



Date: 17 March 2023
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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 29 March 2023 at 10.30 am** or if later at the conclusion of the Performance and Audit Committee.

Please note this is a virtual meeting.

The agenda of business is attached.

Yours faithfully

Anne-Marie Monaghan

Chair

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD
WEDNESDAY 29 MARCH 2023 AT 10.30 am**

VIRTUAL MEETING VIA MICROSOFT TEAMS

AGENDA

- 1. Apologies for absence.**
- 2. Declarations of Interest.**
- 3. Minute of meeting held on 1 February 2023 (copy attached, pages 5 - 14).**
- 4. Matters Arising (copy attached, pages 15 - 18).**
- 5. Rolling Action Log (copy attached, pages 19 - 22).**
- 6. Specialist Children's Service Single Realignment (copy attached, pages 23 - 56).**
- 7. Revenue Budget 2023/24 (copy attached, pages 57 - 84).**
- 8. Revenue Budget Monitoring Report as at 31 January 2023 (copy attached, pages 85 - 102).**
- 9. Supporting People Framework (copy attached, pages 103 - 122).**
- 10. Joint Inspection of Adult Support and Protection in East Renfrewshire (copy attached, pages 123 - 126).**
- 11. Equality and Human Rights Mainstreaming Report and Interim Review of Outcomes (copy attached, pages 127 - 162).**
- 12. National Transfer Scheme for Unaccompanied Asylum-Seeking Children and the Ukrainian Resettlement Scheme (copy attached, pages 163 - 170).**
- 13. HSCP Savings: Recovery and Renewal Programme (copy attached, pages 171 - 190).**
- 14. Appointment of Standards Officer (copy attached, pages 191 - 194).**
- 15. Chief Nurse; Oral report by Chief Officer.**
- 16. Date of next meeting – Wednesday 28 June at 1.00 pm**

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**Minute of virtual meeting of the
East Renfrewshire Integration Joint Board
held at 10.00 am on 1 February 2023**

PRESENT

Anne-Marie Monaghan	NHS Greater Glasgow and Clyde Board (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
Geoff Mohamed	Carers' representative
Julie Murray	Chief Officer – IJB
Councillor Owen O'Donnell	East Renfrewshire Council
Councillor Katie Pragnell	East Renfrewshire Council (Vice-Chair)
Raymond Prior	Head of Children's Services and Criminal Justice (Chief Social Work Officer)
Lynne Rankin	Staff Side Representative (ERC)
Lynne Siddiqui	AHP Lead

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
Karen Lamb	Head of Specialist Children's Services, NHS Greater Glasgow and Clyde
Lee McLaughlin	Head of Adult Services – Communities and Wellbeing
Tom Kelly	Head of Adult Services – Learning Disability and Recovery
Craig Menzies	Locality Manager
Julie Metcalfe	Clinical Director CAMHS, Specialist Children's Services, NHS Greater Glasgow and Clyde
Caroline Sinclair	Chief Officer – East Dunbartonshire IJB

APOLOGIES FOR ABSENCE

Andrew McCready	Staff Side Representative (NHS)
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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 23 November 2022 subject to it being noted that Suzanne Clark, who attended the meeting as an observer, was a service user and not a carer representative.

MATTERS ARISING

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

ROLLING ACTION LOG

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

Responding to a question from Mrs Kennedy on the capacity of staff to produce the reports identified on the action log scheduled to be submitted to the March Board, the Chief Officer confirmed that she would discuss this with the Chief Social Work Officer.

In addition, in reply to Ms Khan who referred to actions being taken by the health board to identify and record the protected characteristics of staff, the Chief Officer confirmed that further discussions on this could take place with the Council's HR and Communications Teams.

Thereafter, in reply to Councillor Bamforth, it was clarified that although Pollok Police Station had been identified as a place of safety, local options were still being explored. In this regard the Chief Social Work Officer referred to plans for the development of a Barnahus in East Renfrewshire, and using that facility in future would be explored. In relation to the timescales for this he explained that the initial plans for the development of Capelrig House had been delayed but that works in relation to the establishment of a smaller model were ongoing.

In relation to Capelrig House, Councillor O'Donnell highlighted that there were cost issues and that these would need to be considered in the context of the Council's capital plan.

The Board noted the report and the additional information.

PERFORMANCE AND AUDIT COMMITTEE

5. The Board considered and noted the Minute of the meeting of the Performance and Audit Committee held on 23 November 2022.

SPECIALIST CHILDREN'S SERVICES SINGLE SERVICE ALIGNMENT

6. The Board considered a report by the Chief Officer providing an update on progress towards planning for implementation of a single service structure for Specialist Children's Services (SCS).

By way of background, the report explained that within the Greater Glasgow and Clyde Health Board it had been agreed that there should be a single system management arrangement for SCS, which included CAMHS and Specialist Community Paediatrics Teams. This would bring together, into a single management and financial structure, the currently delegated Tier 3 HSCP SCS services and the Board-wide Hosted Tier 4 services.

It was noted that the current arrangements, whereby Tier 4 CAMHS and Community Paediatrics services were aligned to the Chief Officer for East Dunbartonshire HSCP and Tier 3 CAMHS and Community Paediatrics services were hosted across the other 5 HSCPs in the NHSGGC area, were intended to be consolidated under a formal hosting arrangement within East Dunbartonshire HSCP. This would include consolidation of all the budgets supporting the delivery of these services and a refresh of the associated governance and reporting arrangements through East Dunbartonshire IJB, and through other IJBs as part of regular performance reporting.

It was further noted that a single system management arrangement was a development that Scottish Government was keen to see progressed and it had been raised within the CAMHS performance support meetings currently in place. Furthermore, it was seen as critical to the improvement of the co-ordination and management of services across Greater Glasgow and Clyde and the performance of CAMHS and community paediatrics across the health board area.

The report also set out the main principles that would guide the transition, these being that services would continue to be delivered locally and by existing teams; they would remain located within their current HSCPs; and would continue to work closely in partnership with HSCP colleagues.

It was explained that change would be guided by a project plan which would be developed and would include a consultation and engagement plan. Work would be inclusive of all key stakeholders and staff partnership colleagues. In addition an Oversight Group would be put in place to support the work, with representation from all HSCPs within the Greater Glasgow and Clyde area. An appendix, which set out the background, current structures, proposed process for implementation, current financial framework and associated staffing complement, current management arrangements and clinical, care governance and performance arrangements accompanied the report.

In addition it was noted that a further report would be submitted to the next meeting of each affected Integration Joint Board including the details of the transition of staff and budget, for approval.

The Chief Officer then introduced, Caroline Sinclair, Chief Officer, East Dunbartonshire IJB and Karen Lamb, Head of Specialist Children's Services, NHS Greater Glasgow and Clyde, who were heard further on the proposals set out in the report. In particular they highlighted the current fragmentation of service delivery with the aim being to create flexibility to respond to different circumstances across the NHSGGC area, improve resilience, and have a more consistent approach to dealing with growing levels of demand.

Having heard the presentation, Councillor Bamforth referred to the success of the Family Wellbeing Service and Healthier Minds initiatives in East Renfrewshire, seeking assurances that the proposals would not have an adverse impact on these. In reply, Ms Lamb explained that the initiatives introduced in East Renfrewshire were recognised as having a positive impact and that there was a commitment that any new proposals would be complementary.

Officers then responded to questions from Mr Mohamed on the impact of the new provisions on wait times, and resource allocation across services following amalgamation. In relation to the former, it was recognised that lengthy waiting times had been an issue, that there had already been improvements even taking into account an increased number of referrals for service, and that there was a very active and engaged group working on how to minimise waiting times. In relation to the resource allocation it was explained that this was based on greatest clinical need. It was explained that there was already in place a single hosted model for medical staff which allowed for greater flexibility to direct staff to greatest areas of need.

Responding to a further question from Mr Mohamed, it was explained that there was no expectation that people would need to travel outwith their local area to access services.

Ms Sinclair then responded to questions from Councillor O'Donnell, clarifying that the proposals did not form part of any cost reduction strategy but were being developed in the context of service improvement.

It having been confirmed that an Equality Impact Assessment would form part of the proposals brought back to the Board, Ms Monaghan referred to the discrepancy in the levels of investment in the services by HSCPs in the NHSGGC area and questioned what would be done to ensure there would not be a disproportionate impact on HSCPs such as East Renfrewshire that had invested heavily in the past. In reply Ms Sinclair acknowledged that investment discrepancies were complex, but confirmed that finance staff were carrying out due diligence across all HSCPs to make sure that there was no disadvantage suffered and also fair resource transfer. It was further confirmed that staff side representatives were involved in the changes.

The Board:-

- (a) noted the report; and
- (b) noted that a further report with details of the staff and budgetary transition would be submitted to the next meeting for approval.

CARE AT HOME SERVICE UPDATE

7. The Board considered a report by the Chief Officer providing an update on the impact on East Renfrewshire Care at Home Service of the local and national social care crisis, and setting out crisis management and contingency plans for the service to mitigate and further address the risks and make improvements within the service.

The report provided summary information regarding the Care at Home Service it being noted that care at home was provided to around 500 local residents covering on average 10,500 visits and 3,434 hours of care per month.

It was explained that there had been significant capacity issues within Care at Home both locally and across Scotland with the situation locally reaching crisis point in early December 2022. Two briefings had been shared with IJB members in December.

It was highlighted that increasing complexity of need of people being supported against a backdrop of recruitment challenges had led to significant pressures, and that locally, there had been a 49% reduction in the amount of service that commissioned providers were able to deliver since 2020. This had led to significant pressure on the HSCP's in-house care at home service. Furthermore, the service had continued to experience significant absence rates with 35% currently where the frontline carer and organiser roles continued to be the most affected.

The report then provided further information demonstrating the increase in both complexity of need and service demand. In particular the report explained that with respect to the service Red Amber Green (RAG) risk assessment process, a higher number of service users were categorised as RED due to the complexity of their needs.

The report then explained that in relation to winter planning, the HSCP continued to draw upon the detailed winter response plan in order to proactively mitigate the impact of winter pressures across the health and social care system and respond to local issues and risks. Details of the main themes contained in the winter plan were summarised.

Reference was also made to the Care at Home Crisis Management Plan. This was a robust risk management and improvement plan in response to the current pressures, which acknowledged the complexity of the issues and was focused on 9 key priority areas, these being set out.

The report then commented on ongoing issues in relation to recruitment, redeployment and retention and also the challenges in relation to absence management and maximising attendance, with details of the work being carried out in both areas to mitigate the challenges being set out.

Information was also provided on the successful introduction within the agreed timeframe of the mobile scheduling system, despite the challenges facing the service. It was noted that mutual aid and support had been received from both Renfrewshire and South Lanarkshire HSCPs which both used the system.

Having provided summary information in relation to the 96 service complaints received from individuals and families, including the key themes, the report explained that further work to deliver service improvements was ongoing. This included improving the phone system at Kirkton which was not fit for purpose in terms of fielding, handling and monitoring the volume of calls to and from the service.

Further comment was then made on how resources were being prioritised, it being explained that since Saturday 3 December, the service had needed to instigate the RAG protocol on a daily basis, cancelling the lowest risk services (green and amber rated). On 22 December 2022, due to the increased capacity challenges over the festive period, the service made the difficult decision to step down care at home services for service users where family could help and where following a full assessment it was considered safe to do so. As a result, services were stepped down from 22 December until 6 January for 149 service users. As of 11 January 2023, all services with the exception of 25 (green RAG rated) had been reinstated. This would be subject to daily review and change depending on service capacity and risk. However it was noted that as of 30 January there were no services stepped down.

The report also outlined some of the work being carried out to try and minimise delayed discharges from hospital. The impact of care at home capacity issues was reflected in recent performance, with 11 East Renfrewshire residents currently delayed in hospital.

Work was ongoing to progress discharge to home drawing upon a range of solutions including interim care (in a care home), Self-Directed Support alongside asking families to provide care and support for their loved ones. It was noted that the HSCP had developed a strong practice model in Interim Care mainly based in Bonnyton Care Home or some local care homes on a spot purchase basis, whilst the Interim Care Team which included nursing, physio, OT and social work provided intensive reablement supports for individuals during the interim care period to maximise their independence and support a successful transition back home.

Information relating to the ongoing work with staff wellbeing support provided for staff and managers across the service was also set out in addition to which the report provided summary information in relation to the status of the 35 Adult Support and Protection referrals with respect to care at home service users during December 2022.

Having then set out the ongoing collaborative work taking place with the Care Inspectorate, the report concluded by emphasising that the Care at Home Service continued to experience significant pressures in terms of capacity to meet demand and consistency of care, a position reflected across Scotland, and that the HSCP had a robust crisis management plan in place alongside the winter response plan to mitigate risk and prioritise resource.

The Head of Adult Services, Communities and Wellbeing, then provided further updates, on the report.

Ms Monaghan welcomed the report and the transparent manner in which the information, including the challenges to be faced, was presented to the Board. She referred to the work of staff within the service to continue to deliver services in such challenging times and on behalf of the Board thanked them for their efforts.

Ms Monaghan's comments were echoed by Councillor Bamforth who highlighted that problems within care at home services was a UK-wide issue. She also sought information on whether the number of work related stress absences had reduced and whether the number of delayed discharges was, as had been discussed at previous meetings, possibly due to a reluctance of families to place relatives in care homes.

In reply, the Head of Adult Services, Communities and Wellbeing confirmed that work related stress absences were down significantly, and that in many cases the cause of the stress was capacity due to the increased demands placed on staff. She also confirmed that concerns around the use of care homes seemed to have decreased and that it was possible in most cases for people to be returned to their home or to intermediate support in the first instance, rather than remain in hospital.

Responding to Ms Foy, the Head of Adult Services, Communities and Wellbeing then explained the complaints process and that in most cases the issues at Stage 2 were similar to those which had been resolved at Stage 1 and it was simply that the complainer was dissatisfied with the Stage 1 response and had asked for it to be reviewed at Stage 2. Whilst it was not possible to provide specific information, more general information would be provided in the Care at Home briefing to be issued to Board members.

Referring to the delayed discharge figures Councillor O'Donnell highlighted that there tended to be a focus on absolute numbers but it was important to look at these in the context of overall case numbers, in response to which the Head of Adult Services, Communities and Wellbeing confirmed that both the numbers of people in hospital and the complexity of their needs had increased.

She also reported, in relation to absence, that at the time of writing the figures for East Renfrewshire were relatively poorer than in other similar areas, and also referred to the challenge of resilience in smaller sized HSCPs and the split of service provision between internal and external providers. In respect of this it was noted that some external providers had handed care packages back to the HSCP as they were unable to deliver them, increasing further the pressure on the internal service.

Responding to further questions and comments, information was provided on the levels of interest shown in care at home positions at the recent recruitment fayre. Information on this, recruitment and retention strategies and further information on complaints would be included in the Care at Home briefing issued to Board members.

Further information was also outlined in terms of the sustainability of the service and how this continued to be assessed, and also in respect of changes to the telephone service, where it was hoped that a new model would be in place by the end of February.

Mrs Kennedy having thanked staff for their efforts and Ms Monaghan having confirmed the Board's support for the approaches that had been adopted, the Board noted the report.

BUDGET UPDATE

8. The Board considered a report by the Chief Financial Officer advising of the impacts to the 2023-24 budget following the Scottish Government budget announcement on 15 December 2022 and seeking approval for the content of and a process for consultation on the proposed budget for 2023-24.

Having confirmed that the settlement announced by the Scottish Government was in line with the discussions that had taken place at the budget seminar on 18 November, the report summarised the funding position for 2023-24 with copies of the funding letters from Scottish Government setting out the obligations on both NHS and councils in relation to the funding of IJBs accompanied the report as appendices.

Commenting further the Chief Financial Officer explained that in summary, a 2% uplift to the relevant parts of the NHS contribution, funding to meet the increased cost of the living wage incurred by partner providers and funding towards the uplifted rates of free personal and nursing care as determined by the Scottish Government. This was anticipated to be around £3.4 million locally from these 3 elements and whilst any new funding was welcome there was no flexibility as associated costs must be met.

Referring to the table in the report showing potential funding gaps, the Chief Financial Officer highlighted that the IJB still faced significant pressures with a potential funding gap shown of between £5 to £10m depending on a range of factors and scenarios. Between now and March work was ongoing to continually review and revise the position to provide a greater degree of certainty when the Board considered the budget for the coming year at the end of March. She confirmed that every option available to mitigate the impact that significant budget savings would have on both those service users and HSCP staff was being examined.

Commenting further she acknowledged that there was no doubt some difficult decisions would be required to ensure it was possible to set a budget that allowed the IJB to be financially sustainable in the coming year. The focus would need to move away from prevention and early intervention and most likely only be able to support those with the greatest level of need, similar to the levels of service the care at home service provided over the Christmas period given capacity constraints.

She explained that this would impact on the workforce, who were also the bedrock of how the service would have to change. Recent evidence demonstrated that services were able to adapt to working differently, and everything would be done to minimise the impact on the workforce.

It was explained that a series of engagement events were proposed with a range of stakeholders to discuss the likely budget position. Details of the content and timetable were set out in the appendix to the report. It was noted that the engagement was not about a list of options, but focussed more on how everyone could collectively work differently to continue to support those who needed it. The outcome of the engagement work would help inform the proposed budget that would be brought to the IJB in March.

Thereafter full discussion took place. Councillor Edlin enquired if it would be possible to consider the introduction of charging for some services in response to which it was explained that the Board had considered proposed services charges for 2023-24 at its meeting in September 2022, when it had endorsed the proposals for approval by the Council's Cabinet. This was required as setting service charges was not delegated to the Board. At that time the Board had agreed not to introduce any further charges with Ms Monaghan reminding the Board of the reasons for this.

In addition the Chief Officer confirmed that officers were continuing to look at all options to generate further savings/increase income and the findings would be reported to the Board's budget seminar in March.

Ms Khan expressed concern at the possibility of scaling back on preventative services with the potential longer-term impact on service delivery and suggested that this also be discussed at the seminar.

Councillor O'Donnell suggested that public focus to date had been on the overall financial challenges facing councils and health boards and that the public would be dismayed once the challenges facing health and social care provision became more widely known.

The Board:-

- (a) noted the report; and
- (b) agreed the content and process for budget consultation work.

REVENUE BUDGET MONITORING REPORT

9. The Board considered a report by the Chief Financial Officer advising of the projected outturn position of the 2022-23 revenue budget as at 30 November 2022, and seeking approval of a number of budget virements as outlined in the report.

It was reported that the consolidated budget for 2022/23 and projected outturn position, inclusive of COVID-19 costs at nil impact, showed that against a full year budget of £146.008 million there was a projected operational overspend of £0.592 million (0.41%) after assumed contributions from reserves. It was noted that this position included the shortfall in funding for social care staff of c£0.330 million after pass through of funding from East Renfrewshire Council, whilst the pay award within much of the NHS staff cohort was yet to be settled and associated funding was assumed.

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 there had been an increase in projected COVID-19 related costs of £0.040 million since last reported.

The report explained that current projected local mobilisation plan costs were £4.776 million. This was funded by £9.266 million COVID Reserve funding carried forward leaving a balance of £4.500 million. It was also noted that work was ongoing to ensure appropriate exit strategies were in place as no further Covid-19 funding was expected in 2023/24, with the mechanism for the return of funding to the Scottish Government expected imminently.

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

The Chief Financial Officer having been heard further on the report, the Board:-

- (a) noted the projected outturn for the 2023-23 revenue budget; and
- (b) approved the budget virements.

MACMILLAN IMPROVING CANCER JOURNEY AND EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

10. The Board considered a report by the Chief Officer providing an overview of the Macmillan Improving the Cancer Journey (MICJ), a programme to be delivered in a partnership between Macmillan and the HSCP.

It was explained that MICJ was funded and supported by Macmillan Cancer Support (Scotland) and the Scottish Government, and was designed to deliver key objectives of the Scottish Cancer Plan and other Scottish Government strategies. The proposed partnership would offer support to anyone across East Renfrewshire affected by cancer, by offering a Holistic Needs Assessment (HNA) to help identify and address all physical, psychological, social, financial and practical needs.

The report outlined the partnership working that would be put in place and summarised the project aims as being to ensure everyone affected by cancer could easily access the support they needed as soon as they needed it, to enable them to live as well and as independently as possible.

It was noted that the Glasgow model (initially launched in 2015), which was being scaled up and implemented across Scotland, demonstrated significant impact on, and reach to, those people affected by cancer from the most deprived areas. This included increasing financial gains, improvement in quality of life, providing a dynamic response to housing issues and a focus on preventative health.

A copy of the evaluation report (Executive Summary) accompanied the report.

The report then provided some statistical information in relation to cancer in East Renfrewshire. It was noted that East Renfrewshire had a cancer incidence rate of approximately 590 per 100,000, equating to approximately 540 people being diagnosed with cancer annually. The incidence of cancer was also anticipated to increase by 33% over the next 5-10 years.

There were 2,888 cancers (excluding non-melanoma skin cancer) diagnosed in East Renfrewshire in the five years from 2016 to 2020, evenly split across genders. Across the two localities, Eastwood had the most diagnoses of cancer with 74.4% of cases compared to Barrhead with 25.6%.

It was further noted that at the end of 2019, 3,853 people in East Renfrewshire were living with a diagnosis of cancer and had been diagnosed within the previous 20 years. This equated to 4.01% of the population, higher than the national figure of 3.74%.

However it was noted that cancer mortality was consistently considerably lower in East Renfrewshire than it was in Scotland, with 46 fewer deaths per 100,000 occurring in 2018-20. The most common types of cancer in East Renfrewshire for both sexes combined (in order) were, female breast cancer, prostate cancer, lung cancer, colorectal cancer, malignant melanoma of the skin and kidney. These 6 cancers accounted for two thirds of all cancer diagnoses in the East Renfrewshire area.

Details of the governance arrangements of the project having been outlined, the financial position in relation to the project was set out, it being noted that Macmillan would fund the development for a minimum of 3 years to the value of £320,000, whilst the HSCP would host the service and provide strategic leadership, governance and implementation.

Ms Monaghan introduced Craig Menzies, Locality Manager, who was heard further on the proposals in the course of which he referred to longer term aspirations to roll the model out to other long-term conditions.

The Board noted the report.

DATE OF NEXT MEETING.

11. It was noted that the next meeting of the Integration Joint Board would be held on Wednesday 29 March 2023 at 10.30 am.

CHAIR



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	29 March 2023
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 1 February 2023.</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

29 March 2023

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

Employee Equality Information

3. A communication has been included in the HSCP Staff Bulletin encouraging employees to update their personal details to ensure we have accurate employee equality data which helps us understand the demographics and diversity of our workforce.

Care at Home

4. The service has remained relatively stable since the last update provided to the IJB on 1st February 2023. A verbal update will be provided at the March meeting to ensure an accurate and up to date position is shared with members.

RECOMMENDATIONS

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

REPORT AUTHOR AND PERSON TO CONTACT

IJB Chief Officer: Julie Murray

8 March 2023

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	29 March 2023
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 1 February 2023.	
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)

March 2023

Action No	Date	Item No	Item Name	Action	Responsible Officer	Status	Due / Closed	Progress Update /Outcome
399	01-Feb-23	5	Rolling Action Log	Establish the practicality of submitting all the reports scheduled for the March meeting to the meeting.	CO/CSWO	CLOSED	Mar-23	2 papers have been deferred (Actions 376 & 379)
398	01-Feb-23	5	Rolling Action Log	Discuss with the Council's HR/Comms Teams ways in which staff can be encouraged to update their profiles in relation to the accurate reporting of staff ethnicity	CO	CLOSED	Mar-23	Section included in Staff Bulletin with instruction on how to update for both ERC and NHS staff
397	01-Feb-23	7	Specialist Children's Services Single Service Alignment	Liaise with the Chief Officer – East Dunbartonshire HSCP on the production of a report on the alignment of the service for submission to the meeting of the board on 29 March.	CO	CLOSED	Mar-23	Paper included on March IJB agenda
396	01-Feb-23	7	Specialist Children's Services Single Service Alignment	Ensure that EQIA forms part of the paper.	CO	CLOSED	Mar-23	Included in March IJB paper
395	01-Feb-23	8	Care at Home Service Update	Include an update on recruitment retention and current stage 2 complaints in relation to the service in the next briefing to be issued to Board members	HAS-C&W	CLOSED	Mar-23	There has been no further briefings since the last meeting however a verbal update will be included in matters arising
394	01-Feb-23	9	Budget Update	The Board noted the report and agreed the content and process for budget consultation work which should now commence.	CFO	CLOSED	Feb-23	Links to online materials and survey shared with IJB. Consultation closed 6th March
393	01-Feb-23	10	Revenue Budget Monitoring Report – position as at 30 November 2022	Make the necessary budget adjustments	CFO	CLOSED	Feb-23	
385	23-Nov-22	11	HSCP Workforce Plan	Arrange for the completion of the actions as set out in the associated Action Plan	CO	OPEN	Sep-23	Update on actions scheduled for IJB meeting September 2023
384	23-Nov-22	11	HSCP Workforce Plan	Make arrangements in Spring 2023 for site visits to HSCP premises for Board members	CO	OPEN	Mar-23	Suggested programme of visits to be shared with members for comment
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	Jun-23	Added to forward planner - provisionally scheduled for March 2023 - deferred to June 2023
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	Jun-23	Added to forward planner - provisionally scheduled for March 2023 - deferred to June 2023
375	21-Sep-22	9	Revenue Budget Monitoring Report as at 31 August	Prepare a report regarding the cost pressures associated with supporting Ukrainian families and unaccompanied children for submission to the Council's CMT prior to submission to a future IJB	CSWO	CLOSED	Mar-23	Paper included on March 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	Mar-23	We have access to a child friendly space adapted within Pollok Police Station should we require this. We are in discussion with a partner housing association around a potential property for multiple use. Council Corporate Landlord was unable to identify any property.
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	TBC	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

HAHSL 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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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board	
Held on	29 March 2023	
Agenda Item	6	
Title	Specialist Children's Services Realignment	
Summary		
<p>This report provides a further update to the Integration Joint Board on the progress towards planning for implementation of a single service structure for Specialist Children's Services (SCS). SCS comprises Child and Adolescent Mental Health Services (CAMHS) and Specialist Community Paediatrics Teams (SCPT) Services. This report is further to the introductory report considered at the last meeting of the Board and is submitted for noting.</p>		
Presented by	Caroline Sinclair, Chief Officer East Dunbartonshire HSCP	
Action Required		
<p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> • Note the content of the report; and • Note that the details of the financial and resource transfers related to the implementation of a single SCS service alignment are contained within the budget setting report for consideration. 		
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 checked="" 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

29 March 2023

Report by Chief Officer

SPECIALIST CHILDREN'S SERVICES REALIGNMENT

PURPOSE OF REPORT

1. The purpose of this report is to provide an update to the Integration Joint Board on the progress towards planning for implementation of a single service structure for Specialist Children's Services (SCS). SCS comprises Child and Adolescent Mental Health Services (CAMHS) and Specialist Community Paediatrics Teams (SCPT) Services. This report is further to the introductory report considered at the last meeting of the Board and is submitted for noting.

RECOMMENDATION

2. The Integration Joint Board is asked to:
 - Note the content of the report; and
 - Note that the details of the financial and resource transfers related to the implementation of a single SCS service alignment are contained within the budget setting report for consideration.

BACKGROUND

3. As noted in the previous report to IJB on 1st February 2023 it has been agreed that there should be a single system management arrangement for Specialist Children's Services (SCS) which includes CAMHS and Specialist Community Paediatrics Teams. This will bring together, into a single management and financial structure, the currently delegated Tier 3 HSCP SCS services and the Board wide Tier 4 services.

REPORT

4. The current arrangements, whereby Tier 4 CAMHS and Community Paediatrics services are aligned to the Chief Officer for East Dunbartonshire and Tier 3 CAMHS and Community Paediatrics services are hosted across the other 5 HSCPs, will be consolidated under a formal hosting arrangement within East Dunbartonshire HSCP. This will include consolidation of all the budgets supporting the delivery of these services and a refresh of the associated governance and reporting arrangements through East Dunbartonshire IJB, and through other IJBs as part of regular performance reporting.
5. The main principles that will guide the transition are as follows:
 - Services will continue to be delivered locally, and by existing teams
 - Services will remain located within their current HSCPs
 - Services will continue to work closely in partnership with HSCP colleagues

6. Change will be guided by a project plan which will be developed and includes a consultation and engagement plan. Work will be inclusive of all key stakeholders and staff partnership colleagues. An Oversight Group has been put in place to support the work, with representation from all HSCPs within the Greater Glasgow and Clyde area.
7. Further and fuller details, including responses to requested additional information raised at the previous meeting, are available in Appendix 1 - SCS Realignment Briefing.

IMPLICATIONS OF THE PROPOSALS

Finance

8. There are financial implications in the movement of the relevant budgets which are set out in detail in the report.
9. The total budget and resource transferring as part of this realignment is a net indicative budget of £0.974m and 19.4 FTE and this is reflected within the Board's budget setting paper as part of this agenda. This is for approval in relation to those services that fall within the scheme of delegation for the Board.

Workforce

10. There will be realignment of line management for a small number of existing SCS Service Managers. Within East Renfrewshire, this relates to one employee.

Risk

11. The Oversight Group will ensure the effective and efficient transition to a single model and will capture any risks for mitigation within the project plan.

Equalities

12. An Equality Impact Assessment has been undertaken and is attached at Appendix 2

Policy

13. This report is classified as being an operational report and not a new policy or change to an existing policy document.

Legal

14. None

DIRECTIONS

15. There are no directions arising from this report as the financial and resource transfers are set out within the budget setting report and as such are supported by the direction associated with that report.

RECOMMENDATION

16. The Integration Joint Board is asked to:
 - Note the content of the report; and
 - Note that the details of the financial and resource transfers related to the implementation of a single SCS service alignment are contained within the budget setting report for consideration.

REPORT AUTHOR AND PERSON TO CONTACT

Caroline Sinclair, Chief Officer, East Dunbartonshire HSCP

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB Paper 01.02.2023

https://www.eastrenfrewshire.gov.uk/media/8651/IJB-Item-7-1-February-2023/pdf/IJB_Item_07_-_01_February_2023.pdf?m=638097470188600000

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Appendix 1 - Specialist Children Services Alignment Briefing

Briefing setting out the pre-established rationale for realignment of Specialist Children's Services

1. Situation

Planning and engagement to align Specialist Children's Services (SCS) which includes CAMHS and Specialist Community Paediatrics into a single management and financial structure is underway. This will see the currently complex and scattered arrangement of delegated Tier 3 HSCP SCS services and the Board hosted Tier 4 services managed in a single arrangement.

A paper on the planned realignment was tabled at the NHS Greater Glasgow and Clyde Finance, Planning & Performance Committee on 7th February 2023 for information; providing a progress update and was broadly supported. Engagement with all IJBs has been undertaken with papers tabled for noting at their January meetings. Staff engagement sessions have also been planned for each HSCP and are underway.

2. Background

2.1 Structure

Specialist Children's Services (SCS) provides CAMHS and Specialist Community Paediatrics Teams (SCPT) services for Children and Young People, both in and out of hours, at Tier 3 (community HSCP level), and Tier 4 (GGC wide, Regional and National Services including in-patient services).

In 2015 Tier 3 CAMHS and Tier 3 Community Paediatric services were delegated to Renfrewshire, Inverclyde and East Renfrewshire and West Dunbartonshire HSCP's (excluding medical staff). In 2019, and in line with other HSCPs, Tier 3 SCS services were delegated to Glasgow City HSCP.

Table 1 below details the team breakdown of the **Tier 3** Specialist Children's Service to be aligned, which includes CAMHS and SCPT, by HSCP. Services for East Dunbartonshire, with the exception of Speech and Language Therapy, are provided by Glasgow HSCP.

HSCP	Number of CAMHS Teams	Number of SCPT Teams
Glasgow City	4xCAMHS (North/South/East/West)	4xSCPT (North/South/East/West)
Renfrewshire	1xCAMHS	1xSCPT
East Renfrewshire	1xCAMHS	SCPT provided from Glasgow HSCP
Inverclyde	1xCAMHS	1xSCPT
West Dunbartonshire	1xCAMHS	1xSCPT
East Dunbartonshire	CAMHS and SCPT services provided by Glasgow City HSCP, other than SLT	

Table 1

The Tier 4 and Board wide professional functions and services have remained retained by the Health Board, rather than delegated to HSCPs, and they are managed by a single HSCP Chief Officer, currently East Dunbartonshire, on behalf of the Board, rather than on behalf of the HSCP.

Tier 4 services are delivered Board wide, regionally and nationally and include:

- Child and Adolescent inpatient units
- Unscheduled and intensive CAMHS
- Eating Disorder, FCAMHS, Learning Disability CAMHS and Trauma services
- Infant Mental Health Team

Tier 4 SCS also deliver services into Women and Children's Directorate and includes:

- Paediatric OT, SLT and the Community Children's Nursing team
- Liaison Psychiatry, Paediatric Psychology and Maternal and Neonatal psychology

2.2 Budget and Workforce

The below table reflects the indicative total annual budget to be realigned from East Renfrewshire HSCP to East Dunbartonshire HSCP.

HSCP	Gross Indicative Roll Forward Budget £'000	Income Indicative Roll Forward Budget £'000	Net Indicative Roll Forward Budget £'000	Recurring WTE (Excluding MHRR)
East Renfrewshire	974	-229	745	19.4
Notes				
<i>Awaiting confirmation of pay uplift for 22/23</i>				
<i>Awaiting confirmation of any movements to be agreed as part of due diligence</i>				
<i>Excludes non-recurring SG funding anticipated 23/24 from Mental Health Recovery & Renewal (MHRR)</i>				

Tier 3 delegated CAMHS services has a total annual budget of £9.1m with circa 153.5wte. The Mental Health Recovery and Renewal workforce plan will see a significant increase in the workforce by a further anticipated 127.8wte, £7.2m. Tier 3 delegated SCPT services has a total budget of £12.5m with a circa 265 wte.

Tier 4 hosted services has a total annual budget of £24.2m with circa 340 wte. The Tier 4 mental Health recovery and Renewal funding will see an increase in budget of £2.8m. A workforce plan is in development for the new regional Intensive Psychiatric Care Unit and the regional services development for FCAMHS, SECURE and Learning Disabilities. These will see an overall increase in the service estate and reach.

Implementation of the single management model requires drawing together the funding currently held across a range of HSCP and SCS budgets, under a range of different codes, into one structure. This will include costing of the new model of service delivery to ensure this is viable within the budgets that are transferring. This will be overseen by a Chief Finance Officer.

The delegated Tier 3 services are currently operationally managed in HSCP's by 6.0 service managers whose remit is predominately SCS. The six service managers are line managed by HSCP Heads of Children's Services who also manage a range of other services in their remit ie Health visiting/School nursing and social work and social care children's services.

These six service managers are the only staff whose direct line management will be affected by the change.

The hosted Tier 4 services are currently operationally managed by 2.5 wte service managers. The service managers are line managed by the Head of Specialist Children's Services (HoSCS) who also has line management responsibility for the Clinical Directors, Professional Leads and Quality Improvement team. The HoSCS also has responsibility for strategic planning and governance for Specialist Children's Services as a whole alongside the Clinical Directors.

3. The case for alignment

Specialist Children's Services is a specialist relatively small and susceptible service. It is often at risk of sustainability issues in relation to the specialist workforce. It is currently organised in a complex manner which can create operational challenges both in terms of management of complexities that span Tier 3 and 4 services and the ability to be flexible and resilient with finite resources in the face of growing demand. A single management and financial arrangement would support flexibility of workforce recruitment to support equality of access. The fragmentation of management arrangements, through 6 HSCP's for Tier 3 services, and through the Health Board and 1 HSCP for Tier 4 services, has created complexity. The Tier 3 teams rely on the Board wide Tier 4 services, and Regional services to support complex cases and on the single system arrangement for Medical staff and Psychotherapy staff. Additionally a close working relationship is required with Adult Mental Health Services and with the Women and Children's Directorate.

The aim of the realignment is to create a management structure that ensures robust clinical standards, governance and performance, which is linked across, and in to, Women and Children's, Acute Adult, and Adult Mental Health Services in GGC. That works in partnership with other Health Boards and HSCPs and is accountable to NSS for the delivery of identified services. A management

structure that ensures whole system responsibility to adapt and change to ensure sufficient resource is available to safely manage demand.

The single system management arrangement aims to offer the following advantages:

- Adaptability cross system and read across for budgets and workforce (for medical staffing this currently exists)
- Planning and performance:- a single management arrangement would strengthen the effectiveness of strategic planning and specifically the implementation of improvements plans. The complexity of management arrangements has led to a mixed prioritisation across the 6 HSCP's
- Better ability to meet increasing demand for CAMHS through creation of a single workforce plan to minimise waiting times for children and young people
- Improved standardisation of service delivery and reduced variation across the Board area
- Improved resilience and contingency arrangements, as well as ability to single system planning to meet unforeseen peaks of demand in specific localities
- Improved cohesion between Tier 3 and Tier 4 services which include the national and regional in-patient units
- Continued positive interface with acute Women and Children's Directorate and strengthens links with secondary care
- A more cohesive structure to take forward the development of new regional services including FCAMHS and Secure Care to include reviewing the increasing pressures from the private Secure Care estate on local teams where these units are situated across HSCP's.

- More streamlined accounting for performance:- A single chief officer and associated management team will ensure a more streamlined and effective accounting for the service performance both to the Health Board, Scottish Government and HSCP's
- Better ability to standardise service model and offer:- It is essential that the specialist nature of CAMHS and SCPT is strengthened through adherence to service specifications and evidenced based practice and that regardless as to where a child and family access the service they are assured of access to the same high standards of care and MDT. A single management arrangement will ensure the workforce plans mirror across all teams and the care pathways governed to maintain standards of care and the development of new pathways.

4. Clinical perspective

Clinical directors have been consulted on the change proposal and acknowledge that Specialist Children's Services currently has a complex structure of community services with Board-wide, hosted teams and locality-based teams, that work together to provide care for children, young people and families who need it across NHS GGC, alongside regional and national inpatient services.

Generally clinical staff welcome a re-alignment of management structures as a means by which training initiatives, workforce planning and clinical governance can be managed in a more integrated way across the Health Board area, taking account of local need alongside service delivery priorities for these small, specialist services. Staff have fed back the value that they place on working alongside HSCP and local education colleagues to look after children and young people, and do not want to lose opportunities to continue to develop children's services that work alongside each other in each local area.

'Overall it is a benefit for SCS to have an overarching financial, governance and leadership structure. It will be important to ensure robust links and ongoing collaboration with local partner's therefore we will require to have very good communication and relationships with the HSCPs'

'SCS requires to be embedded and part of the local service delivery. The work in the ND pathway highlights this perfectly where we are making real strides in combining the specialist service in a multi-agency approach' SCS SLT Staff

Medical staff are already managed centrally by the Clinical Directors for CAMHS and SCPT so there will be no change for them, but medical staff are supportive of the re-alignment of all staff groups to help support alignment of approaches to service governance and service improvement in consultation with colleagues in HSCPs.

'We recognise the challenges of working in devolved structures, and hope that the biggest change will be our ability to turn professional decisions into operational actions, the current system seems clunky and difficult to navigate' SCS SCPT Medical staffing

Considering the data within the service on numbers of referrals indicates a sustained high level of demand for the services and scrutiny of referrals shows increasing levels of complexity, risk and need. The ongoing increase in number and complexity of referrals to CAMHS certainly involves very strong partnership working with HSCPs and partner agencies and the relationships with local systems and staff are valued and important to deliver the best care to the families we look after together. However, it is felt that managing workforce and skills-based pressures on teams is complex currently in terms of flex of resource when this is required to meet clinical need in the best way. Medical staff in Specialist Children's Services are already managed centrally across GGC and so any need to respond to gaps in provision can be met, but this is not true for other clinical staff such as nurses and psychologists who

are managed through complex and distributed structures across HSCPS. A single structure would promote more ability to adapt and flex based on a single financial framework.

Quality assurance systems are in place across GGC SCS already, but effective and efficient workforce planning can be complex given the need to interface with systems in each HSCP around agreement to posts and in particular, the hosting of senior clinical posts who must provide supervision and support to staff across community services. There are many staff coming in, through the additional Mental Health Recovery and Renewal Funding, who are new to CAMHS, and whole system planning is required for upskilling and support for these staff, and existing staff, to meet the increasing severity and complexity of need in the children and young people we look after.

5. Impact on children and young people who use the services, and their families, carers and guardians

Specialist Children's Services has been working to improve how it obtains feedback for Children young people and their families. The experience of service questionnaire has been digitised and service users encouraged to use the QR codes to provide feedback with each team receiving bespoke reports.

Engagement has also been undertaken in partnership with SAMH in relation to what young people would like to see available on line in relation to our services and on how we can develop these. Similarly in partnership with Glasgow university young people have been consulted on factors which impact on their engagement with the clinical team.

While the proposed alignment will not affect the services that are delivered to children and young people feedback will continue to be sought. The principles of the service alignment, outlined at section 7 below, emphasise the commitment to services being delivered by the same staff as they currently are, from the same settings. As such an impact is not expected for the majority of staff or service users.

Advice has been sought from the Planning & Development Manager for the Equality and Human Rights Team on whether the realignment would require and EQIA

The service is already committed to the following for people who use it, and this will be sustained. Children, young people and families can expect:

- Equality of access based on risk and urgency
- A standardised service, governed robustly to ensure standards of care
- Service delivered in the local area
- Services that are well integrated with Education, Primary Care and the third sector
- The ability to provide feedback and be consulted on service developments
- Confidence that should they need access to Board wide and hospital based services they will
- get these seamlessly
- Assurance that through a network of professional leads and Clinical Directors they will receive
- high quality and assured care

6. Implementation of the Alignment

The alignment of the services will be guided by a project plan which will be developed and will include a communication and engagement plan.

The single system management arrangement will require a robust governance, management and financial structure to enable and drive improvement, and provide a GGC wide focus to strategic planning.

The roadmap will be underpinned by a set of principles which aim to minimise disruption of services and support staff with the transition

Principles

- Services will continue to be delivered locally, and by existing teams
- Services and staff will remain located within their current HSCPs
- Services and staff will continue to work closely in partnership with HSCP colleagues

Maintenance of local service delivery, links, and co-dependencies with preventative services and community based services will continue to be essential, and so there is a commitment to ensuring ongoing joint planning and collaboration. The services that are moving into the single service will commit to continuing to work closely with services being delivered and commissioned by HSCPs as part of their integrated local plans for services for children and families, including Tier 1 and Tier 2 services.

An Implementation Oversight Group supported by staff side has been established to oversee the development and implementation of the single service model. Sub groups relating to the component parts of the change will include convened. A Workforce Change Group will be established to oversee, advise and implement the processes for staff directly and indirectly impacted by the proposed changes reporting through the Oversight Group. A nomination will be sought from the Employee Director for a staff side representative to join the group given its Board wide remit.

6.1 Clinical Governance

The current clinical governance arrangements are complex. With Tier 3 services reporting through six individual HSCPs while also reporting into the existing Board wide Clinical Governance executive committee chaired jointly by the CAMHS and SCPT Clinical Directors. For the Tier 4 hosted services, governance is reported through the East Dunbartonshire HSCP clinical and care governance forum and through the Women and Children's Directorate governance group.

A sub group of the oversight group will focus specifically on refreshing and streamlining the governance reporting to ensure sight in all areas where it is required but a more streamlined approach, aligned to the new single structure.

6.2 Performance

There exists a regular reporting framework for HSCPs and the Women and Children's Directorate

Which includes performance against national targets and service developments. There also exists quarterly interface meeting with all HSCP's where the respective Heads of Service, Service Managers and CDs consider challenges and achievements.

A sub group of the oversight group will focus specifically on refreshing the performance reporting.

NHS Greater Glasgow and Clyde Equality Impact Assessment Tool

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

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

Specialist Children's Services Single Service Alignment

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

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

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

Within the GG&C Health Board it has been agreed that there should be a single system management arrangement for Specialist Children's Services (SCS) which includes CAMHS and Specialist Community Paediatrics Teams. This will bring together, into a single management and financial structure, the currently delegated Tier 3 HSCP SCS services and the Board wide Hosted Tier 4 services.

The current arrangements, whereby Tier 4 CAMHS and Community Paediatrics services are aligned to the Chief Officer for East Dunbartonshire and Tier 3 CAMHS and Community Paediatrics services are hosted across the other 5 HSCPs, are intended to be consolidated under a formal hosting arrangement within East Dunbartonshire HSCP. This will include consolidation of all the budgets supporting the delivery of these services and a refresh of the associated governance and reporting arrangements through East Dunbartonshire IJB, and through other IJBs as part of regular performance reporting.

A single system management arrangement is a development that Scottish Government are keen to see progressed and it has been raised within the CAMHS performance support meetings that are currently in place. It is seen as critical to the improvement of the co-ordination and management of services across GG&C and the performance of CAMHS and community paediatrics across the health board area.

The main principles that will guide the transition is as follows:

- Services will continue to be delivered locally, and by existing teams
- Services will remain located within their current HSCPs

- Services will continue to work closely in partnership with HSCP colleagues

Change will be guided by a project plan which will be developed and will include a consultation and engagement plan. Work will be inclusive of all key stakeholders and staff partnership colleagues. An Oversight Group will be put in place to support the work, with representation from all HSCPs within the GGC area.

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

This EQIA has been undertaken to demonstrate transparency of process and evidence that due regard has been shown in meeting the 3 parts of the Public Sector Equality Duty in any decisions proposed. The 3 parts are:

- Eliminate Discrimination, harassment and victimisation
- Advance equality of opportunity
- Foster good relations between people who share a protected characteristic and those who do not

As this change of service relates exclusively to a change of management arrangements with no anticipated impact on patient experience of service design or delivery, we do not anticipate risk of legislative breach.

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

Name: Karen Lamb, Supported by Lesley Boyd	Date of Lead Reviewer Training: 2019
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Please list the staff involved in carrying out this EQIA

(Where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion):

Karen Lamb, Lesley Boyd, Alastair Low

	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>1. What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.</p>	<p><i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i></p>	<p>As this service change does not impact on direct service experience for our patients and poses no additional requirements of staff (either physically moving, travelling or changing job role) there is no requirement to assess risk against disaggregated data by protected characteristic of either employee or patient groups.</p>	
	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>2. Please provide details of how data captured has been/will be used to inform policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p>	<p><i>A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake.</i></p>	<p>As per above, though specialist child and adolescent mental health services have access to desegregated patient and employee data by some protected characteristics, the nature of the service change is limited and does not impact directly or indirectly on protected characteristic groups.</p>	

	<p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p><i>(Due regard promoting equality of opportunity)</i></p>		
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>3.</p>	<p>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p><i>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i></p>	<p>A single system management approach has been supported by the Scottish Government as the most effective way to operationally and strategically meet the demands of complex specialist children's services. This model is currently in operation in all other Health Board areas within Scotland.</p>	

		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
4.	<p>Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used? The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen and understand what matters to people and can offer support.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p>	<p><i>A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.</i></p> <p><i>(Due regard to promoting equality of opportunity)</i></p> <p><i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i></p>	<p>As this decision does not impact on direct service experience for our patients there is no tangible change in service to engage with our patient group on. This decision relates solely to the management of services and proposed changes to currently devolved arrangements, In line with this, recognised processes have been followed to engage with staff-side representation.</p>	

	4) Not applicable <input checked="" type="checkbox"/>			
	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
5.	<p>Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p><i>An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).</i></p>	<p>The scope of the decision being made does not cover any changes to physical access to existing services but limits itself to management arrangements of services.</p>	

	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>6. How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p> <p>The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be</p>	<p><i>Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.</i></p> <p><i>Written materials were offered in other languages and formats.</i></p> <p><i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i></p>	<p>Changes to current management arrangements will be discussed in partnership through staff-side representation and direct engagement with staff currently employed within service. As previously stated, there is no anticipated change to roles and responsibilities or the physical location of staff that poses a risk of breaching our responsibilities as outlined in the Public Sector Equality Duty.</p>	

	paid in your evidence to show how the service review or policy has taken note of this.			
7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
(a)	<p>Age</p> <p>Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>No anticipated impact. Proposed changes to services are limited to realigning management structures and will not pose a risk of detrimental impact to the protected characteristics of staff or patients.</p>		

(b)	<p>Disability</p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>No anticipated impact. Proposed changes to services are limited to realigning management structures and will not pose a risk of detrimental impact to the protected characteristics of staff or patients.</p>	
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
(c)	<p>Gender Reassignment</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p>	<p>No anticipated impact. Proposed changes to services are limited to realigning management structures and will not pose a risk of detrimental impact to the protected characteristics of staff or patients.</p>	

	<p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>		
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(d)	<p>Marriage and Civil Partnership</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>No anticipated impact. Proposed changes to services are limited to realigning management structures and will not pose a risk of detrimental impact to the protected characteristics of staff or patients.</p>	

<p>(e)</p>	<p>Pregnancy and Maternity</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>While there is no anticipated impact on patients or staff, any planned changes to management structure will be communicated to staff absent from the workplace due to pregnancy, maternity or paternity leave in line with protections afforded under the Equality Act (2010).</p>	
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(f)</p>	<p>Race</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p>	<p>No anticipated impact. Proposed changes to services are limited to realigning management structures and will not pose a risk of detrimental impact to the protected characteristics of staff or patients.</p>	

	<p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>		
(g)	<p>Religion and Belief</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>No anticipated impact. Proposed changes to services are limited to realigning management structures and will not pose a risk of detrimental impact to the protected characteristics of staff or patients.</p>	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(h)	<p>Sex</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</p>	<p>No anticipated impact. Proposed changes to services are limited to realigning management structures and will not pose a risk of detrimental impact to the protected characteristics of staff or patients.</p>	

	<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>		
(i)	<p>Sexual Orientation</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>No anticipated impact. Proposed changes to services are limited to realigning management structures and will not pose a risk of detrimental impact to the protected characteristics of staff or patients.</p>	

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(j)	<p>Socio – Economic Status & Social Class</p> <p>Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned?</p> <p>The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making <u>strategic</u> decisions. If relevant, you should evidence here what steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. Additional information available here: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Seven useful questions to consider when seeking to demonstrate ‘due regard’ in relation to the Duty:</p> <ol style="list-style-type: none"> 1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence? 2. What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socio-economic disadvantage)? 3. What does the evidence suggest about the actual or likely impacts of different options or measures on inequalities of outcome that are associated with socio-economic disadvantage? 	<p>No anticipated impact. Proposed changes to services are limited to realigning management structures and will not pose a risk of detrimental impact to people through further reducing inequality of outcome caused by socio-economic disadvantage.</p>	

	<p>4. Are some communities of interest or communities of place more affected by disadvantage in this case than others?</p> <p>5. What does our Duty assessment tell us about socio-economic disadvantage experienced disproportionately according to sex, race, disability and other protected characteristics that we may need to factor into our decisions?</p> <p>6. How has the evidence been weighed up in reaching our final decision?</p> <p>7. What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome that are associated with socio-economic disadvantage? ‘Making Fair Financial Decisions’ (EHRC, 2019)²¹ provides useful information about the ‘Brown Principles’ which can be used to determine whether due regard has been given. When engaging with communities the National Standards for Community Engagement²² should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.</p>		
(k)	<p>Other marginalised groups</p> <p>How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?</p>	<p>No anticipated impact. Proposed changes to services are limited to realigning management structures and will not pose a risk of detrimental impact to marginalised groups currently accessing services.</p>	
8.	<p>Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?</p>	<p>There is no anticipated cost saving from the proposed realigned management arrangements. A single management structure is expected to bring a more effective co-ordination of service provision which may lead to greater efficiencies within services.</p>	

	<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p style="text-align: right;"><input type="checkbox"/></p> <p>1) Remove discrimination, harassment and victimisation</p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>		
		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
9.	<p>What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.</p>	<p>All staff groups will continue to receive role specific training required to undertake respective roles in specialist children's mental health services. This will include completion of the Statutory and Mandatory Equality and Human Rights e-learning module.</p>	

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

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

of thought, belief and religion, right to freedom of expression, right to freedom of assembly and association, right to marry, right to protection from discrimination.

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

This decision will not impact on the human rights afforded to either patients or staff.

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

This decision will not impact on the human rights afforded to either patients or staff. However, staff within the service will be fully engaged with all developments of the decision making process.

*

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

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

- Option 1: No major change (where no impact or potential for improvement is found, no action is required)
- Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)
- Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)
- Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

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

N/A

Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.

Date for completion	Who is responsible?(initials)
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N/A	
-----	--

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

6 month review post alignment to check that there hasn't been an impact

Lead Reviewer:	Name	Karen Lamb/Lesley Boyd
EQIA Sign Off:	Job Title	Head of Specialist Children’s Services
	Signature	
	Date	15-02-2023

Quality Assurance Sign Off:	Name	
	Job Title	
	Signature	
	Date	

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

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

--

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

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

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

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

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

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

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

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

Name of completing officer:

Date submitted:

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

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	29 March 2023
Agenda Item	7
Title	Revenue Budget 2023/24
<p>Summary</p> <p>To provide the Integration Joint Board (IJB) with a proposed 2023/24 Revenue Budget. The IJB is asked to note that some of the assumptions within this budget are subject to future revision and refinement based on the caveats identified in the report.</p>	
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<p>Action Required</p> <p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> • Accept the budget contribution of £67.040 million from East Renfrewshire Council • Accept the £0.616 million for Community Justice expenditure funded by grant via East Renfrewshire Council, subject to uplifts to this grant funding. • Accept the delegated budget for aids and adaptations of £0.408 million. • Agree the re-alignment of earmarked reserves for childrens residential accommodation and learning & development as proposed in this report. • Accept the indicative budget contribution of £82.051 million from NHS Greater Glasgow and Clyde, subject to due governance by the health board. • Accept the indicative set aside budget contribution of £28.430 million from NHS Greater Glasgow and Clyde. • Agree that directions are issued to East Renfrewshire Council and NHS Greater Glasgow and Clyde confirming the acceptance of the budget. • Agree the continued implementation of the Real Living Wage uplift to our partner providers. • Agree the proposed approach relating to review of charging. • Note the ongoing risks associated with the cessation of Covid-19 funding. 	
<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 checked="" type="checkbox"/> Directions to both ERC and NHSGGC</p>	<p>Implications</p> <p><input checked="" type="checkbox"/> Finance <input checked="" type="checkbox"/> Risk</p> <p><input type="checkbox"/> Policy <input type="checkbox"/> Legal</p> <p><input checked="" type="checkbox"/> Workforce <input type="checkbox"/> Infrastructure</p> <p><input checked="" type="checkbox"/> Equalities <input type="checkbox"/> Fairer Scotland Duty</p>

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

29 March 2023

Report by Lesley Bairden, Chief Financial Officer

REVENUE BUDGET 2023/24

PURPOSE OF REPORT

1. To provide the Integration Joint Board with a proposed revenue budget for 2023/24.

RECOMMENDATIONS

2. The Integration Joint Board is asked to:
 - Accept the budget contribution of £67.040 million from East Renfrewshire Council
 - Accept the £0.616 million for Community Justice expenditure funded by grant via East Renfrewshire Council, subject to uplifts to this grant funding.
 - Accept the delegated budget for aids and adaptations of £0.408 million.
 - Agree the re-alignment of earmarked reserves for childrens residential accommodation and learning & development as proposed in this report.
 - Accept the indicative budget contribution of £82.051 million from NHS Greater Glasgow and Clyde, subject to due governance by the health board.
 - Accept the indicative set aside budget contribution of £28.430 million from NHS Greater Glasgow and Clyde.
 - Agree that directions are issued to East Renfrewshire Council and NHS Greater Glasgow and Clyde confirming the acceptance of the budget.
 - Agree the continued implementation of the Real Living Wage uplift to our partner providers.
 - Agree the proposed approach relating to review of charging.
 - Note the ongoing risks associated with the cessation of Covid-19 funding.

BACKGROUND

3. This report is a continuation of regular revenue budget and revenue budget monitoring reports to the IJB to inform the board of its financial position. This report sets out a proposed budget for 2023/24 in line with the budget update paper presented to the IJB in February and at the budget seminar on 3rd March 2023.
4. The Scottish Government set out its proposed budget position for 2023/24 on 15th December 2022 which confirmed we are facing a difficult and challenging year ahead.
5. The main messages, relevant to the IJB, from the proposed budget settlement along with the associated letters to the NHS Boards and to Local Authorities were included in the February report to the IJB. To recap, the main points in relation to the IJB were:
6. The NHS funding settlement confirms a 5.9% year on year uplift that includes pay settlement funding to be allocated in the current financial year (2022/23) so the key message for 2023/24 is a 2% uplift. There is no clawback of funding included in 2022/23 for the costs of the National Insurance uplift now reversed and this modest gain is offsetting pay pressures.

7. We still expect to receive further detail on vaccination and PPE for carers in relation to Covid-19, although the expectation remains that all other Covid-19 related funding ceases at 31 March 2023.
8. There is a commitment to review non-recurring and bundle funding ahead of the 2023/24 budget and this is welcomed; clearly as much detail as possible that can be confirmed early gives us greater certainty for forward planning. There is no further update at present.
9. The specific section on Health and Social Care integration confirms:
 - In line with previous years, 2023-24 NHS payments to Integration Authorities for delegated health functions must deliver an uplift of 2% over 2022-23 agreed recurring budgets and make appropriate provision for 2022-23 pay.
 - The Health and Social Care Portfolio will transfer net additional funding of £95 million to Local Government to support social care and integration, which recognises the recurring commitments on adult social care pay in commissioned services (£100 million) and inflationary uplift on Free Personal Nursing Care rates (£15 million). This is offset by non-recurring Interim Care money ending (£20 million).
 - The overall transfer to Local Government includes additional funding of £100 million to deliver a £10.90 minimum pay settlement for adult social care workers in commissioned services, in line with Real Living Wage Foundation rate.
 - The funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2022-23 recurring budgets for services delegated to IJBs and, therefore, Local Authority social care budgets for allocation to Integration Authorities must be at least £95 million greater than 2022-23 recurring budgets.
10. The Local Government funding settlement and in relation to health and social care reiterates the bullet points as above. As previously reported East Renfrewshire Council has passed through a proportionate share of the pay award funding the council received for the current year 2022/23. We also expect a proportionate share of the £155 million recently announced by the Scottish Government to support non-teaching pay in 2023/24 (£100 million imminent and £55 million during the year).
11. Both partner contributions are compliant with the conditions set out by the Scottish Government. In summary:
 - The contribution from East Renfrewshire Council is on a flat cash basis, allowing for the pass through of funding towards the cost of pay award, cost of provider living wage and uplift to free personal and nursing care.
 - The indicative contribution from NHSGGC allows for a 2% uplift to the eligible elements of the recurring base budget, with the caveat that pay award funding for 2022/23 is to be finalised nationally on a recurring basis.
12. For context, the challenges in setting this budget are not unique to East Renfrewshire as the budget settlement is resulting in difficult decisions across the country, not only for HSCPs but also for our respective partners.
13. Work remains ongoing at a national level through Chief Officers and Chief Financial Officers to demonstrate the impact that financial challenges of this magnitude will have on the collective services we deliver.

14. The outcome of the budget engagement work we undertook with a range of stakeholders is appended to this report and the main themes are discussed further within this report.
15. We recognised when setting the 2022/23 budget our approach to financial planning and service delivery still has greater focus on the shorter term and to some degree is still reactive to pandemic recovery and capacity challenges within the sector and this will continue into 2023/24. A refreshed Medium Term Financial Plan will be presented to the IJB in June, following any decision taken on the 2023/24 proposed budget.
16. As discussed and agreed at the budget seminar we have extended the scope of our Savings, Recovery and Renewal programme to capture all change, redesign and savings whether at strategic, service or operational delivery level. This new approach is reflected on the programme report on the agenda and will evolve as the year progresses.
17. Our workforce remains an incredible asset and have clearly demonstrated their ongoing commitment and ability to flex and adapt to new ways of working. We aim to minimise the impact of savings, as far as possible on staffing and recognise our colleagues are fundamental to supporting service delivery in new ways.
18. We are taking £2.4 million legacy savings, from pre-pandemic into 2023/24. For context when we set our 2020/21 budget, on the cusp of the first wave of the pandemic, we were clear that we would need to move to prioritisation of care, with focus on those with the greatest level of need, recognising this would have significant impact on care packages as we had exhausted all other options.
19. We subsequently received full support for unachieved savings in 2020/21 and 2021/22 from the Scottish Government and our reserves strategy to support the delivery of this saving kicked in for 2022/23. We now need to look again at prioritisation of care to help meet the cumulative impact of both legacy and new cost pressures in 2023/24.

REPORT

20. East Renfrewshire Council agreed its budget, including the proposed contribution to the IJB on 1st March 2023; as detailed at Appendix 1. At the time of the Council agreeing its budget the Scottish Government had not confirmed the additional funding support for non-teaching pay. Our council colleagues have confirmed that a proportionate share of this funding will be passed through on receipt and we have adjusted our cost pressure on pay award accordingly.
21. The council approach to setting the IJB contribution was the same as last year and council took a flat cash approach for the IJB contribution. This meant no funding for uplifts and pressures, nor any savings allocated. The Scottish Government budget conditions determined that contributions should be no less than recurring budget plus share of new funding and on that basis the minimum contribution has been met.
22. The NHSGGC contribution has been agreed with our partner colleagues and is subject to due governance by the health board, as detailed at Appendix 2. This includes the minimum 2% uplift on the relevant elements of the budget and has been confirmed in the usual letter from NHSGGC included at Appendix 5. The ultimate recurring budget for the current year may change by 31 March 2023, depending on any late Scottish Government allocations, but will not significantly impact the figures reported.

23. This proposed budget for IJB consideration recognises cost pressures relating to pay, inflation and demographic demand, although this element is limited to a full year cost of all care packages in place now. For every 1% increase to purchased care new demand would cost c£0.4 million and will need to be managed from within existing resources. The cost pressures also make allowance for the continued implementation of the Living Wage to be paid by our partner providers, increases to the national Care Home contract and uplifting Free Personal and Nursing Care allowances by 9.5% per the Scottish Government budget.
24. The set aside budget offer is also included and reflects the latest activity and is inclusive of the 2% uplift.
25. The Aids and Adaptations budget within ERC is £0.408 million and comprises two key areas; Care and Repair £0.163 million and Adaptations £0.245 million. This excludes any housing related capital spend. As we move towards full recovery the activity and financial reporting for this service will be developed including closer and more frequent working with ERC Housing colleagues.
26. In summary the proposed budget contributions to the IJB are:

	Opening Budget £m	Uplifts & SG Funding Confirmed £m	Contributions Identified with Partners £m	Further Funding Expected £m	Proposed Budget to IJB £m	Net Change £m
NHSGGC Revenue	81.019	1.032	82.051	0	82.051	1.032
NHSGGC Set Aside	27.873	0.557	28.430	0	28.430	0.557
ERC Revenue	64.787	2.253	67.040	0	67.040	2.253
ERC Aids & Adaptations	0.408	0	0	0	0.408	0

Note: Criminal Justice grant funded at £0.616m subject to grant increase for inflation. We expect further funding for a share of pay award, but Scottish Government have not yet confirmed allocation to ERC.

27. Taking into account the cumulative savings challenge the table below sets out a summary of our cost pressures, as detailed in the supporting appendices, the funding available to meet these pressures and the savings challenge to close the remaining funding gap.

Revenue Budget	ERC £m	NHS £m	TOTAL £m
1. Cost Pressures:			
Pay Award	1.45	0.40	1.85
Inflation, Contracts and Living Wage	2.64	0.41	3.05
Demographic and Demand	2.23	0.10	2.33
Capacity	0.22	0.10	0.32
Prescribing	-	0.35	0.35
2022/23 Legacy Savings	2.44	-	2.44
Total Pressures	8.98	1.36	10.34
2. Funding available towards cost pressures	2.25	1.03	3.28
3. Unfunded Cost Pressures	6.73	0.33	7.06
4. Proposals to Close Funding Gap:			
Savings Proposals detailed to date (Appendix 4)	1.97	0.07	2.04
Apply turnover target and remove supplies uplift as efficiency	-	0.26	0.26
Additional pay award funding expected	0.26	-	0.26

Living Wage on pay element of contracts rate only	0.15	-	0.15
Limit use of support services to contain cost pressures	0.22	-	0.22
Structure Proposals being refined*	0.93	-	0.93
Supporting People Framework	3.20	-	3.20
Total of Identified Savings	6.73	0.33	7.06

* The balance of the budget phasing earmarked reserve and general reserve will likely need to be applied in year to support the delivery of savings.

28. The assumptions for each area of cost pressures include:

Pay

29. The costs of the pay award are on the same planning assumptions as our partners i.e. 4% on ERC with a proposed cost reduction for further funding expected. For NHSGGC a 2% increase is included reflecting the current level of uplift and recognising the expectation that NHS pay increases will be fully funded on a recurring basis by Scottish Government.

30. We have a number of challenges we are working to contain:

- Our workforce plan recognises that our Health Visiting staffing is over establishment and that we can no longer support the additional posts and work is ongoing to get back in line with budget
- Similarly we had invested locally into CAMHS to support performance and that is no longer affordable. This is being addressed as part of the wider CAMHS transfer proposal.
- Our Care at Home service experienced significant staffing challenges and the service is working through an action plan to mitigate non-recurring costs increases we have been incurring.

Inflation, Contracts and Living Wage

31. Provision is included for the National Care Home Contract; the uplift for 2023/24 is yet to be finalised. The uplift will also include an element relating to the living wage.

32. The Scottish Living Wage increases from £10.50 to £10.90 per hour (3.8%) and as with prior years this will be applied to pay element of the contract hourly rate as directed by Scottish Government. Whilst the Living Wage funding in the Scottish Government settlement refers specifically to adult social care we have made provision for those partner providers who support both children and adults in our communities. The split of this provision, particularly around learning disability and complex needs would be somewhat artificial. We have also included grant funded activity on the same basis. This is the same approach we have used in prior years.

33. Free Personal and Nursing Care allowances have increased by 9.5% as set by Scottish Government.

34. Inflation takes account of increased utility costs and other increases and also includes increased income from those areas we can make charges for.

35. Increases in Kinship and Fostering allowances are provided for.

Demographic and Demand

36. These cost pressures recognise the impact of our increasing population, including carers and the increased complexity of care needs post pandemic particularly in our community based services. This also includes costs for young adults transitioning from children's' services to adult care.

37. We have included a full year cost for every person with a care package at present, with allowance for attrition. This does not however include any additionality for further new demand which will need to be contained through existing resources. There are risks associated with this approach and this may mean that people will have to wait longer for care. For context every 1% increase to purchased care will cost c£0.4 million.
38. We are seeing increasing pressure on the demand for equipment and have recognised this as a pressure.
39. As part of the budget proposed we have re-aligned £1 million from residential and nursing care to community based support, including direct payments to reflect current activity.

Capacity

40. The support costs charges made by ERC increased by £0.138 million in 2022/23 and we have been meeting this cost from Covid-19 funding as the majority relates to increased IT charges for additional equipment and staffing. However this funding will cease so this cost, along with further increases for pay and inflation across a range of services of £0.08 million will need to be contained by restricting our use of service to the available budget.
41. We have also made provision for staff ratio cover within our Specialist Learning Disability hosted service. The in-patient units are currently under some pressure to maintain the required levels of staffing for complex observations and any Covid related absences.

Prescribing

42. This is a budget with a significant risk profile and the proposal to increase this budget by inflation uplift only will add to the risk. However any investment beyond the funded 2% uplift would require additional savings.
43. In 2022/23 we will use in full the smoothing reserve we held of £0.5 million to offset in part the in-year pressures and based on the 2022/23 projected outturn we would start 2023/24 with at least a £1.3 million overspend for the full year effect. If we then allowed for a 2.5% increase in volume (£0.4m), a 3% increase to price (£0.5m) and offset this by 2% uplift to budget (£0.3m) we would have a resulting pressure of £2 million.
44. We do not know how much of the demand and volume challenge is a post Covid-19 spike and if we will see a year on year reduction. Similarly the economic impacts on cost increases may reduce, it is difficult to predict where this will go.
45. The intention is to manage demand and cost pressures through NHSGGC wide and local action plans being developed, following the prescribing summit that took place on 9 February 2023.

Legacy Savings

46. The legacy saving challenge currently sits at £2.439 million to be achieved. The history to this pressure is set out at paragraphs 18 and 19 above.
47. The post Covid-19 impact on the health and wellbeing of our population is still unclear and we will closely monitor the assumptions we have identified, not only to determine the application but also the sufficiency. As we work through 2023/24 the impacts on our population may become clearer.

48. We need to find savings of £7.06 million to close the funding gap and there is no doubt this will impact on the level of service we deliver and how we deliver those services.
49. Following agreement by the IJB in February we undertook budget engagement activity, through our Participation and Engagement Network, with a range of stakeholders in the period 6th February 2023 – 4th March 2023.
50. The Engagement reached 372 people, through range of stakeholders and various methods of communication. The report is included at Appendix 6 for information and the main areas of consensus were:
 - Support for eligibility criteria
 - Looking at how we use our buildings
 - The importance of prevention work
 - Building on our talking points model
 - Building on collaborative commissioning
 - How can we spend to save and avoid duplication (across the whole system)
51. We will use this information to further build on and refine ongoing work such as the Supporting People framework; our approach to prioritise care, our commissioning strategy and provider engagement and our accommodation strategy.
52. There is clearly a conflict between spending on prevention and prioritising care based on the higher level of support needed. As we develop different service delivery models with our partners we hope that we can mitigate the impact on our people as far as possible and potentially maintain some of that prevention work through our third sector colleagues in particular.
53. The Supporting People Framework is pivotal to underpin how we provide services going forward and to help deliver c£3.2 million in savings. There is a separate report on the 29th March 2023 IJB agenda giving full detail on this proposal. As a reminder from the budget seminar the crude, high level modelling, which we will refine, shows that if the HSCP does not deliver care at the low end of eligibility we could save c£3.5 million, impact on around 1,062 people. In reality that number should be lower if we can simultaneously achieve savings in care costs that sit within moderate, high and critical.
54. The majority of the IJB agreed in September 2022 that we would not look to extend charging for non-residential care on the basis of Scottish Government policy intention to eliminate charging in this area, the cost impact of introducing a charging model would be prohibitive and the economic climate impacting to greater extent on those people with health conditions and/or care and support requirements.
55. At the February meeting of the IJB there was request that this was reviewed and it is therefore proposed that:
 - Any charging relating to non-residential care is reconsidered as part of the work to review the individual budget calculator alongside implementation of the Supporting People Framework.
 - A short life working group is established to look at feasibility and scope for any charges that could be introduced not relating to care and support.
56. We will undertake a full equalities and fairness impact assessment on this framework along with all budget savings and change that will impact on those with protected characteristics, so in reality the vast majority of the Savings, Recovery & Renewal programme.

57. The list of detailed savings proposal that make up the £2.04 million detailed so far is included at Appendix 4 and is in line with the position discussed at the IJB budget seminar. We expect this will impact on c18 FTE and aim to manage this through vacant posts and natural turnover and attrition.
58. There are further proposals being refined that could impact on a further 18 FTE and we may not be able to achieve these savings in full without some restructuring, but again would hope to mitigate this as far as possible.
59. We have a very good working relationship with our trade union colleagues and engage regularly. We will continue to work through our proposals alongside colleagues.
60. Whilst it is our intention to aim to deliver a full year of savings we are likely to need to utilise all useable reserves to support this during 2023/24. In the revenue budget monitoring report included on the March agenda, the IJB will note we expect to take forward £0.15 bridging finance. The IJB is being asked to transfer the following earmarked reserves to further support bridging during the year:
 - Transfer £0.46 million from the current Childrens Residential Accommodation reserve; as we have made provision with demand pressures for all existing care this should not be required
 - Transfer £0.08 million from the current Learning and Development reserve; we do not have the capacity or wider funding to implement any new system
61. Both proposals have the support of the Chief Social Work Officer.
62. The challenge in delivering a balanced budget with savings of this magnitude are unprecedented, with some “comfort” that we are very much in line with the national position. In the event we are unable to deliver the full savings required during the year, with a full year effect on a recurring basis by 31st March 2024 we may need to invoke the financial recovery process included within our Integration Scheme.
63. The Chief Officer and Chief Financial Officer recognise the funding constraints and pressures that our partners are facing and along with the IJB are fully committed to continued partnership working to support whole system financial planning.
64. If any further funding becomes available in year we will address this and revise our planning assumptions, reporting through the revenue budget monitoring to the IJB in line with our routine financial governance.

CONSULTATION AND PARTNERSHIP WORKING

65. The Chief Financial Officer has consulted with our partners and will continue to work in partnership with colleagues to develop the budget setting and financial planning process for future years.

IMPLICATIONS OF THE PROPOSALS

Finance

66. The proposed 2023/24 budget, associated risks and assumptions is set out in this report.

Risk

67. The most significant risk to the IJB remains financial sustainability and delivering a balanced budget in 2023/24 and beyond. Without any further funding the IJB will deplete earmarked and general reserves and will be non-compliant with our reserves policy.
68. We may need to invoke the financial recovery process with our partners.
69. Successful implementation of the Supporting People Framework and the Prescribing Action Plan will be fundamental to achieving savings and controlling costs. The remainder of the Savings, Recovery & Renewal programme must be delivered with the equivalent of a recurring full year saving.
70. We may not meet our population's demand for services.
71. Whilst the implications relating to the National Care Service remain unclear and on hold at present the policy intentions around eligibility criteria and charging for services still need to be considered alongside local saving proposals.
72. Recruitment and retention across the sector remains a challenge and adds to the risk around service delivery and additional costs from off framework and agency premiums.
73. There remains a cost pressure within the Learning Disability In-Patient Service from significant observation resource requirements.

Workforce

74. The proposed 2023/24 budget includes funding for staff pay award and provides funding for care providers to meet the increase in the Scottish Living Wage.
75. Whilst it remains difficult to envisage staffing reductions in the current climate and capacity constraints we regularly face we cannot achieve the required level of savings without impact on our workforce. We aim to mitigate the impact as far as possible and hope we can achieve the majority, if not all, staff changes through turnover and attrition. However this will still require service redesign as we work through new ways of delivering services.

Equalities

76. We will complete full equalities and fairness impact assessments for all redesign and savings for the IJB to consider alongside proposals and associated implementation. This should ensure that no individual or groups are adversely impacted and that implementation of change is equitable.
77. There will need to be appropriate engagement and communication and we will need to be mindful of any multiple impacts on any group or individual. The changes we have made to how we will report all savings the Savings, Recovery & Renewal programme should aid transparency.

DIRECTIONS

78. The directions to our partners will be issued upon agreement of the 2023/24 budget set out in this report and rolling updates will be included in the revenue monitoring report throughout the year. The indicative directions are summarised at Appendix 3.

CONCLUSIONS

79. The 2023/24 proposed budget will allow the IJB to set a budget that is balanced, but clearly includes significant risk in the approach and in particular; to fund only existing demand, to manage prescribing demand and costs, to implement the Supporting

People Framework and to deliver a full year of all savings. This is supported by limited bridging reserves.

80. The delivery of a balanced 2023/24 budget is required to inform our Medium-Term Financial Plan for the HSCP will allow the IJB to assess progress and to take risk based informed decisions throughout the year.
81. The report recognises the need to continue to engage with our partners for future financial planning and that an agreed mechanism to progress the set aside budget for 2023/24 is required, with the unscheduled care commissioning plan supporting this work.

RECOMMENDATIONS

82. The Integration Joint Board is asked to:
 - Accept the budget contribution of £67.040 million from East Renfrewshire Council
 - Accept the £0.616 million for Community Justice expenditure funded by grant via East Renfrewshire Council, subject to uplifts to this grant funding.
 - Accept the delegated budget for aids and adaptations of £0.408 million.
 - Agree the re-alignment of earmarked reserves for childrens residential accommodation and learning & development as proposed in this report.
 - Accept the indicative budget contribution of £82.051 million from NHS Greater Glasgow and Clyde, subject to due governance by the health board.
 - Accept the indicative set aside budget contribution of £28.430 million from NHS Greater Glasgow and Clyde.
 - Agree that directions are issued to East Renfrewshire Council and NHS Greater Glasgow and Clyde confirming the acceptance of the budget.
 - Agree the continued implementation of the Real Living Wage uplift to our partner providers.
 - Agree the proposed approach relating to review of charging.
 - Note the ongoing risks associated with the cessation of Covid-19 funding.

REPORT AUTHOR

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15 March 2023

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB Paper: 01.02.2023 – Item 9. Revenue Budget 2023/24 Update

https://www.eastrenfrewshire.gov.uk/media/8681/IJB-Item-09-01-February-2023/pdf/IJB_Item_09_-_01_February_2023.pdf?m=638103334692300000

IJB Paper: 16.03.2022 – Item 8. Revenue Budget 2022/23

https://www.eastrenfrewshire.gov.uk/media/7468/IJB-item-08-16-March-2022/pdf/IJB_item_08_-_16_March_2022.pdf?m=637825202726630000

IJB Paper: 17.03.2021 – Item 5. Revenue Budget 2021/22

https://www.eastrenfrewshire.gov.uk/media/4788/IJB-Item-05-17-March-2021/pdf/IJB_Item_05_-_17_March_2021.pdf?m=637511548486770000

	ERC £,000	CJ Grant £,000	Total £,000
2022/23 Approved Opening Budget	60,141	614	60,755
In Year Adjustments			
Real Living Wage 2022/23 to £10.50, Providers NI, Other Uplifts & Investment	3,315		3,315
Social Work Support	386		386
Adult Disability Payment Funding	30		30
Pay Award 2022/23 Funding Adjustments			
Core Budget	725		725
Support Cost Charges	46		46
Whole Family Wellbeing	495		495
Remove Non Recurring Interim Funding	(351)		(351)
Criminal Justice Grant Funding		2	2
Restated 2022/23 Base Budget	64,787	616	65,403
1 Allocations as part of ERC Budget per Government Settlement			
Free Personal & Nursing Care Uplift	568		568
Winter Funding increased allocation	23		23
Counselling Funding Adjustment - per circular	(9)		(9)
Real Living Wage - 2023/24 Full Year Impact of £10.90	1,671		1,671
	2,253	0	2,253
2 Criminal Justice Grant Funding		(616)	(616)
2023/24 Contribution to the HSCP (agreed by ERC 1/3/23)	67,040	0	67,040

Cost Pressures Expected for 20223/24:**Inflationary Pressures**

Pay Award and Increments (inc Living Wage HSCP Staff and 2022/23 shortfall)	1,451		1,451
Utilities, Transport and Fuel	309		309
National Care Home Contract , Living Wage, Free Personal & Nursing Care	2,382		2,382
Fostering and Kinship inflation uplifts	82		82
Income uplift to existing charges	(136)		(136)

Demographic Pressures

Increase in Demand for Services - Residential & Nursing Places	0		0
Increase in Demand for Services - Community based Adults & Older People	1,063		1,063
Increase in Client Assessed Need - Transitions to Adulthood	921		921
Increase in Demand for Services - Childrens	249		249

Capacity Pressures

Legacy Savings	2,439		2,439
3 Support cost charge pressures (new and Covid exit)	219		219
Total Cost Pressures 2023/24	8,979	0	8,979

Total Funding Available towards Cost Pressures

Settlement per Scottish Government Budget (see section 1 above)	2,253
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Funding Gap**(6,726)**

Savings detailed proposals (so far)	1,970
Further funding expected for pay award 2023/24	261
Living Wage on pay element of contracts rate only	148
Limit use of support services to contain cost pressures	219
Structure Proposals being considered	928
Supporting People Framework	3,200
Savings Required to balance budget	6,726

- 1 Settlement conditions; must be a minimum of flat cash plus share of pay award and new funding
- 2 Subject to uplift and any grant changes in 2023/24
- 3 £138k cost pressure after Covid funding ceases and £81k new cost pressures

NHSGGC - INDICATIVE BUDGET CONTRIBUTION

Appendix 2

	Recurring Budget £'000	Eligible to Uplift £'000	Expected 2% Uplift £'000
2022/23 Opening Recurring Budget			
Pay	20,059	20,059	401
1 Non Pay, including Resource Transfer	3,010	2,966	59
2 Prescribing	16,765	16,765	335
Resource Transfer	13,066	13,066	261
Family Health Services	30,380		0
Recurring Expenditure	<u>83,280</u>	<u>52,856</u>	<u>1,057</u>
		0	
Family Health Services Income	(983)		0
Other Income	(1,278)	(1,278)	(26)
2022/23 Recurring Base Budget	<u>81,019</u>	<u>51,578</u>	<u>1,032</u>
Add:			
Inflation Uplift		1,032	
Expected 2023/24 Budget Contribution excluding Set Aside			<u>82,051</u>
Cost Pressures Expected for 20223/24:			
Pay Award		401	
Prescribing - limit to 2% uplift		335	
Non Pay			
Resource Transfer uplift		261	
Non Pay inflation		59	
Equipment / O365 / Apprenticeship Levy		200	
Learning Disability In Patient Observations (significant variable cost)		100	
Total Cost Pressures		<u>1,357</u>	
2% Uplift and National Insurance funding		1,032	
Funding Gap			<u>(326)</u>
Allocate Turnover target 1%		200	
No uplift to running costs - efficiency equivalent		59	
Savings current proposals		67	
Savings Required to balance budget			<u>326</u>

- 1 The recurring funding for 2022/23 pay award is to confirmed by Scottish Government
Over establishment within Health Visiting is being managed down to budget level
- 2 Limit uplift to level of funding and contain cost pressures through national and local action plans

	NHS £000	ERC £000	IJB £000	Total £000
Funding Sources to the IJB				
Original Revenue Budget Contributions	82,051	67,040		149,091
Criminal Justice Grant Funded Expenditure		616		616
Criminal Justice Grant Income		(616)		(616)
Funding Outwith Revenue Contribution				
Housing Aids & Adaptations *		408		408
Set Aside Budget	28,430			28,430
Total Proposed IJB Resources	110,481	67,448	0	177,929
Directions to Partners				
Revenue Budget	82,051	67,040	0	149,091
Criminal Justice Grant Funded Expenditure		616		616
Criminal Justice Grant Income		(616)		(616)
¹ Resource Transfer and other recharges	13,327	(13,327)		0
Carers Information Strategy	58	(58)		0
Sub Total Direct Revenue Budget	95,436	53,655	0	149,091
Housing Aids & Adaptations *		408		408
Set Aside Budget	28,430			28,430
Total Proposed IJB Resources	123,866	54,063	0	177,929

* excludes any capital spend

¹ Based on 2022/23 plus uplift; subject to change for impact of pay award funding and other factors such as recruitment

East Renfrewshire HSCP - Savings Summary 2023/24

Description	£k
Review Criteria on Individual Budget Calculator	200
Review of Commissioned Services	225
Learning Disabilities - Sleepover Review	150
Learning Disabilities - Supported Living	130
Intensive Services - Efficiencies from new Care at Home Scheduling System	75
Intensive Services - Care at Home Review Phase 2	200
Intensive Services - Tech Team review and restructure	36
Intensive Services - Kirkton Day Centre review and restructure	72
Intensive Services - Care at Home Project Team review and restructure	71
Children and Families - Review of Connor Road funding - focus on statutory support service delivery	60
Children and Families - Functional Family Therapy - contract not renewed	52
Children and Families - Residential Costs, review of care options	226
Children and Families - Health Improvement, review of service to rationalise	50
Finance and Resources - Review Business Support Processes and efficiencies	25
Finance and Resources - Review of running costs	43
Finance and Resources - restructure finance support team	40
Finance and Resources - rationalise Business Support delete two vacant posts	59
Finance and Resources - systems vacancy deleted, review when new system in place	65
Localities - Rehab Team - Mini Restructure	61
Localities - Eastwood Locality Team - Mini Restructure	53
Localities - District Nursing, vacancy management	50
Localities - Winter Planning - removal of Business Analyst vacancy	18
Localities - Health Improvement, review of remaining budget	10
Mental Health - Review of Care Packages	10
Community Addictions Team - vacancy deleted	55
Total	2,037

Greater Glasgow and Clyde NHS Board

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Date: 9th March 2023
Our Ref: FMcE

Enquiries to: Fiona McEwan
Direct Line: 07957638165
E-mail: fiona.mcewan@ggc.scot.nhs.uk

Dear Julie

2023/24 Indicative Financial Allocation to East Renfrewshire Health and Social Care Partnership

Further to initial informal discussions with Chief Officers and Chief Finance Officers, I am writing to you with an indicative budget proposal for 2023/24. An update to this letter formally confirming your final allocation for 2023/24 will be issued on behalf of the Board after the Board's financial plan has been approved at the April board meeting and when the Board's financial out-turn is confirmed along with further clarification on the totality and distribution of the pay awards have been determined.

Annual uplift to NHSGGC

The annual general uplift is provided by the Scottish Government to support Boards in meeting expected additional costs related to pay, supplies (which includes prescribing growth and utilities charges) and capital charges. The Board's uplift for 2023/24 is 2.0% totalling £51.8m.

The HSCP Settlement

The Scottish Government's budget letter issued on 15th December 2022 states that *"In line with previous years, 2023-24 NHS payments to Integration Authorities for delegated health functions must deliver an uplift of 2% over 2022-23 agreed recurring budgets and make appropriate provision for 2022-23 pay."*

The total allocation uplift to all six HSCPs should be £18.5m based on the current recurring budget at 31st January 2023. This will be adjusted when the 2022/23 out-turn is finalised in April and the pay award allocations have been confirmed.

A further adjustment will also be required to the individual HSCP settlements when the reallocation of the Specialist Children's budgets have been agreed.

An indicative allocation based on Month 10 figures is included in **Appendix 1**.

Set Aside Budget

This is initially based on the estimated set aside budget for 2022/23 uplifted by 2.0% and will be revised when the Board's final out-turn is confirmed. This figure represents the estimated actual usage of in scope Acute services. This will continue to be a notional allocation.

Covid-19 Funding

As per the budget letter NHS Boards and Integration authorities should expect to meet the remaining costs from baseline funding and should continue to drive these costs down as far as possible as there is no additional funding available to support these costs with the exception being the following:-

- Vaccinations staffing and delivery;
- Test & Protect activities including Regional Testing facilities;
- Additional PPE requirements; and
- Some specific Public Health measures

Recharges to HSCPs

The following items will continue to be charged to the HSCP during 2023/24:

- The HSCP's proportional share of the Apprenticeship Levy based on your HSCP's payroll cost;
- The HSCP's proportional share of the annual cost arising from the change in accounting treatment of pre 2010 pension costs as the non recurring funding generated from this change was used to provide non recurrent support to all service areas in 2016/17; and
- The HSCP's share of Office 365 costs based on the number of licences in use.

Meetings will be arranged before the end of the financial year to allow us to formalise the funding and processes that are required for 2023/24. In the meantime, this letter enables the HSCP to produce its financial plans for 2023/24.

Yours sincerely



Fiona McEwan

Assistant Director of Finance- Financial Planning & Performance
NHS Greater Glasgow and Clyde

Appendix 1 – Financial Allocation 2023/24 (based on month 10 figures)

Spend Categories		East Renfrewshire Hscp
		£000s
Family Health Services		30,380
Fhs Income		(984)
Family Health Services Budget (Net)		29,397
Prescribing & Drugs		16,765
Non Pay Supplies		3,010
Pay		20,058
Other Non Pay & Savings		13,066
Other Income		(1,278)
Budget - HCH incl Prescribing		51,622
Total Rollover budget - NET		81,019
Adjustments:		
Non Recurring budget allocated to base		(44)
Budget Eligible for HCH & Prescribing uplift		51,579
<u>Uplifts</u>		
Scottish Government allocation	2.00%	1,032
Uplift for pay 22.23 tbc		
Total Uplift		1,032
Revised Budget		82,050
<u>Set Aside</u>		
2022/23 Estimated Value		27,872
Uplift @ 2%	2%	557
2023/24 Set Aside Value		28,430



Report on HSCP Budget Engagement

Background

The HSCP Strategic Planning Group and Integration Joint Board requested the Participation and Engagement Network to support this planned engagement taking place from 6th February 2023 - 4th March 2023.

Who we reached

The Engagement reached a range of stakeholders, using different methods of communication including:

- Care and Support Providers
- Care Home Managers
- 3rd Sector Organisations
- Community Groups
- Public
- People who use services
- HSCP Staff
- Housing Staff
- Unpaid Carers

We planned the engagement using a variety of formats including an online survey, digital Teams/Zoom meetings, an in person public, a Webinar online public event, some specific focus group and staff team meetings. In total we reached 372 people

HSCP Budget Engagement Reach

Method	Care and Support	Care Home	HSCP	Housing	3rd / Independent Community	People who use services	Unpaid Carers	Public	Other	Totals
Teams/ Zoom	27	1			27		18	12		85
Survey			35		4		5	9	3	56
Focus Group			48	7	16	17		18		106
Team / Meeting			125							125
Totals	27	1	208	7	47	17	23	39	3	372

Everyone who we engaged with had access to the same background information prior to the engagement. This included pre reading - Budget information from the Integration Joint Board, an introduction from HSCP Chief Officer, and attendance of HSCP Finance representative at each event.



<https://eastrenfrewshire.gov.uk/hscp-budget-engagement>

<https://youtu.be/ti9IPFLq3L0>

What we asked

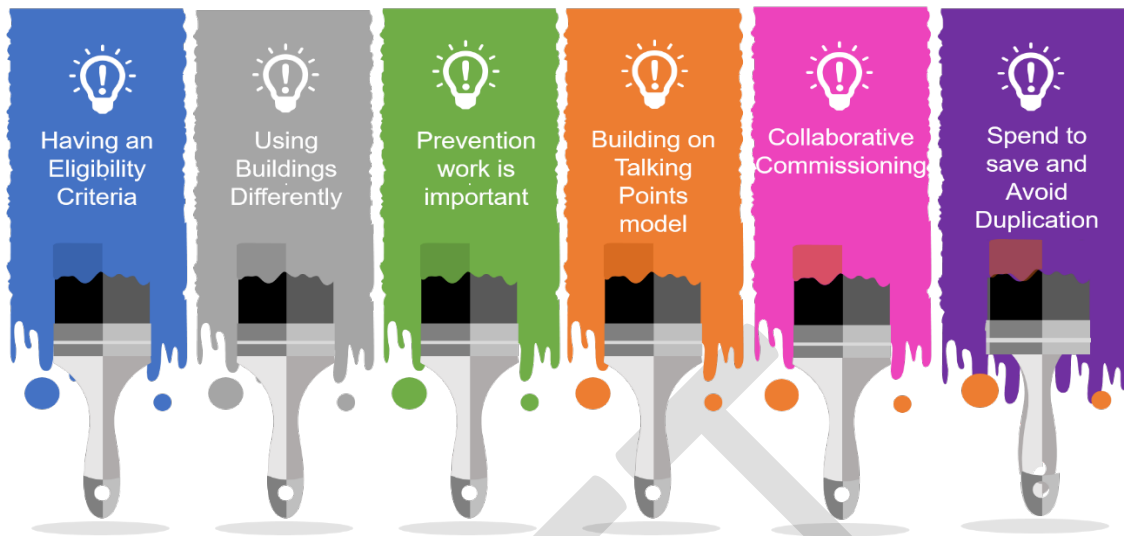
The HSCP Integration Joint Board agreed a series of questions that would be asked at each engagement activity. These formed the basis of the conversations and the written feedback collated.

What you said

A number of themes came up as important across all the engagement activity and were identified as general areas of consensus.

1. What is important to you that makes a difference that you wouldn't want to change?
2. Is there anything you think the HSCP should stop doing?
3. Is there anything you think the HSCP should do more of that might help our financial situation, whilst still meeting the needs of those we support?
4. How could the HSCP services deliver things differently?
5. How can we collectively respond to all our peoples needs if the HSCP can only support those with the highest level of need?
6. From your knowledge or experience are there any concerns about changes to services that may have an impact for groups of people with specific needs?
7. Do you have anything else you may want to add?

Areas of consensus



A closer look at what you said



- Prevention** – These are fundamental, and if we lose it, we will decline in crisis. Prevention saves money long term
- Prioritising** – who and how - how will this be decided? ·
- Collaboration/working together** – more important than ever right now · and there is a will to do it
- Statutory provision** - we need to review what adaptations we deliver
- Providing quality services and Standards Services** –
- Service delivery** -Real pressure on Carers Real concern about peoples care packages. Can't just focus on those with greatest need – need a wider spread
- Transition** work is vital in ensuring that reliance on statutory services is reduced
- Professionally trained staff**
- Mitigating & Managing risk**
- SDS** – has to stay and be allowed to be more creative with it
- Talking Points** - great model which should do more of
- Community response for pandemic** really pulled everyone together, making sure baselines were met. We want to keep that
- Service user does not care about systems – it's **the support they need and get is what matters**



Is there anything you think the HSCP should stop doing?

- Care packages** – are some being over supported - stop where services could be provided in a different way
- Duplication** –cut out waste e.g. team home visits, assessments, services, work.
- Longer term funding** for projects and be less risk averse
- Reversing complaints decisions** in relation to workers professional judgements and outcomes/ **being reactive.**
- Using agency staff/ Locums/high cost framework agencies** to fill gaps in service.
- Over prescribing of care packages** and equipment.
- Waste money and resources** on advertising/events
- So many different building open. Close 50%, **encourage home working / Hybrid model of working throughout ERC.**
- A massive amount of wasted money on projects, services that make little to no difference in the community. **Cut non cost effective projects**
- An opportunity to stop and completely rethink – look at what isn't working – **be more creative**
- Using the word Prevention** – should there be another word or phrase for this
- Be less risk averse.** Need a balanced view of risk. Service user should have a say in the level of risk



Is there anything you think the HSCP should do more of that might help our financial situation, whilst still meeting the needs of those we support?

- Manage expectations**
- People sharing budgets:** Utilising sharing support. People with same interests /likes.
- Communication, Engagement. Information sharing** – access to Care First would save a lot of wasted time. Information is power – for workers, community and the individual. Not everyone knows the community support available. Engaging should be increased, planned and sustained on an ongoing basis, not one off events.
- Community supports/Time-banking**– If we got together to create a new type of service that was about community connecting/neighbours **More community initiatives:** encourage volunteering
- Shared training:** can we focus on one big ER training arrangement ·
- Sharing of buildings:** Would drop in clinics work? Everyone based together in the same building
- Regular reviews of services** – often people getting a service they no longer need?

- Housekeeping** - review of outsourced services e.g. Providers contracts best value, Equip u, to Income generation e.g. using buildings differently
- Support and resource** organisations who are more cost effective and support them to build their capacity and resources
- More SDS budgets** More guidelines in place for SDS
- Carers Centre hardship fund** - more of this ·
- Resource Centre** for people with autism and families



How could the HSCP services deliver things differently?

- A clear eligibility criteria and charging policy** for transport, social day care, non-residential care services
- A stationary Talking Point** - different services coming in on different days. **Learn from Talking Points** - more analysis of where gaps are and collaborate
- Has there been savings with home working? Any **analysis done?**
- Peer support** could be developed
- Collaborative Commissioning** - make this work – could be really effective · **Invest in networks. Invest and restructure** of home care. **Different models of support**
- Changing model of staffing/services** -e.g. 7 day week, open later. **Staff structure and Flexible working contracts** to retain experienced staff.
- People often seem to not have a **single point of contact** when trying to access services via HSCP
- Focus on essentials** and things you must deliver



How can we collectively respond to all our peoples' needs if the HSCP can only support those with the highest level of need?

- People sharing budget** - Pair people up with similar needs or and interests - **Group support sessions** ·
- Focus on loneliness and isolation and MH**
- Kindness Collaborative example - **grow Talking Points**
- More tec** – are people being over supported?
- Spend to save** - use all this as an opportunity – rip it up and revisit how we fund everything completely - be brave

- Look at how issues affect one family - look at real examples/real family situations – **screening group - and move outwards to look at how these needs could be met in the community**
- Clever reviewing** - Targeted review / review panels looking at biggest spends/off framework etc. We don't **review peoples packages** enough · So many older people want to be independent - we are taking it away.
- Consultation, information and education for unpaid carers**
- Clever commissioning** - Build on community empowerment, approaches and resources e.g. neighbourhood assets and models of care and support. **3rd sector can make a better contribution, more funding, collaboration together. Need permission to work differently**

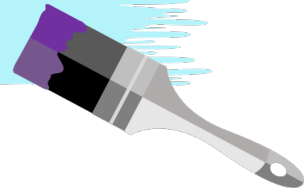


From your knowledge or experience are there any concerns about changes to services that may have an impact for groups of people with specific needs?

- Cuts will have an **impact on third sector organisations** who will have to pick up the slack ·
- Huge concerns raised about how we avoid hitting crisis point** if all support is only brought in at the last minute e.g. for those with conditions such as **dementia, early intervention and social supports are extremely important** and if that goes then potentially people present themselves in dire situations
- Vulnerable people that are fairly independent with support, however without it would not have that same quality of life, **with support being cuts-they would suffer.**
- Carers - they are on their knees**
- Mental health services – **huge concern about CAHMS and mental health services in general · Autism ·**
- Political: **What are elected members doing?** HSCP needs to fight back
- Care inspectorate** - how that fit in if we reduce resources and cut back on services we provide - what we are doing in terms of monitoring impact on tenants and those getting services –
- Everyone impacted** - some multiply impacted. Vulnerable groups, unpaid carers, women, neuro divers ant, Learning disability, Mental Health, long term conditions
- Retaining Staff**
- The health centres have lost their heart and soul – **need to get people back in. Stalls, events, using evenings and weekends.**



Do you have anything else you may want to add?



- Communication and being linked up to 3rd sector** is key to responding collectively is the key- sharing what we are doing · Get a **website** that makes sense and is accessible to people ·
- Budget: we need a better breakdown of what it all means**
- How will we prioritise** and how can we be involved.
- Those who can pay for support will increase the **gap** with others who can't.
- Reviewing: what worked well during pandemic** – did we gather any analysis - can this be utilised?
- Please **don't waste more money** on failed initiatives, invest in models that have shown to work and make an impact for people
- We need to explore opportunities to provide support that does not have a financial cost - **harness local volunteers?**
- I feel not asking specific groups of people to contribute to costings (charging policy) creates a **dependent culture**, without a strong understanding of costs, services, population usage etc.
- We need **more support** from HSCP (financially or logistically) re affordable sustainable housing which increase independence and can stay at home
- There are **corporate responsibilities** – not in a position where operating as we would like - on the back foot – at same time existing services will be cut – this is a real challenge
- Have engagement fatigue – **will you get back to us** - do you listen?
- About the pie chart - where is the wedge that says **what it would look like if carers weren't doing their caring role**. We contribute massively to make the system work. How can we support **carers as a campaigning group?**

You Said - We did

Following each budget engagement activity, the Participation and Engagement Network compiled what each group said and shared this record with the relevant group.

In addition to this any questions that came from the budget engagement conversations were captured and a Frequently Asked Questions reference document will be published.

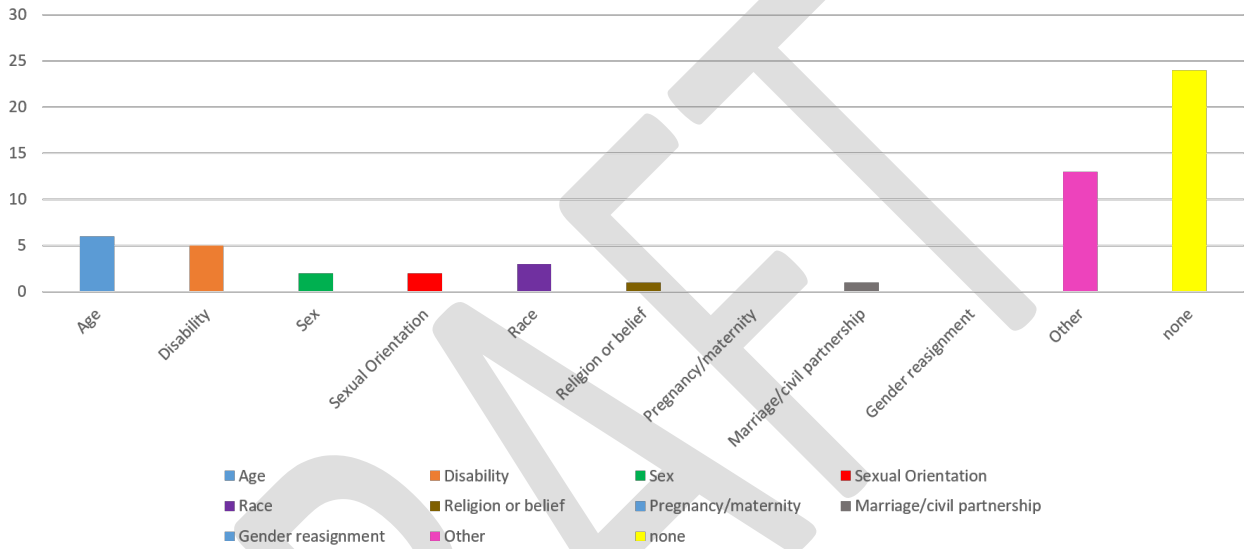
Appendix 1

[Budget Engagement External HSCP feedback.docx](#)

[HSCP staff combined budget recording.docx](#)

Appendix 2

We asked “Do you identify as someone belonging to one of these protected characteristic groups of people with specific needs?”
From 148 people reached 57 people responded

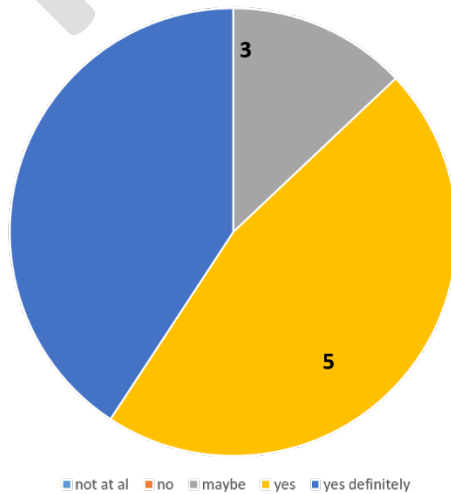


Appendix 3

We asked “Do you feel you had enough information to contribute?”
From 99 people 54 people responded

On a 1-5 scale

- 1 - not at all
- 2 - no
- 3 - maybe
- 4 - yes
- 5 - yes definitely

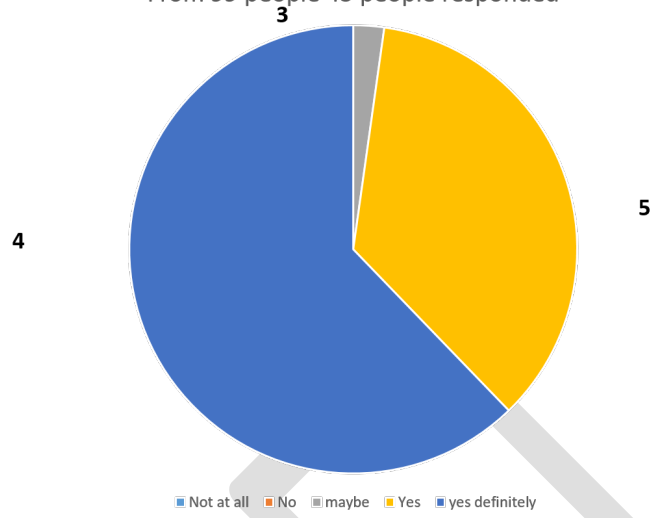


Appendix 4

We asked “Did you feel you had your say and were able to contribute?”
From 99 people 45 people responded

On a 1-5 scale

- 1 - not at all
- 2 - no
- 3 - maybe
- 4 -yes
- 5 – yes definitely



Report Compiled by:
Angie McGregor
10.3.23

DRAFT



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	29 March 2023
Agenda Item	8
Title	Revenue Budget Monitoring Report 2022/23; position as at 31 st January 2023
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, 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 • approve the budget virement as requested 	
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**29 March 2023****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 31st January 2023 and allowing for latest intelligence.

RECOMMENDATIONS

2. The Integration Joint Board is asked to:
 - note the projected outturn for the 2022/23 revenue budget
 - approve the budget virement as requested

BACKGROUND

3. This report is part of the regular reporting cycle for ensuring that the HSCP financial governance arrangements are maintained. This is the fourth report for the financial year 2022/23 and provides the projected outturn for the year based on our latest information recognising we remain in difficult economic times.
4. The latest projected outturn shows an overspend for the year of £0.292 million after the application of the Covid-19 reserve and winter funding planned activity agreed as part of the 2022/23 budget settlement. This position includes the shortfall in funding for social care staff of c£0.330 million after pass through of funding from our partner East Renfrewshire Council. The pay award within much of our NHS staff cohort is yet to be settled and associated funding is assumed.
5. The projected costs against budget continue to be reviewed as the year progresses and remedial action taken where possible to contain the projected overspend.

REPORT

6. The consolidated budget for 2022/23 and projected outturn position, inclusive of Covid-19 costs at nil impact, shows a projected overspend of £0.292 million against a full year budget of £143.652 million (0.2%) after assumed contributions from reserves.
7. The HSCP costs related to Covid-19 activity continue into 2022/23 and are reported to the Scottish Government via NHS Greater Glasgow and Clyde as health boards remain the leads on this reporting. Our projected Covid-19 related costs have decreased by £0.083 million since last reported.

8. 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	3.391
Infrastructure, equipment, PPE*	0.194
Sustainability	1.098
Current Projected Local Mobilisation Plan Costs	4.683
Funded By:	
Covid-19 reserve (Carried forward from 2020/21)	9.266
Balance returned to Scottish Government	(4.500)
Projected year-end balance	0.083

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

9. Work remains ongoing to ensure we have appropriate exit strategies in place as no further local Covid-19 funding is expected in 2023/24. We are in the process of returning £4.5m to the Scottish Government who have confirmed that a final reconciliation exercise will take place at the end of the financial year.
10. 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.
11. 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 31st January 2023 and do allow for the latest known information. The projected costs include modest provision for further activity during the final two months of the year.
12. The projected costs below reflect the funding shortfall of c£0.3 million on local government pay award and assume that NHS pay award is fully funded.
13. The revised rate for nursing care within the National Care Home Contract has recently been agreed and provision was already included to reflect the costs change applied retrospectively to April 2022.
14. Given the continued demand and capacity pressures we are seeing the Senior Management Team continue to minimise all non-essential costs.
15. **Children & Families and Public Protection £65k underspend;** results from a number of factors detailed below:
- The CAMHS service core budget is projected to overspend by £88k mainly from payroll pressures and this is partially offset by turnover in other areas.
 - Turnover within other staffing costs of £155k.
 - The HSCP continues to look after a number of unaccompanied asylum seeker children and currently the cost of care is within expected funding levels. This will continue to be monitored and may impact on 2023/24.

This is a reduction in projected costs of £234k since last reported mainly from transferring costs of a very complex care package to CAMHS reserve, in line with appropriate guidance. This has mitigated a significant pressure previously reported within this service and has also resulted in release of the commitment against the Children's residential accommodation reserve.

16. **Older Peoples Services £879k underspend;** the projected underspend remains a result of current care commitments and staff turnover within teams:
- Residential and nursing care remains underspent by £1.7m, as previously reported.
 - This is offset by an overspend in localities directly purchased care at home and direct payment commitments of £1.1m.
 - As part of the 2023/24 budget we will realign budget per above.
 - Within Adult and Community Services we are underspent by £0.2m mainly from turnover.

This is a reduction in projected costs of £404k since we reported in February from care package costs (£122k) where our commitment has reduced, and turnover after allowing for planned transfer of reserves (£277k).

17. **Physical & Sensory Disability £33k underspend;** the projected underspend is due three factors:
- Care package commitments £14k overspent
 - Staffing turnover £120k underspent
 - Equipment costs are £66k overspent, but this includes £200k non-recurring funding. This will continue to be reviewed to understand if there is a post Covid spike that will diminish.

This is an increase in projected costs of £157k since last reported reflecting care commitments (£88k) and equipment (£68k).

18. **Learning Disability Community Services £21k overspend;** Care commitments are projected to overspend (£496k), 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 (£280k) and within the Community Autism Team (£79k) and the Transitions Team (£136k). This is an increase in costs of £50k from the last reported position mainly due to care commitments.
19. When we look at the collective position across the three adult care groups above (in paragraphs 16 to 19 this gives a total underspend across Barrhead and Eastwood localities of £0.891 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.
20. **Intensive Services £581k overspend;** the most significant cost pressure remains within Care at Home (both purchased and the in-house service) of £380k, along with overspends in Telecare Responders £279k and in Bonnyton House £261k; all predominately around staffing and agency costs as we continue to respond to demand. These pressures are offset in part by staff turnover and vacancies within Day Services (£325k).
21. Since the last report our in-house costs have decreased by £183k. There remains significant pressure in the service around recruitment, retention and staff absence and the Winter Planning reserve has been fully utilised to offset the ongoing pressure the service is facing.
22. **Learning Disability Inpatients £40k overspend;** remains projected after the available reserve of £394k has been used, reflecting the continuing pressure in the service around increased observation costs. There remains a significant risk that if staff ratios to support complex needs continues this will be an unfunded pressure moving into 2023/24, although the ongoing redesign work should mitigate this to some degree. This is a reduction in staffing costs of £60k since last reported.

23. **Augmentative and Alternative Communication £nil variance;** there is a pressure within equipment costs and this is met from the reserve held to smooth such pressures. This reserve will be used in full.
24. **Recovery Services Mental Health & Addictions £118k underspend;** current care commitments are causing some pressure within Mental Health (£267k) although this is offset by turnover within Mental Health Adult Community Services (£373k). This is a reduction in costs of £171k since last reported from care cost commitments (£88k) and revised turnover.
25. The committed costs for Mental Health are an increase on the previous year and we expect continued service demand and pressures in this area. We will continue to monitor activity and associated costs.
26. **Prescribing £479k overspend;** latest intelligence shows significant pressure increasing across all of NHSGGC and an overspend is now projected, reflecting our projected costs after full use of the smoothing reserve of £456k. We had previously hoped to contain costs to the limit of the reserve.
27. The analysis of costs and volumes to date show we have a number of pressures based on the activity to December, with volumes at pre-pandemic levels with the trend increasing, and some rapidly increasing drugs prices. Other factors remain:
- Limitations in manufacturing capacity due to Covid, Ukraine, lockdowns in Asia, 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 tariffs and short supply pricing remains a concern;
28. We continue to work closely with colleagues at the Health Board analysing and modelling various scenarios, informed by national working groups.
29. **Finance & Resources £266k overspend;** this budget meets a number of HSCP wide costs, including charges for prior year NHS pension costs that will diminish over time. This includes increased utility costs and £80k for software charges with NHS systems not previously projected. Overall this is an increase of £46k since last reported.
30. **Primary Care Improvement Plan, Alcohol and Drugs (Local Improvement Fund) and Mental Health Action 15;** confirmation from the Scottish Government of all allocations has been received and reflected in the supporting detail. Appendices 8 to 10 give a summarised position against each funding stream, showing the planned activity against each initiative.

Other

31. The current projected revenue budget overspend of £0.292 million will need to be met from reserves, subject to the final outturn at the end of the financial year.
32. We are working to minimise cost pressures in year through identification of savings and the continued moratorium on non-essential costs. This remains incredibly challenging in the current environment given the capacity constraints and focus on service delivery, particularly Care at Home.

33. The reserves position is reported in full at Appendix 5. Spending plans against reserves highlight recovery activity as we continue to emerge from pandemic and allow for full utilisation of Covid-19, including the return of balances to the Scottish Government along with utilisation of a number of reserves balances as part of the funding mechanism for the current year.
34. 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) in this report.
35. The projected costs allow for additional activity through the rest 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 prior to year-end.
36. The IJB is requested to approve the budget virement as detailed at Appendix 7.
37. 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 this dynamic environment.

IMPLICATIONS OF THE PROPOSALS

Finance

38. 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.
39. A revised Medium-Term Financial Plan (MTFP) was brought to the IJB in March 2022. This will be refreshed following the IJB budget decisions to be agreed for 2023/24.
40. As reported above we still have a number of dynamic factors such as pay award shortfalls, 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.
41. Per our Covid-19 funding returns we have included projected costs and income.
42. 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. In line with revised guidance this has diminished significantly over the past few months.

Risk

43. 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 cost pressures
 - Observation and Out of Area costs within Specialist Learning Disability Services

DIRECTIONS

44. The running budget reconciliation which forms part of financial directions to our partners is included at Appendix 4.
45. The report reflects a projected breakeven position after the use of £0.292 million reserves for the year to 31 March 2023.

CONSULTATION AND PARTNERSHIP WORKING

46. The Chief Financial Officer has consulted with our partners.
47. 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 22nd September 2022.

CONCLUSIONS

48. Appendix 1 reports a potential projected overspend of £0.292 million for the year to 31 March 2022, allowing for Covid-19 support and other reserves use.

RECOMMENDATIONS

49. The Integration Joint Board is asked to note:
 - note the projected outturn for the 2022/23 revenue budget
 - approve the budget virement as requested

REPORT AUTHOR

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

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0141 451 0749

8 March 2023

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB 23.11.2022 – Revenue Budget Monitoring Report

https://www.eastrenfrewshire.gov.uk/media/8434/IJB-Item-08-23-November-2022/pdf/IJB_Item_08_-_23_November_2022.pdf?m=638036934516600000

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

Consolidated Monitoring Report

Projected Outturn Position to 31st January 2023

Objective Analysis	Full Year			
	Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Public Protection - Children & Families	14,143	14,078	65	0.46%
Public Protection - Criminal Justice	29	29	-	0.00%
Adult Localities Services				
Older People	25,267	24,388	879	3.48%
Physical & Sensory Disability	6,179	6,146	33	0.53%
Learning Disability - Community	17,649	17,670	(21)	(0.12%)
Learning Disability - Inpatients	8,907	8,947	(40)	(0.45%)
Augmentative and Alternative Communication	259	259	-	0.00%
Intensive Services	16,270	16,851	(581)	(3.57%)
Recovery Services - Mental Health	5,130	5,018	112	2.18%
Recovery Services - Addictions	1,034	1,028	6	0.58%
Family Health Services	29,549	29,549	-	0.00%
Prescribing	16,602	17,081	(479)	(2.89%)
Finance & Resources	2,634	2,900	(266)	(10.10%)
Net Expenditure	143,652	143,944	(292)	(0.20%)
Contribution to / (from) Reserve	-	(292)	292	-
Net Expenditure	143,652	143,652	-	

Figures as at 30th November 2022

	£'000
Net Contribution To / (From) Reserves	(292)
Analysed by Partner contribution:	
Health	(69)
Social Care (provisional)	(223)
Net Contribution To / (From) Reserves	(292)

Additional information - Adult Localities

Objective Analysis	Full Year			
	Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Localities Services - Barrhead	24,393	24,000	393	1.61%
Localities Services - Eastwood	24,702	24,280	422	1.71%
Net Expenditure	49,095	48,280	815	1.66%

Council Monitoring Report

Projected Outturn Position to 31st January 2023

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	29,703	31,276	(1,573)	(5.30%)	(433)		(1,140)
Property Costs	808	938	(130)	(16.09%)	(13)		(117)
Supplies & Services	2,523	3,973	(1,450)	(57.47%)	(100)		(1,350)
Transport Costs	277	344	(67)	(24.19%)	0		(67)
Third Party Payments	47,198	50,704	(3,506)	(7.43%)	(2,389)		(1,117)
Support Services	2,395	2,395	-	0.00%	(138)		138
Income	(17,763)	(24,266)	6,503	(36.61%)	3,073		3,430
Net Expenditure	65,141	65,364	(223)	(0.34%)	-	-	(223)

Contribution to / (from) Reserve	-	(223)	223	-
Net Expenditure	65,141	65,141	-	-

Objective Analysis	Full Year			
	Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Public Protection - Children & Families	10,768	10,667	101	0.94%
Public Protection - Criminal Justice	29	29	-	0.00%
Adult Localities Services				
Older People	16,131	15,532	599	3.71%
Physical & Sensory Disability	5,542	5,509	33	0.60%
Learning Disability	11,552	11,642	(90)	(0.78%)
Intensive Services	14,850	15,431	(581)	(3.91%)
Recovery Services - Mental Health	1,739	1,982	(243)	(13.97%)
Recovery Services - Addictions	345	357	(12)	(3.48%)
Finance & Resources	4,185	4,215	(30)	(0.72%)
Net Expenditure	65,141	65,364	(223)	(0.34%)

Contribution to / (from) Reserve	-	(223)	223	-
Net Expenditure	65,141	65,141	-	-

Notes

- Figures as at 30th November 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	(223)
- 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	17,883	17,556	327	1.83%
Localities Services - Eastwood	15,342	15,126	216	1.41%
Net Expenditure	33,225	32,682	543	1.63%

NHS Monitoring Report

Projected Outturn Position to 31st January 2023

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	24,048	23,897	151	0.63%	(1,385)		(1,234)
Non-pay Expenditure	54,703	56,541	(1,838)	(3.36%)	(290)		(2,128)
Resource Transfer/Social Care Fund	12,172	12,172	-	0.00%	-		-
Income	(12,412)	(14,030)	1,618	13.04%	1,675		3,293
Net Expenditure	78,511	78,580	(69)	(0.09%)	-	-	(69)

Contribution to / (from) Reserve	-	(69)	69	-
Net Expenditure	78,511	78,511	-	-

Objective Analysis	Full Year			
	Full Year Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Childrens Services	3,270	3,306	(36)	(1.10%)
Adult Community Services	5,780	5,500	280	4.84%
Learning Disability - Community	1,101	1,032	69	6.27%
Learning Disability - Inpatient	8,907	8,947	(40)	(0.45%)
Augmentative and Alternative Communication	259	259	-	0.00%
Family Health Services	29,549	29,549	-	0.00%
Prescribing	16,602	17,081	(479)	(2.89%)
Recovery Services - Mental Health	2,600	2,245	355	13.65%
Recovery Services - Addictions	132	114	18	13.64%
Finance & Resources	(1,861)	(1,625)	(236)	12.68%
Resource Transfer	12,172	12,172	-	0.00%
Net Expenditure	78,511	78,580	(69)	(0.09%)

Contribution to / (from) Reserve	-	(69)	69	0.00%
Net Expenditure	78,511	78,511	-	0.00%

Notes

1 Figures as at 30th November 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	1,420
Recovery Services - Mental Health	791
Recovery Services - Addictions	557
Finance & Resources	310
	12,172

Localities Resource Transfer - alternative presentation

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

3 Net Contribution to / (from) Reserves £'000
(69)

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	1,408	1,342	66	4.69%
Localities Services - Eastwood	5,473	5,267	206	3.76%
Net Expenditure	6,881	6,609	272	3.95%

East Renfrewshire HSCP - Revenue Budget Monitoring 2022/23
Budget Reconciliation & Directions

Appendix 4

	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	2,494			2,494
PCIP - Pharmacy	144			144
School Nursing Central Allocation and Student Funding	247			247
Additional Social Work Capacity in Adult Services		386		386
Adult Social Care Pay Uplift in Commissioned Services		3,315		3,315
FHS Allocation	1,335			1,335
Prescribing	(212)			(212)
Childrens Central Allocation	(62)			(62)
LD Team Scottish Enhanced Services Programme	60			60
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
Winter Pressure Funding	998			998
SCTCI Funding	188			188
District Nursing	147			147
Whole Family Wellbeing Funding		492		492
Central Support Re-alignment		46		46
Lead Nurse	54			54
Capital Funding	(24)			(24)
SG Funding reduction - COVID	(4,500)			(4,500)
Pay Award Funding via ERC		725		725
Adult Disability Payment Funding		36		36
	78,511	65,141	-	143,652
Funding Outwith Revenue Contribution				
* Housing Aids & Adaptations		400		400
Set Aside Hospital Services Opening Budget	37,653			37,653
Total IJB Resources	116,164	65,541	-	181,705
Directions to Partners				
Revenue Budget	78,511	65,141	-	143,652
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
	66,635	77,017	-	143,652
* Housing Aids & Adaptations		400		400
Set Aside Hospital Services Budget	37,653			37,653
	104,288	77,417	-	181,705

* 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	Reserve balance to be utilised as part of funding allocation
Alcohol & Drugs Partnership	527	(123)	650	Reserve balance to be utilised as part of ADP planned used in 2023/24
Drugs Death Task Force	142	0	142	Reserve balance to be utilised as part of funding allocation
Primary Care Improvement Fund	1,899	1,851	48	Reserve balance to be utilised as part of funding allocation
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	1,012	0	Recruitment slippage HCA will determine final balance
COVID-19	9,266	9,266	0	Projected costs £4.766m, balance of £4.5m to be clawed back by SG
Scottish Government Funding	13,326	12,308	1,018	
Bridging Finance				
Budget Savings Reserve	2,717	2,438	279	Projected balance of unachieved savings in year
In Year Pressures Reserve	165	0	165	Will be applied as required
Current Year Projected Overspend	0	292	(292)	Projected reserves draw required to fund overspend in year
Prescribing	456	456	0	To smooth prescribing pressures, assumed required in full
Bridging Finance	3,338	3,186	152	
Children & Families				
Residential Accommodation	460	0	460	Current complex care costs assume full use of this reserve
Health Visitors	35	35	0	To support capacity including maternity and absence cover
Home & Belonging	58	58	0	Cost committed as part of 2 year programme, use reserve in year 1 IJB confirmed use of reserve to support Family Wellbeing Service from 2022/23 for 2 years
School Counselling	687	355	332	2022/23 for 2 years
Children and Adolescent Mental Health Services	888	578	310	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	1,094	1,152	
Transitional Funding				
Learning Disability Specialist Services	434	394	40	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	541	188	
Adult Services				
Mental Health Officer/Community Psychology/Capacity	61	0	61	Work ongoing to utilise in full, timing tbc dependant on recruitment
Care Home Oversight Support and Lead Nurse	177	177	0	To support recovery through to 2023/24
Augmentative & Alternative Communication	85	85	0	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	533	61	
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	£10k committed in 2023/24 for signs of safety for adults
Capacity	123	31	92	
Total All Earmarked Reserves	20,480	17,747	2,733	
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	17,747	3,005	

East Renfrewshire HSCP - Revenue Budget Monitoring 2022/23
Analysis of Savings Delivery

Appendix 6

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	436	2,439	Saving from within budget allocation £243k and £500k recovery and renewal projection for part year (£170k achieved so far). Balance needs to be met from reserve in year.
Sub Total	2,875	436	2,439	
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	708	2,439	

Notes:

1. Capacity to deliver savings impacted by ongoing COVID implications
2. There are part year savings from posts to be transferred from operational budgets to savings so the £170k identified to date will increase.

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

Appendix 7

Subjective Analysis	2022/23 Budget Virement								
	Current Ledger	(1)	(2)	(3)	(4)	(5)	(6)	2022/23 Budget	Total Virement
	£'000	£	£	£	£	£	£	£'000	£'000
Employee Costs	28,607	725	36	-	-	334	-	29,702	1,095
Property Costs	826	-	-	-	-	-	(19)	826	0
Supplies & Services	2,523	-	-	-	-	-	-	2,523	0
Transport Costs	277	-	-	-	-	-	-	277	0
Third Party Payments	47,179	-	-	-	-	-	19	47,179	0
Support Services	2,475	-	-	(80)	-	-	-	2,395	(80)
Income	(17,428)	-	-	-	-	(334)	-	(17,762)	(334)
Net Expenditure	64,459	725	36	(80)	0	0	0	65,140	681

Objective Analysis	2022/23 Budget Virement								
	Current Ledger	(1)	(2)	(3)	(4)	(5)	(6)	2022/23 Budget	Total Virement
	£'000	£	£	£	£	£	£	£'000	£'000
Public Protection - Children & Families	10,682	104	-	-	-	(19)	-	10,767	85
Public Protection - Criminal Justice	29	-	-	-	-	-	-	29	0
Adult Health - Localities Services	-	-	-	-	-	-	-	-	0
Older People	16,292	27	36	-	(123)	(100)	-	16,132	(160)
Physical & Sensory Disability	5,414	60	-	-	-	68	-	5,542	128
Learning Disability	11,588	56	-	-	-	(92)	-	11,552	(36)
Adult Health - Intensive Services	14,302	342	-	-	-	207	-	14,851	549
Recovery Services - Mental Health	1,745	12	-	-	-	(19)	-	1,738	(7)
Recovery Services - Addictions	322	17	-	-	-	5	-	344	22
Finance & Resources	4,085	107	-	(80)	123	(50)	-	4,185	100
Net Expenditure	64,459	725	36	(80)	0	0	0	65,140	681

Note:

- 1 Additional funding via ERC to partly offset additional pay award costs for 2022/23
- 2 Additional funding via Scottish Government around Adult Disability Payment administration
- 3 Central Support Adjustment - reversal of previous adjustment by ERC
- 4 Re-allocation of commissioning saving achieved.
- 5 Resource Transfer Uplift allocation - previously held centrally
- 6 Property cost budget allocated against savings within Finance and Resources

Service	Planned Programme Costs	Projected Programme Costs	Projected Variance
	£'000	£'000	£'000
Pharmacy Support	1,116	877	239
Advanced Nurse Practitioners	193	136	57
Advanced Practice Physiotherapists	210	172	38
Community Mental Health Link Workers	83	83	0
Community Healthcare Assistants / Treatment Room *	483	381	102
Vaccine Transformation Programme	858	584	274
Programme Support / CQL / Pharmacy First	153	144	9
Total Cost	3,096	2,377	719
Funded by:			
In Year Funding - Tranche 1		526	
In Year Funding - Tranche 2 Maximum expected		-	
Reserve Balance		1,899	
Total Funding		2,425	
Potential reserve at year end based on full allocation less existing reserve		48	

Service	Planned Programme Costs	Projected Programme Costs	Projected Variance
	£'000	£'000	£'000
Staff costs - Board wide including Nursing, Psychology and Occupational Therapy	250	169	81
Programme Support	32	32	0
Staff Costs East Ren HSCP including Psychology, CAMHS and Occupational Therapy	256	193	63
Other - Peer Support Delivery Service	47	47	0
Total Cost	585	441	144
Funded by:			
In Year Funding - still tbc		226	
Reserve Balance		215	
Total Funding		441	
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 Summary

Appendix 10

Service	Planned Programme Costs	Projected Programme Costs	Projected Variance
	£'000	£'000	£'000
Programme for Government	252	271	(19)
Drugs Mission National Uplift	162	32	130
Drugs Mission MAT Standards	160	104	56
Drugs Mission Residential Rehab	75	129	(54)
Drugs Mission Whole Family Support	52	9	43
Lived Experience Networks	7	5	2
Alcohol Brief Interventions		24	(24)
Task Force Response Fund	39	50	(11)
Total Cost	747	624	123
Funded by:			
In Year Funding		747	
Reserve Balance B/F		669	
Total Funding		1,416	
Potential reserve at year end based on current projection		792	

Reporting to ADP shows full detail of planned use of reserve in 2023/24



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board	
Held on	29 March 2023	
Agenda Item	9	
Title	Implementation of Supporting People Framework	
Summary		
<p>The purpose of this report is to seek approval to adopt and implement a Supporting People Framework (Policy) which sets out our criteria for providing social care in the coming year 2023/24.</p>		
Presented by	Julie Murray Chief Officer	
Action Required		
<p>The Integration Joint Board is asked to:-</p> <ul style="list-style-type: none"> • Note and comment on the proposed framework • Approve and support implementation as early as is practicable • Note our intention to review the framework regularly and to provide updates at agreed intervals going forward 		
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 checked="" type="checkbox"/> Finance <input checked="" type="checkbox"/> Policy <input type="checkbox"/> Workforce <input checked="" type="checkbox"/> Equalities <input checked="" type="checkbox"/> Risk <input type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input checked="" type="checkbox"/> Fairer Scotland Duty

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

29 March 2023

Report by Chief Officer

Implementation of Supporting People Framework

PURPOSE OF REPORT

1. The purpose of this report is to seek approval to adopt and implement a Supporting People Framework (Policy) which sets out our criteria for providing social care in the coming year 2023/24.

RECOMMENDATIONS

2. The Integration Joint Board is asked to:-
 - Note and comment on the proposed framework
 - Approve and support implementation as early as is practicable
 - Note our intention to review the framework regularly and to provide updates at agreed intervals going forward

BACKGROUND

3. Members of the Integration Joint Board are aware of the work we have been doing in recent months to assess the impact of future financial settlements from parent organisations and have been fully involved in our modelling on the impact of various scenarios. We have been working closely with both ERC and NHS GGC to establish the totality of our budget in the coming years.
4. We are now in a position where, given our financial settlements from parent organisations, our budget position is clearer. Unfortunately our budgets will reduce our ability to provide the full range of supports we would hope to provide in the coming years. Significant savings are required to ensure we can continue to deliver care and support with the resources available to us.
5. East Renfrewshire HSCP and previously CHCP has a long track record of investing in a broad range of support, from early intervention and prevention / community led models to very complex and intensive support and, with prudent financial management, we have been able to use our resources across this spectrum. Unfortunately, the current financial climate dictates that our approach will have to shift to keeping people safe and to focus more on current risk.

REPORT

6. Until now East Renfrewshire has resisted the development of a criteria to determine access to social care, our approach has been largely outcome focussed whilst adhering to national policy and guidance on care provision such as self-directed support and nursing / residential care for older people. Our staff, whilst working in partnership with people establish outcomes which are individual, based on current need and carefully consider how we can help people to live well and independently for as long as possible. The success of this approach in East Renfrewshire is largely due to the skill and values of our staff team.

7. As we move forward we want to ensure that we continue to focus on outcomes but, in order to ensure that we can support everyone we will need to focus on immediate and current risk in nature and to do so equitably and fairly we have developed our Supporting People Framework.
8. In the situation where our resources need to stretch further it is important that we are transparent in our decision making and our staff are able to continue to focus on good outcomes within an agreed set of criteria and guidance.
9. In developing our framework we have reviewed numerous eligibility criteria which is in place across HSCPs in Scotland and authorities in England and in so doing have taken account of already agreed policy within NHS GGC HSCPs. Our Framework aligns closely with the approach taken in neighbouring partnerships.
10. To implement this framework we will require to work closely with all of our partners internally and externally. We will also need to review and amend our internal processes and develop a programme of staff training and supervision.
11. In advance of bringing this proposal to the IJB, we have conducted desktop exercises to 'test' the framework in order to be confident the risk thresholds are properly set.
12. We now know, given the resources we have available, that social care will be provided when needs and risks are assessed to be in the moderate to critical category. We will no longer be able to provide support where needs are considered to be low.
13. That said, we will do our best to invest in voluntary and community resources that help people to live well and independently. We may ask individuals and family support networks to provide support where they can. We will encourage and sign post people with lower level needs to these services/supports in order that they still get the help they need to live well. We will also advise people on how to make best use of their own personal assets and resources and demonstrate ways that technology can help meet health and social care needs.
14. Despite taking this step, which is borne through necessity, the HSCP management team remain totally committed to our values and organisational aspirations and we will work intensively in an effort to maximise all forms of community assets, partnerships and opportunity to continue to support all of our residents.

CONSULTATION AND PARTNERSHIP WORKING

15. Broad consultation has been ongoing with our residents and partners about future challenges, as we move forward we will be looking to strengthen our partnership working with existing colleagues, organisations and communities and will be actively seeking new partnerships to mitigate the impact of reduced resources.
16. On approval of this policy a full process of engagement with all stakeholders will be taken forward alongside a learning and development programme for our staff.

IMPLICATIONS OF THE PROPOSALS

Finance

17. Taking this step is a key part of our work to protect services for those who need them most, now and in the future, and provides a framework to support the best use of limited resources.

Risk

18. The framework is a key part of enabling us to support people most at risk.

Equalities and Fairer Scotland Duty

19. Our monitoring of the implementation will take account of equality sensitive practice. We are currently undertaking an equality impact assessment which will be shared with the Board.

Workforce

20. There are no immediate implications for workforce.

DIRECTIONS

21. There are no directions arising from this report.

CONCLUSIONS

22. East Renfrewshire HSCP has little option but to introduce the supporting people framework to prioritise social care. Through continued monitoring should the financial position improve and enable us to support people with lower level needs we will review the policy thresholds accordingly.

Next Steps

23. With the approval of the IJB we will be taking forward a detailed action plan to introduce the framework to our staff and provide support and training.
24. Our intention is to review the framework via our Adult Clinical and Care Governance Group as a standard item and we will be setting up regular operational discussions to assess impact and to take any immediate action required should the new framework require any changes during early implementation.
25. We will also be engaging with third sector, voluntary, and carers groups to ensure our rationale for this, our aspirations and commitment to review and ensure clear communication routes to the HSCP.

RECOMMENDATIONS

26. The Integration Joint Board is asked to:-
- Note and comment on the proposed framework
 - Approve and support implementation as early as is practicable
 - Note our intention to review the framework regularly and to provide updates at agreed intervals going forward

REPORT AUTHOR AND PERSON TO CONTACT

Chief Officer, IJB: Julie Murray

Tom Kelly, Head of Adult Services: Learning Disability and Recovery

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Lee McLaughlin, Head of Adult Services: Communities & Wellbeing

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Raymond Prior, Head of Children's Services and Justice (Chief Social Work Officer)

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East Renfrewshire Health and Social Care Partnership

Accessing Social Care Policy Supporting People Framework

Document Title:	Supporting People Framework					
Lead Officer:						
Date Created:	March 2023			Status:	Draft for IJB	
Approved by:				Date Approved		
Review Dates:	Created:	March 2023	Date of last review	n/a	Date of next review	
Revision History:						
Version:	Date Effective:	Author & Changes				

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1. Supporting people in East Renfrewshire

East Renfrewshire Health and Social Care Partnership's (HSCP) vision to "Work 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. We have three main priorities:

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

We want to support people to live good lives, supporting them to be independent, to be safe and healthy and to achieve the goals and outcomes important to them.

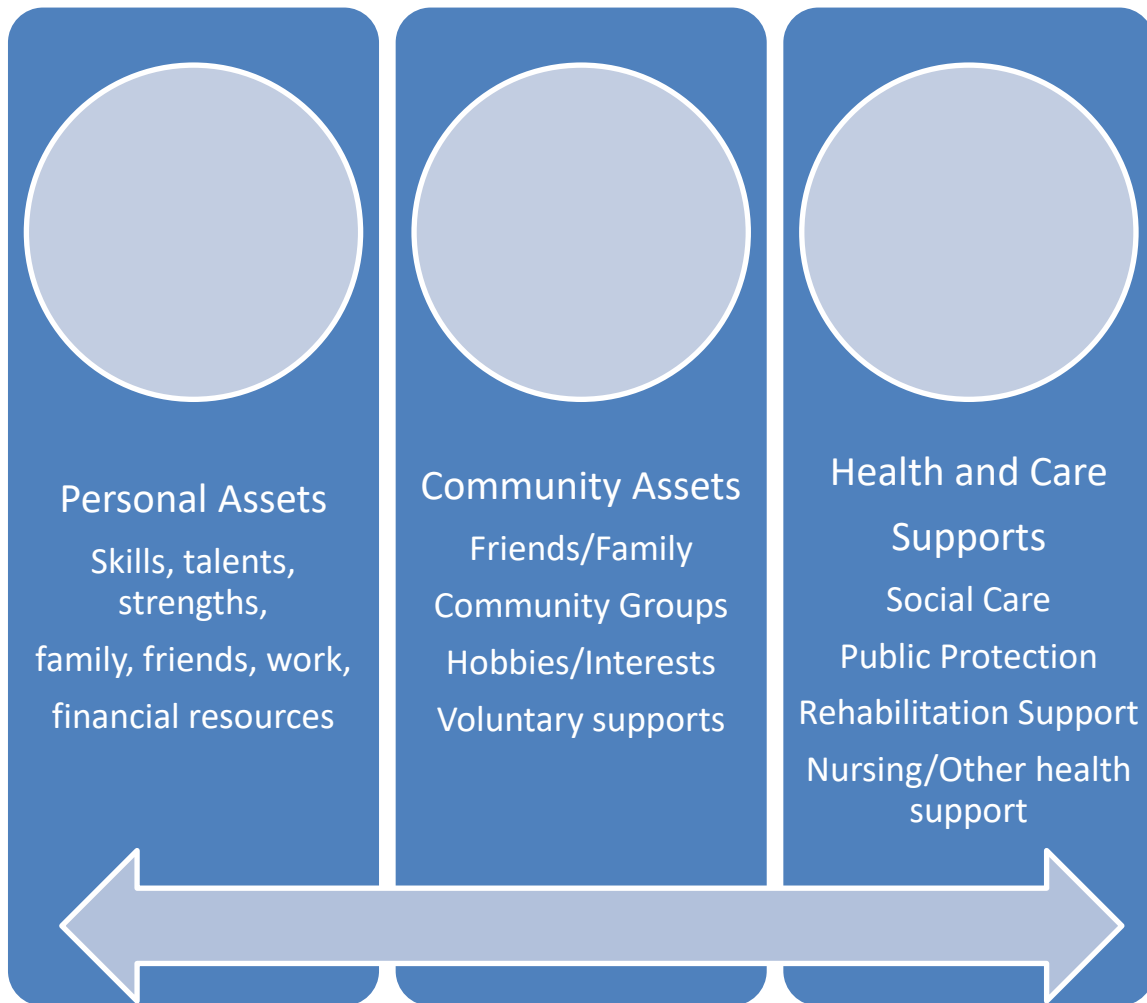
We recognise that everyone is unique. Each person has their own goals and needs and we aim to work with each individual and their families to have good conversations to help work out a fair share of support.

In order to do this we will help residents to work out what strengths, assets and resources they have, what is available within the community and support network and then what is the fair share of social care supports individuals need to live safely and well. Examples of strengths and assets include but are not limited to:

- Individual: finances, skills, experience and abilities
- Community: clubs, libraries, church, interest groups
- Family: friends, neighbours, informal carers, circles of support

We will need to prioritise social care resources to ensure that we support the people with the most significant needs and that we meet our legal duties in managing risk and harm. This means that people with lower level needs may not receive social care supports in the same way in East Renfrewshire.

In order to do this fairly, we will continue to invest in voluntary and community resources that help people to live well and independently. We may ask individuals and family support networks to provide support where they can. We will encourage and sign post people with lower level needs to these services/supports so that they still get the help they need to live well. We will also advise people on how to make best use of their own personal assets and resources and show people the ways that technology can help meet health and social care needs.



2. Why do we need a new approach?

East Renfrewshire HSCP has a strong track record in supporting people to live well. We have historically invested significantly in services and support to help people at the earliest opportunity. We will try our best to continue to do this to support people within their communities.

The flat cash settlement that East Renfrewshire Council received and passed on to the Integration Joint Board has resulted in us having to fund all of our pressures. These are particularly challenging this year (2023) due to the growing demands and complexity of need, alongside pressures relating to pay and inflation.

Therefore, we simply cannot afford to support everyone in the way that we have and we need to think differently about how we support people and where they get support from. We want to be honest and work with individuals and families to make the best use of the personal and community resources they already have and to work out a 'fair share' of social care supports for people.

3. What will happen next?

East Renfrewshire HSCP will work in this way from 1st April 2023 onwards and will apply this way of working out people's fair share of support.

For people who have never used social care services before, we will work with them to have a good conversation, capturing the person's strengths, needs, goals and any areas of risk on our outcomes assessment tool. We will talk to individuals openly about the level of needs/risks that they are experiencing and have set out the main levels of needs/risk within this policy in line with the national eligibility criteria for social care.

For people who currently access social care services we will undertake a good conversation to review their current situation and we will apply this 'fair share' approach to working out the social care supports each person needs to have a good life. This will be captured in our outcomes review tool.

4. Policy application

This policy applies to all adults, older adults and children with a disability accessing social care. This policy does not apply to children and young people where there are care/welfare concerns or those young people leaving care where other statutory duties apply.

This policy does not apply to carers, as defined by the Carers (Scotland) Act 2016, for whom a separate Carers Support Plan will apply.

5. Related legislation, policies and procedural mechanisms

In developing this framework, a broad range of legislation applies. Many have been in statute for a number of years and we recognise that a number of these acts are currently being reviewed. In developing this policy we are considering our obligations under the acts outlined below but equally with an eye to how they might change in the future.

The developing National Care Service Bill is currently under debate and being shaped and this policy will be reviewed as this and other acts come into being.

- The Social Work Scotland Act 1968
- The NHS and Community Care Act 1990
- Community Care and Health (Scotland) Act 2002

- Chronically Sick and Disabled Persons Act 1970
- Mental Health (Care and Treatment) (Scotland) Act 2003
- Adults with Incapacity (Scotland) Act 2000
- The Regulation of Care (Scotland) Act 2001
- The Adult Support and Protection (Scotland) Act 2007
- Children (Scotland) Act 1995
- Data Protection Act 1998
- Freedom of Information (Scotland) Act 2002
- The Human Rights Act 1998 and Equality Legislation
- The Social Care (Self Directed Support) (Scotland) Act 2013
- The Equality Act 2010
- The Mental Health (Scotland) Act 2015
- The Carers (Scotland) Act 2016

Other related policies and mechanisms:

- My Life Screening Tool
- My Life Assessment
- My Life Assessment Guidance
- Non Residential Charging Policy
- Eligibility Criteria Equality Impact Assessment
- Monitoring and Evaluation Framework for Eligibility and MLA

6. Context and approach to implementation

East Renfrewshire HSCP Supporting People Framework is a policy to support practitioners to deploy finite resources in a way that ensures that resources are provided to those in greatest need. Lower level need should not automatically be seen as a deficit requiring allocation of resource but should be considered in relation to an individual's personal or community assets holistically. Our Supporting People framework encourages creativity and collaboration to widen and enhance support. The framework will allow access to the most appropriate support in line with levels of risk and need.

The Supporting People framework will recognise risk as the key factor in the determination of eligibility for adult social care services. However, we know that risk can increase or decrease and be offset by strengths and protective factors which can be assessed via ongoing assessment and review. Where a person is eligible for a statutory service, the urgency of risk and complexity of need should be borne in mind when determining how and when to respond to their support requirements.

The principles guiding our practice when implementing this policy are underpinned by the HSCP strategic vision to "work together with the people of East Renfrewshire to improve lives". This has been developed in partnership with our partners, carers and communities. Our vision aims to value what matters to people, build capacity

with individuals and communities and focus on outcomes. The principles ensure that support provided by East Renfrewshire HSCP will:

- Promote, support and preserve maximum independence and resilience where practical and practicable
- Promote equitable access to social care resources
- Adhere to the principals of early and minimum intervention
- Target resource to those vulnerable individuals most at risk of harm or in need of protection.

Consideration should only be given to providing HSCP services when:

- The person is unable to meet the need themselves and, despite their assets, the risk persists to meet or exceed the threshold of the need for support
- No other statutory agency has a duty to meet that need
- Failure to respond to the need and risk would place the person in a situation of unmanageable or unreasonable risk.

The Supporting People framework prioritises risk using the nationally agreed criteria set by the Scottish Government into four categories: *critical*, *substantial*, *moderate* and *low*. When considered against the different areas of an individual's life it is possible that different risks will be at different levels. For example, the risk and harm of social isolation could be different from the risk and harm of being unable to meet personal care needs. Accordingly, the areas of a person's life assessed through assessment will identify risk and need across their life and provide an indication of eligibility for each. At all levels of risk and need an individual's personal and community assets should be considered.

The Supporting People framework considers both the severity of risks and the urgency of the requirement for intervention. Assessment is also undertaken on the basis that each individual is different and there may be unique circumstances particular to them. A diagnosis or condition does not necessitate the same support across the system. Individuals may respond or require different levels of support commensurate with their personal supports, assets or needs. Assessment and support planning done in collaboration with the person and other relevant persons will be instructive in terms of what needs remain outstanding and the urgency with which they require to be met. The Supporting People framework will help inform decisions about which supports may be available and from whom support may be sought and provided.

In managing access to finite resources, the HSCP will focus first on those people assessed as having the most significant risks to their health, wellbeing and independent living. Where people are assessed as being in the *critical* or *substantial* risk categories their needs will generally call for the immediate or imminent provision of support. People experiencing risk at this level will receive that support as soon as reasonably practicable.

Where eligibility is assessed as *moderate*, the primary response of the HSCP will be to provide the individual with advice/information and/or to signpost to community resources, supporting access to same where practical and practicable. Alongside

this access to social care may also be considered in the assessment, particularly to address risk or to supplement support from the individual's personal and community networks.

Where eligibility is determined to fall into the *low* category, the response of HSCP services will be to provide the individual with advice/information and/or to signpost to community resources, supporting access to same where practical and practicable.

The effect of the HSCP's Supporting People framework is that only services that reduce an individual's risk to a moderate/substantial/critical level will likely be subject to statutory funding and provide the options in relation to Self-Directed Support.

Key to determining eligibility will be our outcome focused and strengths based approach to assessment and support planning. Assessment and support planning will help address the following:

- a. What is the person's desired health and social care outcomes – what do they want to achieve?
- b. What are the barriers to those outcomes – what are the needs and risks preventing them being able to achieve those outcomes?
- c. What are the person's strengths in relation to these outcomes – what can they do by and for themselves by drawing on their strengths and assets in order to achieve their outcomes and mitigate any risks?
- d. What barriers to outcomes remain outstanding and what can be supported by universal and other community based services?

An individual's needs, risks and strengths are likely to change which will directly impact on their eligibility and need for services. Using the Supporting People framework, the types of services and how urgently they are required will change depending on the outcome of the assessment of need, risks and strengths. Timeous review of an individual's requirements will increase reablement potential, prevent dependence on services and increase independence where possible.

Following the completion assessment, a date for review will be agreed. Outwith this planned review, a person can request a review when there has been a demonstrable change in their circumstances. Similarly, if the HSCP notes a change in circumstances for the person or the organisation this too may trigger a review of care needs/provision. This could either be a deterioration or improvement in a person's circumstances and where such a change is likely to influence their eligibility status or the availability of the resources available to the HSCP.

The Supporting People Framework is a set of principles intended to target resource to those most in need of help, assistance and support. It is also intended to support the best use of finite resource in times of increasing challenge and demand. The HSCP intend to use this new set of criteria for individuals requiring support from 1st April 2023 subject to approval from the Integration Joint Board. Individuals already in receipt of services will be invited to review and monitoring to allow for a transition to align with the new Supporting People framework and approach where required.

7. Review of needs and support

As needs and other circumstances change, review is an important part of making sure the range of support in place continues to meet the person's assessed outcomes.

Review is also an important mechanism for the HSCP to ensure that we continue to use our resources in the most effective way. Review also helps us plan and shape our services as the needs of our residents change and informs our partnership working with residents, third sector and voluntary organisations and the wider community. Our Supporting People framework enables us to carry out collaborative review of all care and support.

Once assessed and decisions have been reached about the care and support people need regular review will take place.

8. Existing Support Packages - What to expect during review

When reviewing an individual's needs and current support arrangements, our staff will work with the individual and anyone who is important to them or part of their wider support network. Our staff will look at the support they receive from the HSCP and any other support that is available. We will always look to ensure that wider support is part of a support plan before formal funded supports are considered.

If during a review we identify where we can make changes to the support plan, this will be fully discussed with the individual. It may be that some formal funded supports can be reduced or withdrawn and we support the individual to access other services, or it may be that support needs to increase.

In light of the current financial situation we will need to look at making reductions where this is possible and we will be fully open with individuals about this.

During the review process our staff will re-assess risks and needs using the Supporting People framework and will use our budget calculator to identify the funding needed to meet outcomes and risk and to keep people safe.

9. Supporting People Criteria for ERHSCP

Severity of Risk (definitions for timescale descriptions in italics is provided in Waiting Times section)

Critical Risk: Indicates that there are major risks to an individual's independent living or health and well-being likely to call for the *immediate* or *imminent* provision of social care services (high priority). Using the My Life Assessment, this will be rated as a 7 or 8. Both indicate critical risk but allow for application of professional discretion regarding upper and lower levels.

Substantial Risk: Indicates that there are significant risks to an individual's independent living or health and wellbeing likely to call for the *immediate* or *imminent* provision of social care services (high priority). Using the My Life Assessment, this will be rated as a 5 or 6. Both indicate substantial risk but allow for application of professional discretion regarding upper and lower levels.

Moderate Risk: Indicates that there are some risks to an individual's independent living or health and wellbeing. These may call for the provision of some social care services managed and prioritised on an ongoing basis or they may simply be manageable over the *foreseeable future* without service provision, with appropriate arrangements for review. Using the My Life Assessment, this will be rated as a 3 or 4. Both indicate moderate risk but allow for application of professional discretion regarding upper and lower levels.

Low Risk: Indicates that there may be some quality of life issues, but low risks to an individual's independent living or health and wellbeing with very limited, if any, requirement for the provision of social care services. There may be some need for alternative support or advice and appropriate arrangements for review over the *foreseeable future* or *longer term*. Using the My Life Assessment, this will be rated as a 1 or 2. Both indicate low risk but allow for application of professional discretion regarding upper and lower levels.

No Risk: Indicates there are no risks to health, wellbeing or independent living and should be recorded as 0 (zero) in the My Life Assessment.

10. Definitions of Risk / Priority

Table 1 provides definitions of risk factors for each of the bands in the national eligibility framework as provided by Scottish Government. These are based on definitions already operated by some Scottish Councils. Inevitably, these are broad descriptions and call on the judgement of those applying the eligibility criteria in each case. Each category notes the corresponding rating of risk in the My Life Assessment (MLA).

Table 1: Definitions of Risk / Priority

CRITICAL: 7-8 in MLA	SUBSTANTIAL: 5-6 in MLA	MODERATE: 3-4 in MLA	LOW: 1-2 in MLA
(High)		(Medium / Preventative)	(Low/ Preventative)
Risks relating to neglect or physical or mental health			
Major health problems which cause life threatening harm or danger to client or others.	Significant health problems which cause significant risks of harm or danger to client or others.	Some health problems indicating some risk to independence and/or intermittent distress, potential to maintain health with minimum interventions.	Few health problems indicating low risk to independence, potential to maintain health with minimum interventions
Serious abuse or neglect has occurred or is strongly suspected and client needs protective intervention by social care services (includes financial abuse and discrimination).	Abuse or neglect has occurred or is strongly suspected (includes financial abuse and discrimination).	Vulnerable person need to raise their awareness to potential risks of abuse	Preventive measures including reminders to minimise potential risk of abuse
Risks relating to personal care /domestic routines /home environment			
Unable to do vital or most aspects of personal care causing a major harm or danger to client or others or major risks to independence.	Unable to do many aspects of personal care causing significant risk of danger or harm to client or others or there are significant risks to independence.	Unable to do some aspects of personal care indicating some risk to independence.	Difficulty with one or two aspects of personal care, domestic routines and/or home environment indicating little risk to independence.
Unable to manage the most vital or most aspects of domestic routines causing major harm or danger to client or others or major risks to independence.	Unable to manage many aspects of domestic routines causing significant risk of harm or danger to client or others or significant risk to independence.	Able to manage some aspects of domestic activities indicating some risk to independence.	Able to manage most aspects of basic domestic activities
Extensive/complete loss of choice and control over vital	Substantial loss of choice and control managing home	Able to manage some aspects of home environment,	Able to manage most basic

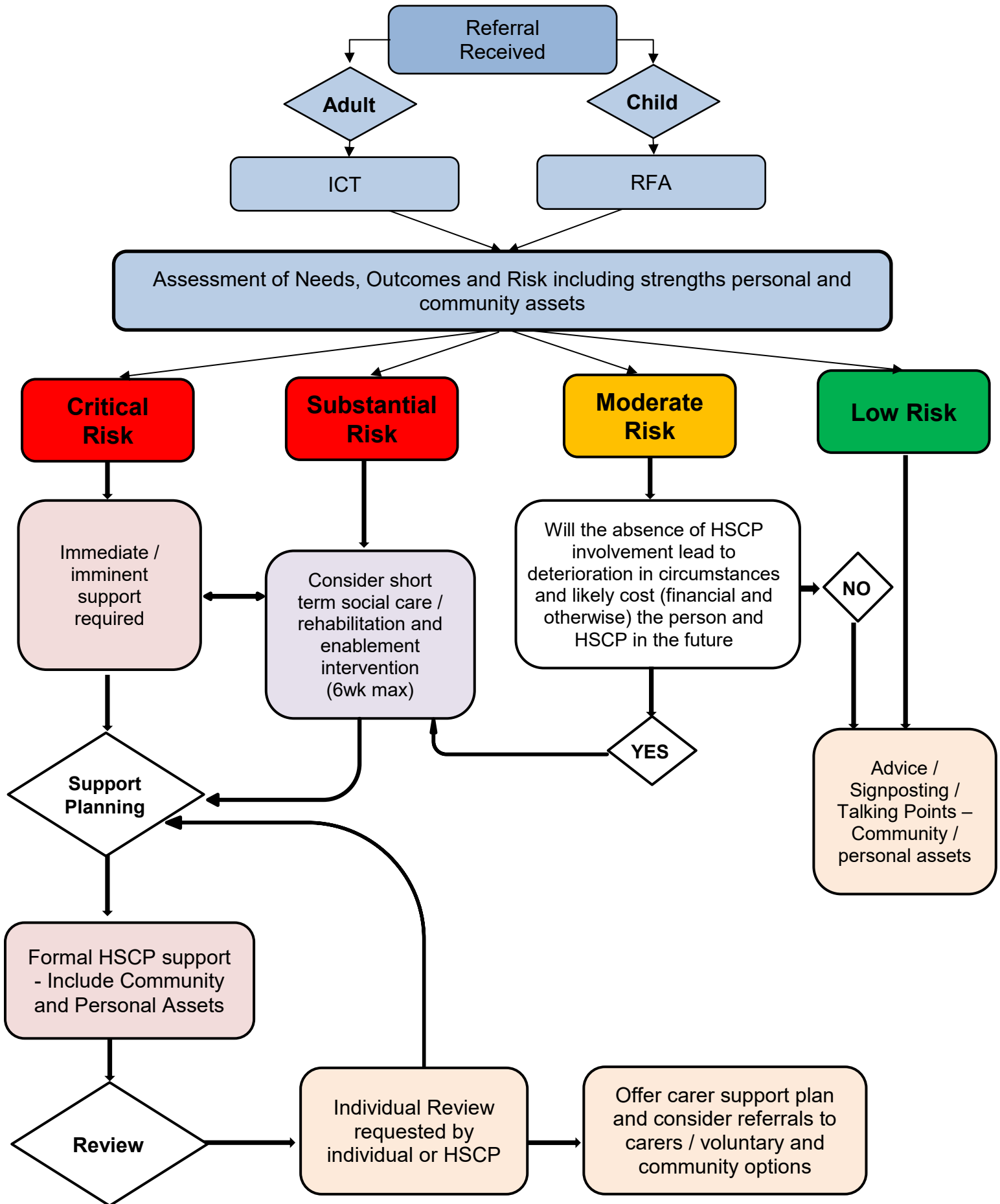
CRITICAL: 7-8 in MLA	SUBSTANTIAL: 5-6 in MLA	MODERATE: 3-4 in MLA	LOW: 1-2 in MLA
(High)		(Medium / Preventative)	(Low/ Preventative)
aspects of home environment causing major harm or danger to client or others or there are major risks to independence.	environment causing a significant risk of harm or danger to client or others or a significant risk to independence.	leaving some risk to independence.	aspects of home environment
Risks relating to participation in community life			
Unable to sustain involvement in vital aspects of work/ education/ learning causing severe loss of independence.	Unable to sustain involvement in many aspects of work/ education/ learning causing a significant risk to losing independence.	Unable to manage several aspects of involvement in work/ learning /education and this will, in the foreseeable future, pose a risk to independence.	Has difficulty undertaking one or two aspects of work/learning / education / family and/or social networks indicating little risk to independence.
Unable to sustain involvement in vital or most aspects of family /social roles and responsibilities and social contact causing severe loss of independence.	Unable to sustain involvement in many aspects of family /social roles and responsibilities and social contact causing significant distress and/or risk to independence.	Able to manage some of the aspects of family / social roles and responsibilities and social contact, that pose some risk to independence.	Able to manage most of the aspects of family / social roles and responsibilities and social contact, that pose some risk to independence.

Getting it right for Everyone (GIRFE)

East Renfrewshire HSCP aims to use our good conversation approach, building on the strengths based approach used locally for children and apply it to our work with adults across the life course.

In order to do this, we will review and amend the adult assessment, review and budget calculator tools to mirror the assessment tools used in children's services. We plan to roll out the Signs of Safety Practice model across adult services to support practitioners strength based practice and to use the same tools, language and approach for everyone in East Renfrewshire.

Figure 1: Proposed Assessment Flowchart¹



¹ This is a generic model provided for illustrative purposes; services might require to follow a different process but key points regarding eligibility, accessing SDS options and reviewing progress will likely remain the same.

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board	
Held on	29 March 2023	
Agenda Item	10	
Title	Joint Inspection of Adult Support and Protection in East Renfrewshire	
Summary		
The purpose of this report is to update the Integration Joint Board with respect to Joint Inspection of Adult Support and Protection in East Renfrewshire.		
Presented by	Lee McLaughlin, Head of Adult Services, Communities and Wellbeing	
Action Required		
The Integration Joint Board is asked to note the content of the report.		
Directions	Implications	
<input checked="" type="checkbox"/> No Directions Required	<input 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

29 March 2023

Report by Chief Officer

JOINT INSPECTION OF ADULT SUPPORT AND PROTECTION IN EAST RENFREWSHIRE

PURPOSE OF REPORT

1. The purpose of this report is to update the Integration Joint Board with respect to Joint Inspection of Adult Support and Protection in East Renfrewshire.

RECOMMENDATION

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

BACKGROUND

3. Scottish Ministers requested that the Care Inspectorate, Healthcare Improvement Scotland and His Majesty's Inspectorate of Constabulary in Scotland carry out a joint inspection of adult support and protection in 26 partnerships in Scotland.
4. This joint inspection follows on from the joint inspection of adult support and protection in 6 partnership areas published in July 2018.
5. The purpose of this joint inspection is to seek assurance that adults at risk of harm in Scotland are supported and protected by existing national and local adult support and protection arrangements.

REPORT

6. East Renfrewshire HSCP and East Renfrewshire Council were formally notified of a joint ASP inspection on 30th January.
7. East Renfrewshire HSCP is the final inspection in the current joint inspection programme and will focus on ASP activity in the period January 2021 until January 2023.
8. The inspection will focus on how we work together as a team, and how effective and robust our systems, procedures and leadership are in relation to adult support and protection.
9. The joint inspection will conduct the inspection using two quality indicators:
 - Key adult support and protection processes.
 - Leadership for adult support and protection.

Key Milestones

10. The inspection team had shared a number of key dates with respect to the inspection in East Renfrewshire.

KEY MILESTONE	DATE
Staff Survey	27 th February – 17 th March 2023
Position Statement submission	15 th March 2023
Case file reading week	1 st – 5 th May 2023
Focus Groups	5 th May 2023
Final Report Published	27 th June 2023

IMPLICATIONS OF THE PROPOSALS

11. There are no implications arising from this report.

DIRECTIONS

12. There are no directions required.

CONCLUSIONS

13. The joint inspection of ASP in East Renfrewshire will take place between January and May 2023 with a final report published on 27th June on the Care Inspectorate website.
14. East Renfrewshire Integration Joint Board will be updated with progress of inspection and the final report and improvement action plan shared with Integration Joint Board, Adult Protection Committee and Chief Officers Public Protection Group.

RECOMMENDATIONS

15. The Integration Joint Board is asked to note the content of this report.

REPORT AUTHOR AND PERSON TO CONTACT

Lee McLaughlin, Head of Adult Service, Communities and Wellbeing
lee.mclaughlin@eastrenfrewshire.gov.uk

BACKGROUND PAPERS

None



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board	
Held on	29 March 2023	
Agenda Item	11	
Title	Equality and Human Rights Mainstreaming Report and Interim Review of Outcomes	
Summary		
<p>This report provides an update on East Renfrewshire HSCP's mainstreaming activity and equality outcomes for the period 2021-23. The Mainstreaming Report outlines: the ways in which equalities considerations are part of the structures, behaviours and culture of our partnership; how we carry out our duties and promote equality; and how this is helping us improve as a partnership.</p> <p>The report also provides an interim update on progress towards our six Equalities Outcomes. These are focused outcomes that were developed through research and engagement conducted in partnership with East Renfrewshire Council, and also draw on the findings from engagement for our Strategic Plan and supporting plans.</p>		
Presented by	Steven Reid Policy, Planning and Performance Manager	
Action Required		
<p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> • Note and comment on the Mainstreaming Report and the update on progress in relation to our equality outcomes. • Agree the continuation of our equalities outcomes for the next two years and the supporting activities as outlined in the report. 		
Directions	Implications	
<input type="checkbox"/> No Directions Required	<input 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

29 March 2023

Report by Chief Officer

EQUALITY AND HUMAN RIGHTS MAINSTREAMING REPORT AND INTERIM REVIEW OF EQUALITY OUTCOMES 2023

PURPOSE OF REPORT

1. The purpose of this report is to present the Integration Joint Board with our Equality and Human Rights Mainstreaming Report and Interim Review of Outcomes for 2023. The report provides an update on East Renfrewshire HSCP's equality outcomes and mainstreaming activity for the period 2021-23.
2. The Mainstreaming Report outlines: the ways in which equalities considerations are part of the structures, behaviours and culture of our partnership; how we carry out our duties and promote equality; and how this is helping us improve as a partnership. The report also provides an interim update on progress towards the partnership's six equalities outcomes.

RECOMMENDATION

3. The Integration Joint Board is asked to:
 - Note and comment on the Mainstreaming Report and the update on progress in relation to our equality outcomes.
 - Agree the continuation of our equalities outcomes for the next two years and the supporting activities as outlined in the report.

BACKGROUND

4. Under the Equality Act 2010, the HSCP is required to meet the Public Sector Equality Duty (the 'general equality duty') to:
 - Eliminate unlawful discrimination, harassment and victimisation;
 - Advance equality of opportunity between people who share a relevant protected characteristic and those who do not; and,
 - Foster good relations between people who share a protected characteristic and those who do not.
5. The relevant protected characteristic groups identified in the Act are:
 - age
 - disability
 - gender reassignment
 - race
 - religion or belief
 - sex (gender)
 - sexual orientation
 - pregnancy and maternity
 - marriage and civil partnership (in employment only)

6. The HSCP is required to publish a report on the progress it has made in integrating the general equality duty into the exercise of its functions, so as to better perform that duty. These 'mainstreaming reports' should be published at intervals of not more than two years.
7. We are also required to develop and publish equalities outcomes at least every 4 years that will enable us to better perform the Public Sector Equality Duty. These should:
 - Take reasonable steps to involve people from equality groups;
 - Consider relevant equality evidence.
8. In line with our strategic planning activity we developed our latest set of equalities outcomes in 2021. These were developed through a research and engagement process conducted in partnership with East Renfrewshire Council but also drawing on the findings from engagement for our Strategic Plan and supporting plans. Our equality outcomes were approved by our IJB in May 2021.
9. At March 2023, we are mid-way through the 4 year cycle for reviewing equalities outcomes. This makes it the appropriate point to publish both a mainstreaming report and an interim update on progress towards equalities outcomes. In two years' time we will produce our next mainstreaming report along with a review of progress and revision of our HSCP equalities outcomes.
10. The report provides an opportunity for us to strengthen our identified outcomes, activities and performance measures for the next two years. It also gives an update on the progress that is being made to meet statutory requirements under the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.

REPORT

11. The main section of the report outlines: our responsibilities in mainstreaming the equality duty; information on the demographic context of East Renfrewshire and the work of the partnership; leadership and governance at the HSCP in relation to equalities; how we engage with our communities and the people who use our services; how we ensure fair service delivery; how we support our staff on equalities; and how we meet our responsibilities on equality impact assessment.
12. The final section of the report provides an interim update on progress towards the partnership's six equalities outcomes. Further detail on the development of these outcomes was provided to the IJB on 12 May 2021.
13. The report notes that while accountability sits with the Chief Officer, ensuring service planning and delivery is compliant with equality legislation is the collective responsibility to the management team at the HSCP.
14. The report highlights the various ways we are working to include voices from our communities and service user groups, both in governance structures and through our ongoing engagement work. This includes: the Your Voice group which has representatives from equality organisations including disability and faith groups; direct participation on IJB and supporting structures; ongoing development of our Participation and Engagement Network (PEN) which is comprised of groups focusing on needs of local communities and people with protected characteristics; and examples of our highly participative engagement processes including for our Strategic Plan and recent budget consultation work. As we continue to develop our engagement processes we are embedding equalities considerations into structured discussions and monitoring procedures.

15. In relation to service delivery, the report considers procurement of services and the partnership's ongoing development of collaborative commissioning processes. Going forward our commitment for the commissioning of services is to be human rights based, person-centred, reflective of people's lived experience, having fair work principles, supporting climate and circular economy, financially transparent and delivering high quality care. The report notes our focus on engaging pro-actively with service users and communities and ensuring fair and equitable access to our complaints process.
16. The report also highlights the co-production of supports and services that is taking place in partnership with the third and voluntary sectors and local community groups. This includes the Additional Needs Partnership focusing on Additional Support Needs (ASN) and disability, and the development of the East Renfrewshire Community Hub that has brought together the HSCP, Talking Points, Voluntary Action East Renfrewshire (VAER) and ERC's Strategic Insight and Communities Team and is now providing a co-ordinated approach to all community requests.
17. The mainstreaming report outlines the wide range of equalities training and awareness courses available to HSCP staff through ERC and NHSGGC and notes the development of bespoke training for HSCP managers that is being delivered in partnership with ERC.
18. The report considers our process for conducting equality impact assessments which we carry out drawing on the guidance and support from both ERC and NHSGGC. Training is available to staff from the equalities teams at both organisations and bespoke training for HSCP managers is being delivered in partnership with ERC. Improvement work in this area will continue through the development of an internal working group to ensure managers and teams involved in completing assessments have the required skills, knowledge and confidence, and to ensure we are delivering good practice.
19. The final section of the report the progress we are making in relation to our six equalities outcomes. For each outcome we show which part of the Equality Duty the outcome relates to and which of the protected characteristics are most impacted. We describe the planned activities under each outcome, progress made on these activities over the past two years, and our priority activities for the next two years. The outcomes are:
 - Older and disabled people are connected and digitally included in wellbeing supports.
 - The design, delivery and evaluation of mental health supports and services will ensure services are accessible, person centred, and consider the needs of all equalities groups.
 - Minority ethnic carers have improved access to support.
 - The needs of residents with protected characteristics influence HSCP strategic priorities and the redesign of services as we recover from the Covid-19 pandemic.
 - Domestic abuse survivors are protected from further harm and abuse.
 - Our workforce planning promotes a workforce that reflects the diversity of the local population at all levels.
20. The progress update demonstrates the wealth of focused activity that has been taking place to deliver our equality outcomes. This includes:
 - expanding digital inclusion and digital supports to older and disabled people through a community-led digital support programme and the expansion and promotion of Technology-enabled Care;
 - working to expand access to mental health and wellbeing supports in partnership with our communities and third sector partners;
 - developing support for unpaid carers from all of our communities and appointing a dedicated ethnic minority worker at our Carers' Centre;

- working to ensure all groups are able to influence our services and priorities by developing our engagement processes with an increased focus on equalities, expanding our networks and building skills;
- supporting people affected by domestic abuse through enhanced training and resources, improved pathways and support and the development of clear policies for managers and staff;
- through our workforce planning, recruitment processes, governance and staff policies, working towards achieving a diverse workforce with opportunities for all.

21. Our work on equity is core to the purpose of the partnership and will continue to develop in the years ahead. We will produce our next Mainstreaming Report and update on our equalities outcomes in 2025.

CONSULTATION AND PARTNERSHIP WORKING

22. Our equalities outcomes were developed following partnership working as part of the East Renfrewshire Equality Officer Working Group. The outcomes are based on the research evidence from the group, findings from four engagement workshops with equalities representative groups, feedback from senior management, and an Information and Consultation event involving Elected Members. The outcomes and supporting activities were also informed through the development of our Strategic Plan and Strategic Implementation Plan which involved a highly participative engagement process with our local communities as well as statutory, third and independent sector partners. The outcomes were reviewed by both the IJB and Strategic Planning Group.

23. Service managers, planning leads and third sector partners have been consulted and contributed to the progress updates in this report.

IMPLICATIONS OF THE PROPOSALS

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

DIRECTIONS

25. There are no directions arising from this report.

CONCLUSION

26. The report demonstrates that equalities considerations are implicit in the day-to-day activity of the partnership and core to the operation of the HSCP in terms of governance, engagement with our communities, how we deliver our services, and how we support our staff. Nevertheless, ensuring equalities remain 'mainstream' and are appropriately considered in our planning and decision-making is an ongoing priority. Despite the significant service pressures that the HSCP is currently facing, we continue to seek improvements in this area and will work to improve skills, knowledge and confidence among managers and staff in relation to equalities and meeting the requirements of the Public Sector Equality Duty.

27. The HSCP is committed to working to reducing inequalities between different groups within our local population and we will continue to place equality and fairness at the heart of our planning process including our Strategic Plan and supporting plans. Over the next two years we will work to further progress our agreed equalities outcomes and will review these ahead of our next report in 2025.

RECOMMENDATION

28. The Integration Joint Board is asked to:

- Note and comment on the Mainstreaming Report and the update on progress in relation to our equality outcomes.
- Agree the continuation of our equalities outcomes for the next two years and the supporting activities as outlined in the report.

REPORT AUTHOR AND PERSON TO CONTACT

Steven Reid: Policy, Planning and Performance Manager

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0141 451 0746

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB: 12.05.21 – HSCP Interim Equalities Outcomes

https://www.eastrenfrewshire.gov.uk/media/4945/IJB-Item-10-12-May-2021/pdf/IJB_Item_10_-_12_May_2021.pdf?m=637553296826370000

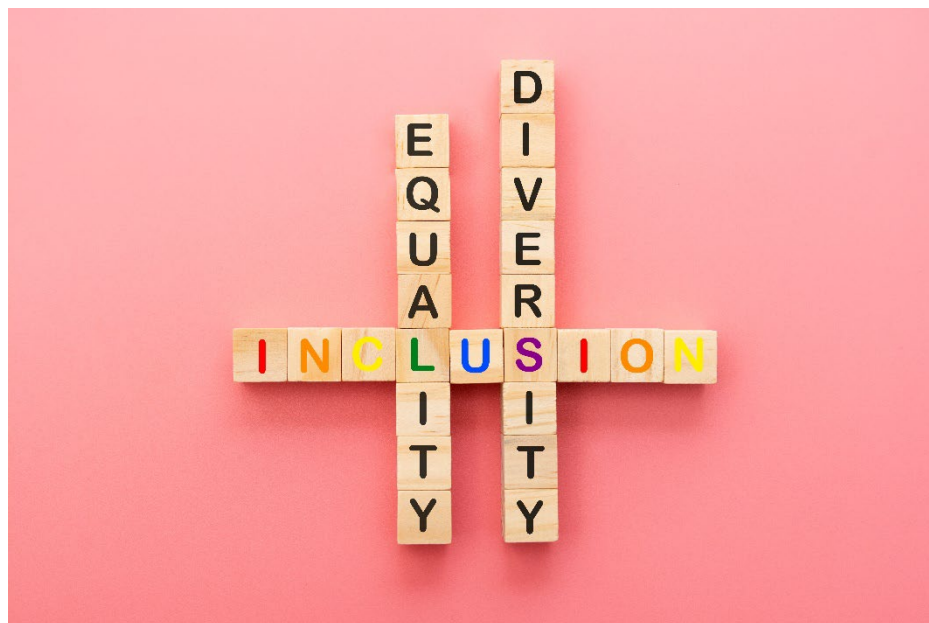
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East Renfrewshire Health and Social Care Partnership

Equality and Human Rights Mainstreaming Report and Interim Review of Outcomes

March 2023



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INTRODUCTION

This report provides an update on East Renfrewshire HSCP's equality outcomes and mainstreaming activity for the period 2021-23. The Equality and Human Rights Commission Scotland outlines the benefits of 'mainstreaming the equality duty' as follows:

- Equality becomes part of the structures, behaviours and culture of an authority;
- An authority knows and can demonstrate how in carrying out its functions, it is promoting equality;
- Mainstreaming equality contributes to continuous improvement and better performance.

The Integration Joint Board has invested heavily in the development of our Strategic Plan to reflect the ranges of needs of different communities and health and social care staff in East Renfrewshire. The Strategic Plan was reviewed during 2020/21 on an interim basis, reflecting the continuing pressures resulting from the Covid-19 pandemic. A full 3 year strategy covering 2022-25 was developed the following year through strong engagement with our local communities, stakeholders and partners; and extensive needs assessment work. Our Strategic Plan continues to focus the work of the Health and Social Care Partnership towards achieving the National Health and Wellbeing Outcomes. It is underpinned by the Integration Planning principles which emphasise the importance of respecting rights, and taking into account particular needs, characteristics and circumstances. This is reflected in the Strategic Plan Vision "*Working together with the people of East Renfrewshire to improve lives*". We will achieve this by:

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

The HSCP is required to publish a report on the progress it has made in integrating the general equality duty into the exercise of its functions, so as to better perform that duty. These 'mainstreaming reports' should be published at intervals of not more than two years.

We are also required to develop and publish equalities outcomes at least every 4 years that will enable us to better perform the Public Sector Equality Duty. These should:

- Take reasonable steps to involve people from equality groups;
- Consider relevant equality evidence.

In line with our strategic planning activity we developed our latest set of Equalities Outcomes in 2021. These were developed through a research and engagement process conducted in partnership with East Renfrewshire Council but also drawing on the findings from engagement for our Strategic Plan and supporting plans. Our equality outcomes were approved by our IJB in May 2021.

We are currently mid-way through the 4 year cycle for reviewing equalities outcomes. This makes it the appropriate point to publish both a mainstreaming report and an interim update on progress towards equalities outcomes. In two years' time we will produce our next mainstreaming report along with a review of progress and revision of our HSCP equalities outcomes.

The report provides an opportunity for us to strengthen our identified outcomes, activities and performance measures for the next two years. It also gives an update on the progress that is being made to meet statutory requirements under the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.

OUR MAINSTREAMING RESPONSIBILITIES

Under the Equality Act 2010, the HSCP is required to meet the Public Sector Equality Duty to:

- Eliminate unlawful discrimination, harassment and victimisation;
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not; and,
- Foster good relations between people who share a protected characteristic and those who do not.

The relevant protected characteristic groups identified in the Act are:

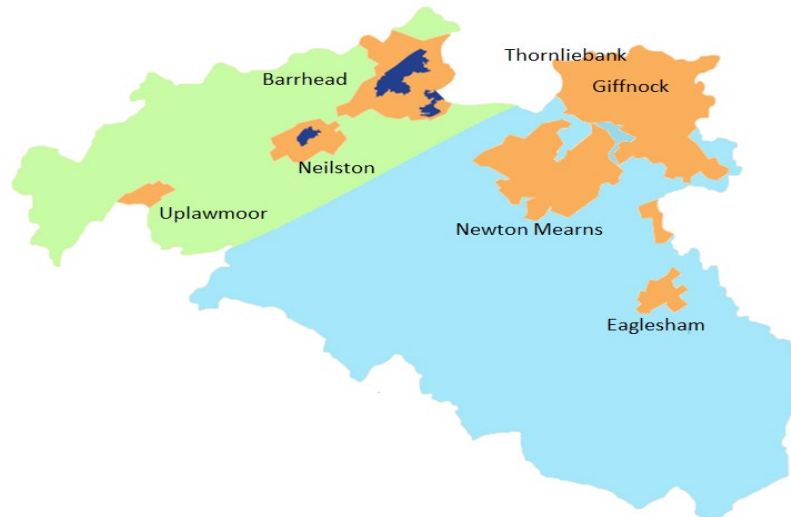
- age
- disability
- gender reassignment
- race
- religion or belief
- sex (gender)
- sexual orientation
- pregnancy and maternity
- marriage and civil partnership (in employment only)

Under the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, public authorities in Scotland have a legal requirement to meet specific duties:

- Report progress on mainstreaming the equality duty
- Publish equality outcomes and report progress
- Assess and review policies and practices
- Gather and use employee information
- Use information on members or board members gathered by Scottish Ministers
- Publish gender pay gap information
- Publish statement on equal pay
- Consider award criteria and conditions in relation to public procurement
- Publish in a manner that is accessible

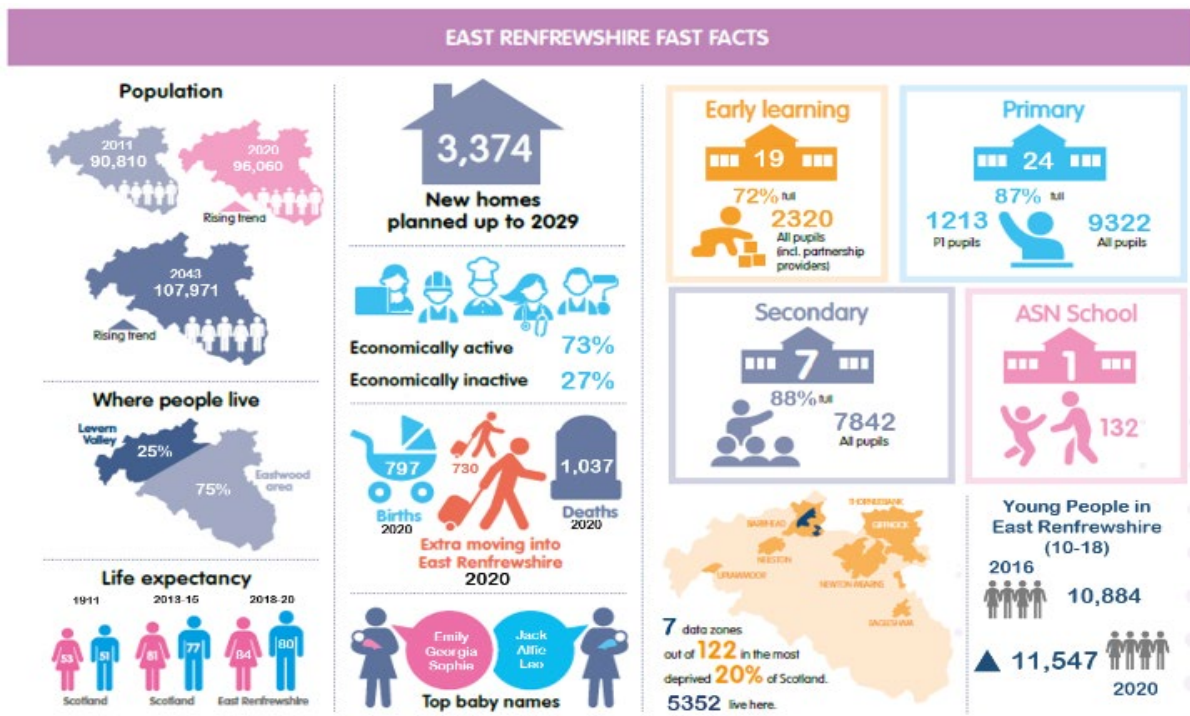
The Equality Act requirements relating to employee policies, equal pay reporting and procurement continue to be reported through the two employing bodies. As such the Equalities Outcomes of Greater Glasgow and Clyde NHS Board and East Renfrewshire Council continue to relate to and influence the actions listed in the IJB's Plan but are not reported here.

ABOUT EAST RENFREWSHIRE AND OUR PARTNERSHIP

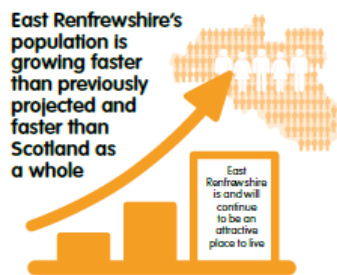


East Renfrewshire is the 9th smallest local authority area of Scotland with a population of 96,060. Since 2011 the population of East Renfrewshire has grown by 5.8 per cent. Future projections show that the population will grow and we will have an increasingly ageing population profile. East Renfrewshire is one of the most ethnically and culturally diverse areas in Scotland with significant Muslim and Jewish communities.

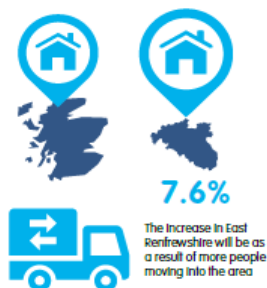
Overall, East Renfrewshire is one of the least deprived local authority areas in Scotland. However, this masks the notable discrepancies that we see across the area with some neighbourhoods experiencing significant disadvantage. All of East Renfrewshire's neighbourhoods that are among the 20% most deprived are concentrated in the Barrhead locality with a quarter of the population living in these data zones.



EAST RENFREWSHIRE'S POPULATION – WHAT TO EXPECT



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



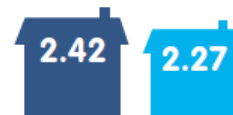
More houses are being built for three reasons



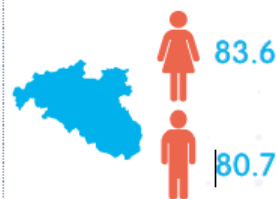
Demand will increase for services



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



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



Through an integrated management team East Renfrewshire HSCP directly manages over 900 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 and in our third sector and independent sector social care providers.

The HSCP manages a range of person-centred adult and community care services across health and social care as well as children and families; children's health and criminal justice services. 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 NHS Greater Glasgow and Clyde. 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.

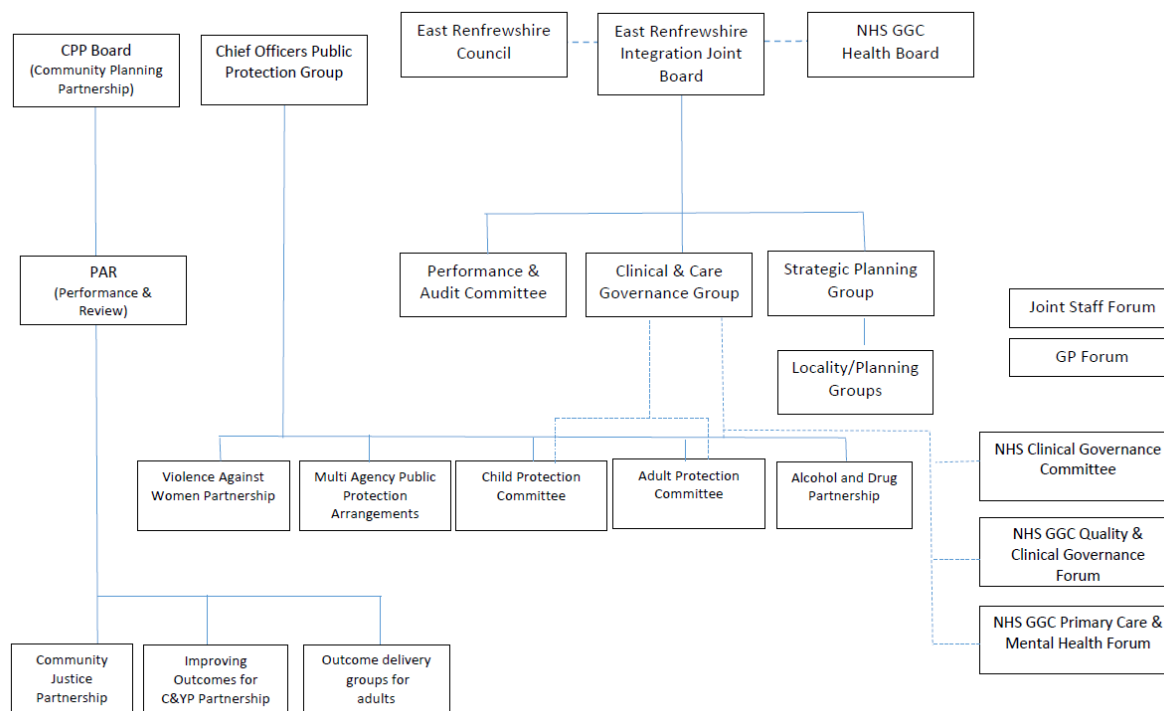
Full details of the scope of services provided by the partnership can be found in East Renfrewshire HSCP's Scheme of Integration.

LEADERSHIP AND GOVERNANCE TO DELIVER FAIR AND EQUITABLE SERVICES

The HSCP Chief Officer is accountable for ensuring equality legislation is enforced and services are designed and delivered in a way that meets the general duty and the specific duties that have become the responsibility of the HSCP. This responsibility is delegated in part to the HSCP management team who will collectively ensure service planning and delivery evidences compliance with legislation.

Integrated Joint Boards (IJBs) are the legal entities responsible for delivering an Equalities and Mainstreaming Report and equality outcomes relating to their functions. The IJBs

provide governance for the Health and Social Care Partnerships. The chart below shows the governance, relationships and links with partners which form the IJB business environment.



ENGAGING WITH DIVERSE COMMUNITIES AND PEOPLE WHO USE HEALTH AND SOCIAL CARE

User and carer representation on the Integration Joint Board and its governance structures is drawn from Your Voice; a network of local individuals and organisations who are interested in health and social care services and want to be involved in how they're designed and delivered in East Renfrewshire. The network works with the Health and Social Care Partnership (HSCP) to inform, improve and review health and social care services. The Your Voice Working Group meets regularly to plan activity in the community and feedback information to the HSCP. Your Voice includes representatives from equality organisations including disability and faith groups. It is committed to regularly reviewing its operation to ensure removal of potential barriers to participation.

To support the effective delivery of the HSCP Participation and Engagement Strategy 2020-23, the partnership established a Participation and Engagement Network (PEN) drawing in a wide range of partner organisations including from the independent and third/community sectors reflecting the needs of local communities and people with protected characteristics. The network has more than 30 members and supports HSCP staff and partner organisations to engage our communities in an inclusive way, and involve residents in shaping services. The purpose of our Participation and Engagement Strategy is to engage effectively with people in planning and redesigning health and social care services to improve:

- their health and wellbeing;
- the quality and delivery of local health and social care services for everyone.

The intention of the Strategy and PEN is to support active participation and engagement. We are committed to:

- ongoing partnership working, review and learning;
- making sure services reflect the needs and wishes of local people and our diverse communities.

The remit of the PEN continues to develop and the network is the driving force for coproduction at the partnership and wider engagement activity around:

- ongoing routine community and service user engagement
- service design/redesign
- policy/legislation consultations

The PEN also supports the participation and engagement activities aligned to the wider Health and Social Care Partnership Strategic Plan. In our highly participative engagement process for the current HSCP Strategic Plan 2022-25 we engaged with a range of diverse communities and staff in developing and refreshing the priorities set out in the plan. We adopted a wide range of engagement methods, drawing on the 'reach' of our network to engage as many people as possible from across our communities. This included people with lived experience, unpaid carers, and people with a range of protected characteristics in touch with our partner organisations and community group. We have adopted and developed this collective, network approach to engagement for future activity including engagement on the national Older People's Strategy and our recent budget consultation. Equality is at the heart of our engagement work and we have embed equalities considerations in our discussion topics and questions. We are also working to improve monitoring of the groups we are working with in relation to the protected characteristics represented.

The initial Equality Impact Assessment of our Strategic Plan indicated that we use population data on our diverse communities well to inform our strategic planning. We have published our Strategic Plan, the results of consultations with diverse communities and the Equality Impact Assessment in an accessible way to the public and HSCP staff.

In addition to its own work the HSCP benefits from engagement undertaken by East Renfrewshire Council and NHSGGC to gain insight into the needs of particular groups. NHS Greater Glasgow and Clyde has undertaken engagement with groups that may not be prominent or accessible within East Renfrewshire, for example asylum seeker and refugee groups, and this valuable intelligence have been used locally to help shape appropriate service responses.

FAIR SERVICE DELIVERY

Whilst the Integration Joint Board does not undertake its own procurement, it is aware of the duty to consider building equality criteria into systems for awarding public procurement contracts and works closely with NHSGGC and ERC procurement. Tenders issued through East Renfrewshire Council ask bidders to describe how equalities legislation applies to the delivery / performance of the contract. Through NHSGGC a supported business established a value for money solution for furnishing the agile area of the development of Eastwood Health and Care Centre.

East Renfrewshire Health and Social Care Partnership have been working alongside partner providers from the independent and community sectors to develop a collaborative commissioning approach to service delivery. What we mean by this is we would jointly develop a shared statement of intent setting out agreed principles and approach which are co-designed with wider partners and stakeholders on how we will work together. We have created this shared understanding and statement which sets out agreed principles, practice and approach across sectors. We achieved this by working together through this series of engagement events with HSCP services partners, stakeholders and people with lived experience. This new way of working will be human rights based, person-centred, reflect peoples lived experience, have fair work principles, support climate and circular economy, financial transparency and deliver high quality care.

There are a number NHSGGC and Council wide policies which HSCP management ensure are being effectively delivered:

- Equal opportunities in Service Delivery and Employment
- Clear Information Policy
- Interpreting Policy (and interpreting services) / Translation, interpreting and Communication Support Guidance
- Assistance Dog Policy
- Faith and Belief Manual
- Signage Policy

Monitoring information and community engagement information is being used to assess improvements required. For example, NHSGGC has carried out engagement of the experience of interpreting services. An improvement plan is in place for areas within HSCPs and Acute Services with poorer performance which involves staff training.

We appreciate that being pro-active in public engagement is the key to delivering services that are fit for purpose and fit for all. However, at times people may feel their needs have not been met and would like to tell us their experiences. We aim to ensure fair and equitable access to our health and social care formal complaints processes. Nationally, EQIAs have been undertaken on NHS and Social Work complaints processes. East Renfrewshire implemented NHSGGC and Council recommendations of their complaints process reviews (e.g. East Renfrewshire provide translated complaints leaflets and use NHSGGC BSL complaints mediator). The complaints process implemented meets requirements of the Scottish Public Ombudsman handling process and has been equality proofed.

We continue to support the Additional Needs Partnership which been running in East Renfrewshire since September 2018. It was developed in partnership with key services including the HSCP, the third and voluntary sectors and local community groups who focus on Additional Support Needs (ASN) and Disability.

This partnership is in response to a consultation with above mentioned key services looking for opportunities for ASN and Disability groups with such common interests to network, share information and resources and work together to help improve services. The Partnership looks at a range of areas including: health and wellbeing; employability; social isolation and loneliness and therefore will link very closely with the Community Plan.

Our main local third sector partner, Voluntary Action ER (VAER), holds over 500 volunteering opportunities on a database that are available to East Renfrewshire resident, 84 that have remained open during Covid-19. This form of provision spans interests, hobbies and social groups to local influencing or peer support groups and is used to plan support provision, identify service gaps and invite people who are active in their communities to contribute to the development and delivery of local services.

Since March 2020 VAER have lead on the coordination of the community support for COVID19 and the establishment of a Community Hub. They received over 1,500 offers of help, provided 625 prescriptions and food deliveries, coordinated making masks, provided over 1,700 wellbeing and welfare telephone calls, supported the delivery of an improving digital skills online training course aimed at people with English as a second language and signposted over 200 people to local service and or support.

The Community Hub has brought together HSCP, Talking Points, VAER and ERC's Strategic Insight and Communities Team into one place and is now providing a coordinated approach to all community requests. This model of working has been set up very quickly and has been so successful that it was shortlisted for the Scottish Public Service Awards 2020. As part of the development work of the Community Hub, VAER is facilitating conversations with community groups and third sector organisations and progressing support for three Community Planning priorities: Mental health and Wellbeing, Digital inclusion and Food poverty.

EMPLOYEE INFORMATION AND TRAINING

The equality duties legislated to report on employee information does not pertain to the HSCP. All employees working within the HSCP continue to be employed by two public authorities: NHS GGC and East Renfrewshire Council (ERC). Those two bodies include reference to these staff within their own Equalities Progress Reports.

During the period, social work staff employed by ERC have had the opportunity to access a number of training and information awareness courses. The Council has a mandatory recruitment and selection training course for anyone involved in interviews or recruitment selection which covers unconscious bias and discrimination. There is also a wide range of e-learning training courses aimed at encouraging a diverse workforce including:

- Religious/Cultural Diversity and Anti- Discrimination Training (2 day course)
- Discipline Process
- Effectively engaging with communities
- De-stress with Mindfulness
- Personal Resilience
- Scottish Mental Health First Aid
- Spotting & Managing Mental Health Issues
- Engaging Effectively with Communities
- Autism Awareness
- Equality and Diversity - Age
- Equality and Diversity - Disability
- Equality and Diversity - Sexual Orientation

- Equality and Diversity Gender Reassignment
- Equality and Diversity Pregnancy and Maternity
- Equality and Diversity Race
- Equality and Diversity Religion or Belief
- Equality and Diversity Sex
- Leading diverse teams
- Managing Diversity
- Recruitment and Selection
- Sex Discrimination

ERC have recently reviewed existing training provision and developed a new three level approach to Equality and Human Rights training for staff. Level 1 consists of two e-learning modules, one of which is bespoke to East Renfrewshire, and will become compulsory for all staff and Elected Members from April 2021. Levels 2 and 3 involves streamlined corporate training and more specialised training is being developed which is specific to individual job roles or service needs.

NHSGGC employees within East Renfrewshire HSCP have the opportunity to undertake e-learning modules which includes the following subject matter: Introduction to Equality and Diversity; Visual Impairment; Sex and Gender; Gender Based Violence; Transgender; Marginalised Groups; Ethnicity; Accessible Information; Deaf Awareness; Social Classification; Disability; Working with Interpreters; Sexual Orientation; Inequalities Sensitive Practice and Age.

EQUALITY, FAIRNESS AND RIGHTS IMPACT ASSESSMENTS

The HSCP carries out equality impact assessments in line with the guidance, tools and support provided by East Renfrewshire Council and the NHS Greater Glasgow and Clyde Equalities Team. In January 2021, the Council launched a new Equality, Fairness and Rights Impact Assessment (EFRIA) which includes both the protected characteristics and socio-economic status. This meets the statutory requirements of the Public Sector Equality Duty and also the Fairer Scotland Duty as well as meeting our Best Value requirements. Work is currently in progress to develop this as an online tool. It is intended that when this is complete, the process will provide an automated process to eliminate re-keying and to populate a central repository of all assessments for public access. Training is also available through the Council which supports officers and managers to undertake the impact assessment.

In April 2023 bespoke training for HSCP managers on the completion of Equality and Fairness Impact Assessment is being delivered in partnership with the Council.

The development of our equality impact assessment processes ensures the HSCP has in place a robust approach to assessing the equality impacts of its policies and plans. We are establishing an internal HSCP Equalities Working Group that will continue to develop our processes in relation to impact assessments, ensuring managers and teams involved in completing assessments have the required skills, knowledge and confidence, and we are delivering good practice in our assessment work..

PROGRESS ON DELIVERING THE HSCP'S EQUALITY OUTCOMES

East Renfrewshire HSCP's equality outcomes were approved by the Integration Joint Board on 12 May 2021. Initially developed as an interim set of outcomes in line with the iterative planning process that we adopted during the Covid-19 pandemic, these outcomes have been adopted and developed through the process of establishing our full HSCP Strategic Plan for 2022-25. The outcomes align with the priorities set out in our Strategic Plan as well as those in our Workforce Plan and other supporting plans.

Our equality outcomes were originally developed through local partnership working and engagement activity in 2020/21 taken forward through the East Renfrewshire Equality Officers Working Group. Local engagement work included:

- Participation by officers in EHRC national events
- Four workshops with local representative groups
- Online survey (developed with groups) with feedback from residents, stakeholders and staff.
- An Information and Consultation event with Elected Members.

The outcomes and supporting activities have been informed by the extensive engagement work to support the development of our Strategic Plan, as well as broader equality work undertaken by NHS Greater Glasgow and Clyde (for A Fairer NHSGGC 2020-24). To support the development of this Strategic Plan we carried out a highly participative engagement process during 2021 designed and delivered in partnership with our third and independent sector partners. A wide range of views were shared with us by people with lived experience, unpaid carers, staff and management at support providers, HSCP staff and officers from internal and external partner organisations. Twenty focus groups and workshops (principally delivered online with some face-to-face groups) were delivered involving nearly 200 participants. Groups representing the full range of protected characteristics were involved in the engagement process.

Our six equality outcomes meet the Equality and Human Rights Commission (EHRC) guidance. Activities relating to our outcomes are embedded in our Strategic Implementation Plan 2022-25. The outcomes are:

1. Older and disabled people are connected and digitally included in wellbeing supports.
2. The design, delivery and evaluation of mental health supports and services will ensure services are accessible, person centred, and consider the needs of all equality groups.
3. Minority ethnic carers have improved access to support.
4. The needs of residents with protected characteristics influence HSCP strategic priorities and the redesign of services as we recover from the Covid-19 pandemic.
5. Domestic abuse survivors are protected from further harm and abuse.
6. Our workforce planning promotes a workforce that reflects the diversity of the local population at all levels.

Equality Duty: Advance equality of opportunity between people who share a relevant protected characteristic and those who do not; Eliminate unlawful discrimination, harassment and victimisation.

Equality Outcome 1: Older and disabled people are connected and digitally included in wellbeing supports.

Protected characteristics covered: Age; Disability

Activities:

Design, develop and deliver a community-led Digital support programme:

- Digital Champions development.
- Promotion of the positive impacts of Digital technology on living well in East Renfrewshire.

Delivery and development of Technology Enabled Care (TEC) for older people and people with long-term conditions.

Progress:

East Renfrewshire Digital Inclusion Partnership continues to meet and collaborate on providing fair and equal access to digital supports across East Renfrewshire. There is a digital inclusion action plan with 4 main activity areas all focused on increasing our local communities' confidence in using/accessing digital technology. This partnership is made up of Council, HSCP, 3rd and community sector partners all supporting our most vulnerable residents to be more digitally included.

Design, develop and deliver a community-led Digital support programme:

- **Digital Champions development**
 - All partners have been given access to and training for Digital Champion volunteers, offering support for and with Digital technology and well as being active promoters of the benefits of using technology to enhance independent living. Currently VAER support the delivery of two digital drop-ins offering support for anyone looking to increase their digital confidence. These drop-ins are delivered within the two Market Place venues in Barrhead and The Avenue. Our Digital Champions range from between 30-60yrs old with a mixture of ethnic backgrounds.
 - The Market Place also offers:
 - two Conversational English drop-ins for anyone with English as a second language, the volunteer lead for this is also linked in with our digital champions.
 - Type2 Diabetes digital support programme, this is predominantly people referred vis the Diabetic Centre at the RAH. However, we are supporting a small peer support group to offer wider health and wellbeing supports as well as digital support for the My Diabetes My Way web programme.
 - VAER have access to Volunteer Translators for when needed to support anyone to access our Digital Supports.

The Digital Partnership have agreed a programme of activity to gather and share information about where and how to access Wi-Fi across East Renfrewshire, this will be linked with when and where the digital supports are available.

Promotion of the positive impacts of Digital technology on living well in East Renfrewshire.

As part of the Digital Inclusion partnership action plan an information leaflet has been developed to share information about the benefits of digital technology, what's available and how tech can support living well in East Renfrewshire.

Delivery and development of Technology Enabled Care (TEC)

Technology Enabled Care (TEC) – the HSCP has been working on the huge task of transferring our Telecare Service from an analogue to a digital service - and we are the first HSCP in Scotland to have an end-to-end digital telecare service (although this is only in place for those who have had digital alarm units installed already, but work is ongoing on this). The national switch-off of analogue lines in 2025 has meant this piece of work is essential in ensuring our service users continue to be able to access their Telecare service. The installation of Digital Alarm Units within service users' homes is expected to continue until 2025.

Telecare – we have been supporting national Tests of Change which are identifying the benefit of pro-active calling to telecare users by call-handlers. Benefits include a reduced number of responder visits required, reduced numbers of ambulances being called and reduced numbers of telecare customers being hospitalised. Proactive calling is being considered as a potential next step for East Ren's Telecare Service.

Telehealth Service - we are in the process of implementing a new national telehealth solution (to replace Florence) which will be accessible to more service users as it can be accessed via a telephone keypad, mobile phones, tablets, laptops or desktops. The system has only just gone live and we already have three GP practices signed up to the service.

Just over a year ago we recruited a TEC Implementation Officer, whose main initial focus was the upskilling of the workforce (within our own service, the acute sector and the voluntary sector) to understand what types of Technology Enable Care (digital solutions etc) are available to our Service Users and to consider TEC as the first potential solution to their care needs. In addition, our TIO is also involved in identifying new TEC which could benefit our citizens and in the roll-out of the new telehealth service.

Future actions:

Improve information sharing and communications around Digital Supports with targeted campaigns:

- Ensure support information is available in different languages
- Link closer with our Additional Support Needs Partnership
- Explore further intergenerational initiatives relating to Digital Technology

- Link closer with Health Improvement team to further explore Digital Technology and health and wellbeing.

Equality Duty: Eliminate unlawful discrimination, harassment and victimisation.

Equality Outcome 2: The design, delivery and evaluation of mental health supports and services will ensure services are accessible, person centred, and consider the needs of all equalities groups.

Protected characteristics covered: All

Activities:

Work with our communities to promote positive mental health and wellbeing

- Deliver wellbeing inputs to community groups and third sector organisations
- Provide and promote evidence based awareness sessions and training opportunities.

Support mental health and wellbeing interventions delivered through third sector and community-led activity

- Support Voluntary Action East Renfrewshire with the roll out of the Community Mental Health and Wellbeing Fund
- Support VAER Wellbeing Network Support Officer to scope, implement and evaluate community health and wellbeing needs.
-

Enhance access to mental health and wellbeing services in primary care settings

- Work with partners across public and third sector to develop implementation plans for enhancing primary care mental health for approval by Scottish Government
- Undertake data gathering, service mapping and equality impact assessment to inform implementation in 2023-24

Develop and deliver local action plan for suicide prevention with key partners.

- Facilitate suicide prevention consultation workshops and engage and involve a wide range of stakeholders across the public and third sector and community organisations.

Progress:

Work with our communities to promote positive mental health and wellbeing

Deliver wellbeing inputs to community groups and third sector organisations

Our data shows men are less likely to access mental health services such as primary care mental health team and GP community link workers, higher numbers of suicides amongst males. Following discussions with the group, delivery of Health & Wellbeing Awareness Sessions to Mens Shed, Barrhead (55 male members). Sessions included :

- Physical activity session
- Dementia Awareness
- Cancer Awareness
- NHSGG&C Healthier Minds Sessions: Loneliness & isolation / Long Term conditions/ Loss & Grief/ Sleep & Resilience.

Delivery of Health & Wellbeing sessions for RAMH Recovery College summer

programme. Three NHSGG&C Healthier Minds sessions were delivered including :

- Sleep & Mental Health
- Loneliness & Isolation
- Resilience

Provide and promote evidence based awareness sessions and training opportunities.

All Awareness sessions and training delivered were open to all staff, partners, and volunteers in a universal / Community wide approach due to demand and pressure on all mid and post pandemic. Moving forward for 23/ 24 planning, training and educational awareness sessions will be planned and targeted using an equality focused model. SAMH (Scottish Mental Health First Aid) were commissioned to deliver online course from the period March to September 2022. All courses were open to HSCP / Council staff, third sector partners, community groups and volunteers. 12 courses were delivered over the period March to September with 125 staff and partners attending. The following courses were delivered :

- Hybrid Working
- Ways to Wellbeing
- Wellness Action Planning
- Managing Stress
- Looking after your Wellbeing
- Impact of Poor Mental Health
- Food & Mood

SAMH were also commissioned to develop and deliver a tailored course for East Renfrewshire Police staff based on requests from police on training / resources to support the mental health of others. Three courses were delivered over the period of March to May 2022, with 33 staff attending in total.

Scottish Mental Health First Aid (SMHFA) - Since the return of face to face training in August 2022, 30 staff across East Renfrewshire have been trained in SMHFA, with another 11 due to complete the course in March 2023. Delegates included staff from VAER, Social Work, Recovery Services, Police Scotland and local community group members.

Cruse Scotland, were commissioned to deliver two Loss & Grief sessions for staff and partners , this was in response to need identified by staff and partners due to the pandemic and associated restriction / circumstances.

Support mental health and wellbeing interventions delivered through third sector and community-led activity

Support Voluntary Action East Renfrewshire with the roll out of the Community Mental Health and Wellbeing Fund

- There has been 2 years of funding from SG fully distributed to local grass roots 3rd Sector/Community organisations and Groups. Specific target groups included in promotion materials.

Year 1: Main focus

- 2 out of 19 applications specifically stated their main focus was for people from Black and Minority Ethnic communities
- 10 out of 19 applications specifically focus on older people as their main target group
- 1 out of 19 with women as their main target group
- 3 out of the 19 focused on people with Neurodivergent/autism diagnoses as their main target group

Year 1: secondary target group

- 1 group stated Black and Minority Ethnic communities as secondary focus
- 1 physiological trauma
- 1 Covid high risk
- 1 older
- 6 women

Year 2 stats still to be analysed.

Support VAER Wellbeing Network Support Officer to scope, implement and evaluate community health and wellbeing needs.

- The VAER wellbeing lead has been working with all successful applicants for the CMH&WB fund to carry out light touch but meaningful evaluations of year one programmes, and will share the data from this to help develop a wider community wellbeing programme over the next year.
- VAER have developed and host a Teams site for the wellbeing network that has over 50 members from across HSCP, Council and 3rd/community sectors, to share information on training, events, funding and service developments across the network in real time. VAER will be developing this platform over the next year.
- The network participants break down as follows:
 - 3rd Sector/Community groups
 - HSCP/Council services or departments
 - Specialist/ targeted supports:
 - Learning Disabilities
 - Neurodivergent/ Autism
 - Physical Disabilities
 - Dementia
- Black and Minority Ethnic communities
 - Age
 - Gender
- VAER will be working with the MH&WB network to establish a regular online/in person collaboration that will design and deliver a community led programme for health and wellbeing built on the principles of partnership working and data sharing, and considering how this will meet different needs across communities.

Partnership working with Carer's Centre to support implementation of the Dementia Buddies programme.

- This has been a collaborative with East Ren Carers Centre, Alzheimer's Scotland, Voluntary Action and Paths for All. At this stage, there has been a successful funding bid through the Short Breaks funding and a role for volunteer co-ordinator has been advertised. The role will sit within the Carers Centre but will be supported by

Alzheimer's for all dementia related supports and training, Paths for All (Allan Murdoch) for all walk leader training and VAER for all volunteer development supports.

Enhance access to mental health and wellbeing services in primary care settings

- **Work with partners across public and third sector to develop implementation plans for enhancing primary care mental health for approval by Scottish Government**
- **Undertake data gathering, service mapping and equality impact assessment to inform implementation in 2023-24**

The HSCP has developed plans in line with the Scottish Governments focus on mental health in primary care unfortunately funding for this work has been paused by the government and therefore some of the plans are also on hold. Despite this we continue to take forward recovery plans following the impacts of the pandemic and will continue to work to reshape our services based on emerging needs across the community and specific equalities groups with our partners across the HSCP

Develop and deliver local action plan for suicide prevention with key partners.

Facilitate suicide prevention consultation workshops, engage, and involve a wide range of stakeholders across the public and third sector and community organisations.

- Following the publication of the National Suicide Prevention Strategy & Action Plan in September 2022, two Suicide Prevention workshops were delivered locally with 65 staff and partners attending from across wide range of groups and organisations in East Renfrewshire. Workshops involved awareness raising, training, consultation and networking.
- Following the workshops, a Suicide Prevention Working group with wide representation has been established (first meeting February 2023) with the aim of developing and delivering a two-year suicide prevention action plan. Partners include Police, British Transport Police, VAER, East Renfrewshire Carers, ER Culture & Leisure, Barrhead Housing Association as well as staff from Health, Primary Care, Education, Social Work, Money advice etc. An EQIA will be carried out as part of the development, reviewing available data and community engagement to identify equalities issues or specific groups more at risk.

Future actions:

- Wellbeing Network to establish a community led health improvement plan focusing on establishing an interactive map of health improvement activities within the Community Hub directory, considering how this meets different needs
- Increase communications in various formats and languages to ensure inclusivity
- Recruit and support volunteer interpreters
- Use learning from Community mental health and wellbeing fund to focus on gaps, challenges and successes
- • Undertake Equality Impact Assessments as appropriate to inform plans and strategies

Equality Duty: Eliminate unlawful discrimination, harassment and victimisation.

Equality Outcome 3: Minority ethnic carers have improved access to support

Protected characteristics covered: Race, religion or belief, age, disability

Activities:

Work together with partners to ensure all carers are involved in planning the services that affect them

- Create and sustain a network of third sector and community organisations that support carers.
- Further develop the Carers Collective and other engagement opportunities for carers.
- Deliver Carers Rights information and training to carers.

Develop tools and supports to help carers identify the impact of their caring role and plan how best to meet their needs

- Develop an abbreviated Adult Carer Support Plans (ACSPs) that captures what is important to carers and their outcomes

Progress:

An initial meeting of a third sector network has taken place and agreement reached by all stakeholders that this should be maintained.

The East Renfrewshire Carers Collective continue to meet monthly and recently participated in a budget session dedicated to carers. A variety of engagement methods have been used to involve and consult carers to inform the new East Renfrewshire Carers' Centre.

The HSCP and Carers Centre secured funding to appoint a dedicated ethnic minority worker. The Centre has been able to sustain this post into their core funding. The Centre ensures that all activities are open to all carers; the post continues to lead on support dedicated to ethnic minority carers including promoting ACSPs to ethnic minority carers and providing emotional and practical support such as information sessions, training and peer support.

Among the ethnic minority carers known to the Carers Centre there is a high prevalence of parent carers supporting children on the Autism Spectrum or Neuro-developmental condition. To support this the Centre has facilitated training including CYGNET and four workshops delivered by the Autistic Collective and the Scottish Minority Ethnic Autistic. The carers have also had regular meetings with senior managers from HSCP and Education Department to share their views on services and support required.

The Centre promotes short breaks to ethnic minority carers and in addition to peer support responding to carers' feedback has facilitated day trips, swimming lessons and activities such as weekly badminton sessions and bowling trips.

The Carers' Centre is working in partnership with the Centre of Therapy to offer ethnic minority carers access to counselling and Cognitive Behavioural Therapy.

Learning from the pandemic has highlighted the importance of online support. The Centre's website and online information incorporates software that translates all information to any required language.

Future actions:

The HSCP are reviewing the assessment process and a review of adult carers support plans will be included in this with the aim of developing a shorter and more accessible process.

Continue to involve ethnic minority carers in the development of the Carers Strategy and ongoing reviews or relevant strategies including the Strategic Plan

The next meeting of the voluntary and community organisations is planned for April and will focus on the new draft carers' strategy, with feedback continuing to inform the draft before it goes to IJB for approval in summer 2023.

The Centre endeavour to make support available to all carers but will continue to prioritise dedicated support informed by the needs of ethnic minority carers.

Carers have reported that mental health and wellbeing is a priority and the Carers Centre will be working with Recovery Across Mental Health (RAMH) to provide training, information and support sessions for ethnic minority carers. There will also be dedicated adult learning sessions delivered by East Renfrewshire Council's Community Learning Team.

Equality Duty: Advance equality of opportunity between people who share a relevant protected characteristic and those who do not; Foster good relations between people who share a protected characteristic and those who do not.

Equality Outcome 4: The needs of residents with protected characteristics influence HSCP strategic priorities and the redesign of services as we recover from the Covid-19 pandemic.

Protected characteristics covered: All

Activities:

The East Renfrewshire Participation and Engagement Network (PEN) was formed to develop and deliver the HSCP's Participation and Engagement Strategy. The purpose of the strategy is to engage effectively with people in planning and redesigning health and social care services to improve

- their health and well being
- the quality and delivery of local health and social care services for everyone

The intention of the Strategy and PEN is to support active participation and engagement across our communities. The PEN will:

- commit to ongoing partnership working, review and learning
- make sure services reflect the needs and wishes of people and communities

The Participation and Engagement Network, with representation from HSCP, Council, 3rd Sector and Community has a clear outcome identified which aligns with Equality duties:
Outcome - "The PEN will engage meaningfully with people, including seldom heard people/under-represented groups and assess how this impacts positively on our equalities outcomes.

In supporting this outcome we:

- Developed a shared approach to engagement activity that aims to reach our wider East Renfrewshire Community.
- Regularly update and access a shared contacts data base with this outcome in mind
- Developed paperwork and digital processes for different engagement formats to monitor our reach to people with protected characteristics who we engage with and evaluate if this engagement has been meaningful
- Accessed additional EQIA training specifically for HSCP Managers and PEN members involved in impact assessment activity
- Use our communication plan template to ensure that we reach and involve community representatives in the early planning of engagement.

Progress:

The Participation and Engagement Network have actively supported HSCP Strategic Plan priorities by supporting activities which align to these priorities and our outcome of:

Outcome - "People will have the opportunity and support to engage about what matters to them and influence service design and delivery".

We have engaged with our wider community and partners on:

- HSCP Strategic Plan Priorities, capturing this insight to inform the final draft of the Strategic Plan
- Scottish Government Older Peoples Strategy, which informed Scottish Government planning and also captured our local insight for sharing collaboratively
- HSCP Collaborative Commissioning Engagement Events and working groups activity

In addition, collaboration with Your Voice (the East Renfrewshire ER community representative group) will be looking at delivering clear processes for community representation in formal HSCP settings e.g. IJB, Care Governance - Supporting people with lived experience to access HSCP related groups as public members as requested.

Future actions:

The Participation and Engagement Network have identified some key activates to support equalities and foster good relations between people with protected characteristics.

- We will bring together people with protected characteristics to support the development and impact assessment of our new Participation and Engagement Strategy
- We will establish an equalities forum, that will support inclusive opportunities for engagement on service design and delivery

- We will advocate and embed Scottish Service Design Approach in our engagement delivery support.
- We will continue to develop our communication plan to reach people with the view to be involved in engagement activity planning at the earliest stage

Equality Duty: Eliminate unlawful discrimination, harassment and victimisation.

Equality Outcome 5: Domestic abuse survivors are protected from further harm and abuse.

Protected characteristics covered: Gender

Activities:

- Providing domestic abuse induction training to all new staff
- Making domestic abuse resource tools available to all staff
- Ensuring staff are aware of the referral pathways and supports available
- Developing and implementing a Domestic Abuse policy

Progress:

Providing domestic abuse induction training to all new staff

- Equally Safe at Work is an employer accreditation programme developed by Close the Gap piloted across councils across Scotland. The programme aims to support employers to improve their employment practice to advance gender equality at work, and prevent violence against women. East Renfrewshire is a shadow participant in Close the Gap Equally Safe at Work Programme.
- East Renfrewshire are one of seven areas in Scotland to participate in the national Equally Safe in Practice Workforce Pilot. This includes working collaboratively to implement and evaluate three new core e-learning modules – Together for Gender Equality, Understanding Domestic Abuse and Understanding Sexual Violence.
- The modules are aimed at staff across all levels, roles and responsibilities and intend to build a basic understanding of gender, gender inequality and the dynamics and impact of violence against women and girls. Learners are supported to consider what they can do within their role to respond to those affected, and how they can contribute to making their organization and communities safer and more equal.
- We have completed the pilot phase with over 100 staff in East Renfrewshire enrolled to complete the first e-module on gender equality. Findings from the national evaluation have been positive with the majority of learners demonstrating improved knowledge, increased confidence and clear ways to utilize the learning in their practice. From considering their interactions with colleagues or the public more carefully, to challenging assumptions and recognizing the importance of listening, believing, supporting and signposting. The next phase will seek to roll out the program and embed the e-modules as mandatory core training for all staff.

Copy of national learning report here <https://womensaid.scot/equally-safe-in-practice-pilot-evaluation/>

Making domestic abuse resource tools available to all staff

A wide range of domestic abuse informed resource tools are available for all staff to support their practice.

- East Renfrewshire have implemented Safe and Together gold standard child protection domestic abuse training. It is supported by an internationally recognised suite of tools and interventions which are designed to help practitioners and professionals improve their awareness and understanding of domestic abuse. Safe and Together is based on three key principles:
 - Keeping children Safe & Together with their non-abusive parent, ensuring safety, healing from trauma, stability, and nurturance.
 - Partnering with the non-abusive parent as a default position ensuring efficient, effective, and child-centred practice.
 - Intervening with the perpetrator to reduce the risk and harm
- We have implemented the Multi Agency Risk Assessment Conference (MARAC) process in East Renfrewshire. The MARAC provides a structured, partnership response to high-risk cases of domestic abuse and is embedded in our strategy and quality assurance processes.
- MARAC is underpinned by a comprehensive risk assessment. The DASH Risk checklist helps frontline practitioners to identify high risk cases of domestic abuse, stalking and 'honour'- based violence and provides a shared understanding of risk to support decision making on which cases are referred to MARAC and what other supports may be required.
- Both Safe and Together and MARAC are recognised as best practice both nationally and locally and reflected in the recent Care Inspectorate Report Inspection of services for children and young people at harm in East Renfrewshire.

Copy of report here: <https://www.careinspectorate.com/index.php/news/6792-a-joint-inspection-of-services-for-children-and-young-people-at-risk-of-harm-in-east-renfrewshire>

Ensuring staff are aware of the referral pathways and supports available

- We have implemented a comprehensive training programme on Domestic Abuse/MARAC and Safe and Together practice which details the referral pathway and range of supports available.
- Regular communications on domestic abuse are provided to all staff on the supports available.
- Monthly domestic abuse advice sessions are delivered by two senior domestic abuse practitioners and are available to any member of staff to discuss and seek advice on any aspect of domestic abuse practice
- Each year we develop and implement a comprehensive communications campaign and events/workshops targeting both public and staff on domestic abuse and gender based violence as part of the 16 days of action campaign on gender based violence. In 2021 and 2022 we supported 40 targeted events for staff.
- This included events/workshops on domestic abuse, sexual violence, honour based violence, commercial sexual exploitation, mentors in violence prevention programme,

trauma enhanced practice training, embedding safe and together - creating domestic abuse informed systems, services and workforce, violence against women and mental health, violence against women and young people, coercive control in children's lives, the impact and dynamics of LGBTI people's experiences of domestic abuse, multi-agency risk assessment conference, perpetrator engagement and interviewing and responding to domestic abuse, sexual offences and stalking.

Developing and implementing a Domestic Abuse policy

- East Renfrewshire Council developed a Domestic Abuse Policy for Managers and Staff.
- This is currently disseminated for consultation with both statutory, third sector partners and victims and survivors of domestic abuse.
- The policy will be supported by domestic abuse training for all managers across the Council and HSCP.
- A communications plan will be developed and implemented to raise awareness of the policy.

Domestic Abuse Incidents in the period

- 1st April 2021 – 31st March 2022
593 (10% increase on previous year)
- 1st April 2022 – 30th September 2022
263 (8.34% decrease on previous year)

Outcomes for women

- From April 2021 – March 2022, East Renfrewshire Women's Aid service reported significant change and improvement for women across all reported outcomes with 87% of women assessed noting improvement in progress in their outcomes overall. This is a 3% increase compared with the previous year. Reduction in risk is reflected in the significant increases in the areas of safety with 91% improvement, health & wellbeing 82%, and empowerment and self-esteem 78%.
- From April to September 2022 East Renfrewshire Women's Aid service reported significant change and improvement for women across all reported outcomes with 90% of women assessed noting improvement in progress in their outcomes overall. This is an increase of 3% compared to the same period the previous year. Reduction in risk is reflected in the significant increases in the areas of safety with 90% improvement, health & wellbeing 80%, and empowerment and self-esteem 80%.

Outcomes for Children

- April 2021 – March 2022. East Renfrewshire Women's Aid service reported significant change and improvement for children across all reported outcomes. Outcomes for children and young people are aligned to the GIRFEC well-being indicators. 84% of all children and young people supported in the service noted an improvement in progress in their outcomes overall, 77% noted an improvement in their health and wellbeing, 79% improvement in their confidence & self-esteem and 79% improvement in their safety.
- April 2022 – September 2022 East Renfrewshire Women's Aid service reported significant change and improvement for children across all reported outcomes. 79% of

all children and young people supported in the service noted an improvement in progress in their outcomes overall, 86% noted an improvement in their health and wellbeing, 93% improvement in their confidence & self-esteem and 79% improvement in their safety.

Future actions:

Core activities will continue:

- Providing domestic abuse induction training to all new staff
- Making domestic abuse resource tools available to all staff
- Ensuring staff are aware of the referral pathways and supports available
- Implementing and rolling out the new Domestic Abuse policy

Equality Duty: Advance equality of opportunity between people who share a relevant protected characteristic and those who do not; Foster good relations between people who share a protected characteristic and those who do not.

Equality Outcome 6: Our workforce planning promotes a workforce that reflects the diversity of the local population at all levels.

Protected characteristics covered: All

Activities:

East Renfrewshire HSCP comprises two employing organisations (East Renfrewshire Council and NHS Greater Glasgow & Clyde) who have separate policies and procedures relating to equality and diversity. As an HSCP we are bound by these separate policies, however, we ensure that an integrated approach to implementation is adopted at all times. This includes:

- An Integrated Workforce Planning Group
- An Integrated Staff Governance Group
- An Integrated Joint Staff Forum

Progress:

Workforce Planning Group – as well as participating on both Council and NHSGGC Workforce Planning Groups, the HSCP has an integrated Workforce Planning Group with staff partnership representation. One of the Group’s aims is to achieve a diverse workforce with opportunities for all. This allows the HSCP to look at longer term changes to skills and job roles as well as the potential supply from the local population. East Renfrewshire HSCP’s 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 and the action plan is centred around the five pillars: Plan, Attract, Train, Employ and Nurture.

Our Vision – our vision statement, “Working together with the people of East Renfrewshire to improve lives”, was developed in partnership with our workforce and wider partners, carers and members of the community. Everything we do to deliver that

vision relies on our workforce. 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.

Recovery and Renewal - 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 HSCP has its own recovery programme which seeks to ensure that the lessons learned during the pandemic are used to inform recovery as well as transform services in the future. The HSCP has also 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 include Staff Wellbeing and the recruitment and retention of our health and social care workforce.

Careers – As well as having access to all vacancies across both Council and NHS, the HSCP has undertaken additional recruitment campaigns on social media channels as well as holding recruitment open days within the local community to ensure we can reach different sectors of the local population.

Health and Wellbeing - Our local health and wellbeing group continues to operate with links to our National and NHSGGC wellbeing groups. The group continues 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 Health and Wellbeing Officer was also appointed within the HSCP to ensure there is capacity across the partnership and to champion and embed initiatives.

Staff Governance - The HSCP has an integrated Staff Governance Group as well as the Joint Staff Forum. This ensures positive joint working between health and social care staff and services and staffside to ensure fair and consistent treatment, all staff are well informed, involved in decisions, appropriately trained and work within a safe working environment.

Employee Engagement – iMatter is an employee engagement continuous improvement tool which aims to give staff a voice and help individuals, teams and managers understand and improve experiences at work. Staff engagement levels were the highest across other HSCP's in the Greater Glasgow and Clyde area with a 67% response rate to the 2022 survey with 92% of Teams completing an Action Plan. Particularly work noting is an Equality Index Score of 78 which demonstrates staff are treated fairly and consistency, with dignity and respect, in an environment where diversity is valued.

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.

Digital Working – the HSCP has made some significant changes to the way many of its employees carry out their work. By developing a more flexible workforce, which is able to deliver services through different ways of working, this has created a means to support the work life balance of its employees. This can accommodate those needing reasonable adjustments due to caring responsibilities or disability for example.

Money Advice - Money worries can influence an employee's ability to achieve their full potential with certain groups in the workforce potentially experiencing more issues than others, for example working parents or those needing additional support due to disability. Opportunities are therefore taken to regularly promote financial assistance and managing financial wellbeing from both organisations.

Accreditation – The HSCP actively promotes and often feeds in to Council and NHSGGC accreditations which support employee wellbeing and equality including being a Living Wage Employer, Disability Confident Employer, Carer Positive Employer and Miscarriage Association Charter.

Reasonable Adjustments – Managers within the HSCP work closely with HR and Occupational Health teams from both employers to facilitate reasonable adjustments to support employees to attend work regularly. There are a variety of scenarios where reasonable adjustments have been applied to support disabled employees which have varied depending on individual needs from changes to working hours to providing additional equipment.

Menopause Policy – both employers widely publicise and promote this new policy and regularly offer workshops for both managers and staff.

Data Gathering – Both organisations regularly request that staff update their personal and sensitive information on the system, which also includes their equality data.

Organisational Development – The HSCP participates in OD Boards from both organisations where a key area of focus remains on supporting career progression, improved performance reviews and development of learning opportunities. This should ensure continued promotion of learning and development opportunities and the tools available e.g. succession planning, protected learning and mentoring. All will have a significant role in supporting the development of underrepresented groups.

Gender split – the HSCP has 83% female and 17% male staffing group and so as part of our Workforce Plan, the HSCP will look to attract more male employees.

Age Profile – 30% of staff are over 55 and so the HSCP will look to attract more young people by holding recruitment fayres/links with local Secondary Schools and having a robust succession planning strategy to ensure career progression. The HSCP has well established relationships with employability partners and we are seeing an increase in placements now we are in recovery from the pandemic. We also have an apprenticeship programme for young people leaving care.

Ethnicity Profile – the majority of employees in both organisations identify as White Scottish with small numbers of a wide variety of ethnic backgrounds making up the remainder of our workforce. There is a large number of staff across both organisations who are classed as “unknown” so we need to improve on capturing data at the point of recruitment. Recruitment campaigns are always advertised externally via the internet to attract candidates from around the world. We have also now started using social media to advertise vacancies and promote the HSCP as a good place to work.

Future actions:

The following activities are outlined in our Workforce Plan 2022 -25:

- Work with HSCP Communications Lead, NHS & Council Partners to improve recruitment.
- Develop a targeted approach to recruitment ensuring promotion of East Renfrewshire as a good place to work using social media and recruitment events.
- Work with Council and NHS partners to improve ethnic minority recruitment.
- Work with employability partners to improve recruitment opportunities.
- Ensure that Career Conversations are embedded into the KSF and Quality Conversations process to encourage career progression opportunities and succession planning.
- Develop an HSCP wide exit process to improve retention.
- Continue to promote iMatter for engagement, and ensure action plans are developed in teams across the partnership.
- Implement NHS GGC Blended Working model and the Council’s The Way We Work model within the HSCP.



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board	
Held on	29 March 2023	
Agenda Item	12	
Title	National Transfer Scheme for Unaccompanied Asylum-Seeking Children and the Ukrainian Resettlement Scheme	
Summary		
<p>This report is intended to update the Integration Joint Board on two areas of support that the HSCP is currently providing to people seeking asylum within the UK. These are the National Transfer Scheme (NTS) for Unaccompanied Asylum-Seeking Children (UASC), and the Ukrainian Resettlement Scheme which has placed individuals and families within East Renfrewshire as a safe destination away from the Ukrainian war.</p> <p>The report will inform the Integration Joint Board of the impact of the National Transfer Scheme particularly as regards financial pressures created by the scheme. Projections will also be shown as to the likelihood of increased pressures as this scheme progresses beyond this financial year.</p> <p>By way of contrast information will be provided regarding the Ukrainian Resettlement Scheme which involves services from East Renfrewshire Council beyond this partnership, but does not show indications of significant financial pressure.</p>		
Presented by	Raymond Prior, Head of Children Services and Criminal Justice, Chief Social Worker Officer	
Action Required		
<p>The Integration Joint Board is asked to consider the contents of the report and</p> <ul style="list-style-type: none"> • Note the arrangements set out in the report which allow the HSCP to meet its statutory responsibilities to vulnerable young people under the National Transfer Scheme. • Note the impact of the National Transfer Scheme on our current service provision within Children's Services and other supporting services and the projected financial costs and other pressures arising from this. • Note the information regarding the Ukrainian Resettlement Scheme 		
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 checked="" type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Workforce <input type="checkbox"/> Equalities <input type="checkbox"/> Risk <input type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

29 March 2023

Report by Head of Children Services and Criminal Justice (Chief Social Work Officer)

National Transfer Scheme for Unaccompanied Asylum-Seeking Children and the Ukrainian Resettlement Scheme

PURPOSE OF REPORT

1. This report is intended to update the Integration Joint Board on two areas of support that the Partnership is currently providing to people seeking asylum within the UK. These are the National Transfer Scheme (NTS) for Unaccompanied Asylum-Seeking Children (UASC), and the Ukrainian Resettlement Scheme which has placed individuals and families within East Renfrewshire as a safe destination away from the Ukrainian war.
2. The report will inform the Integration Joint Board of the impact of the National Transfer Scheme particularly as regards financial pressures created by the scheme. Projections will also be shown as to the likelihood of increased pressures as this scheme progresses beyond the financial year.
3. The report also seeks to inform the Integration Joint Board of the operation of the Ukrainian Resettlement Scheme, which involves the Health and Social Care Partnership and other Services from East Renfrewshire Council working to support Ukrainian Refugees within East Renfrewshire.

RECOMMENDATION

4. The Board is asked to:-
 - a) Note the arrangements set out in the report which allow the partnership to meet its statutory responsibilities to vulnerable young people under the National Transfer Scheme.
 - b) Note the impact of the National Transfer Scheme on our current service provision within Children's Services and other supporting services and the projected financial costs and other pressures arising from this.
 - c) Note the information regarding with the Ukrainian Resettlement Scheme.

BACKGROUND

5. Through the Immigration Act 2016, the UK Government introduced the ability for local authorities to transfer legal responsibility for unaccompanied children in their care to another local authority. This was intended to address the significant pressure faced by a small number of local authorities that had very high numbers of spontaneous arrivals of unaccompanied asylum-seeking children for whom they became legally responsible under the relevant children's legislation. The Act also gave the UK Government powers to introduce a mandatory transfer scheme.

6. A voluntary National Transfer Scheme was initially established to facilitate transfers across the UK and the National Transfer Scheme rota was introduced in 2021. The UK Government Minister for Immigration, Compliance and Justice, wrote to all Scottish local authorities in July 2021 asking them to commit to participate in the new rota.
7. COSLA consulted with Councils and brought a recommendation to Leaders in August 2021 that Scottish Local Government should participate in the scheme. This resulted in a commitment for Scottish Councils to take 45 children per cycle of 650 children being transferred to local authorities through the National Transfer Scheme across the UK. This position was agreed and Scottish local authorities commenced their participation in the rota from October 2021.
8. This became a mandatory scheme in November 2021 and since then 3,432 children have been transferred under the National Transfer Scheme, of whom 233 have been welcomed into Scottish local authority care. The mandatory scheme was put in place as a result of the scale of arrivals of unaccompanied asylum-seeking children via small boats across the English Channel.
9. The Integration Joint Board members will be aware that a scheme also exists for refugees from the war in Ukraine to resettle in the UK. East Renfrewshire Council has set up a Resettlement Team which co-ordinates service provision to Ukrainians living within the council area. At the time of writing, there are 93 Ukrainians that have been supported to resettle within East Renfrewshire.

REPORT

Ukrainian Resettlement Scheme

10. Within East Renfrewshire there are 93 Ukrainian guests and the East Renfrewshire Council Resettlement Team have a caseload of 66 Ukrainians, with two unaccompanied Ukrainian minors living with hosts as a private arrangement. The Resettlement team also have a few families from other areas who have presented to East Renfrewshire Council as homeless, and they continue to engage with a few guests who have recently left the area to ensure that they have settled in their new council area.
11. The role of children's services with the Ukrainians is clearly defined and limited. Prior to a family moving to live with their identified host, a social worker from the Request for Assistance in Children Services team visits the hosts' home to undertake checks which ensures that there are no concerns around children living with the identified host. To date following initial checks there has been no specific work for the Request for Assistance team to follow up on.
12. The Request for Assistance Team have visited 25 Ukrainian families who have been matched with host families or identified hosts themselves through the Homes for Ukrainian Visa Scheme. This work is carried out alongside East Renfrewshire Council Resettlement Officer who provides the family with financial support and contact information for all local services and support agencies.
13. The involvement of the Request for Assistance Service has been absorbed within the current workload of the team and is viewed as part of the frontline Children's Services response to the local community.

Unaccompanied Asylum-Seeking Children

14. Since the start of the National Transfer Scheme (NTS) East Renfrewshire have received a total of twelve unaccompanied asylum-seeking children through the mandatory National Transfer Scheme rota. In addition, East Renfrewshire, like all other local authorities is required to provide care to any unaccompanied asylum-seeking children spontaneously arriving within the local authority area. Currently there are four unaccompanied asylum-seeking children who have presented spontaneously within East Renfrewshire dating back to 2017. In total East Renfrewshire is supporting sixteen unaccompanied asylum-seeking children and young people.
15. East Renfrewshire HSCP Children's Services uses a variety of accommodation and supports to assist unaccompanied asylum-seeking children, including housing options from East Renfrewshire Housing, foster care and residential care placements. All young people are supported by Social Workers, Support Workers and the Scottish Guardianship Service provided by Aberlour, Scotland's Children's Charity.
16. The National Transfer Scheme operates on cycles of dispersal. For each cycle of 650 children arriving, 45 of these will be transferred to Scottish local authorities. At present there is a new cycle of case allocations every three to four weeks. Shorter cycles may occur given the numbers of arrivals at our coast as the weather improves. This means that at current rates of allocation, we should project to receive approximately seventeen young people in East Renfrewshire within the next twelve month period.
17. The rota does not allow local authorities to be selective on the profile of young people they are allocated. The assumption will be that any local authority can support any child or young person in need.
18. Children who present spontaneously into local authority care still require accommodation and make no difference to the allocations made through the rota. Therefore, local authorities are still required to take their placements as per the mandated rota, further increasing pressure on accommodation and services. There is a five day turnaround from notification of a child to the local authority to the child arriving in the area.
19. The unaccompanied asylum-seeking children in our care hold the legal status of Looked After Child. As a result they are entitled to continuing care up to age 21 allowing them to remain in their care placements and aftercare up to age 26 allowing them to receive advice and support.
20. On arrival the young person require daily support to orientate the local area, register with community services, set up their accommodation and link in with legal services around their asylum status and progressing their legal rights. Our experience so far is that the young person has little or no English language skills, and tasks are being undertaken through the use of translators. This incurs translation services costs in order to carry out all the essential work that is required for resettlement.
21. There is no specific single resource that can be utilised to accommodate unaccompanied asylum-seeking children. It is worth noting that some foster carers are reluctant to offer placements to unaccompanied asylum-seeking children as they arrive with no personal history or documentation, although we know they are likely to have experienced trauma in their lives and / or during their journey to the UK.
22. An Unaccompanied Asylum-Seeking Child Taskforce was established by UK Government in December 2022. This has been tasked to address the challenges presented by the increase in the number of children arriving, and to ensure the National Transfer Scheme runs as efficiently as possible.

23. The Integration Joint Board members may be aware of reports in the national media of unaccompanied asylum-seeking children in the care of local authorities going missing. To date this is not something that has happened within East Renfrewshire.
24. By contrast with the Ukrainian Resettlement Scheme, the National Transfer Scheme for Unaccompanied Asylum-Seeking Children is placing considerable pressure on the resources of the HSCP. All of the children involved require to be placed and supported as looked after children, many with the additional challenges of experiencing trauma. While this is currently being met, it is placing considerable pressure on the service and projections show that this is likely to grow over the next year.

Finance

25. All mandatory National Transfer Scheme children and young people are funded through the Home Office at the rate of £114 per night while they remain looked after children. The rate for all formerly looked after (over 18 years) unaccompanied asylum-seeking children care leavers is £270 per person per week. This corresponds to annual funding of £41,610 per unaccompanied asylum-seeking child under 18 years, and £14,040 for unaccompanied asylum-seeking young adults 18 years and over.
26. Income from the daily / weekly rate and the lump sum payments where applicable is projected to total **£266,766** for 2022/23. Projections have also been carried out based on the same group of young people remaining in our care in 2023/24, this indicates funding totalling **£344,346** is projected to be received. However, this needs to be considered against actual and projected costs which are shown below.
27. The following figures are costings so far for 2022/23 and projected costings for 2023/24 based on no increase in young people and distribution of placement type remaining the same. This information is broken down by expenditure type:

Area of Expenditure	Costings 2022/2023	Projected Costings 2023/2024
ERC foster placement	£21,885	£26,570.96
Agency foster placements	£54,014.33	£139,081.17
Kinship Care	£4,720	£10,627.76
Residential	£117,661.02	£207,528.57
ERC accommodation	£26,480	£36,500
Weekly Maintenance	£24,029.88	£23,725 (drops due to change in rate post COVID)
Travel	£8,798.66	£18,223.93
Miscellaneous expenditure, clothing essentials, digital equipment, cooking equipment, etc.	£33,523	£10,000
Translators	£6,000	£6,000
Support Worker	£12,631	£26,498
Total	£309,743	£504,756

28. When considering the figures above there is a short fall of £42,977 in 2022/23 between funding and costs, and a much larger shortfall of £160,410 projected for 2023/24. However, this assumes no change in the numbers of young people placed in East Renfrewshire and given that young people are arriving on three to four weekly cycles the numbers looked after are almost certain to increase significantly. As the current

group become older their funding will reduce significantly and as this moves beyond 2023/24 funding shortfalls will become increasingly large as funding decreases while placement costs remain high due to continuing care.

29. COSLA states that it will continue to make representations regarding the significant shortfall in funding that currently exists, particularly in relation to Scottish Councils' statutory responsibilities towards care leavers up to the age of 26.
30. The figures within the above table show support worker hours dedicated to assisting this specific group of young people, but do not include staff costs for time taken in assessment and planning, writing reports, communicating with the Home Office and COSLA which are absorbed within the Children & Families Youth Intensive Support Service.
31. The Youth Intensive Support Service support all sixteen of our unaccompanied asylum-seeking children and young people as well as manage their case load of 122 young people. Currently unaccompanied asylum-seeking children form 13% of the Youth Intensive Support Service case load and if young people continue to arrive at the same rate on the National Transfer Scheme it is likely that this will form 27% of the Youth Intensive Support Service case load in twelve months' time.
32. Current financial projections are based on the need to support the existing group of unaccompanied asylum-seeking children over 2023/24. It is also recognised that this group is likely to increase by approximately seventeen young people. There is no way to accurately project the costs of this because it is unclear what type of placements may be available or required. It is likely that as every local authority has increasing numbers of unaccompanied asylum-seeking children, that demand for placements will grow and all local authorities will be pushed to purchase or compete for more expensive placement options due to market forces.

IMPLICATIONS OF THE PROPOSALS

33. There is no current budget allocation for unaccompanied asylum-seeking children within Children's Services. All costs have to be met through existing resources and funding provided by the Home Office referred to above. The short falls indicated above are rising and are likely to rise beyond the projected levels as more young people arrive on the National Transfer Scheme.
34. The numbers of unaccompanied asylum-seeking children we are mandated to accommodate in the coming months is unclear, however the last cycle saw arrivals being mandated on a three to four weekly basis.

CONCLUSIONS

35. The above report indicates some of the significant challenges facing Children's Services as a result of the National Transfer Scheme for unaccompanied asylum-seeking children. It also discusses the Ukrainian resettlement scheme which has added a small amount of work to the work of the Request for Assistance Team in Children's Services but which is being well managed through links with the Resettlement Team.
36. There are three particular areas of risk arising from the ongoing mandated National Transfer Scheme. Firstly Children's Services budgets are impacted given the shortfall in funding and the likelihood of rising numbers of young people arriving over the next year. The second area of concern regards the workload of the operational social work team supporting unaccompanied asylum-seeking children. This currently forms 13% of

the workload and is likely to rise to a much higher proportion. This will create pressures around provision of services to the range of young people that the social work teams require to work with. Lastly the overall children's services partnership will face challenges. The increasing numbers of young people coming on the National Transfer Scheme will place greater pressures on partner services such as housing, education, health and social work services.

RECOMMENDATIONS

37. The Board is asked to:

- a) Note the arrangements set out in the report which allow the partnership to meet its statutory responsibilities to vulnerable young people under the National Transfer Scheme.
- b) Note the impact of the National Transfer Scheme on our current service provision within Children's Services and other supporting services and the projected financial costs and other pressures arising from this.
- c) Note the information regarding with the Ukrainian Resettlement Scheme.

REPORT AUTHOR AND PERSON TO CONTACT

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March 2023

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

None



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board	
Held on	29 March 2023	
Agenda Item	13	
Title	HSCP Savings, Recovery and Renewal Programme	
Summary		
<p>The purpose of this report is to update the Integration Joint Board on the HSCP Savings, Recovery and Renewal Programme.</p>		
Presented by	Lesley Bairden, Head of Finance & Resources (Chief Financial Officer)	
Action Required		
<p>Members of the Integration Joint Board are asked to;</p> <ul style="list-style-type: none"> • note and comment on the progress of the HSCP Savings, Recovery and Renewal Programme • note that future reports to the IJB will include a consolidated update on projects and savings across the HSCP as discussed at the recent IJB Seminar. 		
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 checked="" type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Workforce <input type="checkbox"/> Equalities <input type="checkbox"/> Risk <input type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

29 March 2023

Report by Chief Officer

HSCP SAVINGS, RECOVERY AND RENEWAL PROGRAMME

PURPOSE OF REPORT

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

RECOMMENDATION

2. It is recommended that the Integration Joint Board:
 - note and comment on the progress of the HSCP Savings, Recovery and Renewal Programme
 - note that future reports to the IJB will include a consolidated update on projects and savings across the HSCP as discussed at the recent IJB Seminar.

BACKGROUND

3. The HSCP Recovery and Renewal programme consisted of four overarching themes under which projects were aligned. The four themes of the Recovery and Renewal Programme were:
 - Recovery
 - Wellbeing
 - Individuals Experience
 - Business Systems and Processes
4. This will be superseded by the changes detailed in the report below.
5. 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

6. At the recent IJB budget seminar we recognised that the level of change driven by the need for savings is far wider than the existing recovery and renewal programme. In order to capture all change activity in a transparent and meaningful way and mitigate any duplication it was agreed that the programme be renamed to Savings, Recovery and Renewal. The revised programme will present information to the IJB across three levels:
 - Strategic: projects that cover HSCP wide activity
 - Service: projects specific to one area/service
 - Operational Deliveries: activities at a service level not related to significant change
7. This will increase the scope of the programme significantly and all financial implications relating to savings and change will be included in future reports.
8. The intention is to maintain the individual template appendices in line with previous reports and continue to provide full detail for all significant pieces of work. However, a de-minimus of £50k will be applied to limit the volume of information reported as any saving up to this value should be straight forward.
9. Since the last report to the IJB in November the programme has continued to progress. There are no significant updates or key project milestones.

Case Recording Replacement System project

- Progressing through procurement process to finalise contract extension for current system provider
- Second round of vendor demos has now concluded
- Practice sub group has been established with representatives across HSCP
- Work ongoing in relation to data management and process mapping

Care at Home Scheduling

- System went live in Care at Home in December 2022
- Contract with previous provider formally ended and transition out of the system complete
- Project end date has been revised to support system refinement and complete training for staff who were absent during implementation.

Learning Disability Development Project

- Project established and progressing
- Project governance in place including monitoring overlap/dependencies with new commissioning projects.
- Successful pilot – Community Pathways Transitions Team has taken place

10. Since the last update to IJB the following projects have been presented to the programme board:

Project	Project Stage	Request to Board	Project Detail
Review of Commissioned Services	Live Project	Approved by the Recovery and Renewal Board on 16 th November 2022	Review existing commissioning arrangements to ensure all framework and contractual opportunities are maximised.
Information Governance	Live Project	Approved by Recovery and Renewal Board on 16 th November 2022	Project aims to review and refine the current approach to HSCP information governance.
Care at Home Review Phase 2	Live Project	Approved by the Recovery and Renewal Board on 16 th November 2022	The review of the service will look to define the offering to the external market place along with designing an operating model that is effective and efficient.
Individual Budget Calculator/REG Review	Project Brief	Presented to Recovery and Renewal Board on 8 th March	Review of existing approach to the individual budget calculator.
Pre-Paid Cards	Project Brief	Presented to Recovery and Renewal Board on 8 th March	Project will explore the technology and governance required to introduce new functionality and processes for payment.
Staff and Patient Access	Closure Report	Recovery and Renewal Programme Board agreed to formally close the 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. In addition two projects previously identified are no longer included:

- Learning Management System – will not proceed as there is no capacity or funding to develop pursue any new system developments. Current systems and processes remain in place.
- Inclusive Support – the aims previously set out will be undertaken through a combination of business as usual and wider review within Children’s Services.

12. The previously reported financial framework will be replaced by the full savings list and progress against this will be reported going forward. To avoid duplication in this report the savings can be found as part of the proposed budget for 2023/24 included on the agenda for the March IJB.

CONSULTATION AND PARTNERSHIP WORKING

13. As the programme evolves and projects are formally established, 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. The total 2023/24 savings targets and associated progress will be reported to future meetings as part of this programme.

Equalities

15. We will undertake Equality, Fairness and Rights 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 Savings, Recovery and Renewal Programme has continued to progress. The scope of the project has been widened to ensure all change activity and associated savings are captured and reported in a transparent and meaningful way, showing the totality of change. This mitigates any duplication, ensures ownership and allows a clearer view of inter-dependencies and avoidance of unintended consequences.

RECOMMENDATIONS

21. It is recommended that the Integration Joint Board:
 - note and comment on the progress of the HSCP Savings, Recovery and Renewal Programme
 - note that future reports to the IJB will include a consolidated update on projects and savings across the HSCP as discussed at the recent IJB Seminar.

REPORT AUTHOR AND PERSON TO CONTACT

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Chief Officer, IJB: Julie Murray

10 March 2023

BACKGROUND PAPERS

IJB Paper: 22 November 2022– Item 09. Recovery and Renewal Programme
https://www.eastrenfrewshire.gov.uk/media/8435/IJB-Item-09-23-November-2022/pdf/IJB_Item_09_-_23_November_2022.pdf?m=638036934520900000

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

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

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Appendix 1 - Project Timelines and Summaries

LIVE PROJECTS AS AT 08 MARCH 2023

STRATEGIC PROJECTS					
Project	Project Owner	Project Start Date	Project End Date	Status	RAG Status
Care at Home Scheduling System Replacement	Gayle Smart	May 2022	April 2023	LIVE	Amber
Case Recording System (CareFirst) Replacement	Lesley Bairden	April 2022	October 2024	LIVE	Green
East Renfrewshire Workforce Wellbeing Action Plan	Craig Menzies	January 2022	April 2024	LIVE	Green
Development of Wellbeing Champions/Wellbeing Lead Role	Lee McLaughlin	September 2021	April 2024	LIVE	Green
Bespoke Wellbeing Support for individual services	Lee McLaughlin	February 2022	April 2024	LIVE	Green
Compassionate and Trauma Informed Responsive Leadership	Lee McLaughlin	August 2021	March 2023	LIVE	Green
Information Governance and Data Cleansing	Raymond Prior	October 2022	December 2023	LIVE	Green
Review of Commissioned Services	Margaret Phelps	November 2022	July 2023	LIVE	Green
Individual Budget Calculator / REG Review	Lee McLaughlin/Lesley Bairden	March 2023	October 2023	LIVE	Green
Review of Telephony Systems	Lesley Bairden	April 2023	November 2023	Not Started	

SERVICE PROJECTS					
PROJECT	PROJECT OWNER	Project Start Date	Project End Date	Status	RAG Status
Reflections and Learning from working during the pandemic	Lesley Bairden/Lee McLaughlin/Tom Kelly and Raymond Prior	August 2021	November 2023	Live	Green
Learning Disability Development	Tom Kelly	August 2022	March 2024	Live	Green
Care at Home Review Phase 2	Lee McLaughlin	November 2022	July 2023	Not Started	
Pre-payment Cards	Lesley Bairden	April 2023	January 2024	Not Started	

CLOSED PROJECTS AS AT 08 MARCH 2023

CLOSED PROJECTS				
Project	Project Owner	Project Start Date	Project End Date	RAG Status
C1: Staffing & Patients Access Arrangements – HSCP Premises	Mairi-Clare Armstrong	March 2022	October 2022	Closed
C2: Learning Management System	Joan Reade	November 2021	March 2023	Closed
C3. Inclusive Support	Raymond Prior	January 2023	November 2023	Closed

STRATEGIC PROJECTS

Project Title	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	<p>Indicative savings are:</p> <ul style="list-style-type: none"> 2022/23: £25k 2023/24: £75k
Current Update	<ul style="list-style-type: none"> Staff training for both frontline and office based staff taking place both face to face and via Teams World 2 (patch 2) has now went live. Final ‘World’ went live on 14/12/22. Project end date being pushed out to end of April in order to complete Phase 2 work around refinement of settings, additional functionality switch on and staff familiarisation. This has been caused by extreme competing priorities within the service. This may have a budgetary implication if further input is required from TotalMobile. CM2000 contract now ended with required ‘soft’ client data extracted to shared drive.
Next Steps	<ul style="list-style-type: none"> Continued roll out of staff training (TotalMobile app and solution plus Information Security and Data Protection refresher).
RAG Status	
Timeline	11 th May 2022 – April 2023

Project Title	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	<p>Indicative savings are:</p> <ul style="list-style-type: none"> • 2024/25: £75k • 2025/26: £75k
Current Update	<ul style="list-style-type: none"> • Second round of vendor demos has now concluded. • Service SME concluded discussions with individual services on system requirements. • Data Management and Process Mapping workstreams on target. • Agreement reached with Procurement/Legal on granting further 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.
Next Steps	<ul style="list-style-type: none"> • Populate and finalise appropriate tender documents • 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	L3 – East Renfrewshire Workforce Wellbeing Action Plan L4 – Development of Wellbeing Champions/Wellbeing Lead Role L5 – Bespoke Wellbeing Support for Individual Services
Project Owner	L3 – Craig Menzies L4 – Lee McLaughlin L5 – 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"> • A wellbeing evaluation staff survey was conducted 6 months into the project start date, with 61 staff responding. Staff reported their personal experience of the wellbeing offer as a mean of 4.74 out of 5 (1 being poor and 5 being very good), with 85% of responders saying the wellbeing offer has positively affected their wellbeing. • There has been no evaluation of impact on absence rates as yet; due to the wellbeing offer being relatively new, and impact may not yet be evident in this respect. • Qualitative evidence of wellbeing impact - such as case study or written staff feedback - is also available on request. • £60k was made available during this period, taken from 2021/22 budget allocation from Scot Gov. To date (Feb 2023) around 75% of this budget has been allocated to wellbeing focussed resources/activities. The remaining funds will continue to be used to support wellbeing activities before end March 2023, and to sustain the wellbeing offer beyond.
Next Steps	<ul style="list-style-type: none"> • An additional £10K was obtained through the Workforce Wellbeing Fund to develop a bespoke wellbeing initiative, supporting Homecare staff. Project will run until end March 2023 (funds to be fully allocated by then).
RAG	
Timeline	L3 – January 2022 to April 2024 L4 – September 2021 to December 2021 - Complete L5 – February 2022 to April 2024

Project Title	Compassionate and Trauma Informed Responsive Leadership
Project Owner	Lee McLaughlin
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"> • Level 3 enhanced training delivered to 2 cohorts. • Delivery group of trainers established • Launch event being planned. • Presentation at the OD board was very well received and feedback was highly relevant for council groups.
Next Steps	<ul style="list-style-type: none"> • Trauma steering group continues to meet • Action/implementation plan developed • Continue rollout of training. Planning for Level 2 rollout once new coordinator is in post • Agreed E-learning modules will be rolled out.
RAG	
Timeline	August 2021 to March 2023

Project Title	Information Governance and Data Cleansing
Project Owner	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.
Current Update	<ul style="list-style-type: none"> • Project Brief was approved at the Recovery and Renewal Board 16th November 2022. • PID and Project plan agreed at the first Project Board on 27th February 2023.
Next Steps	<ul style="list-style-type: none"> • Initial meeting with relevant Teams on 7th March, 2023 • Workshop and Design of Action Plan • Review/Update information asset register beginning with Physical files
RAG	
Timelines	16 th November 2022 – 15 th December 2023

Project Title	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 - £75 • 2023/24 - £225k <p>This may also support a number of other projects and we need to ensure there is no double counting.</p>
Current Update	<ul style="list-style-type: none"> • Project brief approved by the Recovery and Renewal board 16th November 2022. • Project team now in place and project now moving forward.
Next Steps	<ul style="list-style-type: none"> • Workstreams to be established • Link with Individual Budget and REG project
RAG	
Timelines	November 2022 – July 2023

Project Title	Individual Budget Calculator / REG 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
Current Update	<ul style="list-style-type: none"> • Project brief approved by Recovery and Renewal Board 8th March 2023.
Next Steps	<ul style="list-style-type: none"> • Project board meeting will be scheduled for beginning of April 2023.
RAG	
Timelines	January 2023 – August 2023

Project Title	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"> • Project mandate approved at Recovery and Renewal Board 8th March 2023. • Work to begin preparing the project brief, project scheduled to begin in April 2023.
Timelines	April 2023 – December 2023

Project Title	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	April 2023 – November 2023

Project Title	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	<p>Indicative savings are:</p> <ul style="list-style-type: none"> • 2022/23: £200k (£4,407 met) • 2023/24: £300k (£124,547 met) • 2024/25: £100k (£4,831 met)
Current Update	<ul style="list-style-type: none"> • Project board established and board meetings are being held monthly. • Project has strong crossover aims with Commissioning Services Project – Ongoing monitoring to ensure there is no duplicate recording of savings. • Community Pathways Transitions Team pilot in high schools has been a success and further development is being undertaken.
Next Steps	<ul style="list-style-type: none"> • Next project board scheduled for 19th April.
RAG Status	
Timeline	18 th August 2022 – 16 th February 2024

Project Title	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
Current Update	<ul style="list-style-type: none"> • Project brief approved at the Recovery and Renewal Board on 16th November 2022. • Project has not yet commenced due to competing services pressures.
Next Steps	<ul style="list-style-type: none"> • Project brief approved at the Recovery and Renewal Board on 16th November 2022. • Project has not yet commenced due to competing services pressures.
RAG	
Timeline	November 2022 to May 2023

Project Title	L1 - 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. • 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



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board	
Held on	29 March 2023	
Agenda Item	14	
Title	Appointment of Standards Officer	
Summary		
A report seeking approval of the appointment of a replacement Standards Officer for the IJB		
Presented by	Eamonn Daly, Democratic Services Manager	
Action Required		
The Integration Joint Board is asked to nominate for approval by the Standards Commission Colin Sweeney, Democratic Services Manager, East Renfrewshire Council as the Standards Officer for the IJB.		
Directions	Implications	
<input checked="" type="checkbox"/> No Directions Required	<input type="checkbox"/> Finance	<input type="checkbox"/> Risk
<input type="checkbox"/> Directions to East Renfrewshire Council (ERC)	<input type="checkbox"/> Policy	<input checked="" 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

29 March 2023

Report by Chief Officer

APPOINTMENT OF STANDARDS OFFICER

PURPOSE OF REPORT

1. To recommend that the Integration Joint Board nominates for approval by the Standards Commission a Standards Officer to comply with the requirements of the Ethical Standards legislation.

RECOMMENDATION

2. That the IJB nominates for approval by the Standards Commission Colin Sweeney, Democratic Services Manager, East Renfrewshire Council as the Standards Officer for the IJB.

BACKGROUND

3. The Ethical Standards in Public Life (Scotland) Act 2000 (Register of Interests) Regulations 2003 require devolved public bodies to have a Standards Officer. The Public Bodies (Joint Working)(Scotland) Act (Consequential Amendments and Savings) Order 2015 has determined that Integration Joint Boards are devolved public bodies for the purposes of the Ethical Standards legislation and accordingly the IJB needs to make arrangements to have a Standards Officer.

REPORT

4. In November 2017 the Board agreed to nominate Eamonn Daly, Democratic Services Manager as Standards Officer for the Board. The nomination was subsequently approved by the Board.

5. Mr Daly will be leaving the Council on 31 March and so it is necessary for the Board to nominate a replacement. Mr Daly's successor at East Renfrewshire Council is Mr Colin Sweeney. Mr Sweeney will continue to provide the secretariat function for the Board and accordingly it is recommended that he also be nominated as Standards Officer.

CONSULTATION AND PARTNERSHIP WORKING

7. Consultation has taken place with Gerry Mahon the Council's Chief Officer – Legal & Procurement. Mr Mahon is the Council's Monitoring Officer that role having similar responsibilities in relation to councillors as the Standards Officer has for members of the IJB.

IMPLICATIONS OF THE PROPOSALS.

8. There are no implications in terms of finance, policy, workforce, infrastructure, or equalities.
9. The legal implications are that failure to appoint a Standards Officer breaches the requirement as prescribed in the legislation.

CONCLUSIONS

10. The Board has to comply with the requirements of the 2003 Regulations to appoint a Standards Officer. Mr Sweeney's appointment will ensure that the Board is not in breach of the requirements.

RECOMMENDATION

11. That the IJB nominates for approval by the Standards Commission Colin Sweeney, Democratic Services Manager, East Renfrewshire Council as the Standards Officer for the IJB.

REPORT AUTHOR AND PERSON TO CONTACT

Chief Officer, HSCP: Julie Murray

Eamonn Daly, Democratic Services Manager 577 3023
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1 March 2023

BACKGROUND PAPERS

None