

Our 2022/23 allocation for this funding is £3.472 million of which £0.352 million is non-recurring for Interim Care. We have also received further funding of £0.361 million in 2022/23 to strengthen Social Work. This funding has allowed us to progress activity included within the updates on 2021/22 and our plans for 2022/23 as discussed throughout the report.

Care Homes

Like a number of other services, care homes continued 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.

Improving Access to Our Services through our “Front Door”

We recognised the ongoing impact of the pandemic and we 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.

The review noted many strengths of our approach, mainly in terms of our rapid access occupational therapy service, our talking points and the single point of access model. The report also noted some key recommendations to strengthen our front door including:

- Widening the multi-disciplinary element of our front door to include access to rehabilitation physiotherapy, rehabilitation nurse (prescriber), pharmacy, technology enabled care and money advice.
- Operating a daily huddle model to support our right support, right place, and right person approach to referrals.
- Strengthening our call handling model to free up our social work assistants to complete less complex assessments.
- Streamlining our assessment and resource allocation process to reduce duplication and make more user friendly for individuals and families.

The new front door model was launched in June 2022.

Our Support Staff

There has been continued significant work behind the scenes from our staff who support the front line service delivery illustrated in this report. Their continued dedication and hard work remains invaluable, supporting service delivery, keeping our workplaces safe, ensuring colleagues had the equipment they needed to work through the pandemic, assessing and mitigating risk and whilst continuing to deliver their day to day work.

Wellbeing

We previously recognised the enormity of the work of the HSCP in responding to the Covid-19 pandemic and the potential effects of vicarious trauma across our workforce as they support our citizens facing grief, loss and significant changes in their lives. The East Renfrewshire HSCP Wellbeing Group developed a Wellbeing Plan ‘YOU care...WE care too’ to support our workforce to cope with the emotional and physical impact on their overall health and wellbeing.

Supporting staff wellbeing was a key focus in 2021/22. The ways our staff have been working has changed significantly with home working becoming the norm for large groups of employees. The HSCP recruited a Health and Wellbeing Lead Officer; 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.

In early 2022, we carried out a wellbeing survey to gather the views of the HSCP staff and our external partner staff groups to determine what we could provide to support their wellbeing and resilience. Based on this, a range of activities and supports have been provided including online Pilates, bespoke mindfulness groups, local staff walking groups and our Spring Kindness Challenge where we nominated and thanked staff who have gone the extra mile. The next stage was our summer of wellness with a range of wellbeing sessions and activities for staff, partners and volunteers.

3. Service Highlights during the Year

Children and Families

Our children's services are continuing to see increasing demand and complexity following the pandemic. In particular we are seeing more children with diagnosed neurodevelopmental disorders and a higher prevalence of families in crisis leading to more of these children coming under child protection and an associated increase in numbers coming into care. In 2021/22 we have seen a 30% increase in children placed on the Child Protection Register compared with the previous year. The number of children accommodated in residential care settings has increased by a quarter and 83% have a neurodevelopmental diagnosis.

The Child and Adolescent Mental Health Service (CAMHS) continued to experience high demand and an increase in urgent referrals. In 2021/22 there was a 20% increase in referrals to CAMHS duty system for urgent or crisis referrals. Referrals to our alternative (Tier 2) services, Healthier Minds and the Family Wellbeing service are increasing while monthly referrals to CAMHS have been reducing. As a result we are beginning to see more positive performance on CAMHS waiting times and the service is aiming to meet its 18 week target for the longest wait by the middle of 2022/23. Healthier Minds referrals were 435 for 2021/22 (599 since the service began in November 2020) and there were 142 referrals to the Family Wellbeing Service.

East Renfrewshire CAMHS has been responding to a significant increase in eating disorder presentations (49 in October 21 – the highest of NHS GGC CAMHS Teams) and has established a dedicated eating disorder clinic. This response has resulted in a significant reduction in hospital presentations: 5 in 2021/22; down from 14 in 2020/21.

In 2021, there was a 112% increase in referrals to the Autism Diagnostic Team compared with the pre-pandemic level. Referrals from CAMHS to East Renfrewshire School Age Autism Team have risen from 16 in 2020 to 50 in 2021. The HSCP and our partners 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 with a neurodevelopmental diagnosis and their families in the right way.

We received notification of a Joint Inspection of services for children at risk of harm in East Renfrewshire on 22nd February 2022. The Care Inspectorate published their report August 2022 and we received a grade of 'Excellent' for Quality Indicator 2.1 – Impact on Children and Young People. This quality indicator, with reference to children at risk of harm, considers the extent to which children and young people:

- Feel valued, loved, fulfilled and secure
- Feel listened to, understood and respected
- Experience sincere human contact and enduring relationships
- Get the best start in life

Community Justice

Unpaid work was significantly impacted by the pandemic with Community Payback Orders suspended on 23rd March 2020 at the beginning of the pandemic. At the end of March 2022 there remained a backlog of 6,200 hours of unpaid work for East Renfrewshire although this is low in comparison with other areas and only represents 1% of Scotland's overall backlog. During the year we increased our capacity to deliver by focusing on outdoor work activities and increasing the number of supervisors available. We were able to secure additional workshop

premises to support this activity including carpentry and joinery with items made by service users being used in community projects, nursery schools and care homes.

Supporting People at Home

Whilst our day services premises remained closed, our learning disability staff continued to work with our provider partners to maintain outreach and wraparound support for individuals and their families.

Over the last year we have continued to support people to live independently and well at home, despite additional demand pressures on our services due to more people seeking support at home as well as presenting with increased levels of frailty and complexity. 89% reporting 'living where you/as you want to live' is down slightly from 91% in the previous year.

Our Care at Home service operated under continued pressure with increased referrals and reducing capacity amongst our partner providers. Quarterly referral rates have doubled since the pre-pandemic levels of 2019/20 and this level of demand was sustained during 2021/22.

We saw a 48% reduction in support packages from partner providers between 2020/21 and 2021/22 reflecting recruitment challenges and absence levels as a result of Covid-19.

Increased frailty, complexity of need and de-conditioning has been evident with higher referrals to rehabilitation services and twice as many Care at Home service users requiring two or more carers during visits. The percentage of people with reduced care need following re-ablement / rehabilitation is now 60% which is up from 31% at the end of 2020/21 and is nearing the 67% pre-pandemic level.

We have an ongoing recruitment campaign within Care at Home to help us manage increasing demand and to mitigate as best we can recruitment and retention challenges across the sector.

Our Older Peoples Day Services staff continued to support Care at Home for much of the year however a blended model has recently been introduced building on regular discussion with carers to identify the types of support needed.

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

Our teams have continued to deal with increased demand across mental health and addiction services due to increases in complexity. With the aid of technology we have been able to offer people ongoing support throughout the pandemic, and access to treatment has been maintained. The percentage of people waiting no longer than 18 weeks for access to psychological therapies is 76%.

The HSCP has been supporting mental health and wellbeing concerns across care groups related to stress and distress related to the pandemic but also wider economic problems. There have been increased caseloads across all teams (Community Addictions, Adult Mental Health, Primary Care Mental Health, and Older Adults). For older people we are seeing overall wellbeing impacted by issues such as isolation and reduction in mobility.

Despite the challenges our mental health hospital admissions remain low (at 1.4 admissions per 1,000 population).

Reducing Unplanned Hospital Care

Patterns of accident and emergency and unplanned hospital admissions remained altered by the ongoing impact of pandemic and the HSCP has worked with other partnership and acute services in the Glasgow area to continue to develop new services and pathways to support both response and a move into recovery.

Our discharge from hospital without delay averaged 7 delays for 2021/22 despite the operational challenges and pressures.

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 will provide community led support for individuals who have been disproportionately affected by the pandemic and associated restrictions.

Supporting Unpaid Carers

Working with East Renfrewshire Carers Centre, we have continued to ensure that carers have had access to guidance and support throughout the year. Check-in calls to carers were delivered by ER Carers, and carers have been offered support to set up and manage a peer support Facebook Group. The Mental Health Carers group continued to run virtually.

The percentage of those asked reported that their 'quality of life ' needs were being met was 92% slightly up from 91% in 2020/21.

Protecting and Supporting Adults at Risk of Harm

Adult Support and Protection (ASP) activity is significantly higher than pre-pandemic levels but decreased during 2021/22 compared with 2020/21.

We have seen an increase in support required as a result of domestic abuse / violence against women. There were 125 victims and 205 children discussed at MARAC (Multi-Agency Risk Assessment Conference) - an increase of 4% and 19% respectively compared to the previous year.

Women's Aid supported 1,226 women and children; a 52% increase across the service and included the highest recorded number of women supported in outreach services in the past two years. Despite this additional demand for support we have continued to improve personal outcome measures for women and families affected by domestic abuse throughout the pandemic.

With our partner East Renfrewshire Council we have identified a new refuge property to support this activity in future years.

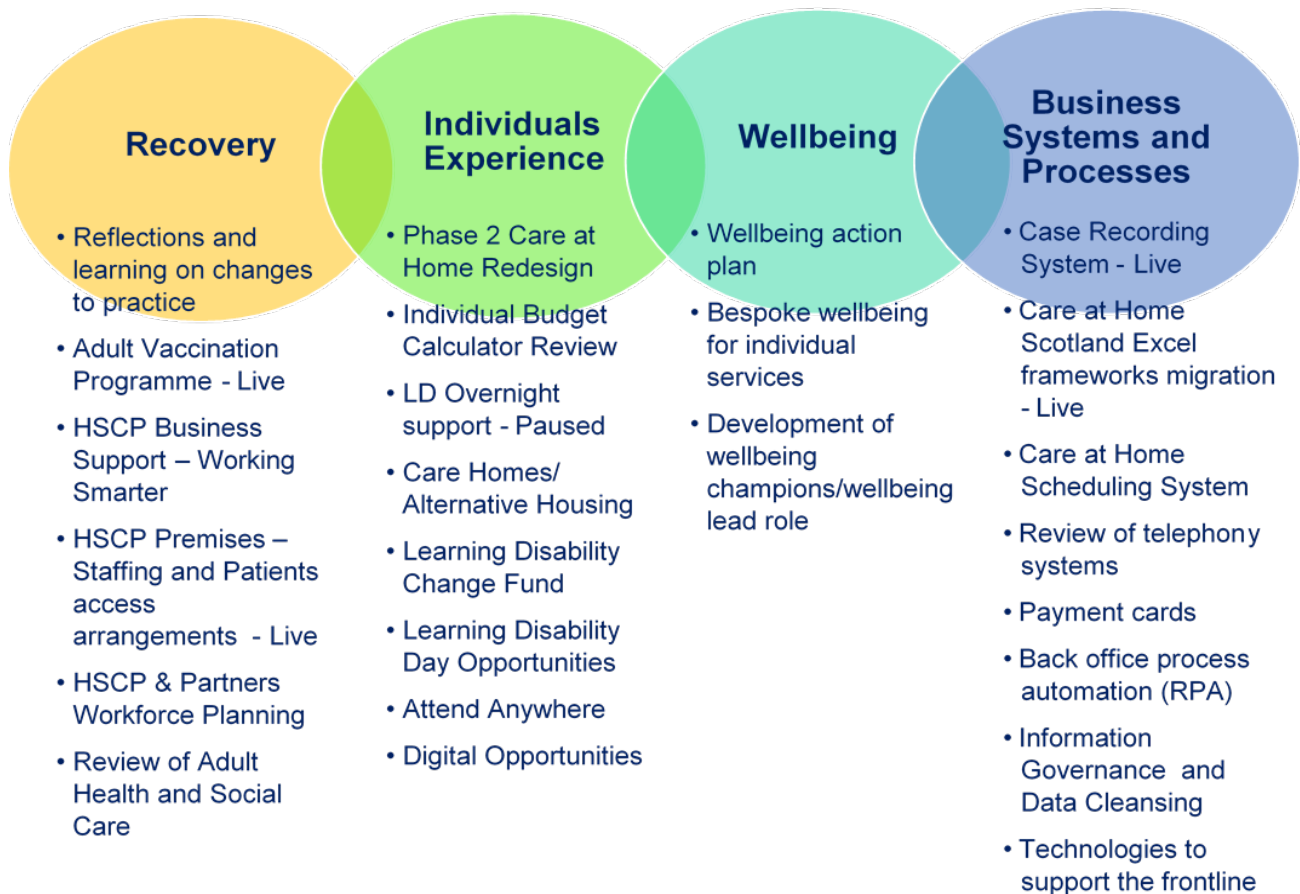
4. Moving Towards Recovery

Whilst many of the services the HSCP provides are critical and continued to operate through the pandemic, we continue to learn from the last 2 years and will use this knowledge to enhance our recovery. We also need to recognise the future landscape may change with the development of a National Care Service.

Recovery and Renewal Programme

During the year we made some progress on our Recovery and Renewal programme. Work has now fully commenced. This a complex and multi-year programme of work that will allow us to emerge from the pandemic in a stronger and more informed position to face the challenges ahead. This should not only support the significant financial challenge we are facing but will also help us to better understand and quantify the longer term impact of Covid-19 on our population.

There are currently 16 projects identified, with 9 of these live and further projects will be added as we develop the programme. Our Recovery and Renewal Programme is summarised:



Independent Review of Adult Social Care and National Care Service Consultation

The Independent Review of Adult Social Care in Scotland was published in 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 Scottish Government subsequently put forward proposals for the establishment of a National Care Service for Scotland (NCS). The proposals go beyond the scope and recommendations of the review and set out how a NCS 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 9th August to 2nd 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, our governance and operational activity as required.

5. Key Risks and Uncertainties

The IJB regularly reviews its Strategic Risk Register over the course of each year; there are currently 13 risks rated red, amber or green (RAG) depending on the likelihood and severity of the impact. The table below summarises those risks and shows the RAG rating of each after mitigating actions to minimise impact.

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

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

The one red risk post mitigating actions is Financial Sustainability. This has been a red risk for a number of years for the HSCP given the pre-pandemic savings required to deliver a balanced budget, managing demographic and demand pressures, managing the complexity and volatility of prescribing costs, the continued impact of Covid-19 and recent economic factors including inflation, particularly fuel and utilities. The IJB members are fully aware of the challenges and risks we are facing and this is regularly discussed at meetings and seminars.

In addition to our Strategic Risk Register, each service area holds an operational risk register and business continuity plan. There is a separate risk register for Covid-19 activity. In addition to the risks shown above there are also a number of uncertainties facing the IJB and these are identified in the future challenges section within this report.

2021/22 Performance Achievements

In addition to our quarterly reports we publish an Annual Performance Report which is made publicly available on our website in line with statutory guidance. The Annual Performance report demonstrates how we review our performance for 2021/22 against local and national performance indicators and against the commitments within our Strategic Plan.

As we have outlined in this report the Covid-19 pandemic has continued to impact on how we have delivered services during the year. Despite progressing our recovery during the year, the emergence of the Omicron variant during the winter months had a significant impact on progress. The HSCP and our partner organisations experienced increased staff absence with resulting pressures within the health and social care system. As the pandemic has continued we have seen an increasingly fatigued workforce. This year we have also seen significant recruitment and retention challenges in the sector impacting on our performance. However, despite these challenges, we have maintained or improved performance in many areas. Some service areas are further forward in their recovery from the pandemic while others remain impacted by disruption.

Our performance information shows that despite the continuing pressures of the pandemic there has been strong progress across service areas. Throughout the period we have seen excellent collaboration across the HSCP and with our independent, third and community sector partners. And we are seeing positive improvement across many of our performance indicators.

Over the course of 2021/22 Covid-19 response activity has happened in addition to our planned operational priorities and our recovery work. Much of the performance data for 2021/22 reflects the direct impact of the pandemic on operational activity and changed behaviours among the population during the pandemic period.

In spite of the continuing impact of the pandemic, we note the following performance headlines including key achievements and areas where we were not able to meet normal targets:

- Strong performance on supporting permanence for our care experienced children; and positive outcomes for child protection cases. Although our balance of care for children is positive we have seen a 25% increase in the number children accommodated in residential care settings during the pandemic. The Child and Adolescent Mental Health Service (CAMHS) continues to experience high demand and an increase in urgent referrals. However, referrals to our alternative (Tier 2) services, Healthier Minds and the Family Wellbeing service are increasing while monthly referrals to CAMHS have been reducing. As a result we are beginning to see more positive performance on CAMHS waiting times at the end of 2021/22.
- Criminal justice work was significantly impacted by the pandemic. However, our services are recovering and were meeting target for completion of unpaid work placements within court timescales. Our backlog of unpaid work to be completed is currently 6,200 hours, among the lowest in Scotland, and we have increased our capacity to meet this backlog.
- Despite seeing a significant increase in referrals for support, we have continued to improve personal outcome measures for women and families affected by domestic abuse during the pandemic
- In supporting people to maintain their independence at home we saw an improvement in outcomes following re-ablement (i.e. reduced care) from 2020/21 although we have not returned to pre-pandemic performance levels and this remains an area for improvement. Performance continues to reflect increased frailty, complexity of hospital discharge, and pressures on service as a consequence of the pandemic.
- During 2021/22 we have continued to deal with increased demand across mental health and addiction services due to increases in complexity. We saw improved performance for drug and alcohol service waiting times, and the proportion of service users moving through treatment to recovery services. Waiting times for access to psychological therapies declined during the Omicron phase and were below target for the year. The service is working to build staff capacity to move back towards target.
- Despite increased unplanned hospital activity we remain ahead of target for emergency admissions and A&E attendances. During the reporting period we have seen an increase in discharges with delay. This is being driven by the pressure on care at home services which is restricting access.
- Support for our unpaid carers continued during the pandemic. Latest data shows maintained performance on outcomes for carers.
- In terms of organisational performance, sickness absence across Council and NHS staff groups increased compared with 2020/21 but remained lower than the pre-pandemic level. Performance on responding to complaints remained below target, reflecting staff pressures during the period.




The data shows that despite the ongoing challenges resulting from the pandemic we have continued to support our most vulnerable residents and have performed well against many of our outcome-focused performance indicators. Through our recovery and renewal planning and the delivery of our next Strategic Plan for 2022-2025 we will ensure that our priorities and approaches meet the changing needs of our population.

Our recovery and improvement actions as we move beyond the pandemic include the following areas; many of which are reflected in our Recovery and Renewal programme outlined in the Moving Towards Recovery section of our Management Commentary;

- Redesign of service delivery building on lessons from the pandemic e.g. Care at Home, Learning Disability, and Day Opportunities.
- Review and development of our customer journey with those who use our services
- Development of digital opportunities for connectivity and service delivery (e.g. Attend Anywhere)
- Ongoing development of our adult vaccination programmes and other winter planning
- Delivery of a Workforce Wellbeing Action Plan and support for staff wellbeing across the partnership
- Continued development of our workforce planning arrangements, including how our support functions align to service delivery
- Review how and when we use our premises ensuring we maintain safety standards, whilst meeting service requirements and maximising flexibility to allow us to continue to respond rapidly to change
- Establish arrangements to meet the priorities set out in the National Review of Adult Social Care
- Case Recording System Replacement
- Development of staff Health & Wellbeing Theme led by Lead Officer
- Migration of Care at Home and other providers to Scotland Excel Framework
- Staff Engagement Tool Scoping Exercise

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

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

Direction of travel*	
	Performance is IMPROVING
	Performance is MAINTAINED
	Performance is WORSENING

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

Strategic Priority 1 - Working together with children, young people and their families to improve mental wellbeing								
Indicator	2021/22	Current Target	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Children and young people starting treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral (<i>INCREASE</i>)	55%	90%	61%	78%	74%	89%	90%	↓
Balance of Care for looked after children: % of children being looked after in the Community (LGBF) (<i>INCREASE</i>)	*	Data only	91.1%	94.9%	98.0%	93.6%	91.5%	↓

*2021/22 data not yet available from Public Health Scotland

Strategic Priority 2 - Working together with people to maintain their independence at home and in their local community								
Indicator	2021/22	Current Target	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Number of people self-directing their care through receiving direct payments and other forms of self-directed support. (<i>INCREASE</i>)	458	600	551	575	514	491	364	↓
Percentage of people aged 65+ who live in housing rather than a care home or hospital (<i>INCREASE</i>)	97%	97%	97%	97%	96%	97%	97%	▬
People reporting 'living where you/as you want to live' needs met (%) (<i>INCREASE</i>)	89%	90%	91%	88%	92%	84%	79%	↓

Strategic Priority 3 - Working together to support mental health and well-being								
Indicator	2021/22	Current Target	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Percentage of people waiting no longer than 18 weeks for access to psychological therapies (INCREASE)	76%	90%	74%	65%	54%	80%	56%	↑
% of service users moving from drug treatment to recovery service (INCREASE)	9%	10%	6%	16%	22%	12%	9%	↑

Strategic Priority 4 - Working together to meet people's healthcare needs								
Indicator	2021/22	Current Target	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Acute Bed Days Lost to Delayed Discharge (Aged 18+ including Adults with Incapacity) (DECREASE) (MSG data)	4,546	1,893	2,342	1,788	2,284	1,860	2,704	↓
No. of A & E Attendances (adults) (DECREASE) (MSG data)	16,877	18,335	13,677	20,159	20,234	19,344	18,747	↓
Number of Emergency Admissions: Adults (DECREASE) (MSG data)	7,894	7,130	6,517	7,538	7,264	7,432	8,032	↓
% of last six months of life spent in a community setting (INCREASE) (MSG data)	90%	86%	90%	88%	86%	85%	86%	▬

Strategic Priority 5 - Working together with people who care for someone ensuring they are able to exercise choice and control in relation to their caring activities								
Indicator	2021/22	Current Target	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
People reporting 'quality of life for carers' needs fully met (%) (INCREASE)	92%	72%	91%	92%	78%	72%	70%	↑

Strategic Priority 6 - Working together with our partners to support people to stop offending								
Indicator	2021/22	Current Target	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Community Payback Orders - Percentage of unpaid work placement completions within Court timescale. <i>(INCREASE)</i>	81%	80%	75%	71%	84%	92%	96%	↑
% Change in women's domestic abuse outcomes <i>(INCREASE)</i>	87%	70%	84%	79%	64%	65%	66%	↑

Strategic Priority 7 - Working together with individuals and communities to tackle health inequalities								
Indicator	2021/22	Current Target	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Increase the number of smokers supported to successfully stop smoking in the 40% most deprived SIMD areas. (This measure captures quits at three months and is reported 12 weeks in arrears.) <i>(INCREASE)</i>	60	16	66	74	6	20	27	↓
Premature mortality rate per 100,000 persons aged under 75. (European age-standardised mortality rate) <i>(DECREASE)</i>	333	Data Only	334	295	308	301	297	↑

Financial Performance

Funding 2021/22

The net total health and social care funding from our partners for financial year 2021/22 was £184.536 million:

	£ Million
NHS Greater Glasgow and Clyde Primary Care	99.079
NHS Greater Glasgow and Clyde Large Hospital Services	27.892
East Renfrewshire Council Social Care	57.167
East Renfrewshire Council Housing Aids and Adaptations	0.398
Total Net Funding	184.536

The Comprehensive Income and Expenditure Statement (CIES) (page 50) shows the IJB gross income as £223.173 million, as that statement shows service income, grant funding and resource transfer which are included within the net funding from our partners in the table above. The purpose of the CIES presentation is to show the gross cost of the services we provide.

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

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

Financial Performance 2021/22

The annual report and accounts for the IJB covers the period 1st April 2021 to 31st March 2022. The budgets and outturns for the operational services (our management accounts) are reported regularly throughout the year to the IJB, with the final position summarised:

Service	Budget	Spend	Variance (Over) / Under	Variance (Over) / Under
	£ Million	£ Million	£ Million	%
Children & Families	14.102	14.122	(0.020)	(0.14%)
Older Peoples Services	23.500	21.596	1.904	8.10%
Physical / Sensory Disability	5.655	5.624	0.031	0.55%
Learning Disability – Community	16.033	15.575	0.458	2.86%
Learning Disability – Inpatients	8.822	8.822	-	0.00%
Augmentative and Alternative Communication	0.226	0.226	-	0.00%
Intensive Services	13.472	15.187	(1.715)	(12.73%)
Mental Health	5.361	5.225	0.136	2.54%
Addictions / Substance Misuse	2.135	2.114	0.021	0.98%
Family Health Services	27.704	27.704	-	0.00%
Prescribing	16.588	16.588	-	0.00%
Criminal Justice	0.016	0.011	0.005	31.25%
Finance and Resources	22.632	22.615	0.017	0.08%
Net Expenditure Health and Social Care	156.246	155.409	0.837	0.54%
Housing	0.398	0.398	-	-
Set Aside for Large Hospital Services	27.892	27.892	-	-
Total Integration Joint Board	184.536	183.699	0.837	0.54%

The £0.837 million operational underspend (0.54%) is marginally better than the reporting taken to the IJB during the year and this underspend will be added to our budget phasing reserve. The main variances to the budget were:

- £1.904 million underspend in within Older Peoples Nursing, Residential and Day-care Services. This reflects the ongoing trend of reduction in care home admissions but does offset the increase in community activity; predominantly Care at Home.
- £1.715 million overspend within Intensive Services as our Care at Home costs reflect that we continued to operate a near full service in the second year of the pandemic. This is the position after we applied £0.826 million of winter funding to meet the increases in demand and complexity within this service.
- £0.458 million underspend within Learning Disability Community Services from a combination of staff turnover and running costs.

We received full Covid-19 support for unachieved savings of £3.566 million during the year as the continued focus on response meant we still did not have capacity to progress the work required to deliver redesign.

The financial performance table above includes the £8.945 million we spent on Covid-19 activity and as this was fully funded by the Scottish Government there is nil impact on the operational variance of each service.

The IJB receives regular and detailed revenue budget monitoring throughout the year.

The set aside budget is shown as nil variance as this currently is not a cash budget to the HSCP and the annual amount reported is agreed each year with NHS Greater Glasgow and Clyde. The actual expenditure share for 2021/22 was identified as £28.177 million.

Whilst Covid-19 resulted in a reduction in activity (equating to £2.9 million against our notional budget) there is nil cash impact. Increased expenditure due to Covid-19; staff costs, increased beds and pathways, cleaning, testing, equipment and PPE were fully funded by the Scottish Government. As outlined earlier, work is ongoing to agree the mechanism for bringing the set aside budget into an operational stage and this includes ensuring a balanced budget will be achieved.

A number of services are hosted by the other IJBs who partner NHS Greater Glasgow and Clyde and our use of hosted services is detailed at Note 4 (Page 58). The hosted services are accounted for on a principal basis, as detailed at Note 11 (Page 65).

The information above reflects our management accounts reporting throughout 2021/22 whilst the CIES (Page 50) presents the financial information in the required statutory reporting format; the movement between these of £9.430 million is a result of the management accounting treatment of reserves:

Reconciliation of CIES to Operational Underspend	£ Million	£ Million
IJB operational underspend on service delivery		0.837
Reserves planned use during the year	(3.938)	
Reserves added during the year	13.368	
Net movement between management accounts and CIES		9.430
IJB CIES underspend		10.267

Total Use of Reserves During 2021/22	£ Million
Reserves planned use during the year	(3.938)
Reserves added from operational underspend and new funding	14.205
Total Reserves added during 2021/22	10.267

Reserves

We used £3.938 million of reserves in year and we also invested £14.205 million into earmarked reserves, with the majority of this increase from Scottish Government ring-fenced funding (£11.933 million). The year on year movement in reserves is set out in detail at Note 8 (Page 63-64) and is summarised:

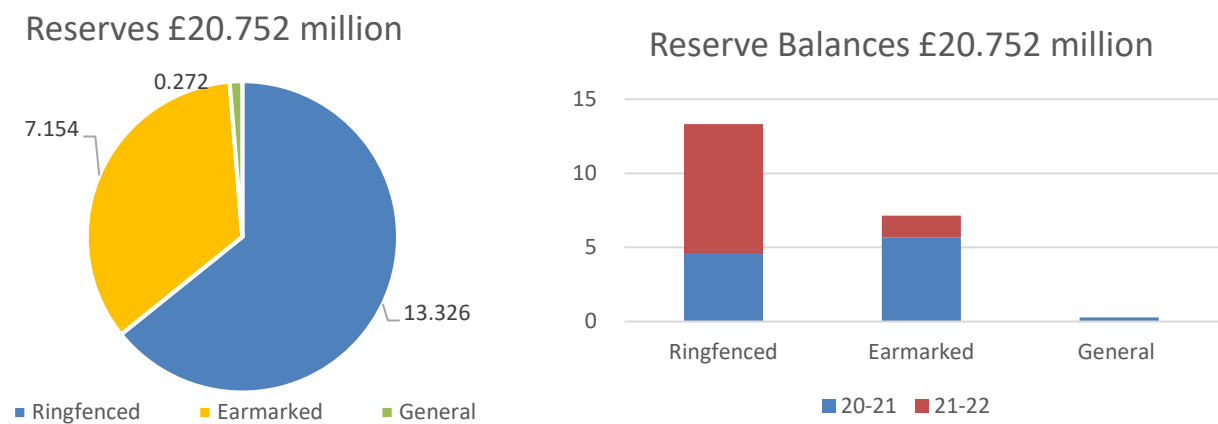
Reserves Movement	£ Million	£ Million
Reserves at 31 March 2021		10.485
Planned use of existing reserves during the year	(3.938)	
Funds added to reserves during the year	14.205	
Net increase in reserves during the year		10.267
Reserves at 31 March 2022		20.752

The purpose, use and categorisation of IJB reserves is supported by a Reserves Policy and Financial Regulations, both of which were reviewed in September 2021.

The reserves of the IJB fall into three types:

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

The current balance of £20.752 million for all reserves falls in these three reserves types:



Ring-Fenced Reserves

The majority of the increase in reserves relates to specific ring-fenced funding we have received from the Scottish Government during 2021/22 with £11.933 million added during the year and £3.153 million used. We can only spend this funding on those initiatives that the funding supports; the majority of this increase relates to Covid-19 and this will support the ongoing response to the pandemic in 2022/23.

We only spent £0.008 million of non Covid-19 ring-fenced reserves during the year and we are working on plans to utilise the balances within the scope of each area of activity during 2022/23 as we work towards recovery.

The increase in ring-fenced funding during 2021/22 is not unique to East Renfrewshire and mirrors the national position.

Earmarked Reserves

Our earmarked reserves are in place to support a number of projects, provide transitional funding for service redesign, provide bridging finance for in year pressures, add capacity to support service initiatives and to support longer term cost smoothing and timing of spend across multiple years.

Within our earmarked reserves we spent £0.785 million supporting service pressures and delivering on projects as planned. We added £2.272 million mainly from our operational underspend (£0.837 million) and in year CAMHS funding (£0.888 million) which we will use to support this service in 2022/23. The balance relates to a number of smaller projects and initiatives with the detail provided at Note 8 (page 63-64).

General Reserves

Our general reserve remains unchanged at £0.272 million and is well below the optimum level at a value of 2% of budget we would ideally hold. The general reserve is currently 0.15% of the 2021/22 revenue budget.

Given the scale of the financial challenge we have faced pre pandemic the IJB strategy to invest where possible in smoothing the impact of savings challenges has not allowed any investment into general reserves. We have recognised whilst this means we are below our policy level, the prioritisation has been on long term sustainability and minimising the impact of savings over time on those services we provide. We received Covid-19 support for unachieved savings during the pandemic and we expect to utilise the budget phasing reserve in 2022/23 as we work to deliver our legacy savings on a recurring basis.

In the event our operational costs exceed budget in 2022/23 we may need to un-hypothecate (i.e. un-earmark) reserves to meet costs.

The use of reserves is reported to the IJB within our routine revenue reporting.

Future Challenges

The IJB continues to face a number of challenges, risks and uncertainties in the coming years and this is set out in our current Medium-Term Financial Plan (MTFP) for 2022/23 to 2026/27 and our Strategic Plan for 2022/23 to 2024/25. These key strategies also inform our strategic risk register and collectively support medium-term planning and decision making.

In the MTFP published in March 2022 the funding gap in future years could range anywhere from £0 to £5.7 million per year, excluding unknown factors, recent inflation implications and any additional savings requirements in future years.

The current scale of costs pressures now look closer to £9 million to £13 million in 2023/24 and £4 million to £9 million in the following two years. This takes into account the impact of pay, inflation, utilities costs and other economic impacts since April 2022. Therefore the funding gap

has significantly increased. The actual funding gap and therefore savings requirement on the IJB will be dependent on the funding settlement for each year.

The investment in health and social care by the Scottish Government was welcomed by the IJB and whilst the majority of this new funding supports specific policy decisions such as the living wage for care providers, we were able to mitigate to some degree our pressures, including pre-pandemic savings.

Despite this investment, the 2022/23 budget settlement fell within the poor settlement range of scenario planning assumptions with cost pressures of just over £14.4 million, funding uplifts of £11.3 million and therefore required savings of £3.1 million. We were able to identify £0.5 million of immediately achievable savings so our current savings challenge for 2022/23 is £2.6 million.

The budget for the year 2022/23 was agreed by the IJB on 16th March 2022 and recognised that we have legacy savings of £2.6m from before the pandemic and that the landscape has changed, particularly around demand and complexity, the ability to introduce new charges or increase criteria for care package support. Our reserves strategy, in place before the pandemic, should see us through the year as we work towards gaining efficiencies from our Recovery & Renewal programme and also by managing, as best we can, the budget we have allowed for to meet increased demand. We are not anticipating Covid funding for unachieved savings in 2022/23.

The Recovery and Renewal Programme is a significant area of work that spans multiple years. We have recently restarted this as part of our recovery. At present there are 16 projects with 9 currently live and we expect further projects will be added over time. Our case recording system replacement project is one of the most significant and recruitment is underway to ensure key posts can support delivery.

There are currently 6 projects that should support delivery of savings as a combination of cash and efficiencies, which in turn should allow us to manage demand and release budget.

- Care at Home redesign (phase 2) – staffing and balance of in-house and purchased care
- Replacing the Scheduling system for Care at Home – more efficient use of resources
- Learning Disability redesign – use of technology as an alternative to sleepovers and more individualised approach from outreach work; better outcomes
- Replacing our case recording system – more efficient use of resources
- Reviewing the use and parameters of our individual budget calculator
- Reviewing our use of commissioned services

The programme was paused as part of our response and work has recently restarted.

In setting this budget the IJB recognised the scale of the challenge; that we were still in response mode; that there are still many unknowns as we work our way towards recovery and the impact and implications from the plans for a national care service are unknown.

The 2022/23 budget recognises that we may require to invoke financial recovery planning if we cannot close our funding gap on a recurring basis.

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

The wider economy has a number of concerning factors. The consequences of Brexit did not manifest in any specific issues during 2021/22 however given this period remained far from normal this will continue to be monitored. The impacts of the war in Ukraine and economic factors such as possible shortages in supplies, inflation, fuel and utilities are all of concern and will be closely monitored throughout the coming year.

Any changes relating to the National Care Service will be analysed and reflected in our future plans.

We have successfully operated integrated services for over 17 years so we have faced a number of challenges and opportunities over the years. However our funding and savings challenge take no account of this history. Whilst we have agreed a population based approach for future (NHS) financial frameworks and models this does not address the base budget.

Prescribing and the associated 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. During 2021/22 the volume of items prescribed began to increase to the pre-pandemic trend; the post Covid-19 implication is not yet clear in terms of complexity of need, population demand and mental health impacts.

Delayed Discharge performance is a key issue for us. 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.

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 use of national contractual frameworks along with the implications from the NCS; this may impact on how we commission services.

We will fully implement our plans for continued use of the winter and Social Work Capacity funding during 2022/23 and we will continue to implement our model for interim care including the development of our intensive support model at Bonnyton care home. This creates a step up/step down service locally, to avoid unnecessary hospital admissions and timely discharge to home/homely settings. For Care at Home, the additional resources address the ongoing demand pressures we are experiencing, increase frontline staff as well as management and

support, and increase capacity for the Home First model and Technology Enabled Care. We are continuing to enhance 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 NHSGGC frailty hubs; and increased capacity for frailty practitioners, data and quality analysis and peripatetic business support.

The funding to strengthen Adult Social Work has allowed us to create additional leadership posts within Communities and Wellbeing. This has provided us an opportunity to create a dedicated transition team to support young people with complex needs in the transition to adulthood, and Long Term Conditions team to support the local residents with long term conditions as we recover from the pandemic.

We intend to develop our performance and financial reporting in more detail at a locality level to allow fuller reporting and understanding of future trends and service demands and include Covid-19 implications and scenarios. We were not able to progress this work during 2021/22 as our focus remained on response.

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

- Our Recovery and Renewal Programme has restarted and will be implemented in 2022/23, with regular reports to the IJB.
- We will update our Medium-Term Financial Plan on a regular basis reflecting the ongoing impact of Covid-19, the economic climate and any impact from the NCS as these become clearer. This will allow us to continue to use scenario-based financial planning and modelling to assess and refine the impact of different levels of activity, funding, pressures, possible savings and associated impacts. This will also inform our planning for our 2023/24 budget.
- We will continue to monitor the impacts of Covid-19, Brexit, economic and inflationary factors along with operational issues through our financial and performance monitoring to allow us to take swift action where needed, respond flexibly to immediate situations and to inform longer term planning.
- We will continue to report our Covid-19 activity costs through the NHS Greater Glasgow and Clyde Mobilisation Plan and to the IJB. At this stage we do not expect any further support for non-delivery of savings. This will include how we transition as funding will reduce / cease over time.
- We will continue to work through our Care at Home redesign as part of our Recovery and Renewal Programme recognising the context of significant increase in demand for services, including increased complexity of needs due to the pandemic.
- We will continue to progress and report on our Strategic Improvement Plan until fully complete; work on this was not a priority during the ongoing pandemic response.
- We will complete the review of our Integration Scheme; work had been undertaken pre pandemic and was then put on hold.
- We routinely report our performance to the IJB with further scrutiny from our Performance and Audit Committee and our Clinical and Care Governance Group. The service user and

carer representation on the IJB and its governance structures is drawn from Your Voice which includes representatives from community care groups, representatives from our localities and representatives from equality organisations including disability and faith groups. We intend to develop our performance reporting during 2022/23.

- Workforce planning will support identifying our current and future requirements. Recruitment and retention of staff is key to all service delivery and we have mitigated as far as possible by minimising the use of temporary posts and developing our workforce and organisational learning and development plans. Given the overwhelming response to the pandemic over a prolonged period our staff are tired both physically and mentally and the wellbeing of our workforce is paramount.
- Governance Code; we have robust governance arrangements supported by a Governance Code.
- The IJB continues to operate in a challenging environment and our financial, risk and performance reporting continue to be a key focus of each IJB agenda.

The future challenges detailed above and our associated response include the main areas of risk that the IJB is facing. The uncertainty of the longer term impact of Covid-19 on our population and the capacity for the HSCP and its partners to deliver services and implement our Recovery and Renewal programme whilst maintaining financial sustainability remain significant risks.

Conclusion

East Renfrewshire Integration Joint Board continued, pre Covid-19, to be well placed in the short term to meet the coming challenges, building on many years of delivering integrated health and social care services and continuing to lead on developing new and innovative models of service delivery, not only ensuring financial sustainability, but also meeting the needs of our population.

Post Covid-19 there is a greater uncertainty over the medium to longer term impact on our population and the associated demand for services, a difficult shorter term financial challenge and potential opportunities that may arise around a national care service. We continue to plan ahead and prepare for a range of scenarios.

Anne-Marie Monaghan
Chair
Integration Joint Board

23rd November 2022

Julie Murray
Chief Officer
Integration Joint Board

23rd November 2022

Lesley Bairden ACMA CGMA
Chief Financial Officer
Integration Joint Board

23rd November 2022

Statement of Responsibilities

Responsibilities of the Integration Joint Board

The IJB is required to:

- Make arrangements for the proper administration of its financial affairs and to ensure that one of its officers has the responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In East Renfrewshire IJB, the proper officer is the Chief Financial Officer.
- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets.
- Ensure the annual accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003) and (Coronavirus (Scotland) Act 2020).
- Approve the annual accounts for signature.

I confirm that the audited Annual Accounts will be presented on 23rd November 2022 for approval.

Anne-Marie Monaghan
Chair

Integration Joint Board 23rd November 2022

Responsibilities of the Chief Financial Officer

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

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

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

The Chief Financial Officer has also:

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

I certify that the financial statements give a true and fair view of the financial position of East Renfrewshire Integration Joint Board as at 31st March 2022 and the transactions for the IJB for the period covering 1st April 2021 to 31st March 2022.

Lesley Bairden ACMA CGMA
Chief Financial Officer
Integration Joint Board 23rd November 2022

Remuneration Report

Introduction

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

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

For 2021/22 no taxable expenses were claimed by members of the IJB.

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

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

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

Integration Joint Board

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

Senior Officers

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

The total remuneration received by the Chief Officer in 2021/22 amounted to £115,279 in respect of all duties undertaken during the financial year. The Chief Financial Officer total remuneration for 2021/22 amounted to £88,285.

2020/21			Name and Post	2021/22		
Salary, Fees & Allowances £	Taxable Expenses £	Total Remuneration £		Salary, Fees & Allowances £	Taxable Expenses £	Total Remuneration £
114,269	-	114,269	Julie Murray Chief Officer	115,279	-	115,279
87,291	-	87,291	Lesley Bairden Chief Financial Officer	88,285	-	88,285

Voting Board Members 2021/22		Total Taxable IJB Related Expenses £
Councillor Caroline Bamforth (Chair)	East Renfrewshire Council	-
Anne-Marie Monaghan (Vice Chair)	NHS Greater Glasgow & Clyde	-
Councillor Tony Buchanan	East Renfrewshire Council	-
Jacqueline Forbes	NHS Greater Glasgow & Clyde	-
Amina Khan	NHS Greater Glasgow & Clyde	-
Councillor Alan Lafferty (until June 2021)	East Renfrewshire Council	-
Provost Jim Fletcher (from June 2021)	East Renfrewshire Council	-
Councillor Jim Swift	East Renfrewshire Council	-
Flavia Tudoreanu (until November 2021)	NHS Greater Glasgow & Clyde	-
Michelle Wailes (from January 2022)	NHS Greater Glasgow & Clyde	-

The equivalent cost in 2020/21 was nil for all IJB members.

The voting members of the IJB changed following local elections in May 2022.

The Pension entitlement for the Chief Officer for the year to 31st March 2022 is shown in the table below, together with the contribution made by the employing body to this pension during the year.

2020/21			Name and Post	2021/22		
In Year Pension Contribution to 31 March £	Accrued Pension Benefits at 31 March			In Year Pension Contribution to 31 March £	Accrued Pension Benefits at 31 March	
	Pension £	Lump Sum £			Pension £	Lump Sum £
22,054	45,593	60,259	Julie Murray Chief Officer	22,249	48,214	60,686
16,847	9,006	-	Lesley Bairden Chief Financial Officer	17,039	10,849	-

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

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

However, the IJB has responsibility for funding the employer's contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the IJB. The table above shows the IJB's funding during 2021/22 to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned from a previous employment and from each officers' own contributions.

General Disclosure by Pay Bands

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

General Disclosure by Pay Bands

Number of Employees 31 March 2021	Remuneration Band	Number of Employees 31 March 2022
-	£80,000 - £84,999	-
1	£85,000 - £89,999	1
-	£105,000 - £109,999	-
1	£110,000 - £114,999	-
-	£115,000 - £119,999	1

Anne-Marie Monaghan
Chair
Integration Joint Board 23rd November 2022

Julie Murray
Chief Officer
Integration Joint Board 23rd November 2022

Annual Governance Statement

Introduction

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

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

Scope of Responsibility

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

To meet this responsibility the IJB continues to operate the governance arrangements first put in place during 2015/16, including the system of internal control. This is intended to manage risk to a reasonable level but cannot eliminate the risk of failure to achieve policies, aims and objectives and can therefore only provide reasonable, but not absolute assurance of effectiveness.

In discharging these responsibilities, the Chief Officer has a reliance on East Renfrewshire Council and NHS Greater Glasgow and Clyde systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisations' aims and objectives, as well as those of the IJB.

The Purpose of the Governance Framework

The governance framework comprises the systems and processes and culture and values by which the IJB is directed and controlled and the activities through which it accounts to, engages with, and leads the community. It enables the IJB to monitor the achievement of its strategic objectives and to consider whether those objectives have led to the delivery of appropriate, cost-effective services.

The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the IJB's policies, aims and

objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

We have robust governance arrangements in place and have consolidated these into a Governance Code.

The Governance Framework

The main features of the governance framework in place during 2021/22 are summarised below:

- The IJB, comprising all IJB Board members, is the key decision-making body.
- The scope, authority, governance and remit of the IJB is set out in constitutional documents including the Integration Scheme, Board terms of reference, scheme of administration and financial regulations and as reflected in our Code of Governance.
- The Performance and Audit Committee and Clinical and Care Governance Group provide further levels of scrutiny for the IJB.
- The IJB's purpose and vision is outlined in the IJB Strategic Plan which sets out how we will deliver the national health and wellbeing outcomes. This is underpinned by an annual implementation plan and performance indicators. Regular progress reports on the delivery of the Strategic Plan are provided to the Performance and Audit Committee and the IJB.
- The IJB has adopted a 'Code of Conduct' for all of its Board Members and employees. A register of interests is in place for all Board members and senior officers.
- The Performance and Audit Committee routinely review the Strategic Risk Register.
- The IJB has in place a continuous development programme with an ongoing series of seminars covering a wide range of topics and issues.
- The IJB has two localities Eastwood and Barrhead, aligned with hospital use and includes three clusters of GP practices. Each Locality has a dedicated Locality Manager.

The governance framework was put in place during 2015/16 when the IJB was established and the Governance Code was formalised and audited in 2017/18 and continues to operate effectively.

As a result of Covid-19 from March 2020 we needed to change some of our governance arrangements including; drawing on business continuity plans to support critical functions, establishing our Local Resilience Management Team, participating in local and national working groups and establishing a Covid-19 Risk Register. We have also worked very closely with our partners' governance and response arrangements during the pandemic, including East Renfrewshire Council, NHS Greater Glasgow and Clyde, National Chief Officer, Chief Social

Work Officer and Chief Financial Officer meetings. These arrangements continued through 2021/22.

We continued to hold our IJB meetings on a video conferencing platform and agreed with our chair and vice chair a prioritised agenda for each meeting. We held all meetings as planned during 2021/22. We held three JB seminars during the year focussing on Unpaid Carers, the National Care Service, our Strategic Plan for 2022-2025 and the Budget for 2022/23.

Best Value

The IJB has a duty of Best Value and this includes ensuring continuous improvement in performance, while maintaining an appropriate balance between the quality of those services provided by the HSCP and the cost of doing so. We need to consider factors such as the economy, efficiency, effectiveness and equal opportunities. The IJB ensures this happens through its vision and leadership and this is supported and delivered by:



The System of Internal Financial Control

The system of internal financial control is based on a framework of regular management information, financial regulations, administrative procedures (including segregation of duties), management supervision, and a system of delegation and accountability. Development and maintenance of these systems is undertaken by East Renfrewshire Council and NHS Greater Glasgow and Clyde as part of the operational delivery of the HSCP. In particular, these systems include:

- Financial regulations and codes of financial practice.
- Comprehensive budgeting systems.
- Regular reviews of periodic and annual financial reports that indicate financial performance against the forecasts.
- Setting targets to measure financial and other performance.
- Clearly defined capital expenditure guidelines.
- Formal project management disciplines.
- The IJB's financial management arrangements complies with the governance requirements of the CIPFA statement: 'The Role of the Chief Financial Officer in Local Government (2016)'.

With regard to the entries taken from East Renfrewshire Council and NHS Greater Glasgow and Clyde accounts, the IJB is not aware of any weaknesses within their internal control systems and has placed reliance on the individual Statements of Internal Financial Control where appropriate.

Review of Adequacy and Effectiveness

The IJB has responsibility for conducting, at least annually, a review of the effectiveness of its governance framework including the system of internal control. The review of the effectiveness of the framework is informed by the work of the Senior Management Team who have responsibility for development and maintenance of the governance environment, the annual report by the Chief Internal Auditor and reports from Audit Scotland and other review agencies.

The Chief Internal Auditor reports directly to the IJB Performance and Audit Committee on all audit matters, with the right of access to the Chief Officer, Chief Financial Officer and Chair of the Performance and Audit Committee on any matter. In accordance with the principles of the code of corporate governance, regular reports were made to the IJB's Performance and Audit Committee during 2021/22. A member of East Renfrewshire Council's Audit and Scrutiny Committee was co-opted to the IJB Performance and Audit Committee during 2016/17 to promote transparency.

The IJB's Performance & Audit Committee operates in accordance with CIPFA's Audit Committee Principles in Local Authorities in Scotland and Audit Committees: Practical Guidance for Local Authorities.

The Internal Audit function has independent responsibility for examining, evaluating and reporting on the adequacy of internal control. The IJB's internal audit arrangements comply with the governance requirements of the CIPFA statement: 'The Role of the Head of Internal Audit in Public Organisations (2019)'.

During 2021/22 the service operated in accordance with relevant professional audit standards and the Public Sector Internal Audit Standards. The Chief Internal Auditor's opinion as reported to the Audit Committee, confirmed: It is my opinion, based on the information available and assurances provided, that reasonable assurance can be placed on the framework of governance, risk management and internal controls which operated in the East Renfrewshire Integration Joint Board in the year to 31 March 2022 except for an area still under investigation by Police Scotland.

We have a formal Code of Governance and the sections in the code and our level of compliance can be summarised as detailed below:

Code Section	Level of Compliance
Integration Scheme	Full
Local Governance Arrangements & Delegation of Functions	Full
Local Operational Delivery Arrangements	Full
Performance and Audit	Full
Clinical and Care Governance	Full
Chief Officer	Full
Workforce *	Full
Finance	Full
Participation and Engagement	Full
Information Sharing and Data Handling	Full
Complaints/ Dispute Resolution Mechanism	Full
Claims Handling, Liability & Indemnity	Full
Risk Management	Full

* We are finalising our three-year Workforce Plan covering 2022-2025, in line with Scottish Government timescales.

Governance Issues during 2021/22

Whilst all operational and transactional governance issues are considered within our partner's governance frameworks, the IJB Performance and Audit Committee also take an overview on all actions resulting from both internal and external audit reports, covering all live actions whether pre or post 31st March 2022.

Regular reports on audit recommendations and associated actions are presented to and considered by the Performance and Audit Committee of the IJB. The IJB will also receive direct reports where appropriate.

Significant Governance Issues

The ongoing Covid-19 pandemic had a lesser impact on IJB meetings and associated governance than in the first year of the pandemic. The IJB continued to meet virtually throughout the year and all meetings were held as planned.

The Scottish Government introduced new legislation in 2020/21; The Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020. The HSCP has complied with this legislation as appropriate.

The HSCP worked with all partners at a local and national level to play our part in the ongoing response to the pandemic with the key impacts included in our management commentary.

As the situation evolved over 2021/22 we have responded to changing restrictions and many iterations of guidance on a range of Covid-19 related issues. We have outlined in this report how we have governed these changes, adapted existing and set up new services and how we have funded the associated costs. Despite the continued dynamic and challenging environment there have been no significant governance issues.

Operational Governance

Given capacity constraints across the HSCP and within the Internal Audit Team planned work for 2021/22 was delayed and rescheduled into 2022/23.

The Performance and Audit Committee received an update report to each committee that identified progress on open recommendations as well as any new audit activity and associated response (for both IJB specific and for HSCP operational). The table below summarises the number of recommendations and the status for each audit.

Audit Report	Recommendations			
	Total	Verified as implemented by Internal Audit	Considered implemented by HSCP (awaiting verification)	Total open
Debtors	2	-	2	-
Environment Follow-up	3	-	-	3
Fostering, Adoption and Kinship	3	-	1	2
Payroll	8	-	8	-
Carers Legislation	5	2	-	3
CareFinance	14	-	10	4
Emergency Payment	10	9	-	1
Self-Directed Support	10	-	8	2
Follow up of HSCP Audits	11	6	3	2

We took regular Covid-19 response updates to the IJB during 2021/22 that provided a position statement, risk and mitigation on service delivery and response activity.

We also set up a daily huddle as part of our response to the Omicron variant and this allowed our senior managers to meet each morning to assess the situation, prioritise workloads and support service delivery in a very challenging period. This also provides an informal support network which has been invaluable.

We recognised the ongoing impact of the pandemic and we 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.

The Care Inspectorate announced a joint inspection of services for Children at risk of Harm on 22nd February 2022. The Care Inspectorate published their report August 2022 and we received a grade of 'Excellent' for Quality Indicator 2.1 – Impact on Children and Young People.

We had a brief period during 2021/22 where we had started to look at our recovery prior to the Omicron variant of Covid-19 and this programme of work has recommenced in 2022/23.

We continue to report Covid-19 activity and costs to the Scottish Government via the NHS Greater Glasgow and Clyde Mobilisation Plan as well as to the IJB.

Action Plan

The table below shows the progress made during 2021/22 against the actions that we identified in our 2020/21 annual report and accounts. It does need to be recognised that capacity to progress these actions was impacted by the ongoing response to the pandemic including the emergence of the Omicron variant, resulting in a very challenging winter for the HSCP.

Action	Progress
Continue to report on our Care at Home redesign as part of our Recovery and Renewal programme.	Phase 2 of the redesign is one of our major projects within the programme and work will commence as we move from response to recovery.
Regularly review and refresh our Medium-Term Financial Plan (MTFP) once the implications from the Covid-19 pandemic and the national care service become clearer. This will include reporting progress on savings achieved and operational financial performance throughout the year.	We last took our MTFP to the IJB in March 2022 and will refresh as a minimum annually and more frequently as issues from the NCS and economic impacts crystallise.
Implement the commissioning arrangements for unscheduled care once the development work has been finalised.	Work is ongoing and the plan and associated financial framework was last reported to the IJB in March 2022.
Review our Best Value reporting with our Annual Performance Report.	This has not progressed during the Covid-19 response, with the exception of attendance at a national workshop in preparation for future work.
Implement our Recovery and Renewal programme with regular reporting to the IJB including the associated financial implications.	We had a brief period where we started to consider recovery during 2021/22 however the ongoing response including the Omicron variant meant there was little capacity to progress. Our Recovery and Renewal Programme has recommenced and will be regularly reported to the IJB throughout 2022/23.
Refresh our Integration Scheme as work on this was paused during 2020/21.	Work is ongoing in partnership with colleagues across Greater Glasgow and Clyde

Continue to monitor the costs associated with Covid-19 and sustainability throughout 2021/22 and beyond.	We have reported all costs associated with Covid-19 to the IJB through our budget monitoring and have fed into the NHSGGC Local Mobilisation Plan reporting for 2021/22 and for future years.
Recommence review of our Strategic Action Plan.	This work was not a priority during the pandemic response.

The actions to take in 2022/23 to improve strengthening our corporate governance arrangements are:

- Resource and deliver our Recovery and Renewal programme, with regular reporting including progress on savings to the IJB throughout 2022/23.
- Refresh our Medium Term Financial Plan and Strategic Risk Register to reflect any changes resulting from the NCS and for economic and inflation factors as required
- Continue to work to implement the Unscheduled Care Commissioning Plan in partnership with the other HSCPs across Greater Glasgow and Clyde
- Review our Best Value reporting with our Annual Performance Report and develop our performance reporting to look forward as well as report our retrospective position
- Refresh our Integration Scheme
- Continue to monitor the costs associated with Covid-19 and sustainability throughout 2022/23 and beyond
- Recommence review of our Strategic Action Plan, paused during the response to the pandemic
- Develop our Strategic Commissioning Plan and our approach to collaborative commissioning
- Implement our Strategic Plan
- We will implement plans including recruitment for winter and capacity funding
- We will report the results of the Joint Inspection of services for Children at Risk of Harm

Conclusion and Opinion on Assurance

It is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the IJB system of governance.

We consider the internal control environment provides reasonable and objective assurance that any significant risks impacting on our principle objectives will be identified and actions taken to avoid or mitigate their impact.

Systems are in place to regularly review and improve the internal control environment.

Anne-Marie Monaghan
Chair
Integration Joint Board 23rd November 2022

Julie Murray
Chief Officer
Integration Joint Board 23rd November 2022

Appendix A: Proposed Independent Auditor's Report

Independent auditor's report to the members of East Renfrewshire Integration Joint Board and the Accounts Commission

Reporting on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of East Renfrewshire Integration Joint Board for the year ended 31 March 2022 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2021/22 (the 2021/22 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2021/22 Code of the state of affairs of the East Renfrewshire Integration Joint Board as at 31 March 2022 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2021/22 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the Code of Audit Practice approved by the Accounts Commission for Scotland. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I was appointed by the Accounts Commission on 26 September 2022. The period of total uninterrupted appointment is one year. I am independent of East Renfrewshire Integration Joint Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to East Renfrewshire Integration Joint Board. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on East Renfrewshire Integration Joint Board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

These conclusions are not intended to, nor do they, provide assurance on East Renfrewshire Integration Joint Board's current or future financial sustainability. However, I report on East Renfrewshire Integration Joint Board's arrangements for financial sustainability in a separate Annual Audit Report available from the [Audit Scotland website](#).

Risks of material misstatement

I report in my Annual Audit Report the most significant assessed risks of material misstatement that I identified and my judgements thereon.

Responsibilities of the Head of Finance and Resources (Chief Financial Officer) and the Performance and Audit Committee for the financial statements

As explained more fully in the Statement of Responsibilities, the Head of Finance and Resources (Chief Financial Officer) is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Head of Finance and Resources (Chief Financial Officer) determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Head of Finance and Resources (Chief Financial Officer) is responsible for assessing East Renfrewshire Integration Joint Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless there is an intention to discontinue East Renfrewshire Integration Joint Board's operations.

The Joint Board is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- obtaining an understanding of the applicable legal and regulatory framework and how East Renfrewshire Integration Joint Board is complying with that framework;

- identifying which laws and regulations are significant in the context of East Renfrewshire Integration Joint Board;
- assessing the susceptibility of the financial statements to material misstatement, including how fraud might occur; and
- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of East Renfrewshire Integration Joint Board's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Reporting on other requirements

Opinion prescribed by the Accounts Commission on the audited part of the Remuneration Report

I have audited the part of the Remuneration Report described as audited. In my opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

Other information

The Head of Finance and Resources (Chief Financial Officer) is responsible for other information in the annual accounts. The other information comprises the Management Commentary, Annual Governance Statement, Statement of Responsibilities and the unaudited part of the Remuneration Report.

My responsibility is to read all the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

Opinions prescribed by the Accounts Commission on the Management Commentary and Annual Governance Statement

In my opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit;

I have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to my responsibilities for the annual accounts, my conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in my Annual Audit Report.

Use of my report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

John Boyd
Audit Director
Audit Scotland
4th Floor
8 Nelson Mandela Place
Glasgow
G2 1BT

The Financial Statements

The (Surplus) or Deficit on the Income and Expenditure Statement shows the income received from and expenditure directed back to East Renfrewshire Council and NHS Greater Glasgow and Clyde for the delivery of services.

Comprehensive Income and Expenditure Statement for the year ended 31st March 2022

2020/21			2021/22				
Gross Expenditure	Gross Income	Net Expenditure	Objective Analysis	Note	Gross Expenditure	Gross Income	Net Expenditure
£000	£000	£000			£000	£000	£000
13,879	1,361	12,518	Children and Families		16,696	2,468	14,228
24,607	3,159	21,448	Older People's Services		26,757	1,884	24,873
5,923	395	5,528	Physical/Sensory Disability		6,574	308	6,266
20,305	1,703	18,602	Learning Disability – Community		21,479	905	20,574
9,818	1,128	8,690	Learning Disability – Inpatients		9,901	1,079	8,822
503	266	237	Augmentative & Alternative Communication		393	167	226
16,078	2,306	13,772	Intensive Services		18,608	2,110	16,498
6,387	492	5,895	Mental Health		6,317	303	6,014
2,488	156	2,332	Addictions / Substance Misuse		2,958	255	2,703
26,198	166	26,032	Family Health Services		28,231	527	27,704
15,858	-	15,858	Prescribing		16,589	1	16,588
696	698	(2)	Criminal Justice		864	853	11
26,874	4,007	22,867	Management and Admin		29,017	6,413	22,604
229	-	229	Corporate Services	6	232	-	232
169,843	15,837	154,006	Cost of Services Managed by ER IJB		184,616	17,273	167,343
			Set Aside for delegated services provided in large hospitals		27,892	-	27,892
28,177	-	28,177	Aids and Adaptations		398	-	398
174	-	174					
198,194	15,837	182,357	Total Cost of Services to ER IJB		212,906	17,273	195,633
			Taxation and Non Specific Grant Income	3	-	205,900	205,900
-	187,968	187,968					
198,194	203,805	(5,611)	(Surplus) or Deficit on Provision of Services		212,906	223,173	(10,267)

Movement in Reserves Statement

This statement shows the movement in the financial year on the reserve held by the IJB, analysed into 'usable reserves' (i.e. those that can be applied to fund expenditure) and 'non usable reserves'. The (Surplus) or Deficit on the Provision of Services reflects the true cost of providing services, more details of which are shown in the Comprehensive Income and Expenditure Statement.

2020/21 £000	Movement in Reserves	2021/22 £000
(4,726)	Balance as at 31 st March 2021 brought forward	(10,485)
(5,759)	Total Comprehensive Income & Expenditure	(10,267)
(5,759)	(Surplus) or Deficit on the Provision of Services	(10,267)
(10,485)	Balance as at 31st March 2022 Carried Forward	(20,752)

The reserves above are all useable.

Balance Sheet As at 31st March 2022

The Balance Sheet as at 31st March 2022 is a snapshot of the value at that reporting date of the assets and liabilities recognised by the IJB. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

31st March 2021 £000	Balance Sheet	Notes	31st March 2022 £000
11,245	Current Assets		21,130
11,245	Short Term Debtors	7	21,130
760	Current Liabilities		378
760	Short Term Creditors	7	378
10,485	Net Assets - Reserves	8	20,752

The Statement of Accounts present a true and fair view of the financial position of the IJB as at 31st March 2022 and its income and expenditure for the year then ended.

The audited annual report and accounts will be submitted for approval and issue by the IJB on 23rd November 2022.

Lesley Bairden ACMA CGMA
Chief Financial Officer
Integration Joint Board 23rd November 2022

Notes to the Financial Statements

1. Accounting Policies

1.1 General Principles

The Statement of Accounts summarises the IJB's transactions for the 2021/22 reporting period and its position as at 31st March 2022.

The East Renfrewshire IJB is formed under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a joint venture between East Renfrewshire Council and NHS Greater Glasgow and Clyde.

IJBs are specified as Section 106 bodies under the Local Government (Scotland) Act 1973 and as such are required to prepare their financial statements in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2021/22 supported by International Finance Reporting Standards (IFRS).

1.2 Accruals of Income and Expenditure

Activity is accounted for in the year it takes place not simply when cash payments are made or received. In particular:

All known specific and material sums payable to the IJB have been brought into account.

Where revenue and expenditure have been recognised but cash has not been received or paid, a debtor or creditor for the relevant amount is recorded in the Balance Sheet.

1.3 Going Concern

The accounts are prepared on a going concern basis, which assumes that the IJB will continue in operational existence for the foreseeable future.

1.4 Accounting Convention

The accounting convention adopted in the Statement of Accounts is an historic cost basis.

1.5 Funding

East Renfrewshire IJB receives contributions from its funding partners, namely East Renfrewshire Council and NHS Greater Glasgow and Clyde to fund its services. Expenditure is incurred in the form of charges for services provided to the IJB by its partners.

1.6 Reserves

Reserves are created by appropriate amounts from the Statement of Income and Expenditure in the Movement in Reserves Statement.

Reserves have been created in order to finance expenditure in relation to specific projects. When expenditure to be financed from a reserve is incurred it will be charged to the appropriate service

in that year and will be funded by an appropriation back to the Comprehensive Income and Expenditure Statement in the Movement in Reserves Statement.

A general reserve has also been established as part of the financial strategy of the East Renfrewshire IJB in order to better manage the risk of any future unanticipated events that may materially impact on the financial position of the IJB.

1.7 Events after the Balance Sheet Date

Events after the Balance Sheet date are those events, both favourable and unfavourable, that occur between the end of the reporting period and the date when the Annual Accounts are authorised.

Where events take place before the date of authorisation and provide information about conditions existing as at 31st March 2022 the figures in the financial statements and notes have been adjusted in all material aspects to reflect the impact of this information.

Events taking place after the date when the Accounts were authorised are not reflected in the financial statement or notes.

1.8 Related Party Transactions

As partners of East Renfrewshire IJB both East Renfrewshire Council and NHS Greater Glasgow and Clyde are related parties and material transactions with those bodies are disclosed in Note 5 (Page 60) in accordance with the requirements of International Accounting Standard 24.

1.9 Provisions, Contingent Assets and Liabilities

Provisions are made where an event has taken place that gives the IJB a legal or constructive obligation that probably requires settlement by a transfer of economic benefits or service potential and a reliable estimate can be made of the amount of the obligation.

Provisions are charged as an expense to the appropriate service line in the Statement of Income and Expenditure in the year that the IJB becomes aware of the obligation and measured at the best estimate at the Balance Sheet date of the expenditure required to settle the obligation, taking into account relevant risks and uncertainties.

When payments are eventually made they are charged to the provision held in the Balance Sheet. Estimated settlements are reviewed at the end of each financial year. Where it becomes less probable that a transfer of economic benefits will be required (or a lower settlement than anticipated is made) the provision is reversed and credited back to the relevant service.

A contingent asset or liability arises where an event has taken place that gives the IJB a possible obligation or benefit whose existence will only be confirmed by the occurrence or otherwise of uncertain future events not wholly within the control of the IJB. Contingent assets or liabilities also arise in circumstances where a provision would otherwise be made but, either it is not probable that an outflow of resources will be required or the amount of the obligation cannot be measured reliably.

Contingent assets and liabilities are not recognised in the Balance Sheet but are disclosed in a note to the Accounts where they are deemed material.

1.10 Indemnity Insurance

The IJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. NHS Greater Glasgow and Clyde and East Renfrewshire Council have responsibility for claims in respect of the services they are statutorily responsible for and that they provide.

Unlike NHS Boards the IJB does not have any 'shared risk' exposure from participation in CNORIS. The IJB participation in the CNORIS scheme is therefore similar to normal insurance arrangements.

In the event that known claims were identified they would be assessed as to the value and probability of settlement. Where material the overall expected value of any such known claims, taking probability of settlement into consideration, would be provided for in the IJB's Balance Sheet. No such claims were identified as at 31st March 2022.

Similarly, the likelihood of receipt of an insurance settlement to cover any claims would be separately assessed, and where material, they would be presented as either a debtor or disclosed as a contingent asset. No such receipts were identified as at 31st March 2022.

The cost of participation in the CNORIS scheme was funded on our behalf by NHS Greater Glasgow and Clyde for financial year 2021/22.

1.11 Corresponding Amounts

These Financial Statements cover the period 1st April 2021 to 31st March 2022, with corresponding full year amounts for 2020/21.

1.12 VAT

The IJB is not a taxable person and does not charge or recover VAT on its functions.

The VAT treatment of expenditure and income within the Accounts depends upon which of the partners is providing the service as these bodies are treated differently for VAT purposes.

The services provided by the Chief Officer to the IJB are outside the scope of VAT as they are undertaken under a specific legal regime.

1.13 Post - Employment Benefits – Pension Costs

The accounting requirements for pension costs in respect of Post - Employment Benefits under IAS19 and FRS17 are reflected in the accounts of East Renfrewshire Council and NHS Greater Glasgow and Clyde as the respective employers of current and former staff members. The IJB does not directly employ any members of staff in its own right and accordingly has accrued no liability in regards to post employment pension benefits.

1.14 Prior Period Restatement

When items of income and expenditure are material, their nature and amount is disclosed separately, either on the face of the CIES or in the notes to the Accounts, depending on how significant the items are to the understanding of the IJB's financial performance.

Prior period adjustments may arise as a result of a change in accounting policy, a change in accounting treatment or to correct a material error. Changes are made by adjusting the opening balances and comparative amounts for the prior period which then allows for a consistent year on year comparison.

2. Expenditure and Income Analysis by Nature

There are no statutory or presentational adjustments which affect the IJB's application of funding received from partner organisations. The movement in the IJB balance sheet is therefore solely due to the transactions shown in the Comprehensive Income and Expenditure Statement. Consequently an Expenditure and Funding Analysis is not provided in these accounts.

2020/21 £000	Expenditure and Income Analysis by Nature	2021/22 £000
(188,116)	Partners funding contribution and non-specific grant income	(205,900)
(15,837)	Fees and charges and other service income	(17,273)
(203,953)	Total Funding	(223,173)
46,345	Employee Costs	51,244
1,202	Premises Costs	882
296	Transport Costs	479
20,438	Supplies & Services	23,740
57,140	Third Party Payments	61,243
2,454	Support Costs	2,499
15,708	Prescribing	16,432
26,205	Family Health Service	28,263
28,177	Acute Hospital Services	27,892
202	Corporate Costs	204
27	External Audit Fee	28
198,194	Cost of Services	212,906

3. Taxation and Non Specific Grant Income

2020/21 £000	Taxation and Non Specific Grant Income	2021/22 £000
57,531	East Renfrewshire Council	67,228
118,742	NHS Greater Glasgow and Clyde	126,738
11,843	Resource Transfer	11,934
188,116	Partners Funding Contribution & Non Specific Grant Income	205,900

The funding contribution from NHS Greater Glasgow and Clyde includes East Renfrewshire's use of set aside for delegated services provided in large hospitals (£27.892 million in 2021/22 and £28.177 million in 2020/21). These services are provided by the NHS, which retains responsibility for managing the costs of providing the service; the IJB however, has responsibility for the consumption of and level of demand placed on these services.

4. Hosted Services - Learning Disability Inpatients & Augmentative and Alternative Communication

As detailed at Note 11 the IJB has considered the basis of the preparation of the 2021/22 accounts for Learning Disability In-Patient Services and Augmentative & Alternative Communication (AAC) services hosted by the East Renfrewshire IJB for other IJBs within the NHS Greater Glasgow & Clyde Area.

The IJB is considered to be acting as a 'principal' and the 2021/22 financial statements have been prepared on this basis with the full costs of such services being reflected in the 2021/22 financial statements. The cost of the hosted service provided to other IJBs as well as that consumed by East Renfrewshire for the Learning Disability Inpatients and Augmentative and Alternative Communication is detailed in the following tables.

2020/21 £000	Learning Disability In-Patient Services Hosted by East Renfrewshire IJB	2021/22 £000
5,855	Glasgow	5,655
1,942	Renfrewshire	1,993
795	Inverclyde	551
691	West Dunbartonshire	310
-	East Dunbartonshire	-
9,283	Learning Disability In-Patients Services Provided to other IJBs	8,509
11	East Renfrewshire	313
9,294	Total Learning Disability In-Patient Services	8,822

2020/21 £000	Augmentative and Alternative Communication (AAC) Hosted by East Renfrewshire IJB	2021/22 £000
89	Glasgow	97
33	Renfrewshire	22
3	Inverclyde	26
3	West Dunbartonshire	4
19	East Dunbartonshire	22
147	AAC Services Provided to other IJBs	171
19	East Renfrewshire	40
166	Total AAC Services	211

Likewise, other IJBs act as the principal for a number of other hosted services on behalf of the East Renfrewshire IJB, as detailed below; such costs are reflected in the financial statements of the host IJB.

2020/21 £000	Services Provided to East Renfrewshire IJB by Other IJBs within NHSGGC	2021/22 £000
451	Physiotherapy	435
43	Retinal Screening	43
352	Podiatry	474
285	Primary Care Support	289
325	Continence	342
594	Sexual Health	600
1,168	Mental Health	990
867	Oral Health	789
346	Addictions	350
197	Prison Health Care	209
158	Health Care in Police Custody	171
4,644	Psychiatry	3,846
9,430	Net Expenditure on Services Provided	8,538

5. Related Party Transactions

The following financial transactions were made with East Renfrewshire Council and NHS Greater Glasgow and Clyde relating to integrated health and social care functions during 2021/22. The nature of the partnership means that the IJB may influence, and be influenced by its partners.

2020/21 £000	Income – Payments for Integrated Functions	2021/22 £000
122,395	NHS Greater Glasgow and Clyde	130,541
81,558	East Renfrewshire Council	92,632
203,953	Total	223,173

2020/21 £000	Expenditure – Payments for Delivery of Integrated Functions	2021/22 £000
122,395	NHS Greater Glasgow and Clyde	130,541
75,799	East Renfrewshire Council	82,365
198,194	Total	212,906

2020/21 £000	Closing Reserve Balance (held within ERC on behalf of IJB)	2021/22 £000
-	NHS Greater Glasgow and Clyde	-
10,485	East Renfrewshire Council	20,752
10,485	Total	20,752

6. Corporate Expenditure

2020/21 £000	Corporate Expenditure	2021/22 £000
202 27	Staff Costs Audit Fee	204 28
229	Total	232

The cost associated with running the IJB has been met in full by East Renfrewshire Council and NHS Greater Glasgow and Clyde reflecting the continuation of the arrangement for the previous Community Health and Care Partnership.

The costs charged to the IJB in respect of non-voting members include the Chief Officer and Chief Financial Officer. Details of the remuneration for post holders are provided in the Remuneration Report.

The costs of other key management staff who advise the IJB, such as the Chief Social Work Officer and the Chief Nurse are reflected within operational budgets. Those costs above reflect only the IJB statutory posts.

NHS Greater Glasgow and Clyde did not charge for any support services provided in the year ended 31st March 2022.

The support services provided through East Renfrewshire Council are included within the funding provided to the IJB as set out in the Scheme of Integration and the charge is included for 2021/22. The Covid-19 related costs within these services has been met from our Covid-19 funding.

Fees payable to Audit Scotland in respect of external audit services undertaken in accordance with Audit Scotland's Code of Audit Practice for 2021/22 amounted to £27,960. Audit Scotland did not provide any non-audit services during 2021/22.

VAT is not included in the costs identified.

7. Short Term Debtors and Creditors

2020/21 £000	Short Term Debtors	2021/22 £000
- 11,245	NHS Greater Glasgow and Clyde East Renfrewshire Council	- 21,130
11,245	Total	21,130

2020/21 £000	Short Term Creditors	2021/22 £000
760 -	NHS Greater Glasgow and Clyde East Renfrewshire Council	378 -
760	Total	378

As at 31st March 2022 there was a debtor balance of £9.751 million from NHSGGC to the IJB. As the cash flow and balance is held on behalf of the IJB within ERC the debtor balance is included here.

8. Reserves

As at 31st March 2022 the IJB holds earmarked reserves in order to fund expenditure in respect of specific projects. In addition a general reserve is also held to allow us to meet any unforeseen or unanticipated events that may impact on the IJB.

The reserves are part of the financial strategy of the IJB in order to better manage the costs and risks across financial years.

The reserves of the IJB fall into three types:

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

The year on year movement in reserves is summarised:

Reserves Movement	£ Million	£ Million
Reserves at 31 March 2021		10.485
Planned use of existing reserves during the year	(3.938)	
Funds added to reserves during the year	14.205	
Net increase in reserves during the year		10.267
Reserves at 31 March 2022		20.752

The table on the following page provides the detailed movement across all reserves.

2020/21 £000	Reserves	Used £000	Added £000	Transfers In / (Out) £000	2021/22 £000
156	Mental Health Action 15	-	59	-	215
191	Alcohol & Drugs Partnership	7	342	-	526
39	Drugs Death Taskforce	1	104	-	142
915	Primary Care Improvement	-	1,070	-	1,985
101	GP Premises Fund	-	80	-	181
3,145	COVID Allocations	3,145	9,266	-	9,266
-	- Winter Planning	-	1,012	-	1,012
4,547	Total Ring-Fenced Reserves	3,153	11,933	-	13,327
1,879	Budget Savings Phasing	-	837	-	2,716
165	In Year Pressures	-	-	-	165
510	Prescribing	54	-	-	456
2,554	Total Bridging Finance	54	837	-	3,337
460	Residential Accommodation	-	-	-	460
183	Health Visitors	148	-	-	35
58	Home & Belonging	-	-	-	58
687	Counselling in Schools	-	-	-	687
15	Child Healthy Weight Programme	-	-	-	15
127	Children and Young Peoples Mental Health Framework	127	-	-	-
101	Recovery Activity with Partners	101	-	-	-
-	- Children and Adolescent Mental Health Services	-	888	-	888
-	- Trauma Informed Practice	-	50	-	50
-	- Whole Family Wellbeing	-	29	-	29
-	- Unaccompanied Asylum Seekers Children	-	24	-	24
1,631	Children & Families	376	991	-	2,246
654	Transitional Funding Learning Disability Specialist Services	220	-	-	434
74	District Nursing	74	-	-	-
295	Learning Disability Community Living Change	-	-	-	295
37	Addictions Residential Rehabilitation	-	-	-	37
16	Mental Health Officer/Community Psychology/Capacity	-	45	-	61
51	Care Home Oversight Support	-	74	-	125
70	Augmentative & Alternative Communication	-	15	-	85
-	- Lead Nurse - Care Homes Allocation	-	52	-	52
-	- Armed Forces Covenant	-	60	-	60
-	- Wellbeing	-	88	-	88
-	- Dementia Funding	-	68	-	68
-	- Telecare Fire Safety	-	18	-	18
543	Adult Services	74	420	-	889
100	Renewals & Repairs Fund	-	24	-	124
92	Partnership Strategic Framework	61	-	-	31
92	Organisational Learning & Development	-	-	-	92
184	Total Capacity	61	-	-	123
5,666	Total Earmarked Reserves	785	2,272	-	7,153
272	Total General Reserves	-	-	-	272
10,485	Total All Reserves	3,938	14,205	-	20,752

9. Contingent Assets and Liabilities

There are no contingent assets or liabilities as at 31st March 2022.

10. New standards issued but not yet adopted

The Code requires the disclosure of information relating to the impact of an accounting change that will be required by a new standard that has been issued but not yet adopted. The IJB considers that there are no such standards which would have a significant impact on the 2021/22 annual accounts.

11. Critical Judgements

In applying the accounting policies set out above, the IJB has had to make a critical judgement relating to complex transactions in respect of Learning Disability Inpatients Services and AAC services hosted within the East Renfrewshire IJB for other IJB's within the NHS Greater Glasgow & Clyde area. Within NHS Greater Glasgow & Clyde each IJB has operational responsibility for services which it hosts on behalf of other IJB's. In delivering these services the IJB has primary responsibility for the provision of services and bears the risk and reward associated with this service delivery in terms of demand and the financial resources required. As such the IJB is considered to be acting as 'principal' and the full costs should be reflected within the financial statements for the services which it hosts. This is the basis on which the 2021/22 accounts have been prepared.

12. Estimation Uncertainty

There are no estimations included within the 2021/22 accounts.

13. Post Balance Sheet Events

The final annual report and accounts will be presented for approval on 23rd November 2022.

There have been no adjusting events (events which provide evidence of conditions that existed at the balance sheet date) and no such adjusting events have been reflected in the financial statements or notes. Likewise there have been no non – adjusting events, which are indicative of conditions after the balance sheet date, and accordingly the financial statements have not been adjusted for any such post balance sheet events.

14. Prior Period Restatement

There was a revision to the 2020/21 set aside figure, provided by NHS Greater Glasgow and Clyde however as this is not material no restatement is required. This related to activity from the Royal Hospital for Children and the expenditure figure reduced by £0.148 million.

Where to find more information

In This Document

The requirements governing the format and content of the IJB annual accounts follows guidance issued by the Integrated Resources Advisory Group and by The Local Authority (Scotland) Accounts Advisory Committee (LASAAC).

On Our Website

Further information on the Accounts can be obtained on East Renfrewshire Council's website <http://www.eastrenfrewshire.gov.uk/health-and-social-care-integration> or from East Renfrewshire HSCP, Eastwood Health and Care Centre, Drumby Crescent, Clarkston, G76 7HN.

Useful Links

Strategic Plan – full plan and summary

https://www.eastrenfrewshire.gov.uk/media/7569/HSCP-Strategic-Plan-2022-2025/pdf/East_Renfrewshire_HSCP_-_Strategic_Plan_2022-2025.pdf?m=637847662804030000

<https://indd.adobe.com/view/badd5a41-54e9-4205-973a-06e3b4134c9b>

Medium Term Financial Plan

https://www.eastrenfrewshire.gov.uk/media/7567/Medium-term-financial-plan-2022-23-to-2026-27/pdf/Medium_Term_Financial_Plan_-_Mar_2022.pdf?m=637846608465330000

Integration Scheme

https://www.eastrenfrewshire.gov.uk/media/7035/East-Renfrewshire-Integration-Scheme-2018-Update/pdf/East_Renfrewshire_Integration_Scheme_-_2018_Update.pdf?m=637704037531600000

Annual Performance Report

https://www.eastrenfrewshire.gov.uk/media/8149/IJB-Item-06-21-September-2022/pdf/IJB_Item_06_-_21_September_2022.pdf?m=637983202014730000

Strategic Risk Register

https://www.eastrenfrewshire.gov.uk/media/8183/Performance-and-Audit-Committee-Item-11-21-September-2022/pdf/Performance_and_Audit_Committee_Item_11_-_21_September_2022.pdf?m=637987495064500000

It should be noted that the links above relate to the associated documents as at September 2022 and there may be later versions available on our website.

Acknowledgement

I wish to record my thanks to staff within the HSCP for their co-operation in producing the audited Annual Report and Accounts in accordance with the prescribed timescale. In particular the support of the Accountancy and Policy & Performance staff within the partnership are gratefully acknowledged.

Anne-Marie Monaghan
Chair
Integration Joint Board

23rd November 2022

Julie Murray
Chief Officer
Integration Joint Board

23rd November 2022

Lesley Bairden ACMA CGMA
Chief Financial Officer
Integration Joint Board

23rd November 2022

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East Renfrewshire Health and Social Care Partnership
Eastwood Health and Care Centre, Drumby Crescent, Clarkston, G76 7HN
Phone: 0141 451 0749
Date: November 2022

John Boyd, Audit Director
Audit Scotland
4th Floor
8 Nelson Mandela Place
Glasgow
G2 1BT

Dear John

East Renfrewshire Integration Joint Board Annual Accounts 2021/22

1. This representation letter is provided in connection with your audit of the annual accounts of East Renfrewshire Integration Joint Board for the year ended 31 March 2022 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view in accordance with the financial reporting framework, and for expressing other opinions on the remuneration report, management commentary and annual governance statement.
2. I confirm to the best of my knowledge and belief and having made appropriate enquiries of the Performance and Audit Committee, the following representations given to you in connection with your audit of East Renfrewshire Integration Joint Board's annual accounts for the year ended 31 March 2022.

General

3. East Renfrewshire Integration Joint Board and I have fulfilled our statutory responsibilities for the preparation of the 2021/22 annual accounts. All the accounting records, documentation and other matters which I am aware are relevant to the preparation of the annual accounts have been made available to you for the purposes of your audit. All transactions undertaken by East Renfrewshire Integration Joint Board have been recorded in the accounting records and are properly reflected in the financial statements.
4. I confirm that the effects of uncorrected misstatements are immaterial, individually and in aggregate, to the financial statements as a whole. I am not aware of any uncorrected misstatements other than those reported by you.

Financial Reporting Framework

5. The annual accounts have been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2021/22 (2021/22 accounting code), mandatory guidance from LASAAC, and the requirements of the Local Government

(Scotland) Act 1973, the Local Government in Scotland Act 2003 and The Local Authority Accounts (Scotland) Regulations 2014.

6. In accordance with the 2014 regulations, I have ensured that the financial statements give a true and fair view of the financial position of East Renfrewshire Integration Joint Board at 31 March 2022 and the transactions for 2021/22.

Accounting Policies & Estimates

7. All significant accounting policies applied are as shown in the notes to the financial statements. The accounting policies are determined by the 2021/22 accounting code, where applicable. Where the code does not specifically apply, I have used judgement in developing and applying an accounting policy that results in information that is relevant and reliable. All accounting policies applied are appropriate to East Renfrewshire Integration Joint Board's circumstances and have been consistently applied.

8. The significant assumptions used in making accounting estimates are reasonable and properly reflected in the financial statements. Judgements used in making estimates have been based on the latest available, reliable information. Estimates have been revised where there are changes in the circumstances on which the original estimate was based or as a result of new information or experience.

Going Concern Basis of Accounting

9. I have assessed East Renfrewshire Integration Joint Board's ability to continue to use the going concern basis of accounting and have concluded that it is appropriate. I am not aware of any material uncertainties that may cast significant doubt on East Renfrewshire Integration Joint Board's ability to continue as a going concern.

Liabilities

10. All liabilities at 31 March 2022 of which I am aware have been recognised in the annual accounts.

11. There are no plans or intentions that are likely to affect the carrying value or classification of the liabilities recognised in the financial statements.

Fraud

12. I have provided you with all information in relation to

my assessment of the risk that the financial statements may be materially misstated as a result of fraud

any allegations of fraud or suspected fraud affecting the financial statements

fraud or suspected fraud that I am aware of involving management, employees who have a significant role in internal control, or others that could have a material effect on the financial statements.

Laws and Regulations

13. I have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing financial statements.

Related Party Transactions

14. All material transactions with related parties have been appropriately accounted for and disclosed in the financial statements in accordance with the 2021/22 accounting code. I have made available to you the identity of all East Renfrewshire Integration Joint Board's related parties and all the related party relationships and transactions of which I am aware.

Remuneration Report

15. The Remuneration Report has been prepared in accordance with the Local Authority Accounts (Scotland) Regulations 2014, and all required information of which I am aware has been provided to you.

Management commentary

16. I confirm that the Management Commentary has been prepared in accordance with the statutory guidance and the information is consistent with the financial statements.

Corporate Governance

17. I confirm that East Renfrewshire Integration Joint Board has undertaken a review of the system of internal control during 2021/22 to establish the extent to which it complies with proper practices set out in the Delivering Good Governance in Local Government: Framework 2016. I have disclosed to you all deficiencies in internal control identified from this review or of which I am otherwise aware.

18. I confirm that the Annual Governance Statement has been prepared in accordance with the Delivering Good Governance in Local Government: Framework 2016 and the information is consistent with the financial statements. There have been no changes in the corporate governance arrangements or issues identified, since 31 March 2022, which require to be reflected.

Balance Sheet

19. All events subsequent to 31 March 2022 for which the 2021/22 accounting code requires adjustment or disclosure have been adjusted or disclosed.

Yours sincerely

Lesley Bairden
Head of Finance and Resources
Chief Finance Officer

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East Renfrewshire Health and Social Care Partnership Integration Joint Board

Summary Financial Overview 2021/22

Covering the period 1st April 2021 to 31st March 2022

Introduction

This report provides a summary of the financial position for East Renfrewshire Integration Joint Board (IJB) for the financial year 1 April 2021 to 31 March 2022.

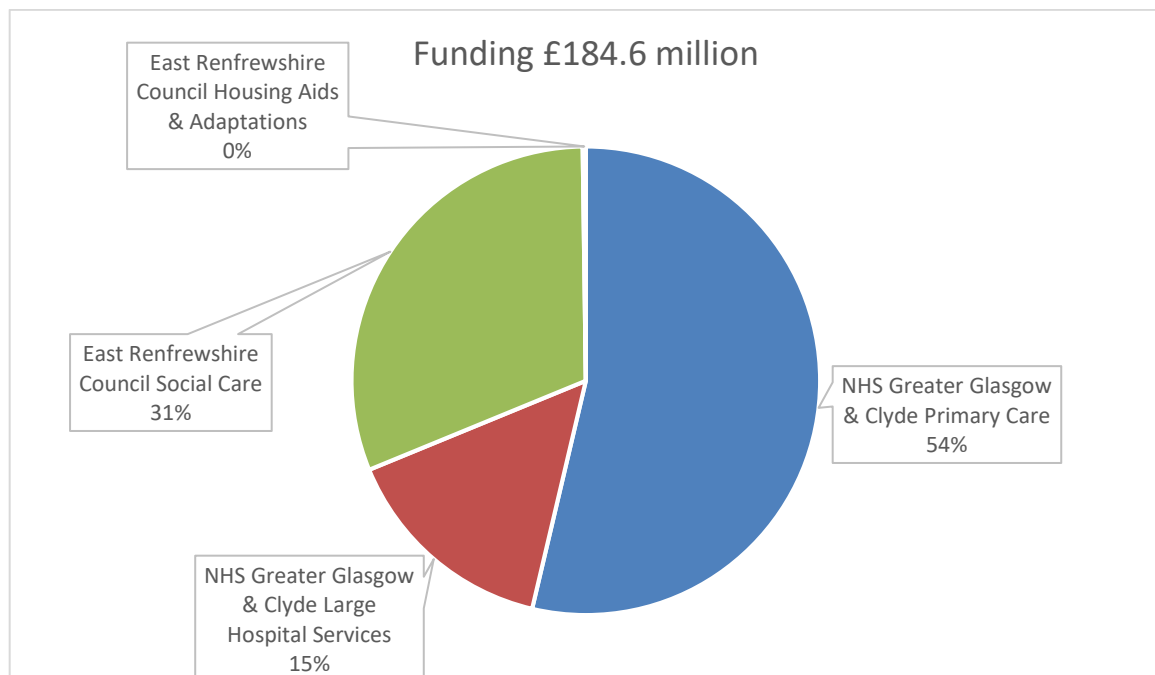
The Annual Report and Accounts for 2021/22 provides a detailed report and full version of the accounts and can be found on our website at [web address will be added following approval of IJB accounts].

The financial performance for the year includes a section on Covid-19 costs, fully funded by the Scottish Government. Our continued response to the pandemic meant we had to look at new ways of working and maintain safe delivery of services to our communities. It was another very challenging and demanding year delivering services in an ever changing environment.

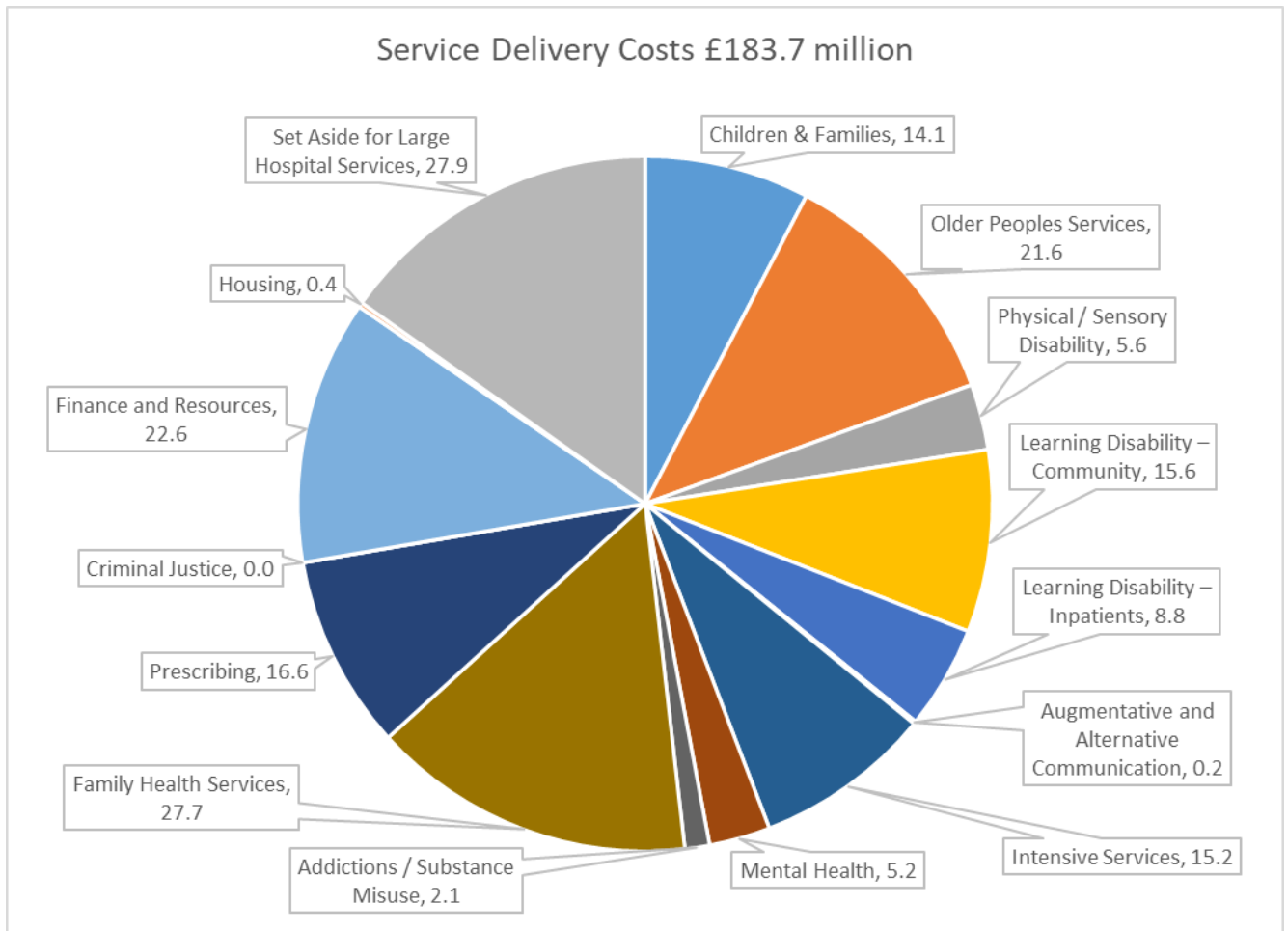
The Scottish Government recognised some of the challenges in delivering services, especially where capacity and recruitment was a factor and provided winter support funding during 2021/22 and this continued into 2022/23 as well. The detail of this is also included in full report.

Financial Performance

The IJB receives the vast majority of its funding from our two key partners East Renfrewshire Council and NHS Greater Glasgow and Clyde and this totalled £184.5 million

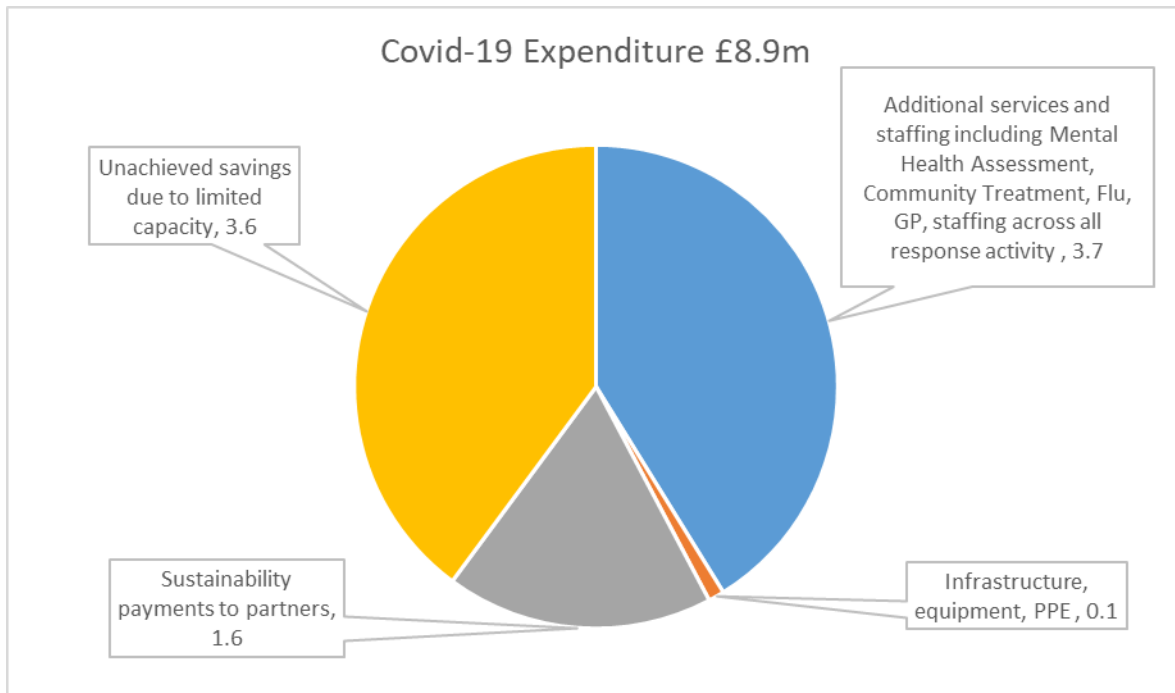


We spent £183.7 million of this funding delivering the following services:



This meant we underspent by under £0.9 million and we added this into the reserves we hold to be used in financial year 2022/23.

The IJB started 2021/22 in a challenging position as we needed to make savings of £3.6 million saving to balance our budget. However, we did not have capacity to work on redesign or change to make this saving as our focus was on responding to the pandemic. We received Covid-19 support funding for this as part of the £8.9 million we spent on Covid-19 costs over and above our “normal” spending on delivering services.



We received additional Covid-19 funding from the Scottish Government late in the financial year and this meant we took £9.3 million of this into 2022/23 to meet some of our ongoing costs. We will not get support for our legacy savings from this funding and we are required to return any unused balance to the Scottish Government.

Continuing to Respond to the Covid-19 Pandemic

The year of 2021/22 was shaped by the continued challenge of the Covid-19 pandemic; another unprecedented year where our staff across the HSCP continued to respond with incredible resilience, commitment and creativity. This dedication allowed us to work through the emergence of the Omicron variant and successfully deliver services despite a very difficult and challenging winter period.

Our local care homes experienced another challenging year with a number of outbreaks due to the new variant, although residents experienced milder symptoms. As community transmission was high this affected a number of staff so capacity to deliver care was reduced. The HSCP continue to work with and support our partners.

The HSCP has delivered vaccinations to care home residents and staff, as well as housebound patients. Care home staff were also offered vaccination alongside residents during vaccination visits support the maximum uptake of the Covid-19 vaccination.

Our demand for care at home continues to rise and we have seen an increase in the complexity of people's needs as a result of Covid-19.

We have had significant recruitment and retention challenges and as the pandemic continued our workforce are increasingly fatigued. We have a significant focus on supporting staff health and wellbeing, both within the HSCP and with our partners to support our collective staff as best we can.

The Personal Protective Equipment (PPE) hub set up by HSCP support staff remained in operation and continued to distribute essential protective supplies and Lateral Flow Device test kits during the year.

Our strong local partnerships allow us to continue to respond with innovation and collaborative working with and in support of our local communities.

Even with these challenges the HSCP has continued to deliver services and support our vulnerable children and families, adults and older people throughout the pandemic.

Moving Towards Recovery

Whilst many of the services we provide are critical and continued to operate through the pandemic we have an opportunity to learn from the last 2 years and this helps to inform our Recovery and Renewal programme; a complex and multi-year programme of work that will allow us to emerge from the pandemic in a stronger and more informed position to face the challenges ahead.

This should not only support the significant financial challenge we are facing but will also help us to better understand and quantify the longer term impact of Covid-19 on our population.

Challenges for 2022/23 and Beyond

Our funding gap in 2022/23 is £2.6 million as we were able to reduce some cost pressures coming into the year.

The IJB continues to face a number of challenges, risks and uncertainties in the coming years and this is set out in our current Medium-Term Financial Plan (MTFP) for 2022/23 to 2026/27 and our Strategic Plan for 2022/23 to 2024/25.

When we published our MTFP in March 2022 the funding gap in future years ranged from £0 to £5.7 million per year, excluding unknown factors, recent inflation implications and any additional savings requirements.

Now the current cost pressures look closer to £9 million to £13 million in 2023/24 and £4 million to £9 million in the following two years. This takes into account the impact of pay, inflation, utilities costs and other economic impacts since April 2022.

Our funding gap has significantly increased and the amount of savings we will need to make will be dependent on the funding settlement for each year. We are expecting a very difficult few years ahead.

We need to be able to set a budget that allows us enough capacity to deliver increased demand for services. Our population is growing in size, particularly our number elderly citizens and we still do not know the ongoing and long term impact of Covid-19 on peoples health.

We continue to work closely with our partner Care Providers as they are also facing similar challenges to us. By working together we will deliver the services our population needs.

We do not know what change may come from the Scottish Government consultation on a National Care Service.



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	23 November 2022
Agenda Item	8
Title	Revenue Budget Monitoring Report 2022/23; position as at 30 th September 2022
Summary	
To provide the Integration Joint Board with financial monitoring information in relation to the revenue budget, as part of the agreed financial governance arrangements.	
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
Action Required	
The Integration Joint Board is asked to: <ul style="list-style-type: none"> • note the projected outturn for the 2022/23 revenue budget • note the projected reserves balances 	
Directions	Implications
<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

23 November 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 2022/23 revenue budget. This projection is based on ledger information as at 30th September 2022 and allowing for latest intelligence.

RECOMMENDATIONS

2. The Integration Joint Board is asked to:
 - note the projected outturn for the 2022/23 revenue budget
 - note the projected reserves balances

BACKGROUND

3. This report is part of the regular reporting cycle for ensuring that the HSCP financial governance arrangements are maintained. This is the second report for the financial year 2022/23 and provides the projected outturn for the year based on our latest information recognising we are in increasingly uncertain times.
4. The current projected outturn shows an overspend for the year of £0.465 million after the application of the Covid-19 and other reserves. It should be noted this does not yet include any impact that may arise as part of the current pay negotiations within the public sector. This is a reduction in projected cost of £0.101 million since last reported.
5. The projected costs against budget will be continuously reviewed and refined throughout the year and remedial action taken where possible to contain the projected overspend.
6. There are a number of cost implications that are still evolving such as the pay awards actual impact, National Insurance changes and the dynamics of inflation and these are discussed throughout the report. The recently announced Emergency Budget Review by the Scottish Government may have implications on some funding allocations.

REPORT

7. The consolidated budget for 2022/23 and projected outturn position, inclusive of Covid-19 costs at nil impact, shows a projected overspend of £0.465 million against a full year budget of £144.999 million (0.32%) after assumed contributions from reserves.
8. The use of reserves in the current year is significant and much of the funding will be fully utilised in the current year. This will impact on the ability to smooth costs in future years. We await clarification on the mechanism the Scottish Government will use to clawback the balance of Covid Funding.

9. The HSCP costs related to Covid-19 activity are reported to the Scottish Government via NHS Greater Glasgow and Clyde as health boards remain the leads on this reporting. There is minimal change in costs since last reported.
10. The funding we received late in 2021/22 will meet the costs of our expected activity as summarised in the table below. The IJB will note this no longer includes support for unachieved savings.

	£ million
Projected Costs:	
Additional services and staffing including Mental Health Assessment, Community Treatment, Flu, GP, staffing across all response activity	3.275
Infrastructure, equipment, PPE*	0.148
Sustainability	1.303
Current Projected Local Mobilisation Plan Costs	4.726
Funded By:	
Covid-19 reserve (Carried forward from 2020/21)	9.266
Balance remaining	4.540

*This now excludes the costs of LFT testing with costs allocated nationally

11. Scottish Government advice is that there will be no further Covid-19 funding after this year and work is ongoing to ensure we have appropriate exit strategies in place.
12. The consolidated revenue budget and associated financial direction to our partners is detailed at Appendix 4. This is reported to each Integration Joint Board and reflects in year revisions to our funding contributions and associated directions.
13. The 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 30th September 2022 and do allow for the latest known information. The projected costs include provision for further activity during the year.
14. Whilst the public sector pay award negotiations are in the main settled we still need to work through the cost impact. We have had confirmation from our partner, East Renfrewshire Council, that we will receive our share of national funding towards this cost and we do not yet know the impact of changes to National Insurance.
15. We do know this will be a net unfunded cost and this will be included in the next report. This is a significant risk to the IJB as any shortfall in funding will add to our current financial challenge and every 1% not funded will cost c£230k for a full year within social care. The Scottish Government had previously committed to fund NHS agenda for change and medical pay awards.
16. We also expect to see continued contractual variation requests from care providers and we will aim to contain this within the provision we have made for further activity during the year.
17. Given the increasing demand for services we are seeing and expected further cost pressures, including winter challenges, the Senior Management Team within the HSCP continue to develop actions to minimise all non-essential costs and are working on an action plan for cost reductions and new savings proposals in preparation for the 2023/24 budget.

18. **Children & Families and Public Protection £184k overspend;** results from a number of factors detailed below and is a reduction in projected costs of £98k since last reported:
- The CAMHS service core budget is projected to overspend by £110k mainly from payroll pressures. Work is ongoing to assess the impact of new funding and the associated establishment and any mitigation on current costs and reserve funds held. This is a modest reduction of £13k in projected costs.
 - The HSCP is looking after several unaccompanied asylum seeker children. Since last reported the type of care provided has changed and the previous cost pressure (£82k) has been eliminated. However it is likely that more children will require support and the type of care will determine if further unfunded costs will be incurred.
19. The service is also meeting significant costs from a complex package of care and this is being met by use of the residential accommodation earmarked reserve, which was established a number of years ago to allow smoothing of high costs of such as this. The longer term cost implication is not yet clear.
20. **Older Peoples Services £305k underspend;** the projected underspend remains a result of current care commitments and staff turnover within teams:
- Within residential and nursing care we are still underspent by £1.6m, despite an emerging trend of increased nursing home placements.
 - Staffing pressure, mitigated in part by Winter Funding is £0.2m.
 - This is offset by an overspend in localities directly purchased care at home and direct payment commitments of £1.1m.
21. This is an increase in projected costs of £126k since last reported mainly within direct payments and care costs.
22. **Physical & Sensory Disability £265k underspend;** the projected underspend is due three factors:
- Care package commitments £175k underspent
 - Staffing turnover £44k underspent
 - Equipment costs are only showing a £6k overspend but it needs to be recognised that this is inclusive of £200k non-recurring winter funding. Work is ongoing to better understand if this is a post Covid spike or an underlying trend.
23. This is a reduction in projected costs of £168k since September reflecting the use of winter funding reserves.
24. **Learning Disability Community Services £37k overspend;** the projected overspend is due to care commitments (£438k), including the full year impact from the increased number of people supported year on year. This is offset in part by staffing vacancies within day services (£172k) and within the LD Community Team – including the Autism Team (£87k) and the Transitions Team (£133k). This is a reduction in costs of £33k from the last reported position.
25. When we look at the collective position across the three adult care groups above (in paragraphs 20 to 24 this gives a total underspend across Barrhead and Eastwood localities of £0.533 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.
26. **Intensive Services £704k overspend;** the most significant cost pressure remains within Care at Home (both purchased and the in-house service) of £584k, with the telecare responders service projected overspend at £435k; all predominately around staffing and agency as we continue to respond to demand. These pressures are offset in part by staff turnover and vacancies within day services (£299k).

27. Since the last report our in-house costs have increased by £107k due to ongoing agency and overtime cost pressures to allow us to deliver services. There is a current recruitment campaign to support the service as we prepare for winter and this should see a cost reduction over time.
28. **Learning Disability Inpatients £33k overspend;** a small overspend remains projected and this is after the full reserve of £434k has been used to support the continuing pressure from increased observation requirements. There is a significant risk that if observations and the appropriate ratio of staffing to support complex needs continues this will be an unfunded pressure moving into 2023/24. The ongoing redesign work should mitigate this to some degree.
29. **Augmentative and Alternative Communication £nil variance;** although there is a slight pressure within equipment costs if this should continue it will be met from the reserve held to smooth such pressures. Budget adjustments will be made later in the year to reflect the impact of the national Service Level Agreement work, this will not impact on the bottom line.
30. **Recovery Services Mental Health & Addictions £56k overspend;** current care commitments are causing some pressure within Mental Health (£361k) although this is offset by turnover within Mental Health Adult Community Services (£323k). A small pressure remains in our addictions work of £18k due to care commitments offset in part by additional funding.
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. The need to consider longer term funding once we are clear on the new baseline remains.
32. **Prescribing £nil variance;** the analysis of costs and volumes to dates show we could have a number of pressures based on the activity to September and current intelligence, with factors including:
 - Limitations in manufacturing capacity due to Covid, Ukraine, lockdowns in Far East, staffing shortages
 - Ongoing issues with availability and cost of card and cardboard packaging
 - Ongoing issues with raw materials and manufacturing processes
 - Increased shipping costs (fuel and containers along with delays and strikes at ports in England)
 - Price tariff, examples of short supply pricing is causing concern; a recent example was a cost of £0.85 in April now at £12 for one drug
33. Despite the challenges listed above and given the lag in data we are assuming nil variance but do expect the smoothing reserve will be required – current projections suggest this could be just under £300k, an increase of £100k since last reported. We continue to work closely with colleagues at the Health Board analysing and modelling various scenarios.
34. We included a 2% increase on the budget and for every further 1% increase in either volume or cost we will see a pressure of c£170k.
35. **Finance & Resources £40k overspend;** this budget meets a number of HSCP wide costs, including charges for prior year NHS pension costs and utilities inflation, offset in part by staff turnover. This is a reduction in costs of £42k since last reported.
36. **Primary Care Improvement Plan, Alcohol and Drugs (Local Improvement Fund) and Mental Health Action 15;** we still await confirmation from the Scottish Government of our current year allocation for Mental Health Action 15.

37. The PCIP funding now reflects full use of reserve in the current year per the Scottish Government confirmation that whilst our allocation for the year is £2.685m we must use local reserves to offset this allocation in 2022/23.
38. Appendices 8 to 10 give a summarised position against each funding stream, showing the planned activity against each initiative.

Other

39. The current projected revenue budget overspend of £0.465 million will need to be met from our reserves, subject to the final outturn and agreed reserves position at the end of the financial year. It is still difficult to accurately project such an ever changing landscape, particularly where the impact of Covid-19 remains unclear. We are seeing increased demand and complexity across all services and will continue to monitor activity and costs to try to establish trends and our new baseline.
40. The cost impact of the pay award and associated funding is to be identified.
41. We will continue to mitigate where possible to minimise cost pressures in the current year and reflect these pressures and how we manage the longer term impact in a challenging economic climate where we expect we will need to make significant savings in future years.
42. The reserves position is reported in full at Appendix 5 and shows latest assumptions on the significant in year use.
43. The changes to funding throughout the year and associated directions are an integral element of our revenue monitoring and as funding is revised this is reflected in Appendix 4 (Directions) of this report.
44. The projected costs allow for some additional activity through the remainder of the year and we are working with colleagues to identify any impact to the support cost charge from the council so we can better estimate this as the year progresses.
45. 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 a constantly changing environment.

IMPLICATIONS OF THE PROPOSALS

Finance

46. The savings agreed by the IJB as part of the budget set in March 2022 are set out at Appendix 6. Our capacity to deliver these savings in year continues to be significantly impacted by capacity as we work through Covid-19 towards recovery. We no longer have support for unachieved savings in the Scottish Government funding for Covid-19 and this is therefore a pressure on the HSCP that we plan to meet from reserves.
47. A revised Medium-Term Financial Plan (MTFP) was brought to the IJB in March 2022. This will be refreshed during the year once pay and inflation implications are settled however as set out in the management commentary of the annual report and accounts our future cost pressures have significantly increased.

48. As reported above we still have a number of unknown factors such as pay, continued inflation, demand trends, prescribing pressures and recruitment and retention impacts in the sector to name a few and will continue to work through these try to better understand the post Covid-19 landscape. We do not know the impact of the Scottish Government Emergency Budget announced on 2 November 2022.
49. 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

50. The previously reported significant risk to the IJB that all Covid-19 related costs would not be fully funded is mitigated in 2022/23. The ongoing implications continue to be assessed with particular concerns in relation to any unfunded pay pressure costs.
51. 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
 - Cost implications from unaccompanied asylum seekers and complex care within childrens services

DIRECTIONS

52. The running budget reconciliation which forms part of financial directions to our partners is included at Appendix 4.
53. The report reflects a projected breakeven position after the potential net contribution of £0.465 million to reserves for the year to 31 March 2023.

CONSULTATION AND PARTNERSHIP WORKING

54. The Chief Financial Officer has consulted with our partners.
55. 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 22 September 2022.

CONCLUSIONS

56. Appendix 1 reports a potential projected underspend of £0.465 million for the year to 31 March 2022, allowing for Covid-19 support and recognising that slippage from winter funding will be earmarked as part of the year end outturn.

RECOMMENDATIONS

57. The Integration Joint Board is asked to note:

- the projected outturn for the 2022/23 revenue budget
- the projected reserves balances.

REPORT AUTHOR

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

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3 November 2022

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB 21.09.2022 – Revenue Budget Monitoring Report

https://www.eastrenfrewshire.gov.uk/media/8151/IJB-Item-09-21-September-2022/pdf/IJB_Item_09_-_21_September_2022.pdf?m=637983202023170000

IJB 10.08.2022 – Revenue Budget Monitoring Report

https://www.eastrenfrewshire.gov.uk/media/7979/IJB-Item-08-10-August-2022/pdf/IJB_Item_08_-_10_August_2022.pdf?m=637946965278870000

IJB 16.03.2022 – Revenue Budget Monitoring Report

https://www.eastrenfrewshire.gov.uk/media/7442/IJB-item-10-16-March-2022/pdf/IJB_item_10_-_16_March_2022.pdf?m=637822661469700000

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

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Consolidated Monitoring Report

Projected Outturn Position to 30th September 2022

Objective Analysis	Full Year			
	Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Public Protection - Children & Families	13,855	14,039	(184)	(1.33%)
Public Protection - Criminal Justice	29	-	29	100.00%
Adult Localities Services				
Older People	23,480	23,175	305	1.30%
Physical & Sensory Disability	6,269	6,004	265	4.23%
Learning Disability - Community	17,671	17,708	(37)	(0.21%)
Learning Disability - Inpatients	9,042	9,075	(33)	(0.36%)
Augmentative and Alternative Communication	71	71	-	0.00%
Intensive Services	16,013	16,717	(704)	(4.40%)
Recovery Services - Mental Health	5,115	5,163	(48)	(0.94%)
Recovery Services - Addictions	1,132	1,150	(18)	(1.59%)
Family Health Services	28,227	28,227	-	0.00%
Prescribing	16,877	16,877	-	0.00%
Finance & Resources	7,218	7,258	(40)	(0.55%)
Net Expenditure	144,999	145,464	(465)	(0.32%)
Contribution to / (from) Reserve	-	(465)	465	-
Net Expenditure	144,999	144,999	-	

Figures as at 30th September 2022

	£'000
Net Contribution To / (From) Reserves	(465)
Analysed by Partner contribution:	
Health	56
Social Care (provisional)	(521)
Net Contribution To / (From) Reserves	(465)

Additional information - Adult Localities

Objective Analysis	Full Year			
	Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Localities Services - Barrhead	23,832	23,606	226	0.95%
Localities Services - Eastwood	23,588	23,281	307	1.30%
Net Expenditure	47,420	46,887	533	1.12%

Council Monitoring Report

Projected Outturn Position to 30th September 2022

Subjective Analysis	Full Year				Variance showing Covid-19 impact		
	Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %	COVID £'000	Unachieved Savings £'000	Operational Variance £'000
Employee Costs	28,607	29,729	(1,122)	(3.92%)	(393)		(729)
Property Costs	826	881	(55)	(6.66%)	(13)		(42)
Supplies & Services	2,523	3,649	(1,126)	(44.63%)	(139)		(987)
Transport Costs	277	358	(81)	(29.24%)	0		(81)
Third Party Payments	47,179	50,889	(3,710)	(7.86%)	(2,437)		(1,273)
Support Services	2,475	2,475	-	0.00%	(138)		138
Income	(17,428)	(23,001)	5,573	(31.98%)	3,120		2,453
Net Expenditure	64,459	64,980	(521)	(0.81%)	-	-	(52,100.00%)

Contribution to / (from) Reserve	-	(521)	521	-
Net Expenditure	64,459	64,459	-	-

Objective Analysis	Full Year			
	Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Public Protection - Children & Families	10,682	10,771	(89)	(0.83%)
Public Protection - Criminal Justice	29	-	29	100.00%
Adult Localities Services				
Older People	15,492	15,149	343	2.21%
Physical & Sensory Disability	5,632	5,367	265	4.71%
Learning Disability	11,588	11,680	(92)	(0.79%)
Intensive Services	14,831	15,535	(704)	(4.75%)
Recovery Services - Mental Health	1,745	2,106	(361)	(20.69%)
Recovery Services - Addictions	322	353	(31)	(9.63%)
Finance & Resources	4,138	4,019	119	2.88%
Net Expenditure	64,459	64,980	(521)	(0.81%)

Contribution to / (from) Reserve	-	(521)	521	-
Net Expenditure	64,459	64,459	-	-

Notes

- Figures as at 30th September 2022
 - The projected underspend / (overspend) will be taken to/(from) reserves at year end.
 - Contribution To Reserves is made up of the following transfer:

	£'000
Net Contribution to / (from) Reserves	(521)
- In addition to the above addition spending from reserves is detailed at Appendix 5
- Additional information - Adult Localities

Objective Analysis	Full Year			
	Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Localities Services - Barrhead	17,336	17,165	171	0.99%
Localities Services - Eastwood	15,376	15,031	345	2.24%
Net Expenditure	32,712	32,196	516	1.58%

NHS Monitoring Report

Projected Outturn Position to 30th September 2022

Subjective Analysis	Full Year				Variance showing Covid-19 impact		
	Full Year Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %	COVID £'000	Unachieved Savings £'000	Operational Variance £'000
Employee Costs	22,807	23,216	(409)	(1.79%)	(1,348)		(1,757)
Non-pay Expenditure	52,490	53,723	(1,233)	(2.35%)	(280)		(1,513)
Resource Transfer/Social Care Fund	11,934	11,934	-	0.00%	-		-
Income	(6,691)	(8,389)	1,698	25.38%	1,628		3,326
Net Expenditure	80,540	80,484	56	0.07%	-	-	56

Contribution to / (from) Reserve	-	56	(56)	-
Net Expenditure	80,540	80,540	-	-

Objective Analysis	Full Year			
	Full Year Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Childrens Services	3,068	3,163	(95)	(3.10%)
Adult Community Services	4,632	4,670	(38)	(0.82%)
Learning Disability - Community	1,087	1,032	55	5.06%
Learning Disability - Inpatient	9,042	9,075	(33)	(0.36%)
Augmentative and Alternative Communication	71	71	-	0.00%
Family Health Services	28,227	28,227	-	0.00%
Prescribing	16,877	16,877	-	0.00%
Recovery Services - Mental Health	2,579	2,266	313	12.14%
Recovery Services - Addictions	253	240	13	5.14%
Finance & Resources	2,770	2,929	(159)	(5.74%)
Resource Transfer	11,934	11,934	-	0.00%
Net Expenditure	80,540	80,484	56	0.07%

Contribution to / (from) Reserve	-	56	(56)	0.00%
Net Expenditure	80,540	80,540	-	0.00%

Notes

1 Figures as at 30th September 2022

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

	£'000
Public Protection - Children & Families	105
Adult Localities Services	
Older People	3,356
Physical & Sensory Disability	637
Learning Disability	4,996
Intensive Services	1,182
Recovery Services - Mental Health	791
Recovery Services - Addictions	557
Finance & Resources	310
	<u>11,934</u>

Localities Resource Transfer - alternative presentation

Localities Services - Barrhead	5,102
Localities Services - Eastwood	3,887

3 Net Contribution to / (from) Reserves 56

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 £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Localities Services - Barrhead	1,394	1,339	55	3.95%
Localities Services - Eastwood	4,325	4,363	(38)	(0.88%)
Net Expenditure	5,719	5,702	17	0.30%

	NHS £000	ERC £000	IJB £000	Total £000
Funding Sources to the IJB				
1 Expected Revenue Budget Contributions per March 2022 Budget	78,245	60,141		138,386
Funding confirmed in opening budget but not yet received	(1,227)			(1,227)
Criminal Justice Grant Funded Expenditure		614		614
Criminal Justice Grant		(614)		(614)
FHS Centralised Allocations	1,622			1,622
PCIP - Pharmacy	144			144
School Nursing Central Allocation	46			46
Prescribing	31			31
Additional Social Work Capacity in Adult Services		386		386
Adult Social Care Pay Uplift in Commissioned Services		3,315		3,315
FHS Allocation	886			886
Prescribing - Apremilast	31			31
Childrens Central Allocation	(62)			(62)
LD Team Scottish Enhanced Services Programme	200			200
Diabetes Funding	39			39
PCIP - Tranche 1	526			526
ADP Tranche 1	32			32
Mental Health Assessment Unit	(31)			(31)
Smoking Cessation Funding	43			43
Nursing and Midwifery - Open University Students	15			15
Whole Family Wellbeing Funding		492		492
Central Support Re-alignment		125		125
	80,540	64,459	-	144,999
Funding Outwith Revenue Contribution				
* Housing Aids & Adaptations		400		400
Set Aside Hospital Services Opening Budget	37,653			37,653
Total IJB Resources	118,193	64,859	-	183,052
Directions to Partners				
Revenue Budget	80,540	64,459	-	144,999
Criminal Justice Grant Funded Expenditure		614		614
Criminal Justice Grant		(614)		(614)
1 Resource Transfer & Recharges	(11,934)	11,934		0
Carers Information	58	(58)		0
	68,664	76,335	-	144,999
* Housing Aids & Adaptations		400		400
Set Aside Hospital Services Budget	37,653			37,653
	106,317	76,735	-	183,052

* includes capital spend

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

Earmarked Reserves	Reserve Brought Fwd from 2021/22 £'000	2022/23 Projected spend £'000	Projected balance 31/03/23 £'000	comment
Scottish Government Funding				
Mental Health - Action 15	215	215	0	Work ongoing to utilise in full including property options
Alcohol & Drugs Partnership	527	458	69	Work ongoing to utilise in full including property options
Drugs Death Task Force	142	0	142	Work ongoing to utilise in full, timing tbc
Primary Care Improvement Fund	1,899	1,899	0	Assume fully utilised per SG allocation letter
Primary Care - Winter Pressure	47	0	47	Work ongoing to utilise in full, timing tbc
Primary Care Transformation Fund	37	37	0	Expect to use in full this year
GP Premises Fund	181	50	131	£50k committed to date and programme being reviewed
Winter Planning	1,012	757	255	Recruitment and other activity will determine final balance allowing for MDT
COVID-19	9,266	9,266	0	Projected costs £4.726m, balance of £4.540 to be clawed back by SG
Scottish Government Funding	13,326	12,682	644	
Bridging Finance				
Budget Savings Reserve	2,717	2,232	485	Projected balance of unachieved savings in year
In Year Pressures Reserve	165	0	165	Will be applied as required
Current Year Projected Overspend	0	465	(465)	Projected reserves draw required to fund overspend in year
Prescribing	456	292	164	To smooth prescribing pressures
Bridging Finance	3,338	2,989	349	
Children & Families				
Residential Accommodation	460	460	0	Current complex care costs assume full use of this reserve in 2022-23
Health Visitors	35	35	0	To support capacity including maternity and absence cover
Home & Belonging	58	0	58	Cost committed in 2023/24 as part of 2 year programme
School Counselling	687	355	332	IJB confirmed use of reserve to support Family Wellbeing Service from 2022/23 for 2 years
Children and Adolescent Mental Health Services	888	0	888	Work ongoing to utilise in full, timing tbc
Trauma Informed Practice	50	0	50	Cost committed in 2023/24 as part of 2 year programme
Whole Family Wellbeing	29	29	0	Expect to use in full this year
Unaccompanied Asylum Seekers Children	24	24	0	Expect to use in full this year
Continuing Care / Child Healthy Weight	15	15	0	Expect to use in full this year
Children & Families	2,246	918	1,328	
Transitional Funding				
Learning Disability Specialist Services	434	434	0	Contributing to Challenging Behaviour Manager post for 20 months from April and additional costs of observations
Community Living Change Fund	295	147	148	New funding to support learning disability change local and system wide proposals being finalised.
Total Transitional Funding	729	581	148	
Adult Services				
Mental Health Officer / Community Psychology / Capa	61	0	61	Work ongoing to utilise in full, timing tbc dependant on recruitment
Care Home Oversight Support and Lead Nurse	177	72	105	To support recovery and plans to use in full being finalised
Augmentative & Alternative Communication	85	0	85	To smooth demand for specialist service and equipment
Addictions - Residential Rehabilitation	37	37	0	To smooth the impact of residential placements
Armed Forces Covenant	60	60	0	Expect to use in full this year
Wellbeing	88	88	0	Expect to use in full this year
Dementia Support	68	68	0	Expect to use in full this year
Telecare Fire Safety	18	18	0	Expect to use in full this year
Total Adult Services	594	343	251	
Repairs & Renewals				
Repairs, Furniture and Specialist Equipment	124	54	70	Full use of NHS capital repairs b/f and supplementing programme of work for 2022/23
Repairs & Renewals	124	54	70	
Capacity				
Partnership Strategic Framework	31	31	0	To support engagement work
Organisational Learning & Development	92	0	92	Being reviewed alongside recovery and renewal
Capacity	123	31	92	
Total All Earmarked Reserves	20,480	17,598	2,882	
General Reserves				
East Renfrewshire Council	109	0	109	May need to utilise in full depending on in year pressure
NHSGCC	163	0	163	May need to utilise in full depending on in year pressure
Total General Reserves	272	0	272	
Grand Total All Reserves	20,752	17,598	3,154	

NB: brought forward balances are confirmed unchanged in the audit of the annual report and accounts for 2021/22

East Renfrewshire HSCP - Revenue Budget Monitoring 2022/23

Appendix 6

Analysis of Savings Delivery

Saving	2022/23 Funding Gap £'000	Projected Saving £'000	Saving still to be achieved £'000	Comments
Recovery and Renewal supported by non recurring application of budget phasing reserve	2,875	643	2,232	Saving from within budget allocation £243k and £400k provisional recovery and renewal projection for part year. Balance needs to be met from reserve in year.
Sub Total	2,875	643	2,232	
Learning Disability Bed Model Framework	200	200	-	Saving applied to budget and achieved
Turnover and Associated Running Costs	72	72	-	Saving applied to budget and achieved
Sub Total	272	272	-	
Total HSCP Saving Challenge	3,147	915	2,232	

Note: capacity to deliver savings impacted by ongoing COVID implications
Financial framework being refined for Recovery and Renewal Programme

East Renfrewshire HSCP - Revenue Budget Monitoring 2022/23
Budget Virement - ERC Contribution Only

Appendix 7

Subjective Analysis	2022/23 Budget Virement				
	Current Ledger £'000	(1) £'000	(2) £'000	2022/23 Budget £'000	Total Virement £'000
Employee Costs	28,607	-	-	28,607	0
Property Costs	826	-	-	826	0
Supplies & Services	2,344	-	125	2,469	125
Transport Costs	277	-	-	277	0
Third Party Payments	46,741	492	-	47,233	492
Support Services	2,475	-	-	2,475	0
Income	(17,428)	-	-	(17,428)	0
Net Expenditure	63,842	492	125	64,459	617

Objective Analysis	2022/23 Budget Virement				
	Current Ledger £'000	(1) £'000	(2) £'000	2022/23 Budget £'000	Total Virement £'000
Public Protection - Children & Families	10,190	492	-	10,682	492
Public Protection - Criminal Justice	29	-	-	29	0
Adult Health - Localities Services					0
Older People	15,492	-	-	15,492	0
Physical & Sensory Disability	5,632	-	-	5,632	0
Learning Disability	11,588	-	-	11,588	0
Adult Health - Intensive Services	14,831	-	-	14,831	0
Recovery Services - Mental Health	1,745	-	-	1,745	0
Recovery Services - Addictions	322	-	-	322	0
Finance & Resources	4,013	-	125	4,138	125
Net Expenditure	63,842	492	125	64,459	617

Note:

1. Whole Family Wellbeing Funding received through ERC budget redetermination and passed to IJB
2. Adjustments to Central Support Direct charges as part of ERC reconfiguration

Service	Planned Programme Costs	Projected Programme Costs	Projected Variance
	£'000	£'000	£'000
Pharmacy Support	1,035	838	197
Advanced Nurse Practitioners	175	137	38
Advanced Practice Physiotherapists	190	171	19
Community Mental Health Link Workers	75	78	(3)
Community Healthcare Assistants / Treatment Room *	463	412	51
Vaccine Transformation Programme	804	747	57
Programme Support / CQL / Pharmacy First	215	150	65
Total Cost	2,957	2,533	424
Funded by:			
In Year Funding - Tranche 1		526	
In Year Funding - Tranche 2 Maximum expected		108	
Reserve Balance		1,899	
Total Funding		2,533	
Potential reserve at year end based on full allocation less existing reserve		0	

Service	Planned Programme Costs	Projected Programme Costs	Projected Variance
	£'000	£'000	£'000
Staff costs - Board wide including Nursing, Psychology and Occupational Therapy	174	172	2
Programme Support	30	32	(2)
Staff Costs East Ren HSCP including Psychology, CAMHS and Occupational Therapy	280	207	73
Other - Peer Support Delivery Service	80	47	33
Total Cost	564	458	106
Funded by:			
In Year Funding (per 2021/22 until confirmed)		243	
Reserve Balance		215	
Total Funding		458	
Potential reserve at year end based on current projection		0	

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

East Renfrewshire HSCP - Revenue Budget Monitoring 2022/23
Alcohol & Drugs Partnership & Local Improvement Funding only

Appendix 10

Service	Planned Programme Costs	Projected Programme Costs	Projected Variance
	£'000	£'000	£'000
Reducing waiting times for treatment and support services	46	46	0
Addictions Officer	56	38	18
Development of Recovery Communities	130	130	0
Peer Support	32	32	0
Total Cost	264	246	18
Funded by:			
In Year Funding		38	
Reserve Balance		208	
Total Funding		246	
Potential reserve at year end based on current projection		0	

NB Plans to utilise existing reserve being developed
Future monitoring will be expanded to include all funding streams



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board	
Held on	23 November 2022	
Agenda Item	9	
Title	HSCP Recovery and Renewal Programme	
Summary		
The purpose of this report is to update the Integration Joint Board on the HSCP Recovery and Renewal Programme.		
Presented by	Lesley Bairden, Head of Finance & Resources (Chief Financial Officer)	
Action Required		
Members of the Integration Joint Board are asked to;		
<ul style="list-style-type: none"> • note and comment on the progress of the HSCP Recovery and Renewal Programme • agree to revise the frequency of update reports to come to alternate meetings of the IJB, allowing for exception report if required 		
Directions	Implications	
<input checked="" type="checkbox"/> No Directions Required	<input checked="" type="checkbox"/> Finance	<input type="checkbox"/> Risk
<input type="checkbox"/> Directions to East Renfrewshire Council (ERC)	<input type="checkbox"/> Policy	<input type="checkbox"/> Legal
<input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)	<input type="checkbox"/> Workforce	<input type="checkbox"/> Infrastructure
<input type="checkbox"/> Directions to both ERC and NHSGGC	<input type="checkbox"/> Equalities	<input type="checkbox"/> Fairer Scotland Duty

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

23 November 2022

Report by Chief Officer

HSCP RECOVERY AND RENEWAL PROGRAMME

PURPOSE OF REPORT

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

RECOMMENDATION

2. It is recommended that the Integration Joint Board:
 - note and comment on the progress of the HSCP Recovery and Renewal Programme
 - agree to revise the frequency of update reports to come to alternate meetings of the IJB, allowing for exception reporting if required

BACKGROUND

3. The HSCP recovery and renewal programme consists of four overarching themes under which projects are aligned. The four themes of the Recovery and Renewal Programme are:
 - Recovery
 - Wellbeing
 - Individuals Experience
 - Business Systems and Processes
4. The report provides an overview of progress since last reported along with an appendix with the following information for live and pipeline projects:
 - Project title
 - Project owner
 - Project start and scheduled end dates
 - Expected outcomes (financial and non- financial)
 - Current project update
 - Next steps
 - Project timeline
 - Project status (red/amber/green)

REPORT

5. Since the last report to the IJB in September there are no significant updates or key project milestones, however given some of the timings verbal updates will be provided where appropriate to the IJB. The financial framework has been revised and is included below.

6. To give the IJB reassurance and oversight of the work underway the key updates from the Recovery and Renewal Programme Board will be included in these reports.
7. The capacity to deliver the programme still remains a concern as whilst we now have a small and dedicated team we have a challenge in releasing operational staff time to support change and development. We are exploring options to identify a dedicated resource to embed a person centred approach throughout the whole programme and in particular those projects that impact on people and practice.
8. The Recovery and Renewal Programme Board last met on 28th September 2022, where the following updates were received:

Case Recording Replacement System project

- ICT Project Lead is now in post.
- Extensive process mapping underway to support drafting of business requirements.
- Practice based sub group being created.
- Preparing for the next phase of engagement with suppliers on the framework.

Care at Home Scheduling

- User acceptance testing progressing
- Staff roll out plan developed
- Soft launch of new system scheduled for week commencing 31st October 2022
- Full implementation by December 2022

9. Implementation of this project will deliver both financial and non- financial benefits. The new functionality is based around solution led scheduling which will significantly improve efficiency and continuity of care. In addition, manual processes and interventions will be reduced.

Learning Disability Development Project

- Project plan developed
- First project board meeting has taken place

10. The next programme board meeting is scheduled for 16th November 2022 where the following items will be brought for approval:

Project	Project Stage	Request to Board	Project Detail
Care at Home Review	Project Brief	Approval to start project	The key objective of this project is to redesign our care at home and telecare services in order to recover from the pandemic, meet the growth in demand, improve efficiency and maintain quality
Information Governance Project	Project Brief	Approval to start project	The outputs of this project will ensure that the HSCP has a robust Information Governance framework in place that ensures data is held responsibly, securely and appropriately.

Review of Commissioned Services	Project Brief	Approval to start project	This project will review our commissioning arrangements ensuring all framework and contractual opportunities are maximised.
Staff and Patient Access	Closure Report	Approval to formally close project	Project ran throughout the pandemic to ensure covid-19 restrictions throughout HSCP buildings were maintained. Following the removal of social distancing measures and a managed return of staff/services to buildings, it is proposed to close this project.

11. The report to the September meeting of the Integration Joint Board outlined the financial framework of the programme and provided a summary of the initial targets set. Following robust discussion and challenge at a recent Senior Management meeting the financial savings targets for two projects have been increased. Work continues to review the financial implications as part of wider budget planning.
12. The project for Individual Budgets now has a target of £500k, previously £200k. The project to review commissioned services had an initial savings target of £300k with a new revised target of £800k. The table below shows the updated savings targets for the programme.

Recovery Renewal Programme	Indicative Savings				Total Saving £k
	22/23 Target £k	23/24 Target £k	24/25 Target £k	25/26 Target £k	
L1: Staffing & Patients Access Arrangements – HSCP Premises					
L2: Reflections and Learning from working during the pandemic					
L3: Learning Disability Development	200	280	120		600
L4-L6 Wellbeing					
L7 - Case Recording System Replacement	0	0	75	75	150
L8 - Care at Home Scheduling System Replacement	25	75	0	0	100
L9 – Learning Management System					
P1- Care at Home Review Phase 2	100	200	200	0	500
P2- Compassionate and Trauma Informed Responsive Leadership					
P3 Information Governance and Data Cleansing					
P4 Individual Budget Calculator Review		200	300		500
P5 Review of Commissioned Services	75	225	500		800
Savings - Recovery and Renewal Programme	400	980	1,195	75	2,650

CONSULTATION AND PARTNERSHIP WORKING

13. As the programme evolves and projects are formally established, appropriate representation from staff, those who use our services, staffside representatives and partner providers will continue to be invited onto projects as appropriate.

IMPLICATIONS OF THE PROPOSALS

Finance

14. Financial implications are still to be fully quantified, however, initial savings targets have been allocated.

Equalities

15. We will undertake an Equalities Impact Assessments where required.

Risk

16. There are no significant risks to the programme at this time.

Workforce

17. There are no workforce issues arising as result of this paper.
18. There are no legal, policy or infrastructure implications arising as a result of this paper.

DIRECTIONS

19. There are no directions arising from this report.

CONCLUSIONS

20. The HSCP continues to progress work on the Recovery and Renewal Programme. Given the timescales for this large programme of work, the progress will not always be visible in the current frequency of reporting to every IJB. It is proposed that updates are brought to alternate meetings of the IJB, of course with the caveat that any notable activity or escalation will be reported earlier.

RECOMMENDATIONS

21. It is recommended that the Integration Joint Board:
 - note and comment on the progress of the HSCP Recovery and Renewal Programme
 - agree to revise the frequency of update reports to come to every other meeting of the IJB, allowing for exception reporting if required

REPORT AUTHOR AND PERSON TO CONTACT

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

Lesley.Bairden@eastrenfrewshire.gov.uk

0141 451 0749

Chief Officer, IJB: Julie Murray

3 November 2022

BACKGROUND PAPERS

IJB Presentation: 12 May 2021 Item 6. Recovery and Transformation Programme

IJB Paper: 23 Jun 2021 – Item 10. Recovery & Renewal Paper, June 2021

https://www.eastrenfrewshire.gov.uk/media/5721/IJB-Item-10-23-June-2021/pdf/IJB_Item_10_-_23_June_2021.pdf?m=637590085619970000

IJB Paper: 22 Sep 2021 - Item 10. Recovery and Renewal Programme

https://www.eastrenfrewshire.gov.uk/media/5991/IJB-Item-10-22-September-2021/pdf/IJB_Item_10_-_22_September_2021.pdf?m=637668671028500000

IJB Paper: 24 Nov 2021 – Item 10. Recovery and Renewal Programme

https://www.eastrenfrewshire.gov.uk/media/7146/IJB-Item-10-24-November-2021/pdf/IJB_Item_10_-_24_November_2021.pdf?m=637727671012970000

IJB Paper: 22 Jun 2022– Item 10. Recovery and Renewal Programme

https://www.eastrenfrewshire.gov.uk/media/7756/IJB-Item-10-22-June-2022/pdf/IJB_Item_10_-_22_June_2022.pdf?m=637904674834270000

IJB Paper: 10 August 2022 – Item 9. HSCP Recovery and Renewal Programme

https://www.eastrenfrewshire.gov.uk/media/7987/IJB-Item-09-10-August-2022/pdf/IJB_Item_09_-_10_August_2022.pdf?m=637949536470000000

IJB Paper: 21 September 2022 – Item 11. Recovery and Renewal Programme

https://www.eastrenfrewshire.gov.uk/media/8153/IJB-Item-11-21-September-2022/pdf/IJB_Item_11_-_21_September_2022.pdf?m=637983202030030000

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Appendix 1 -Project Timelines and Summaries

LIVE PROJECTS AS AT 3 NOVEMBER 2022

LIVE PROJECTS				
Project	Project Owner	Project Start Date	Project End Date	RAG Status
L1: Staffing & Patients Access Arrangements – HSCP Premises	Mairi-Clare Armstrong	March 2022	October 2022	Green
L2: Reflections and Learning from working during the pandemic	Lesley Bairden/Lee McLaughlin/ Tom Kelly and Raymond Prior	August 2021	November 2023	Green
L3: Learning Disability Development	Tom Kelly	August 2022	March 2024	Green
L4: East Renfrewshire Workforce Wellbeing Action Plan	Lisa Gregson	January 2022	September 2022	Green
L5: Development of Wellbeing Champions/Wellbeing Lead Role	Lee McLaughlin	September 2021	December 2021	Green
L6: Bespoke Wellbeing Support for individual services	Lee McLaughlin	February 2022	September 2022	Green
L7: Compassionate and Trauma Informed Responsive Leadership	Craig Menzies	August 2021	March 2023	Green
L8: Case Recording System (CareFirst) Replacement	Lesley Bairden	April 2022	October 2024	Green
L9: Care at Home Scheduling System Replacement	Gayle Smart	May 2022	January 2023	Green
L10: Learning Management System	Joan Reade	November 2021	March 2023	Amber

PLANNED PROJECTS AS AT 2 SEPTEMBER 2022

PLANNED PROJECTS				
PROJECT	PROJECT OWNER	Project Start Date	Project End Date	RAG Status
P1. Care at Home Review Phase 2	Lee McLaughlin	October 2022	June 2023	
P2. Information Governance and Data Cleansing	Lesley Bairden/Raymond Prior	October 2022	December 2023	
P3. Individual Budget Calculator Review	Lee McLaughlin/Lesley Bairden	January 2023	August 2023	
P4. Review of Commissioned Services	Margaret Phelps	November 2022	July 2023	

FUTURE PROJECTS AS AT 2 SEPTEMBER 2022

FUTURE PROJECTS				
PROJECT	PROJECT OWNER	Project Start Date	Project End Date	RAG Status
F1. Review of Telephony Systems	Lesley Bairden	November 2022	November 2023	
F2. Pre-Payment Cards	Lesley Bairden	February 2023	December 2023	

LIVE PROJECTS

Project Title	L1. Staffing & Patients Access Arrangements – HSCP Premises
Project Owner	Mairi-Clare Armstrong
Purpose - what do we want to achieve	<ul style="list-style-type: none"> To manage the safe return of office-based/hybrid working for staff who have been working from home Remove COVID restrictions that have been in place and increase capacity across buildings To ensure safe return of pre-pandemic patient clinics in HSCP buildings To work with services to identify current and future accommodation needs and pressures
Expected Outcomes – Non financial	<ul style="list-style-type: none"> A safe and managed return to pre-pandemic arrangements where accommodation capacity allows. An overview of current and future accommodation needs and pressures A buildings estate that can embrace hybrid working requirements
Expected Outcomes – financial	<ul style="list-style-type: none"> There are no expected financial outcomes as a result of this project.
Current Update	<ul style="list-style-type: none"> Project now complete. HSCP accommodation group to be restarted to manage future accommodation demands. Project closure documentation will be prepared.
Next Steps	<ul style="list-style-type: none"> Closure report will be submitted to the Recovery and Renewal Board on the 16th November.
RAG	
Timeline	March 2022 to November 2022

Project Title	L2 - Reflections and Learning from working during the pandemic
Project Owner	Mairi-Clare Armstrong
Purpose - what do we want to achieve	<ul style="list-style-type: none"> To capture lessons learned over the pandemic period from the required changes to working practices across the HSCP due to the necessity to facilitate home-working, social distancing impact in relation to contact with patients and those who use our services; and the impact of communicating to a remote workforce during a time of significant change. To disseminate which of these changes created a positive impact, and how these may be incorporated into general working practices post-pandemic.
Expected Outcomes – Non financial	<ul style="list-style-type: none"> The creation of a clear and detailed illustration of lessons learned for consideration as to how the experiences of the last two and a half years can provide the foundation for accelerating the pace of change in the Recovery and Renewal Programme across all projects.

	<ul style="list-style-type: none"> The establishment of a clear framework by which all existing and emerging projects can refer to when scoping potential improvements and efficiencies related to the project, and ensure that these proven advances are embedded into project thinking where appropriate. Assist in future achievement of efficiencies in projects within the Recovery and Renewal Programme Engaging and collaborating with the workforce to design services for the future
Expected Outcomes – financial	<ul style="list-style-type: none"> There are no expected financial outcomes as a result of this project.
Current Update	<ul style="list-style-type: none"> Workshop to capture lessons learned scheduled for November 2022.
Next Steps	<ul style="list-style-type: none"> Following above workshop, submit lessons learned and closure report to first Recovery and Renewal Board in 2023.
RAG Status	
Timeline	August 2021 to November 2022

Project Title	L3 – Learning Disability Development
Project Owner	Tom Kelly
Purpose - what do we want to achieve	<ul style="list-style-type: none"> To undertake an extensive review of our current approach to supporting those who use our Learning Disability support services and introduce a modern integrated service that puts the needs of those who use our services at the heart of what we do, whilst identifying viable and sustainable options for creating efficiencies in service provision. The project will encompass a review of the overnight support service ('sleepovers'), facilitating a fresh assessment of overall support needs, and looking at ways of utilising modern technology to provide personalised support alternatives, introducing less intrusive and more efficient methods of meeting assessed need and managing more successful and fulfilling outcomes. The project will also build upon the work carried out in relation to Phase 1 of the remobilisation of day opportunities following the enforced COVID-19 service suspension of these services. The review will provide the opportunity to assess how the reintroduction of both building based and outreach services can be individualised, and provide a better fit with a modernised integrated Learning Disability support service.
Expected Outcomes – Non financial	<ul style="list-style-type: none"> Ensuring those that use our learning disability service are supported and encouraged to thrive with enhanced day opportunities The creation of a modern, integrated and efficient support service
Expected Outcomes – financial	<ul style="list-style-type: none"> Indicative savings are: <ul style="list-style-type: none"> 2022/23: £200k 2023/24: £280k 2024/25: £120k
Current Update	<ul style="list-style-type: none"> Project plan has been developed and the key milestones and deliverables are now in place. Project board established and first meeting has been held.
Next Steps	<ul style="list-style-type: none"> Discussion to take place around project resources.
RAG Status	
Timeline	18 th August 2022 – 16 th February 2024

Project Title	L4 – East Renfrewshire Workforce Wellbeing Action Plan L5 – Development of Wellbeing Champions/Wellbeing Lead Role L6 – Bespoke Wellbeing Support for Individual Services
Project Owner	L4 – Craig Menzies L5 – Lee McLaughlin L6 – Lee McLaughlin
Purpose - what do we want to achieve	<ul style="list-style-type: none"> • Finalise a Workforce Wellbeing Action Plan. • To develop and establish a wellbeing Champions/Wellbeing Lead Role • Develop a robust and comprehensive wellbeing support service for staff.
Expected Outcomes – Non financial	<ul style="list-style-type: none"> • Staff health and wellbeing is a strategic priority • Staff have opportunity to shape wellbeing action plan • Staff have opportunity to engage in wellbeing activities and offerings • Staff feel supported by the organisation • A number of the expected outcomes have been successfully achieved.
Expected Outcomes – financial	<ul style="list-style-type: none"> • There are no expected financial outcomes as a result of this project.
Current Update	<ul style="list-style-type: none"> • Summer of Wellness programme successfully delivered • Programme evaluation completed and final report due November 2022. • ‘Supporting Your Wellbeing’ campaign due to be launched November 2022. • Range of health and wellbeing activities available to all staff and volunteers. • One to one ‘wellbeing conversations’ available to all staff • Wellbeing webpage developed for all health and wellbeing related information and offers. • Updated Workforce Wellbeing Action Plan in place.
Next Steps	<ul style="list-style-type: none"> • Final Summer of Wellness evaluation to be shared with SMT for comment before further cascading across the HSCP. • Launch of ongoing ‘Supporting Your Wellbeing’ programme.
RAG	
Timeline	L4 – January 2022 to September 2022 L5 – September 2021 to December 2021 - Complete L6 – February 2022 to September 2022

Project Title	L7 - Compassionate and Trauma Informed Responsive Leadership
Project Owner	Craig Menzies
Purpose - what do we want to achieve	<ul style="list-style-type: none"> • Establish a trauma steering group across the organisation • Baseline measure of how trauma informed we are as an organisation • Identify future training requirements for staff and managers
Expected Outcomes – Non financial	<ul style="list-style-type: none"> • A trauma informed workforce • Training programme available to staff
Expected Outcomes – financial	<ul style="list-style-type: none"> • There are no expected financial outcomes as a result of this project.
Current Update	<ul style="list-style-type: none"> • Trauma training plan implemented • Level 3 enhanced training delivered to 2 cohorts • Delivery group of trainers established
Next Steps	<ul style="list-style-type: none"> • Launch event in the process of being planned for early 2023 • Continue roll out of training • Appointment of Trauma Informed Services Co-Ordinator (Scottish Government funding received – 2 year post)
RAG	
Timeline	August 2021 to March 2023

Project Title	L8 - Case Recording System Replacement
Project Owner	Lesley Bairden
Purpose - what do we want to achieve	<ul style="list-style-type: none"> • The HSCP Case Management solution is the mechanism by which HSCP staff record and capture information relating to those who use our services. • To procure and implement a new comprehensive case management solution for the recording and management of service user information and case recording within all aspects of Social Work managed by the HSCP
Expected Outcomes – Non financial	<ul style="list-style-type: none"> • A system that can be accessed and updated from anywhere on any device • Lean and person centred recording processes • Data as an asset- using data available to drive future service improvement
Expected Outcomes – financial	<ul style="list-style-type: none"> • Indicative savings are: <ul style="list-style-type: none"> ○ 2024/25: £75k ○ 2025/26: £75k
Current Update	<ul style="list-style-type: none"> • ICT Project Lead started work on 03 October 2022 Timetable drawn up for supplier Q&A sessions. • Service SME concluded discussions with individual services on system requirements. • Process Mapping exercises ongoing with Business Analyst and various services.

	<ul style="list-style-type: none"> • Agreement reached with Procurement/Legal on granting Direct Award for two years with existing Supplier (OLM) to cover interim period - this will now cover March 2023 to March 2025, ensuring sufficient contingency in new system implementation. • Data Management work-stream commenced and progressing with input from CareFirst team Further 'soft intelligence' discussions carried out with other Scottish local authorities on procurement, implementation and training experiences with framework suppliers.
Next Steps	<ul style="list-style-type: none"> • Provide Project Board with recommendations on approach to Supplier Q&A sessions. • Seek Project Board approval of functional and non-functional requirements as drafted. • Conclude Q&A sessions with suppliers. • Commence population of tender documentation. • Explore data management options for non-live data storage. • Submit Change Report to Project Board on this if required. • Capturing of "as is" business requirements by Business Analyst and project team.
RAG	
Timeline	20th April 2022 – 24th October 2024

Project Title	L9 - Care at Home Scheduling System Replacement
Project Owner	Gayle Smart
Purpose - what do we want to achieve	<ul style="list-style-type: none"> • To deliver a new, digital and modernised Care at Home Scheduling system to replace the existing CM2000 system
Expected Outcomes – Non financial	<ul style="list-style-type: none"> • The implementation of a new scheduling system, fully compatible with recently introduced hand held devices to Care at Home staff in the field. • The new system will allow increased functionality and improved scheduling and reporting • Lean and efficient processes to schedule and realign care at home visits
Expected Outcomes – financial	<ul style="list-style-type: none"> • Indicative savings are: <ul style="list-style-type: none"> ○ 2022/23: £25k ○ 2023/24: £75k
Current Update	<ul style="list-style-type: none"> • Data input process started to allow TotalMobile to start to build test environment Workshop days agreed to work through each module requirements. • DPIA passed for comment/approval. • Communication to Care at Home team and wider HSCP drafted and issued. • Notice of termination given to current supplier. • Invoices received from TotalMobile and approved for payment on a monthly basis. • UAT testing for system completed Full World Mendel testing concluding this week. • Staff training for both frontline and office based staff taking place both face to face and via Teams
Next Steps	<ul style="list-style-type: none"> • Finalise remaining data templates and dropdown lists and pass back to TotalMobile Secure agreed additional temporary project support resource. • Obtain DPIA approval. • First go live for World 2 (patch 2).

	<ul style="list-style-type: none"> Roll out staff training (TotalMobile app and solution plus Information Security and Data Protection refresher) for next go live world Commence transition to TotalMobile on a phased go-live date basis
RAG Status	
Timeline	11 th May 2022 – 20 th January 2023

Project Title	L10 – Learning Management System
Project Owner	Raymond Prior
Purpose - what do we want to achieve	<ul style="list-style-type: none"> This project will introduce a Learning Management System (LMS) for East Renfrewshire HSCP. The current approach to advertising, scheduling and recording training is currently manual, particularly for those staff from partners and 3rd sector organisations. A solution that also assists in identifying training and learning gaps, utilising analytical data and reporting. At present, each of these tasks is undertaken manually, increasing the time required to complete tasks and using a range of systems which fragments data, increases the work required and the increase the risk of error or missed opportunities
Expected Outcomes – Non financial	<ul style="list-style-type: none"> A system that will enable all aspects of training management to be undertaken in one place. Reduction in administration time for arranging and recording training attendance Reporting functionality that will identify training gaps and allow these to be addressed timeously
Expected Outcomes – financial	<ul style="list-style-type: none"> There are no financial savings as a result of this project.
Current Update	<ul style="list-style-type: none"> Updated report will be submitted to Recovery and Renewal board on 16th November 2022.
Next Steps	<ul style="list-style-type: none"> Decision on project viability given possible alternative option within current iTrent system.
RAG Status	
Timeline	November 2021 to January 2023

PLANNED PROJECTS

Project Title	P1- Care at Home Review Phase 2
Project Owner	Lee McLaughlin
Purpose - what do we want to achieve	<ul style="list-style-type: none"> • Structure redesign • Defined offering to the external market place • An operating model that is effective and efficient • Care at Home and Telecare services aligned and cross service opportunities maximised
Expected Outcomes – Non financial	<ul style="list-style-type: none"> • A sustainable, resource and cost efficient operating model
Expected Outcomes – financial	<p>Indicative savings are:</p> <ul style="list-style-type: none"> • 2022/23 - £100k • 2023/24 - £200k • 2024/25 - £200k
Next Steps	<ul style="list-style-type: none"> • Project brief will be submitted to Recovery and Renewal Board on 16th November 2022.
Timeline	November 2022 to May 2023

Project Title	P2 Information Governance and Data Cleansing
Project Owner	Lesley Bairden/Raymond Prior
Purpose - what do we want to achieve	<ul style="list-style-type: none"> • Implement a robust approach to information governance across the HSCP ensuring statutory duties are met • Embed good information governance practices into business as usual activity • Ensure staff have the training and information to manage associated risk accordingly • Enabling the HSCP to meet • Fully prepared for a transition to a new case recording system and online collaboration tools such as One Drive.
Expected Outcomes – Non financial	<ul style="list-style-type: none"> • HSCP has a defined approach to information governance • HSCP processes are reviewed to ensure information governance requirements are adhered to • Reduced risks of data breaches and potential Information Commissioner fines
Expected Outcomes – financial	<ul style="list-style-type: none"> • There are no expected financial outcomes as a result of this project.
Next Steps	<ul style="list-style-type: none"> • The project brief will be submitted to Recovery and Renewal Board 16th November 2022.
Timelines	16 th November 2022 – 15 th December 2023
Project Title	P3 Individual Budget Calculator Review
Project Owner	Lee McLaughlin/Lesley Bairden

Purpose - what do we want to achieve	<ul style="list-style-type: none"> Review the existing approach to the individual budget calculator after a period of operation both pre-Covid and during the pandemic response Reflect user experience and revised legislation expected Autumn 2022 Align with any new ways of working Parameters will be linked to IJB decision on contribution element Develop REG approach and appropriate challenge and link to any criteria revision Inform finance module requirements of new case recording system
Expected Outcomes – Non financial	<ul style="list-style-type: none"> Equitable calculator that maximises individuals own assets and supports Maximise independence and flexibility within legislation Continue to build on relationships with SDS and Carers Forums Promote ownership of own budget
Expected Outcomes – financial	<p>An indicative saving of:</p> <ul style="list-style-type: none"> 2023/24: £200k 2024/25: £300k
Next Steps	<ul style="list-style-type: none"> Project brief will be submitted to the first Recovery and Renewal board in 2023.
Timelines	January 2023 – August 2023

Project Title	P4 Review of Commissioned Services
Project Owner	Margaret Phelps
Purpose - what do we want to achieve	<ul style="list-style-type: none"> To review a number of arrangements to ensure we are maximising all framework and contractual opportunities
Expected Outcomes – Non financial	<ul style="list-style-type: none"> Resilience in local partnership working
Expected Outcomes – financial	<p>An indicative saving of:</p> <ul style="list-style-type: none"> 2022/23 - £75k 2023/24 - £225k 2024/25 - £500k <p>This may also support a number of other projects and we need to ensure there is no double counting.</p>
Next Steps	<ul style="list-style-type: none"> Project brief to be submitted to the Recovery and Renewal board 16th November 2022.
Timelines	Review of Commissioned Services November 2022 – July 2023

Future Projects

Project Title	F1 – Review of Telephony Systems
Project Owner	Lesley Bairden
Purpose - what do we want to achieve	<ul style="list-style-type: none"> • Delivery of a unified telephony system that supports and enhances service delivery • A telephony system that supports hybrid working and future technological developments • Access to telephony and communications data reports
Expected Outcomes – Non financial	<ul style="list-style-type: none"> • A modern, flexible telephony and communications system • Technology that support hybrid working and enables further integration across health and social care • A solution that enables HSCP to provide a better experience for those who contact the partnership • Access to data which enabling HSCP to understand telephony data, demands and trends that can be used to influence future service redesign
Expected Outcomes – financial	<ul style="list-style-type: none"> • Potential savings not known at this stage
Next Steps	<ul style="list-style-type: none"> • Development of project brief documentation
Timelines	January 2023 – November 2023

Project Title	F2- Pre-Paid Cards
Project Owner	Lesley Bairden
Purpose - what do we want to achieve	<ul style="list-style-type: none"> • Explore the technology and governance required to introduce new functionality and processes for payment disbursement. • The improved mechanism would be utilised for various purposes such as crisis grants, imprest accounts and petty cash. • Reduce cash handling by staff where appropriate to do so.
Expected Outcomes – Non financial	<ul style="list-style-type: none"> • More efficient process for issuing money for example to Foster Carers to buy necessary items for an emergency placement • Potential reduction in business support time managing and overseeing petty cash and imprest accounts • A more resilient process for issuing money in an emergency situation
Expected Outcomes – financial	<ul style="list-style-type: none"> • Potential financial savings are unknown at this stage
Next Steps	<ul style="list-style-type: none"> • Work to begin preparing the project brief, project scheduled to begin in February 2023.
Timelines	February 2023 – December 2023



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board	
Held on	23 November 2022	
Agenda Item	11	
Title	HSCP Workforce Plan 2022-25	
Summary		
<p>The purpose of this report is to agree the final Workforce Plan 2022-25, including the associated action plan, prior to publication at the end of November 2022.</p> <p>The plan incorporates previous IJB feedback along with the Scottish Government response.</p>		
Presented by	Julie Murray, Chief Officer	
Action Required		
<p>The Integration Joint Board is asked to agree the Workforce Plan 2022-25, including the action plan prior to publication at the end of November (Appendix1).</p>		
Directions	Implications	
<input checked="" type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<input type="checkbox"/> Finance <input type="checkbox"/> Policy <input checked="" 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

23 November 2022

Report by Chief Officer

HSCP WORKFORCE PLAN 2022-25

PURPOSE OF REPORT

1. The purpose of this report is to agree the final Workforce Plan 2022-25, including the action plan prior to publication at the end of November 2022.

RECOMMENDATION

2. The Integration Joint Board are asked to agree the Workforce Plan 2022-25, and the associated Action Plan prior to publication at the end of November.

BACKGROUND

3. The Integration Joint Board has received previous updates on development of our three year workforce plan. The plan was developed in line with Scottish Government guidance and builds on our interim workforce plan 2021-22. The draft three year workforce plan was shared with the IJB in June 2022.
4. Revisions were made following the June meeting and our plan was submitted to the Scottish Government Workforce Planning Unit in July 2022.
5. The Scottish Government originally advised feedback would be provided in August, however formal feedback was not received until late September and a copy is attached at Appendix 2. Due to the delay, the Scottish Government extended the timescales for publication to allow local governance arrangements to take place and the HSCP agreed with the Scottish Government that our final plan would published following the IJB meeting in November 2022.
6. Scottish Government feedback noted that the plan was well written but asked for additional commentary with regards to the older workforce, turnover within the HSCP and further detail in relation to specific recruitment actions within the action plan.
7. Sections 4, 5 and 8 of the plan have been updated to take account of this feedback.

REPORT

8. Although additional detail was requested in relation to whole time equivalent projections (wte) in Section 5, we are unable to confirm changes to workforce given the current financial outlook as work is ongoing to review budgets and workforce. We have however provided a summary paragraph for each service area to indicate a broad direction within the overall summary at section 4.

9. Section 8 of the workforce plan contains an action plan which sets out a broad range of activities that will progress during the next 3 years and will be brought back to the IJB for further update. The local actions are based on the Scottish Government's five pillars of workforce planning:
- Plan – ensure a whole system approach to workforce planning
 - Attract – improve the recruitment of staff, incorporating equality and diversity working with partners in the NHS and Council.
 - Train – ensure career conversations maximise learning and education pathways, develop a digitally enabled workforce.
 - Employ – focus on retention, fair and consistent treatment, professional registration
 - Nurture - focus on staff health and wellbeing and engagement with staff, improving culture, leadership.

CONSULTATION AND PARTNERSHIP WORKING

10. Following discussion with the Strategic Planning Group in March 2021, a workforce planning group was established, consisting of representatives from the HSCP, Primary Care, Independent and Voluntary sectors and Trade Union colleagues, to develop both the Interim Workforce plan and Three Year Workforce plan.
11. In order to develop the three year plan the group has met monthly since September 2021. The work of the group paused between December 2021 and March 2022 in order to allow an operational response to the Omicron variant and then continued to thereafter.
12. The workforce planning group agreed the draft plan which was subsequently reviewed by the Head of HR and Corporate Services in the Council and the NHSGGC Workforce Planning Board. The draft was then reviewed at the both the Integration Joint Board and the Joint Staff Forum in June 2022.
13. The updated workforce plan was agreed by the workforce planning group and will be shared at the Joint Staff Forum on 22 November 2022 for information.
14. The local workforce planning group will continue to meet to progress the action plan.

IMPLICATIONS OF THE PROPOSALS

Workforce

15. This workforce plan details some of the workforce risks / challenges faced by the HSCP in both the short and medium term and sets out actions to address these.

Equalities

16. There are no equality issues referenced within the plan. However the plan references work with regard to equalities in East Renfrewshire Council and NHS Greater Glasgow and Clyde.

DIRECTIONS

17. There are no directions required at this stage.

CONCLUSIONS

18. The plan is intended to set out a cohesive picture of health and care workforce need across the HSCP geographic area. Local work to develop the plan was carried out in partnership. Future workforce updates will be provided to the IJB.
19. The plan will be published on our website by the end of November 2022.

RECOMMENDATIONS

20. The Integration Joint Board are asked to agree the Workforce Plan 2022-25 (Appendix1), including the action plan prior to publication at the end of November.

REPORT AUTHOR AND PERSON TO CONTACT

Lisa Gregson, HR Business Partner
lisa.gregson@eastrenfrewshire.gov.uk

Chief Officer, IJB: Julie Murray

7 November 2022

BACKGROUND PAPERS

IJB: 22 June 2022 – Item 12. HSCP Workforce Planning Update
https://www.eastrenfrewshire.gov.uk/media/7758/IJB-Item-12-22-June-2022/pdf/IJB_Item_12_-_22_June_2022.pdf?m=637904674843370000

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Scottish Government

Health Workforce Directorate

Workforce Planning Data, Analytics and Insight Unit



Julie Murray
Chief Officer
East Renfrewshire Health and Social Care Partnership

4 October 2022

Dear Julie,

East Renfrewshire HSCP Draft 3 Year Workforce Plan: feedback

Thank you for forwarding a copy of your draft Three Year Workforce Plan to the Scottish Government Workforce Planning Data, Analytics and Insight Unit.

We recognise the considerable work that you and your partners in the various stakeholder groups have undertaken in developing the draft during what remains a challenging operating environment, as we begin the recovery of service capacity.

As outlined in the guidance published under DL (2022) 09 - National Health and Social Care Workforce Strategy: Three Year Workforce Plans - we have undertaken a review of the content of the draft document and are providing the undernoted feedback to you for consideration as you finalise the content of your plan in advance of publication at the end of October.

Members of the Workforce Planning Data, Analytics and Insight Unit have used the indicative content checklist in Appendix 1 of DL (2022) 09 as a baseline to frame the following comments.

- The plan structure is logical and reads well and there is effective coverage and analysis of the main health and social care job families and care groups;
- In most of the main narrative sections (job families and service areas), we would welcome further quantification of the specific wte workforce needs associated with the anticipated changes (we noted that additionality is described for Intermediate and Adult Social Work services);
- If possible, we would appreciate anything the partnership could do to pull together further quantification of workforce requirements in the narrative into a table setting out the partnership's view of its overall workforce (recruitment) needs (either as a summary table or as an executive summary);
- We note proposals for the use of new roles in some areas (e.g. Advanced Nurse Practitioners in Community Nursing Teams, page 21); it would be

useful, where possible, to see further details quantifying how many of these roles may be required;

- The increase in staff turnover within the HSCP to 12.3% is noted, along with the expectation that this may rise across the timeframe of the plan. We would welcome some quantification of what this means for the partnership in terms of its expected annual replacement and recruitment needs if it is to maintain its existing workforce (including an estimation of the effects of anticipated retention work underway, as outlined in section 6.3);
- The Action Plan and its alignment to the 5 Pillars of the National Health and Social Care Workforce Strategy is welcome. Current content describes high level actions, and we would be interested in any additional details around the targeted approaches to recruiting staff identified within the overall narrative content in the plan;
- The existing content on the age profile of partnership staff, for over 55s in particular, may also benefit from further quantification of the projected impacts. For example, (p27) we would welcome more information on how many staff the partnership might expect to lose and anticipates having to replace, across what timescales; and whether there may be an emerging trend of staff working longer due to economic issues, as has been observed for council-employed staff.

We appreciate that your workforce plan is part of a local suite of strategic planning work that is already underway and hope that you will consider this feedback as constructive and of value to you and your partners in finalising plans.

Reviewing the plans developed by NHS Boards and Integration Joint Boards (via HSCPs) will enable us to provide Scottish Ministers with further insight, and help them to determine approaches that will:

- Support the health and wellbeing of our workforce during these challenging times;
- In the short term, and in preparation for winter, inform their understanding of the workforce implications of sustained, increased service demand;
- In the medium term, better understand the national implications arising from the local analysis of workforce plans – particularly around population and workforce demography, service redesign and the introduction of new roles.

We recognise that the timescale for publication and associated governance arrangements may limit your ability to make changes to this version. However we would welcome the opportunity for further discussions across the next year to inform subsequent annual revisions to your workforce plan.

We note your email of 30th August advising your governance processes necessitate a delay in publication beyond the indicative date of 31st October 2022 and the suggested publication date at the end of November 2022. We would appreciate if you would advise us when the plan is published by contacting WFPPMO@gov.scot

Yours sincerely,
Grant Hughes

Grant Hughes
Head of Workforce Planning Data, Analytics and Insight Unit
Directorate of Health Workforce

cc.
Lisa Gregson
Ben McKenzie
Margaret Phelps
Pamela Gomes

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**EAST RENFREWSHIRE
HEALTH AND SOCIAL CARE PARTNERSHIP**

WORKFORCE PLAN

2022-2025



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“Working together with the people of East Renfrewshire to improve lives”

We are committed to improving the health and wellbeing of people living and working in East Renfrewshire. We aim to do this by:

Valuing what matters to people.

Building capacity with individuals and communities.

Focusing on outcomes, not services.



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Section One:

Introduction

1.1 East Renfrewshire HSCP Workforce Plan

East Renfrewshire Health and Social Care Partnership (HSCP) is required by the Scottish Government to develop and publish a workforce plan for approval by the Integration Joint Board (IJB), which sets out the strategic direction for workforce development and the resulting changes to our workforce. This Workforce Plan covers the period 2022-2025 and builds on the work of the HSCP's initial workforce plan and subsequent interim workforce plan.

The plan sets out the workforce vision and future direction of health and social care services in East Renfrewshire. It is not intended to be a list of actions outlining everything that East Renfrewshire HSCP are doing or plan to do over the coming years. The plan shows the objectives that we want and need to achieve in order to improve the health and wellbeing of the population of East Renfrewshire, making best use of all the resources available to us. The detail about how we achieve those things will be developed through our local engagement structures in collaboration with all partners in the public, independent and voluntary sectors, and in local communities, over the lifetime of the plan.

1.2 East Renfrewshire Health & Social Care Partnership an Overview

The Partnership was established in 2006 by East Renfrewshire Council and NHS Greater Glasgow & Clyde Health Board (NHSGGC). In 2015 in accordance with the requirements of the Public Bodies (Joint Working) Scotland Act, East Renfrewshire Council and NHS Greater Glasgow & Clyde formally agreed to the transition of the Community Health and Care Partnership to a Health and Social Care Partnership. The Integration Joint Board of East Renfrewshire Health and Social Partnership had its inaugural meeting in August 2015, with formal delegation of health and care services commencing in October 2015.

Through an integrated management team East Renfrewshire HSCP directly manages over 1000 health and care staff. In addition to the directly managed workforce of the Partnership, there is a significant workforce in our independent NHS contractor service (e.g. GPs, Dentists, Optometrists and Community Pharmacists) and in our third sector and independent sector social care providers.

In addition, the HSCP hosts the Specialist Learning Disability Inpatient Services, Autism Service and the Scottish Centre of Technology for the Communication Impaired (SCTCI) service on behalf of NHSGGC. The services within East Renfrewshire are community based with the exception of the inpatient wards for people with learning disabilities. There are no acute hospital sites in East Renfrewshire.

A more detailed breakdown of the workforce is provided in [Section 5](#) 



1.3 Vision & Key Priorities

The Workforce plan takes account of the Health and Social Care Partnership's 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. Everything we do to deliver that vision relies on our workforce.

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

Our health and care system depends on those that provide care and support, both paid and unpaid. 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.

Our Strategic Plan 2022-25 reinforces the values and principles that underpin our approach as a partnership. It sets out how we will deliver the following strategic priorities:

- 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.



1.4 Population and Health Equalities

1.4.1 Population

In 2020, the total population of East Renfrewshire was 96,060. Future projections show that the population will grow and we will have an increasingly ageing population profile. Figure 1 below shows the current population distribution of East Renfrewshire.

Figure 1: Demographic make-up of East Renfrewshire¹

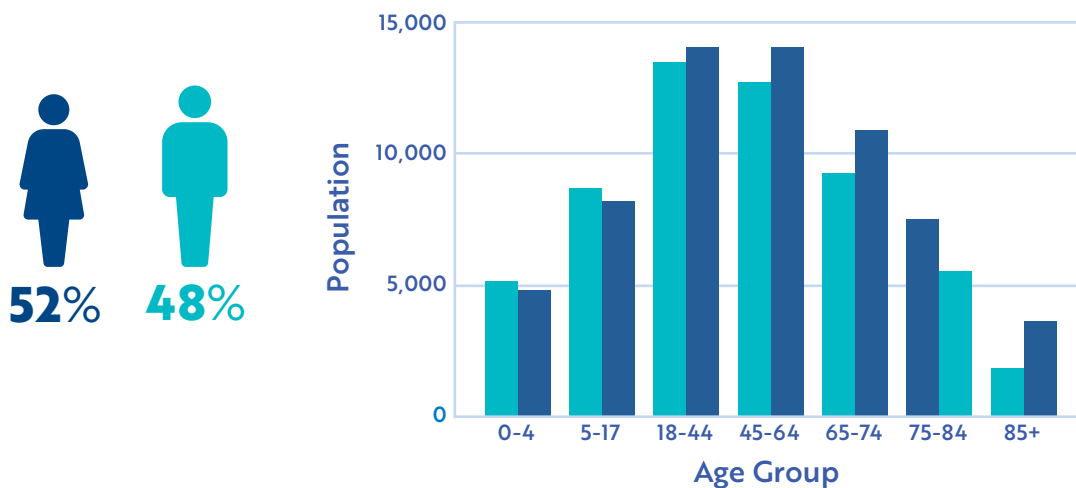
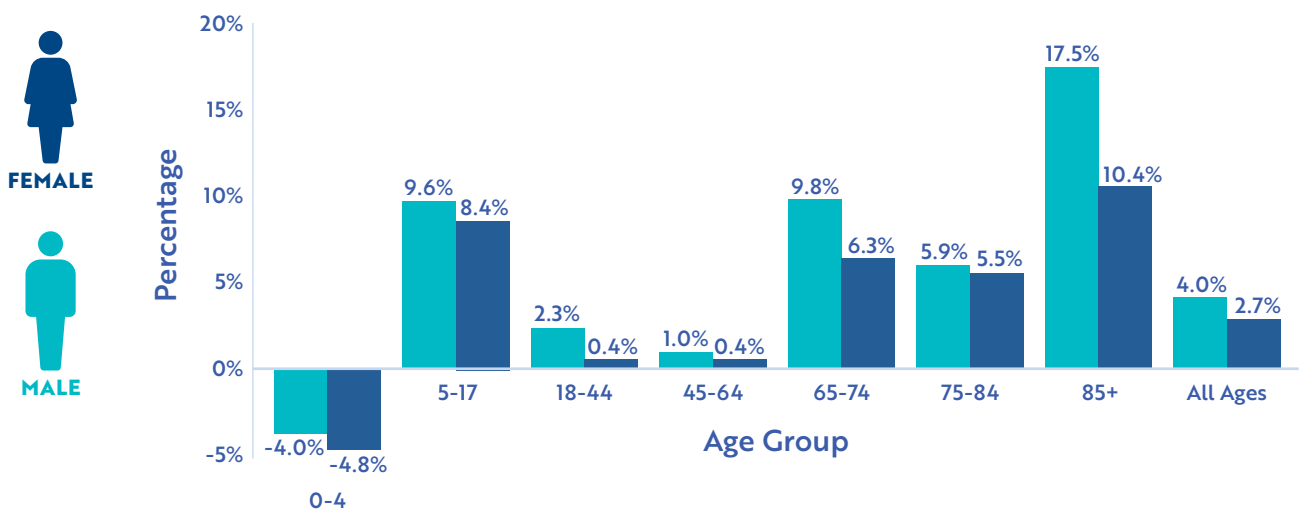


Figure 2 below shows the change in population structure in East Renfrewshire over the past five years from 2015 to 2020 based on National Records Scotland (NRS) mid-year population estimates. The population has increased by 3.4% overall. The male population has been rising at a faster rate than the female population, particularly in the 85+ age group.

Figure 2: Percentage change in population between 2015 and 2020 by Age Group and Sex in East Renfrewshire²



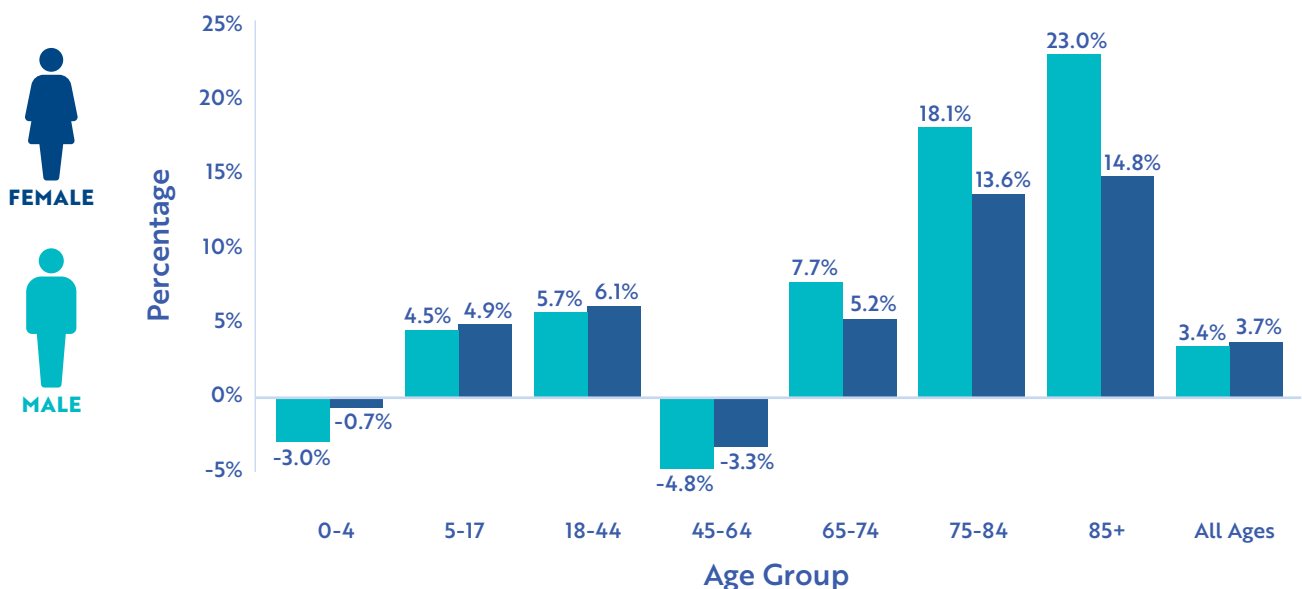
¹ Source: National Records Scotland

² Source: National Records Scotland



Figure 3 below shows the projected change in the population structure in East Renfrewshire over the next five years from 2020 to 2025. The NRS 2018-based population projections and the 2020 mid-year estimates have been used to estimate a population increase of 3.5% over the next five years to 2025. Although the overall projected rise in population is similar to the increase seen in the last five years, the population aged 75 and over is projected to increase at more than twice the previous rate (16.1% versus 7.7%). The 65+ population is projected to increase from 20.2% of the population in 2020 to 21.7% of the population by 2025.

Figure 3: Projected percentage change in population from 2020 to 2025 by Age Group and Sex in East Renfrewshire³



1.4.2 Health inequalities

Overall, East Renfrewshire is one of the least deprived local authority areas in Scotland. However, this masks the notable discrepancies that we see across the area with some neighbourhoods experiencing significant disadvantage. Table 1 below shows that more than half of East Renfrewshire's population (55%), and 67% of the Eastwood population live in Scottish Index of Multiple Deprivation (SIMD) data zones 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 data zones.

Table 1: Analysis of SIMD in East Renfrewshire⁴

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

³ Source: National Records Scotland

⁴ Source: Scottish Index of Multiple Deprivation



In line with the socio-demographic profile Table 2 illustrates the 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 locality 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.

Table 2: Key health outcome indicators in East Renfrewshire⁵

Indicators	Data Type	Time Period	Eastwood Locality	Barrhead Locality	East Renfrewshire HSCP	Scotland
Male life expectancy in years	mean	2014-18*	81.7	76.3	80.7	77.1
Female life expectancy in years	mean	2014-18*	84.8	80.2	83.6	81.1
Early mortality rate per 100,000	rate	2016-18	51	90	62	110
Population with long-term condition	%	2018-19	19	22	21	19
Cancer registrations per 100,000	rate	2015-17	606	636	615	632
Anxiety, depression & psychosis prescriptions	%	2018-19	16	20	17	19

Data also shows discrepancies across the two localities with regards to 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.

1.4.3 Health & Social Care needs of East Renfrewshire

The biggest challenge for East Renfrewshire HSCP, both currently and in the future, is the demand on services for health and social care for older people. These demands are significant and are likely to increase further due to the projected increase in the over 85 population as outlined above. Older people are more likely to suffer from long term conditions such as Diabetes and increased frailty that require on-going support from our community health services. In addition, emergency admissions for the 65 aged group are higher in East Renfrewshire than the rest of Scotland as are elective admissions for this age group. As such, there is significant demand and complexity required at discharge, placing demand on social care services.

East Renfrewshire has a projected increase in the school age population as children move into the authority in order to attend mainstream or specialist schooling. Therefore we anticipate demand for specialist children's services to support children who are neurodiverse, have disabilities or mental health problems.

⁵ Source: Scottish Index of Multiple Deprivation



1.5 Financial Context

The Health and Social Care Partnership continues to operate within the context of longer term financial uncertainty, reflecting both the local and national landscape.

As part of the consultation leading to a National Care Service it was estimated that additional investment of circa £66 billion per annum was required to support the recommendations and that future funding for social care needed to be as a minimum sufficient to meet the increased needs due to demographic change. This would require a 3.5% real terms increase in funding each year.

With our local dynamics of an ageing population combined with the post Covid-19 impact on our residents we will need to manage increased demographic demand and complexity of need over the coming years.

The Scottish Government recognised this to some degree with additional funding to support winter pressures and increase capacity, both within the HSCP workforce and in supporting our partner providers with increases to the living wage. Whilst the investment in the 2022/23 budget was welcomed we still face financial pressures from demand, pay and inflation which is particularly volatile at the time of writing.

The post-Covid-19 financial impact is uncertain and it will take time to fully understand, in the short term non-recurring funding support is place. The HSCP starts 2022/23 with legacy savings from pre-pandemic of £2.6 million which we need to deliver through redesign and new ways of working. This needs to be balanced with the increasing workforce to support policy initiatives and demand for services.

Our last published Medium Term Financial Plan shows we expect cost pressures to range from circa £5 to £6 million over the coming years and any funding settlement that does not meet this in full will result in a new savings challenge.

The current scale of costs pressures now looks closer to £9 million to £13 million in 2023/24 and £4 million to £9 million in the following two years. This takes into account the impact of pay, inflation, utilities costs and other economic impacts since April 2022. Therefore the funding gap has significantly increased. The actual funding gap and subsequent savings requirement on the IJB will be dependent on the funding settlement for each year.

1.6 National Care Service

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. It called 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. Following the consultation Scottish Government has published the National Care Service Bill in June 2022 for the establishment of a National Care Service for Scotland. A framework has been set out in the NCS Bill from 2026 onwards which will consider the strategic direction and quality standards for community health and social care in Scotland. The aim of the Bill is to ensure that everyone can consistently access community health, social care and social work services, regardless of where they live in Scotland. The proposals for a NCS include 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.

There is a commitment to 'co-design' of the NCS, the Bill itself only establishes a framework for future delivery with much of the detail being developed over the next few years through a programme of co-design. The Bill does not stipulate on the transfer of children's and justice social work services to the NCS. Recognising that these areas were not specifically examined by the Independent Review of Adult Social Care, with a further public consultation to be held involving partners, stakeholders and those with lived experience. East Renfrewshire HSCP will support any changes that are adopted and will look to include these in our strategic and operational planning. During the life of this plan we will implement any recommendations or specific actions arising from the review as requested by Scottish Government.

1.7 The impact of Covid-19

The Covid-19 pandemic has had a profound impact on health, our economy and our society, with damaging effects on the population's way of life and wellbeing. The pandemic has impacted disproportionately on vulnerable population in poverty, low-paid workers, children and young people, older people, disabled people, minority ethnic groups and women. Isolation and loneliness have increased. As such, there has been a significant increased demand across all services and our staff have had to work hard, for a sustained period and flex in their response. The pandemic also brought opportunity to revisit pathways and improve services making significant positive changes that may have otherwise taken years.

1.8 Remobilisation / Annual Delivery Plan

The HSCP has contributed to NHSGGC Annual Delivery Plan for 2022/23 which focuses on the need to stabilise and focus on improvement work as services recover from the pandemic.

The priorities of the Annual Delivery Plan are:

- Staff wellbeing
- Recruitment and retention of our health and social care workforce
- Recovery and protection of planned care
- Stabilising and improving urgent and unscheduled care
- Supporting and improving social care
- Sustainability and value



1.9 Recovery & Renewal Programme

The HSCP has its own recovery programme launched in May 2021, as operational capacity started to allow some forward momentum. The HSCPs formal Recovery & Renewal Programme has expanded a previous transformation programme, launched prior the pandemic, to incorporate recovery. The programme now seeks to ensure that the lessons learned during the pandemic are used to inform recovery as well as transform services in the future. The programme consists of four overarching themes under which projects are aligned.

The four themes are:

- Recovery
- Wellbeing
- Individual's Experience
- Business Systems and Processes

Each theme now has both live and pipeline projects, linking closely with East Renfrewshire Council's Programme Management Office, especially in the digital elements of the programme. The workforce plan will take account both the remobilisation and recovery plans detailed.

Figure 4: Recovery & Renewal Programme themes



1.10 National Workforce Strategy Health and Social Care

East Renfrewshire HSCPs workforce plan is aligned to the National Workforce Strategy which sets out the ambitions of recovery, growth and transformation of the health and social care workforce.⁶

The strategy introduces the concept of the 5 pillars of the workforce journey as set out below. Our action plan will be aligned with the pillars as follows:



Plan

Ensure a whole system approach to workforce planning.



Attract

Improve the recruitment of staff, incorporating equality and diversity working with partners in the NHS and Council.



Train

Ensure career conversations maximise learning and education pathways, develop a digitally enabled workforce.



Employ

Focus on retention, fair and consistent treatment, professional registration.



Nurture

Focus on staff health and wellbeing and engagement with staff, improving culture, leadership.

1.11 Stakeholder Engagement

The HSPC has well established joint working arrangements in place to develop and deliver services which meet the needs of our residents. These arrangements have been further expanded as part of the response to Covid-19 to ensure our wider workforce within the independent, third and voluntary sectors are supported and sustained. Thus allowing partners to quickly identify areas of concern and work collaboratively to find solutions.

The HSCP had previously established a workforce planning group to develop previous plans. The current workforce group consists of representatives from across the HSCP including service, HR leads, Trade Union colleagues, third and independent sector representatives. The group also has primary care improvement representation. GP practices are currently still at Pandemic escalation level 1 and as a result direct engagement on this plan has been limited.

1.12 Governance & Monitoring

The HSCP's workforce planning group will have local responsibility for monitoring the progress of the HSCP workforce plan. The Integration Joint Board, HSCP Senior Management Team and Joint Staff Forum will receive 6 monthly updates on progress against the agreed action plan.

⁶ <https://www.gov.scot/publications/national-workforce-strategy-health-social-care>

Section Two:

Nurture Supporting Staff Wellbeing

2.1 Health and Wellbeing

We recognise how difficult the last two years have been. As such, in consultation with staff and stakeholders, working together with staff across the partnership to support resilience and wellbeing has remained a strategic priority for the period 2022-25.

Our local health and wellbeing group continues to operate with links to our wider partnerships and both the National and NHSGGC wellbeing groups. Additional funding has been provided by both the Scottish Government and East Renfrewshire Council to enable activities to support staff health and wellbeing within East Renfrewshire. Our local health and wellbeing group will continue to protect and prioritise staff wellbeing activities and opportunities to maximise staff health and create a culture where staff mental health and wellbeing is always prioritised.

A Wellbeing Officer for the HSCP has been recruited in order to create capacity across the partnership. The Officer is building on the work of the wider group to date in terms of championing and embedding initiatives such as peer support, physical activity, mental wellbeing sessions and sharing information across the partnership ensuring colleagues within primary care, independent and third sector have access to support. Ongoing engagement and consultation with staff remains essential to the Health and Wellbeing Lead Officer to ensure staff views and suggestions are heard and supported.

In addition to the work set out above, the Voluntary Action established wellbeing network continues to run. The network provides space for likeminded people to share and act together to ensure East Renfrewshire residents and the people who work there can improve their physical and mental wellbeing.

2.2 Trauma Informed Organisation

A Trauma Steering Group was established by East Renfrewshire HSCPs Learning & Development team in September 2021 to guide, support and oversee the planning, implementation and development of the HSCP wide transformation of becoming a trauma informed and trauma responsive organisation. The remit of the group is:

- To better inform how to create nurturing practice, teams and environments.
- To use key trauma informed principles to align policy, practice and build resilience.
- To share best practice, research, and trauma informed approaches to achieve the vision.
- To use the five key drivers to support transformation and act as a coordination point to ensure that there is a consistent trauma informed and responsive approach across the Council
- To promote collaboration between all services and agencies that develops a clearer understanding of trauma informed approaches.
- To recognise and celebrate progress of ongoing developments working towards the local vision



2.3 Staff Governance

The HSCP has been founded on a very strong local track record of positive joint working between health and social care staff and services. The Joint Staff Forum is an important component of the governance of the HSCP and, alongside management, oversees the staff governance which has been adopted across the HSCP for all employees;

- Fair and consistent treatment
- Well informed
- Involved in decisions
- Safe working environment
- Appropriately trained

2.4 Staff Engagement

The HSCP has a commitment to staff engagement ensuring the voice of staff is listened to and actions developed to address any concerns raised. The most recent iMatter Team Engagement Survey took place over summer 2022. The HSCP was pleased with results as detailed below;

- Response rate – 67%
- Employee Engagement Index Score (EEI score) – 77
- Action planning – 92%

2.5 Addressing Workforce Inequalities

The HSCP is committed to equalities and supports the work of East Renfrewshire Council and NHSGGC. East Renfrewshire Council is currently working as part of a Scottish Government and Public Sector working group to address actions from The Equality and Human Rights Commission Committee Report on Race Equality, Employment and Skills. The NHSGGC Workforce Equality Group oversees addressing inequalities in the workplace working to a five year rolling plan.

2.6 Fair Work

Established in 2015, the Fair Work Convention acts as an independent advisory body to Scottish Ministers. The Convention's vision is that by 2025 people in Scotland will have a world-leading working life where fair work drives success, wellbeing and prosperity for individuals, businesses, organisations and society. The HSCP seeks to ensure, through its approach to engagement and staff governance, a culture that reflects 5 Dimensions of the Fair Work Framework (effective voice, opportunity, security, fulfilment and respect).

Section Three:

Plan Short Term Drivers

3.1 Staffing Considerations

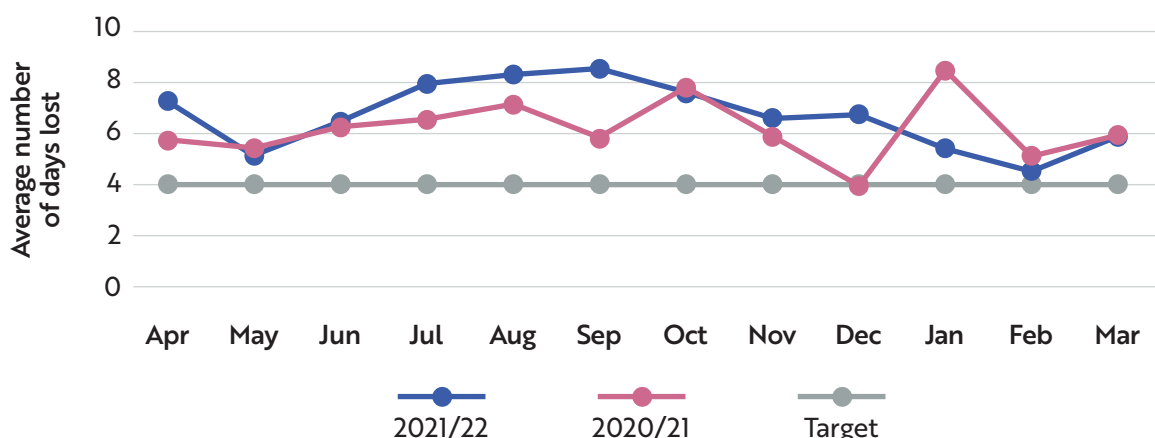
Effective planning of staffing and resources is critical to maintaining service delivery. The pandemic has led to both new clinical pathway changes across the majority of services and capacity expanding in key areas where staff continue to respond flexibly, adapting to alternative ways of working in extremely challenging circumstances.

This section provides an overview of the predicted workforce planning challenges and solutions during the period from October 2023 to March 2023.

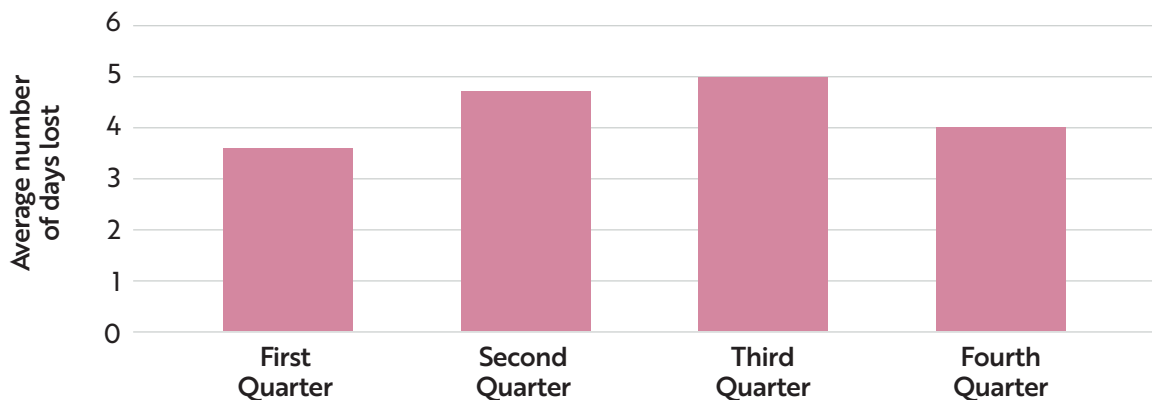
3.2 Staff Availability

Sickness levels increased during winter 2021/22 in the HSCP though have remained stable in the NHS. Sickness levels reduced in early 2022 but have increased latterly. It can be realistically expected that sickness rates will increase as we move to winter 2022/23 as levels of social interaction and exposure to common infections and illnesses return to pre-pandemic levels. It is also important to recognise the older age demographic of some of our teams within the HSCP such as Care at Home. Our staff experience the same range of chronic health conditions as the wider population and this is reflected in our long term absence statistics. In addition, as set out within the previous sections of the plan, it is recognised the impact the pandemic has had on the mental health and wellbeing of our staff which can manifest in both mental and physical illness. Figure 6 and Figure 7 below detail sickness absence for both our Council and NMSGC workforce.

Figure 6: NMSGC Sickness Absence details 2021/22



**Figure 7: East Renfrewshire HSCP Council Quarterly Absence 2021/22
(Average Days Lost per FTE)**



Covid-19 related absences are expected to sharply decline and then to remain at a low level in the period to March 2023. At the time of writing there are 11 cases of Long Covid. Whilst the numbers overall are not high, recovery times are long approximately 6 months to a year and have a significant impact in smaller services where the headcount is low or larger services where absence relates to a specialist post.

The planning assumption for Maternity leave within NHSGGC nursing services is generally 1%, however predictions for 2022/23 are at 3%. The HSCP's workforce is predominately female. In addition there are certain services where the workforce has a younger age profile. These services include social work, children's services, health visiting and the Learning Disability Hosted Service, therefore planning assumptions should be greater than 1%.

3.3 Pensions / Retirement Risks

Changes to the NHS Scotland Pension scheme have been deferred until October 2022. Although benefits accrued in previous schemes are protected and remain the same the planned changes, specifically changes to contribution rates and the move from final salary linked to a career average revalued earnings (CARE) model, may be seen as an impetus for some NHS staff considering retirement. Access to robust and practical pension advice may help allay staff fears and enable them to make well informed decisions. The NHSGGC Retire and Return policy, which allows retirees to return following voluntary retirement, may also provide some mitigation in terms of reduced staff availability. In the same way the Councils flexible retirement scheme allows employees to access their pension and then work a limited number of hours.

3.4 Immediate Remobilisation

Whilst the HSCP move towards longer term operational planning, there are several elements of recovery and remobilisation which will continue to affect staffing levels and workforce planning decisions in the short term such as the housebound vaccination programme and wider support to Care Homes. Whilst all service areas are impacted by the staffing availability considerations outlined earlier we anticipate that the HSCPs Hosted Learning Disability Inpatient Service and Care at Home Service will be more vulnerable to staff availability.



3.5 New Ways of Working

Prior to the pandemic, the HSCP already had a model of agile working in place that allowed staff working within the community to touch down in an office space when required. The pandemic required us to change the way we worked overnight in terms of digitising how we work and maximising the benefits for the HSCP and our staff.

As a result of the pandemic, and the associated capacity restrictions in our buildings a significant number of our employees were required to work from home for full time or for part of the working week. Technology such as Microsoft Teams and Attend Anywhere were used as a means to communicate across teams with partners and also where appropriate with those who use our services. During the course of the pandemic the HSCP Learning and Development Team provided digital upskilling for staff across the partnership to enhance their digital skills.

NHSGGC has now introduced a blended working guide and the Council has introduced The Way We Work project. Both sets of guidance classify workers as either fixed, hybrid or homeworkers. The HSCP sees the advantages of hybrid working. ACAS describe hybrid working as helping to;

- Increase productivity and job satisfaction
- Attract and retain a more diverse workforce
- Improve trust and working relationships

Over the coming months we will work with staff and in partnership with Trade Union colleagues within the HSCP to look at future service requirements taking into account staff preferences and service delivery requirements.

3.6 Challenges Facing Social Care within East Renfrewshire

It is anticipated that during the next 12 months local service delivery will remain challenging, particularly during winter 2022/23. Post Covid there has been an increased demand in Care at Home Services, an increase in the complexity of care required and a reduction in capacity from external providers. Given the increasing older population within East Renfrewshire service demand will continue to increase.

The HSCP recruitment campaigns for Care at Home staff in August 2021 and January 2022 were successful however it only compensated for the reduction in capacity identified above. In addition anecdotally a number of new employees left the Care at Home Service within the first few weeks of starting the role; further analysis is being done to look at this. Across comparative sectors there is low unemployment, high number of vacancies and competitive pay rates and our staff may move sectors contributing therefore to higher staff turnover.

During the Covid-19 pandemic the HSCP redeployed staff from other Care services and trained volunteers from HSCP and wider Council who do not work within the sector. The HSCP has agreed an additional recruitment campaign that started in April 2022 to strengthen capacity across Care at Home due to increased demand, complexity and growing trend in reduced external provider capacity. This will include recruitment of an additional 30 Home Care Re-ablement Workers and 2 Home Care Organiser posts. Ahead of winter 2022/23 we will ensure staff from other services

and wider volunteers have refresher training. In addition the HSCP will work with external providers and look at additional further targeted recruitment in late summer 2022 to meet anticipated demand. There is also the opportunity to explore employability programmes to support services, which due to training and support requirements, were difficult during the pandemic because of the social distancing requirements. However the removal of social distancing provides an opportunity to revisit this.

3.7 Moving Forward Together (MFT)

Moving Forward Together is the NHSGGC strategic transformation programme, NHSGGCs MFT Portfolio of Projects currently comprises a range of short, medium and longer term initiatives. Those which affect the HSCP and fall within the short term are detailed below:

- Primary Care – increased levels of activity during Covid-19 adding adoption of virtual appointments alongside face to face consultations add impetus to progress Primary Care Improvement Plans aimed at releasing capacity of General Practice within the context of a widened primary care team.
- NHSGGC Mental Health 5-year strategy - focussed on re-design, expansion and improvement of services to incorporate increased funding across a range of areas and work in relation to this is ongoing in the shorter term.

3.8 Health and Care Safe Staffing Legislation

This legislation was paused during the pandemic, however we will now see an increased focus during forthcoming inspections and the legislation will have implications across a wider range of service provision. In response the HSCP will continue to use our agreed workload tools and to develop new tools when necessary to ensure that we have sufficient numbers of appropriately qualified and registered staff on duty.



Section Four:

Plan Medium Term Drivers & Workforce Actions

4.1 Redesign and Workforce Changes

This section provides the medium term drivers for change and identifies any known workforce implications and associated actions, by service area, over the medium term period outlined above.

4.1.1 Overall Summary

Given the financial context set out in section 1 it is difficult to set out specific numbers of Whole Time Equivalents (WTE) required. Although service demand is increasing there is continuing pressure on our budgets and additional posts must come from additional funding or redesign within services.

The HSCP's turnover is detailed in section 5 and is 12.3%. Notionally given the turnover there is a need to recruit approximately 138 staff per year without recruiting any additional staff into the HSCP. As and when staff leave post the HSCP will take the opportunity to review any vacancies and the requirement to fill the role.

A summary for each service area summarising overall future workforce is detailed below.

Across Children's Services we will see small increase in 6 WTE due to changes to school nursing services, additional funding for Health visiting and investment as part of the Promise Scotland.

Across Adult Services: Communities and Wellbeing there has been significant investment in 2022, increasing WTE. It is more challenging to provide an estimate of WTE increase in the medium term as plans are still being worked on. We anticipate demand for services for older people to increase further in terms of local demographics and our service redesign to support more people to live well and safely at home. This will require additional WTE for both health and social care to meet the need. However the initial priority will be to work with partners ensuring we look for new ways of working to deliver services to people and the development of specialist roles to provide additional support and efforts to retain our existing workforce.

Across Adult Services: Learning Disability and Recovery there are additional funding streams for mental health and addiction services and therefore the WTE will require to increase in line as we receive these funds. With regards to the Learning Disability Inpatient Service we will see some retraction in WTE with the closure of long stay wards in the medium term.

Within Finance and Resources there has been a small increase in WTE in order to support the Recovery and Renewal Programme within the HSCP. It is not anticipated there will be any further increases but roles across some teams will be realigned to better meet the needs of services.



4.2 Public Protection & Children's Services

4.2.1 The Promise Scotland

The Promise Scotland is a commitment to do all we can to keep children with their families, ensuring there is more support for families based in the communities where they live.

"Where children are safe in their families and feel loved they must stay – and families must be given support together to nurture that love and overcome the difficulties which get in the way."

The recent publication of the Change Programme One:

www.thepromise.scot/change-programme-one provides more detail.

East Renfrewshire HSCP has received 2 separate lots of funding from the Cora Foundation relating to The Promise. £50k was awarded to appoint a Promise Transition Manager to work alongside care experienced young people and corporate parents. This is to specifically analyse, support and strengthen transition points into adulthood that young people may face. £88k was awarded in relation to "A Good Childhood" fund. The HSCP has match funded this award to allow for a 2 year period of joint work with the children's charity, Aberlour. This initiative will seek to support and challenge the HSCP and Housing partners to explore differing forms of support for care experienced young people in relation to their housing support and housing options.

4.2.2 Whole family support

The Scottish Government has announced investment on Whole Family Support across the lifetime of this parliament. This is a significant investment and will lead to new models of service structure and delivery. Service redesign and outcomes will be agreed, monitored and evaluated through the Improving Children's Outcomes Group.

4.2.3 School Nursing Review

The School Nursing service is undergoing redesign as part of an NHSGGC programme with funding from Scottish Government. East Renfrewshire will receive 3.94 WTE School Nurses added to the current establishment.

4.2.4 Neurodevelopmental Redesign

East Renfrewshire has a significant number of children presenting across all services with this profile and services will require investment. There is a wider piece of work within NHSGGC and a Local Implementation Group will be formed to implement the Board wide redesign. It is anticipated that the work will build on tests of change and lead to an upscaling of the service. This work is similar to redesign of neurodevelopmental pathways for adults and we will be focussing on the transitions pathways and neurodevelopmental approaches within a family based context.



4.2.5 Health Visiting

Health Boards use the Common Staffing Method as prescribed by Scottish Ministers who have authority to issue guidance/specifications on tools/frequency. The Health and Care (Staffing) (Scotland) Act 2019 provides a list of areas in which the Common Staffing Method is required to be completed on at least an annual basis. The purpose of using the Common Staffing Method (CSM) is to recommend the number of staff required to ensure safe staffing in a clinical area.

The Caseload Weighting Tool (CWT) uses a formula to calculate the core numbers of health visitors required to meet wider population need and uses the Scottish Index of Multiple Deprivation (SIMD) in its calculations. The tool was developed to facilitate the effective allocation of resources to areas of greatest need and was designed to ensure that the right numbers of health visitors are available to respond to the needs of children and their families. It also provides guidance around caseload size related to deprivation and complexity. This tool, along with the Community Nursing Workforce and Workload Assessment Tool supports the Partnership in workforce planning, managing vacancies and planning for retirements and to ensure that workforce numbers continue to reflect ongoing need. The application of caseload caps to health visiting caseloads using Scottish Index of Multiple Deprivation (SIMD) deciles as indicators of deprivation is as follows:

SIMD Decile 1	Caseload Cap of 100/wte,
SIMD Deciles 2-4	Cap of 150/wte,
SIMD Deciles 5-7	Cap of 300/wte,
SIMD Deciles 8-10	Cap of 350/wte*

* Please note that the Government have allowed each Health Board to determine the cap at SIMD deciles between 300 and 400. NHSGCC opted for a 350 for SIMD centiles 8-10.

The combination of adopting a cap of 350 (decile 8-10) and the use of CWT (predicated on deprivation) rather than NRAC (population) to disburse funds across NHSGCC introduced risk in East Renfrewshire around capacity to deliver the universal pathway. This is exacerbated by long term sickness absence and maternity leave which results in large caseloads having to be shared amongst remaining practitioners whose existing caseloads n = 350. To date no NHSGCC wide agreement has been reached as to how to address this risk therefore local solutions have been sought. Whilst the IJB agreed to fund the cost from band 6 to band 7 (previously awarded by the National Job Evaluation Panel to an Advanced Practitioner Health Visiting profile) the increase in workforce by 3 WTE is not funded on a recurring basis. This is being met on a non-recurring basis in order to deliver the pathway but this is not sustainable without permanent funding. The HSCP will continue to fund this additionality for the next 12 to 24 months to allow time for either a reduction to modelled numbers or a permanent funding solution to be agreed. It is anticipated that the full impact of the pandemic has yet to be realised in terms of need within the population with emerging concerns identified relating to increased detection of developmental delay in children, increase in domestic violence and the impact of poverty.

4.2.6 The Family Nurse Partnership (FNP)

Glasgow City HSCP host and support the development of FNP and ensure the strategic delivery and essential links with local community teams within the respective Partnership. The FNP has undergone a period of rapid expansion in NHS GGC, now comprising of seven teams operating across the Board. FNP have been able to offer the service to the target group, as per the Scottish Government vision, to all young women 19 (at Last Menstrual Period) and under having their first baby since September 2017. The Scottish Government vision is to increase the age of eligibility to 21 and under (at LMP) and in a targeted way up to age 25 for care experienced young parents for example. Workforce modelling is currently underway and will form part of the self-assessment process.

4.2.7 Child and Adolescent Mental Health Services

There continues to be significant demand for CAMHS community services within East Renfrewshire with the number referrals increasing over the last year. This can be attributed to the increase in school age children in East Renfrewshire and the lasting effects of the Covid-19 pandemic. There have been vacancies within the service that have been difficult to recruit to and recruitment of experienced staff remains a challenge. At the time of writing staffing levels have improved. However, there are 4 WTE within the nursing structure that are newly qualified and / or have no CAMHS experience and therefore staff training and induction is the priority. In the medium term we anticipate demand to remain high for the service and recruitment of experienced staff to remain a challenge.

4.2.8 Healthier Minds Service

In response to the demand for CAMHS, East Renfrewshire introduced a multi stakeholder Healthier Minds Service approach aligned to school communities to identify and ensure delivery of mental wellbeing support to promote children and families' recovery. The service has embedded well and will be developed further in the medium term.

4.2.9 Criminal Justice

Covid-19 impacted on the HSCP's ability to provide unpaid work activity. Public protection is an ongoing priority for the HSCP and the service works with the Multi Agency Public Protection priorities working with the Community Justice Partnership.

4.3 Finance & Resources

The services within Finance & Resources continue to support operational colleagues and have developed a number of new processes and ways of working during the pandemic. How we use our buildings and systems will allow the HSCP to optimise on capacity and skills finance has been particularly complex during the pandemic and presents a challenging landscape in the coming years.

Our work with our partner organisations is fundamental to developing innovative and sustainable care and support for our residents.

We will build on learning from the pandemic response as we move forward and begin to deliver on the Recovery & Renewal programme for the HSCP detailed earlier in the plan. Resourcing this programme may present significant challenge, particularly where some posts are time limited to support specific projects. We will continue to work closely with our partners to mitigate the impact as best we can.

There will be a review of areas of responsibility within the Finance and Resources Management Team with the intention to realign some areas of responsibility to better reflect how we provide our services.

4.3.1 Business Support Review

Covid-19 has impacted on the HSCPs service delivery models and as a response to the pandemic there has been a requirement for additional Business Support staff to support the HSCP in areas such as Care Homes, Vaccination and Testing. A significant proportion of the current workforce are temporary; over 50%. Development of new services across seven days requires a more flexible Business Support service operating across the full week and a realignment of staff to HSCP service areas. The review will take a bottom up approach to look at realigning the temporary workforce at the lowest grades across service areas into permanent posts before looking at additional higher graded roles.

4.4 Adult Services: Communities and Wellbeing

Adult Services Communities and Wellbeing include Adult Social Work Services, Older peoples Intensive services, Community Nursing, Rehabilitation, Pharmacy and Primary Care Improvement that are delivered on a Locality based model. It should be noted that Physiotherapy Services are hosted by West Dunbartonshire HSCP and details will be provided in their workforce plan.

Prior to the pandemic, demand for all services had increased across the HSCP. Post pandemic, again we have seen demand increase. Within Care at Home the number of service users requiring 2-1 support has doubled. Within Rehab services demand has increased from 40 referrals to between 70-100 referrals and demand for the HSCPs rapid access service has increased as has the complexity of cases the District Nursing team are supporting.



To meet existing demand there has been significant investment from the Scottish Government in order to support Discharge and Prevention and Intermediate Care, which provides the opportunity to redesign services and improve outcomes. It allows us to strengthen the whole sector response model outlined in Figure 8 below.

Figure 8: Whole sector response model



Following the additional investment from Scottish Government we will develop and improve services to meet the increased demand in the medium term as set out in the redesigns detailed below.

4.4.1 Intensive Services Redesign

Intensive Services incorporates Care at Home, Telecare and Residential and Older People's day care and out-reach. As an integral part of our recovery and renewal programme, the key objectives are to:

- Enhance Re-ablement and Self-Management
- Increase Capacity: Home First, Overnight, Management Team
- Facilitate Hospital Discharge and Community Response
- Improve data and Business Support
- Develop Further Technology Enabled Care

Ahead of moving the redesign of Care at Home forward a series of collaboration sessions are planned over winter 2022 with partners and stakeholders to look at demand and develop a new vision and service specification to be implemented over the medium term.

4.4.2 Initial Contact Team

In 2018 the HSCP developed the initial contact team to ensure that when service users made an initial contact they were supported or signposted in order that they could receive the right care at the right time. The team has been strengthened with a further developed multidisciplinary approach, building capacity ensuring people see the right person, right place, right time to ensure their needs are met recent investment was 11 WTE. The initial data from this new model has resulted in a reduction of numbers awaiting assessment from circa 160 to 20. In the medium term we will review and refine this model.

4.4.3 Intermediate Care

An Intensive Support multidisciplinary team has now been recruited and will be based at Bonnyton House Care Home to provide intermediate care and rehabilitation to people in step up and down beds to allow them to return to their own home. An evaluation of this work will be carried out.

4.4.4 Adult Social Work Services

In addition to the winter planning investment, in 2022 the Scottish Government has provided additional funding of £386,000 specifically for adult social work services in order to improve assessment and care management and strengthen leadership and associated support services. Locally the HSCP will use this investment to strengthen and realign leadership across management levels in order to provide quality assurance, professional governance and assist with transformation of services. In addition, due to the demand and complexity of needs being presented, a new Transitions Team has been created and the dedicated Adult Support and protection team model strengthened on a permanent basis. Additional staff include service managers, team managers, social workers and business support and equates to 8 WTE. The redesign will be subject to evaluation in the medium term.

4.4.5 Community Nursing

The District Nursing (DN) service includes District Nurses, Registered Community Nurses and Health Care Support Workers. In 2012 the Greater Glasgow and Clyde District Nursing Review advocated that the model for District Nursing across NHS GGC partnership areas would be 1 WTE Band 6 per 9,000 PP, with varying numbers of Bands 7, 5, and 3 proportionate to the WTE Band 6. Adjustments have been made based on local context and the needs of individual services.

East Renfrewshire are working to this model with all grades of staff in place which includes having a future focus on recruitment to the Post Graduate Diploma - Advancing District Nursing Practice with Specialist Practitioner Qualification to maintain our band 6 District Nursing posts. Within East Renfrewshire HSCP the recent investment from Scottish Government to enable the expansion of our District Nursing service, as set out in the National Workforce Plan, has enabled the recruitment of additional Health Care Support Workers (Band 3) and Community Nurses (Band 5) to the service. Despite this investment, the recruitment of staff particularly qualified band 6 caseload holders remains a challenge across NHS GGC and is the subject of local and national discussion at the SEND (Scottish Executive Nurse Directors) group.

Due to the Covid-19 pandemic use of the Community Nursing Workload and Workforce Assessment Tool was suspended in 2020. The tool was run at the end of 2021, the results of which are currently being analysed with a view to identifying and escalating any identified gaps between the required workforce and existing funded establishment.

As outlined in section 1.4.1 East Renfrewshire are experiencing an increasingly ageing population placing more demands on the health service. The District Nursing service will therefore play a pivotal role in preventing hospitalisations, keeping more people at home or in a homely setting by coordinating care needs and delivering essential care interventions including the provision of palliative and end of life care. Shifting the balance of care will therefore require growth and additional investment in district nurses as key members of integrated community nursing teams. At the time of writing this plan it has been agreed to pull together a working group across HSCPs in order to review the District Nursing role within NHSGCC.

Additionally, proposals for Advanced Nurse Practitioner roles within the HSCP in terms of the Transforming Roles programme are currently in development which will augment existing ANPs already in post in line with our Primary Care Implementation Plan. The focus on admission avoidance/early intervention as part of the unscheduled care work stream, anticipatory care planning support and supporting GPs to focus on their most complex patients are key tenants of the role. Numbers of posts have not yet been defined.

Within East Renfrewshire the service has responsibility for Community Assessment and Treatment Centres which are experiencing increasing demands. Work is underway to explore the most effective and efficient use of the treatment rooms which will include merging other developing work streams i.e. demand for acute phlebotomy services within the community where we have employed additional Health Care Support Workers.

The Scottish Government has invested significantly in Health Care Support Workers. East Renfrewshire has recently recruited to 6 roles based within Community Nursing.

4.4.7 Allied Health Professionals

East Renfrewshire has a skilled team of AHPs working within our integrated teams across service areas and has developed a new Lead AHP post for the partnership providing both operational management to the Rehab Service and professional leadership across the HSCP. AHPs have a broad skill-set which enhances our services for our residents. In recent years AHPs have formed part of multi-disciplinary teams and we are building on this in our recovery and renewal work and within the development of the initial contact team detailed in section 4.4.2 above.

As detailed within the wider NHSGCC workforce plan the National Transforming Roles Agenda developed Advanced and Consultant level Allied Health Professionals (AHPs) across all service areas. These practitioners will have advanced critical thinking, advanced expert knowledge, extended scope skills and will contribute to the research evidence base and facilitate the learning across Multi Disciplinary Teams (MDTs). These roles will be pivotal in delivering revised models of care within community services, enabling AHP practitioners to work to their maximum skill level, leading services and supporting health and social care colleagues in MDTs, within newly defined job profiles and professional practice.



In addition to developing advanced AHP roles there is a need to focus on unregistered AHP roles. Locally we have recruited 6 additional unregistered AHPs as part of the investment in Health care Support Workers. With the wider support of NHSGGC there is a need to ensure that we develop the AHP career development pathway to move from an unregistered role to registration through supporting study or utilising Apprenticeship model.

4.4.8 Pharmacy

Pharmacy services have a five year strategic plan during which there will be a NHSGGC review of current and future skill mix requirements of Clinical Teams particularly increasing the use of pharmacy technicians to support traditional pharmacist posts. Locally within East Renfrewshire skill mix of staff utilising both Pharmacists and Pharmacy Technicians and a Pharmacy Support worker has increased capacity. A hub working model is being tested to achieve further increased efficiency. Details of the increase in Pharmacotherapy posts are detailed below within Primary Care Improvement section.

4.4.9 Primary Care Improvement

The introduction of the services aligned to the new General Medical Services (GMS) Contract (2018) through the PCIP (2018-21) relies on the establishment of a new multi-disciplinary workforce to be part of general practice teams but not employed by the GP practices. The practice based staff are employed by NHSGGC, HSCP and the third sector and embedded in GP practices. Between 2018 and 2021 an additional 52.5 WTE were recruited. East Renfrewshire HSCP were successful in our bid for additional funding to further recruit 6.0 wte MDT staff as part the implementation of the GMS Contract to further support GP Practices over the winter period and build in some contingency for services. Our application will allow us to accelerate delivery for the three MOU priority areas of Vaccination Transformation, Pharmacotherapy and Community Treatment and Care, as per below:

At the time of writing we anticipate further details of phase 2 of the GMS role which will form part of the HSCPs workforce planning for the PCIP programme. Wider primary care services such as Dentistry, Optometry and Community Pharmacy will be detailed within the Boards workforce plan.

4.5 Adult Services: Learning Disability and Recovery

4.5.1 Learning Disability Hosted Service

East Renfrewshire HSCP hosts the Learning Disability Inpatient Service for NHSGGC and is the strategic lead for Learning Disabilities across HSCPs within NHSGGC. The service has worked closely with the Scottish Government's short life working group to address issues of delayed discharge and out of area placement which is consistent with shared ambition to redesign both community and inpatient services to reduce the need for hospital admission.

A new Community Living Change Fund offers an opportunity to address these issues as we develop new ways of working across partnerships and build expertise and increase capacity in the community and reshape our inpatient services to work more flexibility with a wider range of service models. We will be taking forward resettlement of people remaining in our longer stay service which will require an organisational change process and our review of assessment and



treatment beds will lead to differing approaches and new roles across inpatient and community teams aligned to our workforce change processes. This will be a detailed piece of work taken forward in partnership with staff side and HSCPs across NHSGGC over the next two years.

Each HSCP will have a local approach to workforce planning in respect of learning disability teams which is guided by professional leadership. NHSGGC Learning Disability workforce is relatively small and therefore good collaborative approaches are required across all HSCPs. This has been evident during the pandemic and as a result of our shared co-dependency arrangements we have achieved workforce flexibility to support the wider learning disability family of services across NHSGGC.

4.5.2 Learning Disability Day Services

The service has redesign plans in the medium term to build upon the work carried out in relation to Phase 1 of the remobilisation of day opportunities following the enforced Covid-19 service suspension of these services. The review will provide the opportunity to assess how the reintroduction of both building based and outreach services can be best individualised, and delivered in a more person centred way. Also the review will seek to develop a transition service for young people still in education.

4.5.3 Community Addictions Team

Within the Alcohol and Drugs Partnership across NHSGGC there is a wider redesign plan to encompass the new 5 year funding for Drug Deaths Prevention which will be referenced in the Boards workforce plan. Locally the following areas of work are underway, increasing and diversifying the workforce to support people experiencing alcohol and/or drug related harms:

Implementation of Medication Assisted Treatment Standards to ensure rapid access to services, ideally on the same day of presentation, provision of harm reduction and psycho-social supports and supporting people to remain in treatment. Increased team capacity is critical to successful delivery and we have agreed a workforce profile from using investment in this area. These include Addiction Practitioners, additional Prescribers and Business Support posts.

Following review and consideration of recommendations from current and future Peer Led Research we are looking to identify and implement continuous improvement opportunities increasing the workforce and enhancing the multi-agency approach that brings a range of services together to deliver on a recovery orientated framework of support for people affected by alcohol and drug harms. This includes enhancement of the multi-disciplinary team to include occupational therapy and other professions.

4.5.4 Primary Care Mental Health and Wellbeing Services

In response to the national Enhancing Mental Health and Wellbeing in Primary Care Guidance and planned investment by the Scottish Government, the HSCP is working with key stakeholders across primary care, mental health services, third sector and communities to increase the variety of pathways to support primary care. Through growing the workforce required in primary care settings for all ages, the right support will be provided in the right place at the right time.



This is a three year programme of work. Our planning has identified gaps in workforce including a strategic coordination role with capacity to work with key stakeholders, gather evidence of what works, review existing supports, and identify gaps. Adding mental health practitioner interventions to the workforce is a priority for year 1, testing the impact they could have through 1:1 and group supports that can be easily accessed in a timely manner. Additional roles will be identified in years 2 and 3 of the programme.

4.5.5 Adult Mental Health

In recent years the HSCP has worked to increase the workforce locally through Transforming Mental Health Funding (Action 15), including peer support workers, nursing, psychology and counselling roles. Action 15 is now embedded and the organisation will focus on maintaining the workforce levels.

All HSCPs within NHSGGC are seeing a significant rise in referrals relating to ADHD and ASD. As such, the HSCP is contributing to the development of neurodevelopment pathways to address waiting times at a local and NHSGGC level. East Renfrewshire has enhanced recruitment locally to address service demand. We will be exploring work on a NHSGGC wide pathway that will utilise the available workforce to ensure equitable access to services across NHSGGC.

Improving psychological therapies waiting times remains a key priority. To address challenges of workforce capacity following evaluation around resources vs number of individuals being seen we have increased the numbers of staff and will continue to work with NHSGGC to maximise the use of psychological therapies funding across our mental health services. This also features in the mental health primary care and wellbeing work and is equally relevant to older adults' mental health services.

Psychiatry shortages are a challenge nationally and NHSGGC are not immune to these challenges. This has more recently become an acute challenge for East Renfrewshire at a local level with actions required to provide system wide support for psychiatry from across service areas in NHSGGC.

4.5.6 Older Adults Mental Health

The National Dementia Strategy, expected later in 2022, will drive significant work at local level. Use of post-diagnostic support, provided by Alzheimer's Scotland, demonstrates the critical relationships with third sector providers that are embedded within Older Adult Mental Health Team (OAMHT). Mental health practitioners within proposed mental health primary care services will deliver an all age approach, with early identification of dementia and appropriate referral on to OAMHT. Relationships with Care Homes are essential to provide services and build on recent successful test of change around the Care Home Liaison role.

Section Five:

East Renfrewshire HSCP Workforce

5.1 Current Numbers of Staff and Whole Time Equivalent (WTE)

As at the 31st March 2022 the HSCP workforce comprised of 1127 employee head count (976 WTE). This figure includes the staff cohorts for Learning Disability Inpatients service which the HSCP hosts on behalf of NHSGCC. All figures shown are as at 31st March 2022 unless otherwise stated. These figures do not include casual posts or any vacant posts in the process of recruitment.

5.2 NHS & Council Staff Headcount and WTE

Figure 9: East Renfrewshire HSCP Staff in post March 2022

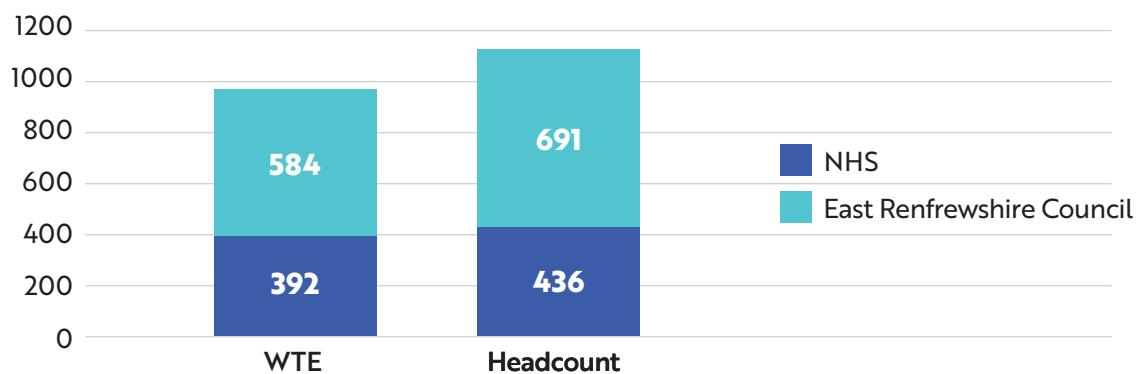


Figure 9 is a breakdown of East Renfrewshire HSCP's staff resource by headcount and by WTE.

5.3 HSCP Workforce by Service Area

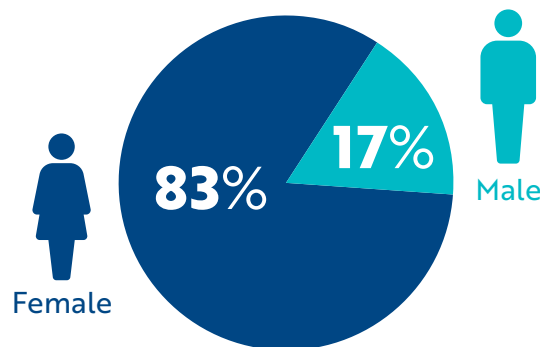
Table 3: Breakdown of staff by service area

Staff in post as 31st March 2022 (WTE)			
Service Area	NHS WTE	Council WTE	Total WTE
Finance & Resources	13	83	96
Public Protection & Children's Services	54	95	149
Adult Services: Communities & Wellbeing	124	350	474
Adult Services: Learning Disability & Recovery	67	56	123
Learning Disability Inpatients & Hosted Services	134	-	134
Total	392	584	976

5.4 Gender Profile

Figure 10 illustrates the gender profile of the overall HSCP. It shows that it is predominantly female (83% female and 17% male). There is little variance between the NHS and Council gender profile. Within the NHS the split is 83% female 17% male. Within the Council the split is 84% female and 16% male. This is not unexpected within a health and social care environment and does not cause problems in terms of service. However we need to be mindful of the need to move to more gender balanced services and look to attract more male staff into health and social care roles.

Figure 10: East Renfrewshire Gender profile (headcount)



5.5 Employment Profile

Figure 11: Employment Pattern

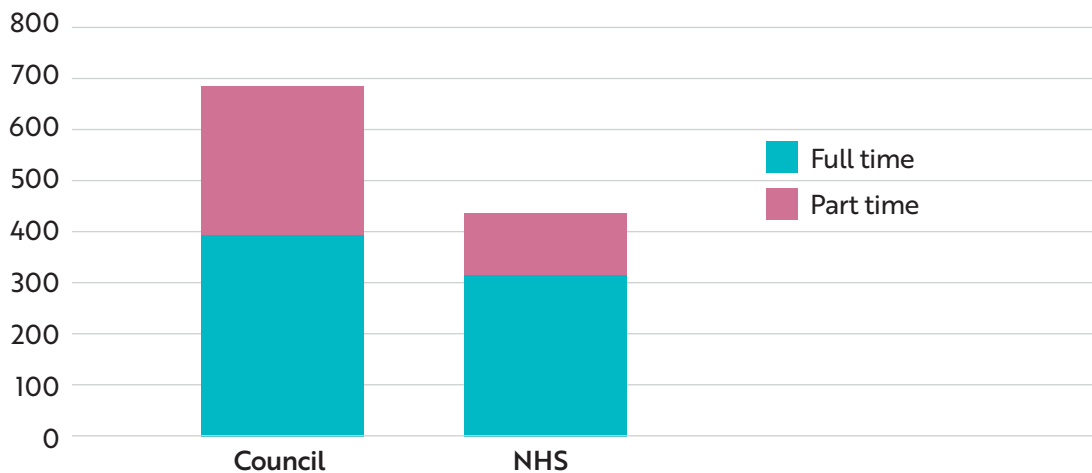
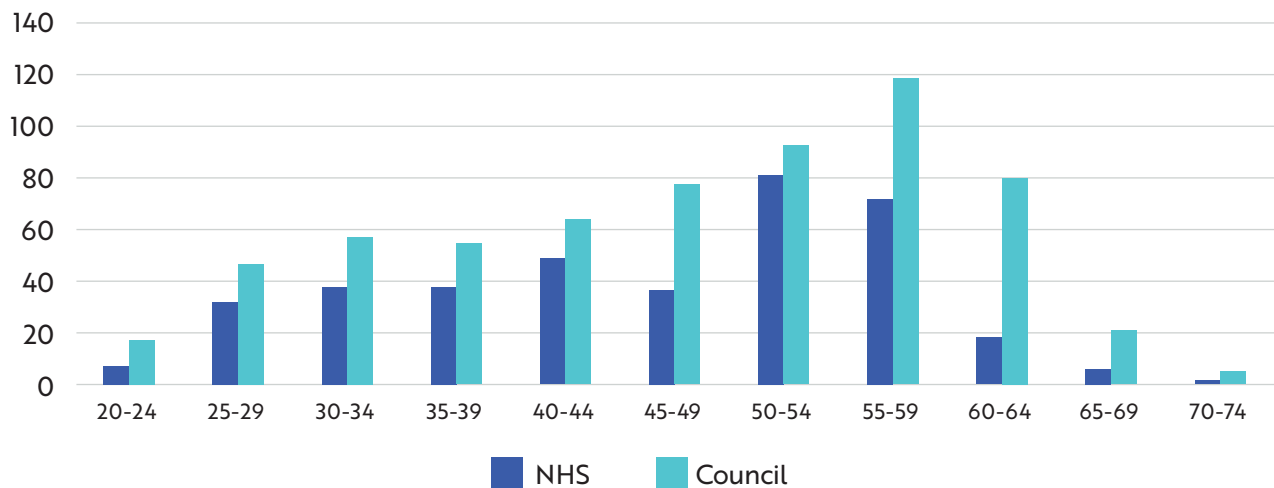


Figure 11 illustrates the split in full time and part time working across both the Council and the NHS parts of the HSCP business. Overall in the HSCP a considerable number of the workforce are part time and reflected by the fact the majority of workforce is female and caring responsibilities often fall to this group. In addition within the HSCP it can be seen that approximately a quarter of the NHS workforce are part time however within the Council workforce this is closer to a 50% split. In part this is because of the Social Care workforce of whom a significant number work part time. It is predicted that the part time workforce will increase as employees want more flexible employment.

5.6 Age Profile

Figure 12: HSCP headcount workforce age profile in 5 year bandings.



The profile displays a number of workforce characteristics detailed below:

- 30% of the HSCP workforce are over 55 years old
- The largest age band falls between 55 and 59 years of age.
- 13% of the workforce are over 60 years old with some staff working beyond the “historic” retiral age of 67.
- There are only 23 HSCP employees under 25 years old

With thirty percent of the workforce being over 55 there is retiral risk within the next five years particularly in NHSGGC. As you can see, this is because staff in the Council tend to work for longer. Within the HSCP workforce there are 72 NHS employees and 118 Council employees aged over 55. Looking at the age profile broken down into the different employers there is a greater tendency among council employed staff to work into their sixties and beyond. In lower graded roles within the Council there was a tendency for staff not to join the pension scheme which means that staff are working longer for economic reasons. This has been addressed for future years by auto enrolment and promotion of the pension scheme. Within the NHS workforce there is less of a tendency to work beyond 60. Each service monitors retiral risk, as part of wider succession planning and puts in place mitigation. For example, this would include training placements for Health Visitors and District Nursing. It is notable that the number of employees who are under 25 is very low. In part this can be explained by NHSGGC clinical staff, such as nurses and AHPs, joining the HSCP once they have obtained a professional qualification. Newly qualified staff also tend to take their first qualified role within Acute, as this provides greater experience in a supported ward environment before venturing into a more independent community setting. There are more opportunities for younger recruits to join Council employment. However it is recognised there is a need to attract younger employees into health and social care roles and offer more integrated career progression routes that allow employees to work and study and the HSCP will work with ERC and NHSGGC to take this forward.

5.7 Ethnicity Data

Table 4: East Renfrewshire HSCP Ethnicity Data

Ethnicity	NHSGGC Headcount	Ethnicity	ERC Council Headcount
Bangladeshi	<5	African - (inc Scottish/British)	1
Indian	<5	Any mixed or multiple	3
Pakistani	<5	Asian - Bangladeshi (Inc Scottish/British)	1
Other Asian	<5	Asian - Indian (Inc Scottish/British)	1
African	5	Asian - Pakistani (Inc Scottish/British)	1
Caribbean	<5	Black - (Inc Scottish/British)	1
Chinese	<5	Caribbean or Black - Other	1
Other Black	<5	Mixed	1
Other Ethnic Background	<5	Other White	8
White British	56	Pakistani	1
White Irish	<5	Unknown	111
White Polish	<5	White - Any Other Ethnic Group	6
White Scottish	251	White - Eastern European	3
Other White	23	White Irish	7
Information not available	90	White - Other British	12
Prefer not to say	<5	White - Polish	2
Sum:	436	White Scottish	531
		Sum:	691

Table 4 is a summary of ethnicity within the HSCP. The ethnicity data for both NHSGGC staff and ERC Council staff within the HSCP is similar. Whilst the data labels differ the largest workforce grouping is Scottish and the second largest grouping is where the information is unknown / not available. Ethnicity information is now recorded for all new starts however historical information is not available. East Renfrewshire has a diverse population and locally we need to work with NHSGGC and ERC to improve recruitment to in order to increase diversity within the HSCP workforce profile.

5.8 Workforce Profiles Professional grouping

Overall the HSCP has an ageing workforce and the workforce planning process has identified that the main risk to service delivery across the next 5 to 10 years is the impact of the workforce age profile. Some professional groups are more affected by the age profile than others.



5.8 The Nursing Workforce

Table 5: The Nursing workforce by age and grade

Headcount	Grade/ Band									
Age	3	4	5	6	7	8A	8B	8C	Non AFC	Grand Total
25-29	4			1						5
30-34	1	1	8	5	9					24
35-39	3	1	5	3	4					16
40-44	5		6	4	5			1		21
45-49	2	2	3	5	6		1		1	20
50-54	5	2	6	4	5	2				24
55-59	6	1	9	9	12	1		1		39
60-64	7		1	3	2		1			14
Grand Total	33	7	38	34	43	3	2	2	1	163

Table 5 above summarises the nursing workforce within the HSCP by both age and grade. The HSCP nursing workforce, excluding the hosted services, comprises of 163 staff (148 WTE) including registered and non-registered staff. The gender split is 91% female and 9 male%.

It can be seen that 32 % of nursing staff are over the age of 55 and 47% of are aged over 50. This creates a retiral risk and there is a need to look at succession planning locally across services.

5.9 The Social Work Workforce

Table 6: The Social work workforce by age and grade

Headcount	Grade						Grand Total
Age	10	11	12	13	15	17	Grand Total
20-24	2						2
25-29	10						10
30-34	20	1					21
35-39	11	6	1		1		19
40-44	6	4	8	1			20
45-49	13	2	4	2			21
50-54	7	2	2		3	2	16
55-59	7	3	2	1	2	1	16
60-64	2	2	1	2			7
65-69	2	1					3
Grand Total	80	21	18	6	6	3	134

Table 6 above summarises the social work workforce within the HSCP by both age and grade. The age profile within Social Work shows that the majority of main grade Social Work staff (grade 10) are below the age of 55. This shows that there is no immediate retiral risk within the next 5-10 years. Due to the younger workforce there is a skills/ experience gap as younger employees also tend to be newly qualified. Whilst this improves over time as the workforce develops there is a need to focus future recruitment in attracting more experienced workers.



The other 9 employees are between ages 50-59 in grade 15 to 17 (senior management roles). This means that there is a potential risk of retiral within the senior social work team within the next 5-10 years. This gives the council an opportunity to focus on personal development and succession planning of existing social work employees to ensure there are opportunities for current employees to be promoted.

5.10 The Social Care Workforce

Table 7 below summarises the social care workforce within the HSCP by both age and grade. The HSCP social care workforce comprises 436 staff (282 WTE) and is the largest section of workforce within the HSCP. The difference in headcount and WTE can be explained by the fact that a large number of the workforce work part time. The gender split is 84% female and 16% male.

Table 7: Age by Grade Social Care workforce

Headcount	Grade												Grand Total
Age	1	10	11	12	15	2	4	5	6	7	8	9	Grand Total
16-19								1					1
20-24		1						14	1		1		17
25-29	2						1	15	2	4	4		28
30-34		1	1			1	3	18	2	5	2		33
35-39			2			1	1	17	3	5	1		30
40-44		1	1		1		1	20	2	6		1	33
45-49		2	1			1	2	34	2	10	4	3	59
50-54	3	2	1	1			3	42	3	8	3	4	70
55-59	1	2	2				5	57		11	3	3	84
60-64				1			5	44	4	6	3	2	65
65-69							2	4	1	1	1	1	10
70-74		1						4		1			6
Grand Total	6	10	8	2	1	3	23	270	20	57	22	14	436

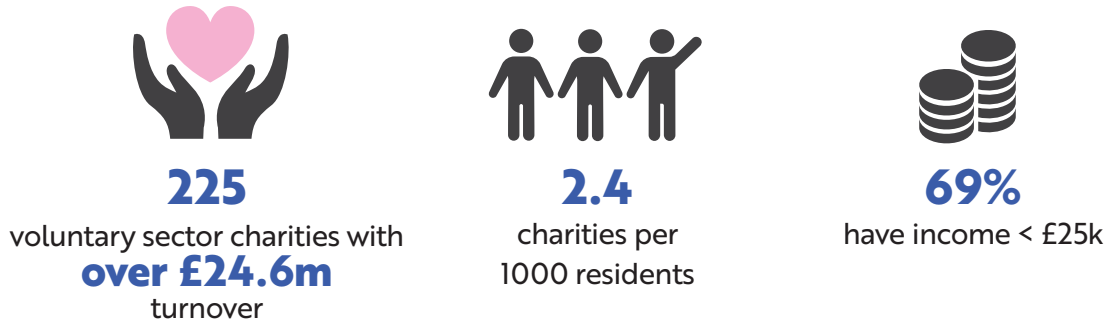
The age profile within Social Care ranges from 16-74. 60% of the workforce are over the age of 50. Within this service 56% of employees are grade 5 which are made up of predominantly front line social care workers. 65% of the employees who are grade 5 are age 50 or over which poses a potential retiral risk within the next 5-10 years. There is only one employee under the age of 20 and only 4% of employees between the ages of 20-24. There is opportunity to target a younger workforce through future recruitment campaigns, promote apprenticeship and qualification opportunities and work with employability partners to support the longer term unemployed, within our community, back into work.

As detailed within the introductory section of this plan their significant workforce consists of independent, voluntary and third sector providers that make up the overall social care workforce within the partnership. Whilst the intention of this plan is not to provide the detail of the social care provider workforce with East Renfrewshire the two workforces are inextricably linked. The graphic from the Scottish Council for Voluntary Organisations (SCVO) provides more details.



Figure 13: State of the "Third Sector" in East Renfrewshire ⁷

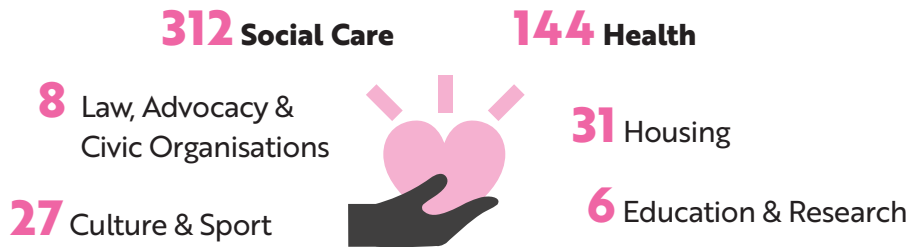
Organisations and activities



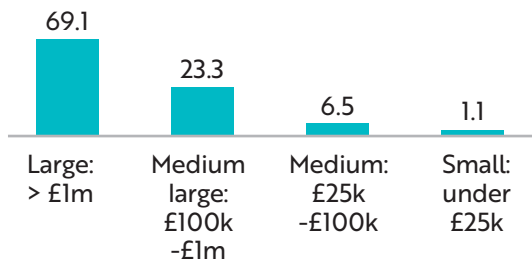
People

959 Trustees volunteering their time and skills locally

566 paid staff, employed in:



Paid Staff by Size of Charity (%)



Source: State of the Sector 2020 SCVO
 Contains information from the Scottish Charity Register supplied by the Office of the Scottish Charity Regulator and licensed under Open Government Licence v 3.0.

Figure 13 above sets out information about the numbers of people working within the third sector within East Renfrewshire as well as those volunteering their time. In addition it should be recognised care and support at home is also provided by unpaid Carers, whilst it may be difficult to collect data that unpaid Carers play the biggest part in delivering care across the partnership.

⁷ <https://scvo.scot/policy/research/evidence-library/2018-state-of-the-sector-2018-scottish-third-sector-statistics>

5.11 The Hosted Services LD Inpatients & SCTCI

Table 8: Table Age by Grade LD Inpatients & SCTCI

Headcount	Grade / Band										
Age	3	4	5	6	7	8A	8B	8C	8D	Medical and Dental	Grand Total
20-24	3		8								11
25-29	4		11	6							21
30-34	2		7	3	1						13
35-39	2	1	5	3	1	1					13
40-44			9	1	2	1					13
45-49	5		3			1		1	1		11
50-54	23	2	5	3	1	1	1			1	37
55-59	14			1	2					1	18
60-64	7	1								1	9
65-69	4										4
Grand Total	64	4	48	17	7	4	1	1	1	3	150

It is useful to look at the hosted services workforce separately as it has different characteristics, notably a younger workforce profile than the wider HSCP. Table 8 above shows age by grade for staff within the hosted services. The largest staffing group is aged between 50- 54 and equates to 25% of the workforce however this poses no immediate risk of retiral. The next second largest age group is 25-29 which equates to 14% of the workforce. Unlike the community services the LD inpatients service takes a quota of newly qualified nurses annually. The workforce requirements and the profile of the workforce in the service will change as a result of the redesign activity. As we take this forward we will use the agreed workforce planning tools for all disciplines.



5.12 Turnover

Table 9: Table HSCP turnover

	01 April 2019	01 April 2020	01 April 2021	01 April 2022
HSCP Turnover %	8.01%	10.59%	11.81%	12.3%

HSCP staff turnover data from 2019 to date is contained Table 9. It illustrates that there has been an increase in overall turnover rates since 2019 with 10% being the average level of turnover. However, since the start of the pandemic the number of leavers over the period has increased. This includes some Care at Home staff who left shortly after taking up post which inflated the number of leavers in the year 2021/22. In the shorter term it is anticipated that turnover will increase further. This is due to the number of leavers within Care at Home. Care at Home is the largest service within the HSCP and therefore high numbers of leavers affect the overall turnover rate. Looking at the wider HSCP workforce there is a high level of staff turnover due to internal development opportunities e.g. advanced practitioner and specialist posts. With the current difficult economic situation, we also anticipate some movement of staff as employees move to roles closer to their homes to avoid travel costs (we have seen this already for a small number of unregistered posts). In the medium term it is anticipated that turnover will decrease due to the retention measures outlined in section 6.3.

Section Six:

Attract & Employ (The Future Workforce)

6.1 Vacancies across Health & Social Care

There has been significant investment in 2021/22 in health and social care posts across the health and social care system. This has allowed greater opportunity across all professional groups and specialities in terms of career development and moving to other or promoted posts.

Although this has been positive for the workforce and the wider system we are now seeing increased staff movement between HSCPs and other Boards and Councils; something that we haven't experienced in the past. Locally within East Renfrewshire we have gained staff but equally we have lost experienced staff in some areas. Where appropriate, the posts within the HSCP are jointly appointable, however the two different sets of terms and conditions from two different employers can act as a disincentive to movement.

Due to the availability of roles across the system the HSCP has struggled to recruit to fixed term posts. As a result, where possible, posts are recruited on a permanent basis where funding allows.

As an example, development of new posts such as Advanced Nurse Practitioners (ANP) & Allied Health Professionals (AHP) across the health and social care system, provides opportunities for staff progression but also poses risk to our currently stable District Nurse and AHP workforce who may choose to move for promoted posts elsewhere. However our succession planning and retention strategies need to take account of a more mobile workforce. The sections below detail the vacancies that are particularly difficult to fill.

6.2 Mental Health and Psychiatry

Psychiatry shortages are a challenge across Greater Glasgow and Clyde and more recently became an acute challenge for East Renfrewshire at a local level with consideration of system wide support for psychiatry from across service areas. Locally we are supporting the wider work with colleagues in psychiatry in NHSGGC to attract psychiatrists.



6.3 Social Workers and MHO's

As detailed previously, whilst we do not have a significant number of vacancies within social work our recent recruits have been newly qualified social workers. To address this we have developed a new pathway to support newly qualified social workers. However we need to look at the trend going forward, as post pandemic there may be more movement in qualified social workers so we need to ensure that we attract them to work within East Renfrewshire. Within East Renfrewshire Council, managers are now able to promote vacancies themselves through social media sites, such as LinkedIn, which should allow managers to share vacancies more widely within their own professional networks and attract more experienced workers.

Whilst the recruitment of Mental Health Officers (MHOs) has traditionally been a challenge we have revisited the job description in line with the changing demands of the role and created an advanced practitioner post. This post is graded at a higher grade to reflect the additional responsibilities the role now carries and at present we have a full complement of staff. In addition we are currently funding the training of two MHOs within the HSCP. There is a need to continue to monitor this due to the workforce demographic and ensure that we continue to invest in the MHOs of the future.

6.4 Social Care Staff / Health Care Support Workers

As outlined in section 3, social care recruitment remains a challenge as is the case nationally. Our main strategy has been targeted poster campaigns throughout the local area that links to a previous TV and media campaign. This has been supported by recruitment on social media reaching out beyond traditional job sites and streamlining the application and interview process. The interview process is a value based process to ensure that the vacancies are filled by those "Who Care". The Health Care Support Worker roles were initially difficult to recruit to and the centralised recruitment campaign was less successful.

Local recruitment has been more successful and the majority of the roles advertised have now been filled. East Renfrewshire Council made the decision not to become a sponsor organisation to allow recruitment of overseas applicants that require a visa. However this will be reviewed on an annual basis. In the interim the service has recruited a number of employees who have student visas, however this requires monitoring to ensure that employees don't work above the number of hours specified on their visa.

6.5 Overall attracting and retaining the workforce

In order to attract candidates the HSCP has promoted East Renfrewshire as a good place to work at application stage and interview. The HSCP worked alongside traditional recruitment sites of NHSGGC and ERC in order to promote roles on social media. In addition streamlining the application process for high volume recruitment such as Care Home Re-ablement Worker roles has also helped to improve recruitment in some service areas.

The retention of our existing staff is key to the success of the partnership. Our activities to nurture staff as set out in section 2 of the plan forms part of our action plan for retaining staff.

We will further develop our actions in order to continue to attract and retain people into the health and social care sectors. We will:

- Work with employability partners to attract applicants within our community;
- Work with the NHS and the Council as part of their equalities agenda to attract more ethnic minority candidates to work within East Renfrewshire;
- With partners, to develop Career Pathway locally and consider how to attract younger workers into a career in care;
- Work with local schools and colleges to encourage applicants and promote career opportunities and pathways;
- Support and upskill staff focusing on their abilities and transferable skills;
- Use the appraisal systems in both the NHS and Council to focus on career planning and development which will underpin succession planning;
- Promote e-learning and attendance at virtual training events to bridge skills gaps and build multi-disciplined teams across the workforce.

The HSCP has well established relationships with employability partners and placements will resume as part of our recovery and renewal work. We have developed a modern apprentice programme for young people leaving care and further work is under development in relation to other initiatives.

As part of our retention initiative we will develop an exit interview questionnaire to be used across the partnership so that we can better understand people's reasons for leaving. This information will be better used to inform both recruitment and retention.

In addition as outlined above there is a need to understand the ambitions and motivations of our workforce and use this to form part of succession planning and development opportunities.

Section Seven:

Train (Workforce Skills Development)

7.1 Learning and Education

We will aim to strengthen collaborative working across the partnership to ensure that HSCP staff have access to a range of courses in the HSCP, Council and NHSGGC. The HSCP will ensure that our staff have the necessary skills to deliver on the key priorities of both the workforce plan and our new strategic plan 2022-25, working to develop learning opportunities specifically for our HSCP. The focus will be on equipping staff to manage the key challenges arising from the pandemic and recovery, with a specific focus on mental health and wellbeing and developing digital skills. We will also be updating our training on mental health legislation and our new procedures to support the delivery of our Authority to Discharge Plan.

We will deliver on key national priorities, specifically the following:

- Implementation of the National Education Scotland (NES) trauma training framework as part of a wider Trauma Informed Services Strategy
- Creation of a new pathway for Newly Qualified Social Workers to ensure they meet the new requirements for the supported year.
- We intend to secure a new Learning Management System that will improve reporting and our technical capabilities, thus enabling us to deliver a range of flexible learning opportunities to all of our HSCP workforce.

7.2 Leadership

The HSCP has a commitment to developing future leaders and invests in staff development and support to allow progression to their next roles by:

- Supporting and empowering team leaders and managers in their roles.
- Promoting performance coaching.
- Building a culture that demonstrates compassionate leadership.
- Supporting staff to attend leadership programmes.

The HSCP ensures that all staff have access to both Leadership programmes developed by the Council and NHSGGC and National programmes developed by NES and the SSSC. Staff who attend courses are asked to share their learning with colleagues.



Section Eight:

Key Priorities & Action Plan

8.1 Key Priorities

Our key priorities for the 2022-25 plan are:



Plan

Setting out the workforce implications for the partnership working with external providers and partners to redesign local services and contributing to wider pieces of redesign work across NHSGGC. Building expertise and increasing capacity in the community and reshaping our services to work more flexibility.



Attract

Ensuring that we develop and implement the workforce plan to recruit a highly skilled and motivated workforce who care.



Train

Ensure our staff have skills required to meet the needs of our population and develop the health and social care workforce for the future.



Employ

Over the medium term ensuring we have sufficient workforce to meet the demographic challenges of our local area in particular the growing young and elderly populations and deliver the agreed pathways and services.




Nurture


To provide continued support and intervention to support the health and wellbeing of our staff and ensure that our staff feel valued and listened too.




East Renfrewshire HSCP Workforce Action Plan 2022/23

Theme	Service Area	Action	Lead	Timescale	Update
 PLAN	Finance and Resources	Review Finance and Resource Services.	Chief Finance Officer	Short term – 12 months	
	Finance and Resources	Review Business Support Service.	Resources, Change and Recovery Manager	Short term – 12 months	
	Adult Services: Learning Disability and Recovery	Progress Learning Disability Hosted Services Community Living Learning Disability Change Fund Redesign Programme.	Service Manager	Medium term – 18 months +	
	Adult Services: Learning Disability and Recovery	Progress development of Addictions Services.	Senior Manager Recovery	Short term – 12 months	
	Adult Services: Learning Disability and Recovery	Progress local Mental Health Services Redesign. Contribute to Board wide Mental Health redesign, as part of MFT.	Senior Manager Mental Health	Ongoing	
	Adult Services: Communities and Wellbeing	Progress Intensive Services Redesign: Care at Home Older Peoples Day Services	Senior Manager Intensive Services	Medium term 18 months +	



Theme	Service Area	Action	Lead	Timescale	Update
 PLAN	Adult Services: Communities and Wellbeing	Develop Intensive Support Service at Bonnyton House Care Home	Senior Manager Intensive Services	Short term – 12 months	
	Adult Services: Communities and Wellbeing	Take forward Primary Care Improvement as part of GMS contract	PCIP Implementation and Development Officer	Ongoing	
	Public Protection and Children's Services	Take forward workforce actions associated with The Promise Scotland and Whole Family Support Funding	Senior Manager Children's Services	Medium term 18 months +	
	Public Protection and Children's Services	Implement Board-wide review of school nursing	Senior Manager Children's Services	Short term – 12 months	
	Public Protection and Children's Services	Progress Neurodevelopmental Redesign	Senior Manager Children's Services	Short term – 12 months	
	HSCP wide	Develop AHP Advanced Practitioner roles within the HSCP	Lead AHP	Medium term – 18 months +	
	HSCP wide	Look at developing Nursing Advanced Practitioner roles within the HSCP	Senior Nurse	Medium term – 18 months +	




Theme	Service Area	Action	Lead	Timescale	Update
 ATTRACT	HSCP wide	Work with HSCP Comms Lead, NHS & Council Partners to improve recruitment	HR Business Partner	Short term – 12 months	
	Adult Service Communities and Wellbeing	Develop and maintain ongoing recruitment activity to recruit to Care at Home posts.	Senior Manager Intensive Services	Ongoing	
	HSCP wide	Develop targeted approach to recruitment ensuring promotion of East Renfrewshire as a good place to work using social media. For high volume recruitment open events.	HR Business Partner and Senior Managers	Ongoing	
	HSCP wide	Develop actions to fill difficult posts outlined within the workforce plan	HR Business Partner and Senior Managers	Ongoing	
	HSCP wide	Work with Council and NHS partners to improve ethnic minority recruitment	HR Business Partner and Senior Managers	Ongoing	
	HSCP wide	Work with employability partners	All Managers	Ongoing	




Theme	Service Area	Action	Lead	Timescale	Update
 EMPLOY	HSCP wide	Ensure governance process is in place to ensure professional registration	Resources, Change and Recovery Manager	Ongoing	
	HSCP wide	Ensure that Career Conversations are embedded into the KSF and Quality Conversations process	Development and Quality Assurance Manager	Short term – 12 months	
	HSCP wide	Develop HSCP wide exit process to improve retention.	HR Business Partner	Short term – 12 months	



Theme	Service Area	Action	Lead	Timescale	Update
 TRAIN	HSCP wide	HSCP Learning and Development System	Learning Development and Quality Assurance Manager	Medium term 18 months +	
	HSCP wide	Implementation of the NES Trauma training framework	Learning Development and Quality Assurance Manager	Short term – 12 months	
	HSCP wide	Creation of a new pathway for Newly Qualified Social Workers to ensure they meet the new requirements for the supported year	Learning Development and Quality Assurance Manager	Short term – 12 months	
	HSCP wide	Promote Leadership Development	Learning Development and Quality Assurance Manager	Ongoing	
	HSCP wide	Implement refreshed succession planning process.	HR Business Partner and Learning and Development Quality Assurance Manager	Short term – 12 months	



Theme	Service Area	Action	Lead	Timescale	Update
 EMPLOY	Adult Services: Communities and Wellbeing	Establish continued links with Wellbeing Network which includes local communities (Voluntary Action)	Health and Wellbeing Lead Officer	Ongoing	
	Adult Services: Communities and Wellbeing	Facilitate the improvement of mental and physical wellbeing within the community through Voluntary Action Group	Health Improvement Lead and Health and Wellbeing Lead Officer	Ongoing	
	HSCP wide	Implement NHS GGC Blended Working model and Councils The Way We Work model within the HSCP	Resources, Change and Recovery Manager	Short term – 12 months	
	HSCP wide	Develop and Promote HSCP Peer Support Network	Health Improvement Lead and Health and Wellbeing Lead Officer	Short term – 12 months	
	HSCP wide	Continue to develop Health and Wellbeing Group to promote and encourage local initiatives for staff	Health and Wellbeing Lead Officer	Ongoing	
	HSCP wide	Continue to promote iMatter to engagement, and ensure action plans are developed in teams across partnership.	HR Manager & All Managers	Ongoing	





**EAST RENFREWSHIRE
HEALTH AND SOCIAL CARE
PARTNERSHIP**

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اگر آپ اس لیفلیٹ میں درج معلومات کا ترجمہ اپنی زبان میں چاہتے ہیں تو ہم سے رابطہ کریں



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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board								
Held on	23 November 2022								
Agenda Item	12								
Title	East Renfrewshire Alcohol and Drugs Partnership Update								
<p>Summary</p> <p>This report provides members of the Integration Joint Board with an overview of developments in the work of the Alcohol and Drugs Partnership, progress towards delivery of the national Drugs Mission and development work around governance arrangements for the Alcohol and Drugs Partnership.</p>									
Presented by	Tom Kelly, Head of Adult Services: Learning Disability and Recovery								
<p>Action Required</p> <p>The Integration Joint Board is asked to:-</p> <ol style="list-style-type: none"> note and comment on the progress to date on delivering the national Drugs Mission including the Medication Assisted Treatment Standards and access to residential rehabilitation note the Self-Assessment of governance and accountability arrangements undertaken by the Alcohol and Drugs Partnership agree the reporting schedule and focus of reports from the Alcohol and Drugs Partnership to the Integration Joint Board outlined in paragraph 22 approve the Alcohol and Drugs Partnership Annual Report 2021-22 submitted to the Scottish Government pending Integration Joint Board approval approve the Alcohol and Drugs Strategy mid-term progress report for publication on the alcohol and drugs service web pages 									
<p>Directions</p> <p><input checked="" type="checkbox"/> No Directions Required</p> <p><input type="checkbox"/> Directions to East Renfrewshire Council (ERC)</p> <p><input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)</p> <p><input type="checkbox"/> Directions to both ERC and NHSGGC</p>	<p>Implications</p> <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 type="checkbox"/> Legal</td> </tr> <tr> <td><input checked="" type="checkbox"/> Workforce</td> <td><input 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 type="checkbox"/> Legal	<input checked="" type="checkbox"/> Workforce	<input type="checkbox"/> Infrastructure	<input type="checkbox"/> Equalities	<input type="checkbox"/> Fairer Scotland Duty
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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

23 November 2022

Report by Chief Officer

EAST RENFREWSHIRE ALCOHOL AND DRUGS PARTNERSHIP UPDATE

PURPOSE OF REPORT

1. The primary purpose of this report is to update the Integration Joint Board on the significant work being driven by the Alcohol and Drugs Partnership to deliver on the national Drugs Mission to reduce and prevent drug-related deaths. This includes an update on progress towards the Drugs Mission priorities, including implementation of the Medication Assisted Treatment Standards, increasing access to residential rehabilitation, establishing near fatal overdose pathways, enhancing assertive outreach and how lived and living experience is shaping the approach. The report also details the recent guidance and expectations set out for Alcohol and Drug Partnerships on governance and transparency and the arrangements East Renfrewshire has in place to ensure requirements are met.

RECOMMENDATIONS

2. The Integration Joint Board is asked to:-
 - a. Note and comment on the progress to date on delivering the national Drugs Mission including the Medication Assisted Treatment Standards and access to residential rehabilitation
 - b. Note the Self-Assessment of governance and accountability arrangements undertaken by the Alcohol and Drugs Partnership
 - c. Agree the reporting schedule and focus of reports from the Alcohol and Drugs Partnership to the Integration Joint Board outlined in paragraph 22
 - d. Approve the Alcohol and Drugs Partnership Annual Report 2021-22 submitted to the Scottish Government pending Integration Joint Board approval
 - e. Approve the Alcohol and Drugs Strategy mid-term progress report for publication on the alcohol and drugs service web pages

BACKGROUND

3. In September 2020, the Integration Joint Board (IJB) considered and approved the East Renfrewshire Alcohol and Drugs Strategy and Delivery Plan, developed by the local Alcohol and Drugs Partnership (referred to as the ADP in this report). The Strategy is strongly influenced by national ministerial priorities and strategic aims set by Scottish Government. At this time, the Integration Joint Board asked the ADP to enhance the involvement of lived experience in the work of the ADP.
4. In November 2021, the ADP presented a report on the positive progress made on enhancing lived experience involvement, with the establishment of the Lived Experience Panel and development of a peer research programme (who have undertaken a study of experiences of Opiate Substitution Treatment and a Community Needs Assessment). Both groups continue to flourish and are working closely with the Alcohol and Drugs Partnership and local services and examples of this continuing work are highlighted within this report.

5. In November 2021, the IJB was advised of the significant developments in the Scottish Government's approach to the drug related deaths emergency. The Drugs Mission was announced on 20 January 2021. A number of funding letters and clarifications have been received by ADPs – with particular funding allocations confirmed in June 2021, September 2021, and June 2022. The East Renfrewshire ADP has been formulating and implementing plans based on the available information and these are detailed later in the report.

REPORT

Preventing Drug Related Deaths – Current Context

6. The East Renfrewshire Alcohol and Drugs Partnership ensures that it has a clear understanding of trends in relation to both alcohol and drug related harms and deaths to inform learning to adapt and improve services and approaches. Analysts from NHS Greater Glasgow and Clyde are invited to present to ADP partners on the annual published data. This will include the circumstances around drug related deaths, such as drug types, any polydrug use (i.e. more than one drug implicated in the death), age, gender, whether individuals were known to services and area of residence.
7. In terms of drug related deaths, the Community Addictions Service log the incident on our incident reporting system, DATIX, and prepare a briefing note for every death of an individual known to the service at a very early stage and this is considered at the local Adult Services Governance Group. Every death of an individual engaged with the team, or who was closed to the team within the last year, is reviewed locally. Significant Adverse Event Reviews (SAERs) are completed if a death is deemed to meet the SAER criteria and following discussion with the local sub-group of the Care Governance Committee. All processes undertaken inform learning at a service level.
8. Integration Joint Board members may be aware that there were 1,330 deaths in Scotland as a whole in 2021. This is a slight reduction on the 2020 figure of 1,339. 2021 is the first year since 2013 in which drug related deaths in Scotland have not increased. The data for the last five years in East Renfrewshire is detailed in Annex 1. There were 4 drug related deaths in 2017, with an increased number over the period 2018-2020, however most recent data for 2021 shows the number of deaths has decreased to 6. East Renfrewshire ADP views that one drug related death is one too many and maintains a clear focus on prevention work, the detail of which is outlined in more detail later in the report.
9. East Renfrewshire has amongst the lowest numbers of drug related deaths in mainland Scotland. Across Greater Glasgow and Clyde, a number of Health and Social Care Partnership (HSCP) areas have seen a reduction in drug related deaths (Inverclyde, Renfrewshire, West Dunbartonshire and East Renfrewshire) while East Dunbartonshire and Glasgow have had slight increases.
10. The East Renfrewshire Community Addictions Service has achieved significant improvements in the three week target for waiting time from referral for treatment. Annex 1 shows current performance of 100% (improved from pre-Covid performance of around 70%).

Delivering on the National Drugs Mission in East Renfrewshire

11. This section of the report provides highlights of progress in delivering the key priorities of the national mission and gives assurances of the robust approach in place to achieve these. There is work well underway in East Renfrewshire across five workstreams, as detailed below.

i. Implementation of the Medication Assisted Treatment Standards

12. Implementing the Medication Assisted Treatment Standards is a key priority, a holistic set of standards that include rapid access to opiate substitution treatment, on the same day of presentation where possible, as well as improving access to harm reduction, mental health supports, and advocacy services. A summary of the Standards is attached in Annex 2 for IJB members to note.
13. An East Renfrewshire implementation plan has been published outlining a wide range of actions at <https://www.eastrenfrewshire.gov.uk/alcohol-and-drugs-plan> and the first quarterly progress report has been submitted to the Scottish Government. The Community Addictions Service has been offering rapid access three days per week since the implementation date of 1 April. Capacity is being enhanced within the team to deliver rapid access to the service across five days including a full time pharmacist prescriber and healthcare assistant. The service is being widely promoted, and opportunities for community outreach being developed, to ensure that all who require support with opiate dependency are able to access the service. Implementing a human rights based and trauma informed approach is being taken forward through workshops delivered by REACH advocacy in December and the HSCP's programme for trauma informed and responsive services.
14. There is significant scrutiny across all Drugs Mission delivery but in particular the implementation of the MAT Standards. The implementation plans have been signed by the HSCP's Chief Officer and the Chief Executives of the NHS health board and local authority in accordance with the Ministerial Direction issued on 23 June 2022.

ii. Enhancing Access to Residential Rehabilitation

15. A residential rehabilitation pathway has been prepared and published (with input from local lived experience representatives) and an increased number of placements are being accessed. Specific funding is provided for this through the Drugs Mission and there are currently seven active referrals and the opportunity for no barrier access to residential rehabilitation is actively promoted within the service. The Community Recovery Team within the Addictions Service are enhancing group mutual aid supports and the ADP is working with the recovery community to enhance community led approaches to supporting people in recovery, including those currently in treatment, people returning from residential placements, as well as those in longer term recovery.

iii. National Mission Priorities (including enhanced access to treatment, near fatal overdose pathways, and assertive outreach)

16. Capacity within community addictions services has been increased, with an assertive outreach strategy being developed and implemented, and recovery supports are being enhanced including group supports. The ADP is working closely with third sector partners on new service developments which contribute to the delivery of the MAT Standards, evaluating the impact and exploring the next steps for sustainability of services including:

- Ongoing peer navigators test of change delivered by Penumbra
- Ongoing overdose response service delivered by Turning Point
- New harm reduction outreach service also delivered by Turning Point, launching January 2023. Promotion, education and awareness raising activities will be undertaken between now and the launch of the service to ensure all local partners and organisations are aware of the delivery model and can promote the service through their own networks

iv. Implementing whole family support

17. The family members of people who use alcohol and / or drugs are often at the forefront, providing support for loved ones with alcohol and drug problems, whilst being affected by harms themselves. The Scottish Government published a Whole Family Framework to support this workstream. East Renfrewshire HSCP and partners currently deliver a range of the requirements in the framework and partners are currently assessing any gaps in provision to inform the work plan. Engagement with families affected by alcohol and / or drug harms has informed the approach and conversations with lived experience groups will continue to influence family support provision.

v. Developing lived experience panels and networks

18. East Renfrewshire ADP has supported the establishment and capacity building of a Lived Experience Panel and peer research development programme. The Advocacy Project support the Panel to identify priorities, engage with services and participate in ADP meetings. Panel participation is improving the focus on lived experience within ADP discussions. The ADP Chair meets with the Panel prior to each ADP meeting to discuss the agenda and any issues the Panel would like to raise. Recruitment for additional Panel members is ongoing and the Panel are currently reflecting on their work to date to prioritise the issues they would like to focus on. The peer research programme is progressing well with one study completed and another study underway. The research is influencing priorities for improving services and peer researchers have reported significant benefits of the programme in supporting their recovery. The ADP has agreed to invest in continuing the programme and the arrangements for this are currently being developed.
19. There is a vast range of work ongoing to deliver the Drugs Mission, supported by new national funding. The funding was announced and criteria clarified over the period June 2021 through to early 2022, totalling over £400,000 of additional funding in 2021-22. While East Renfrewshire ADP has responded quickly to identify priorities and implement, the required lead in times for recruiting staff and commissioning services has led to a degree of underspend, held in an IJB reserve. The ADP intends to explore the possibility of investing reserves in developing premises for a recovery hub, viewed as a critical support for people in recovery in East Renfrewshire. This would deliver outcomes contributing to all workstreams of the Drugs Mission and is an exciting opportunity to respond to a key priority consistently raised by lived experience groups. Plans are at a very early stage and require confirmation the funding can be used in this way and the close involvement of lived experience groups at the earliest stage in the design and delivery.

Alcohol and Drugs Partnership Governance Arrangements

20. The Scottish Government required all Alcohol and Drug Partnerships to complete an Governance and Accountability Self-Assessment in September 2022. East Renfrewshire ADP completed and submitted the self-assessment as attached in Annex 3 of this report. A small partner working group contributed to the assessment including Lived Experience Panel members and the Chair and Vice-Chair of the Integration Joint Board. The Self-assessment focuses in particular on the relationships between the Integration

Joint Board and Alcohol and Drugs Partnership. As part of the self-assessment an action was identified to:

- Establish a schedule of reporting to the IJB, including reports on investment plans, business cases, progress against outcomes
21. The ADP has reported annually to the IJB since September 2020 and it is proposed to continue with an annual report, detailing the priorities identified, the investment decisions made and the progress overseen by the ADP over the course of the year. There is the flexibility for additional reports should they be required.
 22. The ADP has also responded to the Scottish Government's annual report request. This was prepared and approved by the ADP prior to submission by the earlier than usual deadline of August. The report was submitted as a draft subject to Integration Joint Board approval and members are now asked to approve the report in Annex 4.
 23. In order to ensure transparency of the work of the ADP, progress reports on the Alcohol and Drugs Strategy are prepared and published. The mid-term progress report of the current Strategy, in Annex 5, was approved by the ADP in June and the Integration Joint Board is asked to approve this for publication on the alcohol and drugs service web pages of East Renfrewshire Council's website.

CONSULTATION AND PARTNERSHIP WORKING

24. As detailed throughout the report, partnership working across statutory, third sector and lived experience groups is critical to the success of all of the areas of work highlighted in this report and we are already demonstrating strong partnership links.

IMPLICATIONS OF THE PROPOSALS

Finance

25. The Scottish Government makes ring-fenced funding allocations to ADPs. Any investment arising from this report will be met within these allocations.

Workforce

26. There are no implications for workforce.

Infrastructure

27. There are no implications for infrastructure.

Risk

28. There are no risk implications.

Equalities and Fairer Scotland Duty

29. This work will ensure that those with lived experience of alcohol and drug related harm have a stronger influence on the work of the ADP and the design and development of services, including identifying and reducing inequalities. The additional investment will be targeted to support those most marginalised individuals who have multiple complex needs including disability, income deprivation, unemployment etc.

Policy

30. There are no policy implications.

Legal

31. There are no legal implications.

DIRECTIONS

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

CONCLUSIONS

33. The Integration Joint Board will recognise there is a vast range of work ongoing within the Alcohol and Drugs Partnership and significant scrutiny by the Scottish Government. There are comprehensive plans in place to deliver priorities as well as robust delivery and reporting arrangements locally. Partnership working and the meaningful involvement of those with lived and living experience are critical to successful delivery and are an integral part of the design and implementation of approaches.
34. It is proposed that the Alcohol and Drugs Partnership continues the work to deliver the Drugs Mission locally within East Renfrewshire. The Alcohol and Drugs Partnership will continue to deliver an annual report on the key progress and developments to the Integration Joint Board, with additional reports as may be required.

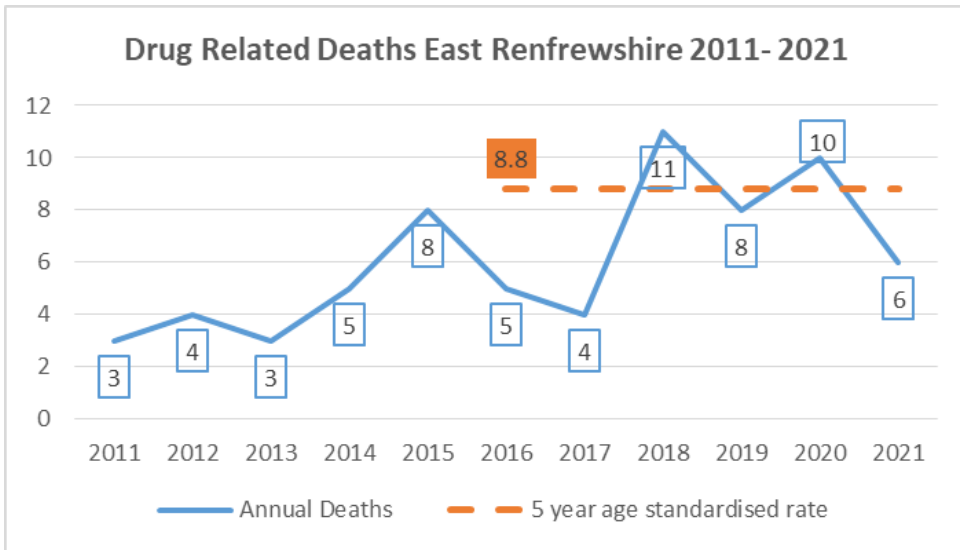
RECOMMENDATIONS

35. The Integration Joint Board is asked to:-
- a. Note and comment on the progress to date on delivering the national Drugs Mission including the Medication Assisted Treatment Standards and access to residential rehabilitation
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REPORT AUTHOR AND PERSON TO CONTACT

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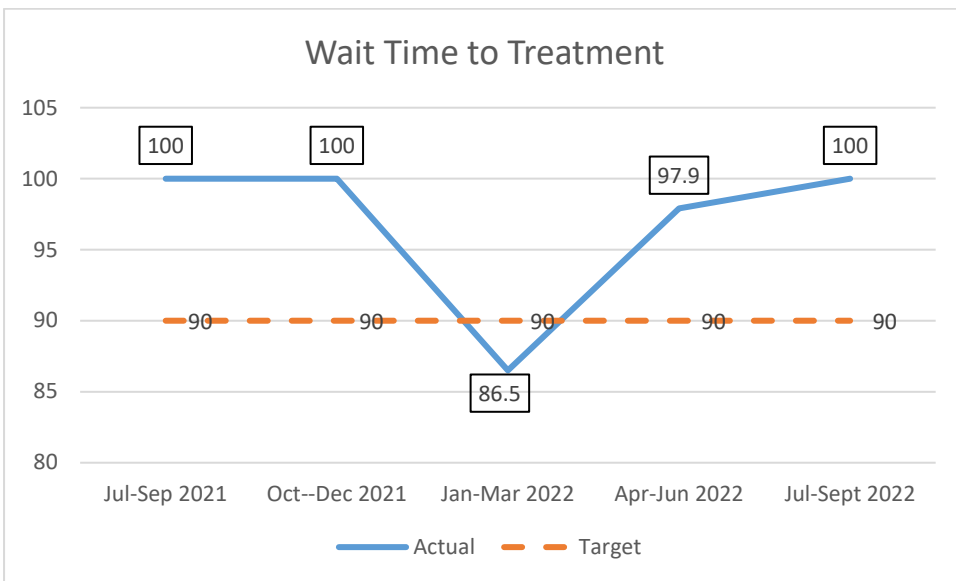
Julie Murray, Chief Officer
Chair, Alcohol and Drugs Partnership
julie.murray@eastrenfrewshire.gov.uk



Latest data –
6 DRDs in
2021

Source: National Records of Scotland

Performance on 3 weeks Wait Time to Treatment



Medication Assisted Treatment Standards

- Standard 1:** All people accessing services have the option to start MAT from the same day of presentation.
- Standard 2:** All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.
- Standard 3:** All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.
- Standard 4:** All people are offered evidence based harm reduction at the point of MAT delivery.
- Standard 5:** All people will receive support to remain in treatment for as long as requested.
- Standard 6:** The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.
- Standard 7:** All people have the option of MAT shared with Primary Care.
- Standard 8:** All people have access to independent advocacy and support for housing, welfare and income needs.
- Standard 9:** All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.
- Standard 10:** All people receive trauma informed care.

IMPROVING GOVERNANCE AND ACCOUNTABILITY ARRANGEMENTS WITHIN ALCOHOL AND DRUG PARTNERSHIPS: SELF ASSESSMENT TOOL

Alcohol and Drug Partnerships Partnership Delivery Framework

Self Assessment Tool

June 2022

Introduction to the Self Assessment Tool

This Self Assessment Tool has been developed to support Alcohol and Drug Partnerships to deliver the Partnership Delivery Framework, Rights Respect and Recovery and the National Mission to Reduce Drug Deaths and Improve Lives.

The Scottish Government and COSLA coproduced the [Partnership Delivery Framework for Alcohol and Drug Partnerships](#) which was published in 2019. It sets out the expectations for the role of Alcohol and Drug Partnerships (ADPs)

The purpose of the self-assessment

The purpose of the self-assessment is to give local ADPs a tool to engage and discuss opportunities and barriers to delivery.

Strategic Planning follows a cycle of

- Assessing need
- Aligning resources
- Agreeing delivery plans and priorities
- Reporting and learning from outcomes

ADPs are strategic planning partnerships that set out plans to delivery national and local priorities. To effectively deliver these priorities ADPs undertake strategic planning, formulate delivery plans and report outcomes. They do this on a partnership basis that aims to be inclusive and transparent with representation from stakeholders affected by alcohol and drug harms. Increasingly alcohol and drug harms are seen as a “whole system” issue and not just the realm of specialist drug and alcohol services.

ADPs are not Statutory Public Bodies, i.e. they are not “organisations” and therefore rely on the Integration Authority for financial governance and ratification of investment as well as performance oversight. Community Planning Partnerships hold the overall responsibility for population level outcomes set out in the National Outcomes Framework for Scotland and therefore provide ADPs with an overarching forum for reporting achievement of outcomes. Local areas will also have other strategic partnerships which are required in statute such as Children Service Boards, Community Justice Partnerships etc and it is important to ensure that there are strong links between ADPs and these partnerships.

The self-assessment is designed to help local stakeholders ensure that these key relationships are in place and that the local system is supporting the work of the ADP and vice versa. The self-assessment should be agreed and signed off with the relevant Chief Officers and stakeholders.

The Scottish Government use of the Self Assessment reports

As stated, the self-assessment tool is for local stakeholders to ensure that they are creating the right conditions and operating environments for ADPs to function effectively. The Scottish Government will have oversight of the self-assessment reports and the information will be used to help develop programmes of support for local areas when required and will help facilitate peer discussions with ADPs about best practice and achievements. Where an ADP signals it would like further discussion or support in responding to local barriers, this will initially be provided through discussion with the ADP Liaison leads within the ADP Support Team in the Scottish Government.

External Validation

ADPs are asked to assess their own ability to deliver against the Quality Standards and highlight any issues. At a future point the Scottish Government will seek to validate the self-assessment through a third-party organisation such as the Care Inspectorate or Health Improvement Scotland. On that basis, ADPs should complete the self-assessment from the perspective of “if an external person reviewed our approach would they find the same evidence we are presenting?”

How to complete the Self Assessment Tool

The self-assessment should tell a story about where the local ADP and relevant partners are in relation to the Partnership Delivery Framework:

1. Strategic planning
2. Financial arrangements
3. Quality improvement and Outcomes
4. Governance and Oversight
5. The relationship between the ADP and the Integration Authority

A representative national working group agreed the following five standards in relation to the Partnership Delivery Framework. The five quality standards are:

- Quality Standard 1:** The ADP has a Strategic Plan for delivery of identified outcomes which ensures adequate alignment with other aligned strategic plans
- Quality Standard 2:** The ADP can demonstrate public money is used to maximum benefit to deliver measurable outcomes for the local population in delivery of the Strategic Plans
- Quality Standard 3:** The ADP can demonstrate Quality Improvement in delivery of outcomes
- Quality Standard 4:** The ADP can demonstrate appropriate Governance and Oversight in delivery of the Strategic Plan
- Quality Standard 5:** The work of the Integration Authority and the ADP is aligned and the Integration Authority is able to provide Directions to partners in support of the ADP Strategic Plan

Structure of the Self Assessment Tool

The Self Assessment Tool should be completed in conjunction with the Self Assessment Criteria (Appendix 1 page 25-34). The criteria outline the minimum supporting evidence required to demonstrate the ADP is delivering and working in line with the Partnership Delivery Framework.

The first part of the Self Assessment asks ADPs to assess themselves against the Self Assessment Criteria and to map themselves again the Criteria using the definitions Maintain, Explore, Develop outlined in the table below.

	Definition
Maintain	
We are confident that we are demonstrating this standard. We have evidence to support this, including stakeholder confirmation and need to maintain this focus over time.	To meet this definition the ADP needs to be confident that it has policies and practice in place. ADP member’s and senior stakeholders support this statement. The ADP has feedback processes in place and is confident that an external process could independently gather similar feedback locally. The ADP is confident in maintaining this standard as core practice.

Explore	
We currently partly demonstrate this standard and may need further development	The ADP feels it has some evidence to support the standard but isn't confident it is consistently maintained. The ADP and stakeholders feel there is room for improvement on some elements of the standard.
Develop	
We do not fully demonstrate this standard currently and need to develop / discuss this further.	The ADP is not confident it is achieving the standard. Further work is required to generate support for improvement or progress

The self-assessment then asks the ADP to demonstrate their assessment with narrative in line with the headings of:

1. How effective is the ADP in respect of this area?
2. How do you know this?
3. How will you do it and by when?

For each of the elements described above, please outline in no more than 250 each what you need to maintain, improve or do differently and provide a timeframe for these to be implemented.

Please be open and honest in your response and consider the self-assessment in collaboration with relevant stakeholders, including local communities, children, young people and families. This will provide opportunities to:

- review what progress has been made and what development and learning has happened
- provide assurance about the quality of delivery
- highlight areas of good practice for sharing
- highlight areas for improvement and levels of priority

Those completing the self-assessment are encouraged to use information from different sources to triangulate evidence of the quality of service delivery.

The completed Self Assessment should focus on outcomes rather than activities. This could include a description of the impact of changes or improvement activities on the delivery or information on how potential impact is being monitored.

The Self Assessment Tool

ADP area: East Renfrewshire

Please use the box below to highlight relevant contextual and background information about the ADP including:

-Population data for context

-Outlining Governance and accountability arrangements (particularly in relation to ADP, Community Planning Partnership, Integration Joint Boards and Chief Officer Groups)

-Links to other local statutory plans/partnerships (and how they link to local delivery) e.g. what links / role does the ADP have in relation to delivery of outcomes against their Local Outcome Improvement Plan / Children's Services Plan

Population data, socio-economic needs of population and links to other plans contained in following links:

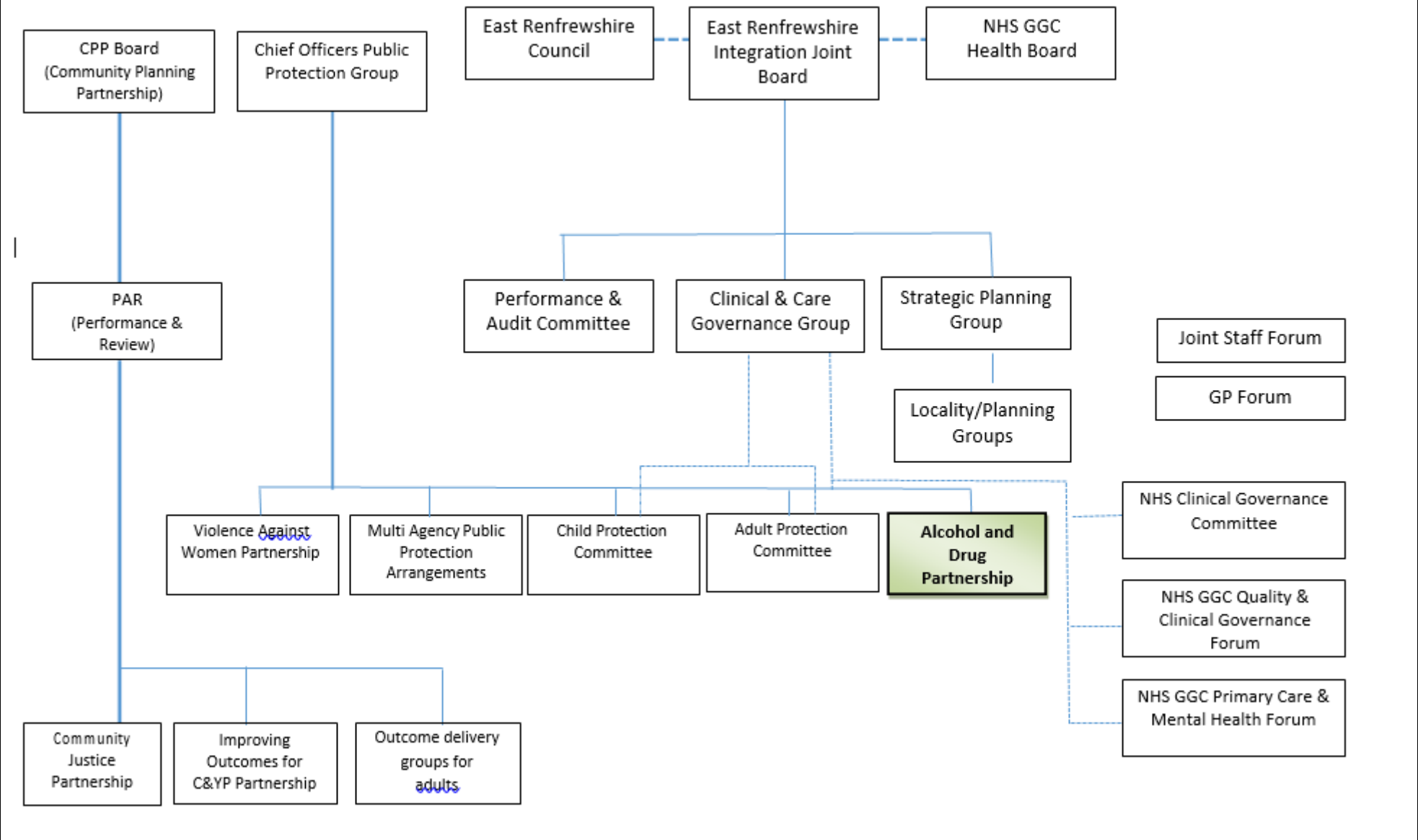
- <https://www.eastrenfrewshire.gov.uk/alcohol-and-drugs-plan>

= https://www.eastrenfrewshire.gov.uk/media/3962/Alcohol-and-drugs-delivery-plan-2020-2023/pdf/Alcohol_and_drugs_delivery_plan_2020_to_2023.pdf?m=637441642119330000

= https://www.eastrenfrewshire.gov.uk/media/3963/Alcohol-and-drugs-strategic-plan-2020-2023/pdf/Alcohol_and_drugs_strategic_plan_for_2020_to_2023.pdf?m=637441642413930000

https://www.eastrenfrewshire.gov.uk/media/7569/HSCP-Strategic-Plan-2022-2025/pdf/East_Renfrewshire_HSCP_-_Strategic_Plan_2022-2025.pdf?m=637847662804030000

Local Governance and Accountability Structure Chart



Section 1: Strategic Planning

Quality Standard 1: The ADP has a Strategic Plan for delivery of identified outcomes

		Maintain	Explore	Develop
		We are confident that we are demonstrating this standard; we have evidence to support this, including stakeholder confirmation and need to maintain this focus overtime.	We currently partly demonstrate this standard and may need further development.	We do not fully demonstrate this standard currently and need to develop / discuss this further.
1.1	Transparency and Effectiveness	✓		
1.2	Inclusion	✓		
1.3	Planning Cycle	✓		
1.4	Needs Assessment		✓	
1.5	Whole System Approach	✓		
1.6	Resources and Delivery		✓	
1.7	Outcomes	✓		

Q. How effective is your approach to Quality Standard 1?**1.1 Transparency and Effectiveness**

East Renfrewshire Alcohol and Drugs Strategic Plan is published and publicly available. The latest progress report, to be published shortly, demonstrates where new services have been introduced and are achieving positive outcomes. The ADP has supported the development of a Lived Experience Panel (LEP) and is building a strong relationship with the LEP, working to ensure that strategic planning is person centred and meets local needs. The Panel are participating in the ADP and linking with local services, identifying what is important to them, where they will focus their efforts and what they need from the ADP to support this. Good links are established and developing further between services and the local recovery group, PARTNER.

1.2 Inclusion

Strategic Plan and progress report illustrates how the ADP has invested in a peer research programme to strengthen engagement with communities. The Terms of Reference for the ADP demonstrate the role of the LE Panel in the operation of the ADP. The ADP has partnered with The Advocacy Project who have allocated an Engagement and Involvement Worker to recruit and support the Panel and remove barriers to engagement. Regular report to the Chief Officer's Public Protection on activity to reduce risks to vulnerable people from alcohol and drug use.

1.3 Planning Cycle

The Strategic Plan follows a planning cycle of assessment, delivery, commissioning and review of actions and reporting on outcomes. The focus on the delivery Strategic Plan has continued as new requirements to deliver on the Drugs Mission have emerged and required additional implementation plans (e.g. Medication Assisted Treatment Standards) to be developed.

1.4 Needs Assessment

East Renfrewshire ADP has considered local data on needs to inform the Strategic Plan development. This includes wider population and deprivation data. Local caseload data, overdose response data, characteristics of people who use services etc. are used on an ongoing basis to inform service developments and approaches, including commissioning new services to meet the need of people who are affected by alcohol and drugs. The ADP welcomes the proposed joint approach to needs assessment with Public Health Needs Assessment which will enable access to high quality, robust data and ensure consistency in needs assessment. This is not currently in place as Public Health Scotland have not established the needs assessment process.

1.5 Whole System Approach

The Strategic Plan is clearly aligned to national priorities in Rights, Respect, Recovery and priorities identified locally, including the population outcomes identified in the East Renfrewshire Community Plan and Local Outcome Improvement Plan. The current Strategic Plan pre-dates the national Drugs Mission and the next plan will evolve and develop to reflect the priority areas. The Strategic Plan incorporates actions that are being taken forward by other partnerships such as Community Justice and Children and Young People's Partnership.

1.6 Resources and Delivery

The ADP considers regular reports on specific investment plans e.g. considering proposals for Drugs Mission investment. However, the current Strategic Plan and associated delivery/action plan does not contain information on resources allocated to priorities. The resources that contribute to addressing alcohol and drug harms come from a range of sources. The ADP quantifies the specific funding streams, including Local Improvement Fund, Drugs Mission, Task Force funding and NHS baseline funding for alcohol and drugs partnerships. Other organisations and services, including social work children and families, adult support and protection, also work with client groups affected by alcohol and drugs. It is important that the requirements to include resources in delivery plans are flexible enough to allow the ADP to make resource decisions in-year to respond to issues and challenges that may arise and realign where required. This would be done within the context of ADP structures and decision making.

Current delivery plans are three year plans, in line with previous guidance, the ADP awaits the guidance and expectations on annual delivery plans.

1.7 Outcomes

The ADP is confident in the outcomes framework used within the Strategic Plan, with a number of numerical measures being used to track progress as well as using case studies and qualitative feedback to evidence progress. Upcoming implementation plans in development to reflect National Mission outcomes. Routine reports on progress to ADP which are being prepared for publication.

Q. How do you know this?

- Published Alcohol and Drugs Strategic Plan and Delivery Plan, containing socio-economic needs assessment, national and local outcomes
- Prepared progress reports
- Established Lived Experience Panel, meeting minutes and progress reports
- Peer research study findings and feedback reports
- ADP papers and minutes

Q. What do you want to maintain, improve or change, how will you do it and by when?

- 1.1 Progress local assessment of the needs of people who use alcohol and drugs led by NHS Public Health, timescale subject to Public Health Scotland arrangements
- 1.2 Develop a statement on investment of ADP resources, reflecting the range of sources of funding, partners and the complexity of funding streams, December 2023
- 1.3 Build on Equality Impact Assessment work to date, through enhanced lived experience involvement in the assessment process, by March 2023

Any further comments?

Representatives of the East Renfrewshire Lived Experience Panel (LEP) participated in the completion of the self-assessment, as prescribed by the self-assessment process set out by Scottish Government and the Convention of Scottish Local Authorities (COSLA). LEP members fed back that this document and the process was long and overly complicated and, at this time, obstructive to progress in supporting recovery in communities.

East Renfrewshire ADP recognises that strong governance and accountability is an important part of the operation of the ADP. However we also recognise that members of lived experience panels are volunteers who are generous with their time and commitment and their involvement in the work of the ADP is highly valuable. The requirement to involve LE panels, or similar group, in this process, has an opportunity cost of working with them to improve services and outcomes for people in recovery.

East Renfrewshire ADP asks that Scottish Government considers these issues in future guidance, allowing ADPs and lived experience volunteers to agree an approach appropriate to local preferences.

Section 2: Financial Governance

Quality Standard 2: The ADP can demonstrate public money is used to maximum benefit to deliver measurable outcomes for the local population in delivery of its Strategic Plan

		Maintain	Explore	Develop
		We are confident that we are demonstrating this standard. We have evidence to support this, including stakeholder confirmation and need to maintain this focus over time.	We currently partly demonstrate this standard and may need further development.	We do not fully demonstrate this standard currently and need to develop / discuss this further.
2.1	Investment		✓	
2.2	Governance		✓	
2.3	Accountability	✓		
2.4	Reporting		✓	
2.5	Financial Planning	✓		

Q. How effective is your approach to Quality Standard 2?

2.1 Investment

The ADP has a clear picture of all sources of funding, as set out in the East Renfrewshire ADP's Annual Reports to Scottish Government. Investments are clearly aligned to the outcomes in Rights Respect and Recovery and investment of Drugs Mission funds is currently in development. There is some evidence of investment based on evaluation and tests of change, such as the peer support service, and a number of other tests of change are ongoing and once complete, the ADP will have further evidence of this quality standard.

2.2 Governance

As stated above, delivery plans do not currently contain details of resources and investment. East Renfrewshire ADP takes decisions on resources, with reporting to the Integration Joint Board as required. Progress reports demonstrate outcomes of funded services in third sector and public sector. ADP funding and reserves are reflected in Integration Joint Board published accounts and IJB policies are applied to the management of reserves, taking account of the original funding criteria. Reports to ADP can be developed and enhance the information reported by the IJB.

2.3 Accountability

All resources allocated to NHS Boards for onward delegation are made available to East Renfrewshire ADP and the ADP is fully accountable for the totality of funding.

2.4 Reporting

The Chief Finance Officer is a formal member of the ADP and provides advice to the ADP on availability of investment and implications of proposals. Robust systems are in place to monitor spending and complete quarterly and annual financial reports. The ADP reports to the IJB on investments as appropriate.

2.5 Financial Planning

The ADP has recently approved spending in relation to enhancing delivery of Alcohol Brief Interventions and youth outreach, this investment is aligned to actions in the Alcohol and Drugs Strategic Plan. This is alongside HSCP investment in a Health Improvement post focused on alcohol, drugs, mental health and wellbeing. The postholder directs and coordinates education, health promotion and prevention activity, working with a wide range of partners. A range of partners across East Renfrewshire contribute to prevention activity, through mainstream services and resources.

Q. How do you know this?

- Peer support service evaluation report
- Alcohol and Drugs Strategic Plan and progress/performance reports
- ADP papers and minutes
- Reports to IJB
- IJB published accounts detailing IJB reserves

Q. What do you want to maintain, improve or change, how will you do it and by when?

- 2.1 Report to ADP on current tests of change, showing links between investment and evidence of effectiveness, March 2023
- 2.2 As above (action 1.2)
- 2.3 Agree an approach / policy on reporting on investments to the IJB, November 2022.

Any further comments?

Section 3: Quality Improvement

Quality Standard 3: The ADP can demonstrate Quality Improvement in delivery of outcomes

		Maintain	Explore	Develop
		We are confident that we are demonstrating this standard. We have evidence to support this, including stakeholder confirmation and need to maintain this focus over time.	We currently partly demonstrate this standard and may need further development.	We do not fully demonstrate this standard currently and need to develop / discuss this further.
3.1	Methodology		✓	
3.2	Reporting		✓	
3.3	Sustainability		✓	

Q. How effective is your approach to Quality Standard 3?**3.1 Methodology**

The ADP is at early stages of implementing a quality improvement model. This is happening at operational level and within Medication Assisted Treatment standards implementation. Rolling this out across the ADP will require workforce development across the workforce and this has resource implications. The ADP support team is small in East Renfrewshire and this is common across many ADPs in Scotland, as shown by the Scottish Government's recent workforce survey. Support from the Scottish Government drugs policy, alcohol and drugs support and other teams would be welcomed.

3.2 Reporting

There are early positive results from implementation of MAT Standards, e.g. introduction of new standard operating procedure for rapid access and data shows evidence of rapid access being achieved in practice. A longer timeframe is needed to link improvements with the investment in additional capacity in services.

3.3 Sustainability

The ADP is part of the Greater Glasgow and Clyde Joint ADP Forum and the potential for joint benchmarking can be explored through this Forum. Sustainability of a quality improvement approach would require a commitment from the Scottish Government to set out expectations and support the development of workforce capacity and skills in this area.

Q. How do you know this?

- Early quality improvement work related to MAT Standards

Q. What do you want to maintain, improve or change?

3.1 Further embed the quality improvement approach underpinning the MAT Standards implementation and demonstrate evidence through quarterly reports, March 2023

3.2 Seek Scottish Government support and recommendations on the workforce capacity and development required to establish this, March 2023

Any further comments?

Section 4: Governance and Oversight

Quality Standard 4: The ADP can demonstrate appropriate Governance and Oversight in delivery of the Strategic Plan

		Maintain	Explore	Develop
		We are confident that we are demonstrating this standard. We have evidence to support this, including stakeholder confirmation and need to maintain this focus over time.	We currently partly demonstrate this standard and may need further development.	We do not fully demonstrate this standard currently and need to develop / discuss this further.
4.1	Oversight	✓		
4.2	Governance		✓	
4.3	Risk Management		✓	
4.4	Accountability	✓		

Q. How effective is your approach to Quality Standard 4?

4.1 Oversight

The ADP regularly reviews progress against actions in the strategic plan, investing resources where there are gaps (such as allocating funding for delivery of Alcohol Brief Interventions)

4.2 Governance

The ADP forms part of the range of thematic partnerships in East Renfrewshire delivering outcomes in the Community Plan and Fairer East Ren Plan (Local Outcomes Improvement Plan). The Community Planning Partnership has visibility of the Strategic Plan and delivery by the ADP. The ADP Chair is also the Chief Officer of the Health and Social Care Partnership and sits on the East Renfrewshire Community Planning Partnership. This contributes to a strong alignment between ADP priorities and that of the HSCP, CPP and other thematic partnerships. The ADP Chair is able to escalate and progress discussions with local partners / responsible officers when a priority is not being delivered.

The ADP has published its Terms of Reference, which outlines the expected role and remit of members and areas of responsibility.

4.3 Risk Management

Financial risks are monitored in local finance systems and reports to Scottish Government. At an operational level, services have prioritised all caseloads with a red/amber/green assessment of all clients to ensure that, where required, services are delivered to meet the needs of the most vulnerable people we work with.

The ADP will enhance arrangements in place to manage strategic risks in relation to the delivery of local and national priorities, building on the risk registers already used within the HSCP and IJB.

4.4 Accountability

As described above the ADP Chair is also the Chief Officer of the Health and Social Care Partnership ensuring a clear relationship between the ADP and accountability for the delivery of outcomes. The ADP has reported regularly to Chief Officer's Public Protection group since May 2020, reporting on activity to reduce drug related deaths, adult support and protection activity within addictions services.

Q. How do you know this?

- ADP papers and minutes
- ADP Terms of Reference
- Community Planning Partnerships Structure

Q. What do you want to maintain, improve or change, how will you do it and by when?

4.1 Arrange a joint meeting between Chairs and Lead Planners of Strategic Partnerships to discuss effectiveness of current links and identify any improvement actions, December 2023

4.2 Establish a risk management approach, mirroring the risk processes in place in other areas of business, March 2023

Any further comments?

Section 5: The relationship between the ADP and the Integration Authority

Quality Standard 5: The work of the Integration Authority and the ADP is aligned and the Integration Authority is able to provide Directions to partners in support of the ADP Strategic Plan

		Maintain	Explore	Develop
		We are confident that we are demonstrating this standard. We have evidence to support this, including stakeholder confirmation and need to maintain this focus over time.	We currently partly demonstrate this standard and may need further development.	We do not fully demonstrate this standard currently and need to develop / discuss this further.
5.1	Alignment and Governance		✓	

Q. How effective is your approach to Quality Standard 5?

5.1 Alignment and Governance

The ADP contributes to the IJB's Annual Performance Report through performance information, data and case studies. The national and local priorities of the ADP are closely reflected in the HSCP Strategic Plan. The delivery of adult alcohol and drug treatment services is aligned to the ADP's priorities and agreed actions, integral to delivering on Rights, Respect and Recovery, Drugs Mission and Medication Assisted Treatment Standards. The ADP reports to the IJB on the ADP Strategic Plan, progress and any areas the IJB have requested – for example, the IJB has requested specific updates on enhancing the involvement of lived experience in the work of the ADP. Reports to IJB and minutes of discussions demonstrate the progress on this. Reports do not currently follow a particular schedule.

It is the view of the HSCP and IJB that a policy on how decisions and directions are managed for services out-with the scope of the Integration Authority (e.g. education, police, housing will be issued) is not possible within the current legislation.

Q. How do you know this?

- HSCP Strategic Plan
- Alcohol and Drugs Strategic Plan and progress reports
- HSCP Annual Performance Report
- Reports to IJB – various dates
- Minutes of IJB meetings

Q. What do you want to maintain, improve or change, how will you do it and by when?

5.1 Establish a schedule of reporting to the IJB, including reports on investment plans, business cases, progress against outcomes, November 2022

Any further comments?

This Self-Assessment of Partnership Delivery Framework is agreed and ratified by:

Senior System Stakeholders		Ratification confirmed via email
ADP Lived Experience Stakeholder/s / Representative	Fran Craig Eamonn Quail Michaela McMenemy	✓
Chair of the Alcohol and Drug Partnership / Chief Officer of the Health and Social Care Partnership	Julie Murray	✓
Chair of the Community Planning Partnership / Chief Executive of the Local Authority / Chair of the Chief Officers Group	Lorraine McMillan	✓
The Chief Executive of the NHS Board	Jane Grant	✓
The Chair of the Integration Joint Board	Ann Marie Monaghan	✓
Area Commander, East Renfrewshire for Police Scotland	Chief Inspector Graeme Gallie	✓
ADP Third sector representatives	Andy Todd, RCA Trust	✓
NHS Greater Glasgow and Clyde Public Health	Daniel Carter, Consultant in Public Health	✓

Completed and ratified: September 2022

APPENDIX 1

Self Assessment Criteria

1	<p>Quality Standard 1: The ADP has a Strategic Plan for delivery of identified outcomes which ensures adequate alignment with other aligned strategic plans</p>
1.1	<p>Transparency and Effectiveness</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/>The strategic plan is agreed by the ADP <input checked="" type="checkbox"/>The strategic plan is published and publicly available <input checked="" type="checkbox"/>The ADP can demonstrate effective strategic linkage with other local partnership groups and local communities <input checked="" type="checkbox"/>The ADP can demonstrate examples of improvement activities and positive outcomes for the local population <input checked="" type="checkbox"/>The ADP can demonstrate evidence that Strategic Planning is safe, effective, compassionate and person-centred
1.2	<p>Inclusion</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/>The ADP can describe how they engage with local communities <input checked="" type="checkbox"/>The ADP can demonstrate how any potential barriers to involvement or engagement are removed <input checked="" type="checkbox"/>The ADP strategic planning is inclusive of people affected by drug and alcohol harms and their family members, those who use services, those who deliver services, and the local population <input type="checkbox"/>The ADP embeds equality impact assessment processes to understand the diverse needs of local populations and uses this information to inform pathways and provision in its strategic planning and ensure human rights are met <input checked="" type="checkbox"/>The ADP Strategy effectively aligns to other statutory plans / priorities on delivery in support to families in crisis or at risk of being in crisis as a result of drug / alcohol use (e.g. Child Protection, Adult Protection)
1.3	<p>Planning Cycle</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/>The ADP can demonstrate that it delivers in line with a strategic cycle for planning which includes: needs assessment, delivery, commissioning, review and reporting of outcomes / progress <input checked="" type="checkbox"/>ADP Strategic Planning is based on population health approaches and includes primary, secondary and tertiary prevention
1.4	<p>Needs Assessment</p> <ul style="list-style-type: none"> <input type="checkbox"/>The ADP has a local assessment of the needs of people who use alcohol / drugs led by NHS Public Health and involving partners

1.5	<p>Whole System Approach</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> The ADP can demonstrate that their strategic planning is based on national and local priorities, is evidence based and aligns with delivery of local supports and services <input checked="" type="checkbox"/> The ADP has representatives of: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Health and Social Care Partnership: mental health, primary care, adult services <input checked="" type="checkbox"/> Specialist drug / alcohol services <input checked="" type="checkbox"/> Health (e.g. emergency department, relevant acute wards, health improvement / public health) <input checked="" type="checkbox"/> Children's services <input checked="" type="checkbox"/> Police <input checked="" type="checkbox"/> Justice services <input checked="" type="checkbox"/> Housing / accommodation / homelessness services <input checked="" type="checkbox"/> Employment services <input checked="" type="checkbox"/> Community <input checked="" type="checkbox"/> Lived experience <input checked="" type="checkbox"/> Education <input checked="" type="checkbox"/> Third Sector Interface <input checked="" type="checkbox"/> The ADP can demonstrate that other local planning partnerships and services incorporate and complement ADP activity to reduce alcohol and drug harms
1.6	<p>Resources and Delivery</p> <ul style="list-style-type: none"> <input type="checkbox"/> The ADP has an annual delivery plan agreed by member organisations that details resources aligned in support of delivery, including the following: direct resource, local financial investments and “in kind” resources. It details cross-system prioritisation and responsibilities within, for example, Health and Social Care Partnerships, Children’s Services Planning Partnerships, Community Justice Partnerships and Community Planning Partnerships to be deployed to implement the Annual Delivery Plan and the outcomes to be achieved
1.7	<p>Outcomes</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> The ADP uses the outcomes and priority actions set out in <i>Rights, Respect and Recovery</i> and the <i>Alcohol Framework 2018: Preventing Harm</i> and the <i>National Mission Outcomes Framework</i> <input checked="" type="checkbox"/> The ADP outcomes are measurable and reportable <input checked="" type="checkbox"/> The ADP routinely reports on progress against strategic outcomes

2	Quality Standard 2: The ADP can demonstrate public money is used to maximum benefit to deliver measurable outcomes for the local population in delivery of the Strategic Plans
2.1	Investment <ul style="list-style-type: none"> <input checked="" type="checkbox"/>The ADP is able to demonstrate that investment in the delivery of outcomes comes from a range of sources, including the Local Authority, Health Board and the Integration Authority, as well as outside of the public sector <input checked="" type="checkbox"/>The ADP can demonstrate investment is in line with Scottish Government priorities <input type="checkbox"/>The ADP can demonstrate that investment is based on evidence of effectiveness and outcomes <input type="checkbox"/>The ADP can demonstrate ability to disinvest based on evidence of effectiveness and outcomes and in line with changing priorities articulated though formal needs assessment
2.2	Governance <ul style="list-style-type: none"> <input checked="" type="checkbox"/>The ADP has clear policies and procedures for aligning resources for investment with strategic planning <input type="checkbox"/>The ADP seeks authorisation for investment from the Integration Authority and local scheme of delegation <input checked="" type="checkbox"/>The ADP has a clear policy agreed with members and the Integration Authority on the treatment of underspends / overspends <input type="checkbox"/>The ADP can demonstrate effective and transparent governance arrangements are in place <input checked="" type="checkbox"/>The ADP can relate investments in third sector and public sector to performance and outcomes

2.3	<p>Accountability</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/>The ADP and the Integration Authority can demonstrate all funding allocated to NHS Boards for onward delegation to ADPs is available to the ADP <input checked="" type="checkbox"/>The ADP has full accountability for the totality of funding allocated for drugs / alcohol from its NHS Board and Local Authority
2.4	<p>Reporting</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/>The Health and Social Care Partnership Chief Finance Officer is a member (or formally represented) on the ADP <input checked="" type="checkbox"/>There is regular routine financial reporting to the ADP on the total spend on alcohol and drug services <input checked="" type="checkbox"/>The ADP and Integration Authority provide an quarterly and annual financial report to the Scottish Government <input type="checkbox"/>The ADP reports to local governance structures on investments
2.5	<p>Financial Planning</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/>The ADP strategy includes investment to increase activity over time in relation to prevention and early intervention aligned with other such preventative spend across local partners / partnerships
3	<p>Quality Standard 3 : The ADP can demonstrate quality improvement in delivery of outcomes</p>
3.1	<p>Methodology</p> <ul style="list-style-type: none"> <input type="checkbox"/>The ADP has or uses an underpinning quality improvement methodology <input type="checkbox"/>ADP staff and members are supported to use improvement methodologies through training and other workforce development activities
3.2	<p>Reporting</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/>The ADP can demonstrate examples of where improvement methods have had a positive impact <input type="checkbox"/>The ADP can demonstrate links with outcome reporting, needs assessment and financial investment / disinvestment

3.3	<p>Sustainability</p> <ul style="list-style-type: none"> <input type="checkbox"/>The ADP can demonstrate how achieved improvements are embedded and sustained <input type="checkbox"/>The ADP benchmarks performance with other areas (e.g. other ADPs, other partnership groups)
4	<p>Quality Standard 4 : The ADP can demonstrate appropriate Governance and Oversight in delivery of the Strategic Plan</p>
4.1	<p>Oversight</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/>ADP Members can demonstrate effective oversight arrangements are in place to deliver the local strategy <input checked="" type="checkbox"/>The ADP can demonstrate processes to ensure oversight, coordination and alignment of ADP activity with other relevant local partnerships and strategies
4.2	<p>Governance</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/>The ADP has published the roles and remit for members setting out how decisions are made, issues and disputes are resolved, conflicts of interest are managed <input checked="" type="checkbox"/>There is an organogram that sets out the relationship of the ADP with the Integration Authority, with other planning boards (e.g. Children’s Partnership and the Community Justice partnership), and with areas of statutory responsibility (e.g. Child Protection and Adult Protection) <input type="checkbox"/>The ADP can demonstrate how they know governance structures provide appropriate assurance of safe, effective, compassionate and person-centred delivery <input checked="" type="checkbox"/>There are process in place for the ADP Chair to escalate and progress discussions with local partners / responsible officers when a priority is not being delivered and a process in place to ensure ADP contribution to aligned plans is being progressed <input type="checkbox"/>The ADP strategic plan forms part of the overall Community Planning Partnership (CPP) offer, is ratified via CPPs, and aligns with the priorities of other key statutory plans
4.3	<p>Risk Management</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/>There is a clear process for identifying and managing risk in relation to delivery of national and local priorities <input type="checkbox"/>There are clear controls in place to reduce impact of identified risks <input type="checkbox"/>The ADP can demonstrate how failure is reported, analysed and learning facilitated

4.4	<p>Accountability</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/>The ADP can describe clear accountability to appropriate Chief Officer(s) responsible for the delivery of relevant policy, system or targets <input checked="" type="checkbox"/>The ADP can demonstrate clear articulation of the relationship with senior accountable officers, and specifically, the relationship between the ADP and Public Protection that sit with the local Chief Officers Group and can demonstrate that processes are in place to ensure learning from drug deaths and responsibility for reducing substance use mortality and harm
5	<p>Quality Standard 5 : The work of the Integration Authority and the ADP is aligned and the Integration Authority is able to provide Directions to partners in support of the ADP Strategic Plan</p>
	<ul style="list-style-type: none"> <input type="checkbox"/>The ADP has a clear policy on taking investment plans and business cases to the Integration Authority Joint Board for ratification <input checked="" type="checkbox"/>The ADP provides performance and financial reporting to support the development of the Integration Authority's Annual Performance Report <input type="checkbox"/>The ADP regularly reports to the Integration Authority on performance <input checked="" type="checkbox"/>The work of the ADP is reflected in the objectives of the Integration Authority Strategic Plan <input type="checkbox"/>Governance and oversight arrangements for ADP business are supported by the Integration Authority <input checked="" type="checkbox"/>Adult treatment services are delivered in line with ADP strategy <input type="checkbox"/>The ADP and the Integration Authority have a clear policy on how decisions and directions are managed for services out-with the scope of the Integration Authority (e.g. children's services, police, housing will be issued) <input checked="" type="checkbox"/>The Integration Authority ensures governance arrangements support the deployment of resources at pace to support the Mission

**ALCOHOL AND DRUG PARTNERSHIP ANNUAL REPORTING TO THE SCOTTISH GOVERNMENT
2021/22:**

- I. **Delivery progress**
- II. **Financial framework**

This form is designed to capture your **progress during the financial year 2021/22** against the of the Rights, Respect and Recovery strategy including the Drug Deaths Task Force emergency response paper and the Alcohol Framework 2018. This will not reflect the totality of your work but will cover those areas which you do not already report progress against through other processes, such as the MAT Standards.

We recognise that each ADP is on a journey of improvement and it is likely that further progress has been made since 2021/22. Please note that we have opted for a tick box approach for this annual review but want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all options in place. We have also included open text questions where you can share details of progress in more detail. Please ensure all sections are fully completed. **You should include any additional information in each section that you feel relevant to any services affected by COVID-19.**

The data provided in this form will allow us to provide updates and assurance to Scottish Ministers around ADP delivery. We do not intend to publish the completed forms on our website but encourage ADPs to publish their own submissions as a part of their annual reports, in line with good governance and transparency. All data will be shared with PHS to inform drugs policy monitoring and evaluation, and excerpts and/or summary data from the submission may be used in published reports. It should also be noted that the data provided will be available on request under freedom of information regulations.

In submitting this completed Annual Reporting you are confirming that this partnership response has been signed off by your ADP, the ADP Chair and Integrated Authority Chief Officer.

The Scottish Government copy should be sent by **Friday 5 August 2022** to:
alcoholanddrugsupport@gov.scot

NAME OF ADP: East Renfrewshire

Key contact:

Name: Tracy Butler

Job title: Lead Planner (Recovery Services)

Contact email: tracy.butler@eastrenfrewshire.gov.uk

I. DELIVERY PROGRESS REPORT

1. Education and Prevention

1.1 In what format was information provided to the general public on local treatment and support services available within the ADP?

Please select those that apply (please note that this question is in reference to the ADP and not individual services)

- | | |
|--|-------------------------------------|
| Leaflets/ take home information | <input checked="" type="checkbox"/> |
| Posters | <input checked="" type="checkbox"/> |
| Website/ social media | <input checked="" type="checkbox"/> |
| Apps/webchats | <input type="checkbox"/> |
| Events/workshops | <input type="checkbox"/> |
| Please provide details... | |
| Accessible formats (e.g. in different languages) | <input type="checkbox"/> |
| Please provide details... | |
| Other | <input type="checkbox"/> |

<https://www.eastrenfrewshire.gov.uk/alcohol-and-drug-services>

East Renfrewshire Talking Points – a single point of contact for HSCP services

All prevention / awareness raising and education based campaigns were delivered online via social media (Facebook), websites or via our staff Communication channels such as Chief Officer's Brief. There were no face-to-face events due to Covid restrictions

1.2 Please provide details of any specific education or prevention campaigns or activities carried out during 2021/22 (E.g. Count 14 / specific communication with people who alcohol / drugs and/or at risk).

Campaign theme	International	National	Local
General Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Overdose Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seasonal Campaigns	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Justice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-social behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing Stigma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify...

Campaigns promoted locally across ERHSCP over 2021 were: Dry January / Time to Talk (MH Campaign-Feb) / Stress Awareness Month (April) Mental Health Awareness Week –May / Suicide Prevention Week (September) Alcohol Awareness / Festive Drinking (November / January). Throughout the year, all promotional activity was delivered via social media, East Renfrewshire Council website and shared amongst local networks /

email distribution lists to ensure reach to third sector partners and communities where possible. Both national and local material were used with the tag line “it’s ok not to be ok” featuring in the majority of the campaigns throughout the year. The aim was continual promotion of this message alongside the helplines and support services available. This approach recognised the key links between mental health and wellbeing and substance use and reflecting this within prevention approaches and promotion of available supports.

1.3 Please provide details on education and prevention measures/ services/ projects provided during the year 2021/22, specifically around drugs and alcohol (select all that apply).

Teaching materials	<input checked="" type="checkbox"/>	
Youth Worker materials/training	<input checked="" type="checkbox"/>	
Promotion of naloxone	<input type="checkbox"/>	
Peer-led interventions	<input type="checkbox"/>	
Stigma reduction	<input type="checkbox"/>	
Counselling services	<input type="checkbox"/>	
Information services	<input type="checkbox"/>	
Wellbeing services	<input type="checkbox"/>	
Youth activities (e.g. sports, art)	<input checked="" type="checkbox"/>	
Other	<input checked="" type="checkbox"/>	Please provide details...

During the reporting period, Covid restrictions continued to impact on how youth work was targeted and delivered by the CLD team. Due to building size and restrictions still in place, indoor group work continued to only target those most in need.

Youth work delivery in secondary schools resumed in all local schools, with a request from teachers to focus work on the mental health and wellbeing of pupils.

Authority wide detached youth work continued as the main method of engaging with young people. Throughout the year young people continued to engage with staff during detached work sessions and initiate conversations around drug and alcohol use and associated risk taking behaviours, sexual health and relationships, vaping, crime and safety, exam stress etc. In the reporting period, staff recorded 3049 interactions with young people.

In October 2021, a weekend problem solving detached youth work team was established to respond to on-going concerns about young people’s risk taking and anti-social behaviour at the weekend. During these sessions Sat-Sun, November – March 22 staff recorded 116 interactions with young people. As a direct result of conversations with young people, specific in-person group sessions developed.

The early intervention and prevention programme allowed partners us to target those who were participating in risk taking behaviours. Youth work worked alongside campus cops, schools and other partners to identify and target young people who would benefit from involvement in these issue based sessions. Through conversations with young people and data collected from detached recordings, a programme was developed which focused on drugs, alcohol, sexual health education and No Knives Better Lives which was delivered in 3 secondary schools with 47 young people participating in the programmes which ranged from 6 – 12 sessions.

Diversionsary activities continued throughout the year with 286 young people participating in outdoor activity sessions May – July 2021 and 128 young people taking part in the Summer of Fun Programme where young people were able to participate in activities including, Go Ape, water sports, Go Karting etc. Ten young people have also been involved in a skate park partnership project with Police Scotland.

Detached Work (Mon – Fri full year) – 3049
 Weekend Detached (Sat-Sun, November – March 22) – 116
 Outdoor Activity Sessions May-July 21) – 286
 Sunday Drop in (Jan-March 22) – 66
 Summer of Fun Activities 128

Skatepark Project – 10
School Based targeted ASB group work – 47

1.4 Please provide details of where these measures / services / projects were delivered.

- | | | |
|---|-------------------------------------|--|
| Formal setting such as schools | <input type="checkbox"/> | |
| Youth Groups | <input type="checkbox"/> | |
| Community Learning and Development | <input checked="" type="checkbox"/> | |
| Via Community/third Sector partners or services | <input type="checkbox"/> | |
| Online or by telephone | <input type="checkbox"/> | |
| Other | <input checked="" type="checkbox"/> | Please provide details... Community outreach work as described above |

1.5 Was the ADP represented at the alcohol Licensing Forum?

- Yes
- No

1.6 What proportion of license applications does Public Health review and advise the Board on?

- All
- Most
- Some
- None

1.7 If you would like to add any additional details in response to the questions in this section on Education and Prevention, please provide them below (max 600 words).

Guidance for schools on managing incidents of drug and alcohol misuse has been developed, shared with and presented to head teachers of all East Renfrewshire schools. Anecdotal feedback from head teachers suggests that the guidance has provided greater clarity when dealing with these situations.

We continue to liaise with the NHS team who oversee the Substance Misuse Toolkit to provide an update on this resource; this update will be accompanied by training for school pastoral care staff who deliver Health and Wellbeing (PSE) programmes in schools. We are also developing a refreshed PSE skills planner for East Renfrewshire secondary schools, which will include an updated focus on substance misuse. The development of this planner has included consultation with pupils on the content and pedagogy that provides the greatest impact on their learning.

The Mentors in Violence Prevention (MVP) programme has been established in all seven East Renfrewshire secondary schools, following training for school staff and partners (inc. Police, CLD, SW, Women's Aid) in May 2021 and May 2022. It is too early to measure impact of the programme in schools, as Covid restrictions have delayed full implementation. The focus over the last year has been on training pupil mentors in school who will lead delivery of workshops within PSE programmes.

2. Treatment and Recovery

2.1 What treatment or screening options were in place to address alcohol harms? (*select all that apply*)

- | | |
|---|--|
| Fibro scanning | <input type="checkbox"/> |
| Alcohol related cognitive screening (e.g. for ARBD) | <input checked="" type="checkbox"/> |
| Community alcohol detox | <input checked="" type="checkbox"/> |
| Inpatient alcohol detox | <input checked="" type="checkbox"/> |
| Alcohol hospital liaison ¹ | <input checked="" type="checkbox"/> |
| Access to alcohol medication (Antabuse, Acamprase etc.) | <input checked="" type="checkbox"/> |
| Arrangements for the delivery of alcohol brief interventions in all priority settings | <input type="checkbox"/> |
| Arrangements of the delivery of ABIs in non-priority settings | <input type="checkbox"/> |
| Psychosocial counselling | <input checked="" type="checkbox"/> |
| Other | <input type="checkbox"/> Please provide details... |

¹ Boardwide provision

2.2 Please indicate which of the following approaches services used to involve lived experience / family members (*select all that apply*).

For people with lived experience:

- | | |
|--------------------------------------|--|
| Feedback / complaints process | <input checked="" type="checkbox"/> |
| Questionnaires / surveys | <input checked="" type="checkbox"/> |
| Focus groups / panels | <input type="checkbox"/> |
| Lived experience group / forum | <input checked="" type="checkbox"/> |
| Board Representation within services | <input type="checkbox"/> |
| Board Representation at ADP | <input type="checkbox"/> |
| Other | <input type="checkbox"/> Please provide details...The East Renfrewshire Peer |

Research Programme is now established and the first study on experiences of OST has been completed, with actions in response being taken forward by local services. The peer research group have also participated in shaping the role of peer navigators in a new service being established locally and are about to undertake the second peer study. Peers have direct lived experience as well as indirect through supporting family members. The Lived Experience (LE) Panel have worked with the Advocacy Project throughout 2021-22, to identify their priorities and shape their role and involvement, and the arrangements for the formal linkages with the ADP are in progress. PARTNER recovery group also link closely with the ADP Lead and the alcohol and drugs service. The peer research group and panel and are actively involved in events and developments.

For family members:

- | | |
|--------------------------------------|--|
| Feedback/ complaints process | <input checked="" type="checkbox"/> |
| Questionnaires/ surveys | <input checked="" type="checkbox"/> |
| Focus groups / panels | <input type="checkbox"/> |
| Lived experience group/ forum | <input checked="" type="checkbox"/> |
| Board Representation within services | <input type="checkbox"/> |
| Board Representation at ADP | <input type="checkbox"/> |
| Other | <input type="checkbox"/> Please provide details...as above. In addition, initial engagement with family members about their awareness and experience of family support services was undertaken, including 1-1 interviews and focus groups. |

2.3 How do you respond to feedback received from people with lived experience, including that of family members? (max 300 words)

We have ongoing dialogue with established groups, with feedback provided through attendance at meetings or sending written feedback. We are currently working on streamlining and refining this approach.

2.4 Please can you set out the areas of delivery where you had effective arrangements in place to involve people with lived experience?

Planning, I.E. prioritisation and funding decisions

Implementation, I.E. commissioning process, service design

Scrutiny, I.E. Monitoring and Evaluation of services

Other

Please provide details...

Please give details of any challenges (max 300 words)

Lived experience volunteers in East Renfrewshire, through peer research and the panel, are enthusiastic and committed. Some volunteers are involved in peer research, the LE Panel and PARTNER recovery group and give a lot of their time to working with the ADP. This is highly valued but also a challenge as the ADP and those with lived experience themselves wish to ensure volunteers are not overwhelmed. There are a great many areas of development, funding and evaluation where we want to ensure a lived experience involvement and influence. It is also a challenge to engage those who tend not to get involved and ensure their needs are reflected. People with lived and living experiences were consulted in and contributed to the review of the local Residential Rehabilitation Care Pathway, which was published on the HSCP website in June 2022. The timescales for this were tight. A key challenge is where Scottish Government timescales for ADP responses are very short and this makes it even more challenging to meaningfully engage with lived experience groups.

2.5 Did services offer specific volunteering and employment opportunities for people with lived/ living experience in the delivery of alcohol and drug services?

a) Yes

No

b) If yes, please select all that apply:

Peer support / mentoring

Community / Recovery cafes

Naloxone distribution

Psychosocial counselling

Job Skills support

Other

Please provide details...peer research volunteer programme, access to training and practical experience conducting research. Peer navigator roles advertised locally. Peer support worker roles advertised locally. The Community Recovery Team (within addictions services) provide job skills support, signpost to employability services and a peer support service is available to support people in recovery to set recovery goals and work towards these. Employability services are in place locally and support people in the full range of employability needs including those with complex need such as in recovery from alcohol and drugs and those who are furthest from the job market.

2.6 Which of these settings offered the following to the public during 2021/22? (select all that apply)

Setting:	Supply Naloxone	Hep C Testing	IEP Provision	Wound care
Drug services Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Services NHS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug services 3rd Sector	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homelessness services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer-led initiatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community pharmacies	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GPs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A&E Departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women's support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Justice services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile / outreach services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other ... (please detail)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.7 What protocols are in place to support people with co-occurring drug use and mental health difficulties to receive mental health care? (max 300 words)

There is an NHS Greater Glasgow and Clyde Interface Protocol in place between Mental Health and Alcohol and Drugs Services. In East Renfrewshire we work closely with our Primary Care and adult CMHT colleagues, we have built multi-disciplinary teams with various skill sets within each team who offer different areas of expertise, to ensure we can offer the wrap around care needed. We have clearly defined referral criteria and referral pathways in place that allows for a seamless transition for individual's requiring support from various services.

Is mental health support routinely available for people who use drugs or alcohol but do not have a dual diagnosis (e.g. mood disorders)?

Yes
No

Please provide details (max 300 words) Our experience is that mental illnesses like PTSD (post-traumatic stress disorder), anxiety, or depression often contribute to the onset and continuation of substance use. Treating one disorder is likely to help the other (i.e. addressing your substance use disorder will likely improve your mental health and addressing your mental health will likely improve your substance use, it's best to treat them both at the same time). Most individuals are likely to have issues with anxiety/low mood who may not have a formal diagnosis. All workers are able to provide support to address these issues while providing education regarding the impact substances have in perpetuating these issues. Most staff are trained in offering a self-help CBT approach to overcoming depression and anxiety. We have access to a clinical psychologist one day per week who offers psychological interventions.

2.8 Please describe your local arrangements with mental health services to enable support for people with co-occurring drug use and mental health (max 300 words)

People with co-occurring addiction and/or mental health issues are supported by the Community Addiction & Recovery Team, while people with severe and enduring mental health issues are supported by the Community Mental Health Team; we have good working relationships with our CMHT colleagues. Some individuals may be open to both teams who work together to devise care plans and interventions. The majority of the team is trained in providing low intensity mental health interventions such as SPIRIT, Living Life to the Full. This intervention is a CBT approach to overcoming difficulties such as anxiety, depression and psychosis. Issues that are more complex may require the intervention of a mental health nurse or psychologist. Co-morbid cases will look at mental health issues in the context of drug/alcohol use, however acute mental health assessment from our CMHT requires some stability in the person's drug/alcohol use and preferably abstinence for interventions to be effective. For some people this is difficult to achieve and if they perceive their mental health to be the main presenting issue, then the abstinence approach could result in disengagement from services. Following mental health assessment by nursing staff, discussion of findings take place at MDT with referral onto psychiatry/psychologist as appropriate. A tiered approach to mental health/trauma issues is adopted to ensure people are getting the right access to the right supports at the right time.

2.9 Did the ADP undertake any activities to support the development, growth or expansion of a recovery community in your area?

Yes
No

2.10 Please provide a short description of the recovery communities in your area during the year 2021/22 and how they have been supported (max 300 words)

East Renfrewshire has a committed, active and enthusiastic community led recovery group, PARTNER. (Partners Achieving Recovery Together in East Renfrewshire). Prior to the Covid-19 pandemic the group were running independently, having secured funding from a range of sources. The pandemic restrictions meant there was no access to premises and group members provided peer support on the phone and meeting outdoors when possible. From Feb 2021, the ADP provided support to find a suitable venue and financial support, as well as working with the group to access longer term funding. The peer research programme, while primarily providing research skills development and training, also proved to be a valuable recovery support, based on feedback from participants of the value of the weekly sessions, providing structure, routine and peer support. The Community Addictions Service has also restarted weekly mutual aid groups.

2.11 What proportion of services have adopted a trauma-informed approach during 2021/22?

All services
The majority of services
Some services
No services

Please provide a summary of progress (max 300 words)

The community addictions team practices trauma informed care with everyone who comes through the service. In East Renfrewshire we focus on developing a good rapport with people, we explain how substance use disorders develop and offer a message of hope that recovery is possible. Some staff are formally trained in Trauma Informed Approaches. East Renfrewshire HSCP is taking forward a commitment for significant staff capacity building programme to ensure a trauma informed workforce across all services. Staff from across the HSCP have been seconded into a team to drive this initiative forward. Leadership level training has taken place and we await detail on timescales and the roll out plan for future trainings. Our aim is to have all staff trained to at least Level 2 trauma trained interventions with some staff trained at Level 3 who are available to offer more intensive psychological interventions. Level 4 interventions are provided by our clinical psychologist.

2.12 Which groups or structures were in place to inform surveillance and monitoring of alcohol and drug harms or deaths? (mark all that apply)

- Alcohol harms group
- Alcohol death audits (work being supported by AFS)
- Drug death review group
- Drug trend monitoring group / Early Warning System
- Other ... HSCP Drug Related Death Prevention Working Group, NHSGGC Care Governance Group and sub groups include SAER (Significant Adverse Event Review) Group, MAT/Substitute Prescribing Management Group, Partnership Safety Group. At team level Team Meetings and the Multi-Disciplinary Team Meeting is used to review deaths and discuss complex cases. Note Alcohol Harms Group is a Boardwide group

2.13 Please provide a summary of the arrangements in place to carry out reviews on alcohol related deaths and how lessons learned are built into practice. If none, please detail why (max 300 words)

DATIX process is used if the individual is currently accessing the service or the record has been closed within one year. Every death for those in service at time of death or within 12 months of their death will be recorded on DATIX and a Briefing Note (Previously Rapid Alert Briefing Note and Severity 4/5 Note) will be completed. Local arrangements are in place. If required the case will be brought to a Multi-Disciplinary Team discussions. Any learning from the review is brought to the team meeting or to a Boardwide meeting if relevant.

2.14 Please provide a summary of arrangements which are in place to carry out reviews on drug related deaths, how lessons learned are built into practice, and if there is any oversight of these reviews from Chief Officers for Public Protection. (max 300 words)

DATIX process is used if the individual is currently accessing the service or if the record has been closed within one year. Depending on nature of the death, there may be a Rapid Review Form or a Severity 4/5 Report. Local arrangements are in place. If required the case will be brought to a Multi-Disciplinary Team discussion. Any learning from the review is brought to the team meeting or to a Boardwide meeting if relevant. Learning from the Board Wide Meeting is also shared with the Team.

2.15 If you would like to add any additional details in response to the questions in this section on Treatment and Recovery, please provide them below (max 300 words).

Click or tap here to enter text.

3. Getting it Right for Children, Young People and Families

3.1 Did you have specific treatment and support services for children and young people (under the age of 25) with alcohol and/or drugs problems?

- a) Yes
 No

b) If yes, please select all that apply below:

Setting:	0-5	6-12	12-16	16+
Community pharmacies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversionsary Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Third Sector services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family support services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ORT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recovery Communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Justice services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mobile / outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details...				

3.2 Did you have specific treatment and support services for children and young people (under the age of 25) affected by alcohol and/or drug problems of a parent / carer or other adult?

- a) Yes
 No

b) If yes, please select all that apply below:

Setting:	0-5	6-12	12-16	16+
Support/discussion groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversionsary Activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
School outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carer support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Family support services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Information services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile / outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details...				

3.3 Does the ADP feed into/ contribute toward the integrated children's service plan?

Yes
No

Please provide details on how priorities are reflected in children's service planning e.g. collaborating with the children's partnership or the child protection committee? (max 300 words)

There are actions within the Children's Services Plan (Young Person's Sub Group Plan) that are shared within the Alcohol and Drugs Strategy, to reflect the shared priorities.

3.4 How did services for children and young people, with alcohol and/or drugs problems, change in the 2021/22 financial year?

Improved
Stayed the same
Scaled back
No longer in place

3.5 How did services for children and young people, affected by alcohol and/or drug problems of a parent / carer or other adult, change in the 2021/22 financial year?

Improved
Stayed the same
Scaled back
No longer in place

3.6 Did the ADP have specific support services for adult family members?

a) Yes
No

b) If yes, please select all that apply below:

Signposting
One to One support
Support groups
Counselling
Commissioned services
Naloxone Training
Other

Please provide details... The East Renfrewshire Community Recovery team also includes family support for anyone concerned about their family members alcohol or drug use. Family members can access this support even if their relative isn't involved with the service. Family support can provide specific details about alcohol and drug use, behaviour change and some practical approaches that may be helpful to the family member. Family members can also be involved in the recovery care plan of the person using alcohol and drugs if their family member agrees to this. There are currently no family support groups in East Renfrewshire, however, the need for this is being explored.

3.7 How did services for adult family members change in the 2021/22 financial year?

- Improved
- Stayed the same
- Scaled back
- No longer in place

3.8 The Whole Family Approach/Family Inclusive Framework sets out our expectations for ADPs in relation to family support. Have you carried out a recent audit of your existing family provision?

a) If yes, please answer the following:

Last year SG provided an additional £3.5m to support the implementation of the framework. Please provide a breakdown and a narrative of how this was used in your area. (max 300 words)

Development work currently ongoing to identify priorities for this funding, engagement with families and service agencies undertaken.

Please detail any additional information on your progress in implementing the framework in 2020/21 (max 300 words)

The Community Addictions Service has appointed a Recovery Team Coordinator, overseeing the family support service. They will undertake work to review the range of services and supports required to ensure the needs of family members are met. The whole team approach has been reviewed to ensure the opportunities for family/significant others to be involved in an individual's recovery – this is introduced as early as possible and revisited throughout the recovery journey.

b) If no, when do you plan to do this?

This work is prioritised for autumn 2022.

3.9 Did the ADP area provide any of the following adult services to support family-inclusive practice? (select all that apply)

Services:	Family member in treatment	Family member not in treatment
Advice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mutual aid	<input type="checkbox"/>	<input type="checkbox"/>
Mentoring	<input type="checkbox"/>	<input type="checkbox"/>
Social Activities	<input type="checkbox"/>	<input type="checkbox"/>
Personal Development	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy	<input type="checkbox"/>	<input type="checkbox"/>
Support for victims of gender based violence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Please provide details... Direct family support from the Community Recovery Team as detailed above ...

4. A Public Health Approach to Justice

4.1 If you have a prison in your area, were satisfactory arrangements in place, and executed properly, to ensure ALL prisoners who are identified as at risk were provided with naloxone on liberation?

- Yes
- No
- No prison in ADP area

Please provide details on how effective the arrangements were in making this happen (max 300 words)

Individuals from East Renfrewshire would usually go to HMP Low Moss in Bishopbriggs. Where an individual is identified as at risk of drug related overdose they are offered the opportunity to participate in Naloxone education at the point of induction. This is currently provided by healthcare staff but plans are in place to train peer mentors within the prisons to support this function. Following participation in the education session people are asked if they wish to take naloxone with them when they leave custody. Where this is agreed a take home naloxone kit is then provided for issue on release. Naloxone Data is recorded and provided to Public Health Scotland on a quarterly basis.

4.2 Has the ADP worked with community justice partners in the following ways? (select all that apply)

- Information sharing
- Providing advice/ guidance
- Coordinating activities
- Joint funding of activities
- Access is available to non-fatal overdose pathways upon release
- Other Please provide details

Transfer of medication assisted treatments into and on release from prison to community. People leaving prison would be offered an appointment on the day of release.

4.3 Has the ADP contributed toward community justice strategic plans (e.g. diversion from justice) in the following ways? (select all that apply)

- Information sharing
- Providing advice/ guidance
- Coordinating activities
- Joint funding of activities
- Other Please provide details

4.4 What pathways, protocols and arrangements were in place for individuals with alcohol and drug treatment needs at the following points in the criminal justice pathway? Please also include any support for families.

a) Upon arrest (please select all that apply)

Please provide details on what was in place and how well this was executed.....

Diversion From Prosecution

Exercise and fitness activities

Peer workers

Community workers

Other Please provide details...At a local level, much work is undertaken to divert people, including those with alcohol and / or drugs issues, from the criminal justice system at various points in the pathway from arrest to the court process – with a number of partners supporting this, including Police Scotland. The public health approach now adopted in Police Scotland's Greater Glasgow Division Drugs Strategy will contribute to the delivery of the outcomes in this area, particularly for vulnerable individuals in regular contact with police.

b) Upon release from prison (please select all that apply)

Please provide details on what was in place and how well this was executed.....

Diversion From Prosecution

Exercise and fitness activities

Peer workers

Community workers

Naloxone

Other Please provide details...Prison Health Care staff liaise with relevant community services/staff from both statutory and third sector agencies to ensure continuity of care and treatment for individuals with drug and alcohol concerns. This can include Medication Assisted Treatment, medicine management, recovery services, family support, peer support and formalised counselling on release from prison. Liaison with community prescribers to ensure continuity of treatment for any physical and/or mental health needs. Where patient consent has been agreed family members can be included in the provision of these throughcare arrangements for people returning to East Renfrewshire.

4.5 If you would like to add any additional details in response to the questions in this section on Public Health Approach to Justice, please provide them below (max 300 words).

Click or tap here to enter text.

II. FINANCIAL FRAMEWORK 2021/22 (Should be completed by Chief Financial Officer)

Your report should identify all sources of income (excluding Programme for Government funding) that the ADP has received, alongside the funding that you have spent to deliver the priorities set out in your local plan. It would be helpful to distinguish appropriately between your own core income and contributions from other ADP Partners. It is helpful to see the expenditure on alcohol and drug prevention, treatment & recovery support services as well as dealing with the consequences of problem alcohol and drug use in your locality. You should also highlight any underspend and proposals on future use of any such monies.

A) Total Income from all sources

Funding Source (If a breakdown is not possible please show as a total)	£
Scottish Government funding via NHS Board baseline allocation to Integration Authority	528,214
2021/22 Programme for Government Funding and National Mission Funding ¹	524,870
Additional funding from Integration Authority	0
Funding from Local Authority	269,654
Funding from NHS Board	211,191
Total funding from other sources not detailed above	
Carry forwards ²	262,643
Other ⁵	50,000
Total	1,846,572

B) Total Expenditure from all sources

	£
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions ⁴	0
Community based treatment and recovery services for adults	928,121
Inpatient detox services	0
Residential rehabilitation (including placements, pathways and referrals)	34,278
Recovery community initiatives	100,215
Advocacy services	6,000
Services for families affected by alcohol and drug use (whole family Approach Framework) ³	51,560
Alcohol and drug services specifically for children and young people ⁴	0
Drug and Alcohol treatment and support in Primary Care	0
Outreach	0
Other (total ADP reserves balance) ⁶	726,398
Total	1,846,572

Additional finance comments

¹ Includes £111,597 PfG and £413,273 Drugs Mission

² This total includes DDTF reserves. The ADP has agreed in principle an investment plan to spend reserves, and the DDTF reserves are already earmarked.

³ This total includes services that support adult family members and people within the justice system with alcohol/drug harm. The HSCP (children and families social work) also provides intensive family support where there is parental harmful alcohol and / or drug use. The costs of this are met from another budget and are not apportioned here.

⁴ While no monies allocated specifically from ADP to children and young people's services, these are funded through wider HSCP budgets (such as children and families social work). Likewise for prevention activities.

⁵ Corra Foundation DDTF Grant

⁶ Inclusive of DDTF funds, Corra Foundation grant and Drugs Mission. A number of specific services and projects are underway and funds will be drawn down from reserves in 2022-23, including: recovery community initiatives, Alcohol Brief Interventions provision, youth outreach, digital access, implementation of Medication Assisted Treatment Standards and residential rehabilitation placements.

Annex 5

East Renfrewshire Alcohol and Drugs Partnership

Strategy 2020-23

Reducing Alcohol and Drug Related Harm

Progress Report

April 2022

Introduction

East Renfrewshire Alcohol and Drugs Partnership brings local partners together to take a whole systems approach to reducing drug and alcohol related harm. Our services focus on a person-centred approach to ensure individuals with harmful alcohol and / or drug use feel supported, included and respected.

The Alcohol and Drugs Strategic Plan for 2020-23 was approved and published in September 2020 with a range of actions agreed to deliver on the priorities set out in Rights, Respect and Recovery:

- Early intervention and prevention
- Fewer people develop problem drug use
- Recovery oriented approaches
- Public health approach to justice

The diagram overleaf shows the priority actions agreed under each of these themes.

Partners are now more than halfway through the delivery period of the strategy and, although the strategy was written during the Covid-19 pandemic and reflected the key challenges it presented, there have been further considerable changes at national level since then. The launch of the national Drugs Mission, including the implementation of the Medication Assisted Treatment Standards, increased focus on access to residential rehabilitation and family support, has instigated a significant programme of change within local alcohol and drugs services and partnerships. Partners have been urgently responding to the Drugs Mission while also delivering on the existing strategy actions.

This progress report contains key data updates, action updates as well as a small number of more detailed case studies.

Intermediate Outcome

We will know we are making good steps along

Residents are protected from drug and alcohol related harm

STRATEGY ON A PAGE

Our contribution:

So what we need to achieve is:

A strong focus on prevention and early intervention

Recovery focused and person centred services

The needs of families of individuals with harmful alcohol and / or drug use are prioritised

The needs of individuals in justice setting with harmful alcohol and / or drug use are prioritised

Critical activities:

We will do this by:

Promoting health improvement resources to enable informed choices about alcohol and drugs and tackle health inequalities

Implementing an effective approach to Alcohol Brief Interventions

Assessing the level of provision of licensed premises in Barrhead

Working together with individuals with lived experience to improve services and outcomes and build recovery communities

Enhancing skills and knowledge of alcohol and drugs partners to support individuals in their recovery

Increasing the distribution of Naloxone to prevent drug related deaths

Enabling participation in Treatment and recovery through targeting hardest to reach and tackling digital poverty

Working in partnership to improve housing and employability outcomes for individuals

Working jointly to support families to recover from alcohol and drugs

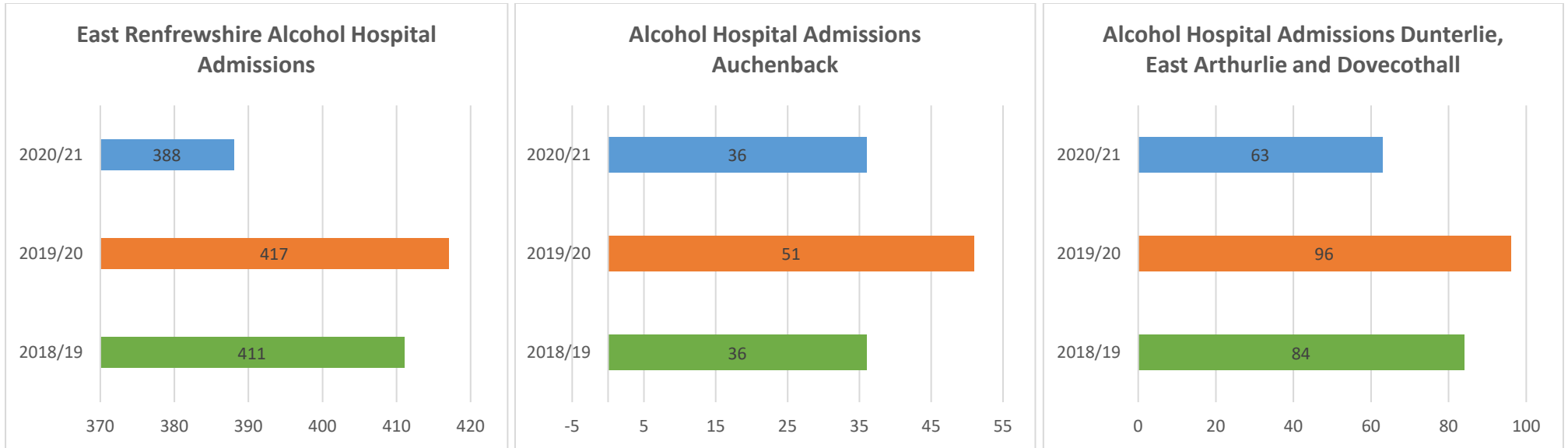
Strengthening practice in Signs of Safety approach to child protection across alcohol and drugs partners

Developing a multi-agency service to meet the needs of women in the justice setting

Working with Police Scotland on the delivery of the Greater Glasgow Division Drugs Strategy

Assessing health needs of community justice service users

Section 1: Key Data Updates

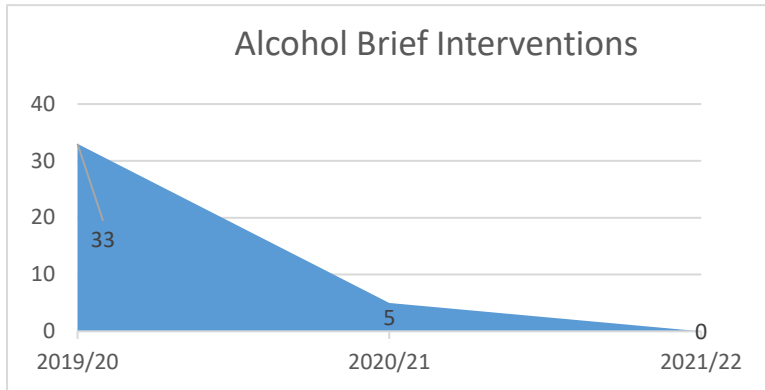


All rates calculated per 100,000 population and show that the East Renfrewshire hospital stay rate has reduced by 7% in past year and 5.5% since 2018/19. Others area have also reduced with Auchenback by 41% and Dunterlie, East Arthurlie and Dovecothall by 52%. There are a number of complex factors that influence hospital admissions. East Dunbartonshire ADP hospital admissions are slightly higher than East Renfrewshire (415 per 100,000 in 2020/21 and 441 for 2019/20, showing slight reduction of 6%.

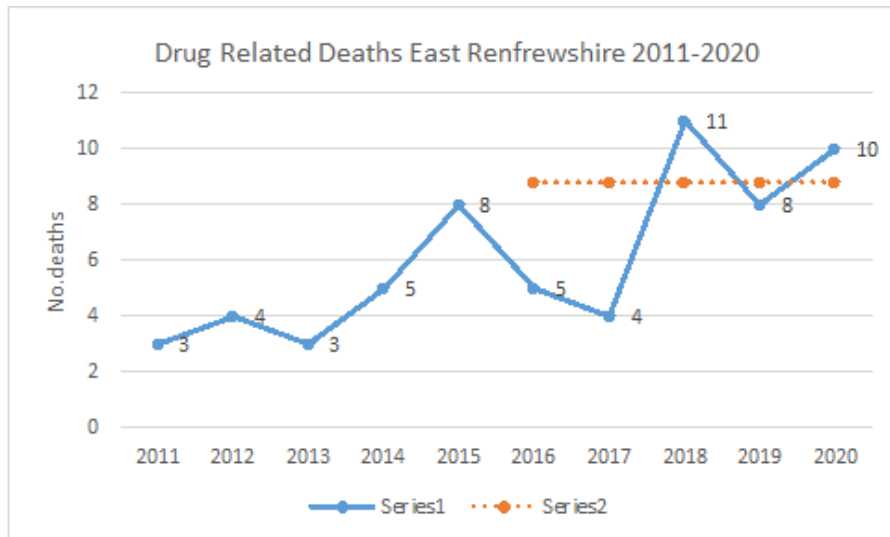
Drug related hospital admissions		
	2018/19	2019/20
Drug Related Hospital Admissions	76.64	85.26

Data shows age-sex standardised rate per 100,000 and 3 year aggregates for East Renfrewshire shows a slight increase of 11%. As a comparator, East Dunbartonshire area has recorded a slightly higher rate of hospital admissions in the same timeframe although has remained more stable (2018/19 – 100.25 and 2019/20 - 103.37, a very slight increase of 3%)

Delivery of Alcohol Brief Interventions

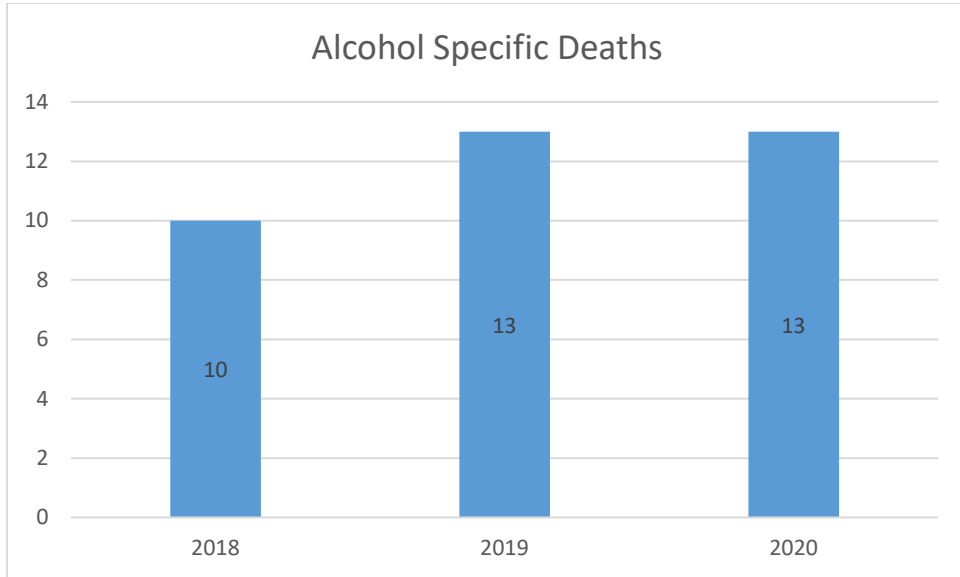


The number of Alcohol Brief Interventions being completed in East Renfrewshire have been in decline. These were affected further during Covid-19 period from 2020 with numbers reducing from 33 in 2019 to nil return for 2021/22 however the ADP has approved funding for commissioned ABI work in the coming months to get this work progressing again.

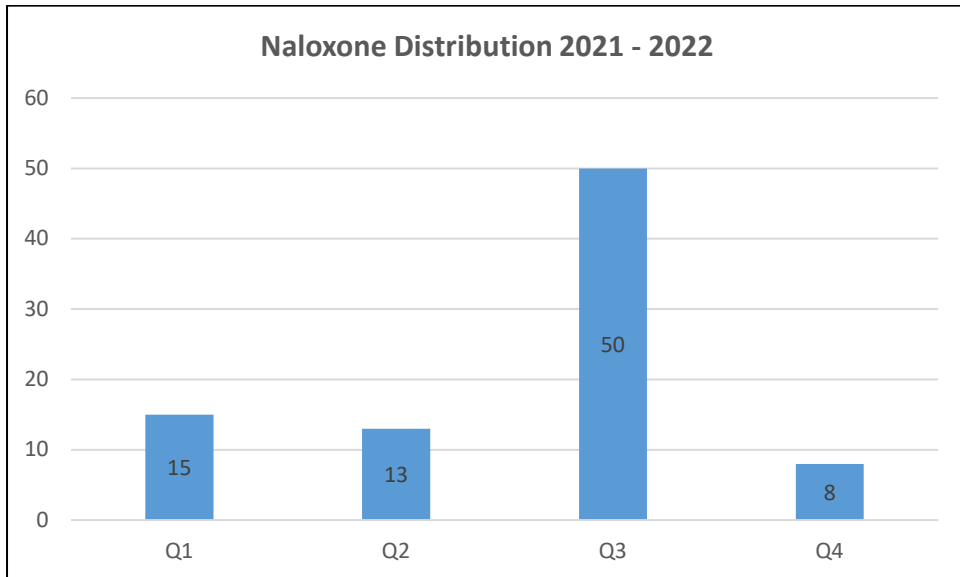


National Records Scotland analysis of age standardised death rate over period 2016-2020 shows East Renfrewshire has the lowest five year average death rate in mainland Scotland (8.8). Dundee City has the highest with 43.1 followed by Glasgow (39.8). East Dunbartonshire, a similar area in terms of population and demographics had 9.5. 2021 data is expected to be published in the summer.

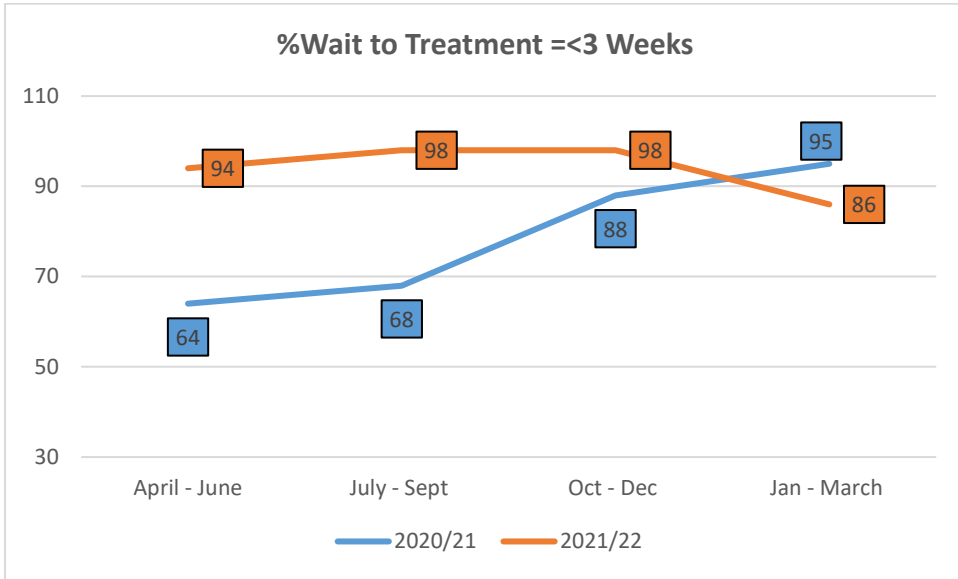
Source: National Records of Scotland



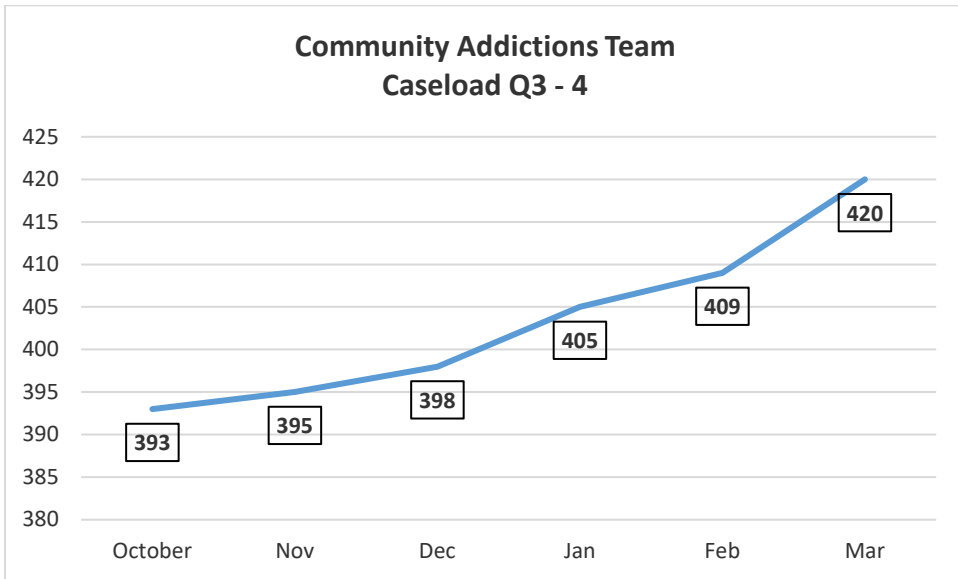
- The number of alcohol specific deaths in **East Renfrewshire** in 2020 is the same as in 2019 – 13 deaths, while the national figures increased by 17%.
- The annual number of deaths over the last decade in East Renfrewshire has ranged from a low of 7 in 2015 to a high of 14 deaths in 2016.
- The five year average per 100,000 age-standardised population, a more reliable measure due to the small numbers of deaths in the area, shows that East Renfrewshire has had an average five year rate of either 11 or 12 alcohol specific deaths, the lowest in the GGC area.



Naloxone distribution has increased by 26% in 2021/22 to 86 from 66 kits issued in 2020/21. Source – Local Recording Log



In 2021-22, the new national drug and alcohol information system, DAISy, was launched. The system is now well-embedded within local services and after some delays, reports on waiting times can now be generated. Also in 2020/21 the Team were impacted by Covid restrictions and staff shortages which contributed to the fall in patients waiting for treatment but the Team was able to fill a number of vacancies and have improved waiting times over the past year, meeting the target consistently, with a slight drop in Q4 due to administration delay in recording appointments, which have since been rectified.



In the last 6 months till March 2022 the caseload has increased by 7%, which might also reflect the increase in the wait times for team

Section 2: Action Updates

Action Description	Lead Organisation and Partners	Update April 2022
Prevention		
Develop and deliver a whole population health improvement approach to promote informed choices in relation to alcohol and drugs and promote positive mental health and wellbeing, through access to accurate, consistent and reliable information, which takes account of the needs of various target groups, life stages and socio-economic and health inequalities	East Renfrewshire HSCP	Development of a Communications plan for 2022/2023 to support health events and health promotion activity. Campaigns will aim to educate, increase awareness, reduce stigma and a support positive health and wellbeing. Paid campaigns have been implemented with Breathing Space and the new Togetherall platform. The communications plans explores new methods of communication such as marketing techniques with the aim of maximising reach specifically with "hard to reach groups" including young people aged 18-25. Digital and face to face approaches will be maximised as we move slowly to return to face to face services / delivery.
Development of robust Alcohol Brief Interventions approach, including training and capacity building of staff across a range of appropriate service providers and settings	East Renfrewshire HSCP	Agreement from ADP to invest in ABI delivery through the third sector. Quick Quote process underway to commission service provider who will deliver ABIs, ABI training and training for trainers over a 12 - 18 month period, with the aim of building local capacity for both training provision and ABI delivery.
Develop an overprovision assessment for Barrhead based on robust health and police data and engagement with local communities and other stakeholders and put forward for inclusion in East Renfrewshire licensing board policy statement	Police Scotland and East Renfrewshire HSCP	Work now rescheduled to Year 3
Provide updated guidance on managing incidents of drug and alcohol misuse, with associated training based on the Substance Misuse Toolkit.	East Renfrewshire Council (Education)	Guidance on managing incidents of drug and alcohol misuse has been developed, shared with and presented to head teachers of all East Renfrewshire schools in all sectors. Anecdotal feedback from head teachers suggests that the guidance has provided greater clarity when dealing with these situations. It has not yet been possible to provide training for pastoral care school staff on the Substance Misuse Toolkit as an NHS led team are still updating this resource.

Develop and deliver a health improvement approach to alcohol, drugs, mental health and wellbeing with children and young people to promote informed choices in relation to alcohol and drugs and promote positive mental health and wellbeing, through access to accurate, consistent and reliable information	East Renfrewshire HSCP, East Renfrewshire	Covid restrictions have made it very difficult to engage with young people in-person. The Community Learning and Development team have been critical in maintaining engagement and building relationships with young people through a detached outreach model. During the period June-December 2020 the CLD team had 4774 interactions with young people (this counts interactions not individuals). From March 2021-present CLD have continued to engage with a high number of young people during detached with 3365 interactions and in October 2021 a weekend outreach programme was developed. Staff adopt a harm reduction approach when discussing young people's safety, risk taking behaviours, drug and alcohol consumption and anti-social behaviour. The issues identified during outreach inform the development of programmes in schools. Alcohol and Drugs Partnership funding has been allocated to continue the detached outreach weekend programme from October 2022 to March 2023.
Recovery		
Strengthen user involvement and influence in the design and delivery of services across the Alcohol and Drugs Partnership, through a peer research approach	East Renfrewshire HSCP (Recovery Services)	The East Renfrewshire programme has been progressing well, with a contract in place with Figure 8 Consultancy to develop and run the programme. Six peer researchers with a range of lived experience were recruited for the first round of training, including individuals with experience through their family member's alcohol or drug harm, those who have been engaged with services locally and peer researchers from out with East Renfrewshire, who provided a valuable mentoring role within the programme as well as supporting the research. The first study focused on service user experience of the provision of Opiate Substitution Treatment and 14 in-depth qualitative interviews were conducted with service users. The report is now influencing improvements to Community Addictions Services. A further four volunteers have joined the peer research group and a second study – Community Needs Assessment – is now at design stage.
Enhance skills and knowledge in trauma aware and trauma informed practice across the Alcohol and Drug Partnership	East Renfrewshire HSCP	Consideration of trauma informed practice development within the team will be considered as part of Medication Assisted Treatment implementation over the next 6-12 months.
Increase the distribution of Naloxone to drug users and their family members, carers and friends, to prevent drug overdose and deaths	East Renfrewshire HSCP (Community Addictions Service)	86 kits have been issued this past year. Prescriptions are issued to current caseload and kept up to date with replacements being issued when out of date.

<p>Joint work with Penumbra, Community Addictions Service and community-based recovery groups to develop sustainable recovery approach, including peer support and sustainable group approaches, fit for purpose in the post-Covid-19 community, across HSCP, third and community sectors</p>	<p>East Renfrewshire HSCP Penumbra Recovery community/lived experience groups</p>	<p>The peer support service is now well established and the Year 1 evaluation was extremely positive. As at May 2022, 38 people are being supported by the service, while 23 people await support. 11 people have received peer support and moved on from the service, having completed the recovery goals they had set. A 0.4FTE vacancy has recently been recruited, helping to reduce the number of people waiting. A programme of group support has just been launched and initial feedback is positive, with people enjoying the opportunity to meet others with similar experiences.</p> <p>The service uses the iRoc (individual recovery outcomes counter) tool to measure individual's progress. Repeat iRocs carried out in the first half of 2021 show progress in key factors such as Mental Health and Life Skills,</p> <p>PARTNER recovery group re-established in person meetings within community premises (Barrhead Foundry) in February 2022, supported by the Alcohol and Drugs Partnership. The group has a stable membership of 12, and new members have been supported to attend the group through the links with the Community Addictions Service. PARTNER have also made strong links with the peer research group and are working with Scottish Recovery Consortium on a development plan.</p>
<p>Maximise participation in services through: addressing digital poverty and assertive outreach work to engage with the hardest to reach individuals at risk of overdose/relapse to encourage retention in treatment</p>	<p>East Renfrewshire HSCP</p>	<p>Penumbra have been appointed to deliver the peer navigators test of change and have successfully recruited a support manager and one of the peer navigator and continue to recruit for the remaining peer role. Two service design group meetings have been held and lived experience engagement informed the peer role descriptions. Initial pathways to peer navigator service are currently being developed and it is hoped the services will be operational by the summer.</p> <p>More than 30 devices and internet connection packages issued to alcohol and drugs service users through Scottish Government Connecting Scotland programme. Devices have supported people in recovery through ability to access online recovery groups, use online tutorials in music and creative activities and keep in touch with the service, family and friends.</p>

<p>ADP representatives will participate in the Local Employability Partnership groups and work closely with all employability partners to ensure that access to employment and vocational training opportunities form an integral part of the overall recovery approach.</p>	<p>East Renfrewshire Council East Renfrewshire HSCP Penumbra RCA Trust</p>	<p>Continued partnership working via the Local Employability Partnership. Work EastRen, the Council's employability service, will continue to offer person-centred employability support via our Health Barriers programme and other targeted support including the Long Term Unemployed job creation programme.</p> <p>A number of posts have been created within the ADP area through commissioned services that have lived experience within the criteria which provides employment opportunities locally as well as increasing the influence of lived experience within service delivery.</p>
<p>Redesign the delivery of Opiate Substitution Therapy (OST) – to, encourage ownership of treatment and recovery, promote independence, reduce stigma and encourage increased engagement in psycho-social interventions</p>	<p>East Renfrewshire HSCP (Community Addictions Service)</p>	<p>The first peer research study on experiences of Opiate Substitution Treatment has been completed and the Community Addictions Service have been proactive in taking forward improvements, in particular, implementation of the Medication Assisted Treatment Standards. A new Standard Operating Procedure has been implemented, ensuring opiate referrals are identified on receipt, and fast tracked to assessment, with medication starting, where possible, on the same day of presentation. Website information has been updated for MAT provision and service user leaflets promoting MAT have been updated and will be circulated widely to encourage uptake of services. Processes to capture data and monitor implementation have been developed. Recruitment is underway to increase capacity of the team to deliver the Standards, in particular to increase prescribing provision to 5 days per week. The Buprenorphine clinic continues to operate and the number of people on the treatment (a long acting injectable buprenorphine) has increased from 14 in the pilot stage to 23.</p>
<p>ADP representatives will work with Housing to develop a clear understanding of the particular requirements of individuals with harmful alcohol / drug use in need of housing</p>	<p>East Renfrewshire Housing</p>	<p>Naloxone training has been provided to key housing / homelessness staff.</p> <p>RCA Trust are currently working with 60 individuals to support them within their housing/tenancies, including support such as tenancy sustainment, budgeting, liaising with other local services including St Andrew's House, Money Advice and Rights Team, Social Work and Housing.</p> <p>Case Study Example: M is a 40 year old woman who a history of alcohol and drugs use, a history of homelessness and family and relationship difficulties. M moved into one of our supported accommodation flats to gain extra support from our service. She was in the programme for 18 months during which she remained abstinent, reengaged with her family and made good progress across all areas of her life. She has recently moved into her own tenancy and is flourishing in her own flat.</p>

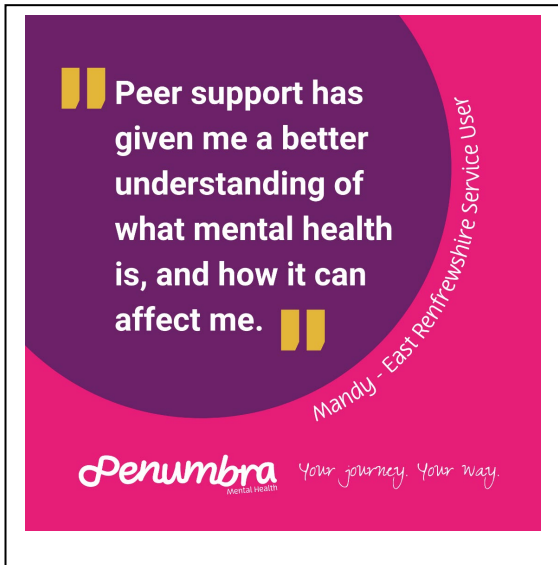
Whole Family Approach		
Strengthen links between alcohol and drugs services and children and families, including exploring further the impact of Covid-19 and lockdown on children and families and the initial assessments citing parental alcohol and drug use	East Renfrewshire HSCP (Community Addictions Service and Social Work)	<p>Some early engagement work has been carried out with families including:</p> <ul style="list-style-type: none"> - Care experienced young people - Families supported by social work (mums and dads) - Adult family members with long experiences of family member substance use <p>A partner working group will be formed in the summer to take forward findings, continue to engage with lived experience, strengthen existing services and development investment proposals for new services and supports for families.</p> <p>The addictions team social worker is strengthening links between the addictions team and children and families provided some specific person-centred supports to young people who are experiencing alcohol and drug harms</p>
Increase awareness of the family support service within the community addictions service, for self-referrals and referrals from other local services	East Renfrewshire HSCP	<p>A new community recovery team coordinator (also covering family support) is now in post and addiction support worker vacancies are in the process of been filled which would then bring the team to full capacity. Work to raise awareness and increase uptake will be undertaken over the coming months and link in with the wider partnership work to implement the whole family support framework.</p> <p>Family support will be introduced at the earliest point from referral and revisited throughout the recovery journey of individuals. There is also work underway to incorporate family involvement within an individuals Recovery Care Plan.</p> <p>Publicity information including website will be reviewed and updated.</p>
Develop strong, consistent practice in Signs of Safety approach to child protection across alcohol and drugs services and the wider Alcohol and Drugs Partnership	East Renfrewshire HSCP	There are strong, existing arrangements in place, however this will be expanded upon as part of the Drugs Mission family support development work.

Public Health Approach to Justice		
Development of a women's justice service to ensure the specific needs of women are met through a range of services from partner agencies such as housing. Development of a women's justice service to ensure the specific needs of women are met through a range of services from partner agencies such as housing.	East Renfrewshire HSCP	The Justice Service continues to support women who are convicted of offences and have been sentenced to Community Based disposals by the courts. The service also works closely with the Scottish Prison Service (SPS) in respect of women who are in custody and due for release on Voluntary or Statutory Throughcare. The range of supports made available include: help with finance/welfare benefits, Housing needs, accessing Addiction services, Health, Leisure Services and assisting in the resettlement of women in the community following release from custody. The service now has 2 support workers who have a clear role in supporting women subject to Statutory supervision, voluntary after care, Structured Deferred Sentence and Diversion. There are strong links with Adult services, Housing and Addictions as well as Voluntary Sector and Third Sector agencies who often assist in providing placement opportunities for women who are completing Unpaid Work hours as a requirement of their Community Payback Order.
Health needs assessment of individuals involved with community justice, recognising individuals involved with criminal justice have distinct health characteristics related to trauma, resulting from physical and sexual abuse, mental health, drug and alcohol use and history of broken relationships with statutory health care providers such as GPs	East Renfrewshire HSCP	This has not been progressed at the time of preparing the report due to the impact of COVID. However this initiative is about to get underway.
Mentors in violence programme – a preventative approach to reducing violence	East Renfrewshire HSCP	The Mentors in Violence Prevention (MVP) programme has been established in four of the seven East Renfrewshire secondary schools, following training for school staff and partners (inc. Police, Community Learning and Development, Social Work, Women's Aid) in May 2021. The other three secondary schools will be trained in May 2022. It is too early to measure impact of the programme in schools, as Covid restrictions have delayed implementation so the focus has been on training pupil mentors in school.
Work with Police Scotland on the delivery of the Greater Glasgow Division Drugs Strategy actions specific to East Renfrewshire across all strands of the Alcohol and Drugs Plan including early intervention and prevention and the public health approach to justice	Police Scotland	Bespoke SAMH training package funded by the Alcohol and Drugs Partnership for police response officers and two of three sessions have now taken place. The training covers a broad range of mental health issues, tackles prejudices and promotes early identification of members of community who have dependencies and mental health issues. This approach promotes Vulnerable Person's Database route to local support services via the concern hub. The training will provide Mental Health Champions on all our response / community policing shifts. MH Champions will be able to promote access to ERC Peer Navigators (currently being recruited). All campus officers and community officers in East Renfrewshire received NES (NHS) Trauma informed

		<p>training during 2021 – which again tackles prejudices. East Renfrewshire is the only sub division in Greater Glasgow to do so and this is being seen as best practice;</p> <p>Promotion of access to GORT services – briefing slides to all East Ren officers and request made piece to camera inputs so we can raise awareness further across all shifts;</p> <p>Naloxone Test of Change – all officers in East Ren will in due course be trained to carry Naloxone in line with national rollout programme which is being planned (within the next 18 months)</p> <p>Custody Peer Mentors in G Division Custody Suites are also support route in to support services in East Renfrewshire and will also build links with the peer navigators.</p>
ADP Commitments		
Involving individuals with lived experience to ensure that services are person-centred, supportive and inclusive	East Renfrewshire HSCP	<p>Four interested and committed volunteers have come forward for the Panel and have been working with The Advocacy Project on where they would like to see changes in services, what their role as a Panel may look like. They have attended a Community Addictions Services team meeting, met with the Lead Planner for Recovery Services to discuss priorities and have engaged with the local peer research group. An introductory meeting with the Chair of the ADP has identified some initial support arrangements for the Panel to develop its role. There is a development plan in place for the group to ensure they are supported to design/develop their role within the Alcohol and Drugs Partnership structure. The role of the Panel is critical in how the ADP operates in future.</p>
Ongoing evaluation of emerging evidence about alcohol and drugs, including the ongoing impact of Covid-19 (on overall wellbeing, inequalities, and alcohol and drug trends) to ensure that actions remain relevant and impactful. (Tracy)	East Renfrewshire HSCP	<p>This is an ongoing area of work. The ADP support team, working with key services, have undertaken review drug related deaths to inform prevention work, national statistics on drug related deaths and alcohol specific deaths, Covid surveillance reports published by Public Health Scotland, as well as the information gathered through working with lived experience groups.</p>

Section 3: Case Studies

Name of Case Study Project	High School – Targeted Group Work sessions
Service Area	Community Learning and Development
<p>Description of event/project:</p> <p>The service is currently delivering targeted group work sessions in Williamwood High School to groups of pupils in S3 and S4. Group members have been identified by their head of year and or behaviour support teachers as being at risk due to their behaviour in school and in the community. CLD staff have designed and developed a 7 - 12 week programme (flexible to suit the needs of the school and the young people) based on areas of concern/issues that staff have identified during detached youth work as the basis for the programme content. As with all CLD programmes content and delivery style is flexible and young people are encouraged to share views, opinions and engage in discussion.</p> <p>The CLD worker who delivers the programme uses the first session to identify the priority of certain topics based on group conversations e.g. the S4 young people spoke about cannabis a lot therefore the focus of the first session looked at harms, effects, legalisation etc. One group spoke about smoking and vaping so the first session focused on this.</p> <p>From Jan – March 2022 47 young people will participate in early intervention/prevention programmes in school.</p>	
<p>Feedback from the first group participants</p> <ul style="list-style-type: none"> • “Been good to ask questions that I would defo not ask my teachers” • “Had no idea that some drugs could do these things to me” • “This stuff is actually quite interesting” • “Loved the beer goggle challenge” • “STI’s are horrible I’m never getting one” <p>Head of year feedback</p> <ul style="list-style-type: none"> • “Impressed by the class attendance and promptness of pupils as they are prone to skipping class or turning up late but have been on time to all these sessions. <p>Staff also report that they young people have expressed to them their interest and enjoyment of the programme content.</p>	



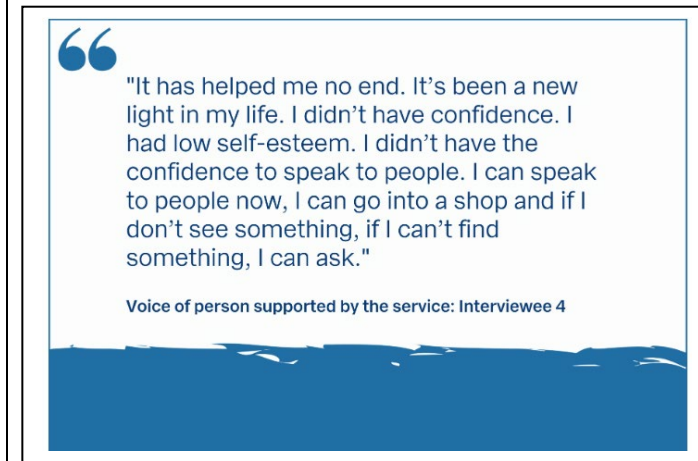
Name of Case Study Project	East Renfrewshire Peer Support Service
Service Area	Penumbra and East Renfrewshire HSCP

East Renfrewshire Health and Social Care Partnership (HSCP) is committed to embedding peer support for recovery within statutory services - for individuals with harmful alcohol and / or drug use, and individuals with mental health issues. The HSCP wishes to achieve positive outcomes for people in recovery by exploring the extent and potential for people with lived experience to work alongside people in recovery and those with clinical experience.

The HSCP commissioned Penumbra to develop and deliver the Peer Support Service in East Renfrewshire. This was the first service in East Renfrewshire operating jointly across alcohol and drugs and mental health, recognising that peer support for recovery has the potential to be effective in both settings. The East Renfrewshire Peer Service was launched in September 2020 and is delivered by a recovery team that includes an area manager, a recovery practitioner, and two whole time equivalent peer workers who work with mental health and addiction teams.

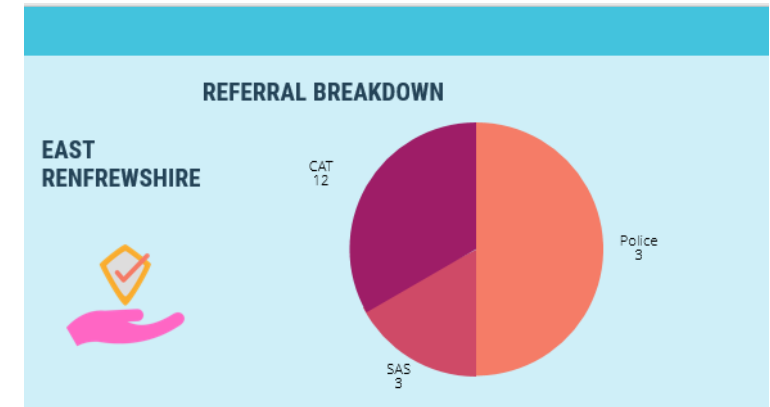
A peer support champions group including Penumbra team staff, a champion from each referring service (community addictions team, adult mental health team, RCA Trust and RAMH) meets regularly. The focus of the champions group is to help embed peer support within services through enabling peer worker participation in team meetings and multi-disciplinary team meetings, promoting the service and ensuring referrals are considered and appropriate.

Penumbra have recently launched a group work programme. This will help to ensure more people receive support, giving people the option of 1-1 support, group or both. Group themes include anxiety management, sleeping well, walk and talk, mindfulness, and exploring creative activities such as painting and photography. The outcomes of the group programme will inform further activity. Qualitative feedback from supported people continues to be positive.



HSCP and Penumbra continue to work closely in developing the services, prioritising in particular, maximising the capacity of the service and ensuring wait times are low, ensuring that peer support is considered widely within teams (mindful particularly of a lower proportion of men referred to the service) and continuing to ensure peer support is viewed as an integral part of service supports in mental health and alcohol and drugs services.

Name of Case Study Project	New alcohol and drug service developments
Service Area	Overdose Response Team
<p>Many developments have taken place in national policy and direction since the Strategy was launched and this has already resulted in the transformation of services available at local level in East Renfrewshire.</p> <p>Turning Point Scotland, having secured funding from the Drugs Death Task Force, approached East Renfrewshire to deliver an Overdose Response Service, also covering Renfrewshire and Inverclyde areas.</p> <p>Rapid response to non-fatal overdoses, providing a short, focused period of support to each person, assertively engaging the individual with mainstream services. GGCORT is specifically developed around MAT 3, 4, and 5 This is an assertive outreach service, providing a 24-48 hour response 7 days per week. Referral pathways have been developed with Police Scotland, Scottish Ambulance Service and local alcohol and drugs and other services, as well as self-referrals.</p> <p>The service works closely in partnership with Community Addictions Teams, care managers and prescribers to support people into Medications Assisted Treatment services. Information about MAT is offered at the first appointment with support to arrange appointments on the same day or within the same week, and 4 week follow ups. Interventions take a harm reduction approach including:</p> <ul style="list-style-type: none"> • Overdose awareness (with individuals and any family members of friends present) • Naloxone training and supply • Injecting equipment provisions • Safe injecting • Safe sex advice and condoms provision <p>From 15 September to 20 May, in East Renfrewshire:</p> <ul style="list-style-type: none"> • 18 referrals received, with 80% responded to within 24 hours • 63 Naloxone kits given with training <p>Partners will continue to work together on this exciting service development and enhance the connections with other services in the areas, particularly the peer navigators test of change, which is a natural follow on support from the overdose response interventions.</p>	



Section 4: Upcoming developments

Over the coming months, a number of new developments will progress and will be featured in the next report, including:

WAND Harm Reduction Outreach Initiative – Turning Point Scotland were recently successful in a bid to the Drugs Mission fund for this initiative which will deliver across parts of Glasgow City, East Dunbartonshire and East Renfrewshire. The Alcohol and Drugs Partnership supported the bid and the WAND approach will support the ADP to deliver on the MAT Standards, in particular Standard 4 on harm reduction provision. The initiative will provide an alternative way for individuals to access services, advice and information. ADP Partners will work closely with Turning Point to guide and support the implementation of the approach, including advising on locations, promotion and awareness raising across both communities and local services and tackling stigma.

Peer navigators – this service will get underway in the coming weeks and begin to report on engagement, impact and learning that will inform the test of change.

Peer Naloxone Champion – this new post has been created through the No One Left Behind employability fund and employed by RCA Trust. Plans include community outreach events to promote Naloxone, encourage take-up of kits and training, and engaging with a wide range of frontline services to educate and raise awareness and encourage carrying of Naloxone where appropriate.

Further development of the recovery community, in partnership with local lived experience groups, including the peer researchers and Lived Experience Panel