



Date: 16 June 2023
e-mail: colin.sweeney@eastrenfrewshire.gov.uk
Tel: 0141 577 3023

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 28 June 2023 at 1.00 pm.**

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 28 June 2023 AT 1.00 pm**

VIRTUAL MEETING VIA MICROSOFT TEAMS

AGENDA

- 1. Apologies for absence.**
- 2. Declarations of Interest.**
- 3. Minute of meeting held on 29 March 2023 (copy attached, pages 5 - 16).**
- 4. Matters Arising (copy attached, pages 17 - 20).**
- 5. Rolling Action Log (copy attached, pages 21 - 24).**
- 6. Local Child Poverty Action Report: Year 5 (2022/23) (copy attached, pages 35 - 64).**
- 7. Unaudited Annual Report and Accounts 2022/23 (copy attached, pages 65 - 140).**
- 8. Medium Term Financial Plan (copy attached, pages 141 - 172).**
- 9. Annual Performance Report 2022/23 (copy attached, pages 173 - 270).**
- 10. HSCP Savings, Recovery and Renewal Programme (copy attached, pages 271 - 288).**
- 11. Supporting People Framework Implementation (copy attached, pages 289 - 296).**
- 12. Medication Assisted Treatment Standards Update and Alcohol and Drugs Partnership Annual Reporting Survey 2022-23 (copy attached, pages 297 - 334).**
- 13. Delayed Discharge position – Presentation by Lee McLaughlin.**
- 14. East Renfrewshire HSCP Accommodation Strategy (copy attached, pages 335 - 348).**
- 15. IJB Complaints Annual Report 2022/2023 (copy attached, pages 349 - 354).**
- 16. Date of next meeting – Wednesday 16 August at 10.00 am.**

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**Minute of virtual meeting of the
East Renfrewshire Integration Joint Board
held at 10.30 am on 29 March 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
Amina Khan	NHS Greater Glasgow and Clyde Board
Dr Deirdre McCormick	Chief Nurse
Geoff Mohamed	Carers' representative
Julie Murray	Chief Officer – IJB
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)

IN ATTENDANCE

Liona Allison	Assistant Committee Services Officer, East Renfrewshire Council
Mehvish Ashraf	NHS Greater Glasgow and Clyde Board
Eamonn Daly	Democratic Services Manager, East Renfrewshire Council
Pamela Gomes	Governance and Compliance Officer
Noleen HarteMcCormick	SDS Implementation Manager
Karen Lamb	Head of Specialist Children's Services, NHS Greater Glasgow and Clyde
Tom Kelly	Head of Adult Services – Learning Disability and Recovery
Ian Marland	Communications Officer, East Renfrewshire Council
Ian McLean	Accountancy Manager
Margaret Phelps	Strategic Planning, Performance and Commissioning Manager
Steven Reid	Policy, Planning and Performance Manager
Ally Robb	Senior Manager, Community Children's Service
Grace Scanlin	Ernst & Young (External auditor)
Caroline Sinclair	Chief Officer – East Dunbartonshire IJB

APOLOGIES FOR ABSENCE

Anne Marie Kennedy	Third Sector representative
Councillor Owen O'Donnell	East Renfrewshire Council
Lynne Siddiqui	AHP Lead

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 1 February 2023.

MATTERS ARISING

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

Having heard the Chief Officer provide an update on the position in relation to the Care at Home Service, Councillor Pragnell, Chair of the Performance and Audit Committee, in response to a question from Councillor Edlin provided a summary of the discussions that has taken place at the committee in relation to absence management. In addition, the Chief Officer clarified that the processes and procedures used for dealing with absence were those of the Council or NHS Greater Glasgow and Clyde, depending on the staff cohort. She indicated she was happy to discuss the position offline with Councillor Edlin.

The Board noted the report.

ROLLING ACTION LOG

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

Discussion took place on ongoing work to identify a named place of safety in relation to which the Chief Financial Officer reported on discussions with Barrhead Housing Association to establish 2 properties, to encompass this and wider mixed use, as well as the Chief Social Work Officer highlighting that there were a number of foster carers who were in a position to provide the facilities required.

The Chief Officer having confirmed that arrangements for site visits to HSCP premises would commence, the Board noted the report.

SPECIALIST CHILDREN'S SERVICE SINGLE SERVICE REALIGNMENT

5. Under reference to the Minute of the previous meeting (Item 6 refers), when the Board had noted a report providing an update on progress towards planning for implementation of a single service structure for Specialist Children's Services (SCS) and that a further report with details of the staff and budgetary transition would be submitted to this meeting, the Board considered a report by the Chief Officer, providing a further update on the progress towards planning for implementation of a single service structure for Specialist Children's Services (SCS).

In particular the report explained that in relation to finance, the total budget and resource transferring as part of the realignment was a net indicative budget of £0.974m and 19.4 FTE and this was reflected within the Board's budget setting paper being considered later at the meeting. In relation to implications for the workforce, the report clarified that there would be

realignment of line management for a small number of existing SCS Service Managers and that within East Renfrewshire this related to one employee.

Caroline Sinclair, Chief Officer East Dunbartonshire IJB was heard further on the report in the course of which she referred to the Equality Impact Assessments that had been undertaken, and gave assurances regarding the commitments given at the previous meeting about the continuation of services locally and that the changes would be complementary to those already being delivered and not have an adverse impact on them.

Responding to Mr Mohammed she explained that as the proposals related to a realignment of service and management restructure with no impact on service users, engagement with parents and carers had been considered inappropriate. However Karen Lamb, Head of Specialist Children's Services, NHS Greater Glasgow and Clyde, provided details of the engagement mechanisms already being used, as well as referring to proposals to establish a forum for parents, carers and young people activities already to ensure their views were known. Realignment of the service would enable a Board-wide mechanism to be put in place. She also referred to arrangements in place and future opportunities for sharing best practise.

The Board noted the report, including that details of the financial and resource transfers related to the implementation of a single SCS service alignment were contained within the budget setting report being considered as part of the following item.

REVENUE BUDGET 2023-24

6. The Board took up consideration of a report by the Chief Financial Officer proposing a budget for the 2023-24 financial year.

Having explained that the Scottish Government had set out their proposed budget on 15 December 2022, the report summarised the main messages from the budget that were relevant to the IJB. These had already been reported to the February meeting of the Board.

The report set out the information contained in the budget in relation to Health and Social Care Integration both for the NHS and also for local authorities, and confirmed that the contributions to the IJB from both NHS Greater Glasgow and Clyde and East Renfrewshire Council were compliant with the funding conditions set out by the Scottish Government. In summary, the contribution from East Renfrewshire Council was 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, whilst the indicative contribution from NHSGGC allowed for a 2% uplift to the eligible elements of the recurring base budget, with the caveat that pay award funding for 2022/23 was to be finalised nationally on a recurring basis.

The report explained that the proposed budget recognised cost pressures relating to pay, inflation and demographic demand, although this element was limited to a full year cost of all care packages in place now. It was noted that for every 1% increase to purchased care new demand would cost c£0.4 million and would need to be managed from within existing resources. The cost pressures also made allowance for the continued implementation of the Living Wage to be paid by partner providers, increases to the national Care Home contract, noting this was still to be agreed, and uplifting Free Personal and Nursing Care allowances by 9.5% per the Scottish Government budget.

Information was also provided on both the set aside budget offer and the Aids and Adaptations budget.

Thereafter, the report summarised in tabular form the proposed budget contributions to the IJB, in addition to setting out the cost pressures, the funding available to meet these pressures, and the savings challenge to close the remaining funding gap of £7.06 million.

Details of the engagement activity that had taken place following the February meeting were set out and those areas in respect of which general consensus had been reached were outlined. It was noted that this information would be used to further build on and refine ongoing work such as the Supporting People framework; the approach to prioritise care, the commissioning strategy and provider engagement, and the accommodation strategy.

In particular it was noted that there was clearly a conflict between spending on prevention and prioritising care based on the higher level of support needed. As different service delivery models were developed with partners it was hoped that the impact on service users could be mitigated as far as possible and potentially that some of the prevention work being delivered through third sector colleagues in particular could be maintained.

Having set out the implications, associated risks and assumptions in relation to the proposed budget, the report concluded that it would allow the IJB to set a budget that is balanced, but clearly included 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 was supported by limited bridging reserves. Furthermore, it was noted that the delivery of a balanced 2023/24 budget was required to inform the Medium-Term Financial Plan for the HSCP which would allow the IJB to assess progress and to take risk based informed decisions throughout the year. Finally it was noted that the report recognised the need to continue to engage with partners for future financial planning and that an agreed mechanism to progress the set aside budget for 2023/24 was required, with the unscheduled care commissioning plan supporting this work.

The Chief Financial Officer was then heard at length on the proposed budget. She highlighted the extremely challenging financial position and that this was broadly in line with the position across the country, and the representations continued to be made to the Scottish Government that the impact the budget settlement would have on local people.

It was explained that as discussed at the recent budget seminar, the scope of the Savings, Recovery and Renewal Programme had been extended with this being summarised in the report. Reference was also made to the potential impact on the workforce of achieving some of the savings although she confirmed that the Management team was committed to minimising the impact as far as possible through management of vacant posts and turnover. Whilst service redesign was inevitable. Close working with staff side colleagues would continue as savings and change were progressed.

Comment was made on discussions at the time of approval of the 2020/21 when it had been made clear that the adoption of a prioritisation of care approach was necessary. This had temporarily been delayed thanks to the provision of addition funding during the period of the COVID pandemic. However with the cessation of that funding, the prioritisation of care approach was now necessary.

The Chief Financial Officer was then heard further on the assumptions as set out in the report relating to cost pressures, and on the steps, as set out in the report, that had been taken to tackle the funding gap. In particular, she highlighted that agreement was being sought for the re-alignment of 2 current earmarked reserves. This would mean an anticipated level of c£0.7 million bridging finance and £0.3 million general reserve to support the implementation of savings during 2023/24.

Concluding her remarks the Chief Financial Officer explained that the proposed budget should allow a budget that can be balanced albeit with significant risk and incredibly difficult challenges ahead. Given that the 2023/24 budget was so complex the medium term financial plan would be brought to the June meeting of the IJB, taking into account the Board's decisions on the budget.

Full discussion then took place. Ms Khan questioned whether or not the Board was at risk of not meeting its statutory duties and suggested other actions regarding the lobbying of government for additional funds and clarification from the Council of the flat cash settlement. In relation to meeting statutory responsibilities Ms Foy referred to discussions that had taken place at the Glasgow IJB.

The Chief Financial Officer having responded to Ms Forbes in respect of questions on the pass through by the Council of funding for pay awards and on the way in which vacancies would be managed as part service reviews, the Chief Officer clarified that the position in Glasgow in relation to meeting statutory responsibilities was different from the position in East Renfrewshire and that the budget as proposed would allow those responsibilities to be met in East Renfrewshire. In addition, responding to Councillor Edlin, the Chief Officer confirmed that the HSCP did make use of endowment funds where possible but that a key element of future service provision would be closely working with third sector partners which had access to different funding streams not open to the HSCP.

The Chief Officer also confirmed that continued representations would be made to the health board to reflect the growing population levels and levels of deprivation in pockets of East Renfrewshire, in the board's future allocation of funding. The Scottish Government was also being lobbied on a relaxation of the restrictions on ring-fenced funds.

It having been confirmed in the discussions that the suggestions made by Ms Khan were either not relevant in the case of fulfilling statutory responsibilities, or were already being actioned in relation to the other matters, the Board:-

- (a) accepted the budget contribution of £67.040 million from East Renfrewshire Council;
- (b) accepted the £0.616 million for Community Justice expenditure funded by grant via East Renfrewshire Council, subject to uplifts to this grant funding;
- (c) accepted the delegated budget for aids and adaptations of £0.408 million;
- (d) agreed the re-alignment of earmarked reserves for children's residential accommodation and learning & development as proposed in the report;
- (e) accepted the indicative budget contribution of £82.051 million from NHS Greater Glasgow and Clyde, subject to due governance by the health board;
- (f) accepted the indicative set aside budget contribution of £28.430 million from NHS Greater Glasgow and Clyde;
- (g) agreed that directions be issued to East Renfrewshire Council and NHS Greater Glasgow and Clyde confirming the acceptance of the budget;
- (h) agreed the continued implementation of the Real Living Wage uplift to partner providers;
- (i) agreed the proposed approach relating to review of charging; and
- (j) Noted the ongoing risks associated with the cessation of Covid-19 funding.

REVENUE BUDGET MONITORING REPORT

7. Under reference to the Minute of the previous meeting (Item 9 refers) the Board considered a report by the Chief Financial Officer providing details of the projected outturn

position of the 2022/23 revenue budget as at 31 January 2023 and seeking approval of a budget virement as set out in the report.

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. Detailed estimated and actual costs across a number of categories were provided including; staffing additional hours and absence cover for both the HSCP and partner providers, sustainability of partner providers, PPE (personal protective equipment) and other equipment, unachievable savings and prescribing impacts.

It was noted current COVID-19 related expenditure assumptions were £9.266m. These costs were reviewed monthly, with cost projections being continually revised as the service responded to the pandemic. Arrangements were ongoing for the return of £4.5m COVID funding to the Scottish Government who had confirmed that a final reconciliation exercise would take place at the end of the financial year.

In relation to projected costs, the report explained that current projected local mobilisation plan costs amounted to £4.683m, funded by COVID 19 reserve, which when removing the balance of COVID funding being returned to the Scottish Government resulted in a projected year-end balance of £0.083m.

Thereafter it was reported that against a full year budget of £143.652m there was a projected operational overspend of £0.292m.

Details of the main projected operational variances as well as ongoing financial risks were set out. Approval was also sought for a budget virement as set out in Appendix 7 accompanying the report.

The Board:-

- (a) noted the projected outturn for the 2022-23 revenue budget; and
- (b) approved the budget virement.

IMPLEMENTATION OF SUPPORTING PEOPLE FRAMEWORK

8. The Board considered a report by the Chief Officer setting out and seeking approval for the adoption and implementation of a Supporting People Framework setting out the criteria for the provision of social care for 2023/24. A copy of the proposed Framework accompanied the report.

The Board was reminded the work undertaken in recent months to assess the impact of future financial settlements from parent organisations and part of which it had been fully involved in modelling on the impact of various scenarios. Officers had been working closely with both ERC and NHS GGC to establish the totality of our budget in the coming years.

The budget position was now clearer and unfortunately would reduce the ability to provide the full range of support it was hoped could be provided in the coming years. Significant savings were required to ensure care and support could continue to be delivered within the available financial envelope.

It was noted that the HSCP and predecessor Community Health and Care Partnership had 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, it had been possible until now to use resources across this spectrum.

Unfortunately, the current financial climate dictated that the approach would have to shift to keeping people safe and to focus more on current risk.

Acknowledging the changes required, the report explained that in order to ensure that continued support could be provided it would be necessary to focus on immediate and current risk, and to do so equitably and fairly a Supporting People Framework had been developed. The framework would ensure that decision making was transparent and that staff were able to continue to focus on good outcomes within an agreed set of criteria and guidance.

The report then outlined some of work that took place in developing the framework. This had included reviewing numerous eligibility criteria in place across HSCPs in Scotland and authorities in England. Account was also taken of already agreed policy within NHS GGC HSCPs, and the proposed Framework aligned closely with the approach taken in neighbouring partnerships.

It was highlighted that to implement the framework it would be essential to work closely with all partners, both internal and external, in addition to which internal processes would require to be reviewed and a programme of staff training and supervision developed.

The report explained that given the resources we have available, social care would be provided when needs and risks were assessed to be in the moderate to critical category and that it would no longer be possible to provide support where needs were considered to be low. However, every effort would be made to invest in voluntary and community resources that help people to live well and independently. Examples of this approach were outlined.

Despite these necessary changes, the HSCP management team remained totally committed to the HSCP's values and organisational aspirations and would work intensively in an effort to maximise all forms of community assets, partnerships and opportunities to continue to support local residents.

Commenting on the report, the Chief Officer reminded the Board that the introduction of this approach had been resisted for some time, but the challenging financial situation meant that it was now necessary. She acknowledged that such an approach would not be welcomed but it was important for the HSCP to be transparent with service users and would also give clear guidance to staff when assessing service demand. The framework would be subject to ongoing review.

Ms Forbes and Ms Khan emphasised the need for service reviews to be objective and for carers to be involved. Ms Khan also sought information on how the new approach would be communicated and on the disproportionate impact on women as carers, in response to which the Chief Officer confirmed a variety of methods would be used which would include conversations with service users and carers where appropriate.

The Head of Adult Services – Learning Disability and Recovery commented on the Equality Impact Assessments that had been undertaken, and that the impact on women had been recognised, and mitigating actions were being considered.

Mr Mohamed referred to the proposals to seek increased input from carers and that in these circumstances it was important to make sure appropriate support was in place.

Ms Allan questioned whether any consideration had been given to the impact of the new arrangements on the sustainability of some service providers. In reply, the Chief Officer acknowledged the possibility of adverse impacts but that officers would work with service providers to mitigate any impacts.

The Board:-

- (a) approved the proposed framework and that it be implemented as early as is practicable; and
- (b) noted the intention to review the framework regularly and to provide updates at agreed intervals going forward.

JOINT INSPECTION OF ADULT SUPPORT AND PROTECTION IN EAST RENFREWSHIRE

9. The Board considered a report by the Chief Officer advising of arrangements for the joint inspection of adult support and protection arrangements in East Renfrewshire.

The report explained that Scottish Ministers had 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. The purpose of the joint inspection was to seek assurance that adults at risk of harm in Scotland were supported and protected by existing national and local adult support and protection arrangements.

This joint inspection followed on from the joint inspection of adult support and protection in 6 partnership areas published in July 2018.

It was reported that on 30 January notification of a joint ASP inspection was received by East Renfrewshire HSCP and East Renfrewshire Council.

The inspection would focus on how both bodies worked together, and how effective and robust systems, procedures and leadership were in relation to adult support and protection. It was noted that the joint inspection would conduct the inspection using two quality indicators these being noted as key adult support and protection processes; and leadership for adult support and protection.

The timetable for the inspection was set out, and it was noted that the final report was expected on 27 June 2023.

Having heard the Chief Social Work officer, the Board noted the report.

EQUALITY AND HUMAN RIGHTS MAINSTREAMING REPORT AND INTERIM REVIEW OF OUTCOMES

10. The Board considered a report by the Chief Officer providing an update on East Renfrewshire HSCP's mainstreaming activity and equality outcomes for the period 2021-23 and an interim update on progress towards the HSCP's six Equalities Outcomes.

Having reminded the Board of the HSCP's public sector equality duties under the Equality Act 2010 and set out the protected characteristics as set out in the Act, the report explained that the HSCP was required to publish a report on the progress it had 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. Furthermore, it was explained that the HSCP was also required to develop and publish equalities outcomes at least every 4 years that will enable the HSCP to better perform the Public Sector Equality Duty. These reports were to take reasonable steps to involve people from equality groups and consider relevant equality evidence.

The report provided a summary of the mainstreaming report and interim review of outcomes, this latter report accompanying the report as an appendix. In particular it was explained that the mainstreaming report highlighted the various ways in which the HSCP worked to include voices from communities and service user groups, both in governance structures and through ongoing engagement work. This included: 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 the highly participative engagement processes including for the Strategic Plan and recent budget consultation work. As work to develop engagement processes continued, equalities considerations were being embedded into structured discussions and monitoring procedures.

Having provided the summary, it was explained that the mainstreaming report demonstrated that equalities considerations were implicit in the day-to-day activity of the partnership and core to the operation of the HSCP in terms of governance, engagement with communities, service delivery, and how staff were supported. Nevertheless, ensuring equalities remain 'mainstream' and were appropriately considered in planning and decision-making was an ongoing priority. Despite the significant service pressures that the HSCP was currently facing, continued efforts would be made to seek improvements in this area and further work would take place to improve skills, knowledge and confidence among managers and staff in relation to equalities and meeting the requirements of the Public Sector Equality Duty.

Having heard the Policy, Planning and Performance Manager, Ms Khan welcomed the report in particular the co-production activity outlined and the establishment of an equality working group. She also offered comment on the methods of delivering training and suggested that the timely production of Equality Impact Assessments would be helpful.

In reply, the Policy, Planning and Performance Manager acknowledged the comments made and that the working group would help to deliver on these.

The Board:-

- (a) noted the Mainstreaming Report and the update on progress in relation to the equality outcomes; and
- (b) agreed the continuation of the HSCP's equalities outcomes for the next two years and the supporting activities as outlined in the report.

NATIONAL TRANSFER SCHEME FOR UNACCOMPANIED ASYLUM SEEKING CHILDREN AND THE UKRAINIAN RESETTLEMENT SCHEME

11. The Board considered a report by the Chief Officer, providing an update on two areas of support that the HSCP was currently providing to people seeking asylum within the UK, these being 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.

Having set out the background to the establishment of both schemes, the report then provided more information in relation to the operation of both in East Renfrewshire. In respect of the Ukrainian Resettlement Scheme, it was noted that within East Renfrewshire there were 93 Ukrainian guests, and details of the support being provided by various services was provided.

In respect of the scheme for unaccompanied asylum-seeking children, it was noted that since the start of the scheme East Renfrewshire had received a total of 12 children through the

14
NOT YET ENDORSED AS A CORRECT RECORD

scheme. In addition a further 4 had presented spontaneously, not through the scheme, dating back to 2017.

The report the provided details of the supports available and the impacts, particularly the financial impact, of providing support.

Details of the funding provided by the Home Office to support children were set out in the report along with projections for expenditure against the level of income received. It was noted that in respect of 2022/23 indicative costings against income resulted in a funding shortfall of £42,977 with an increased shortfall of £160,410 projected for 2023/24.

It was noted that there was no current budget allocation for unaccompanied asylum-seeking children within Children's Services and that all costs had to be met through existing resources and funding provided by the Home Office. The shortfalls were rising and were likely to rise beyond the projected levels as more young people arrived on the National Transfer Scheme.

COSLA had confirmed that it would continue to make representations on behalf of councils regarding the shortfalls.

Ms Monaghan introduced Ally Robb, Senior Manager, Community Children's Service, who was heard further on the report.

Clarifying that the number of unaccompanied asylum-seeking children who had presented spontaneously within East Renfrewshire had increased from 4 to 5 since the report had been prepared, she highlighted that changes to the way in which children were distributed across the UK made it likely that an estimated additional 24 children could be expected to arrive in East Renfrewshire

She then explained the financial position. Whilst the financial position for 2023/24 had improved a shortfall of £160,000 in 2023/24 was expected. This figure did not take into consideration the addition children referred to above.

The Chief Officer explained that bearing in mind the impact on other services such as education and housing, a report was setting out implications was being submitted to the East Renfrewshire Cabinet. The Leader of the council was also lobbying COSLA regarding the need for additional financial support.

Responding to further questions, the Senior Manager, Community Children's Service explained that there was nothing to suggest that those presenting as children were actually adults, it being explained that children were assessed on arrival in the UK at Kent, and that there had been no dispute over the ages of the children arriving locally thereafter. She also confirmed that the people arriving in east Renfrewshire were coming from a range of source countries.

Welcoming the information. Ms Forbes suggested it would be useful to know the source countries of people arriving in East Renfrewshire and also suggested that once know contact should be made with respective consulates regarding the possibility of providing support for things such as translation services.

The Chief Social Work Officer confirmed he would follow up on these issues and in response to Councillor Bamforth confirmed that in addition to lobbying the Scottish Government for additional funding through COSLA, the Home office was lobbied directly through various national bodies.

The Board noted the:-

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

HSCP SAVINGS, RECOVERY AND RENEWAL PROGRAMME

12. Under reference to the Minute of the meeting of 23 November 2022 (Item 8 refers), the Board considered a report by the Chief Officer providing an update on the HSCP Savings, Recovery and Renewal Programme. A detailed overview of current projects accompanied the report.

Having reminded the board of the previously approved themes, the report referred to the recent seminar at which it had been recognised that the level of change driven by the need for savings was 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 would present information to the IJB across three levels: Strategic: projects that cover HSCP wide activity; Service: projects specific to one area/service; and Operational Deliveries: activities at a service level not related to significant change. This would increase the scope of the programme significantly and all financial implications relating to savings and change would be included in future reports.

The Board:-

- (a) noted the progress of the HSCP Savings, Recovery and Renewal Programme; and
- (b) noted that future reports to the IJB would include a consolidated update on projects and savings across the HSCP as discussed at the recent IJB Seminar.

APPOINTMENT OF STANDARDS OFFICER

13. The Board considered a report by the Chief Officer seeking the approval of the appointment of Mr Colin Sweeney as Standards Officer for the Board. This was required as Mr Daly, the current Standards Officer, was retiring from his post as Democratic Services Manager with Mr Sweeney taking over that role.

The Board agreed to nominate for approval by the Standards Commission, Colin Sweeney, Democratic Services Manager, East Renfrewshire Council, as the Standards Officer for the IJB.

VALEDICTORY

14. Ms Monaghan explained that this was the last meeting to be attended by Eamonn Daly, Democratic Services Manager, who was retiring, Dr Deirdre McCormick, Chief Nurse, who was moving on to a promoted post with NHS Greater Glasgow and Clyde, and Amina Khan whose terms of office on the health board was ending.

Ms Monaghan commented on each in turn and referred to the contribution they had each made to the work of the Board. On behalf of the Board she thanked them for their contributions and wished them well for the future.

Dr McCormick, Mr Daly and Ms Khan responded in suitable terms.

DATE OF NEXT MEETING.

15. It was noted that the next meeting of the Integration Joint Board would be held on Wednesday 28 June 2023 at 1.00 pm.

CHAIR



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	28 June 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 29 March 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

28 June 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

Joint Inspection of Adult Support and Inspection

3. The Care Inspectorate report is due to be published on 27 June 2023. This will be shared with members once available and a verbal update provided at the Integration Joint Board on 28 June 2023.

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

4. As noted at the last meeting a paper outlining the implications will also be shared with East Renfrewshire Cabinet. This has been provisionally scheduled for September 2023.

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

31 May 2023

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	28 June 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 29 March 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)

June 2023

Action No	Date	Item No	Item Name	Action	Responsible Officer	Status	Due / Closed	Progress Update /Outcome
409	29-Mar-23	7	Budget 2023/24	The Board accepted the proposed budget. Make the necessary arrangements to proceed on the basis as agreed.	CFO	CLOSED	Mar-23	
408	29-Mar-23	8	Revenue Budget Monitoring Report as at 31 January 2023	The report was noted and the virements approved. Make the necessary budget adjustments	CFO	CLOSED	Mar-23	
407	29-Mar-23	9	Supporting People Framework	The Board approved the framework and arrangements should be made for early implementation	CO	CLOSED	Jun-23	Implementaion of the Supporting People Framework is underway. Update included on June IJB agenda.
406	29-Mar-23	9	Supporting People Framework	Make arrangements for regular review of the framework and provide the Board with updates at agreed intervals.	CO	CLOSED	Jun-23	As above
405	29-Mar-23	10	Joint Inspection of Adult Support and Protection in East Renfrewshire	The Board noted the update in relation to the forthcoming joint inspection and no action is required.	n/a	CLOSED	Jun-23	The final inspection report is due to be published 27 June 2023
404	29-Mar-23	11	Equalities Outcomes and Monitoring Report	The Board noted the report and agreed the continuation of our equalities outcomes for the next two years and the supporting activities as outlined in the report - Make the necessary arrangements.	PPPM	CLOSED	Apr-23	
403	29-Mar-23	12	National Transfer Scheme for Unaccompanied Asylum-Seeking Children and the Ukrainian Resettlement Scheme	Make enquiries with the relevant consulates regarding the provision of translation services	CSWO	OPEN	Jun-23	
402	29-Mar-23	12	National Transfer Scheme for Unaccompanied Asylum-Seeking Children and the Ukrainian Resettlement Scheme	Provide information to Jacqueline Forbes on the range of countries from which asylum seeking children are being received	CSWO	CLOSED	Apr-23	Information shared as requested
401	29-Mar-23	13	HSCP Savings: Recovery and renewal Programme	Ensure future reports include a consolidated update on projects and savings across the HSCP.	CFO	CLOSED	Jun-23	Included in new report format
400	29-Mar-23	14	Appointment of Standards Officer	Advise the Standards Commission that the Board have endorsed the appointment of Colin Sweeney as Standards Officer for the IJB	DSM	CLOSED	Apr-23	Standards Commission approved the appointment 03/04/2023
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	CLOSED	Mar-23	A suggested programme of visits has been shared with members
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	Sep-23	Added to forward planner - provisionally scheduled for March 2023 - deferred to September 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	Sep-23	Added to forward planner - provisionally scheduled for March 2023 - deferred to September 2023
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. A partner housing association has identified 3 properties which the HSCP visited however were not suitable and we will continue to look at any properties which become available, not only a place of safety but also for activities. 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

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

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board								
Held on	28 June 2023								
Agenda Item	6								
Title	Local Child Poverty Action Report: Year 5 (2022/23)								
<p>Summary</p> <p>This report provides members of the Integration Joint Board with an overview of the statutory duty placed on health boards and local authorities to work together to develop, produce and deliver Local Child Poverty Action Reports (LCPARs). This is the fifth annual LCPAR which provides a profile of child poverty in East Renfrewshire plus details of both previous and planned actions to tackle the drivers of poverty.</p>									
Presented by	Julie Murray, Chief Officer								
<p>Action Required</p> <p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> Note the Local Child Poverty Action Report: Year 5 as required under the Child Poverty Act 2017 Approve the report for publication, subject to NHSGGC CMT, Population Health and Wellbeing Committee and Full Council approval 									
<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> <table> <tr> <td><input type="checkbox"/> Finance</td> <td><input type="checkbox"/> Risk</td> </tr> <tr> <td><input type="checkbox"/> Policy</td> <td><input type="checkbox"/> Legal</td> </tr> <tr> <td><input type="checkbox"/> Workforce</td> <td><input type="checkbox"/> Infrastructure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Equalities</td> <td><input checked="" type="checkbox"/> Fairer Scotland Duty</td> </tr> </table>	<input type="checkbox"/> Finance	<input type="checkbox"/> Risk	<input type="checkbox"/> Policy	<input type="checkbox"/> Legal	<input type="checkbox"/> Workforce	<input type="checkbox"/> Infrastructure	<input checked="" type="checkbox"/> Equalities	<input checked="" type="checkbox"/> Fairer Scotland Duty
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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

28 June 2023

Report by Chief Officer

LOCAL CHILD POVERTY ACTION REPORT: YEAR 5

PURPOSE OF REPORT

1. The purpose of this report is to present the fifth East Renfrewshire Local Child Poverty Action Report required by the Child Poverty Scotland Act 2017.

RECOMMENDATION

2. The Integration Joint Board is asked to:-
 - a) Note the Local Child Poverty Action Report: Year 5 as required under the Child Poverty Act 2017
 - b) Approve the report for publication, subject to NHSGGC CMT, Population Health and Wellbeing Committee and Full Council approval

BACKGROUND

3. The Child Poverty (Scotland) Act 2017 sets out ambitious targets for the Scottish Government to significantly reduce child poverty by 2030. The Act also places a duty on health boards and local authorities to work together to develop, produce and deliver Local Child Poverty Action Reports (LCPARs). The reports are expected to represent a 'step change' in action to address child poverty locally, both describing the current work underway in many areas and outlining plans for new and innovative efforts to tackle child poverty.
4. Tackling child poverty is a goal which is shared by both spheres of government; it cannot be solved by national or local government alone. This report should offer an opportunity to deliver a real focus in our approach to tackling child poverty. This focus will help identify more effective ways of working - for example to reflect on local governance arrangements, to build and strengthen local partnerships, utilise available data and evidence to identify and drive solutions and to involve communities in planning and delivering sustainable responses.
5. The LCPAR is produced in partnership with the health board and have agreed high level approaches which apply across all 6 NHSGGC local authorities. Where specific board level activity or actions are relevant to East Renfrewshire, this is referenced.

REPORT

6. The Council and its Community Planning Partners are committed to addressing child poverty in East Renfrewshire. It is seen as integral to achieving the vision set out in our Community Plan to create an “attractive thriving place to grow up, work, visit, raise a family and enjoy later life”. We want to ensure “all children in East Renfrewshire experience a stable and secure childhood and succeed”. The Community Plan contains our Local Outcome Improvement Plan (LOIP) which focuses on reducing inequality across groups and communities in East Renfrewshire.
7. The Children’s Services Plan “At Our Heart” is one of the main delivery vehicles for the children and young people’s outcomes within the LOIP.
8. In order to meet the legislative requirements, the local authority and health board are required to jointly demonstrate the actions being taken to address the drivers of poverty, identified by the Scottish Government as:
 - Increased income from employment
 - Increased income from social security and benefits in kind
 - Reduced cost of living for families
9. The national context around child poverty has evolved over recent years with briefings and feedback from both the Accounts Commission and the Improvement Service around how LCPARs can be most effective and align with Scottish Government’s child poverty delivery plan ‘Best Start, Bright Futures’. This has been, and will continue to be, taken into consideration at a local level.
10. The report highlights some key data in relation to child poverty in East Renfrewshire:
 - Child poverty in East Renfrewshire remains the lowest in Scotland, however it has increased since last year; from 12.8% to 14.4% (3,288 children). The impact of Covid and the ongoing cost of living crisis are likely to be contributing factors to this, and all (mainland) authorities in Scotland have seen an increase.
 - Child poverty estimates differ across the authority with the highest rates in parts of Barrhead, Neilston, Mearns and Thornliebank.
 - Children living in lone parent households are significantly more likely to experience poverty than those in two-parent households.
 - Employment does not prevent poverty; two thirds of the children in poverty have one or more working adults in their household.
11. There are delays with some data sources published at a national level (including fuel poverty, poverty by geographical location, household composition). These time lags are outwith our control and the report refers to the most up-to-date figure available.
12. Over the past year there have been some key successes in relation to increasing income from employment. There has been a range of engagement around Real Living Wage, resulting in 11 more local businesses achieving accreditation and therefore more people working in the area achieving an increased income. We have also consulted with local employers around any barriers to employing parents and will use these findings to plan and provide future employability support. We have supported many parents into work and/or to remain active in the workplace, train and gain progression through a range of projects

including the Parental Employability Support Fund, No-One Left Behind and the Scottish Child Minding Association campaign.

13. Similarly, there have been some key successes in terms of increasing income from social security. We have worked on various school financial wellbeing projects, including three embedded services, to provide direct support resulting in financial gains; to encourage the uptake of National Entitlement Cards which provide free bus travel; to deliver money awareness sessions with senior pupils and to provide financial wellbeing training to Isobel Mair school leavers. We have also worked to ensure frontline staff, including in schools and in universal family services, are poverty informed and have appropriate referral pathways.
14. The past year has seen a range of actions to reduce various essential costs for families including school attendance, the pregnancy pathway and energy costs. Key successes in reducing the cost of school attendance and participation include a focus on poverty-aware practice, refreshed guidance around the use of Pupil Equity Funding and a revised Dressing for Excellence policy. Actions have been taken to address barriers in the maternity pathway for those living in poverty and to increase early years referrals to money advice services through “Healthier Wealthier Children” and Special Needs in Pregnancy money advice services. Action to reduce energy costs for families has included a combination of direct financial support, administering energy efficiency grants, providing energy saving advice and providing direct energy saving support through the Home Energy Saver Scheme and Care and Repair.
15. In addition to annual progress updates, the LCPAR provides an overview of the future approach to child poverty in East Renfrewshire which will focus on an improved understanding of local need; mapping of existing activities; identifying gaps and future activities; and monitoring and evaluating progress.

CONSULTATION AND PARTNERSHIP WORKING

16. The Child Poverty Oversight Group includes colleagues and partners from East Renfrewshire Council, HSCP, NHS GGC, ER Citizens Advice Bureau, Police Scotland, Barrhead Housing Association and Voluntary Action East Renfrewshire.

IMPLICATIONS OF THE PROPOSALS

Finance

17. There is no financial resource allocated to this plan; all action is delivered within existing budgets or Scottish Government allocations for a specified purpose.

Equalities

18. The integral aim of the LCPAR is to reduce inequality amongst families in East Renfrewshire.

Fairer Scotland Duty

19. The integral aim of the LCPAR is to reduce socio-economic inequality amongst families in East Renfrewshire.

20. As this is primarily a progress and performance update, there are no workforce, infrastructure, policy, legal or risk implications.

DIRECTIONS

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

CONCLUSIONS

22. This report details the actions taken during 2022-2023 to support families in, or at risk of, poverty and, where possible, the impact which these actions have had. The report also sets out the planned approach to continued action going forward with an understanding that the impact of Covid and the cost-of-living-crisis have changed the profile of need in East Renfrewshire, and we must respond accordingly.

RECOMMENDATIONS

23. The Integration Joint Board is asked to:-
- a) Note the Local Child Poverty Action Report: Year 5 as required under the Child Poverty Act 2017
 - b) Approve the report for publication, subject to NHSGGC CMT, Population Health and Wellbeing Committee and Full Council approval

REPORT AUTHOR AND PERSON TO CONTACT

Julie Murray, Chief Officer, East Renfrewshire HSCP
Julie.Murray@eastrenfrewshire.gov.uk

Louise Pringle, Director of Business, Operations and Partnerships, East Renfrewshire Council
Louise.Pringle@eastrenfrewshire.gov.uk

Claire Coburn, Strategic Services Lead Officer
Claire.coburn@eastrenfrewshire.gov.uk

13 June 2023

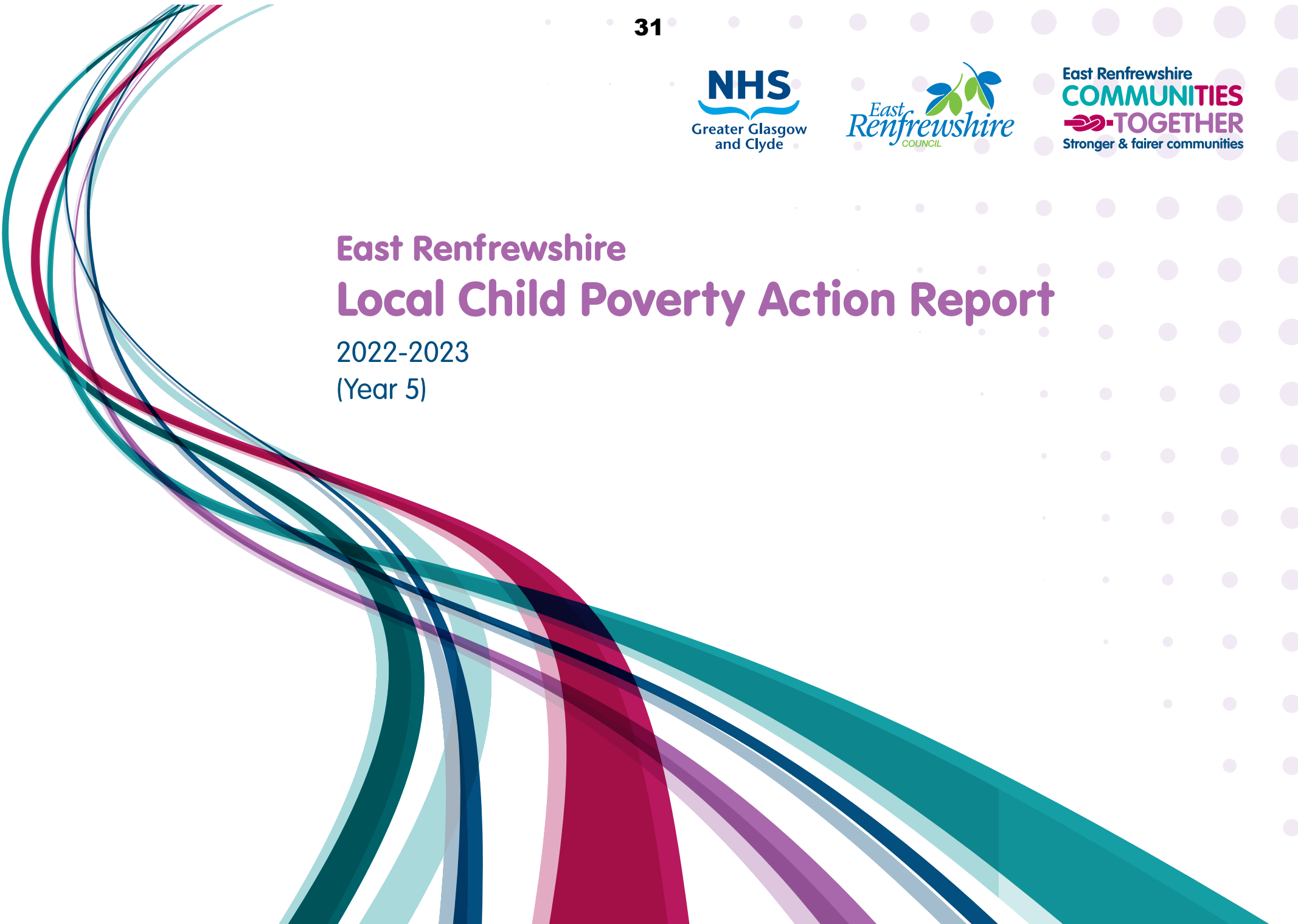
BACKGROUND PAPERS

[Local Child Poverty Action Report: Year 4](#)



East Renfrewshire Local Child Poverty Action Report

2022-2023
(Year 5)



CONTENTS

EXECUTIVE SUMMARY	3
Measures of progress: Critical indicators	5
LOCAL STRATEGIC CONTEXT	6
NATIONAL CONTEXT	7
CHILDREN AND YOUNG PEOPLE IN EAST RENFREWSHIRE	8
General	8
Child Poverty	9
CHAPTER 1: EMPLOYMENT	12
What we know about income from employment	12
What action we have taken	14
CHAPTER 2: SOCIAL SECURITY	17
What we know about income from social security	17
What action we have taken	19
CHAPTER 3: COSTS OF LIVING	21
What we know about costs of living	21
What action we have taken	22
MITIGATING THE IMPACTS OF POVERTY	27
CONCLUSION & FUTURE ACTIONS	30
2023-2024 ACTIONS	31
FOOTNOTES	32



EXECUTIVE SUMMARY




- East Renfrewshire has the highest proportion of children in any local authority in Scotland and has more than double the average amount of large families
- Child poverty estimates across Scotland have increased over the past year. In East Renfrewshire, we have seen an increase from 12.8% to 14.4% (3,288 children)
- East Renfrewshire remains the lowest rate of child poverty in Scotland
- Child poverty estimates vary across the authority with the highest rates in parts of Barrhead, Neilston, Mearns and Thornliebank
- Around half of the children living in poverty are in lone parent households
- One third of those living in poverty are in workless households; the other two thirds have at least one working adult in the household
- Between April 2022 and March 2023, we have taken action to tackle each of the three drivers of poverty; income from employment, income from social security and costs of living.



**East Renfrewshire has
the highest proportion
of children in Scotland**

EMPLOYMENT

Local Indicators:




-  Increase in Living Wage Employers
-  Unemployment levels remain static
-  Number of 16-19-year-olds in work, training or employment remains static

Local Actions:

- Encourage Living Wage accreditations
- Support parents in the workplace, train and gain progression
- Use participatory budgeting to design employability programmes
- Implement a new Parental Transition Fund and Best Start, Bright Futures programme

SOCIAL SECURITY

Local Indicators:



-  Uptake of Free School Meals & Clothing Grants
-  Increase in number of families accessing financial advice
-  Increase in Scottish Welfare Fund applications

Local Actions:

- Offer financial inclusion support to all parents receiving employability support
- Provide financial wellbeing support in schools including parents, carers and staff
- Increase affordable credit options
- Make use of data to best target supports to eligible families

COST OF LIVING

Local Indicators:

-  Fuel poverty remains static but is expected to worsen
-  All 3- & 4-year-olds registered for funded Early Learning & Childcare

Local Actions:

- Reduce energy costs
- Increase affordable housing options
- Reduce the cost of school attendance and participation
- Reduce the cost of Childcare
- Reduce the cost of the pregnancy pathway.

Measures of progress: Critical indicators

Indicator	Measure and source	Previous data		Current data
Children living in poverty	Percentage of children living in poverty (after housing costs) in East Renfrewshire: End Child Poverty	15.8% 3,649 children (19/20)	12.8% 3,064 children (20/21)	14.4% 3,288 children (21/22)
Real Living Wage employers in East Renfrewshire	Number of real Living Wage accredited employers: Living Wage Scotland	16 (2020)	23 (2021)	34 (2022)
Working age unemployment level	Percentage of economically inactive residents aged 16 – 64 years: NOMIS	23.3% (2020)	27.6% (2021)	20.5% (2022)
Children and young people participation level	Percentage of 16-19 year olds participating in learning, training or employment: SDS Annual Participation Measure Report	96.7% (2020)	97.2% (2021)	97% (2022)
Free School Meal uptake at primary level as a result of low-income	Percentage of primary school pupils who access FSM payment during holiday period as proportion of school roll: Local data	No available data	9.3% 874 pupils (Dec 2021)	8.4% 792 pupils (Dec 2022)
Access to financial wellbeing advice	Number of families accessing MART financial wellbeing advice: Local data	1318 (20/21)	1232 (21/22)	1521 (22/23)
Fuel poverty	Percentage of households spending 10% or more of their net income on fuel costs and their remaining income is insufficient to maintain an acceptable standard of living: Scottish House Condition Survey	13% (2017)	13% (2018)	13% (2019)
Uptake of funded early learning and childcare entitlement	Percentage of 3 & 4 year olds registered for funded early learning and childcare: Scottish Government Schools Statistics	95% (2020)	100% (2021)	100% (2022)

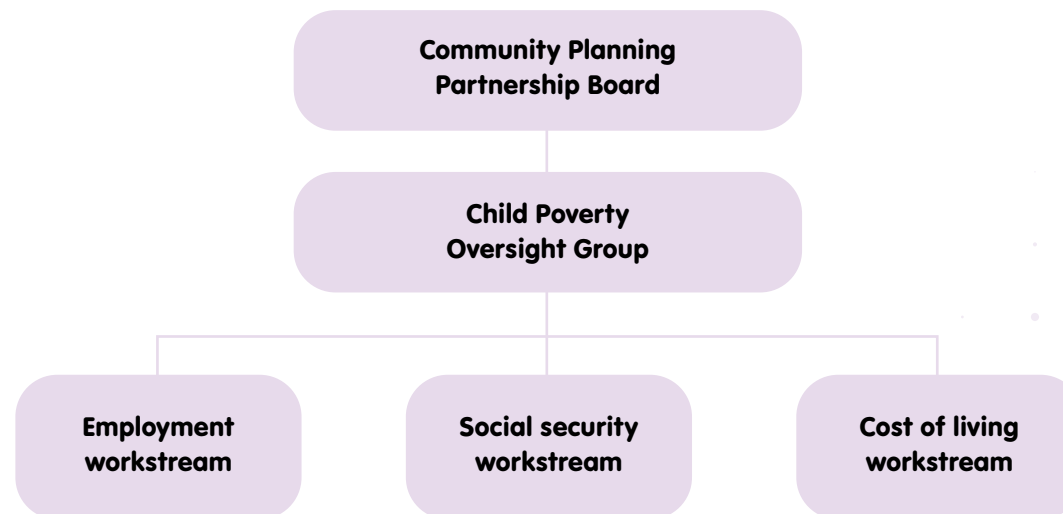
LOCAL STRATEGIC CONTEXT

The Child Poverty (Scotland) Act 2017 places a duty on local authorities and health boards to work together to report annually on what is being done to tackle child poverty with a sharp focus on the three key drivers of poverty:

- Income from employment
- Income from social security and benefits in kind
- Costs of living

In East Renfrewshire, we continue to be committed to addressing the issue of child poverty. This is integral to achieving the vision set out in our Community Plan to create an “attractive thriving place to grow up, work, visit, raise a family and enjoy later life”. The Community Plan contains our Local Outcome Improvement Plan (Fairer East Ren) priorities which are focused on reducing inequality across groups and communities in East Renfrewshire. Reducing child poverty is one of the five Fairer East Ren priorities.

The Community Planning Partnership is responsible overall for the Local Child Poverty Action Report and is supported by a Child Poverty Oversight Group. The oversight group has responsibility for creating a strategic environment which cultivates step-change in relation to tackling child poverty. The oversight group is jointly chaired by the council’s Director of Business, Operations and Partnerships and the Health and Social Care Partnership (HSCP) Chief Officer, and includes senior representatives from key council services, NHS Greater Glasgow and Clyde Health Board, the Third Sector Interface and partner organisations including Police Scotland, Barrhead Housing Association and Citizens Advice Bureau. The oversight group is supported by three workstreams aligned to each of the drivers of poverty. The workstream groups develop and deliver on critical activities to encourage step-change and identify critical indicators to measure progress.



The governance process for approval of the annual report includes East Renfrewshire Community Planning Board, East Renfrewshire Full Council, East Renfrewshire Joint Integration Board, NHS Corporate Management Team and NHSGGC Population Health and Wellbeing Committee.

NATIONAL CONTEXT

In September 2022, the **Accounts Commission** published a briefing report on Tackling Child Poverty. In its 'Key Messages', the report highlighted the challenges in demonstrating a clear shift in preventing child poverty and reporting on success in delivering action against child poverty targets.

The report acknowledged that responsibilities for tackling child poverty sit at all levels of government, with the Scottish Government's second child poverty delivery plan, 'Best Start, Bright Futures' published in March 2022 setting out a more joined-up approach.

There were calls in the paper for more detailed joint planning between the Scottish Government and local government to deliver key actions and evaluate impact, with the lived experience of children and families living in poverty put firmly at the heart of any emerging plans. Gaps in data were also highlighted as a key challenge as was the impact of the current cost of living crisis on progress towards targets.

The Improvement Service hosts the National Co-ordinator for Local Child Poverty Action Reports and the UNCRC Project Officer. Further details on national and local approaches to child poverty can be found [here](#).

The Improvement Service have [informally analysed](#) the Year 4 (last year's) reports and concluded:

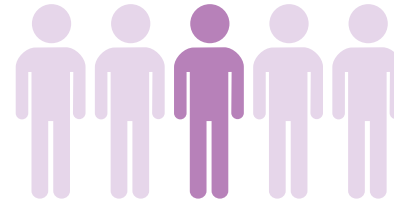
- There is evidence of dedication and commitment across the country, including around promoting a dignified approach to tackling child poverty
- LCPARs demonstrate an increasingly strategic approach to child poverty now, but there are concerns that small authorities' time is being taken up servicing the national LCPAR reporting requirements rather than 'doing'
- There are an increasingly wide range of levers being used to tackle child poverty. What is less clear is how child poverty is considered in relation to 'enablers' such as transport, housing and economic development. There is a need to ensure we are applying a child poverty lens to those areas
- There is a need to consider the impact of budget cuts on child poverty and lobby for better co-ordination of the various funding pots coming through and the cliff-edge that temporary funding presents
- Partnerships have further work to do to understand and be responsive to need. Better use of data and joining up methods should be priorities for evidence based decision-making
- There has been an evolution of partnership working on child poverty but there is more to be done to ensure truly shared activities and outcomes and leverage one another's resources for shared outcomes
- There is still progress to be made in terms of how we understand the impact of our action on child poverty. The reports would benefit from consistency in meaningful outcomes and indicators and monitoring and evaluation.



CHILDREN AND YOUNG PEOPLE IN EAST RENFREWSHIRE

General

East Renfrewshire has the highest proportion of children in any local authority in Scotland



One in five (19,701) are aged 16¹

The number of children and young people is increasing

514 young people aged 19 and under moved into the area in 2022²



There were 790 babies born in 2021³

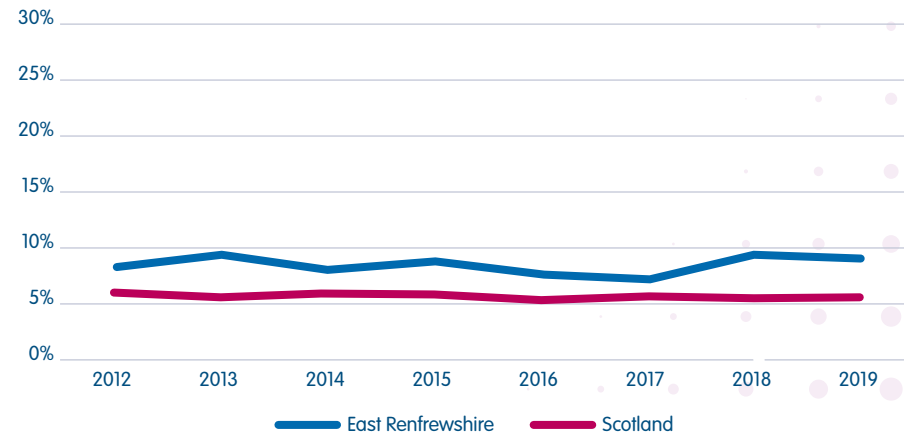


There are twice as many large family households in East Renfrewshire than the Scottish average

9% of households are large families, compared to 5% nationally⁴



% Large family households



Source: Scottish Government, Scottish Household Survey

Child Poverty

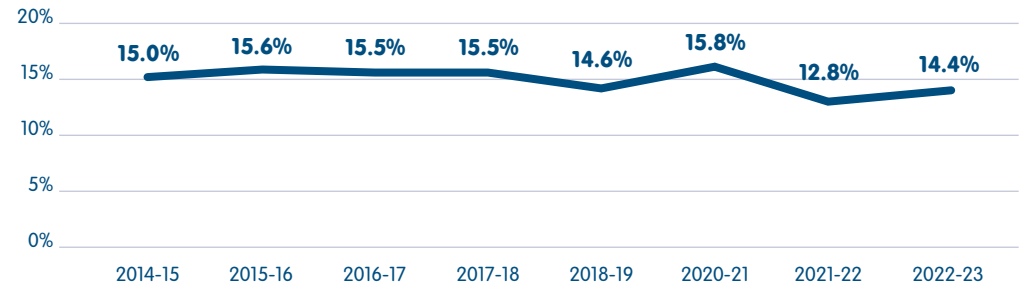
Child poverty in East Renfrewshire is the lowest in Scotland

3,288 (14.4%) of children live in low-income families after housing costs⁵

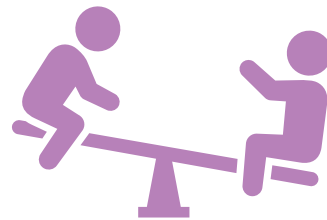


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Child poverty estimates (% after housing costs)



Source: End Child Poverty Coalition child poverty estimates (after housing costs)



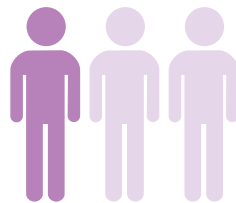
Child poverty rates in all (mainland) Scottish local authorities have increased in the last year

In East Renfrewshire they have increased from 12.8% to 14.4%⁷



Child poverty in East Renfrewshire is the lowest in Scotland

Child poverty levels vary across the authority



At least 1 in 3 children

- are in low-income families in parts of:
- Dunterlie, East Arthurlie and Dovecothall
 - Neilston and Uplawmoor⁸



At least 1 in 4 children

- are in low-income families in parts of:
- Auchenback
 - Mearns Village, Westacres and Greenfarm
 - South Thornliebank and Woodfarm
 - Arthurlie and Gateside⁹

Almost half (47%) of the children in poverty in East Renfrewshire are living in lone parent households

1,243 children living in poverty are in lone parent households

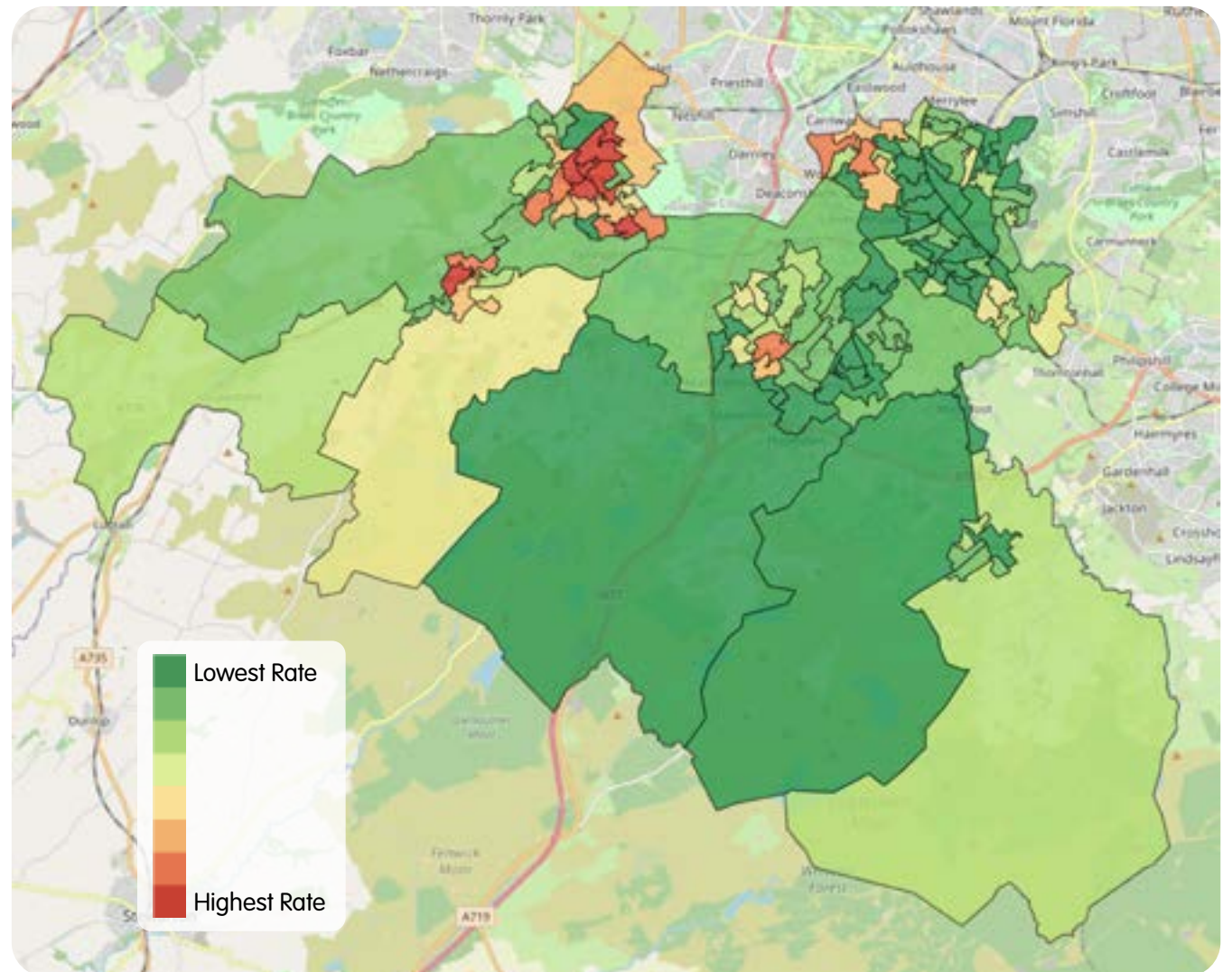


Around a third of children living in poverty in East Renfrewshire are living in a workless household

797 (32.5%) of children living in relative poverty, live in households where no adults are working¹¹



East Renfrewshire – % of Children in Poverty 2021/22



Scottish Government has identified 6 groups most likely to experience poverty. The key data in East Renfrewshire shows:

Lone parent families

11% of ER households with children are lone parent households.¹² which is lower than the Scottish average of 19%.

1,243 children, or 47%, of those living in poverty¹³ are living in lone parent households.

Minority ethnic families

There are currently 3,879 minority ethnic pupils enrolled in primary and secondary schools in East Renfrewshire.¹⁴

Families with a disabled adult or child

There are 218 (12.3 per 1,000) pupils in East Renfrewshire that have been assessed and/or declared as having a disability.¹⁵

There are 203 families in East Renfrewshire claiming Disabled Child Entitlement.¹⁶

Families with a younger mother (under 25)

There were 38 children born in 2021 to mothers who were under the age of 25. This accounted for 6% of all births in the area which is lower than the Scottish average of 16%.¹⁷

Families with a child under 1

In 2021 there were a total of 790 live births.¹⁸

In East Renfrewshire there are 179 children aged 1 year's old or younger living in relative poverty.¹⁹

Around 15% of families (249 out of 1607) claiming Universal Credit have a child aged 1yrs old or younger.²⁰

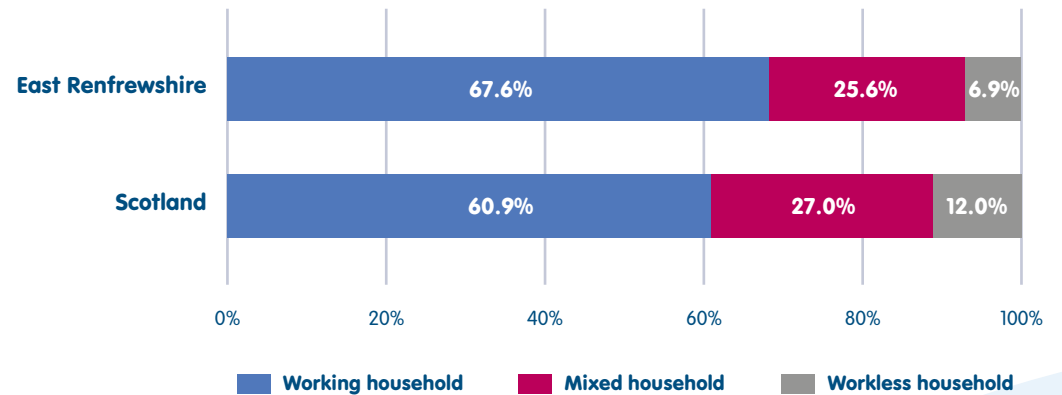
Larger families (3+ children)

9% of households are large families (two adults with 3 or more children, or 3 adults with 1 or more children). This is almost double the Scottish average, at 5%.²¹

CHAPTER 1: EMPLOYMENT



Children in working households (2021)



What we know about income from employment

Two thirds of children living in poverty in East Renfrewshire are living in household with at least one adult in employment



67.5% of children living in relative poverty, live in households where at least one adult is working ²²

Most children in East Renfrewshire live in households with at least one adult in employment

For two thirds (67%), all adults in the household are in employment; this is slightly higher than the Scottish average (60.9%) ²³



For one in four (25.6%), at least one adult is in employment and at least one other is unemployed or inactive ²⁴



Less than one in ten children live in a workless household



Only 6.9% of children live in a household with no adults in employment; this is almost half the Scottish average (12%) ²⁵

Those living in East Renfrewshire earn significantly more than those working in the area

The median full-time gross earning for ER residents is £809.40 per week



Compared to £626.50 per week for those working here²⁶



Both are higher than the Scottish median of £622²⁷



NB. This relates to all employees; there is no available data to identify whether or not they have dependent children.

Employees in East Renfrewshire are twice as likely to earn less than the living wage than nationally

30.9% of adults aged 18 years or over earn less than the living wage in East Renfrewshire compared to 15.2% in Scotland²⁸

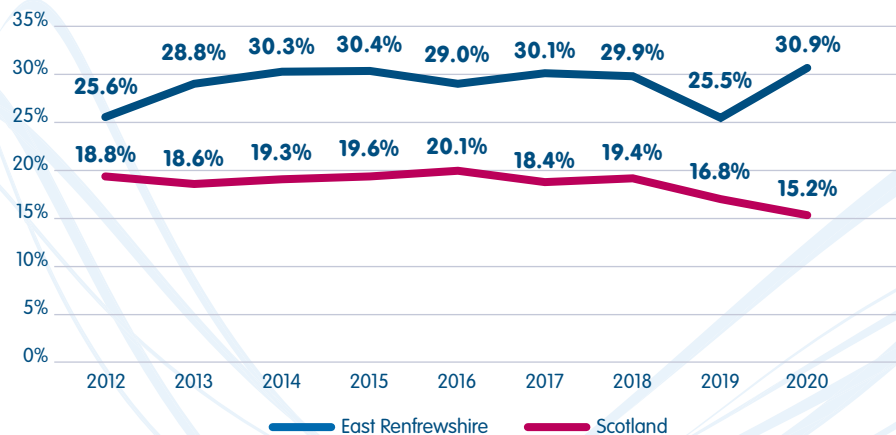


The number of Real Living Wage employers in East Renfrewshire is increasing

- There are 34 Real Living Wage accredited employers in the area; an increase of 11 since last year.²⁹
- 24 of these employ up to 50 people; 8 employ between 51 and 250 people; and only 2 employ 251+ people.³⁰



% Employees (18+) earning less than the living wage



Source: ONS Annual Survey of Hours and Earnings



Only 6% of the businesses in East Renfrewshire employ 50 or more people

- There are 2,660 businesses based in East Renfrewshire and the vast majority (2,435) are micro businesses that have less than 10 employees.³¹


2,660 businesses in East Renfrewshire





What action we have taken

We said	We did
<p>Encouraging more businesses to become Real Living Wage accredited</p>	<p>We have undertaken a range of engagement work to encourage more businesses to become Real Living Wage accredited. This includes:</p> <ul style="list-style-type: none"> • Living Wage Scotland attending local business network meetings to promote the benefits of becoming RLW accredited • Meeting with the Poverty Alliance to discuss partnership working on how best support East Renfrewshire businesses through the accreditation process • Working directly with employers and funding their accreditation for 12 months through a RLW programme funded through Local Authority Covid Economic Renewal (LACER) • Running several RLW marketing campaigns to encourage local businesses to become Real Living Wage accredited <p>As a result, we have seen a further increase in numbers of RLW accredited employers since last year; 34 up from 23.</p> <div data-bbox="584 555 2085 628" style="background-color: #004a7c; color: white; padding: 5px;">CASE STUDY</div> <p><i>J&M Murdoch & Son Ltd is a family-owned transportation, waste management, disposal and recycling business based in Neilston. In October 2022, they became accredited as a Real Living Wage employer meaning all employees and contractors across the board are paid a fair wage.</i></p> <p><i>Over recent years, the impact of the pandemic and the cost-of-living crisis has had an impact on staff and J&M Murdoch & Son Ltd wanted to recognise and respond to this. Managing Director Drew Murdoch felt that reviewing staff wages was the right thing to do at this time as the workforce is what makes the business. It's important that the staff are happy, and their financial wellbeing is a big part of this. A happier workforce is good for the individuals which is, in turn, good for the business.</i></p> <p><i>Before becoming RLW accredited, there was disparity between the earnings of different employees. This difference has reduced now meaning more equity. There has also been an improvement in staff retention meaning skills and expertise remain in the business.</i></p> <p><i>Approximately 30 staff have seen an increase in their wages as a result of this change. One member of staff told us "My wages have gone up which has made a big difference to me and my family. Like everyone, all our bills have been going up lately. Getting paid a bit more each month has meant I've been able to manage this increase."</i></p> <p><i>J&M Murdoch & Son Ltd applied for the accreditation online and found the process straightforward. They are proud to be a RLW accredited employer in East Renfrewshire and would encourage other local businesses to do this too.</i></p> <div style="text-align: right; margin-top: 20px;">   </div>

45

We said	We did
	<p>We have had early discussions with partners to enable East Renfrewshire to become a Living Wage Place and we participated in Glasgow City Region discussions on Community Wealth Building and the Fair Work Charter.</p> <p>We are developing an East Renfrewshire employer charter to drive positive improvements in outcomes in our labour market.</p> <p>This scheme has four pillars;</p> <ul style="list-style-type: none"> • Fair Pay - increasing our average weekly wage in line with the Fairer Scotland Duty • Employ East Renfrewshire – ensuring that job opportunities go to ER residents • Buy East Renfrewshire – enhancing supply chain / procurement / community benefits • Be the Best – ensuring fair work practices which attract and retain employees <p>There has been limited traction with local businesses primarily due to the increase in the cost doing business.</p> 
<p>Increasing support for in-work parents to remain active in the workplace, train and gain progression</p>	<p>We continue to offer key worker employability and financial inclusion support to all in-work parents via our Parental Employment Support (PES) Programme. Between April 2022 and March 2023, the PES programme supported 27 in-work clients with the following outcomes:</p> <ul style="list-style-type: none"> • Funded 3 SVQ qualifications for parents to sustain employment • Funded CSCS training and card and Prince 2 qualification to enable parents to stay in employment • 12 parents achieving an increase in income • 3 parents into full time employment with a further 7 into part time employment • 9 parents sustaining employment or self-employment after 13 weeks; 6 after 26 weeks; 5 after 39 weeks and 1 after 52 weeks • 3 parents recruited via our Employment Recruitment Incentives. <div style="background-color: #004a7c; color: white; padding: 5px;">CASE STUDY</div> <p><i>Natasha was working 20 hours a week as a janitor/cleaner and was keen to complete a SVQ3 in Facilities Management to help progress her career. However, she wasn't able to commit to further training due to the hours she was working and the cost of this. Natasha worked with the PES team to review her finances and they helped her to review her benefits and reduce hours in current role to make time for studying. Her course was also funded through PES funding so it was not at a cost to her. Natasha is currently studying towards her qualification and, once complete, this will expand opportunities for her to take next step in her career.</i></p>
<p>Design and inputs to employability programmes via Participatory Budgeting (PB)</p>	<p>Work on developing our mainstreaming Participatory Budgeting approach is ongoing in East Renfrewshire with inter-departmental planning. Several PB ideas have been explored for Economic Development but due to set funding criteria, tight timescales for project development and consultation and capacity constraints this action has not yet been progressed.</p>

We said	We did
<p>Delivery of new Parental Transition Fund and Best Start, Bright Futures programme</p>	<p>Key worker employability and financial inclusion support continues to be offered via our Parental Employment Support (PES) Programme for unemployed parents and parents from our priority parental groups. Between April 2022 and March 2023, the PES programme supported 36 unemployed parents with the following outcomes:</p> <ul style="list-style-type: none"> • Funded 8 accredited training courses • 16 unemployed parents have seen an increase in income • Funded 6 childcare places via either afterschool or holiday clubs to enable parents to sustain their employment, take on new roles or undertake additional hours • 9 parents supported into full time employment with a further 20 into part time employment • Supported parents into the care sector via jobs fair and course in January 2023 • Work and wellbeing course for parents ran in March 2023 with accredited learning in food hygiene, first aid and wellbeing with employability. This will feed into the Facilities Management vacancies • 12 parents sustained employment or self employment after 13 weeks; 6 after 26 weeks; 5 after 39 weeks; and 2 after 52 weeks. <p>Alongside our PES programme, we have also funded 30 Long Term Unemployed posts through our No-One Left Behind funding in the public and third sector with over half of these posts being filled by local parents as the posts offer flexibility in terms of hours worked. Our parents have worked across a range of sectors including Housing, HR, Education, Money Advice, Third Sector, Peer Mentoring gaining invaluable work experience and building up confidence to re-renter the world of work and to progress.</p> <div data-bbox="1675 614 2060 798">  </div> <div data-bbox="577 837 1030 973">  </div> <p>In January 2023, we also launched the Scottish Child Minding Association campaign which offers free funding and support to parents interested in becoming a childminder within the Newton Mearns and Clarkston areas where there is most need. This has been funded via PES and is being promoted to all local parents.</p> <p>In February 2023, we undertook an employer survey with local businesses to attempt to determine barriers employers and parents may face to employment. There were 64 responses from businesses across East Renfrewshire who employ staff; of which 66% employ parents from the priority groups. The key findings included:</p> <ul style="list-style-type: none"> • 78% of the respondents have no employment strategies in place to include parents from the priority groups, but 82% also said they don't face any challenges in employing such individuals • Flexi-working and school hours were the most commonly used employment schemes • The main challenges in using employment schemes are: staff cover during required business hours and the need for staff to be on site/location. Some businesses also highlighted that the nature of their industry makes it impractical for a huge degree of flexibility • Most businesses didn't require support to encourage them to employ parents, but those who did, would like financial assistance, either for training or to cover employee absence regarding childcare. <p>The full findings will be considered by the Local Employability Partnership and will inform future planning and decision making around parental employment support.</p>

CHAPTER 2: SOCIAL SECURITY



What we know about income from social security

Families in East Renfrewshire are less likely to receive income through social security than the other parts of Scotland

Only 4 out of 5 children (81%) of all children in East Renfrewshire are registered for child benefit³²



this is amongst the lowest proportion of all local authorities.

Only 1.26% (315) of all Education Maintenance Allowance claimants were from East Renfrewshire³³



Less than one in ten children in primary school receives free school meals based on low-income eligibility

8.4% of P1-P7 pupils receives free school meals (in December 2022)³⁴



There are around 1,600 families in receipt of Universal Credit in East Renfrewshire

249 of these have a child aged 1yr old or younger³⁵



203 of these are claiming Disabled Child Entitlement³⁶

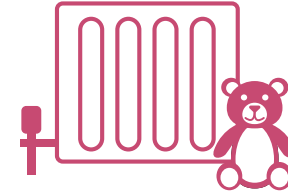


Families in East Renfrewshire are receiving new Social Security Scotland Grants

2,240 Scottish Child Payment applications authorised in East Renfrewshire since 2020³⁷



335 Child Winter Heating Assistance Payments were made in 2021/22 totalling £67,000³⁸



There is ongoing demand for social security support by East Renfrewshire families

APPLY



2,115 applications for Scottish Welfare Fund; 1,409 Crisis Grant applications and 706 Community Care Grant applications. Crisis Grant applications have risen by 39% from the previous year³⁹

(During 2022/23)

1,491 pupils were in receipt of free school meals based on low-income criteria. 792 were in primary school (8% of all primary school pupils)⁴⁰

(in December 2022)



Between April 2022 and March 2023, 2,279 food parcels were distributed to families with children, equivalent to 44 families a week accessing food parcels⁴¹

What action we have taken

We said	We did
<p>All parents involved with employability programmes are offered financial inclusion support</p>	<p>The Money Advice and Rights Team (MART) and Work EastRen provide a joint service to support parental employability. MART employ a part-time officer to provide advice and support to all Parental Employability Support Fund (PESF) clients; this ensures the parents are given tailored support around how any changes in earnings will impact on their social security entitlements.</p> <p>Key worker employability and financial inclusion support continues to be offered via our Parental Employment Support (PES) Programme for in-work and unemployed parents. During 2022-23, we supported:</p> <ul style="list-style-type: none"> • 12 parents (in-work) to achieve an increase in income • 16 parents (unemployed) achieve an increase in income • 57 parents were offered Social Security Advice resulting in £70,000 financial gain <p>Going forward, we hope to extend and enhance this support to include an additional focus on financial education and budgeting.</p>
<p>Improved knowledge of financial wellbeing among school aged residents, parents, carers and staff</p>	<p>We have worked directly with families to improve their knowledge of financial wellbeing.</p> <p>The Money Advice and Rights Team has embedded advice services within 3 primary schools; Cross Arthurlie and Thornliebank Primary Schools since October 2022, and Mearns Primary since February 2023. By March 2023, the project had:</p> <ul style="list-style-type: none"> • reached 271 families • achieved £21,154.56 financial gains • achieved an uptake of 288 National Entitlement Cards <p>In addition to the embedded service, the Money Advice and Rights Team has also worked with other schools:</p> <ul style="list-style-type: none"> • St Mark's Primary School, Giffnock Primary and Woodfarm High all held events to promote the MART service to families and encourage up take of entitlement • Barrhead High has established a referral pathway with the Wellbeing Officer hosted a Money Saving Expert session • Mearns Castle High had sessions on money awareness and management with senior pupils • Isobel Mair had financial literacy/wellbeing training delivered in partnership with HSCP for young people transitioning into adulthood (school leavers). <p>Events for young adults involved in the care systems from schools across the authority were also held in partnership with HSCP. Cost of living events were also delivered to residents with young families, in partnership with the Community Learning & Development team.</p> <p>We have also worked to improve the financial wellbeing knowledge of staff.</p> <p>MART delivered training to the Hardship Payments team who administer Free School Meals and Clothing Grants, to ensure that the team were able to signpost applicants to other support services where appropriate.</p> <p>Poverty awareness sessions were delivered to all Head teachers, Pastoral Care teachers and school Equality Coordinators, with the purpose of raising awareness with frontline staff and encouraging them to signpost families who might be facing financial hardship.</p> <p>Staff in Early Years settings are also receiving targeted awareness raising sessions to ensure they are able to identify signs of child poverty and are well informed about referral pathways. This is being delivered in partnership with psychological services.</p>

Money Advice



& Rights Team

We said	We did
<p>Improved parental access to benefits and income maximisation information and advice, including new referral pathways</p>	<p>A new process has been agreed around provision of discretionary free school meals for parents slightly above the Scottish Government threshold. For identified families, the Money Advice and Rights Team now undertake an income and expenditure forecast and make a recommendation to Education. Between April 2022 and March 2023, 28 pupils have received discretionary free school meals. This means each family could save over £400 compared to buying school meals during term time, and they also receive direct payments during holiday periods. It should be noted there is no additional budget for this so funding comes from existing Education budget. Only those in the most severe financial hardship will be referred via this mechanism.</p> <p>MART has also delivered awareness raising sessions with Health Visitors with the aim of increasing referrals to advice service as part of the universal provision. To date, this has resulted in a 50% increase in referrals.</p> <p>We have delivered outreach work and awareness raising sessions with a range of services and partners to improve access to benefits and income maximisation. These include, but are not limited to Back 2 School Bank, Autistic Collective, Alzheimer's Scotland, Healthier Minds/CAMHS, Health Improvement team, Willow Clinic, Busby Memory Lane, Neilston Development Trust, local MSPs and East Renfrewshire Culture and Leisure Trusts. We have targeted outreach work to coincide with relevant groups such as parent and toddler groups and Book Bug.</p> <div data-bbox="577 678 2049 798" style="text-align: center;"> </div>
<p>Improved availability of affordable credit options in East Renfrewshire</p>	<p>We have had initial discussions with Renfrewshire Council and some affordable credit providers with a view to improve availability in the area. Existing providers offer an online service which is open to East Renfrewshire residents currently. Going forward we will look at working in partnership with providers and the third sector to establish local outreach services and promote availability of existing online services.</p>
<p>Enhanced use of data to provide insights and interactivity</p>	<p>We commissioned data work to understand how the post Covid cost of living crisis is impacting in East Renfrewshire. The work uses a unique set of banking data and identifies 'wellbeing indicators' such as overdraft use, income from benefits and living beyond means. This data is then analysed against 'contextual data' such as family size, receipt of free school meals and use of money advice services.</p> <p>This work is being used to help us understand where the cost of living is hitting the hardest, what household types and factors are potentially financially vulnerable, and this is being used to target resources to support households.</p>

CHAPTER 3: COSTS OF LIVING



What we know about costs of living

Housing costs in East Renfrewshire are higher than average

Average property price is £280,323 compared to £180,287 Scottish average⁴²



Private rent in Greater Glasgow (data is not available at an East Renfrewshire level) is higher than the Scottish average for all property sizes.⁴³

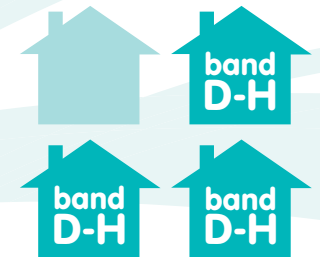
Property size	Greater Glasgow	Scotland
1 bed	£648	£580
2 bed	£858	£736
3 bed	£979	£906
4 bed	£1,773	£1,460

Fuel poverty in East Renfrewshire is the lowest in Scotland

In the period 2017-2019, the fuel poverty rate in East Renfrewshire was the lowest in Scotland at 13%, although it is expected that this figure is much higher in 2023 due to energy costs climbing significantly⁴⁶

Property value and size mean council tax costs are high in East Renfrewshire

Council Tax levels are around average however around three out of four properties (73.3%) are in council tax band D-H, which is almost double the Scottish average (39.8%)⁴⁴





The average amount of council tax that is paid in East Renfrewshire is £1,734⁴⁵





What action we have taken

We said	We did
<p>Reducing energy costs for vulnerable families</p>	<p>We are working in partnership to provide families with financial support towards energy costs, energy efficiency grants, energy saving advice and energy saving direct support.</p> <p>East Renfrewshire Citizens Advice Bureau supported 137 clients on energy between April 2022 and March 2023. This includes helping with energy bills, debt, fuel poverty and helping with the government scheme.</p> <ul style="list-style-type: none"> • £18,891.53 received from the Home Heating Advice Scotland, this is split over 13 clients and has been used to write off client's energy debt to enable them to start a fresh. This is helped both clients on pre-payment and standard meters • £4361 has been provided from the Fuel Bank Foundation, who we are now a partner with. They provide £49 vouchers to clients on pre-payment meters to help them top up. This service has so far been provided to 89 Clients • £196 has been provided from the Megafund. They again have provided vouchers of £49 to clients on a pre-payment meter. These have been issued to 3 clients • £900 refunds to clients from their energy accounts. <div data-bbox="584 663 2087 735" style="background-color: #00a69a; color: white; padding: 5px; border-radius: 10px 10px 0 0;"> <p>CASE STUDY</p> </div> <div data-bbox="584 735 2087 1193" style="background-color: #e0f2f1; padding: 10px; border-radius: 10px 10px 10px 10px;"> <p><i>Stephanie* is a single mum who contacted East Renfrewshire Citizens Advice Bureau (ERCAB) for a benefit check as she wasn't sure if she was receiving everything that she was entitled to. ERCAB advisors found that Stephanie had debt of £1,384 which had been passed to a debt collection agency, who was seeking a warrant to enter the property to change her meters from standard meters to pre-payment.</i></p> <p><i>Stephanie advised that when her mother passed away, she let the bills run away from her and she wanted to try get this sorted and was hoping to sort a payment plan with her energy provider.</i></p> <p><i>The advisor applied to the Home Heating Advice Scotland who accepted the application and awarded Stephanie £1,700. Her outstanding energy debt was paid directly to the debt collection agency and the remained was credited to Stephanie's utility account, to help her get back on her feet and set up her new monthly direct debit.</i></p> <p><i>Stephanie was relieved to have the debt paid and have some breathing space to set up her new payments. She said that without the help of ERCAB she and her son would be experiencing extreme financial hardship.</i></p> </div> <p>East Renfrewshire Council's Housing Service introduced the Home Energy Saver Scheme in Winter 2022. This initiative provides free and practical advice & assistance to local residents struggling with the cost of living and looking for ways to reduce energy bills. They carry out home energy checks and can undertake works such as radiator bleeding, replacing old bulbs with energy efficient LED lights, silicone sealing around doors and window frames, loft hatch insulation, and repairing or replacing window vents. Since this scheme began, 173 households have received a home energy check. On behalf of East Renfrewshire Council's Housing Service, Care & Repair's Winter Initiative has carried out a similar service and undertaken energy efficiency related works for a further 69 vulnerable households.</p>



We said	We did
	<p>East Renfrewshire Council's Housing Service targeted Local Authority Covid Economic Recovery (LACER) funding towards families experiencing hardship who found themselves having to choose between paying rent or heating and eating. This funding provided rent relief on a temporary basis through the cold winter to vulnerable families to allow them to ensure their home could be kept warm whilst providing time to work with advice services. It was able to help students with young children and also working families who were just over the income threshold for benefits but experiencing real poverty due to the cost-of-living crisis. 103 families were helped in this way, with a total spend of £127,200.</p> <p>East Renfrewshire Council has worked in partnership with Voluntary Action East Renfrewshire and East Renfrewshire Culture and Leisure Trust to deliver Warm and Welcome Spaces during Winter 2022/23. Warm and Welcome Spaces provide a dignified space for those struggling to heat their homes to go, keep warm, have a hot refreshment and access holistic support.</p> <ul style="list-style-type: none"> • 46 Warm and Welcome Spaces opened across East Renfrewshire • 33 organisations received small grant funding from East Renfrewshire Council • There were over 3,500 attendees to spaces • 25% of people who attended spaces did so for the first time. <p>Many of our Warm and Welcome Spaces opted to include some element of food or drink provision in their offer including teas, coffees, biscuits, homemade soup and sandwiches.</p> 
<p>Increasing provision of affordable housing options to vulnerable groups</p>	<p>In 2022-2023, East Renfrewshire Council's Housing Service:</p> <ul style="list-style-type: none"> - Let 281 empty homes - Delivered 132 new units of affordable housing - 94 of these new units are a mix of 1-4 bedroom homes, including wheelchair adapted and ground level accessible homes <p>The Strategic Housing Investment Plan (SHIP) supports the delivery of additional affordable housing:</p> <ul style="list-style-type: none"> - 23 new social rented homes in Barrhead were delivered by Barrhead Housing Association - 3 rent off the shelf purchases of 2/3 bed homes - 15 homes have been provided as entry level priced homes for sale in Barrhead. <p>The SHIP aims to ensure that all existing and new social housing in East Renfrewshire is targeted to meet a range of local need.</p> <p>In addition to increasing affordable housing provision, we have worked to reduce housing related costs. Barrhead Housing Association (BHA) worked in partnership with a local flooring supplier to provide new carpets in 36 homes at a cost of £30,000. 14 of these households had one or more children living in them. BHA also purchased and distributed £10,450 of food vouchers and kitchen equipment to household in need. 77 households were supported; 35 of which had one or more children living in them.</p> 

We said	We did
	<p>250 young people took part in Barrhead Housing Association’s Tenancy Sustainment course; an initiative to address homelessness and reduce the potential of homelessness occurring. The ‘Resettlement Passport’ is a tenancy skills course designed to improve the skills and confidence of vulnerable people taking on a tenancy and was targeted at the most vulnerable housing applicants and new tenants. The course is made up of 10 units, covering areas key to sustaining a tenancy such as:</p> <ul style="list-style-type: none"> - Benefits and budgeting - Utilities - Shopping and cooking on a budget - Housekeeping and DIY - Security, emergencies and fire - Setting up your own place - Community awareness and isolation. <p>BHA has engaged over 250 young people from both Barrhead high schools and the schools have incorporated the Resettlement Passport into their curriculum with a focus on task management skills while carrying out a vocational project.</p>
<p>Reducing costs to families of school attendance and participation</p>	<p>A new Education Social Justice Framework and Strategy were developed between May and October 2022 and launched in February 2023. These documents provide practical guidance to support schools to adapt poverty-aware practice and signpost a range of supports for children and families living with poverty. The Strategy outlines actions to be taken in partnership with schools to reduce inequality from 2023-26.</p> <p>Refreshed guidance on the use of Pupil Equity Funding (PEF) was shared with schools in May 2022. In September 2022, all head teachers took part in meetings with their link Quality Improvement Officer and the Education Scotland Attainment Advisor for East Renfrewshire with a focus on effective planning for PEF. This was followed by peer moderation of PEF plans in January 2023. Evidence gathered suggests almost all schools have a strong rationale for their use of PEF and appropriate plans in place outlining well-considered interventions to reduce the impact of poverty on learning and attainment. 54% of plans detail work to reduce the cost of the school day. Evaluation of PEF plans and reports in April 2023 will inform next steps in using PEF to reduce the poverty-related attainment gap.</p> <p>A professional learning session for school equalities leads was held in September 2022 with a focus on the Cost of Living Crisis, with support from Business Operations and Partnerships and Money Advice and Rights Team colleagues.</p> <p>A revised Dressing for Excellence policy was shared with schools in March 2022 with impact on school uniform policies from April 2022. This includes a strong focus on reducing the cost of uniform and working in partnership with parents to develop sustainable and cost-effective approaches to uniform. Through the school equalities coordinators network and cost of the school day practice sharing group, lead staff were supported to further develop in-school approaches such as uniform banks and recycling schemes to reduce costs to families while preserving dignity.</p> 

We said	We did
<p>Continuing to reduce costs to families of Early Learning and Childcare</p>	<p>We continued to provide 1140 hours to all that are eligible for it and apply for it. A daily hot meal and a snack is provided for children attending an Early Learning & Childcare setting including for those on a Blended model. Almost all children access this free food entitlement, although there are some parents who still choose to send in packed lunches. All parents who access this free provision are having a reduction in food bill costs for a free hot meal and snack 5 days a week.</p> <p>Following Scottish Government's review of eligibility criteria for 2 year old funded places in 2023, East Renfrewshire Council is working with the Department for Work and Pensions to identify children in East Renfrewshire who were newly eligible. We will proactively contact these families and work with them to take up their places.</p>
<p>Reducing costs to families of the pregnancy pathway</p>	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 75%;"> <p>NHS Greater Glasgow and Clyde (NHSGGC) is reviewing its maternity strategy and there is a process to integrate a response to child poverty and equalities in this including a specific Equality Outcome in place. Actions to address structural barriers in the maternity pathway for minority ethnic community and those living in poverty include:</p> <ul style="list-style-type: none"> • issuing and marketing a patient interpreting code to ensure access to the telephone triage system • development of a simple step by step guide to NHSGGC maternity services • review of patient facing materials (including the Badgernet app for maternity, child and neonatal records) in community languages • improvement plan for areas of care not meeting the needs of minority ethnic women (e.g. birthplans; poverty) • improvement plan for patient engagement • developing a staff training plan. <p>The review of NHSGGC's Maternity Strategy offered an opportunity to review the maternity pathway for minority ethnic women and planning is underway to carry out a suite of Equality Impact Assessments to ensure the pathway is accessible to all.</p> <p>In NHSGGC, there were 1,068 early years ('Healthier Wealthier Children') referrals to money advice services (913 health visiting, 204 midwifery), with a financial gain of £1.6million. In East Renfrewshire there were 97 East Renfrewshire referrals; 92 of which were from health visiting teams and 5 from midwives. This is an improvement from 2021/22 for health visiting referrals. This could still be improved, as could referrals from midwifery. A short life working group is working to improve health visiting referrals to money advice and East Renfrewshire is participating in that process.</p> <p>NHSGGC had 238 referrals to the Children's Hospital Money Advice service, and 273 repeat clients. This resulted in a total of £2,537,426.52 in financial gains and a total of £193,287.94 in debt managed. Of those who used the service:</p> <ul style="list-style-type: none"> • 56% had an annual income of <£15k before seeing the service and were living in poverty • 46% of those who used the service identified as having a disability with the service reaching families with a total of 120 children (<16 years) who also had a disability • 16% of those who used the service were from an ethnic minority background and 14% required a translator for their appointments. </div> <div style="width: 20%; text-align: center;">  </div> </div>

We said	We did
	<p>(N.B. data below is at NHSGGC level and is not available at East Renfrewshire level).</p> <p>NHSGGS also had 190 referrals to the Special Needs in Pregnancy (SNIP) money advice service and 292 repeat clients. Financial gains were a total of £552,896.02 and total debt managed was £89,626.05. Of the new clients, 90% were living in poverty before seeing the service:</p> <ul style="list-style-type: none"> • 36% had an annual income of <£6k • 45% had an annual income of <£10k • 9% had an annual income of <£15k • 10% had an annual income between £15k and £25k <p>Of those who used the SNIP money advice service:</p> <ul style="list-style-type: none"> • 50% identified that they had a disability 50% of were <25 years old • 35% were lone parents with dependants • 45% were single parents expecting their first child • 45% of new SNIP service users were minority ethnic • 22% of new users needed an interpreter to engage with the service. <p>A total of 98 travel cards were provided to women who had no money to pay for travel to their Maternity Appointments.</p> <p>NHSGGC also had 107 referrals for Emergency maternity grants; totalling £4,985. This did not go live until until September 2022.</p>
<p>NHSGGC will widen access to employment; which includes a focus of Child Poverty Act priority groups</p>	<p>NHSGGC's Widening Access To Employment plan continues delivery in the areas aligned to our Workforce Strategy:</p> <ul style="list-style-type: none"> • Apprenticeships: Engagement with ongoing recruitment of modern apprentices aligned, expansion of Foundation Apprenticeship opportunities in partnership with Further Education and Education partners • Formal Graduate programmes: Post pandemic reintroduction of careers activity in line with Education partners linked to apprenticeships and other routes to employment • Employability Programmes: Completion and evaluation of Kickstart, Schedule of employability programmes supporting guaranteed interviews for particular posts • Career Pathways: Aligned to our workforce plan and Fair Work commitments visible career access, development and progression opportunities for our staff and community • Community Wealth Building: Align our workforce activity to the pillars within CWB as an Anchor institution, create connections between HSCP led employability programmes in the community to workforce opportunities.
<p>NHSGGC will increase supporting community benefits and role as procurer</p>	<p>NHSGGC is continuing to work with the Supplier Development Programme and our Public Health Colleagues to encourage more local small and medium-sized enterprises (SMEs) to become suppliers to the Board and focusing on increasing diversity. We are also increasing our spend in all local authority areas to above the 12%.</p>

MITIGATING THE IMPACTS OF POVERTY

In addition to taking action against the drivers of poverty, we have worked in partnership to reduce the impact of poverty in a number of ways.

Summer holiday provision

The local authority received £118,349 for the targeted provision of accessible activities, childcare and food for children from low-income families during the 2022 school summer holidays. We worked with our partners at the East Renfrewshire Culture and Leisure Trust and Include Me 2 Club to provide places at summer camps throughout the summer. The camps offered a range of sports, expressive arts and play based activity, with lunch and snacks provided every day. Camps also offered childcare opportunities for parents and carers and we worked with local after-school provider MACS to deliver wraparound care from 8am through to 6pm.

In total, around 330 children participated in these opportunities, ranging from 5 days to 30 days. In focus groups held to evaluate the offer, children spoke enthusiastically of healthy, stimulating fun facilitated by supportive, trained adults.

One parent commented

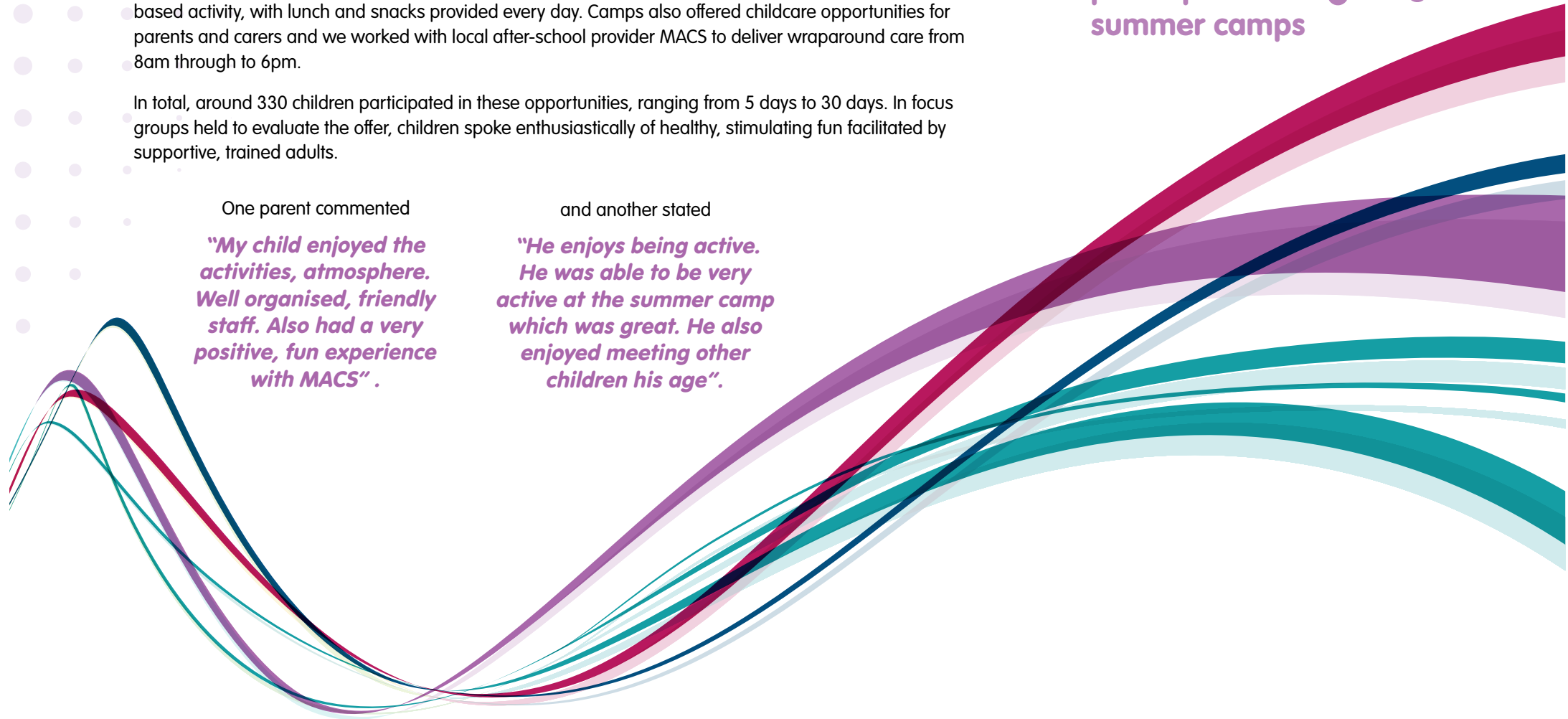
“My child enjoyed the activities, atmosphere. Well organised, friendly staff. Also had a very positive, fun experience with MACS” .

and another stated

“He enjoys being active. He was able to be very active at the summer camp which was great. He also enjoyed meeting other children his age”.



**330 children
participated in
summer camps**



Joint Adult Learning and Family First Project

Adult Learning services and Family First worked jointly with parents to support their child's learning at home and in nursery. Early Years establishments engaged with families who could benefit from the project and a referral process was also developed to allow staff to refer directly into the project with the permission of the families.

23 families have received family learning support from this project, which has led to increased confidence, and for some parents to move from volunteering into employment. 7 wellbeing sessions have been delivered in early years centres in response to what families wanted. Families reported this has improved their communication with others and most said that if they take time for own wellbeing as this helps their whole family feel better.

CASE STUDY

Martin* is a single dad to 3-year old Jaxon* and they recently moved into a new flat. Martin had little support around him, so when staff at Jaxon's nursery suggested this project he was happy to give it a try. During the initial 1-2-1 learning plan, Martin shared that he struggles with his own confidence, being in group settings and worries about his lack of experience dealing with his child's development and behaviour. He was unsure what he could do as a job. He also has dyslexia but didn't want any direct support for literacy.

Martin attended all the sessions including a visit to Glasgow Science Centre, taken part in group activities and discussions and has recently sought extra support with us for career planning. He is keen to attend the follow up personal development course.

Martin has shown improvement in all areas including personal confidence, employability, literacy and interactions with his child.

Martin told us:

"I was a new dad thrown into the deep end – not got experience, confidence – now I can swim better! I can see Jaxon has come on last few months. Jaxon has been insisting that I read books to him – I'm a bit more confident. I've come a long way from the start of this course – it's helped build my confidence socially with people, being in the group – I used to just sit in the house and now I'm more confident speaking to people outside even just at the park. I'm hoping that Jaxon gets in full time next year so that I can start looking for a job – I'd love to get into work again as we need the money."



Family First



Breakfast Carts

Building on the success of previous years, we have continued and expanded the provision of free breakfasts for pupils in a range of schools across Barrhead, Neilston and Thornliebank areas using short-term, Covid funding.

The initial project was piloted in two primary schools and one secondary school. It was utilised and evaluated positively by pupils, parents and school staff. The project was also recognised through a motion in parliament by Kirsten Oswald MP about the positive impacts of the project. Covid recovery funding enabled the roll out of the breakfast cart project to a total of 10 schools.

The carts are set up at 8.30am at the school door for young people to access as they enter the school building. The carts offer a variety of fruit, toast and selection of cereals. This enables children and young people to grab a breakfast and go with the exception of cereal when pupils have to attend the dining hall to access milk for the cereal.

In March 2022, 446 pupils were accessing the breakfast carts, this has increased by 12% to around 500 children and young people accessing breakfast on a daily basis.



**Around 500
children and young
people access
breakfast carts on
a daily basis**



**1,200 local people
took part in events
and activities
between April 2022
and March 2023**

Brighter Futures Barrhead

The Brighter Futures Barrhead Project was a co-ordinated partner and community volunteer approach to talking poverty and inequality for local families. Coordinated by Barrhead Housing Association, the project engaged 1,200 people between April 2022 and March 2023. The project has some key successes including:

- 25 parents took part in wellbeing sessions and 15 gained a Personal Development Award
- 13 parents completed a 'Parenting Matters' course and 2 parents completed facilitator training
- 60 children and their families engaged in 31 Bookbug sessions
- 100 people took part in the summer programme of 48 family activities, where 250 snack packs were distributed
- 350 people attended the free Summer Fun Day
- 50 young people took part in a drama course exploring how Covid-19 has affected their mental health.

CONCLUSION & FUTURE ACTIONS

Through the Child Poverty Oversight Group and Local Child Poverty Action Plan, East Renfrewshire Council, HSCP and partners are committed to tackling the increasing challenge of child poverty in our local communities.

While East Renfrewshire has the lowest rate of child poverty in Scotland, we are not complacent and are keenly aware of the gap that exists between our most affluent families and our most vulnerable.

We also recognise the potential for our poverty profile to change over time as we witness the impacts on the financially vulnerable, or families who are 'just about managing'. We remain concerned at the impact of the cost of living on local people and the outlook for future public sector finances will make it increasingly hard to fulfil our commitments to prevention and early intervention.

The Council, Health & Social Care Partnership and local partners are working closely together, making best use of the resources available and doing some innovative work on data which will inform and drive future strategic planning.

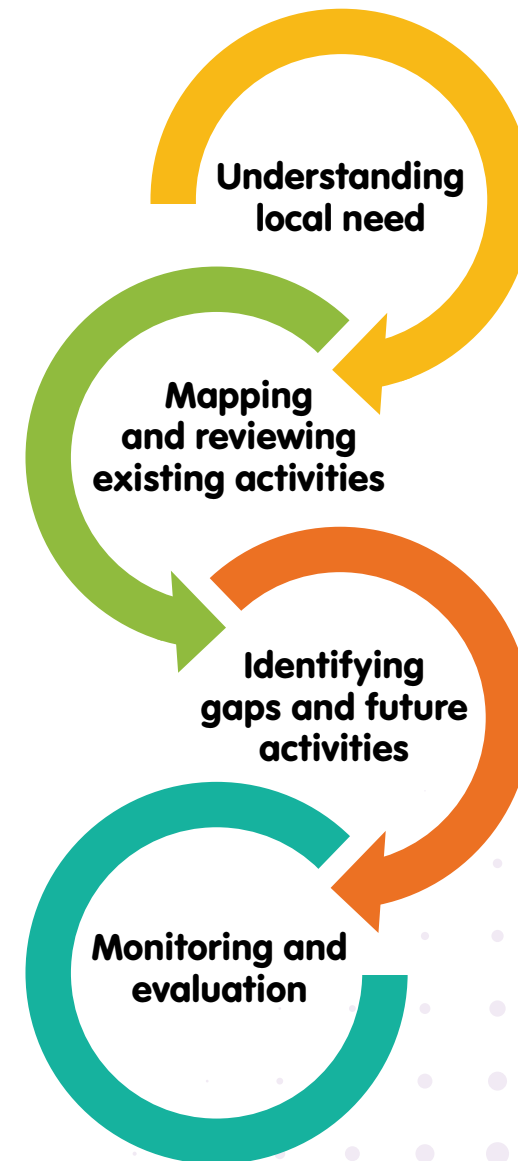
We will continue to take action against the critical activities we have identified for each of the three drivers of poverty (as outlined in the following driver diagram).

We will explore new and existing data to gain a better understanding of poverty in East Renfrewshire; including those who are experiencing generational poverty and those who are facing poverty due to the ongoing impacts of Covid and the cost-of-living crisis. We will use mapping information to understand the differing needs and vulnerabilities across different parts of the authority and respond accordingly.

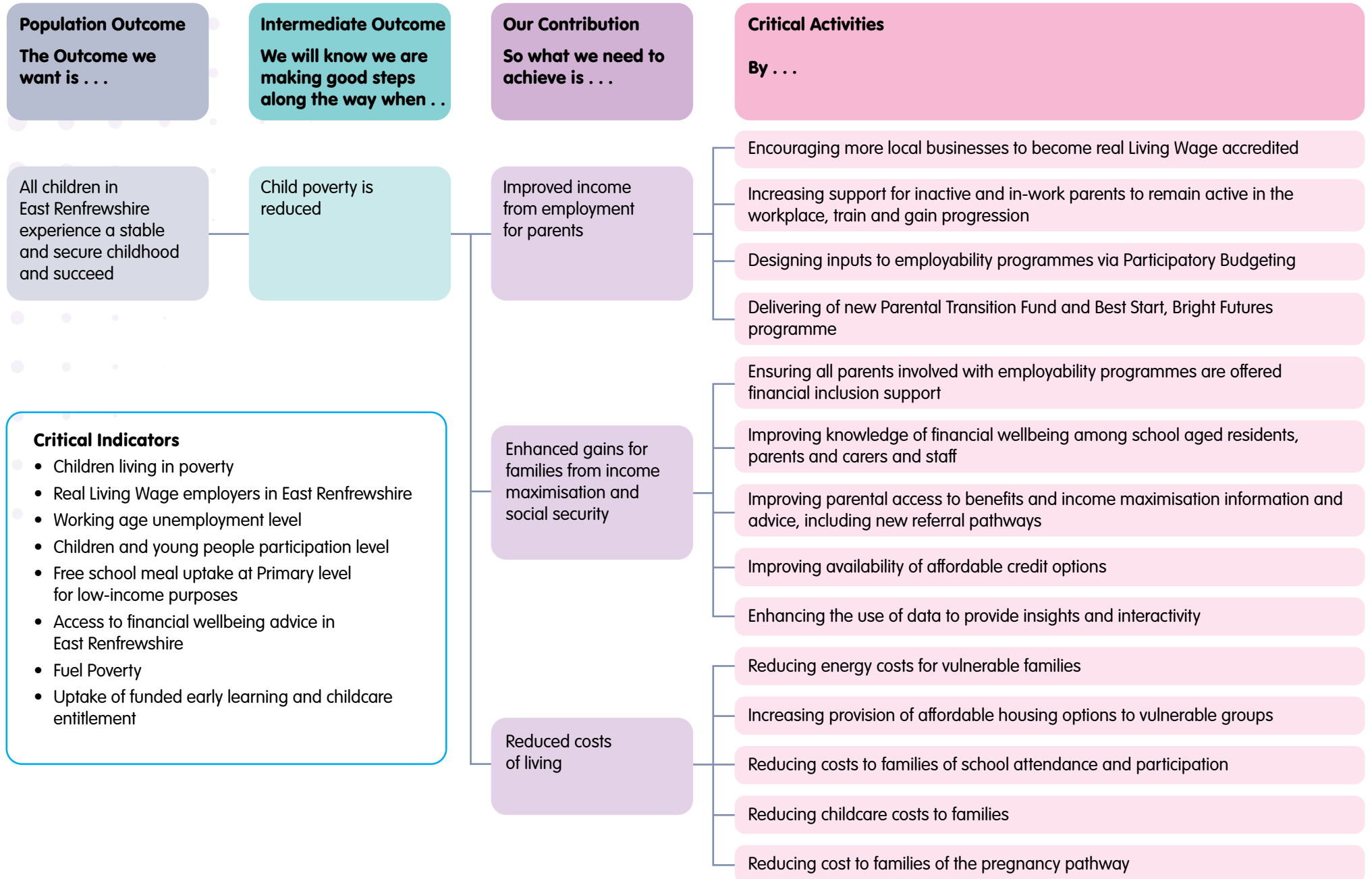
We will build upon the existing demographic information and any newly published data, including Census, to consider our local demographics in line with the 6 priority groups to allow us to target resources most effectively. Based on existing data, this will include a focus on lone parent households and larger families.

Over the year ahead, as a partnership, we will undertake an outcome planning exercise to understand local need; map and review existing activities; identify gaps and future activities; and agree how best to monitor and evaluate progress.

In doing so, we hope to identify some key, evidence-based actions to allow us to focus our limited resources in the most effective way.



2023-2024 ACTIONS



FOOTNOTES

- ¹ Scottish Government. 2022. *Population Estimates: Young and Old*. Available at: <https://statistics.gov.scot/slice?dataset=http%3A%2F%2Fstatistics.gov.scot%2Fdata%2Fpopulation-estimates-young-and-old>
- ² Scottish Government. 2022. Net Migration. Available at: <https://statistics.gov.scot/resource?uri=http%3A%2F%2Fstatistics.gov.scot%2Fdata%2Fnet-migration>
- ³ National Records of Scotland. 2022. *East Renfrewshire Council Area Profile*. <https://www.nrscotland.gov.uk/files//statistics/council-area-data-sheets/east-renfrewshire-council-profile.html>
- ⁴ Scottish Government Household Survey [Scottish Household Survey - data explorer](https://scotland.shinyapps.io/sg-scottish-household-survey-data-explorer/)
- ⁵ End Child Poverty Coalition child poverty estimates (after housing costs) <https://endchildpoverty.org.uk/child-poverty/>
- ⁶ End Child Poverty Coalition child poverty estimates (after housing costs) <https://endchildpoverty.org.uk/child-poverty/>
- ⁷ Family Resources Survey, Scottish Government <https://data.gov.scot/poverty/cpupdate.html>
- ⁸ <https://scotland.shinyapps.io/is-Child-Poverty-Map/>
- ⁹ <https://scotland.shinyapps.io/is-Child-Poverty-Map/>
- ¹⁰ Stat-Xplore. 2023. *Relative Low Income*. <https://stat-xplore.dwp.gov.uk/webapi/jsf/tableView/tableView.xhtml>
- ¹¹ Stat-Xplore. 2023. *Relative Low Income*. <https://stat-xplore.dwp.gov.uk/webapi/jsf/tableView/tableView.xhtml>
- ¹² Understanding Glasgow. 2023. *Lone Parent families*. https://www.understandingglasgow.com/lone_parents
- ¹³ Stat-Xplore. 2023. *Relative Low Income*. <https://stat-xplore.dwp.gov.uk/webapi/jsf/tableView/tableView.xhtml>
- ¹⁴ Local data; Education Department ERC
- ¹⁵ gov.scot. 2023. *Pupil census supplementary statistics*. <https://www.gov.scot/publications/pupil-census-supplementary-statistics>
- ¹⁶ Stat-Xplore. 2022. *Households on Universal Credit*. https://stat-xplore.dwp.gov.uk/webapi/openinfoage?id=UC_Households
- ¹⁷ National Records Scotland. 2021. *Live births, stillbirths and maternities, by sex of child, marital status of parents and age of mother, Scotland and administrative areas, 2021*. <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/general-publications/vital-events-reference-tables/2021/list-of-data-tables#section3>
- ¹⁸ National Records Scotland. 2021. *Live births, stillbirths and maternities, by sex of child, marital status of parents and age of mother, Scotland and administrative areas, 2021*. <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/general-publications/vital-events-reference-tables/2021/list-of-data-tables#section3>
- ¹⁹ Stat-Xplore. 2023. *Relative Low Income*. <https://stat-xplore.dwp.gov.uk/webapi/jsf/tableView/tableView.xhtml>
- ²⁰ Stat-Xplore. 2022. *Households on Universal Credit*. https://stat-xplore.dwp.gov.uk/webapi/openinfoage?id=UC_Households
- ²¹ Scottish Government Household Survey. <https://scotland.shinyapps.io/sg-scottish-household-survey-data-explorer/>
- ²² Stat-Xplore. 2023 *Relative Low Income*. <https://stat-xplore.dwp.gov.uk/webapi/jsf/tableView/tableView.xhtml>
- ²³ ONS Annual Population Survey, household economic activity status [ONS Annual Population Survey - households by working status](https://www.ons.gov.uk/peoplepopulationandcommunity/workingpopulationandvacancies/bulletins/ons-annual-population-survey-households-by-working-status)
- ²⁴ ONS Annual Population Survey, household economic activity status [ONS Annual Population Survey - households by working status](https://www.ons.gov.uk/peoplepopulationandcommunity/workingpopulationandvacancies/bulletins/ons-annual-population-survey-households-by-working-status)
- ²⁵ ONS Annual Population Survey, household economic activity status [ONS Annual Population Survey - households by working status](https://www.ons.gov.uk/peoplepopulationandcommunity/workingpopulationandvacancies/bulletins/ons-annual-population-survey-households-by-working-status)
- ²⁶ Nomis. 2022. *Annual survey of hours and earnings*. <https://www.nomisweb.co.uk/sources/ashe>
- ²⁷ Nomis. 2022. *Annual survey of hours and earnings*. <https://www.nomisweb.co.uk/sources/ashe>

- ²⁸ ONS Annual Survey of Hours and Earnings <https://www.gov.scot/publications/annual-survey-of-hours-and-earnings-2020/>
- ²⁹ Living Wage Scotland 2021 <https://scottishlivingwage.org/employer-directory/>
- ³⁰ Living Wage Scotland 2021 <https://scottishlivingwage.org/employer-directory/>
- ³¹ ONS. 2021. *Labour Market Profile - East Renfrewshire*. <https://www.nomisweb.co.uk/reports/lmp/la/1946157415/report.aspx#tabidbr>.
- ³² gov.uk. 2021. *Child Benefit Statistics: Annual Release, data at August 2021*. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1060984/Child_Benefit_August_2021_Main_Tables.ods
- ³³ gov.scot. 2022. *Education Maintenance Allowances: 2020-21*. <https://www.gov.scot/publications/education-maintenance-allowances-2020-21/documents>
- ³¹ Stat-Xplore. 2022. *Households on Universal Credit*. https://stat-xplore.dwp.gov.uk/webapi/openinfopage?id=UC_Households
- ³² Stat-Xplore. 2022. *Households on Universal Credit*. https://stat-xplore.dwp.gov.uk/webapi/openinfopage?id=UC_Households
- ³³ gov.scot. 2022. *Child Winter Heating Assistance*. <https://statistics.gov.scot/resource?uri=http%3A%2F%2Fstatistics.gov.scot%2Fdata%2Fchild-winter-heating-assistance>
- ³⁴ Local data, Revenues and Benefits
- ³⁵ Stat-Xplore. 2022. *Households on Universal Credit*. https://stat-xplore.dwp.gov.uk/webapi/openinfopage?id=UC_Households
- ³⁶ Stat-Xplore. 2022. *Households on Universal Credit*. https://stat-xplore.dwp.gov.uk/webapi/openinfopage?id=UC_Households
- ³⁷ *Social Security Scotland Agency data*; <https://www.gov.scot/publications/scottish-child-payment-high-level-statistics-to-31-december-2022/>
- ³⁸ gov.scot. 2022. *Child Winter Heating Assistance*. <https://statistics.gov.scot/resource?uri=http%3A%2F%2Fstatistics.gov.scot%2Fdata%2Fchild-winter-heating-assistance>
- ³⁹ Local ERC data
- ⁴⁰ Local ERC data
- ⁴¹ The Trussell Trust. 2023. *End of Year Stats*. <https://www.trusselltrust.org/news-and-blog/latest-stats/end-year-stats/#children>
- ⁴² Land Registry. 2023. *UK House Price Index*. <https://landregistry.data.gov.uk/app/ukhpi>
- ⁴³ gov.scot. 2022. *Private Sector Rent Statistics, Scotland, 2010 to 2022*. <https://www.gov.scot/publications/private-sector-rent-statistics-scotland-2010-2022/documents>
- ⁴⁴ National Records of Scotland. 2022. *East Renfrewshire Council Area Profile*. <https://www.nrscotland.gov.uk/files//statistics/council-area-data-sheets/east-renfrewshire-council-profile.html>
- ⁴⁵ gov.scot. 2023. *Council tax datasets*. <https://www.gov.scot/publications/council-tax-datasets>
- ⁴⁶ gov.scot. 2021. *Fuel Poverty (Scottish House Condition Survey)*. <https://statistics.gov.scot/resource?uri=http%3A%2F%2Fstatistics.gov.scot%2Fdata%2Ffuel-poverty-shcs>

Strategic Insight and Communities Team
Business Operations and Partnerships
Council Headquarters
Eastwood Park
Rouken Glen Road
Giffnock, G46 6UG

0141 577 4011
www.listening@eastrenfrewshire.gov.uk





Meeting of East Renfrewshire Health and Social Care Partnership Held on	Integration Joint Board 28 June 2022	
Agenda Item	7	
Title	Unaudited Annual Report and Accounts 2022/23	
Summary		
<p>This report provides an overview of the unaudited annual report and accounts for the Integration Joint Board (IJB) covering the period 1 April 2022 to 31 March 2023.</p> <p>The Chair of Performance and Audit Committee will advise the Integration Joint Board of:-</p> <ul style="list-style-type: none"> ▪ any matters arising from the Performance and Audit Committee in relation to the unaudited annual report and accounts ▪ the Performance and Audit Committee's decision taken 26 June 2023 on the remittance of the unaudited Annual Report and Accounts to the Integration Joint Board. 		
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)	
Action Required		
<p>The Integration Joint Board is requested to:</p> <ol style="list-style-type: none"> a) Agree the unaudited annual report and accounts for submission to Ernst & Young b) Agree and endorse the proposed reserves allocations c) Note the annual report and accounts is subject to audit review d) Agree to receive the audited annual report and accounts in September, subject to any recommendations made by our external auditors and/or the Performance and Audit Committee and Integration Joint Board e) Note the summary overview of financial performance document will be presented with the audited accounts in September. 		
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 checked="" type="checkbox"/> Equalities <input type="checkbox"/> Risk <input checked="" type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

INTEGRATION JOINT BOARD

28 JUNE 2023

Report by Chief Financial Officer

UNAUDITED ANNUAL ACCOUNTS 2022/23

PURPOSE OF REPORT

1. The purpose of this report is to provide an overview of the unaudited annual report and accounts for the Integration Joint Board (IJB) covering the period 1 April 2022 to 31 March 2023 and outline the legislative requirements and key stages.
2. The Chair of the Performance and Audit Committee will advise the IJB of any matters arising from this committee.

RECOMMENDATION

3. The Integration Joint Board is requested to:
 - a) Agree the unaudited annual report and accounts for submission to Ernst & Young
 - b) Agree and endorse the proposed reserves allocations
 - c) Note the annual report and accounts is subject to audit review
 - d) Agree to receive the audited annual report and accounts in September, subject to any recommendations made by our external auditors and/or the Performance and Audit Committee and Integration Joint Board
 - e) Note the summary overview of financial performance document will be presented with the audited accounts in September.

BACKGROUND

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

REPORT

7. The unaudited annual report and accounts for the IJB has been prepared in accordance with appropriate legislation and guidance. An overview of the process is set out below:
8. **Financial Governance & Internal Control:** the regulations require the Annual Governance Statement to be approved by the IJB or a committee of the IJB whose remit include audit and governance. This will assess the effectiveness of the internal audit function and the internal control procedures of the IJB. The Performance and Audit Committee meet this requirement, as delegated by the IJB
9. **Unaudited Accounts:** the regulations state that the unaudited accounts are submitted to the External Auditor no later than 30th June immediately following the financial year to which they relate.
10. **Right to Inspect and Object to Accounts:** the public notice period of inspection should start no later than 1st July in the year the notice is published. This will be for a period of 3 weeks and will follow appropriate protocol for advertising and accessing the unaudited accounts. The required notice will be agreed with the external auditors and will be published on the HSCP website.
11. **Approval of Audited Accounts:** the regulations require the approval of the audited annual accounts by the IJB or a committee of the IJB whose remit include audit and governance. This will take account of any report made on the audited annual accounts by the 'proper officer' i.e. Chief Financial Officer being the Section 95 Officer for the IJB or by the External Auditor by the 30th September immediately following the financial year to which they relate. In addition any further report by the external auditor on the audited annual accounts should also be considered. The normal September timetable is back in place; the last two years were extended to November as a result of audit workloads associated with the pandemic.
12. The Performance and Audit Committee will consider for approval the External Auditors report and proposed audit certificate (ISA 260 report) and the audited annual accounts at its meeting on 26th September 2023 and, subject to agreement remit to the IJB for approval at its meeting on 27th September 2023.
13. **Publication of the Audited Accounts:** the regulations require that the annual accounts of the IJB be available in both hard copy and on the website for at least five years, together with any further reports provided by the External Auditor that relate to the audited accounts.
14. The annual accounts of the IJB must be published by 31st October and any further reports by the External Auditor by 31st December immediately following the year to which they relate.

15. **Key Documents:** the regulations require a number of key documents (within the annual accounts) to be signed by the Chair of the IJB, the Chief Officer and the Chief Financial Officer, namely:

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

Note: for the unaudited annual report and accounts only the Statement of Responsibilities and the Balance Sheet require to be signed by the Chief Financial Officer.

16. The main messages from the annual report and accounts are set out below:
17. We ended the year with a £0.590 million operational underspend (0.40%) which will be added to our budget phasing reserve. The main variances to the budget were:
- £0.460 million underspend in Children and Families was mainly from care package costs and some staff vacancies.
 - £1.534 million underspend within Older Peoples services was mainly from purchased nursing and residential care. This reflects the ongoing trend of reduction in nursing and care home admissions but does offset the increase in community activity, particularly in Care at Home. Given this continued trend budgets have been realigned in 2023/24 to recognise this shift in type of care.
 - £0.646 million overspend within Intensive Services as our care at home costs reflect that we continue to see high demand post pandemic and we had additional costs delivering the service with diminished capacity, particularly over the winter period.
 - £0.727 million overspend within Learning Disability Community Services mainly from care package costs, partially offset by staff vacancies. We have recognised this cost pressure in the 2023/24 budget, which in turn has added to our funding gap and associated saving requirement.
 - £0.774 million overspend in the cost of prescribing as we saw increases in the volume of items prescribed and the costs are impacted by the economic climate and supply chain issues, compounded by Brexit and the war in Ukraine. This overspend is after the £0.456 million balance of the smoothing reserve, set up to meet fluctuation, was fully used.

18. This was a modest improvement from the position reported to the IJB in March, where the projected outturn, as at the end of January, was an overspend of £0.292 million (0.2%). The main changes since then were :
- Care costs across the HSCP £0.35m, gains from respite and flexibility within care packages.
 - Staff turnover £0.15m projected assumptions about filling social care posts were prudent and within NHS £0.3m including a gain from pay award as the final allocation was on budget, so turnover gain. We also only funded pay award on filled posts for PCIP, MHA15 etc. as a one off, to maximise use of funding. In 2023/24 full establishment will be funded as required in these ring-fenced areas.
 - Support costs ended £0.1m underspent and we don't get this detail till year end.
19. The final Covid-19 spend for the year is shown as £4.564 million and is a minimal decrease of £0.2 million since last reported and this will be returned to the Scottish Government on the same basis as the in-year treatment during 2022/23.
20. Our reserves decreased significantly during the year, in the main reflecting the use and return of the Covid-19 funding received at the end of 2021/22.

Reserves Movement	£ Million	£ Million
Reserves at 31 March 2022		20.752
Planned use of existing reserves during the year	(16.420)	
Funds added to reserves during the year	1.714	
Net reduction in reserves during the year	(14.706)	
Reserves at 31 March 2023		6.046

21. Within ring-fenced reserves we used £9.264 million for Covid-19 and used £1.630 million per the Scottish Government funding mechanisms for PCP, Mental Health Acton 15 and Alcohol & Drugs where we needed to use our uncommitted balance prior to drawing any in year funding. We also used the £1.012 million balance of winter funding.
22. We added £0.392 million to our Alcohol & Drugs Partnership reserve. In agreement with the Scottish Government the balance we take into 2023/24 will support the development of a local recovery hub and other committed costs.
23. Our earmarked reserves are in place to phase in savings, support a number of projects, provide transitional funding for service redesign, provide bridging finance for in year pressures, add capacity to support services and to smooth impact of demand and timing of spend across multiple years. We used £2.439 million supporting savings and £2.075 million on planned projects and in year pressures.
24. Given the significant pressures in 2022/23 it is important to note our decreased reserves position leaves us with less flexibility to support fluctuation and demand, such as prescribing, in future years.

25. As agreed by the IJB in March we have also realigned all available earmarked reserves of £0.567 million to support delivery of budget savings in 2023/24.
26. The full detail of our reserves is included in Note 8 of the unaudited annual report and accounts
27. Our general reserve remains unchanged at £0.272 million and is well below the optimum level at a value of 2% of budget we would ideally hold. The general reserve is currently just under 0.19% of the 2022/23 revenue budget.
28. Given the scale of the financial challenge we faced pre-pandemic the IJB strategy to invest where possible in smoothing the impact of savings challenges had not allowed any investment into general reserves. This has been discussed at length in prior years and both PAC and the IJB have recognised that whilst this means we are below our policy level the prioritisation has been on long term sustainability and minimising the impact of savings over time on those services we provide. In the event we find ourselves unable to achieve sufficient savings delivery during 2023/24 we may need to un-hypothecate (i.e. un-earmark) reserves, where we can, to meet operational costs.
29. A new Financial Management Code has been published by CIPFA to support good financial management. The Chief Financial Officer has undertaken an initial review of the code and will bring a self-assessment and any associated action plan to the next meeting of the Performance and Audit Committee.

IMPLICATIONS OF THE PROPOSALS

30. All financial and legal implications are detailed within the report.
31. The summary easy read version will be presented with the audited accounts in September.

DIRECTIONS

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

CONCLUSIONS

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

RECOMMENDATIONS

34. The Integration Joint Board is requested to:
- a) Agree the unaudited annual report and accounts for submission to Ernst & Young
 - b) Agree and endorse the proposed reserves allocations
 - c) Note the unaudited annual report and accounts is subject to audit review
 - d) Agree to receive the audited annual report and accounts in September, subject to any recommendations made by our external auditors and/or the Performance and Audit Committee and Integration Joint Board
 - e) Note the summary overview of financial performance document will be presented with the audited accounts in September.

REPORT AUTHOR AND PERSON TO CONTACT

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

Lesley.Bairden@eastrenfrewshire.gov.uk

0141 451 0746

15 June 2023

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

Annual Report and Accounts 2021/22

https://www.eastrenfrewshire.gov.uk/media/8433/IJB-Item-07-23-November-2022/pdf/IJB_Item_07_-_23_November_2022.pdf?m=638036934513030000

Annual Report and Accounts 2020/21

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

Annual Report and Accounts 2019/20

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

Annual Report and Accounts 2018/19

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

Annual Report and Accounts 2017/18

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

Annual Report and Accounts 2016/17

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

Annual Report and Accounts 2015/16

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

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



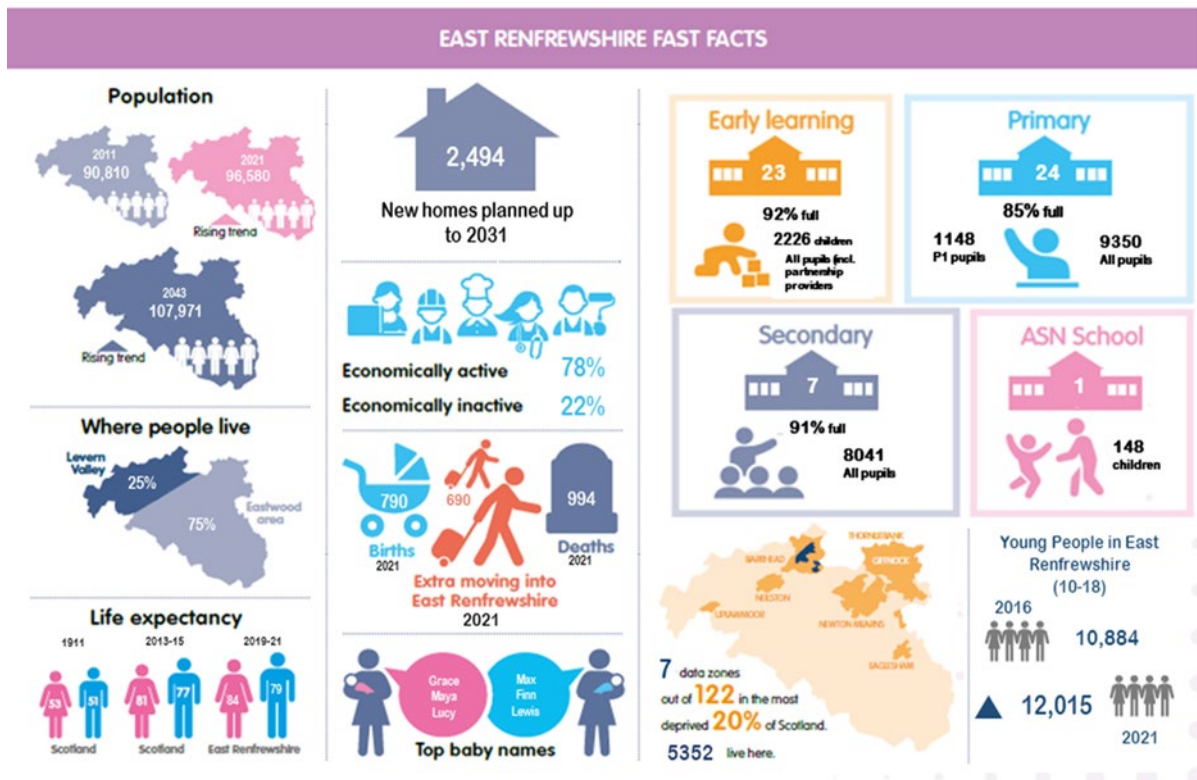
East Renfrewshire Health and Social Care Partnership Integration Joint Board

UnAudited Annual Report And Accounts 2022/23

Covering the period 1st April 2022 to 31st March 2023



About East Renfrewshire – Some General Facts and Figures



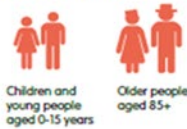
EAST RENFREWSHIRE'S POPULATION – WHAT TO EXPECT



The number of people living in east Renfrewshire is projected to increase by 6.4% by the year 2028. This is higher than the Scottish rate of 1.8%



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 second highest life expectancy at birth for females and the fourth highest for males



Contents

About East Renfrewshire	inside cover
Management Commentary	2 - 32
Statement of Responsibilities	33 - 34
Remuneration Report	35 - 37
Annual Governance Statement	38 - 46
Independent Auditor's Report	47 - 47
The Financial Statements	48 - 50
Notes to the Financial Statements	51 - 64
Where to Find More Information and Acknowledgement	65 - 66

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

Our population continues to grow and reached 96,580 in 2021. Geographically 75% of the population live in the Eastwood area (Busby, Clarkston and Williamwood, Eaglesham and Waterfoot, Giffnock, Netherlee and Stamperland, Newton Mearns and Thornliebank) and 25% live in the Barrhead area (Barrhead, Neilston and Uplawmoor).

East Renfrewshire has an ageing population and by 2043 almost one quarter will be aged 65 or over. In the last decade we have seen a 26% increase in the number of residents aged 85 years and over.



Management Commentary

Introduction

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

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

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

The management commentary in this report discusses our;

- Strategic Planning
- Key Messages and Operational Highlights and Challenges
- Performance Achievement and Challenges
- Financial Performance
- Future Challenges
- Conclusion

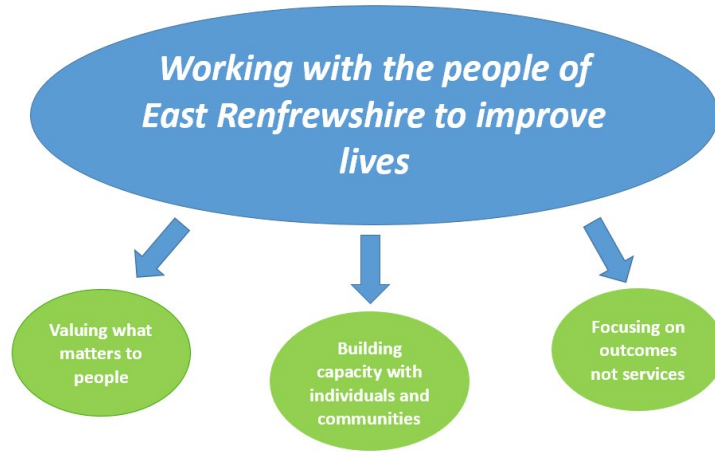
Strategic Planning

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

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

Strategic Plan 2022/25

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

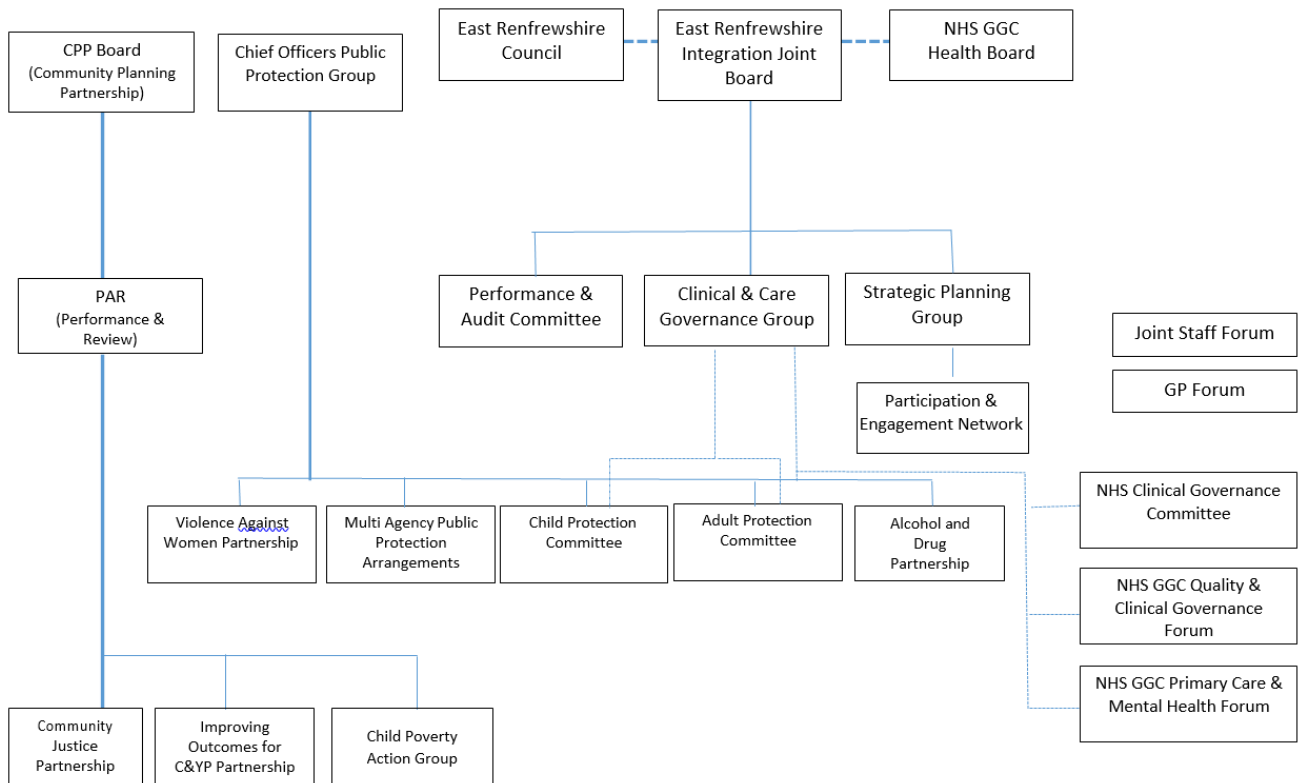


This document and our Annual Performance Report demonstrate how we have supported delivery of our strategic priorities.

We continue to strengthen our supportive relationships with independent and third sector partners, recognising the increased levels of participation in our communities and informal support within our localities that developed during the response to Covid-19. We recognise that we need to extend beyond traditional health and social care services to a long term wider partnership with our local people, carers, volunteers, community organisations, providers and community planners. Work is ongoing to develop a collaborative commissioning model to support how we will work differently and this is reflected in our Strategic Commissioning Plan.



The IJB continues to build on the long standing delivery of integrated health and care services within East Renfrewshire and the continued and valued partnership working with our community, the third, voluntary and independent sectors, facilitating the successful operation of the Health and Social Care Partnership (HSCP). The chart below shows the governance, relationships and links with partners which form the IJB business environment.



Key Messages, Operational Highlights and Challenges

This was a challenging year for the HSCP as we worked through the ongoing impact of Covid-19 in tandem with a difficult economic climate

Our Annual Performance Report for 2022/23 provides a detailed overview of the year and demonstrates how the HSCP delivered our key priorities during the year. The commentary included in this report provides an overview of some of the highlights and challenges we faced across the range of services we provide.

Children and Families

Our children's services have continued to see increasing demand and increasing levels of complexity among referrals including children with diagnosed neurodevelopmental disorders and a high prevalence of families in crisis.

Our Children and Adolescent Mental Health Service (CAMHS) continues to experience high demand and a significant level of urgent referrals. However, as our alternative (Tier 2) services,

Healthier Minds and the Family Wellbeing service have continued to develop we have been able to significantly reduce waiting times for children requiring support through the CAMHS service; we saw a yearly average of 86% of young people starting treatment within CAMHS which was up significantly from 55% in 2021/22.

For our care experienced children we have maintained excellent performance on permanence with no children in East Renfrewshire with 3 or more placements and 91% of care experienced children supported in the community rather than a residential placement.

Over 2022/23 we have continued the development of the Signs of Safety model, led by the Chief Social Work Officer and the Head of Education Services (Equality and Equity). The model supports practice improvement, with a particular focus on developing relational interventions with children, young people, their families and carers in order to reduce risk and improve children's wellbeing. It is the most effective framework to assess and manage risk for children and young people while supporting families. The approach recognises the need to define harm, outline danger and identify safety goals. Implementation of the Signs of Safety model is overseen by a multi-agency implementation group consisting of key partners.

As part of our work to protect people from harm and abuse, we have established and continue to support a Multi-Agency Risk Assessment Conference (MARAC) in East Renfrewshire for high-risk domestic abuse victims. Since the start of the pandemic we have seen higher numbers of referrals to MARAC and greater levels of complexity in the cases being dealt with. We continue to work together with East Renfrewshire Women's Aid Service to provide direct support for women and children who have experienced domestic abuse.

In 2022/23 we continued to see an increase in support required as a result of domestic abuse / violence against women through MARAC. 134 victims and 195 children were discussed at MARAC - an increase of 7.2% compared with 2021/22. These discussions involved 195 children (a reduction of 5% from the previous year). 32% of victims did not have children compared to 26% the previous year. Women without children were not previously visible in the domestic abuse pathway demonstrating increased awareness and risk assessment and improved pathway response.

The HSCP provides support to unaccompanied asylum seeking children arriving into East Renfrewshire. Of the 17 arrivals to the area since 2017, 12 have arrived since May 2022. The average frequency of contact for all arrivals is twice per week and newly arrived young people are supported 7 days per week for the first few weeks.

Supporting People at Home

We continued to support people to live independently and well at home, despite additional demand pressures on our services due to more people seeking support at home as well as increased levels of frailty and complexity; 80.4% of adults supported at home agreed that they are supported to live as independently as possible with 89% reporting 'living where you/as you want to live'

We refocused the development of our Community Hub website which has moved the focus of our online directory away from Covid emergency response to promoting social activities, community supports and information. The success of this directory reflects the work of ongoing collaboration between local partners and includes information on where to access support and information relating to the cost of living, promoting warm and welcome spaces, support services and access to both local and national resources. At the end of March 2023 the website had 2,435 users with 7,651 page views.

Talking Points continues to be the main route for residents to get advice and support around their health and social care as well as information surrounding accessing community supports. The service has a membership of over 60 local and national organisations that work together to offer the correct support and information as early as possible. This preventative approach based around a person-centred approach is integral in our delivery of Talking Points. During 2022/23 Talking Points have supported 690 calls/referrals with the most frequent reason for referral being loneliness/befriending or looking for group activities. The Talking Points service also supported the development of three new older adult community groups, which work with 120 older residents weekly.

In the aftermath of the Covid-19 pandemic restrictions we continue to see increased frailty and social isolation particularly among older people. Across our services we have seen increased demand and higher levels of complexity among the people we support. Although we are still facing significant challenges, the response to the pandemic demonstrated the resilience of our community-based supports with teams of volunteers and staff keeping touch with the most vulnerable and isolated, notably through the Community Hub.

Protecting and Supporting Adults at Risk of Harm

Since the start of the pandemic we have developed stronger relationships between partner agencies, promoting an approach to adult support and protection (ASP) that keeps all partners involved and included in discussions and planning, particularly in our routine ASP work and in the undertaking of Large Scale Investigations. East Renfrewshire HSCP received 1,810 ASP referrals and 1,422 adult welfare concern referrals between January 2021 and January 2023.

During 2022/23, the partnership received a Joint Inspection of Adult Support and Protection carried out by the Care Inspectorate in collaboration with Healthcare Improvement Scotland and HM Inspectorate of Constabulary in Scotland. The inspection reported in June 2023 and reported the following key strengths at the partnership:

- Adults at risk of harm experienced improvements in their circumstances because of timely, person-centred, and efficient adult support and protection interventions.
- The overall quality and effectiveness of core adult support and protection processes was a key strength for the partnership.
- Initial inquiries and investigations were highly effective and always determined the correct outcome for adults at risk of harm.

- Oversight of key processes supported staff and ensured consistent robust decision making for adults at risk of harm.
- Strategic leadership for adult support and protection was enthusiastic and focused. This supported targeted and meaningful improvements.
- The adult protection committee offered strong leadership for adult support and protection and offered effective oversight for the delivery of key processes.
- Strategic leaders promoted a culture of learning and continuous improvement which supported the development of adult support and protection services for adults at risk of harm.
- Health was a strong adult support and protection partner. Health services delivered innovative, early and effective interventions for adults at risk of harm.

The inspection set out a number of priority areas for improvement, including: improving the quality of chronologies; greater involvement of adults at risk of harm and their unpaid carers at a strategic level; enhanced multi-agency quality assurance practices; and, building on existing practice to ensure the full involvement of all key partners in relevant aspects of ASP practice going forward.

Care at Home

We have experienced continuing pressure on our Care at Home service with increased referrals and reducing capacity among partner providers. While these challenges have impacted on our capacity to support reablement (48% in 2022/23 down from 60% in 2021/22), we have managed to support 64.4% of people aged 65+ with intensive care needs (> 10 hours) to receive care at home and this is up from 62% in previous year.

The increasing complexity of people being supported against a backdrop of recruitment challenges, both within the HSCP and by our partner providers has resulted in a difficult year for the service. This led to a particularly difficult period over the winter where we saw absence rates reaching 35% in January/February, principally affecting frontline carer and organiser roles. The level of service provided was prioritised for a period of time to those with greater levels of need. For those who received less support than normal from the HSCP there was some mitigation through increased family and community supports and welfare calls.

To support the service over this difficult period staff from other services within the HSCP were mobilised, many on a voluntary basis, to undertake a range of roles. This did mean that capacity was reduced in some other areas including our capacity to work on change, savings redesign and delivery.

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

Our teams have continued to deal with increased demand across mental health and addiction services due to increases in complexity. There has been high demand across all teams (Community Addictions Team, Adult Mental Health Team, Primary Care Mental Health Team,

and Older Adult Team). For older people we are seeing overall wellbeing impacted by issues such as isolation and reduction in mobility.

Despite the demand and capacity challenges we saw that our rate of hospital admissions for mental health remained low at 1.4 admissions per 1,000 population; on average 78% of people waited no longer than 18 weeks for access to psychological therapies, this has improved to above the 90% target.

Within our Recovery Services 96% of those accessing recovery-focused treatment for drug or alcohol issues were able to do so within 3 weeks, a modest increase on the 95% in 2021/22; however 5% of service users moved from treatment to recovery services in the year, down from 9% in the prior year. We increased our resourcing to support 173 alcohol brief interventions during the year which is new activity to 2022/23.

We take a holistic approach to promoting mental health and wellbeing including promoting physical activity linked to mental wellbeing, in partnership with Voluntary Action East Ren, funded by Paths 4 All and NHSGGC. This includes community health walks, strength and balance classes, healthier minds sessions and alcohol brief interventions and counselling sessions.

The peer support model is currently supporting over 70 people. The majority are supported on a 1-1 basis however a schedule of group activities is also in place. The peer support service works with individuals already engaged with services with referrals made by a range of stakeholders. This is an additional, complementary support to help individuals identify their personal goals for recovery. We are also seeing a move away from digital support and a return to in person support as we recover from the pandemic. Lived and living experience involvement in the work of the Alcohol and Drugs Partnership continues to evolve and expand.

The HSCP continues to work to implement the Medication Assisted Treatment (MAT) Standards and ensure fast, appropriate access to treatment. The MAT standards enable people to access same-day prescribing for opioid use disorder, facilitating low barrier access to assessment and treatment.

Reducing Unplanned Hospital Care

Patterns of accident and emergency use and unplanned hospital admissions were significantly altered by the pandemic; but some measures have moved above pre-pandemic levels during the year. Despite increased activity we remain ahead of target for emergency admissions and A&E attendances.

However during the year we saw an increase in discharges with delay. This is being driven by the pressure on care at home services. Our Hospital to Home team work to deliver timely and appropriate discharges from hospital. Our performance for delays remains among the best in Scotland. We continue to support the hospital discharge efforts by promoting the use of intermediate care beds where a care at home package cannot be put in place straight away.

We are also seeing improved performance on emergency readmissions, reflecting the positive support we have in place in the community.

Our discharge without delay averaged 8 delays over 2022/23 and this is up from 7 for 2021/22. For context our pre-pandemic averaged 3 for 2020/21. The HSCP has continued to work with other partnerships and acute services in the Glasgow area to develop new services and pathways that will continue as we move further into recovery.

Our Hospital to Home team targeted work including requests for intermediate care beds, care home liaison, occupancy tracking, data collation, arranging interventions / reablement and carrying out outcome-focussed reviews and care planning. The collaborative working between multiple teams has ensured that delays in hospital discharges have been minimised and kept within manageable levels.

We continue to develop enhanced community support and intermediate care models in partnership with HSCPs across Glasgow. To support timely discharge from hospital through intermediate ('step-down') provision, we provide a 6-bed unit in our Residential Home – Bonnyton House and we purchase additional beds for intermediate care in local Care Homes

Our Community Rehabilitation Teams continue to experience increased pressures due to the ongoing impacts and consequences of the pandemic on our older population, with continued increase in frailty and frailty related falls. We have continued our work to implement frailty pathways and support initiatives to address frailty in our communities. There has been ongoing development of Home First Response/Frailty service and we have established community pathways with Scottish Ambulance Service in relation to falls/ frailty and work with primary care colleagues to identify test of change opportunities for proactive identification of frailty.

Supporting Local Care Homes

Our partnership with local care home providers has continued to develop and strengthen following the pandemic. Commissioning and contracts staff continued to support homes with twice-weekly welfare calls to homes. Every week we hold multidisciplinary Care Home Assurance Meetings and there is a four-weekly Care Home Managers Forums with managers. Regular support meetings take place with care homes experiencing any issues/risks. The HSCP adult support and protection team has worked closely with homes advising and investigating to keep the most vulnerable individuals safe from harm. Bespoke support has been offered to care homes particularly affected during the pandemic and the wellbeing of staff and residents continues to be a high HSCP priority.

Unpaid Carers

Working with East Renfrewshire Carers Centre, we have continued to ensure that carers have had access to guidance and support throughout the year. Training and awareness-raising on the issues affecting carers was delivered and work continued on the development and promotion of support planning for carers including short breaks. 80% of those asked reported that their 'quality of life' needs were being met, this is down from 92% in 2021/22.

We know the pandemic has impacted significantly on carers, with potentially restricted access to support, resources and activities away from caring. A local network has been created and further sessions are planned throughout 2023. The Carers Collective continue to meet monthly and carers rights information is provided to every carer referred to the Centre. This information is supplemented by group sessions on Carers Rights and Introduction to Caring sessions.

The HSCP and Carers Centre previously secured funding to appoint a dedicated ethnic minority worker. The Centre has been able to sustain this post into their core funding. 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 and 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.

Community Justice

The provision of unpaid work was significantly impacted by the pandemic with Community Payback Orders (CPOs) suspended on 23rd March 2020 and this continues to have an impact on unpaid work provision. There were 5,874 hours backlog at the end of March 23, spread over 71 individuals subject to Unpaid Work. This denotes a return to pre-Covid levels of Unpaid Work Orders.

As we work through this 86% Community Payback Orders (CPOs) commenced within 7 days which is significantly up from 58% in 2021/22. We have also seen positive employability and volunteering outcomes for people with convictions at 64% up from 56% in 2021/22 and 100% of people reported that their order had helped address their offending

The HSCP delivers accredited programmes aimed at reducing reoffending. During the year we continued to deliver Moving Forward, Making Changes in a group work capacity. The criminal justice service uses appropriate risk assessment tools to identify need and reduce the risk of further offending. New staff have accessed Trauma Informed Practice training as it has become available. This has been complemented by all staff undertaking a range of training including supporting young people's mental health.

Staff Resilience and Wellbeing

Our staff across the HSCP continued to deliver services with incredible resilience, commitment and creativity. This ongoing dedication allowed us to work through the impact that Covid-19 still has on our workforce and our population.

The way our staff have been working has changed significantly with hybrid working becoming the norm for large groups of employees. Our wellbeing programme across the health and social care landscape was developed using dedicated funding and support is far wider than our HSCP staff; support is also accessible to Care Homes, Primary Care, Care Providers, Third and Community Sector (staff and volunteers). 85% of HSCP staff agreed that “My manager cares about my health and wellbeing” although this is down from 88% in our previous staff survey.

Specialist Learning Disability Services

The service continued to operate fully throughout various infection control measures in the recovery phases of the Covid-19 pandemic. This often resulted in intermittent closures to admissions and disruption including challenging absence levels similar to those experienced by the wider health and social care system. The associated additional costs were met the Covid-19 funding, as with other services during the year.

Prior to the pandemic the 6 HSCPs within NHSGGC had committed to working together to take forward a programme of redesign of inpatient services, the emphasis being on improving our responses in the community to reduce the use of inpatient beds when not clinically required. We had highlighted a need to review and improve performance in delayed discharge and have worked positively with Scottish Government to shape the original ‘Coming Home’ report in 2018 – this led to the publication of the recent ‘Coming Home Implementation’ 2022 report. The delays to the redesign programme meant that the transition reserve to support service redesign was used in full in 2022/23.

Alongside this, the allocation of the Community Living Change Fund aligns to NHSGGC ambitions to redesign services for people with complex needs including learning disabilities and autism, and for people who have enduring mental health problems. East Renfrewshire is leading on this work and have established a programme board which will provide strategic leadership and governance and direct the work of the community and inpatient redesign going forward. Avoiding admission and preventing placement breakdown is a key priority to addressing delayed discharges.

We have developed a multi-agency collaborative group, including all HSCPs, Commissioning, Third Sector and Housing colleagues. This has a delayed discharge work stream chaired by a third sector Chief Executive. The aim of this group is to encourage and influence different practice which may address some of the historical and more recent difficulties.

East Renfrewshire has also led on the Scottish Government’s Implementation group with the Head of Service chairing the Dynamic Support Register sub group which will result in a

nationally agreed pathway based on early intervention to avoid admission. This has been agreed by COSLA and Government and is to be launched to all Boards / HSCPs in May 2023.

In 2022 the Scottish Government announced that all people with learning disability (and people who identify as having a learning disability) are to receive an annual health check. The intention was for this to be provided by primary care, however given the challenging environment and capacity this will not be possible. After negotiation with the Scottish Government at a national level it was agreed to devise alternative delivery models. As host, East Renfrewshire will take a strategic planning lead and develop the NHS Greater Glasgow and Clyde approach to this in collaboration with our 5 fellow partnerships and will host the service going forward.

Covid-19 and Flu Vaccination Programme

The HSCP continued to deliver vaccinations to care home residents and staff, as well as housebound patients within East Renfrewshire as part of the winter vaccination programme. The HSCP again supported the mass vaccination clinics run by Greater Glasgow and Clyde in partnership with East Renfrewshire Council. The weekend clinics held at Barrhead Health and Care Centre represented a significant commitment to ensure the centre worked efficiently and safely, with staff supporting the non-clinical operation through facilities management of the buildings, queue management and liaison with clinical staff.

Climate Change

Whilst the IJB completed the required Public Sector Compliance Report with Climate Change Duties 2022, the information was minimal as the IJB itself does not hold assets or directly deliver services. These are delegated to either the health board or the local authority. Therefore the accountability and responsibility for climate change governance and delivery sits with our partner organisations, with the HSCP supporting such delivery.

Other Support

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

During the year we made some progress on our Recovery and Renewal programme and have widened the scope to include all savings, as many of the workstreams overlap.

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

Our hosted Autism service is seeing increasing demand for assessment and diagnosis, which has more than doubled in the past two years. This has meant significant capacity challenges and the service have implemented a range of measures to maximise performance with waiting lists/times and have improved initial screening process. Increased referrals for neurodevelopmental conditions is a national phenomena and a not unique to East Renfrewshire

or NHS Greater Glasgow and Clyde . We are working with colleagues across the system and nationally to consider new approaches to neurodevelopment pathways.

Key Risks and Uncertainties

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

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

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

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

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

2022/23 Performance Achievements and Challenges

In addition to our quarterly reports we publish an Annual Performance Report which is made publicly available on our website in line with statutory guidance. The Annual Performance report demonstrates how we review our performance for 2022/23 against local and national performance indicators and against the commitments within our Strategic Plan.

During 2022/23 the partnership has experience significant challenges from increased demand pressures and higher levels of complexity often relating to the continuing impacts from the Covid-19 pandemic. Throughout the period, we have continued to maintain and deliver safe and effective services to our residents. During the year, the HSCP and our partner organisations experienced increased staff absence with resulting pressures within the health and social care system. This year we have also seen continuing recruitment and retention challenges in the sector impacting on our performance.

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

We note the following performance headlines including key achievements and areas where we were not able to meet normal targets:

- Significant improvement in waiting times for children and young people accessing our Child and Adolescent Mental Health Service (CAMHS) with the percentage of people starting treatment within 18 weeks increasing to 86% for 2022/23, up from 55% in 2021/22. Average longest wait (monthly) was 24 weeks down from 41 weeks in the previous year. This improvement in performance has been aided by the ongoing development of our alternative (Tier 2) services: Healthier Minds and the Family Wellbeing service. 93% children and young people supported by the Healthier Minds Team reported improved mental health and wellbeing.
- Continuing strong performance on supporting permanence for our care experienced children (no children experiencing three or more placements); and positive outcomes for child protection cases (100% with increased levels of safety). Our balance of care for children is positive and we have seen an increase in the percentage of children being looked after in the community. However, this indicator was impacted by the pandemic and we are working to return to performance levels seen before 2020.
- We continue to support people to maintain their independence at home and have seen improvement in our balance of care. 64.4% of people aged 65+ with intensive care needs (i.e. requiring 10 hours or more of support per week) are receiving care at home; up from 62% in the previous year. 97% of people aged 65+ live in housing rather than a care home or hospital. And we have increased the number of people self-directing their care through receiving direct payments and other forms of self-directed support although we are still working to return to pre-pandemic levels. The percentage of people




- with reduced care needs following re-ablement / rehabilitation decreased during the year. Performance reflects increased levels of frailty, complexity of hospital discharge, and pressures on service as a consequence of the pandemic including staff absence.
- During 2022/23 we have continued to deal with increased demand across mental health and addiction services due to increases in complexity. We saw continuing improved performance for drug and alcohol service waiting times with 96% accessing treatment within 3 weeks. The proportion of service users moving through treatment to recovery services decreased to 5% during the year. Waiting times for access to psychological therapies remained stable; averaging 75% of people being seen within 18 weeks, missing target (90%) for the year. However, the service continued to build staff capacity during the year and was performing above target (92%) by March 2023.
 - As a result of the continuing pressures on the social care sector and particularly our care at home service during the year, we saw an increase in our average number of delayed discharges and the number of hospital bed days lost to delayed discharge. Other unplanned hospital use remained stable with a slight increase in A&E attendances but a reduction in emergency admissions. Attendances and admission both remain below the levels seen before the pandemic.
 - We continue to support our unpaid carers in partnership with local support organisations. Although we are ahead of target, the proportion of carers reporting satisfaction with their quality of life has reduced from the previous year; reflecting the continuing pressures on carers following the pandemic period. As a partnership, we are working to ensure that carers have had access to the guidance and support they need.
 - The provision of unpaid work was significantly impacted by the pandemic with Community Payback Orders (CPOs) suspended in March 2020 and this continues to have an impact on unpaid work provision. However, the proportion of CPOs completed within court timescales continued to improve, now at 83%. We are also helping more people with convictions into employment and volunteering with positive outcomes for 64%, compared with 56% in the previous year.
 - As a partnership we are focused on tackling health inequalities and improving life chances for our residents. Breastfeeding rates in our most disadvantaged neighbourhoods have increased by 7.5% from the previous year. And we have supported 60 people living in disadvantaged areas to stop smoking.
 - During 2022/23, we have continued to improve personal outcomes for women and families affected by domestic abuse. Improved outcomes were at 90% for women, up 3% from 2021/22; and 82% for children, up 2%.
 - In terms of organisational performance, our timescales for responding to frontline complaints have improved during the year. Sickness absence remains an area of focus for the partnership, and we have an increase in absence across Council and NHS staff groups during 2022/23.

The data shows that despite the ongoing pressures the partnership is facing as we recover from the pandemic we have continued to support our most vulnerable residents and have performed well against many of our outcome-focused performance indicators. Through our



recovery and renewal planning and the delivery of our next Strategic Plan for 2022-2025 we will ensure that our priorities and approaches meet the changing needs of our population.

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

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




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

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



Strategic Priority 1 - Working together with children, young people and their families to improve mental wellbeing							
Indicator	2022/23	Current Target	2021/22	2020/21	2019/20	2018/19	Trend from previous year
Children and young people starting treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral (<i>INCREASE</i>)	86%	90%	55%	61%	78%	74%	
Balance of Care for looked after children: % of children being looked after in the Community (LGBF) (<i>INCREASE</i>)	*	Data only	92.7%	91.1%	94.9%	98.0%	

*2022/23 data not yet available from Public Health Scotland

Strategic Priority 2 - Working together with people to maintain their independence at home and in their local community

Indicator	2022/23	Current Target	2021/22	2020/21	2019/20	2018/19	Trend from previous year
Number of people self-directing their care through receiving direct payments and other forms of self-directed support. <i>(INCREASE)</i>	488	600	458	551	575	514	
Percentage of people aged 65+ who live in housing rather than a care home or hospital <i>(INCREASE)</i>	97%	97%	97%	97%	97%	96%	
People reporting 'living where you/as you want to live' needs met (%) <i>(INCREASE)</i>	89%	90%	89%	91%	88%	92%	

Strategic Priority 3 - Working together to support mental health and well-being



Indicator	2022/23	Current Target	2021/22	2020/21	2019/20	2018/19	Trend from previous year
Percentage of people waiting no longer than 18 weeks for access to psychological therapies <i>(INCREASE)</i>	75%	90%	76%	74%	65%	54%	
% of service users moving from drug treatment to recovery service <i>(INCREASE)</i>	5%	10%	9%	6%	16%	22%	

Strategic Priority 4 - Working together to meet people's healthcare needs							
Indicator	2022/23	Current Target	2021/22	2020/21	2019/20	2018/19	Trend from previous year
Acute Bed Days Lost to Delayed Discharge (Aged 18+ including Adults with Incapacity) (DECREASE) (MSG data)	4,652	1,893	4,546	2,342	1,788	2,284	▬
No. of A & E Attendances (adults) (DECREASE) (MSG data)	17,355	18,335	16,877	13,677	20,159	20,234	↓
Number of Emergency Admissions: Adults (DECREASE) (MSG data)	6,564	7,130	6,767	6,517	7,538	7,264	↑
% of last six months of life spent in a community setting (INCREASE) (MSG data)	n/a	86%	90%	90%	88%	86%	▬


Strategic Priority 5 - Working together with people who care for someone ensuring they are able to exercise choice and control in relation to their caring activities							
Indicator	2022/23	Current Target	2021/22	2020/21	2019/20	2018/19	Trend from previous year
People reporting 'quality of life for carers' needs fully met (%) (INCREASE)	80%	72%	92%	91%	92%	78%	↓

Strategic Priority 6 - Working together with our partners to support people to stop offending							
Indicator	2022/23	Current Target	2021/22	2020/21	2019/20	2018/19	Trend from previous year
Community Payback Orders - Percentage of unpaid work placement completions within Court timescale. (INCREASE)	83%	80%	81%	75%	71%	84%	↑

Strategic Priority 7 - Working together with individuals and communities to tackle health inequalities

Indicator	2022/23	Current Target	2021/22	2020/21	2019/20	2018/19	Trend from previous year
Increase the number of smokers supported to successfully stop smoking in the 40% most deprived SIMD areas. (This measure captures quits at three months and is reported 12 weeks in arrears.) (INCREASE)	60	16	60	66	74	6	
Premature mortality rate per 100,000 persons aged under 75. (European age-standardised mortality rate) (DECREASE)	n/a	Data Only	333	334	295	308	

Strategic Priority 9 - Protecting people from harm

Indicator	2022/23	Current Target	2021/22	2020/21	2019/20	2018/19	Trend from previous year
% Change in women's domestic abuse outcomes (INCREASE)	90%	70%	87%	84%	79%	64%	

Financial Performance

Funding 2022/23

The net total health and social care funding from our partners for financial year 2022/23 was £176.251 million:

	£ Million
NHS Greater Glasgow and Clyde Primary Care	81.549
NHS Greater Glasgow and Clyde Large Hospital Services	29.075
East Renfrewshire Council Social Care	65.141
East Renfrewshire Council Housing Aids and Adaptations	0.486
Total Net Funding	176.251

The Comprehensive Income and Expenditure Statement (CIES) (page 48) shows the IJB gross income as £204.005 million, as that statement shows service income, grant funding and resource transfer which are included within the net funding from our partners in the table above. The purpose of the CIES presentation is to show the gross cost of the services we provide.

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

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

Financial Performance 2022/23

The annual report and accounts for the IJB covers the period 1st April 2022 to 31st March 2023. The budgets and outturns for the operational services (our management accounts) are reported regularly throughout the year to the IJB, with the final position summarised:

Service	Budget	Spend	Variance (Over) / Under	Variance (Over) / Under
	£ Million	£ Million	£ Million	%
Children & Families	14.741	14.281	0.460	3.12%
Older Peoples Services	25.619	24.085	1.534	5.99%
Physical / Sensory Disability	6.309	6.090	0.219	3.47%
Learning Disability – Community	17.902	18.629	(0.727)	(4.06%)
Learning Disability – Inpatients	9.559	9.591	(0.032)	(0.33%)
Augmentative and Alternative Communication	0.265	0.265	-	0.00%
Intensive Services	16.089	16.735	(0.646)	(4.02%)
Mental Health	5.729	5.392	0.337	5.88%
Addictions / Substance Misuse	1.626	1.543	0.083	5.10%
Family Health Services	28.923	28.921	0.002	0.01%
Prescribing	17.098	17.872	(0.774)	(4.53%)
Criminal Justice	0.029	(0.001)	0.030	103.45%
Finance and Resources	1.972	1.868	0.104	5.27%
Net Expenditure Health and Social Care	145.861	145.271	0.590	0.40%
Housing	0.486	0.486	-	-
Set Aside for Large Hospital Services	29.075	29.075	-	-
Total Integration Joint Board	175.422	174.832	0.590	0.40%

The £0.590 million operational underspend (0.40%) is marginally better than the reporting taken to the IJB during the year and this underspend will be added to our budget phasing reserve. The main variances to the budget were:

- £0.460 million underspend in Children and Families was mainly from care package costs and some staff vacancies.
- £1.534 million underspend within Older Peoples services was mainly from purchased nursing and residential care. This reflects the ongoing trend of reduction in nursing and care home admissions but does offset the increase in community activity, particularly in Care at Home. Given this continued trend budgets have been realigned in 2023/24 to recognise this shift in type of care.
- £0.646 million overspend within Intensive Services as our care at home costs reflect that we continue to see high demand post pandemic and we had additional costs delivering the service with diminished capacity, particularly over the winter period.
- £0.727 million overspend within Learning Disability Community Services mainly from care package costs, partially offset by staff vacancies. We have recognised this cost pressure

in the 2023/24 budget, which in turn has added to our funding gap and associated saving requirement.

- £0.774 million overspend in the cost of prescribing as we saw increases in the volume of items prescribed and the costs are impacted by the economic climate and supply chain issues, compounded by Brexit and the war in Ukraine. This overspend is after the £0.456 million balance of the smoothing reserve, set up to meet fluctuation, was fully used.

The set aside budget is shown as nil variance as this currently is not a cash budget to the HSCP and the annual amount reported is agreed each year with NHS Greater Glasgow and Clyde. The actual expenditure share for 2022/23 was identified as £29.075 million and is £1.473 million less than our notional budget, although there is nil cash impact. As outlined earlier, work is ongoing to agree the mechanism for bringing the set aside budget into an operational stage and this includes ensuring a balanced budget will be achieved.

The table below shows the £4.564 million we spent on Covid-19 activity, fully funded by the Scottish Government through the ring-fenced reserve balance we brought into 2022/23. Our Covid-19 related spend was reported to the Scottish Government as part of the Local Mobilisation Plan submitted by NHS Greater Glasgow and Clyde Health Board.

Our local spend was significantly less than the prior year reflecting the changes to Scottish Government guidance on financial support to adult and social care providers, testing and public health policies in relation to Covid-19 and cessation of support for unachieved savings compared to the funding provided to IJBs, at the end of financial year 2021/22. This resulted in the Scottish Government reclaiming surplus Covid-19 reserves to be redistributed across the wider health and care sector to meet current Covid-19 priorities. For East Renfrewshire HSCP this represented a return of £4.7 million and this was in line with the level of reserves reclaimed from other HSCPs across the country.

Covid-19 Expenditure Summary	£ million
Additional services and staffing including Mental Health Assessment, Community Treatment, Flu, GP, staffing across all response activity	3.298
Infrastructure, equipment, PPE	0.132
Sustainability payments to partners	1.134
Total Expenditure	4.564
Funds repaid to the Scottish Government in year	4.500
Funds to be repaid - accounted for at year end	0.200
Total Funds Used and Repaid	9.264
Opening Earmarked Reserve Balance	9.266
Closing Earmarked Reserve Balance (to meet Carers PPE)	0.002

The closing Covid-19 reserve balance reflects the amount the Scottish Government advised should be retained locally to support the ongoing cost of PPE supplies for unpaid carers following the cessation of local PPE Hubs set up during the pandemic response.

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

A number of services are hosted by the other IJBs who partner NHS Greater Glasgow and Clyde and our use of hosted services is detailed at Note 4 (Page 57-58). The hosted services are accounted for on a principal basis, as detailed at Note 11 (Page 64).

The information above reflects our management accounts reporting throughout 2022/23 whilst the CIES (Page 48) presents the financial information in the required statutory reporting format; the movement between these of £9.430 million is a result of the management accounting treatment of reserves:

Reconciliation of CIES to Operational Underspend	£ Million	£ Million
IJB operational underspend on service delivery		0.590
Reserves planned use during the year	(16.420)	
Reserves added during the year (prior to operational underspend)	1.124	
Net movement between management accounts and CIES	(15.296)	
IJB CIES underspend		(14.706)

Total Use of Reserves During 2022/23	£ Million
Reserves planned use during the year	(16.420)
Reserves added from operational underspend and new funding	1.714
Total Reserves used during 2022/23	(14.706)

Reserves

We used £16.420 million of reserves in year and we also added £1.714 million into earmarked reserves. The year on year movement in reserves is set out in detail at Note 8 (Page 62-63) and is summarised:

Reserves Movement	£ Million	£ Million
Reserves at 31 March 2022		20.752
Planned use of existing reserves during the year	(16.420)	
Funds added to reserves during the year	1.714	
Net reduction in reserves during the year	(14.706)	
Reserves at 31 March 2023		6.046

The purpose, use and categorisation of IJB reserves is supported by a Reserves Policy and Financial Regulations, both of which were reviewed in September 2022.

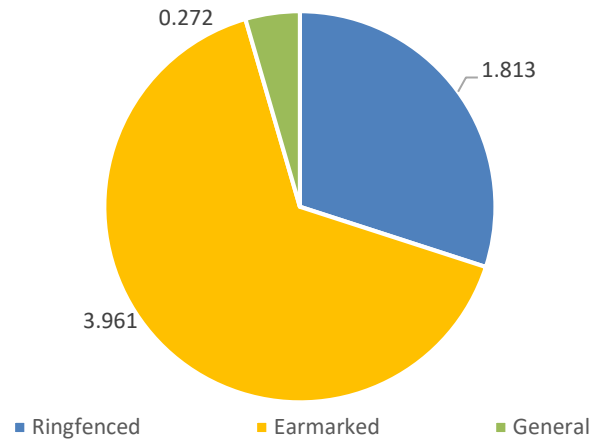
The reserves of the IJB fall into three types:

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

- General: this can be used for any purpose

The current balance of £6.046 million for all reserves falls in these three reserves types:

Reserves £6.046 million



Ring-Fenced Reserves

The majority of the £11.906 million reduction in reserves related to the use of specific ring-fenced funding we received from the Scottish Government and in particular the Covid-19 funding received at the end of 2021/22, as detailed above.

In addition to the £9.264 million for Covid-19 we also spent £2.642 million ring-fenced reserves during the year and the Scottish Government funding mechanisms put in place for much of these funds meant we needed to use our uncommitted balance prior to drawing any in year funding for programmes such as the Primary Care Improvement Fund and Mental Health Action 15. We have added £0.392 million to our Alcohol & Drugs Partnership reserve. In agreement with the Scottish Government the balance we take into 2023/24 will support the development of a local recovery hub and other committed costs.

The overall reduction in ring-fenced funding during 2022/23 is not unique to East Renfrewshire and mirrors the national position.

Earmarked Reserves

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

Within our earmarked reserves we spent £4.514 million supporting savings and delivering on projects as planned, however it is important to note that our smoothing reserve for fluctuation in prescribing costs and the transition funding to support Learning Disability bed model redesign were both fully utilised in 2022/23.

We have also transferred a number of reserve balances totalling £0.567 million to our budget phasing reserve as agreed during the year by the IJB, recognising the scale of the budget savings in 2023/24.

The balance relates to a number of smaller projects and initiatives with the detail provided at Note 8 (page 62-63).

General Reserves

Our general reserve remains unchanged at £0.272 million and is well below the optimum level at a value of 2% of budget we would ideally hold. The general reserve is currently 0.19% of the 2022/23 revenue budget.

Given the scale of the financial challenge we have faced pre pandemic the IJB strategy to invest where possible in smoothing the impact of savings challenges has not allowed any investment into general reserves. We have recognised whilst this means we are below our policy level, the prioritisation has been on long term sustainability and minimising the impact of savings over time on those services we provide.

We received Covid-19 support for unachieved savings during the first two years of the pandemic and when this stopped we used £2.439 budget phasing reserve in 2022/23 as we work to deliver our legacy savings on a recurring basis. The use of reserves to support savings delivery was an agreed strategy pre Covid-19. Our capacity to deliver change and savings was restricted by operational pressures during 2022/23.

In the event our operational costs exceed budget in 2023/24 we may need to un-hypothecate (i.e. un-earmark) reserves to meet costs.

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

Future Challenges

The IJB continues to face a number of challenges, risks and uncertainties in the coming years and this is set out in our current Medium-Term Financial Plan (MTFP) for 2023/24 to 2027/28 and our Strategic Plan for 2022/23 to 2024/25. These key strategies also inform our strategic risk register and collectively support medium-term planning and decision making.

The IJB operates in a complex environment with requirements to ensure statutory obligations, legislative and policy requirements, performance targets and governance and reporting criteria are met whilst ensuring the operational oversight of the delivery of health and care services.

UK and Scottish Government legislation and policies and how they are funded can have implications on the IJB and how and where we use our funding over time.

The most significant challenges for 2023/24 and beyond include:

- delivering a difficult range savings to ensure financial sustainability, recognising this is at odds with our historic focus on prevention
- managing the real tension between reduced service capacity as a result of savings and maintaining discharge without delay from hospital
- understanding the longer term impacts of Covid-19 on mental and physical health in the longer term
- recruitment and retention of our workforce, particularly in the current cost of living crisis
- managing prescribing demand and costs in partnership with our GPs
- supporting the physical and mental health and wellbeing of our workforce and our wider population, again further impacted by the current cost of living challenges
- meeting increased demand for universal services without funding for growth, including increased population demand and new care homes opening with the area
- we may also need to prepare for the challenges and opportunities that may arise from a national care service

For 2023/24 the cost pressures identified in our budget are of £10.34 million is offset by available funding of £3.28 million leaving a funding gap of £7.06 million; a savings programme is identified to deliver this in full, but we recognise there may be some areas where we will not achieve a full year by 31 March 2024 and this will be supported by the remaining earmarked reserves we hold.

Our Savings, Recovery and Renewal programme will continue to be reported to the IJB on a regular basis and provides detail on progress on savings, project work and service redesign. The prioritisation of care, to support those with the greatest need is required to deliver around 50% of our savings.

The funding gap in 2023/24 is £7.06 million and presents a very significant challenge particularly when taking into account the continued recovery from Covid-19, pay, inflation and capacity challenges. The funding gap results from:

	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

The budget agreed by the IJB on 29th March 2023 sets out the detail behind each of the cost pressures and it is important to note that these include contractual and policy requirements that must be met.

The prescribing cost pressure has been limited to the level of funding uplift provided as part of the Scottish government budget settlement, although it needs to be recognised that there still remains significant volatility in both cost and demand.

The legacy savings brought forward from 2022/23 relate to the pre-pandemic budget the IJB agreed for 2020/21, set on the cusp of the first wave of the pandemic. At that time 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. For context from 2016/17 to 2019/20 (the last year pre pandemic) the HSCP savings we needed to make in social care were £8.4 million.

We subsequently received full support for unachieved savings in 2020/21 and 2021/22 from the Scottish Government as part of the Covid-19 support funding, recognising we did not have operational capacity to work on savings delivery.

The use of reserves to allow time to feed in these legacy savings was part of our reserves strategy pre pandemic and we have met the majority of this saving in 2022/23 from reserves as the Covid-19 funding to support unachieved savings ceased in March 2022.

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, hence the introduction of a Supporting People Framework as part of our approach to achieve required savings:

	ERC £m	NHS £m	TOTAL £m
Summary of Savings to Close Funding Gap:			
Service Savings including structure proposals	2.85	0.33	3.18
Additional pay award funding post budget	0.26	-	0.26
Limit use of support services to contain cost pressures	0.22	-	0.22
Supporting People Framework	3.40	-	3.40
Total of Identified Savings	6.73	0.33	7.06

Whilst the scale of this challenge is significant to East Renfrewshire, particularly as one the smaller HSCPs this is not unique; the national position across all public sector services shows a challenging financial outlook and a report compiled on the position of 29 of the 31 IJB's at the beginning of 2023/24 showed a collective financial gap of £305 million which is 3.6% of the respective total budgets; however within individual IJBs this gap ranges from 1% to 9%. For East Renfrewshire HSCP the total gap is 4.7%, which equates to 10% against the East Renfrewshire Council contribution and 0.4% against the NHS Greater Glasgow and Clyde contribution.

The 2023/24 budget recognises that we may require to invoke financial recovery planning if we cannot close our funding gap on a recurring basis.

Our partner East Renfrewshire Council has agreed just over £0.75 million non-recurring support in 2023/24 for the HSCP to deliver a number of initiatives related to Covid-19 recovery:

- Increasing our Talking points capacity to support the development of more community groups
- Extend the warm spaces and community cafe initiatives in our Health & Care centres
- Additional staffing cover to help meet pressures over the winter months
- Wellbeing and recovery support along with "go bags" to support domestic abuse survivors
- Financial support for foster carers, recognising the cost of living challenges
- Support to extend the staff and our partners wellbeing programme within the HSCP
- Provide additional materials to support community justice work
- Provide additional wellbeing support for vulnerable individuals, particularly those with additional support needs
- Housing and mental health support for our young people
- Funding to work with older children as they transition into adult services
- Support work for young people affected by drugs and alcohol

Looking forward to 2024/25 and beyond in any one year the modelled cost pressure could range from £9.0 million to £3.4 million depending on the combination of factors, recognising the next 2 years are likely to be particularly challenging before we see economic recovery.

Similarly the resulting potential unfunded gap, as modelled, could range from £5.9 million to £2.3 million. However this will ultimately be determined by the Scottish Government budget settlement each year.

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

The wider economic challenges are significant as we are seeing continued increasing inflation across a number of goods and services and in particular prescribed drugs on a global level, impacting nationally. The war in Ukraine has also impacted on supply of goods. For the UK economy current intelligence suggests that the cost of fuel and utilities may begin to reduce during this year, however this is only one element of the cost of living crisis. Our population and households are not impacted equally by cost of living and those with lower income are disproportionately affected.

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

We have successfully operated integrated services for almost 20 years so we have faced a number of challenges and opportunities over the years. However our funding and savings challenge take no account of this history. Whilst we have agreed a population based approach for future (NHS) financial frameworks and models this does not address the base budget.

Prescribing will not only rise in line with population increases but is also subject to many other factors. This area is so volatile it is difficult to accurately predict and the post Covid-19 impact could continue to be significant. The IJB previously held a reserve to help manage fluctuation in cost and demand, but this has now been fully utilised. Without intervention this could be a £2m overspend in 2023/24 with no funding available to offset this and this is an area difficult to predict in the longer term. Work is ongoing locally, across NHS Greater Glasgow and Clyde and at a national level to monitor this area of pressure.

Maintaining Discharge without Delay performance is a key issue for us. In order to achieve the target we continue to require more community based provision and this is dependent on availability of care. The medium-term aspiration is that the costs of increased community services will be met by shifting the balance of care from hospital services. The work to agree a funding mechanism to achieve this remains ongoing with NHS Greater Glasgow and Clyde and its partner IJBs through an Unscheduled Care Commissioning Plan.

We are in a period now where we are learning to live with Covid-19, its legacy impact and the continued circulation of the virus in our communities. With the exception of a modest sum of £2k to provide PPE to carers the support from the Scottish Government has ended, both for the HSCP and for partner organisations. There is still a risk that should any outbreak occur within a team or a health and care setting there could be impact on capacity and therefore on service delivery. There may also be associated additional costs of staff cover and infection control.

We continue to use learning from how we delivered services during the pandemic to shape and inform future service models.

The longer term impact on the sustainability of our partner care provider market in the post Covid-19 pandemic and current economic climate is a significant issue. Our Strategic Commissioning plan sets out the detail on how we will work with our partners in the third and independent sectors in the coming years. The way we commission services may be impacted by the creation of a national care service. There is an increasing tension between cost expectations from care providers including those on national procurement frameworks and contracts and the funding, or more specifically the lack of that IJBs have to meet any additional increases

We intend to develop our performance and financial reporting in more detail at a locality level to allow fuller reporting and understanding of future trends and service demands and include Covid-19 implications and scenarios. We were not able to progress this work during 2022/23 as capacity did not allow this.

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

- Our Savings, Recovery and Renewal Programme continues and the scope has been widened to incorporate all change and savings activity recognising the cross cutting nature of many workstreams. Progress will be reported to every meeting of the IJB.
- We will update our Medium-Term Financial Plan on a regular basis reflecting the ongoing and legacy impact of Covid-19, the economic climate and any impact from the National Care Service and / or other policy decisions as these become clearer. This will allow us to continue to use scenario-based financial planning and modelling to assess and refine the impact of different levels of activity, funding, pressures, possible savings and associated impacts. This will also inform our planning for our 2024/25 budget.
- We will continue to monitor the impacts of Covid-19, Brexit, economic and inflationary factors along with operational issues through our financial and performance monitoring to allow us to take swift action where needed, respond flexibly to immediate situations and to inform longer term planning.
- We will continue to progress and report on our Strategic Improvement Plan until fully complete; work on this was not a priority during the ongoing pandemic response.
- We will complete the review of our Integration Scheme; work that had been undertaken pre pandemic has been refreshed during 2022/23 and an NHSGGC wide review is in place.
- We routinely report our performance to the IJB with further scrutiny from our Performance and Audit Committee and our Clinical and Care Governance Group. The service user and carer representation on the IJB and its governance structures is drawn from Your Voice which includes representatives from community care groups, representatives from our localities and representatives from equality organisations including disability and faith groups. We intend to continue the development our performance reporting during 2023/24, building on work done in 2022/23.

- Workforce planning will continue to support identification of our current and future requirements. Recruitment and retention of staff is key to all service delivery and we have mitigated as far as possible by minimising the use of temporary posts and developing our workforce and organisational learning and development plans. Given the overwhelming response to the pandemic over a prolonged period our staff are tired both physically and mentally and the wellbeing of our workforce is paramount. We will progress the action plan agreed as part of our Workforce Plan 2022-25.
- We will progress with the redesign of the Learning Disability Inpatient bed model and progress the programme of health checks for people with a learning disability.
- Governance Code; we have robust governance arrangements supported by a Governance Code.
- The IJB continues to operate in a challenging environment and our financial, risk and performance reporting continue to be a key focus of each IJB agenda.

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

Conclusion

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

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

Anne-Marie Monaghan
Chair
Integration Joint Board

28th June 2023

Julie Murray
Chief Officer
Integration Joint Board

28th June 2023

Lesley Bairden ACMA CGMA
Chief Financial Officer
Integration Joint Board

28th June 2023

Statement of Responsibilities

Responsibilities of the Integration Joint Board

The IJB is required to:

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

I confirm that the audited Annual Accounts will be presented on 27th September 2023 for approval.

Anne-Marie Monaghan

Chair

Integration Joint Board 28th June 2023

Responsibilities of the Chief Financial Officer

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

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

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

The Chief Financial Officer has also:

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

I certify that the financial statements give a true and fair view of the financial position of East Renfrewshire Integration Joint Board as at 31st March 2023 and the transactions for the IJB for the period covering 1st April 2022 to 31st March 2022.

Lesley Bairden ACMA CGMA
Chief Financial Officer
Integration Joint Board 28th June 2023

Remuneration Report

Introduction

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

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

For 2022/23 no taxable expenses were claimed by members of the IJB.

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

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

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

Integration Joint Board

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

Senior Officers

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

The total remuneration received by the Chief Officer in 2022/23 amounted to £120,811 in respect of all duties undertaken during the financial year. The Chief Financial Officer total remuneration for 2022/23 amounted to £92,805.

2021/22			Name and Post	2022/23		
Salary, Fees & Allowances £	Taxable Expenses £	Total Remuneration £		Salary, Fees & Allowances £	Non-Taxable Expenses £	Total Remuneration £
115,279	-	115,279	Julie Murray Chief Officer	120,811	-	120,811
88,285	-	88,285	Lesley Bairden Chief Financial Officer	92,805	-	92,805

Voting Board Members 2022/23		Total Taxable IJB Related Expenses £
Councillor Caroline Bamforth (Chair April to May 22)	East Renfrewshire Council	-
Anne-Marie Monaghan (Chair from June 22 and Vice Chair to May 22)	NHS Greater Glasgow & Clyde	-
Councillor Katie Pragnell (Vice Chair) (from June 22)	East Renfrewshire Council	-
Councillor Owen O'Donnell (from June 22)	East Renfrewshire Council	-
Councillor Paul Edlin (from June 22)	East Renfrewshire Council	-
Diane Foy (from August 2022)	NHS Greater Glasgow & Clyde	-
Jacqueline Forbes	NHS Greater Glasgow & Clyde	-
Amina Khan	NHS Greater Glasgow & Clyde	-
Councillor Tony Buchanan (until May 22)	East Renfrewshire Council	-
Councillor Jim Swift (until May 22)	East Renfrewshire Council	-
Michelle Wailes (until June 22)	NHS Greater Glasgow & Clyde	-

The equivalent cost in 2021/22 was nil for all IJB members. The voting members of the IJB changed following local elections in May 2022 and there was a change of one NHS Non-Executive Director during the year.

The Pension entitlement for the Chief Officer for the year to 31st March 2023 is shown in the table below, together with the contribution made by the employing body to this pension during the year.

2021/22			Name and Post	2022/23		
In Year Pension Contribution to 31 March £	Accrued Pension Benefits at 31 March			In Year Pension Contribution to 31 March £	Accrued Pension Benefits at 31 March	
	Pension £	Lump Sum £			Pension £	Lump Sum £
22,249	48,214	60,686	Julie Murray Chief Officer	23,316	54,433	63,720
17,039	10,849	-	Lesley Bairden Chief Financial Officer	17,848	12,993	-

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

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

However, the IJB has responsibility for funding the employer's contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the IJB. The table above shows the IJB's funding during 2022/23 to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned from a previous employment and from each officers' own contributions.

General Disclosure by Pay Bands

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

Number of Employees 31 March 2022	Remuneration Band	Number of Employees 31 March 2023
-	£80,000 - £84,999	-
1	£85,000 - £89,999	-
-	£90,000 - £94,999	1
-	£105,000 - £109,999	-
-	£110,000 - £114,999	-
1	£115,000 - £119,999	-
-	£120,000 - £124,999	1

Anne-Marie Monaghan
Chair
Integration Joint Board 28th June 2023

Julie Murray
Chief Officer
Integration Joint Board 28th June 2023

Annual Governance Statement

Introduction

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

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

Scope of Responsibility

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

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

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

The Purpose of the Governance Framework

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

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

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

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

The Governance Framework

The main features of the governance framework in place during 2022/23 are summarised below:

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

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

We continued to hold our IJB meetings on a video conferencing platform and agreed with our chair and vice chair a prioritised agenda for each meeting. We held all meetings as planned during 2022/23. We held three JB seminars during the year focussing on an induction and

introduction for new IJB Members and planning for the Budget for 2023/24. We also held a session on the IJB response to the National Care Service consultation.

Our daily huddle remained in place and as the year progressed we reduced the frequency to twice weekly and this allowed our senior managers to meet in the morning to assess the situation, prioritise workloads and support service delivery, particularly over a very challenging winter period. This also provides an informal support network which has been invaluable.

Best Value

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



The System of Internal Financial Control

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

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

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

Review of Adequacy and Effectiveness

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

The Chief Internal Auditor reports directly to the IJB Performance and Audit Committee on all audit matters, with the right of access to the Chief Officer, Chief Financial Officer and Chair of the Performance and Audit Committee on any matter. In accordance with the principles of the code of corporate governance, regular reports were made to the IJB's Performance and Audit Committee during 2022/23. A member of East Renfrewshire Council's Audit and Scrutiny Committee was co-opted to the IJB Performance and Audit Committee during 2016/17 to promote transparency.

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

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

During 2022/23 the service operated in accordance with relevant professional audit standards and the Public Sector Internal Audit Standards.

The Chief Internal Auditors opinion will be provided as part of the audited annual report and accounts in September 2023

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

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

Governance Issues during 2022/23

Whilst all operational and transactional governance issues are considered within our partner's governance frameworks, the IJB Performance and Audit Committee also take an overview on all actions resulting from both internal and external audit reports, covering all live actions whether pre or post 31st March 2023.

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

Significant Governance Issues

The IJB continued to meet virtually throughout the year and all meetings were held as planned. The Scottish Government introduced new legislation in 2020/21; The Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020. The HSCP has complied with this legislation as appropriate.

The focus on Covid-19 during the year has changed to look at how we live and work with the virus in circulation. The Scottish Government guidance changed during the year in relation to financial support and this was implemented locally. We continue to review our service delivery models and many more services are delivered in person or as a hybrid approach. Our buildings are far busier now that social distancing and other restrictions have eased.

Operational Governance

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

Audit Report	Recommendations		
	Total for HSCP	Considered implemented by HSCP (awaiting verification)	Total open
SDS – Direct Payments	3	0	3
Ordering and Certification	4	4	0
Follow up of Business Operations and Partnerships	2	1	1
Barrhead Centre	11	5	6
HSCP Follow-up	20	12	8
Debtors	2	2	0
Environment Follow-up	3	3	0
Fostering, Adoption and Kinship	3	2	1
Payroll	8	8	0
TOTAL	56	37	19

We were able to restart our Recovery and Renewal programme and have subsequently widened the scope of this to include all savings and change.

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

Action Plan

The table below shows the progress made during 2022/23 against the actions that we identified in our 2021/22 annual report and accounts. It does need to be recognised that capacity to progress these actions was impacted by capacity constraints, particularly over the winter months.

Action	Progress
Resource and deliver our Recovery and Renewal programme, with regular reporting including progress on savings to the IJB throughout 2022/23	We took reports during the year to the IJB and covered this at budget seminars. The team is fully resourced, however also supported operational services challenges during the year. The scope of the programme has been extended to cover all savings and change activity within the programme
Refresh our Medium Term Financial Plan (MTFP) and Strategic Risk Register to reflect any changes resulting from the NCS and for economic and inflation factors as required	A refreshed MTFP will be presented to the IJB on 28 June 2023 and updated for any major changes as they arise
Continue to work to implement the Unscheduled Care Commissioning Plan in partnership with the other HSCPs across Greater Glasgow and Clyde	This is part of an NHSGGC wide programme and will continue to be implemented, The last update to the IJB was in November 2022
Review our Best Value reporting with our Annual Performance Report and develop our performance reporting to look forward as well as report our retrospective position	We established a working group during 2022/23 and have revised our reporting format. Work continues to develop exception reporting.
Refresh our Integration Scheme	Work remains ongoing across NHSGGC and we are waiting for confirmation from the Scottish Government on the next steps.
Continue to monitor the costs associated with Covid-19 and sustainability throughout 2022/23 and beyond	We completed the required returns throughout the year via the Local Mobilisation Plan reported through NHSGGC. This funding has ceased however we will continue to monitor the financial impact to inform local reporting and decision making. We will also report on the £0.750 million provided by ERC to support Covid recovery in 2023/24.
Recommence review of our Strategic Action Plan, paused during the response to the pandemic	This work will recommence as part of our recovery.
Develop our Strategic Commissioning Plan and our approach to collaborative commissioning	Our latest Commissioning Plan to 2025 is being consulted on with a range of stakeholders and will be taken to the IJB in August 2023.

Implement our Strategic Plan	Our implementation plan was put in place during 2022/23
We will implement plans including recruitment for winter and capacity funding	This was completed during 2022/23 including the required reporting to the Scottish Government
We will report the results of the Joint Inspection of services for Children at Risk of Harm	The report was published 16 th August 2022 and shared with the IJB thereafter.

The actions we will take in 2023/24 to improve strengthening our corporate governance arrangements are:

- Deliver the Savings, Recovery and Renewal programme with progress reported to every meeting of the IJB
- Maintain the Medium Term Financial Plan and use this to inform the 2024/25 budget planning and beyond
- Ensuring financial sustainability is a key priority in 2023/24
- Continue to work to implement the Unscheduled Care Commissioning Plan in partnership with the other HSCPs across Greater Glasgow and Clyde
- Our Integration Scheme will be refreshed in line with appropriate guidance
- We will continue to monitor the financial impact of Covid where we can to inform local reporting and decision making. We will also report on the £0.750 million provided by ERC to support Covid recovery in 2023/24.
- Take our latest Commissioning Plan to 2025 to the IJB in August 2023 along with an implementation timeline.
- We will recommence review of our Strategic Action Plan, paused during the response to the pandemic and continue to develop of performance reporting.
- We will implement any recommendations resulting from the Adult Joint Inspection report, due to be published in June 2023.

Conclusion and Opinion on Assurance

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

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

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

Anne-Marie Monaghan

Chair

Integration Joint Board

28rd June 2023

Julie Murray

Chief Officer

Integration Joint Board

28rd June 2023

Independent Auditor's Report

The independent auditor's report to the members of East Renfrewshire Integration Joint Board and the Accounts Commission will be provided by our auditors Ernst & Young in the audited annual report and accounts presented on 27th September 2023

The Financial Statements

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

Comprehensive Income and Expenditure Statement for the year ended 31st March 2023

2021/22			2022/23				
Gross Expenditure £000	Gross Income £000	Net Expenditure £000	Objective Analysis	Note	Gross Expenditure £000	Gross Income £000	Net Expenditure £000
16,696	2,468	14,228	Children and Families		18,264	3,850	14,414
26,757	1,884	24,873	Older People's Services		28,325	943	27,382
6,574	308	6,266	Physical/Sensory Disability		7,576	774	6,802
21,479	905	20,574	Learning Disability – Community		24,325	915	23,410
9,901	1,079	8,822	Learning Disability – Inpatients		10,770	1,179	9,591
393	167	226	Augmentative & Alternative Communication		460	195	265
18,608	2,110	16,498	Intensive Services		21,328	3,443	17,885
6,317	303	6,014	Mental Health		6,499	349	6,150
2,958	255	2,703	Addictions / Substance Misuse		3,295	533	2,762
28,231	527	27,704	Family Health Services		29,862	941	28,921
16,589	1	16,588	Prescribing		17,873	1	17,872
864	853	11	Criminal Justice		913	915	(2)
29,017	6,413	22,604	Management and Admin		19,417	17,678	1,739
232	-	232	Corporate Services	6	243	-	243
184,616	17,273	167,343	Cost of Services Managed by ER IJB		189,150	31,716	157,434
			Set Aside for delegated services provided in large hospitals		29,075	-	29,075
27,892	-	27,892	Aids and Adaptations		486	-	486
398	-	398					
212,906	17,273	195,633	Total Cost of Services to ER IJB		218,711	31,716	186,995
			Taxation and Non Specific Grant Income	3	-	172,289	172,289
-	205,900	205,900					
212,906	223,173	(10,267)	(Surplus) or Deficit on Provision of Services		218,711	204,005	14,706

Movement in Reserves Statement

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

2021/22 £000	Movement in Reserves	2022/23 £000
(10,485)	Balance as at 31 st March 2022 brought forward	(20,752)
(10,267)	Total Comprehensive Income & Expenditure	14,706
(10,267)	(Surplus) or Deficit on the Provision of Services	14,706
(20,752)	Balance as at 31st March 2023 Carried Forward	(6,046)

The reserves above are all useable.

Balance Sheet

As at 31st March 2023

The Balance Sheet as at 31st March 2023 is a snapshot of the value at that reporting date of the assets and liabilities recognised by the IJB. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

31st March 2022	Balance Sheet	Notes	31st March 2023
£000			£000
21,130	Current Assets		9,901
21,130	Short Term Debtors	7	9,901
378	Current Liabilities		3,855
378	Short Term Creditors	7	3,855
20,752	Net Assets - Reserves	8	6,046

The Statement of Accounts present a true and fair view of the financial position of the IJB as at 31st March 2023 and its income and expenditure for the year then ended.

The audited annual report and accounts will be submitted for approval and issue by the IJB on 27th September 2023.

Lesley Bairden ACMA CGMA
Chief Financial Officer
Integration Joint Board 28th June 2023

Notes to the Financial Statements

1. Accounting Policies

1.1 General Principles

The Statement of Accounts summarises the IJB's transactions for the 2022/23 reporting period and its position as at 31st March 2023.

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

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

1.2 Accruals of Income and Expenditure

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

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

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

1.3 Going Concern

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

1.4 Accounting Convention

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

1.5 Funding

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

1.6 Reserves

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

Reserves have been created in order to finance expenditure in relation to specific projects. When expenditure to be financed from a reserve is incurred it will be charged to the appropriate service in that year and will be funded by an appropriation back to the Comprehensive Income and Expenditure Statement in the Movement in Reserves Statement.

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

1.7 Events after the Balance Sheet Date

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

Where events take place before the date of authorisation and provide information about conditions existing as at 31st March 2023 the figures in the financial statements and notes have been adjusted in all material aspects to reflect the impact of this information.

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

1.8 Related Party Transactions

As partners of East Renfrewshire IJB both East Renfrewshire Council and NHS Greater Glasgow and Clyde are related parties and material transactions with those bodies are disclosed in Note 5 (Page 59) in accordance with the requirements of International Accounting Standard 24.

1.9 Provisions, Contingent Assets and Liabilities

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

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

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

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

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

1.10 Indemnity Insurance

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

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

In the event that known claims were identified they would be assessed as to the value and probability of settlement. Where material the overall expected value of any such known claims, taking probability of settlement into consideration, would be provided for in the IJB's Balance Sheet. No such claims were identified as at 31st March 2023.

Similarly, the likelihood of receipt of an insurance settlement to cover any claims would be separately assessed, and where material, they would be presented as either a debtor or disclosed as a contingent asset. No such receipts were identified as at 31st March 2023.

The cost of participation in the CNORIS scheme was funded on our behalf by NHS Greater Glasgow and Clyde in previous financial years but was met by the IJB for financial year 2022/23.

1.11 Corresponding Amounts

These Financial Statements cover the period 1st April 2022 to 31st March 2023, with corresponding full year amounts for 2021/22.

1.12 VAT

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

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

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

1.13 Post - Employment Benefits – Pension Costs

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

1.14 Prior Period Restatement

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

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

2. Expenditure and Income Analysis by Nature

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

2021/22 £000	Expenditure and Income Analysis by Nature	2022/23 £000
(205,900)	Partners funding contribution and non-specific grant income	(172,289)
(17,273)	Fees and charges and other service income	(31,716)
(223,173)	Total Funding	(204,005)
51,244	Employee Costs	56,809
882	Premises Costs	985
479	Transport Costs	401
23,740	Supplies & Services	9,890
61,243	Third Party Payments	71,347
2,499	Support Costs	2,304
16,432	Prescribing	17,717
28,263	Family Health Service	29,940
27,892	Acute Hospital Services	29,075
204	Corporate Costs	213
28	External Audit Fee	30
212,906	Cost of Services	218,711

3. Taxation and Non Specific Grant Income

2021/22 £000	Taxation and Non Specific Grant Income	2022/23 £000
67,228	East Renfrewshire Council	50,593
126,738	NHS Greater Glasgow and Clyde	109,533
11,934	Resource Transfer	12,163
205,900	Partners Funding Contribution & Non Specific Grant Income	172,289

The funding contribution from NHS Greater Glasgow and Clyde includes East Renfrewshire's use of set aside for delegated services provided in large hospitals (£29.075 million in 2022/23 and £27.892 million in 2021/22). These services are provided by the NHS, which retains responsibility for managing the costs of providing the service; the IJB however, has responsibility for the consumption of and level of demand placed on these services.

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

As detailed at Note 11 the IJB has considered the basis of the preparation of the 2022/23 accounts for Learning Disability In-Patient Services and Augmentative & Alternative Communication (AAC) services hosted by the East Renfrewshire IJB for other IJBs within the NHS Greater Glasgow & Clyde Area.

The IJB is considered to be acting as a 'principal' and the 2022/23 financial statements have been prepared on this basis with the full costs of such services being reflected in the 2022/23 financial statements. The cost of the hosted service provided to other IJBs as well as that consumed by East Renfrewshire for the Learning Disability Inpatients and Augmentative and Alternative Communication is detailed in the following tables.

2021/22 £000	Learning Disability In-Patient Services Hosted by East Renfrewshire IJB	2022/23 £000
5,655	Glasgow	6,872
1,993	Renfrewshire	1,834
551	Inverclyde	521
310	West Dunbartonshire	291
-	East Dunbartonshire	-
8,509	Learning Disability In-Patients Services Provided to other IJBs	9,518
313	East Renfrewshire	73
8,822	Total Learning Disability In-Patient Services	9,591

2021/22 £000	Augmentative and Alternative Communication (AAC) Hosted by East Renfrewshire IJB	2022/23 £000
97	Glasgow	124
22	Renfrewshire	27
26	Inverclyde	32
4	West Dunbartonshire	5
22	East Dunbartonshire	27
171	AAC Services Provided to other IJBs	215
40	East Renfrewshire	50
211	Total AAC Services	265

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

2021/22 £000	Services Provided to East Renfrewshire IJB by Other IJBs within NHSGGC	2022/23 £000
435	Physiotherapy	476
43	Retinal Screening	50
474	Podiatry	788
289	Primary Care Support	306
342	Continence	419
600	Sexual Health	631
990	Mental Health	1,183
789	Oral Health	978
350	Addictions	374
209	Prison Health Care	232
171	Health Care in Police Custody	156
3,846	Psychiatry	4,032
8,538	Net Expenditure on Services Provided	9,625

5. Related Party Transactions

The following financial transactions were made with East Renfrewshire Council and NHS Greater Glasgow and Clyde relating to integrated health and social care functions during 2022/23. The nature of the partnership means that the IJB may influence, and be influenced by its partners.

2021/22 £000	Income – Payments for Integrated Functions	2022/23 £000
130,541	NHS Greater Glasgow and Clyde	121,759
92,632	East Renfrewshire Council	82,246
223,173	Total	204,005

2021/22 £000	Expenditure – Payments for Delivery of Integrated Functions	2022/23 £000
130,541	NHS Greater Glasgow and Clyde	121,759
82,365	East Renfrewshire Council	96,952
212,906	Total	218,711

2021/22 £000	Closing Reserve Balance (held within ERC on behalf of IJB)	2022/23 £000
-	NHS Greater Glasgow and Clyde	-
20,752	East Renfrewshire Council	6,046
20,752	Total	6,046

6. Corporate Expenditure

2021/22 £000	Corporate Expenditure	2022/23 £000
204	Staff Costs	213
28	Audit Fee	30
232	Total	243

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

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

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

NHS Greater Glasgow and Clyde did not charge for any support services provided in the year ended 31st March 2023.

The support services provided through East Renfrewshire Council are included within the funding provided to the IJB as set out in the Scheme of Integration and the charge is included for 2022/23. The Covid-19 related costs within these services has been met from our Covid-19 funding.

Fees payable to Audit Scotland in respect of external audit services undertaken in accordance with Audit Scotland's Code of Audit Practice for 2022/23 amounted to £29,840. Audit Scotland did not provide any non-audit services during 2022/23.

VAT is not included in the costs identified.

7. Short Term Debtors and Creditors

2021/22 £000	Short Term Debtors	2022/23 £000
- 21,130	NHS Greater Glasgow and Clyde East Renfrewshire Council	- 9,901
21,130	Total	9,901

2021/22 £000	Short Term Creditors	2022/23 £000
378 -	NHS Greater Glasgow and Clyde East Renfrewshire Council	3,855 -
378	Total	3,855

8. Reserves

As at 31st March 2023 the IJB holds earmarked reserves in order to fund expenditure in respect of specific projects. In addition a general reserve is also held to allow us to meet any unforeseen or unanticipated events that may impact on the IJB.

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

The reserves of the IJB fall into three types:

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

The year on year movement in reserves is summarised:

Reserves Movement	£ Million	£ Million
Reserves at 31 March 2022		20.752
Planned use of existing reserves during the year	(16.420)	
Funds added to reserves during the year	1.714	
Net reduction in reserves during the year		(14.706)
Reserves at 31 March 2023		6.046

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

2021/22 £000	Reserves	Used £000	Added £000	Transfers In / (Out) £000	2022/23 £000
215	Mental Health Action 15	97			118
526	Alcohol & Drugs Partnership	165	392	98	851
142	Drugs Death Taskforce	44		(98)	0
1,985	Primary Care Improvement	1,324			661
181	GP Premises Fund	0			181
9,266	COVID Allocations	9,264			2
1,012	Winter Planning	1,012			0
13,327	Total Ring-Fenced Reserves	11,906	392	0	1,813
2,716	Budget Savings Phasing	2,439	590	567	1,434
165	In Year Pressures				165
456	Prescribing	456			0
3,337	Total Bridging Finance	2,895	590	567	1,599
460	Residential Accommodation	0		(460)	0
35	Health Visitors	35	82		82
58	Home & Belonging	58			0
687	Counselling in Schools	305			382
15	Child Healthy Weight Programme	0		(15)	0
888	Children and Adolescent Mental Health Services	486	71		473
50	Trauma Informed Practice		50		100
29	Whole Family Wellbeing		437		466
24	Unaccompanied Asylum Seekers Children	15			9
2,246	Children & Families	899	640	(475)	1,512
434	Transitional Funding Learning Disability Specialist Services	434	0	0	0
295	Learning Disability Community Living Change	41			254
37	Addictions Residential Rehabilitation				37
61	Mental Health Officer/Community Psychology/Capacity				61
125	Care Home Oversight Support	48			77
85	Augmentative & Alternative Communication		19		104
	- Learning Disability Health Checks		32		32
52	Lead Nurse - Care Homes Allocation	52			0
60	Armed Forces Covenant	47			13
88	Wellbeing	43			45
68	Dementia Funding		41		109
18	Telecare Fire Safety				18
889	Adult Services	231	92	0	750
124	Renewals & Repairs Fund	24		0	100
31	Partnership Strategic Framework	31			0
92	Organisational Learning & Development	0		(92)	0
123	Total Capacity	31	0	(92)	0
7,153	Total Earmarked Reserves	4,514	1,322	0	3,961
272	Total General Reserves	0	0	0	272
20,752	Total All Reserves	16,420	1,714	0	6,046

9. Contingent Assets and Liabilities

There are no contingent assets or liabilities as at 31st March 2023.

10. New standards issued but not yet adopted

The Code requires the disclosure of information relating to the impact of an accounting change that will be required by a new standard that has been issued but not yet adopted. The IJB considers that there are no such standards which would have a significant impact on the 2022/23 annual accounts.

11. Critical Judgements

In applying the accounting policies set out above, the IJB has had to make a critical judgement relating to complex transactions in respect of Learning Disability Inpatients Services and AAC services hosted within the East Renfrewshire IJB for other IJB's within the NHS Greater Glasgow & Clyde area. Within NHS Greater Glasgow & Clyde each IJB has operational responsibility for services which it hosts on behalf of other IJB's. In delivering these services the IJB has primary responsibility for the provision of services and bears the risk and reward associated with this service delivery in terms of demand and the financial resources required. As such the IJB is considered to be acting as 'principal' and the full costs should be reflected within the financial statements for the services which it hosts. This is the basis on which the 2022/23 accounts have been prepared.

12. Estimation Uncertainty

There are no estimations included within the 2022/23 accounts.

13. Post Balance Sheet Events

The final annual report and accounts will be presented for approval on 27th September 2023.

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

14. Prior Period Restatement

There are no restatements included in the unaudited accounts.

Where to find more information

In This Document

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

On Our Website

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

Useful Links

Strategic Plan – full plan and summary

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

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

Medium Term Financial Plan

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

Integration Scheme

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

Annual Performance Report

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

Strategic Risk Register

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

It should be noted that the links above relate to the associated documents as at September 2022 and there may be later versions available on our website. The links will be updated and also embedded for our audited accounts in September 2023.

Acknowledgement

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

Anne-Marie Monaghan
Chair
Integration Joint Board

28th June 2023

Julie Murray
Chief Officer
Integration Joint Board

28th June 2023

Lesley Bairden ACMA CGMA
Chief Financial Officer
Integration Joint Board

28th June 2023



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	28 June 2023
Agenda Item	8
Title	Medium Term Financial Plan
Summary	
To provide the Integration Joint Board with a refreshed Medium Term Financial Plan for the IJB covering the five year period 2023/24 to 2027/28.	
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
Action Required	
The Integration Joint Board is asked to: <ul style="list-style-type: none"> ▪ Approve the revised Medium Term Financial Plan ▪ Agree to receive updates that reflect significant changes in the financial outlook for the Integration Joint Board 	
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 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**28 June 2023****Report by Chief Financial Officer****MEDIUM TERM FINANCIAL PLAN****PURPOSE OF REPORT**

1. To advise the Integration Joint Board of the medium term financial outlook as set out in the refreshed Medium Term Financial Plan. This plan supports the strategic planning process and provides a financial context to support medium term plans and decision making.

RECOMMENDATIONS

2. The Integration Joint Board is asked to:
 - Approve the revised Medium Term Financial Plan
 - Agree to receive updates that reflect significant changes in the financial outlook for the IJB

BACKGROUND

3. This report builds on the Revenue Budget for 2023/24 and looks at the potential cost implications for the next 5 years. Given the numerous uncertainties we are facing this plan will be refreshed and assumptions refined and revised as we work through the coming year.
4. This is a refresh of the previous Medium Term Financial Plan 2022/23 – 2026/27 previously agreed by the IJB on 16 March 2022.

REPORT

5. The Medium Term Financial Plan (MTFP) is a relatively straightforward document and considers:

Section	Contents
Executive Summary	Main messages and purpose
Local Context	Localities, budget 2023/24, demographic analysis and challenges, scale of purchased care, hosted services consumption, ERC Covid recovery one off reserves
National Context	Legislative and policy implications, economic considerations, Covid-19, Workforce, Care providers, Audit Scotland reports
Medium Term Financial Outlook	Sets out high level cost pressure scenarios over remaining 4 years with supporting assumptions
Our Response	2023/24 funding gap , reserves summary, possible future funding gaps and implications
Risk and Sensitivity	Key risks, indication of 1% change in factors and financial implications

6. This revised MTFP reflects the agreed budget for 2023/24 which was agreed by the IJB on 29 March 2023 and uses this as the baseline for calculating future cost pressures.
7. The MTFP confirms the scale of the financial challenge in 2023/24. There is a risk that our Recovery and Renewal programme may not deliver the full £7.06 million required savings and therefore there are still significant risks around financial sustainability.
8. The Supporting People Framework is a key element of the savings required in 2023/24. The legacy savings brought forward from 2022/23 relate to the pre-pandemic budget the IJB agreed for 2020/21, set on the cusp of the first wave of the pandemic. At that time 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. For context from 2016/17 to 2019/20 (the last year pre pandemic) the HSCP savings we needed to make in social care were £8.4 million.
9. We subsequently received full support for unachieved savings in 2020/21 and 2021/22 from the Scottish Government as part of the Covid-19 support funding, recognising we did not have operational capacity to work on savings delivery.
10. The use of reserves to allow time to feed in these legacy savings was part of our reserves strategy pre pandemic and we have met the majority of this saving in 2022/23 from reserves as the Covid-19 funding to support unachieved savings ceased in March 2022. We now need to implement this prioritisation framework in 2023/24.
11. The scenarios and supporting information and assumptions recognise that the lasting and longer term impact of Covid-19 is unclear and there are numerous factors that will change as we progress toward the 2024/25 budget.
12. The MTFP is a “living document” and will also be used to inform engagement with our partners in our future budget discussions, inform financial reporting and decision making. The financial strategy is one of a suite of strategic plans that will help shape how we plan for likely levels of service delivery, the models for doing so and for managing the tensions between demand and funded activity.
13. Our Savings, Recovery and Renewal programme will continue to capture all change activity and includes the savings for 2024/25 and 2025/26 already being worked on.

CONSULTATION AND PARTNERSHIP WORKING

14. The Medium Term Financial Plan is based on the 2023/24 opening budget agreed by the IJB, recognising the significant savings challenge for the current year.
15. The Chief Financial Officer will continue to work in partnership with colleagues to further develop budget setting and financial planning process for future years.

IMPLICATIONS OF THE PROPOSALS

Finance

16. In any one year the modelled cost pressure could range from £9.0 million to £3.4 million depending on the combination of factors, recognising the next 2 years are likely to be particularly challenging before we see economic recovery.
17. Similarly the resulting potential unfunded gap could range from £5.9 million to £2.3 million. As with prior years the IJB will receive detailed monitoring throughout each financial year and cost pressures and funding assumptions will be revised as intelligence crystallises.
18. The Scottish Government budget settlement for each year will determine any specific funding conditions.

Risk

19. The risk to the Integration Joint Board remains delivering a sustainable budget in 2023/24 and beyond. The plan includes a number of risks along with sensitivity assumptions.
20. The reserves strategy in place pre Covid-19 to allow the smoothing in of budget savings, particularly in relation to prioritisation of care will likely be depleted during 2023/24.

Workforce

21. There are no specific staffing implications in the MTFP however we recognise that capacity, recruitment and retention as well as staffing ratio models of care, continue to present an increasing challenge.
22. The costs of the living wage and fair work practices are considered as part of the budget setting process and will include the impact of any Scottish Government conditions on the Living Wage rate as part of the care and support we purchase.

Equalities and Fairer Scotland Duty

23. All equalities issues will be addressed through implementation of savings and investment programmes.
24. There are no infrastructure, policy or legal implications.

DIRECTIONS

25. There are no directions arising from this report.

CONCLUSIONS

26. The Medium Term Financial Plan 2023/24 - 2027/28 will support strategic planning and decision making along with engagement on future budget discussions with our partners.

RECOMMENDATIONS

27. The Integration Joint Board is asked to:

- Approve the revised Medium Term Financial Plan
- Agree to receive updates that reflect significant changes in the financial outlook for the IJB

REPORT AUTHOR

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

lesley.bairden@eastrenfrewshire.gov.uk

0141 451 0746

5 June 2023

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB Paper – 16.03.2022 Item 9. Medium Term Financial Plan

https://www.eastrenfrewshire.gov.uk/media/7469/IJB-item-09-16-March-2022/pdf/IJB_item_09_-_16_March_2022.pdf?m=637825202733130000

IJB Paper – 23.06.2021 Item 8: Medium Term Financial Plan

https://www.eastrenfrewshire.gov.uk/media/5739/IJB-Item-08-23-June-2021/pdf/IJB_Item_08_-_23_June_2021.pdf?m=637596096756770000

IJB paper – 20.03.19 Item 9: Medium Term Financial Plan

https://www.eastrenfrewshire.gov.uk/media/2239/Integration-Joint-Board-Item-09-20-March-2019/pdf/Integration_Joint_Board_Item_09_-_20_March_2019.pdf?m=637351707429130000

IJB paper – 17.03.21 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



East Renfrewshire Integration Joint Board

Medium Term Financial Plan 2023/24 to 2027/28

(Subject to IJB approval 28 June 2023)

Revision 4 at 28 June 2023

Document Title:	Medium Term Financial Plan					
Owner:	Chief Financial Officer			Status:	Final	
Review Dates:	Created:	March 2019	Date of last review	March 2022	Date of next review	n/a
Revision History:						
Version:	Date Effective:	Author & Changes				
1.0	17/03/2019	Lesley Bairden				
2.0	23/06/2021	Lesley Bairden				
3.0	16/03/2022	Lesley Bairden				
4.0	28/06/2023	Lesley Bairden				

Contents

1. Executive Summary	1
2. Local Context	5
3. National Context	11
4. Medium Term Financial Outlook	15
5. Our Response	20
6. Risk and Sensitivity	23

1. Executive Summary

This medium term financial plan for East Renfrewshire Integration Joint Board sets out the financial outlook covering the next 5 financial years for the IJB and the associated delivery of services through East Renfrewshire Health and Social Care Partnership, as directed by the IJB.

The annual revenue budget for 2023/24 is £177.9 million and this will be spent delivering a range of health and social care services to the residents of East Renfrewshire. The budget savings required in 2023/24 and the forward looking cost pressures we are facing result in a very challenging and difficult period ahead. In the main this reflects the national economic position and pressures, however our size and scale, combined with the historic level of savings we have achieved have meant some difficult decisions on how we will deliver services.

We have a long standing history of integration and this allows the HSCP to continue to build on a solid foundation of providing health and social care. Our objectives and strategic direction, how we meet the national outcomes, where we need to make changes, how we work together with a wide range a partners and stakeholders is set out in our strategic plan and associated implementation plans.

Our long standing history of integration means we are well placed to understand the impacts and implications on the services we provide as we work our way through recovery from the Covid-19 pandemic as well as any changes that may come from the creation of a national care service and any other policy changes in the coming years.

The demography of East Renfrewshire continues to be a specific challenge with growing populations of children and of older adults and in particular those aged over 85. As the youngest and oldest members of our society tend to be the biggest users of universal health and care services this means we have a relatively unique challenge in planning our services and ensuring we meet national outcomes.

The IJB is clear about the challenges and our Strategic Plan sets out or strategic priorities for 2022 to 2025:

- Working together with children, young people and their families to improve mental and emotional wellbeing;
- Working together with people to maintain their independence at home and in their local community;
- Working together to support mental health and wellbeing;
- Working together to meet people's healthcare needs by providing support in the right way, by the right person at the right time;
- Working together with people who care for someone ensuring they are able to exercise choice and control in relation to their caring activities;
- Working together with our community planning partners on new community justice pathways that support people to stop offending and rebuild lives;

- Working together with individuals and communities to tackle health inequalities and improve life chances;
- Working together with staff across the partnership to support resilience and wellbeing; and,
- Protecting people from harm.

A summary of the strategic plan; a plan on a page:

[Working Together for East Renfrewshire - Our plan on a page](#)

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

This medium term financial plan will compliment and assist in the strategic planning process and will allow the IJB to take informed decisions when planning for the future with a focus on financial sustainability in the medium term.

The IJB needs to be financially sustainable to allow us to continue to plan for and deliver services in an incredibly difficult financial and challenging operational climate, whilst maintaining some flexibility to allow us to adapt, ideally invest, albeit it very modestly where needed to redesign and to change models of service delivery as required moving forward. We may need to further retract services depending on the funding available to us in future years.

We still do not understand the ongoing and longer term impact the Covid-19 pandemic has had on our population and on the health and social care workforce; recruitment and retention is a significant challenge to how we deliver services, including those we purchase from care providers. Our Strategic Commissioning Plan (current version in consultation) set out how we will collaborate with our stakeholders and work together to create opportunities to shape the local health and social care environment to ensure that together we can progress the aims of the HSCP Strategic

Plan 2022-2025 and be responsive to the changing needs and aspirations of the people of East Renfrewshire.

The funding gap in 2023/24 is £7.06 million and presents a very significant challenge particularly when taking into account the continued recovery from Covid-19, pay, inflation and capacity challenges. The funding gap results from:

	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

The budget agreed by the IJB on 29 March 2023 sets out the detail behind each of the cost pressures and it is important to note that these include contractual and policy requirements that must be met.

The prescribing cost pressure has been limited to the level of funding uplift provided as part of the Scottish government budget settlement, although it needs to be recognised that there still remains significant volatility in both cost and demand.

The legacy savings brought forward from 2022/23 relate to the pre-pandemic budget the IJB agreed for 2020/21, set on the cusp of the first wave of the pandemic. At that time 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. For context from 2016/17 to 2019/20 (the last year pre pandemic) the HSCP savings we needed to make in social care were £8.4 million.

We subsequently received full support for unachieved savings in 2020/21 and 2021/22 from the Scottish Government as part of the Covid-19 support funding, recognising we did not have operational capacity to work on savings delivery.

The use of reserves to allow time to feed in these legacy savings was part of our reserves strategy pre pandemic and we have met the majority of this saving in 2022/23 from reserves as the Covid-19 funding to support unachieved savings ceased in March 2022.

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, hence the introduction of a Supporting People Framework as part of our approach to achieve required savings:

	ERC £m	NHS £m	TOTAL £m
Summary of Savings to Close Funding Gap:			
Service Savings including structure proposals	2.85	0.33	3.18
Additional pay award funding post budget	0.26	-	0.26
Limit use of support services to contain cost pressures	0.22	-	0.22
Supporting People Framework	3.40	-	3.40
Total of Identified Savings	6.73	0.33	7.06

Whilst the scale of this challenge is significant to East Renfrewshire, particularly as one of the smaller HSCPs this is not unique; the national position across all public sector services shows a challenging financial outlook.

A report compiled on the position of 29 of 31 IJB's at the beginning of 2023/24 showed a collective financial gap of £305 million which is 3.6% of the respective total budgets; however within individual IJBs this gap ranges from 1% to 9%. For East Renfrewshire HSCP the total gap is 4.7%, which equates to 10% against the East Renfrewshire Council contribution and 0.4% against the NHS Greater Glasgow and Clyde contribution.

The funding pressures include:

- Pay and inflation
- Prescribing
- Demand and Demographics
- Transitions from children to adult services
- Ongoing impact of Covid-19 and PPE costs
- Historic unachieved savings
- Recruitment and retention challenges

During the period of this plan we will implement any recommendations or specific actions arising from the preparation and / or implementation of a national care service as requested by Scottish Government.

Of the £305 million gap the collective savings proposals total £241 million with the balance to come from reserves. It is also important to recognise that our reserves strategy has served us well until now, allowing us to phase in the prior year savings challenges we have faced. We have utilised the majority of useable reserves to support continued service delivery during 2022/23 and will take limited reserves of c£1.6 million to support the phasing in of savings during 2023/24.

There is no doubt that 2023/24 will be a very challenging year, with a difficult medium term outlook. In the event we are unable to deliver the full savings required during the

year through a combination of recurring and non-recurring actions or be in a position where we are unlikely to have full year effect savings in place by 31 March 2024 we may need to invoke the financial recovery process included within our Integration Scheme. The IJB will continue to receive regular progress reports on the Savings, Recovery and Renewal Programme which provides detail on savings delivery, project work and service redesign.

Our partner East Renfrewshire Council has agreed just over £0.75 million non-recurring support for the HSCP to deliver a number of initiatives related to Covid-19 recovery:

- Increasing our Talking points capacity to support the development of more community groups
- Extend the warm spaces and community cafe initiatives in our Health and Care centres
- Additional staffing cover to help meet pressures over the winter months
- Wellbeing and recovery support along with "go bags" to support domestic abuse survivors
- Financial support for foster carers, recognising the cost of living challenges
- Support to extend the staff and our partners wellbeing programme within the HSCP
- Provide additional materials to support community justice work
- Provide additional wellbeing support for vulnerable individuals, particularly those with additional support needs
- Housing and mental health support for our young people
- Funding to work with older children as they transition into adult services
- support work for young people affected by drugs and alcohol

2. Local Context

We are structured around two localities one for Eastwood and one for Barrhead. The localities also reflect our hospital flows with the Eastwood Locality linking to South Glasgow hospitals and the Barrhead Locality to the RAH.



Within the Eastwood locality the custom built Eastwood Health and Care Centre provides social work, district nursing, rehabilitation, care at home and mental health

services for adults and older people. Social work and health visiting services for children and young people are also provided from this building, as are a number of GP practices. Thornliebank Resource Centre is based within the Eastwood locality and provides day opportunities to those with learning disability. Bonnyton House provides residential care, palliative care and intensive rehabilitation services support to older people.

Within the Barrhead (Levern Valley) locality there is also a custom built health and care centre which provides services including GP, social work, district nursing, and rehabilitation and is also the base for the Learning Disability team, Children & Adolescent Mental Health (CAMHS) team and Speech and Language Therapy. Children & Families social work and Health visiting teams are based in the adjacent council building. St Andrew's House is the location of the Community Addictions Team. Barrhead Resource Centre provides day opportunities to those with a learning disability.

- The Partnership also hosts three services on behalf of NHS Greater Glasgow & Clyde; the Learning Disability Specialist Services based in 3 in-patient buildings within the Greater Glasgow and Clyde area at Renfrew, Anniesland and on the Gartnavel site
- The Scottish Centre of Technology for the Communication Impaired (SCTCI) service which provides specialist equipment across the board along with a national assessment service.
- The Autism service providing assessment and diagnosis across the health board area.

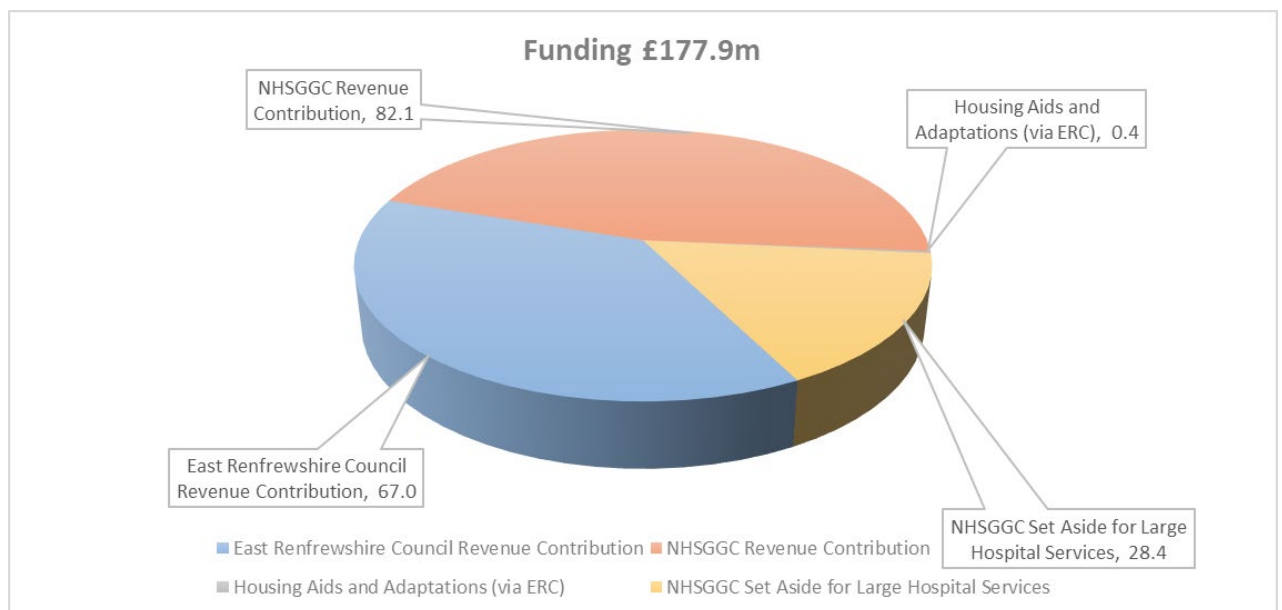
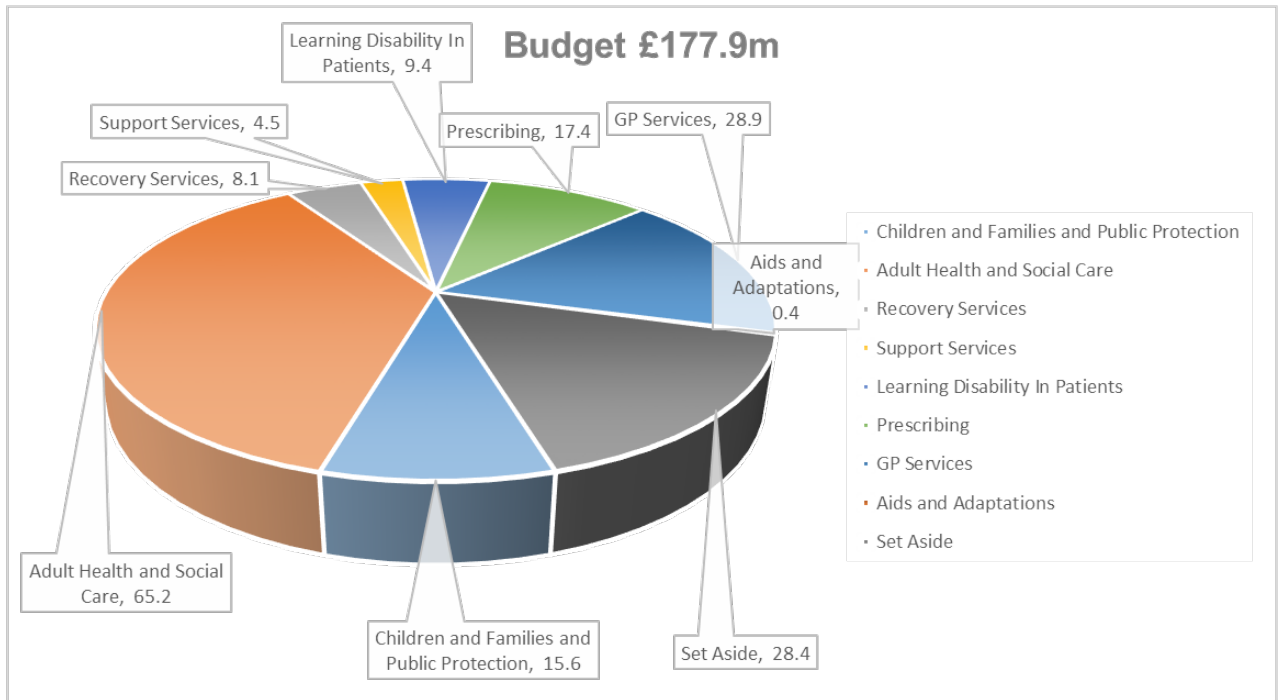
In addition to the 8 GP practices located within our two Health and Care Centres we also have 7 with their own premises. Given the population demographics and impact from factors such as new housing we recognise that the number of practices we will need is likely to increase. We are working closely with our GPs and with our partners and other stakeholders to identify potential locations and funding options.

The use of our buildings and the way we work has been significantly impacted in the response to the pandemic and how we use our space in the future will be an integral part of our Saving, Recovery and Renewal Programme.

Our Property Strategy provides more detail on our buildings and how we use them and looks at current developments along with future opportunities and risks.

Our Budget 2023/24

The opening budget for 2023/24 is £177.9 million and this is likely to change during the year for any additional funding or adjustments to our budget.



Our budget broadly falls into two types of spending;

- the revenue budget to deliver health and social care services
- housing aids and adaptations and the budget for large hospital services which come under the strategic direction of the IJB.

The revenue budgets for those “day to day” health and social care services delivered by the HSCP is £149.1 million, with a further £0.6 million community justice funded

by grant. We usually receive other ad-hoc funding and grants throughout the year to support various initiatives and this is reported within our routine financial reporting.

The budget is inclusive of the £7.06 million savings we need to deliver in 2023/24 and of this over £3 million needs to come from our Supporting People Framework which we will use to prioritise care for those with the greatest level of need.

We also receive funding allocations for specific Scottish Government initiatives such as Primary Care Improvement Fund (c£2.4 million), Mental Health Action 15 (c£0.5 million) and Alcohol & Drugs Partnership (c£0.3 million). Where we hold any ring-fenced reserve balances against these funds it is likely we will be required, by the Scottish Government to utilise these balances before applying any in year allocation.

Covid-19 support funding has ceased as at 31 March 2023 so any related costs will need to be met locally, with the exception of £0.002 million to support carers with PPE.

We host the Learning Disability Specialist Services, Adult Autism Service and Augmentative and Alternative Communication Service on behalf of the other 5 HSCPs within the Greater Glasgow and Clyde area, totalling £9.7 million and this cost is met by the HSCP.

Similarly each of the other 5 HSCPs host one or more services on behalf of the other HSCPs. Our use of a range of services is around £9.6 million but the costs are met by the host HSCP under current arrangements.

The respective use of hosted services is shown in each HSCPs annual report and accounts in order to demonstrate the total system wide cost of our populations use of services.

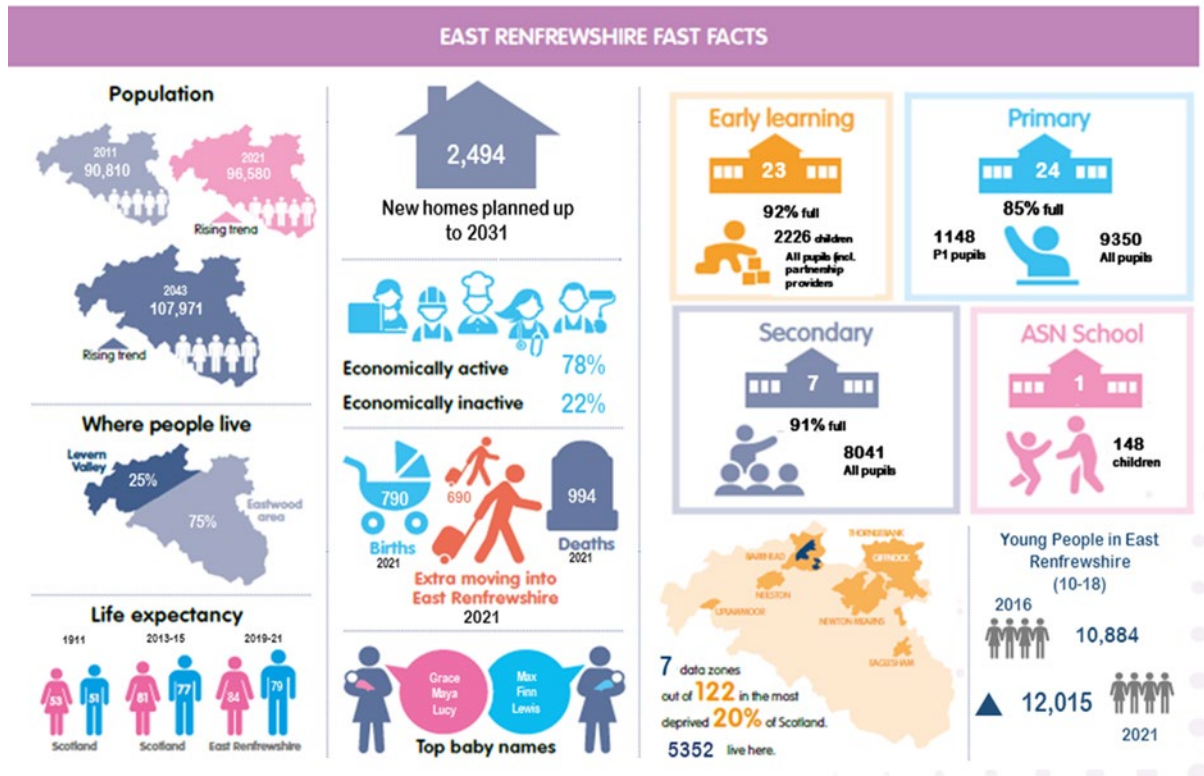
The opening budget for the IJB includes Specialist Childrens Services which will transfer to East Dunbartonshire under a hosted service arrangement. This will not impact on local service location or delivery.

The annual budget for 2023/24 was agreed by the IJB on 29 March 2023 and the detail can be found [here](#).

Our population demographic is one of our main challenges

Demographics and needs assessment

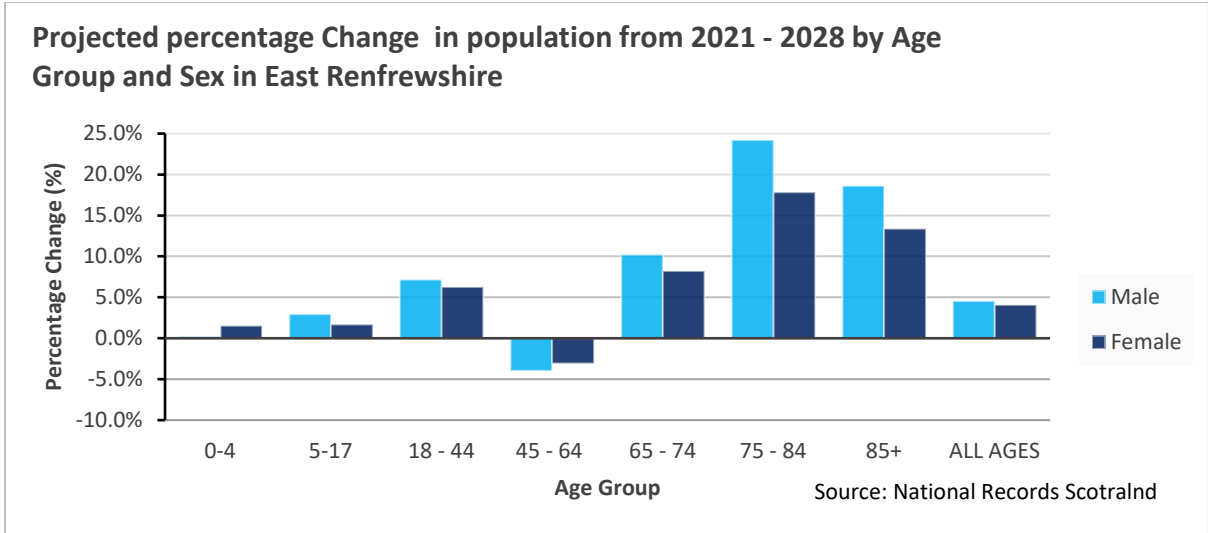
Our Joint Strategic Needs Assessment provides the detailed needs assessment to support the Strategic Plan. A full socio-demographic profile has been developed for East Renfrewshire and covering our two localities (Eastwood and Barrhead) giving information on population, households, deprivation, health profile, life expectancy and use of services.



From this detailed analysis we know our population is changing with corresponding increase in the health and care needs of our residents. Overall East Renfrewshire's population is growing with particular growth for our younger and older residents, who make greater use of universal health services.

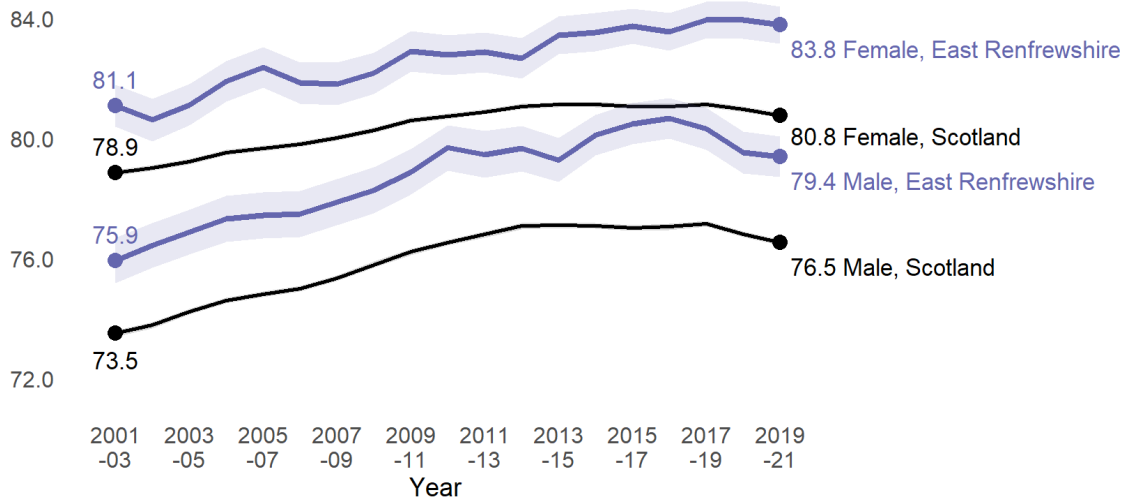
The table overleaf provides an overview;

The overall projected rise in population is similar to the increase seen in the five years to 2021, the population aged 75 and over is projected to increase at a rate of 18.8%. The 65+ population is projected to increase from 20.6% of the population in 2021 to 22.5% of the population by 2028.



Life expectancy within East Renfrewshire amongst males has grown at a higher than national rate with the increase in life expectancy rising 3.5 years in the last 20 years. This is shown in the projection of population of males in the coming years.

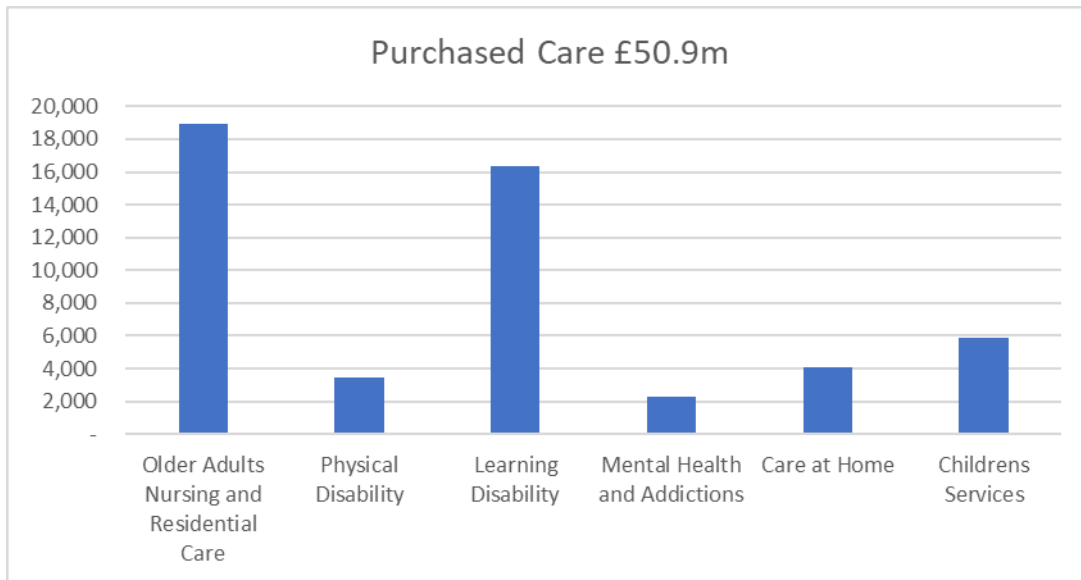
East Renfrewshire
Life expectancy at birth, 2001-03 to 2019-21



In addition there has been significant growth in our most elderly population with a 49% increase in the number of residents aged 75 years and over the last decade. The 85+ population is projected to increase by 15% between 2021 and 2028. People over 80 are the greatest users of hospital and community health and social care services.

Our Current Purchased Care Costs

The care that we purchase from a range of providers currently costs around £50.9 million for a year, with £49.7 million social care and £1.2 million healthcare, this is funded in part by individual contribution and resource transfer. The chart below shows how this relates to care groups:



Our Strategic Commissioning Plan sets out how we will work with our partner care providers over the coming years to continue to develop and deliver services locally.

3. National Context

The IJB operates in a complex environment with requirements to ensure statutory obligations, legislative and policy requirements, performance targets and governance and reporting criteria are met whilst ensuring the operational oversight of the delivery of health and care services.

UK and Scottish Government legislation and policies and how they are funded can have implications on the IJB and how and where we use our funding over time.

The most significant challenges for 2023/24 and beyond include:

- delivering a difficult range savings to ensure financial sustainability, recognising this is at odds with our historic focus on prevention
- managing the real tension between reduced service capacity as a result of savings and maintaining discharge without delay from hospital
- understanding the longer term impacts of Covid-19 on mental and physical health in the longer term

- recruitment and retention of our workforce, particularly in the current cost of living crisis
- managing prescribing demand and costs in partnership with our GPs
- supporting the physical and mental health and wellbeing of our workforce and our wider population, again further impacted by the current cost of living challenges
- meeting increased demand for universal services without funding for growth, including increased population demand and new care homes opening with the area
- we may also need to prepare for the challenges and opportunities that may arise from a national care service

Covid-19

We are in a period now where we are learning to live with Covid-19, its legacy impact and the continued circulation of the virus in our communities. With the exception of a modest sum of £2k to provide PPE to carers the support from the Scottish Government has ended, both for the HSCP and for partner organisations. There is still a risk that should any outbreak occur within a team or a health and care setting there could be impact on capacity and therefore on service delivery. There may also be associated additional costs of staff cover and infection control.

Our partner East Renfrewshire Council has agreed just over £0.75 million non-recurring support for the HSCP to deliver a number of initiatives related to Covid-19 recovery including some staffing cover to support social care delivery, particularly in care at home, over the winter months.

We continue to use learning from how we delivered services during the pandemic to shape and inform future service models.

Our Workforce is the most significant asset of the IJB and our 3 year workforce plan 2022 to 2025 will help inform budget discussions, service modelling and associated cost implications as we move forward. Our staffing models may also be impacted by the Health and Care Staffing (Scotland) Act 2019 which was enacted in June 2022 and this sets out safe staffing, quality service and best outcomes for service users.

Recruitment and retention remains a real challenge across health and social care, our workforce is tired both emotionally and physically as we move from response to Covid-19. We have had some significant operational challenges, particularly within out care at home service. The IJB has a keen focus on the wellbeing agenda to support our people.

Care Providers the longer term impact on the sustainability of our partner care provider market in the post Covid-19 pandemic and current economic climate is a significant issue. Our Strategic Commissioning plan sets out the detail on how we

will work with our partners in the third and independent sectors in the coming years. The way we commission services may be impacted by the creation of a national care service. There is an increasing tension between cost expectations from care providers including those on national procurement frameworks and contracts and the funding, or more specifically the lack of that IJBs have to meet any additional increases.

Brexit the withdrawal from the European Union (Brexit) had not manifested any specific issues locally prior to Covi-19. However this is now a factor in; workforce capacity across health and social care, some of the price and demand challenges within the costs of prescription drugs as well as the supply chain for a number of goods.

Economic challenges are significant as we are seeing continued increasing inflation across a number of goods and services and in particular prescribed drugs on a global level, impacting nationally. The war in Ukraine has also impacted on supply of goods.

For the UK economy current intelligence suggests that the cost of fuel and utilities may begin to reduce during this year, however this is only one element of the cost of living crisis. Our population and households are not impacted equally by cost of living and those with lower income are disproportionately affected.

Carers Act (Scotland) 2016 was effective from April 2018 and is intended to support carers' health and wellbeing and allows carers an assessment of need in their own right. Funding has been provided to meet additional costs and to date this remains working well, however this may be impacted by the introduction of the Supporting People Framework.

Primary Care Improvement Plan funding to support the GP contract and develop sustainable services going forward. Our plans include both local and system wide work. The post Covid-19 impact and population increases directly impact on demand for GP services will inform future planning for services, albeit capacity for property development is constrained to any future funding that may become available.

Mental Health Action 15 funding is intended to allow improvement for a wide range of mental health services and increase the number of workers in this field by 800 nationally at the end of the programme. Our plans include both local and Greater Glasgow and Clyde system wide work and the demand for Mental Health Services is expected to increase significantly as we recover from the pandemic.

National policy decisions such as a National Care Service, Fair Work Practices including the Scottish Living Wage impact on the costs of the services we provide and purchase and The Promise to support children and families. There are increasing pressures to increase costs on a number of existing national contracts and procurement frameworks. This could create further cost pressures and, at

present, the only way to fund this would be through reducing services to create savings to fund cost increases.

The Scottish Government's Medium Term Financial Strategy was revised in May 2023 and sets out its view on Scotland's fiscal outlook 2023/24 to 2027/28. In prior years the Scottish Government have set out conditions in their annual budget settlement to specify the minimum contribution each partner should make to the IJB for that year. The budget settlement may also provide funding for specific policy decisions such as the rate of Living Wage which care providers must pay and IJBs will fund. There is nothing to suggest any move away from the "flat cash / minimum" approach for the coming years.

Audit Scotland regularly provide reports in relation to health and social care integration with a recent example being Integration Joint Boards' Financial Analysis 2021/22 (published April 2023).

Work remains ongoing to adopt a mechanism to implement the intentions for the set aside budget for large hospital services, a delegated planning responsibility to the IJB. The latest Unscheduled Care Commissioning Plan and associated financial framework was last considered by the six IJBs who work within the NHS Greater Glasgow and Clyde boundary in November 2022.

The local actions relating to this report are incorporated into our strategic action plan.

4. Medium Term Financial Outlook

The IJB receives the vast majority of its funding from our two partners East Renfrewshire Council and NHS Greater Glasgow and Clyde as well as any specific grant funded initiatives from the Scottish Government and / or partner organisations.

We recognise that these contributions are determined in the context of our partner funding settlements and any associated criteria and constraints. The IJB is engaged with partners in their respective budget setting processes.

The cost pressures over the next 5 years relate to demand for services, legislative and policy changes, increasing population, inflation and economic uncertainty. Prescribing is increasingly volatile both in demand and costs that can be impacted by short supply of drugs, new drugs to the market, existing drugs coming off patent and other price mechanism changes.

Most significantly we do not know the ongoing and longer term impact and associated financial implications that Covid-19 has had on our population.

The 2023/24 cost pressures of £10.34 million and the ultimate funding gap of £ 7.06 million inform the modelled cost pressures for the following 4 years and the high level scenarios below look at Low, Medium and High impacts of cost pressures.

In any one year the modelled cost pressure could range from £9.0 million to £3.4 million depending on the combination of factors, recognising the next 2 years are likely to be particularly challenging before we see economic recovery.

Similarly the resulting potential unfunded gap could range from £5.9 million to £2.3 million. As with prior years the IJB will receive detailed monitoring throughout each financial year and cost pressures and funding assumptions will be revised as intelligence crystallises.

As part of our Savings, Recovery and Renewal programme we have identified savings options relating to 2024/25 and 2025/26 and we are working on these alongside the delivery of the £7.06 million savings required in 2023/24.

In the event, albeit highly unlikely, that we would not require these savings in future years we would look to pause the savings programme and / or re-invest in service delivery.

The assumptions are predicated on full and recurring delivery of the 2023/24 £7.06 million savings requirement.

Scenario 1 – assumed lower level of cost pressures

MODELLED SCENARIO LOW - Per Year				
Modelled % Increases	2024/25	2025/26	2026/27	2027/28
Pay uplift	3%	3%	2%	2%
Non Pay Inflation	4%	3%	2%	1%
Prescribing	2%	2%	1%	1%
Demographic and Demand	3%	3%	3%	3%
NHS Non Pay Budget Uplift	2%	2%	2%	2%
Modelled Cost Pressure	£'000	£'000	£'000	£'000
Pay	1,502	1,547	1,062	1,083
Inflation	2,036	1,588	1,090	556
Prescribing	349	356	181	183
Demographic and Demand	1,527	1,573	1,620	1,668
Total Cost Pressures per year	5,413	5,063	3,954	3,491
Potential Funding / Savings Offset				
NHS Assumed Uplift (inc pay)	1,327	1,360	1,163	1,187
ERC Assumed Flat Cash	-	-	-	-
Savings Identified	1,830	290	-	-
Total Potential Funding per year*	3,157	1,650	1,163	1,187
Possible Funding Gap	2,256	3,413	2,790	2,304
Cumulative Cost Pressures 2024/25 to 2027/28				17,921
Cumulative Potential Funding Gap 2024/24 to 2027/28				10,764

Scenario 2 – assumed medium level of cost pressures

MODELLED SCENARIO MEDIUM - Per Year				
Modelled % Increases	2024/25	2025/26	2026/27	2027/28
Pay uplift	4%	4%	3%	3%
Non Pay Inflation	5%	4%	3%	2%
Prescribing	4%	4%	2%	2%
Demographic and Demand	4%	4%	4%	4%
NHS Non Pay Budget Uplift	3%	3%	3%	3%
Modelled Cost Pressure	£'000	£'000	£'000	£'000
Pay	2,002	2,082	1,624	1,673
Inflation	2,545	2,138	1,667	1,145
Prescribing	697	725	377	385
Demographic and Demand	2,036	2,117	2,202	2,290
Total Cost Pressures per year	7,280	7,062	5,871	5,493
Potential Funding / Savings Offset				
NHS Assumed Uplift (inc pay)	1,881	1,947	1,779	1,833
ERC Assumed Flat Cash	-	-	-	-
Savings Identified	1,830	290	-	-
Total Potential Funding per year*	3,711	2,237	1,779	1,833
Possible Funding Gap	3,569	4,826	4,091	3,660
Cumulative Cost Pressures 2024/25 to 2027/28				25,706
Cumulative Potential Funding Gap 2024/24 to 2027/28				16,145

Scenario 3 – assumed high level of cost pressures

MODELLED SCENARIO HIGH - Per Year				
Modelled % Increases	2024/25	2025/26	2026/27	2027/28
Pay uplift	5%	5%	4%	4%
Non Pay Inflation	6%	5%	4%	3%
Prescribing	5%	4%	3%	2%
Demographic and Demand	5%	5%	5%	5%
NHS Non Pay Budget Uplift	4%	4%	4%	4%
Modelled Cost Pressure				
	£'000	£'000	£'000	£'000
Pay	2,503	2,628	2,207	2,296
Inflation	3,054	2,697	2,266	1,767
Prescribing	872	732	571	392
Demographic and Demand	2,545	2,672	2,806	2,946
Total Cost Pressures per year	8,973	8,730	7,850	7,401
Potential Funding / Savings Offset				
NHS Assumed Uplift (inc pay)	2,436	2,545	2,419	2,515
ERC Assumed Flat Cash	-	-	-	-
Savings Identified	1,830	290	-	-
Total Potential Funding per year*	4,266	2,835	2,419	2,515
Possible Funding Gap	4,707	5,895	5,431	4,886
Cumulative Cost Pressures 2024/25 to 2027/28				32,954
Cumulative Potential Funding Gap 2024/24 to 2027/28				20,919

There is always a possibility that the Scottish Government budget settlement may allow some further increased for costs of pay award, for example for local authority employed staff and service pressures and modelling will be revised in that event.

*All scenarios are therefore subject to the terms of the Scottish Government budget settlement.

It is also assumed that any policy changes determined by the Scottish Government should be cost neutral.

There will be other costs pressures such as general inflation and in-year service variances and it is intended that these will be offset by efficiency savings where possible.

We are in a difficult economic climate and the financial impacts of delivering service to people are dynamic. Our forward planning assumptions will be updated as issues emerge and become clearer. The resulting funding gap in each year will ultimately be determined by the difference between pressures and the funding settlement agreed with our partners, including any policy funding or directives as part of the Scottish Government budget settlement for that year.

There are a number of areas where caseload or staffing ratio to number of patients will determine changes to the workforce. For example there are staffing models that determine how many District Nurses or Health Visitors are required for the

population size, so where we have an increasing population we need to work with partners to assess the impact on the workforce and how this is to be funded.

Our workforce plan covers the three year period 2022 to 2025 and the associated action plan will be routinely reported to the IJB. This will help inform budget discussions, service modelling and associated cost implications.

The pay increases for 2022/23 were not fully funded by the Scottish Government although locally we received a fair share of the allocation from both partners, per the budget settlement conditions. The working assumption remains that the NHS related pay award will be funded in full. The shortfall against our local authority cost of pay pressures for 2022/23 is included in the 2023/24 cost pressures. The 2023/24 pay increases are not yet finalised and are likely to vary across our partner organisations. This may result in additional cost pressures in 2023/24. The ultimate gap will depend on the level of funding from the Scottish Government.

For 2024/25 onwards we may see pay will return to “a more traditional” level of increase.

As the economy changes there may be some benefit from pension fund investments and there is a possibility costs may reduce. This will not be modelled until certain.

Inflation for care costs needs to allow for fair work policies, workforce and economic challenges. For the 2023/24 budget settlement the Scottish Living Wage increased from £10.50 to £10.90 per hour (3.8%) and as with prior years this has been 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.

The Scottish Government will determine the Living Wage rate as a policy decision along with any associated funding.

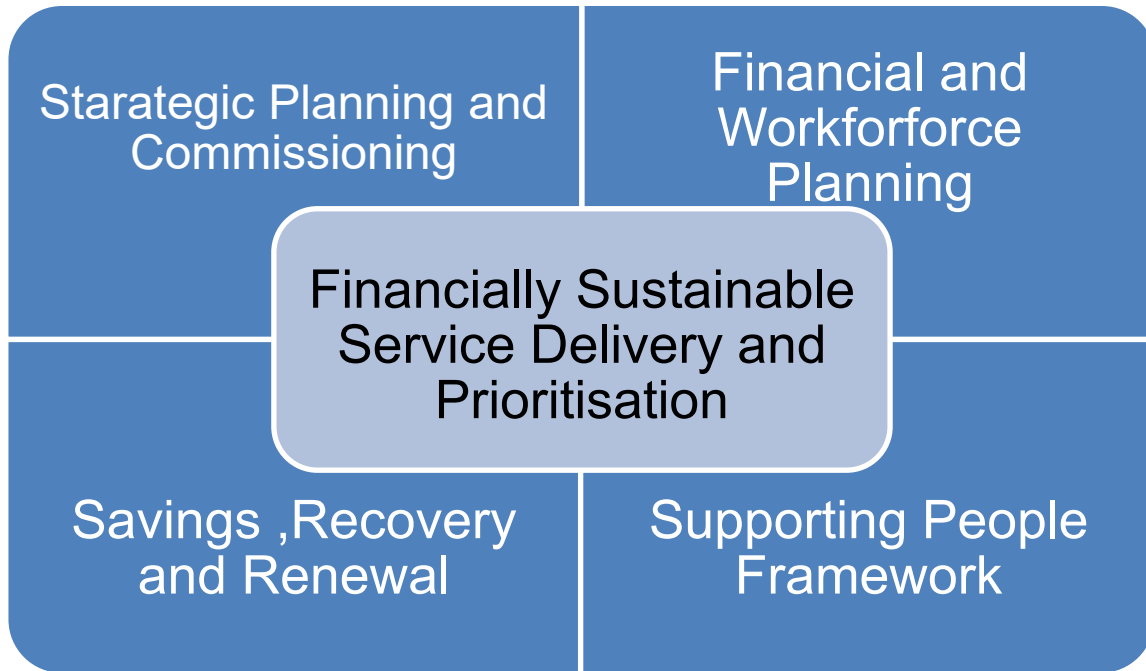
Demographic and Demand pressure was shown at 4% per annum, pre pandemic reflecting the Scottish government assumption for social care. The post Covid-19 impact on complexity and demand is not yet known, however the population in East Renfrewshire continues to grow particularly at the older and younger ends of the age spectrum.

The changes in our population also impact on General Practice, Dental and other family health services within East Renfrewshire.

Prescribing will not only rise in line with population increases but is also subject to many other factors. This area is so volatile it is difficult to accurately predict and the post Covid-19 impact could continue to be significant. The IJB previously held a reserve to help manage fluctuation in cost and demand, but this has now been fully

utilised. Without intervention this could be a £2m overspend in 2023/24 with no funding available to offset this and this is an area difficult to predict in the longer term. Work is ongoing locally, across NHS Greater Glasgow and Clyde and at a national level to monitor this area of pressure.

5. Our Response



Since the IJB was established in 2015 we have prepared for the expected financial challenge of the pre Covid-19 years and had a reserves policy and an agreed strategy that allowed us time to deliver our savings. This was effectively put on pause in 2020/21 and 2021/22 when we were responding to Covid-19 and this included financial support.

We continued with this strategy to phase in savings to minimise the impact on frontline services during 2022/23 however our capacity to redesign was limited as we responded to significant demand and capacity pressures. This means we used much of our reserves during 2022/23 to support the delivery of pre- Covid-19 savings.

For 2023/24 the cost pressures identified in our budget are of £10.34 million is offset by available funding of 3.28 million leaving a funding gap of £7.06 million; a savings programme is identified to deliver this in full, but we recognise there may be some areas where we will not achieve a full year by 31 March 2024 and this will be supported by the remaining earmarked reserves we hold.

Our savings, Recovery and Renewal programme will continue to be reported to the IJB on a regular basis and provides detail on progress on savings, project work and service redesign. The prioritisation of care, to support those with the greatest need is required to deliver around 50% of our savings.

Financial sustainability remains a significant challenge and in the event we are unable to deliver the full savings required during the year through a combination of

recurring and non-recurring actions or be in a position where we are unlikely to have full year effect savings in place by 31 March 2024 we may need to invoke the financial recovery process included within our Integration Scheme.

The projected reserves balance (subject to the audit of the 2022/23 Annual Report and Accounts) to 31 March 2023 is £6.046 million can be summarised into the following categories:

Reserves	Projected balance at 31/3/23 £m
Scottish Government ring-fenced initiatives; fully committed and unable to apply to general use. (Note 1)	1.813
Bridging Finance to support the phased implementation of savings and allow for any in year pressures and flux in activity	1.599
Earmarked funding for projects and initiatives (Note 2)	2.362
General reserves	0.272
Total	6.046

- Note 1 the 2022/23 Covid Earmarked reserve balance was returned to the Scottish Government during that financial year in line with the national funding criteria.
- Note 2 In addition to the IJB reserves East Renfrewshire Council has allocated the HSCP c£0.75 million Covid-19 recovery funding from its reserves.

Whilst it is appropriate that we set ourselves future efficiency savings targets it will not be possible to meet the scale of cost pressures we are facing without significant impact to the level of service we deliver. Prior to the Covid-19 pandemic the IJB recognised that to balance future budgets, a backwards step must be taken through implementing criteria based assessment so only those with the highest level of need would receive support; this is now a significant element of our savings delivery programme as our Supporting People Framework.

On the basis of cost pressures being in the region of £3.4 million to £9.0 million per year the good / average / poor implication could be:

- Good – fully funded plus some flexibility for investment and / or reduction in the 2023/24 recurring savings requirement
- Average – fully funded pressures; acceptance of a realistic efficiency target
- Poor – anything below average

For a budget falling into the range of average we may still struggle to deliver efficiency savings and may need to look at reduction or cessation of some service areas. Given the reliance on prioritisation of care through the Supporting People Framework for 2023/24 savings it is difficult to see how this can be extended further.

For a budget falling into the poor range it is increasingly possible the IJB will be unable to set a balanced budget and may need to consider financial recovery planning. This is predicated on being able to deliver the full savings challenge of £7.06 million on a recurring basis by 31 March 2024.

This strategy will be updated to reflect significant changes and policy decisions as they are identified.

6. Risk and Sensitivity

This medium term plan sets out modelled future implications and that in itself is a risk, underestimated costs pressures mean we may plan to save more than we need to and vice versa – both scenarios will impact on the funding available to deliver services.

Successfully closing the 2023/24 funding gap is a fundamental assumption when assessing future cost pressures. Any shortfall will impact on future year pressures and on financial sustainability.

There is a judgement and balance needed when estimating and planning for future savings.

The table below shows the impact of a 1% change to each of assumptions used to identify cost pressures for budget planning for the remaining four years of this Medium Term Financial Plan:

Impact of 1% Change	£m
Pay	0.5
Inflation and Policy (including care costs)	0.5
Prescribing	0.2
Demographic and Demand	0.5

A change of 1% to the 2023/24 contribution from each partner would equate to:

Impact of 1% Change	£m
ERC Contribution	0.7
NHSGGC Contribution	0.8
NHSGGC Set Aside Budget	0.3
ERC Housing Aids & Adaptations	negligible

In addition to the funding assumptions and sensitivity impacts there are a number of other risks that need to be considered, including:

Financial sustainability and the conflict between delivering savings and efficiencies to the preventative agenda, maintaining discharge from hospital without delay and increasing demand for services.

The success of our Savings, Recovery and Renewal programme will be impacted by our ability to adequately resource the programme; there is a real tension between finding capacity to focus on change and delivering services. There are some operational requirements that are statutory and must be prioritised.

The impacts of legislative, political or policy changes, with examples included in the national context and in particular any development of a national care service.

The implication for the set aside budget moving from an allocation to the unscheduled care commissioning framework could have a “real cash” impact in the future.

Similarly any move to cross charging or commissioning arrangements for hosted services will impact on budgets. This could bring both “risk and reward” determined by planned versus actual consumption of services. There is no intention to change the model at this point and East Renfrewshire will continue to meet the pressures associated with the services we host.

The Learning Disability In-Patient Service can incur significant cost pressures dependant on the complexities of the individuals within the service at any time and the use of a smoothing reserve is no longer an option as funds are now depleted. The Community Change Fund work over the next few years will mitigate some pressures at the service model evolves.

Prescribing has always been volatile due to the numerous factors involved and there is a real risk of continued significant increases post Covid-19. We had a reserve to help us manage changes in cost and volume however this was fully utilised in 2022/23 where £0.5m was applied against a cost overspend of £1.4 million. 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. If costs and volumes continued on a similar trend without any intervention we could have a resulting pressure of c£2 million. There are NHS GGC wide and local action plans developed to help address this pressure.



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board	
Held on	28 June 2023	
Agenda Item	9	
Title	Annual Performance Report 2022/23	
Summary		
<p>This report provides members of the Integration Joint Board with the Annual Performance Report for the Health and Social Care Partnership for 2022-23. This is our seventh Annual Performance Report and outlines performance in relation to the delivery of our Strategic Plan 2022-25. The Annual Performance Report is a high level, public facing report. It summarises the performance of the HSCP with specific focus on the delivery of services and supports as we recover from the Covid-19 pandemic.</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"> • Approve the report and its submission to the Scottish Government by the revised deadline of 31 July 2023. • Agree that the Policy, Planning and Performance Team will work with the Communications Team to consider a range of media to engage with the public, illustrate performance and publish the Performance Report on our website and through social media. 		
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 checked="" type="checkbox"/> Equalities <input type="checkbox"/> Risk <input checked="" type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

28 JUNE 2023

Report by Chief Officer

ANNUAL PERFORMANCE REPORT 2022/23

PURPOSE OF REPORT

1. This report advises the members of the Annual Performance Report for the Health and Social Care Partnership for 2022-23.

RECOMMENDATIONS

2. The Integration Joint Board is asked to:
 - Approve the report and its submission to the Scottish Government by the revised deadline of 31 July 2023.
 - Agree that the Policy, Planning and Performance Team will work with the Communications Team to consider a range of media to engage with the public, illustrate performance and publish the Performance Report on our website and through social media.

BACKGROUND

3. The Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Joint Boards to publish an Annual Performance Report, setting out an assessment of performance in planning and carrying out those functions for which they are responsible. The 2014 Act requires publication of the report within 4 months of the end of the financial year being reported on, therefore by 31 July each year.
4. During the Covid-19 pandemic the Coronavirus (Scotland) Act 2020 was enacted, which allowed for an extension for the publication of Annual Performance Reports through to November each year. This provision is no longer applicable and we are returning to the July publication deadline for the first time since 2019.
5. The Public Bodies (Joint Working) (Scotland) 2014 Act requires that publication of the report should include making the report available online, and should ensure that the Report is as accessible as possible to the public. Guidance suggests that partnerships may wish to consider a range of media to engage with the public, illustrate performance and disseminate the Performance Report. The Integration Joint Board must also provide a copy of this report to each constituent authority (NHS Greater Glasgow & Clyde and East Renfrewshire Council).
6. The required content of the performance reports is set out in The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014. In addition Scottish Government has issued guidance for the preparation of performance reports:
 - Performance against national health and wellbeing outcomes.
 - Performance in relation to integration planning and delivery principles.

- Performance in relation to strategic planning and any review of strategic plan during year.
 - Financial planning, performance and best value.
 - Performance in respect of locality arrangements.
 - Inspections of services.
7. Subject to approval of the report by the Integration Joint Board, the report will be published on our website by 31 July and promoted through appropriate media channels.

REPORT

8. The Annual Performance Report sets out how we delivered on our vision and commitments over 2022-23 recognising the continuing challenges in the aftermath of the Covid-19 pandemic, its impact of our ways of working and potential disruption to performance trends. This is our seventh Annual Performance Report. We review our performance against agreed local and national performance indicators and against the commitments set out in our Strategic Plan for 2022-23. The report is principally structured around the priorities set out in our strategic plan, linked to the National Health and Wellbeing Outcomes as well as those for Criminal Justice and Children and Families.
9. The main elements of the report set out: the current strategic approach of the East Renfrewshire Health and Social Care Partnership; how we have been working to deliver our strategic priorities and meet the challenges of the pandemic over the past 12 months; our financial performance; and detailed performance information illustrating data trends against key performance indicators.
10. The report meets the requirements of the national statutory guidance and is a static 'backward looking' review of activities and performance during the previous financial year. We continue work with the Performance and Audit Committee to look at our in-year reporting to ensure we are looking at forward actions to improve performance as well as a retrospective.
11. National performance indicators can be grouped into two types of complementary measures: outcome measures and organisational measures.
12. The national outcome measures are based on survey feedback available every two years from a national survey of people taken from a random sample based on GP practice populations. The respondents have not necessarily used HSCP services. The survey was last carried out in 2021. The HSCP collects local data relating to people who have used our services and supports. This is included in the report as it is collected throughout the year and can be tracked over a longer time period. We believe this better reflects outcomes achieved by the HSCP.
13. The national organisational measures are taken from data that is collected across the health and care system for other reasons. In all cases we have included the latest available data. The updated indicators may not represent the full end year position as some of the data completion rates are not yet 100% but will be the most up-to-date data available at the statutory deadline. We have identified 'provisional' figures in the report.

14. The remaining performance information in the report relates to the key local indicators and targets developed to monitor progress against our Strategic Plan 2022-23. Our performance indicators illustrate progress against each of our seven strategic priorities. Chapter 4 of the report gives trend data from 2016-17 and uses a Red, Amber, Green status key to show whether we are meeting our targets.
15. In addition to activity and performance in relation to the nine strategic priorities the report includes sections on our hosted Specialist Learning Disability Service.

Recovery from the pandemic

16. During 2022-23 the partnership has experience significant challenges from increased demand pressures and higher levels of complexity often relating to the continuing impacts from the pandemic. Throughout the period, we have continued to maintain and deliver safe and effective services to our residents. During the year, the HSCP and our partner organisations experienced increased staff absence with resulting pressures within the health and social care system. This year we have also seen continuing recruitment and retention challenges in the sector impacting on our performance.
17. The data shows that despite the continuing pressures, there has been strong performance across service areas. Throughout the period we have seen excellent collaboration across the HSCP and with our independent, third and community sector partners. And we are seeing positive signs of recovery across many of our performance indicators as discussed below.
18. Headline performance information by service area are given below.

Supporting children and families

- % starting CAMHS treatment within 18 weeks – 86% (year average) up significantly from 55% in 21/22. Average longest wait (monthly) was 24 weeks down from 41 weeks in the previous year.
- Care experienced children – excellent performance on permanence – No children in East Renfrewshire with 3 or more placements
- 91% of care experienced children supported in community rather than a residential setting (21/22 figure) – a high rate but has reduced due to the impact of the pandemic
- 82% care experienced children waiting no longer than 6 months for a review – down from 94% in previous year
- Child protection - 100% of child protection cases with increased safety (up from 84% in 21/22)
- Slightly reduction in % of children subject to child protection offered advocacy – 61% (62% in 21/22)

Supporting people to maintain their independence at home

- 64.4% of people aged 65+ with intensive care needs (plus 10 hours) receiving care at home (up from 62% in previous year).
- 65% of adults (18+) receiving personal care at home or direct payments for personal care, as a percentage of the total number of adults needing care.
- 80.4% of adults supported at home who agreed that they are supported to live as independently as possible
- 89% reporting 'living where you/as you want to live'

- 48% of people with reduced care need following re-ablement / rehabilitation (down from 60% for 21/22 but up from 31% for 20/21)

Supporting mental health and wellbeing and supporting recovery from addiction

- Mental health hospital admissions remain low (at 1.4 admissions per 1,000 population)
- 75% waiting no longer than 18 weeks for access to psychological therapies (av. 2021-22)
- 96% accessing recovery-focused treatment for drug/alcohol within 3 weeks – up from 95% in 21/22 and 69% in 20/21
- 5% of people moving from treatment to recovery services in the year – down from 9% in 21/22
- 173 alcohol brief interventions undertaken in 22/23 – up from 0 last year, reflecting increased resourcing for this activity.

Meeting healthcare needs and reducing unplanned hospital care

- Discharge without delay – averaged 8 delays for 22/23 – up from 7 for 21/22 (and 3 for 20/21)
- Adult bed days lost to delayed discharge – 4,652 for 22/23 (up slightly from 4,546 for 21/22 but significantly higher than 2,342 in 20/21)
- Adult A&E attendances – 17,355 - up from 16,877 in 21/22 but ahead of target
- Adult Emergency admissions – 6,564 - down from 6,772 in 21/22 and ahead of target
- Emergency admission rate (per 100,000 pop) – 9,036 down from 9,414 for 21/22
- Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges) – 67, down from 77 in 21/22 (and 98 in 20/21)

Supporting unpaid carers

- 80% of those asked reported that their 'quality of life ' needs were being met – down from 92% in 21/22
- % carers who feel supported to continue in their caring role – 28.4% (21/22) down from 35.3% (19/20)

Supporting people through criminal justice pathways

- 86% Community Payback Orders (CPOs) commencing within 7 days – significantly up from 58% in 21/22
- 83% of unpaid work placement completions within Court timescale – up from 81%
- Positive employability and volunteering outcomes for people with convictions – 64% up from 56% in 21/22
- 100% of people reported that their order had helped address their offending

Tackling health inequalities and improving life chances

- Our premature mortality rate remains significantly below the national average at 334 per 100,000 (Scotland 457)
- 17.9% of infants in our most deprived areas (SIMD 1) were exclusively breastfed at the 6-8 weeks – significantly up from 7.5% for the previous year (2020-21 figure)
- 92% of adults report they are able to look after their health very well or quite well (Scottish average is 91%)
- Male life expectancy at birth in our 15% most deprived communities is 74.7 compared to 72.1 for Scotland.
- Female life expectancy at birth in our 15% most deprived communities is 79.8 compared to 77.5 for Scotland.

Supporting staff resilience and wellbeing

- 85% of staff agreed that “My manager cares about my health and wellbeing” – down from 88% in previous iMatter staff survey
- 71% agreed that “I feel involved in decisions in relation to my job” – consistent with 72% in previous survey
- 74% agree that “I am given the time and resources to support my learning growth” – consistent with 75% in previous survey

Protecting people from harm

- Improvement in domestic abuse outcomes women – 90% increased by 3% from 21/22 - target met.
- Improvement in domestic abuse outcomes children – 82% decreased by 2% - target met.
- People agreed to be at risk of harm and requiring a protection plan have one in place – continues to be 100% of cases

19. Following any comments from either the Performance and Audit Committee or the Integration Joint Board in June 2023, we will use the remaining weeks until the publication date to enhance any content and make presentational changes.

CONSULTATION AND PARTNERSHIP WORKING

20. The Annual Performance Report reflects the work of the Health and Social Care Partnership throughout 2022-23. The East Renfrewshire HSCP Participation and Engagement Strategy 2020-23 sets the following objectives for the ways in which we work with our communities:
- Our communities, our partners, our staff and those who receive support will be engaged with, involved and participate in ways that are meaningful to them.
 - We will deliver a strategy that supports and resources new ways of engagement, and embraces digital platforms.
 - We will deliver a strategy that has a focus on prevention, choice and stronger communities and people will be enabled to share their views.
 - We will have a coordinated approach to community engagement and participation.
21. There are multiple examples of these commitments in action throughout the report.
22. The Participation and Engagement Strategy is being delivered and developed through our local multi-agency Participation and Engagement Network. Partners in the network have been engaged with in the drafting of the Annual Performance Report.

IMPLICATIONS OF THE PROPOSALSFinance

23. The Annual Performance Report incorporates relevant financial end of year performance information in Chapter 3. A separate Annual Accounts Report has also been produced and will be presented at the IJB in June.

Workforce

24. One of the strategic priorities in the HSCP Strategic Plan 2022-25 is “Working together with staff across the partnership to support resilience and wellbeing”. There is a section in the report outlining how we are delivering on this priority.

Legal

25. The Annual Performance Report is a statutory requirement of the Integration Joint Board.

Equalities and Fairer Scotland Duty

26. The Integration planning and delivery principles include a requirement that Integration Joint Boards:

- Take account of the particular needs of different service-users.
- Takes account of the particular needs of service-users in different parts of the area in which the service is being provided.
- Take account of the particular characteristics and circumstances of different service-users.

27. There are examples of this throughout the report.

28. There are no policy, infrastructure or risk implications.

DIRECTIONS

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

CONCLUSIONS

30. The Annual Performance Report is the seventh performance report for East Renfrewshire Health and Social Care Partnership. This report provides a comparison of our performance against Scotland and the previous baseline year, recognising the significant pressures being faced by HSCPs across Scotland.

31. The report demonstrates the exceptional work undertaken by the partnership as we recover from the pandemic and the continued progress in the delivery of our priority outcomes. It shows that despite the continuing challenges we are facing in terms of demand pressures and increased levels of complexity, we have continued to support our most vulnerable residents and have performed well against many of our outcome-focused performance indicators. Through our recovery and renewal planning and the continuing delivery of our Strategic Plan for 2022-25 we will ensure that our priorities and approaches meet the changing needs of our population.

RECOMMENDATION

32. The Integration Joint Board is asked to:

- Approve the report and its submission to the Scottish Government by the revised deadline of 31 July 2023.
- Agree that the Policy, Planning and Performance Team will work with the Communications Team to consider a range of media to engage with the public, illustrate performance and publish the Performance Report on our website and through social media.

REPORT AUTHOR AND PERSON TO CONTACT

Steven Reid, Policy, Planning and Performance Manager
steven.reid@eastrenfrewshire.gov.uk

0141 451 0749

June 2023
Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

[East Renfrewshire HSCP Annual Performance Report 2019/20](#)

[East Renfrewshire HSCP Annual Performance Report 2020/21](#)

[East Renfrewshire HSCP Annual Performance Report 2021/22](#)

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Working Together for East Renfrewshire

East Renfrewshire Health and Social Care Partnership (HSCP) Annual Performance Report 2022-23

Contents

Chapter	Page
1. Introduction	1
2. Delivering our key priorities	8
3. Financial performance and Best Value	55
4. Performance summary	67
Appendix One	85

1. Introduction

1.1 Purpose of Report

The Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Joint Boards to publish an Annual Performance Report, setting out an assessment of performance in planning and carrying out those functions for which they are responsible.

This is the seventh report for the East Renfrewshire Integration Joint Board. It sets out how we delivered on our vision and commitments over 2022-23. As required, we review our performance against agreed local and national performance indicators and against the commitments set out in our 2022-25 Strategic Plan.

The HSCP provides care, support and protection for people of all ages, to enhance their wellbeing and improve outcomes for them as children, young people, families and adults. Over the course of 2022-23, our teams in collaboration with our partners and communities have continued to deliver this work in despite significant pressures. This has involved responding to higher demands for support, supporting individuals with higher levels of emotional distress, complex needs and limited informal support networks. Our teams have responded compassionately, creatively and with an unwavering commitment to improve outcomes for the individuals and families we support.

This report looks at our performance during another challenging 12 month period where we continue to see impacts for health and social care provision following the Covid-19 pandemic. The main elements of the report set out:

- the established strategic approach of the East Renfrewshire Health and Social Care Partnership (HSCP);
- how we have been working to deliver our strategic priorities over the past 12 months and additional activity to meet the challenges of the pandemic;
- our financial performance; and,
- detailed performance information illustrating data trends against key performance indicators.

The performance data shows that despite the continuing pressures of the pandemic there has been strong performance across service areas. We have continued to support our most vulnerable residents and have performed well against many of our outcome-focused performance indicators. Throughout the period we have seen excellent collaboration across the HSCP and with our independent, third and community sector partners. And we are seeing positive signs of recovery across many of our performance indicators as discussed below.

1.2 Local context

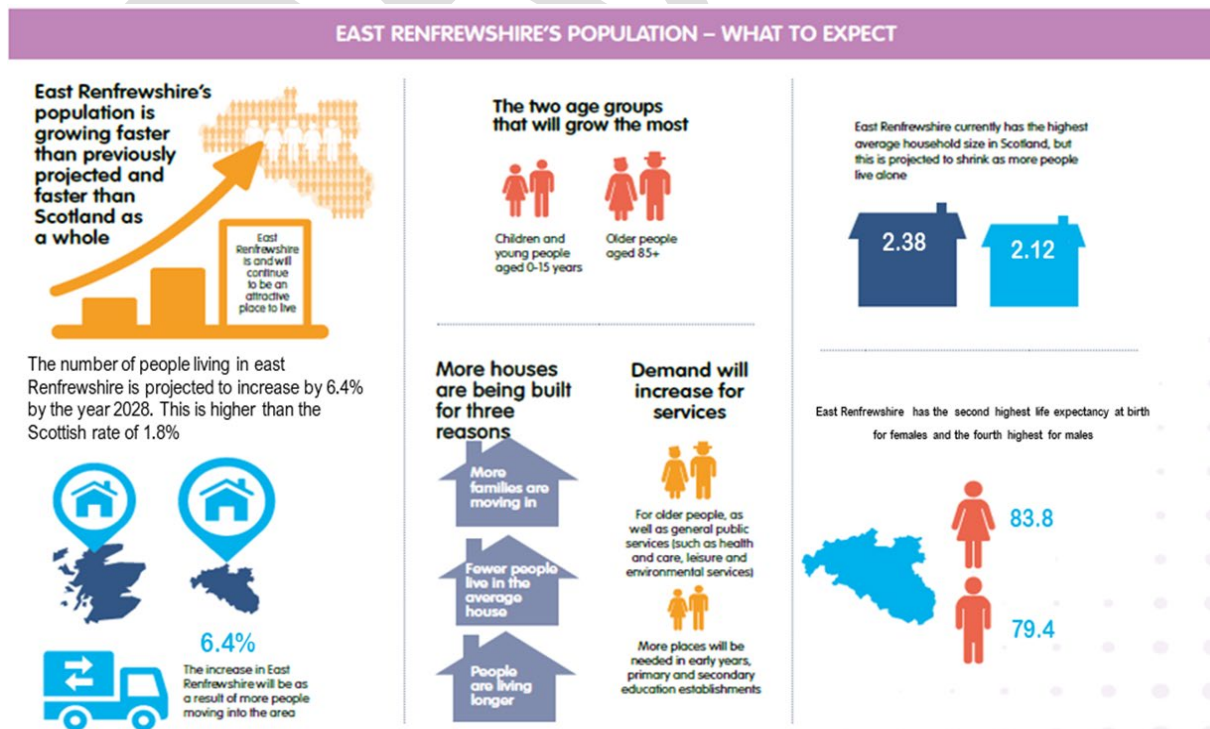
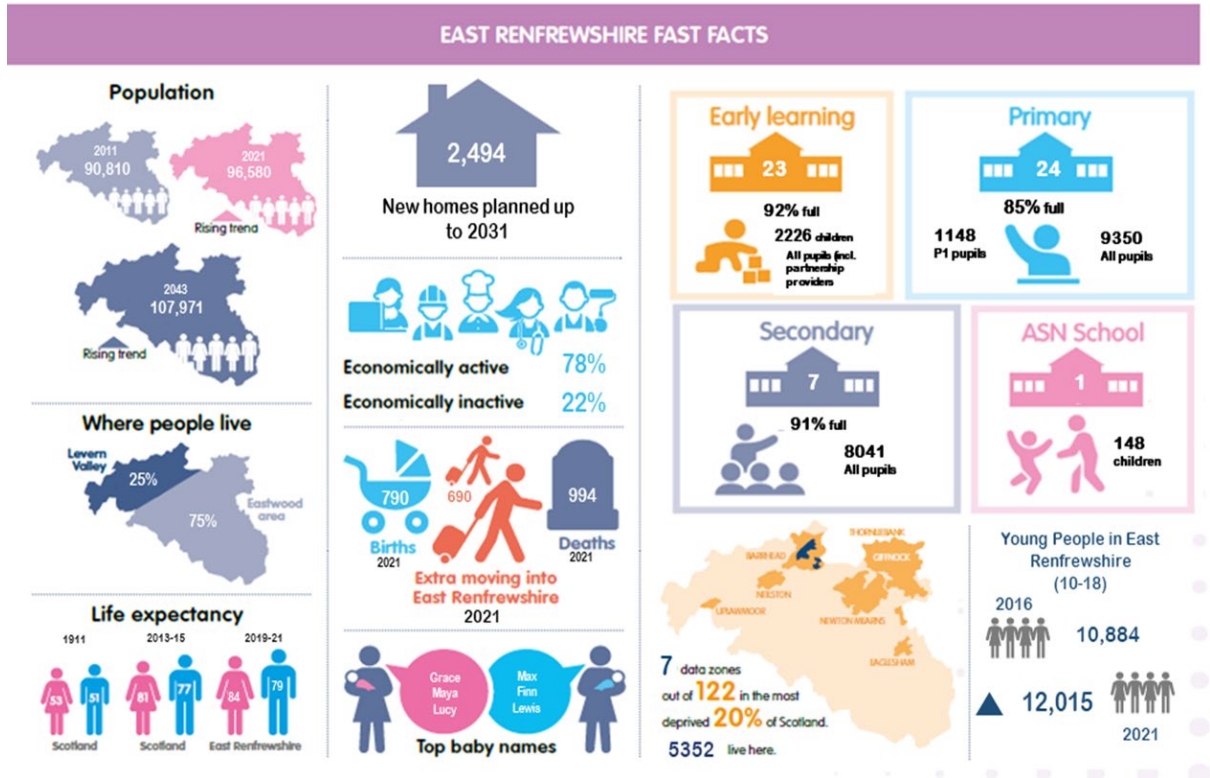
East Renfrewshire covers an area of 174 square kilometres and borders the city of Glasgow, East Ayrshire, North Ayrshire, Renfrewshire and South Lanarkshire.

Our population continues to grow and reached 96,580 in 2021. 74% of the population live in the Eastwood area (Busby, Clarkston and Williamwood, Eaglesham and Waterfoot, Giffnock, Netherlee and Stamperland, Newton Mearns and Thornliebank) and 26% live in the Barrhead area (Barrhead, Neilston and Uplawmoor).

East Renfrewshire has an ageing population. By 2043, almost one quarter of East Renfrewshire is projected to be aged 65 or over (23.8%). There has been a 26% increase

in the number of residents aged 85 years and over during the last decade. People over 80 are the greatest users of hospital and community health and social care services.

Overall, East Renfrewshire is one of the least deprived local authority areas in Scotland. However, this masks the notable differences 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 Health and Social Care Partnership (HSCP) was established in 2015 under the direction of East Renfrewshire's Integration Joint Board (IJB) and it has built on the Community Health and Care Partnership (CHCP), which NHS Greater Glasgow and Clyde and East Renfrewshire Council established in 2006.

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

During the last 17 years our integrated health and social care management and staff teams have developed strong relationships with many different partner organisations. Our scale and continuity of approach have enabled these relationships to flourish. We have a history of co-production with our third sector partners and we are willing to test new and innovative approaches.

East Renfrewshire HSCP is one of six partnerships operating within the NHS Greater Glasgow and Clyde Health Board area. We work very closely with our fellow partnerships to share good practice and to develop more consistent approaches to working with our colleagues in acute hospital services.

The integrated management team directly manages over 900 health and care staff, this includes 52 social workers who are trained and appointed as council officers. ER HSCP has long established relationships with third and independent sectors to achieve our strategic aims around early intervention and prevention. In addition, the HSCP hosts the Specialist Learning Disability Inpatient Services, Autism Service on behalf of the six HSCPs in NHSGGC and the Scottish Centre of Technology for the Communication Impaired (SCTCI) which provides specialist support for Alternative and Augmentative Communication to 12 Scottish Health Boards. 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 or prisons in East Renfrewshire

1.3 Our Strategic Approach

1.3.1 Our Strategic Vision and Priorities

In East Renfrewshire we have been leading the way in integrating health and care services. From the outset of the CHCP we have focused firmly on outcomes for the people of East Renfrewshire, improving health and wellbeing and reducing inequalities. Under the direction of East Renfrewshire's IJB, our HSCP builds on this secure foundation. Throughout our integration journey during the last 17 years, we have developed strong relationships with many different partner organisations. Our longevity as an integrated partnership provides a strong foundation to continue to improve health and social care services.

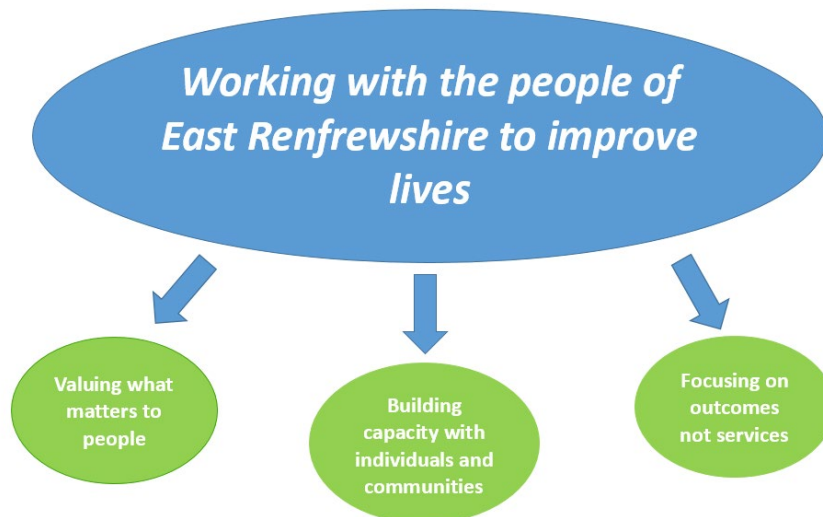
Our Vision

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

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

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

The touchstones keep us focused when we are developing and improving the quality of our service delivery.



Our Strategic Plan

Our first Strategic Plan covered the period 2015-18 and took its priorities from the National Health and Wellbeing Outcomes. It set our high level planning intentions for each priority and was underpinned by an Annual Implementation Plan reviewed and monitored at HSCP level.

Our second Strategic Plan covering 2018-21 recognised that the partnership must extend beyond traditional health and care services to a wide partnership with local people and carers, volunteers and community organisations, providers and community planning partners. The plan placed a greater emphasis on addressing the wider factors that impact on people's health and wellbeing, including activity, housing, and work; supporting people to be well, independent and connected to their communities.

Recognising the challenges of undertaking planning activity at the height of the Covid-19 pandemic, and in line with the approach of other HSCPs in Scotland, it was agreed that we would establish a one-year 'bridging' plan for 2021-22 reflecting priorities during our continuing response and recovery from the pandemic.

Our third 'full' Strategic Plan covers 2022-25. The plan was developed in consultation with stakeholders and East Renfrewshire residents, despite the continuing challenges we faced from the pandemic. This included a highly participative engagement process coproduced with wider partners through our Participation and Engagement Network and a comprehensive strategic needs assessment.

The consultation found that people were supportive of our strategic priorities and the key areas of focus set out in the plan. Many people emphasised the crucial importance of partnership and collaborative working and there was a focus on ensuring the necessary support is in place for our staff and for local unpaid carers. Key changes we made to our strategic plan in light of the consultation included:

- Strengthening the emphasis in the plan on safety, preventing harm and addressing rising incidence of violence against women and girls following the pandemic.
- Reference to the practical supports available for digital solutions; and recognition to the role of peer support in recovery and supporting independence.
- More emphasis on how we are working to enhance mental health support through primary care; and local initiatives using the Community Mental Health and Wellbeing Fund.
- More recognition of the impact of the pandemic on unpaid carers and increased pressures for carers including increased caring requirement.
- In our existing discussion of health inequalities, greater reference to the wider impacts of poverty and focus on supporting people with protected characteristics.
- For our priority supporting staff wellbeing recognition our intention to be a 'listening' partnership; and outlining activities including wellbeing group, plan and appointment of wellbeing lead.

Our headline planning priorities build on those set out in our previous strategic plans. We extended our priority for mental health to include mental health and wellbeing across our communities. We changed the emphasis of our priorities relating to health inequalities and primary and community-based healthcare and we introduced a new strategic priority focusing on the crucial role of the workforce across the partnership. For the 2022-25 plan we also added a distinct priority focusing on protecting people from harm, reflecting the cross-cutting and multi-agency nature of this activity. For each priority we set out the contributing outcomes that we will work to, key activities for the next three years and accompanying performance measures. Our strategic priorities for 2022-25 are:

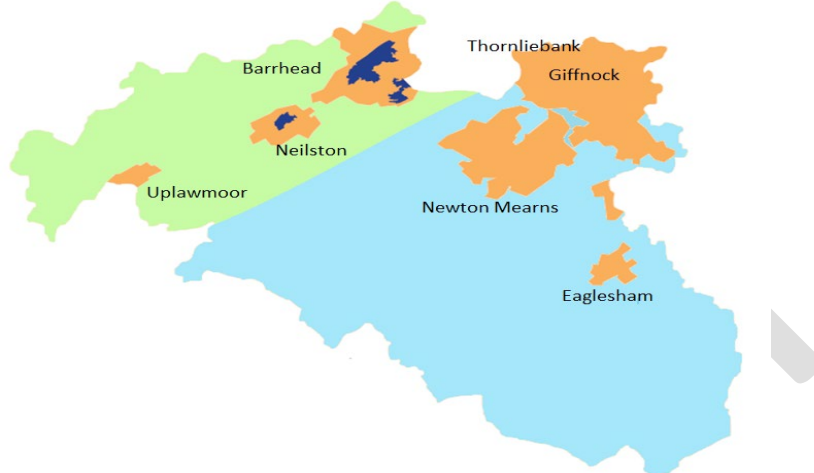
- Working together with **children, young people and their families** to improve mental and emotional wellbeing;
- Working together with people to maintain their **independence at home** and in their local community;
- Working together to support **mental health and wellbeing**;
- Working together to meet people's **healthcare needs** by providing support in the right way, by the right person at the right time;
- Working together with **people who care for someone** ensuring they are able to exercise choice and control in relation to their caring activities;
- Working together with our community planning partners on new **community justice pathways** that support people to stop offending and rebuild lives;
- Working together with individuals and communities to tackle **health inequalities** and improve life chances;
- Working together with **staff across the partnership** to support resilience and wellbeing; and,
- Protecting people from **harm**.

The plan illustrates how the HSCP will contribute to the priorities established in the East Renfrewshire Community Plan and Fairer East Ren. Under our strategic priorities we set out our key activities and critical indicators that link to the HSCP contribution to East Renfrewshire Council's Outcome Delivery Plan. The plan also links to relevant recovery/remobilisation planning at NHSGGC Board level, including the priorities set out in Moving Forward Together, and commitments reflected in the Five Year Strategy for Adult Mental Health Services, the Public Health Strategy: Turning the Tide through Prevention and the Joint Unscheduled Care Commissioning Plan. The plan fully recognises the implications from the Independent Review of Adult Social Care and planned National Care Service.

1.3.2 Locality planning in East Renfrewshire

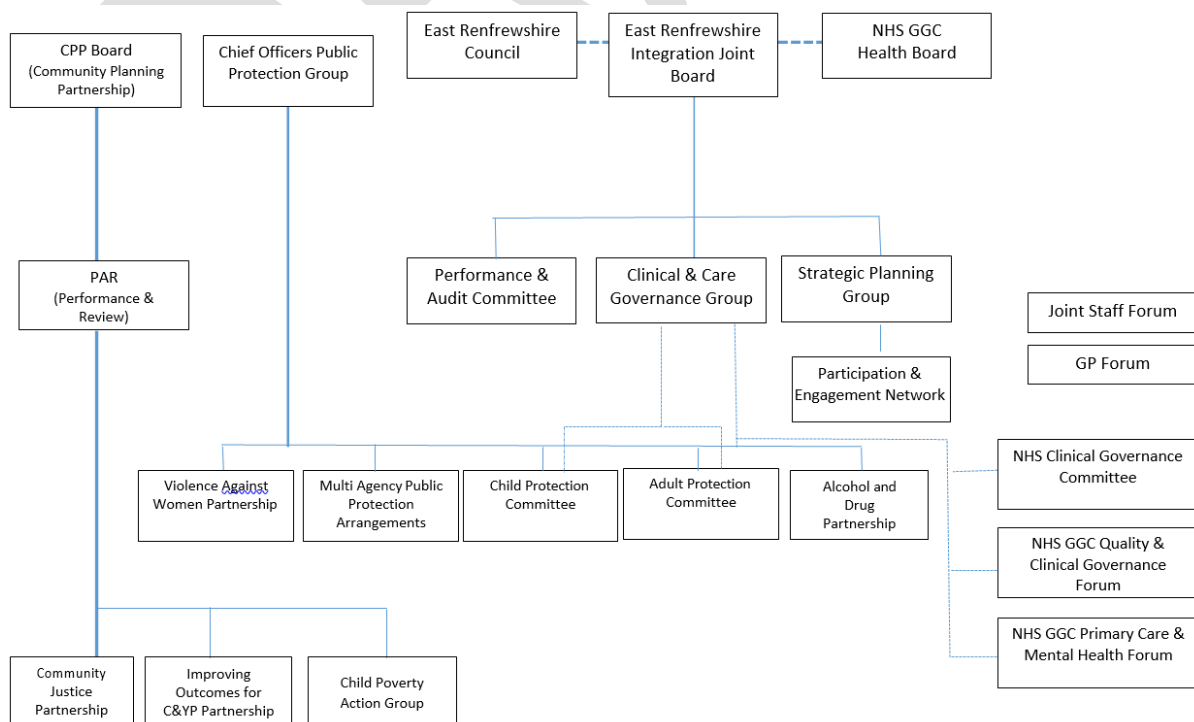
Our previous 2018-21 Strategic Plan reduced our locality planning areas from three to two localities – one for Eastwood and another for Barrhead. This allowed us to coordinate our approach with our local GP clusters while also reflecting the natural communities in East Renfrewshire.

Our locality areas also reflect our hospital flows, with the Eastwood Locality linking to South Glasgow hospitals and the Barrhead Locality to the Royal Alexandra Hospital in Paisley. Our management and service structure is designed around our localities. Our locality planning arrangements continue to develop and will be supported by planning and market facilitation posts and financial reporting at a locality level.



The IJB continues to deliver integrated health and care services within East Renfrewshire in our valued partnership working with community, the third, voluntary and independent sectors, facilitating the successful operation of the HSCP.

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



1.3.3 Our integrated performance management framework

We have a commitment to integrated performance management. Our performance management framework is structured around our Strategic Plan, with all performance measures and key activities clearly demonstrating their contribution to each of our nine strategic planning priorities. The framework also demonstrates how these priorities link to the National Health and Wellbeing Outcomes and East Renfrewshire's Community Planning Outcomes.

An Implementation Plan and a supporting performance framework accompany our Strategic Plan. Working with key stakeholders in our Strategic Planning Group, we developed these through outcome-focused planning. The plan is presented as a series of 'driver diagrams'. These diagrams show how we will achieve our strategic outcomes through 'critical activities' measured by a suite of performance indicators. This is the basis for strategic performance reporting to the Integration Joint Board (IJB) and it also feeds into East Renfrewshire Council's Outcome Delivery Plan and NHS Greater Glasgow and Clyde's Operational Plan. Our Strategic Performance Reports are presented to the IJB Performance and Audit Committee every six months (at mid and end year). We also provide quarterly updates (at Q1 and Q3) when data updates are available.

Every six months we hold an in-depth Performance Review meeting which is jointly chaired by the Chief Executives of NHS Greater Glasgow and Clyde and East Renfrewshire Council. At these meetings both organisations have the opportunity to review our Strategic Performance Report and hear presentations from Heads of Service, which set out performance progress and key activities across service areas.

The HSCP draws on qualitative and quantitative information from a range of sources. Our main sources of performance data include Public Health Scotland, Scottish Public Health Observatory and National Records Scotland. We also use local service user data and service data from NHS Greater Glasgow and Clyde.

We gather feedback from people who use services from a variety of sources. These include patient/service user surveys through for example, our Primary Care Mental Health Team; day centres and community groups; and people who use our integrated health and social care centres. We monitor feedback from residents through the recently established Care Opinion system. We also gather local feedback from East Renfrewshire Council's Citizens' Panel, Talking Points data and the National Health and Wellbeing Survey. We support a local Mental Health Carers Group, where carers are able to raise issues about their needs and the support they receive. We continue to develop our approach to engagement through our multi-agency Participation and Engagement Network, strengthening our methods in drawing in residents' views to our evaluation processes.

2 Delivering our key priorities

2.1 Introduction

This section looks at the progress we made over 2022-23 to deliver the key priorities set out in our Strategic Plan and how we are performing in relation to the National Health and Wellbeing Outcomes. For each area we present headline performance data showing progress against our key local and national performance indicators. In addition to an analysis of the data we provide qualitative evidence including case studies and experience from local people engaging with our services. Our intention is to illustrate the wide range of activity taking place across the partnership during the pandemic.

A full performance assessment covering the period 2016-17 to 2022-23 is given in Chapter 4 of the report.

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

National Outcomes for Children and Young People contributed to:
Our children have the best start in life and are ready to succeed
Our young people are successful learners, confident individuals, effective contributors and responsible citizens
We have improved the life chances for children, young people and families at risk

2.2.1 Our strategic aims and priorities during 2022-23

Improving the mental and emotional wellbeing of children and young people continues to be one of the highest priorities for East Renfrewshire HSCP. Our multi-agency approach to supporting the needs of children and young people in East Renfrewshire is set out in our Children and Young People's Services Plan 2020-2023. Together all partners in East Renfrewshire are building an approach to mental health support for children, young people and families that will ensure they receive the right care and interventions at the right time and in the right place.

Following the Covid-19 pandemic we have seen a significant rise in the number of children, young people and families experiencing challenges with their mental health and wellbeing. We aim to provide a holistic range of appropriate supports through our multi-stakeholder Healthier Minds Service which works alongside our Family Wellbeing Service and links to GP practices and the Child and Adolescent Mental Health Service (CAMHS).

An emerging area of increasing need is from children and young people with a neurodevelopmental diagnosis (including autism) or suspected diagnosis. In partnership with the Council and other partners we work to ensure service responses are effective and the workforce is sufficiently equipped to help children and their families in the right way. We continue to support our care experienced children and young people and are committed to fully implementing the findings of the national Independent Care Review report "The Promise".

Our aim is to **improve mental wellbeing among children, young people and families in need**, by:

- Protecting our most vulnerable children, young people and families
- Delivering on our corporate parenting responsibilities to our care experienced children and young people by fully implementing The Promise

- Responding to the mental and emotional health and wellbeing needs of children and young people
- Ensuring children and young people with complex needs are supported to overcome barriers to inclusion at home and in their communities

2.2.2 The progress we made in 2022-23

During 2022-23 our children's services have continued to see increasing demand and increasing levels of complexity among referrals. We continue to work with an increasing number of children with diagnosed neurodevelopmental disorders and a high prevalence of families in crisis. CAMHS continues to experience high demand and a significant level of urgent referrals. However, we have been able to significantly reduce waiting times for children requiring support through the CAMHS service through the development of alternative (Tier 2) services: Healthier Minds and the Family Wellbeing service.

Headline performance data includes:

- % starting CAMHS treatment within 18 weeks – 86% (year average) up significantly from 55% in 21/22. Average longest wait (monthly) was 24 weeks down from 41 weeks in the previous year.
- Care experienced children – excellent performance on permanence – No children in East Renfrewshire with 3 or more placements
- 91% of care experienced children supported in community rather than a residential setting (21/22 figure) – a high rate but has reduced due to the impact of the pandemic
- 82% care experienced children waiting no longer than 6 months for a review – down from 94% in previous year
- Child protection - 100% of child protection cases with increased safety (up from 84% in 21/22)
- Slightly reduction in % of children subject to child protection offered advocacy – 61% (62% in 21/22)

2.2.3 The support we provided in 2022-23

East Renfrewshire HSCP and our partners recognise the extent of mental health concerns among the children's population, and in our multi-agency Children and Young Peoples Services Plan 2020-2023 we have agreed mental and emotional wellbeing as a key priority. The impact of the Covid-19 pandemic has exacerbated the circumstances of many children, young people and families, and we have seen a significant rise in the number of those experiencing challenges with their mental health and wellbeing and this also includes those who have a neurodevelopmental diagnosis.

Over the past few years we have been working to alleviate pressure on **CAMHS** by establishing appropriate (Tier 2) alternatives that work with young people and families to support recovery and minimise crisis. As a result of this, during 2022-23 we have seen significant alleviation of the pressures at the CAMHS 'front door' bringing down the proportion of people having to wait more than 18 weeks.

In August 2022, CAMHS achieved and has maintained performance ahead of the national **waiting time target** (90% of people starting treatment within 18 weeks). And from September to the end of the financial year the service has consistently achieved 97% and above.

In response to growing demand during the pandemic a multi-stakeholder **Healthier Minds Service** approach aligned to school communities was developed to identify and ensure delivery of mental wellbeing support to promote children and families' recovery.

Healthier Minds referrals continue to primarily come from schools and other agencies including GPs, CAMHS, Social Work, RAMH, Woman's Aid and Children 1st and more importantly includes self-referrals from young people. A total of 1006 children and young people have been referred to the screening hub (as at 18th April 2023), which meets weekly, resulting in children, young people and their families being supported timeously. An extensive calendar of sessions and training has been planned for the new school year. Training has also been created and developed to respond to the increased presentations of self-harm. The training has evaluated well and will be delivered throughout the authority. The Healthier Minds team continue to see positive outcomes for children, young people and their families.

Healthier Minds Hub

In recognition of the identified increase in mental health concerns for children and young people, the partnership invested in multi-agency mental health provision. The Healthier Minds Hub is East Renfrewshire's framework for supporting and nurturing the mental health and wellbeing of children, young people and families. It is also a resource for staff.

The hub has representatives from CAMHS, Social Work, RAMH Youth Counselling, Educational Psychology, Community Learning & Development and the Children 1st Family Wellbeing Service. Hub members meet weekly to consider referrals, the needs of the child or young person determine the route for provision of the optimal support.

A multi-agency recovery team known as the Healthier Minds team, was developed and aligned to school communities to identify and ensure delivery of mental wellbeing supports that promote children and families' recovery.

The three key elements of the service are: strategic mapping and support to maximise school community capacity to be trauma responsive, provision of direct services to children and families to build on strengths and improve social, emotional and mental wellbeing and strengthening of the existing school counselling model.

93% children and young people supported by the Healthier Minds Team report improved mental health and wellbeing. One young person described how the trusting relationship with the staff had supported them to overcome many challenges such as not attending school, difficult relationships at home and an eating disorder. The young person detailed how this support impacted positively on their wellbeing.

The Healthier Minds Service gathers data effectively to evaluate and improve its work. 1040 referrals were received between 25 November 2020 and 19 May 2023. The highest proportion 40% were referred on to RAMH Youth Counselling Service, 33% were referred to Healthier Minds Team, with others continuing support with existing services, supported by school or had sufficient supports in place. 63% of referrals were for females and 33% were for males. 166 re-referrals were received in this period.

The top three reasons for referral are anxiety, low mood and emotional regulation.

East Renfrewshire's **Family Wellbeing Service** supports children and young people who present with a range of significant mental and emotional wellbeing concerns. The services works with the HSCP to deliver holistic support based in GP surgeries to:

- Improve the emotional wellbeing of children and young people aged 8–16;
- Reduce the number of inappropriate referrals to CAMHS and other services;
- Support appropriate and timely recognition of acute distress in children and young people accessing clinical help if required;
- Improve family relationships and help build understanding of what has led to the distress and concerns;

- Engage, restore and reconnect children and young people with school and their wider community.

“I hadn’t even thought about, those kind of concepts before in my life. So, those ones, they were interesting because I hadn’t realised that all contributes to how you’re coping as a family.” –**Parent, Family First Family Wellbeing Scale**

“I liked opening up and talking in an environment that I felt safe in and that a I felt like I was actually being listened to”
Healthier Minds Feedback

We can’t thank you enough, you have been such a support to us. He doesn’t trust people easily, and said he felt so supported yesterday.
School Nursing Feedback

Our **Intensive Family Support Team (IFST)** welcomed a health visitor as part of the team in November 2021 to provide an **Intensive Health Visiting Service**. Over the course of the past year the health visitor has worked with the families who need this support most. Families are able to have lots of time with the health visitor, to build relationships and get support which benefits their family’s life now and in the future. Examples of this are:

- The health visitor supports carers and parents with practical tasks such as breast feeding, sleeping and weaning, as well as support to promote bonding and understanding baby’s cues.
- Previously, universal health visiting support would have gone with the child to the kinship or foster home. We are now able to offer health visiting to mums and dads, who do not have care of their children and are working with us to get them home. This includes offering the service at the pre-birth stage, providing early and intensive support to the mums-to-be who need it most.
- Promotes good working relationships with other health services, such as infant mental health services.
- Helps the voice of the infant to be heard when decisions are being made.

Case Example

The health visitor worked alongside social workers from Intensive Family Support Team and the Community Team to support a family with two young children, who had been placed in foster care. The family had no extended family support in Scotland and mum often experienced poor mental health, so it was important to be able to build and maintain trusting relationships. The children were returned to their family’s care, but unfortunately soon after mum experienced a significant mental health episode, which required her to stay in hospital for a prolonged period. The team worked together with dad to make sure he had what he needed to look after the children and keep them at home, where they wanted to be. Twelve months later, the family are all living together at home, compulsory measures of supervision have been removed and the family continue to work with the health visitor and social workers on a voluntary basis.

Supporting disabilities and complex cases

One third of families open to the Community Children’s Services team require an assessment of their needs in relation to one or more children in the family unit who have a disability. As a direct consequence of the pandemic and the social isolation experienced by families caring for children with additional support needs we have seen an increased demand for services and a higher degree of complexity within these families.

Post pandemic, the needs of children with a disability appear to be more complex in nature due to a number of factors these have included difficulties accessing personal assistance support, increasing demands on a variety of support services in the community and more complex presentations. As a result of this, services have required to adapt and become more creative in how we can support families to use self-directed support to meet the child's needs.

The Community Children's Services team continues to work together with the multi-agency partners to signpost, and creatively support families through strength based person centred planning. Effective multi agency working is key to reducing and removing barriers to inclusion at home, school and in the community. This involves close collaboration between health, social care, education and third sector organisations within East Renfrewshire.

A multi-agency consultation group has been established to develop the creative use of self-directed support and to review what is working well for families. By assessing the needs and strengths of children and focusing on the views of the child, their parents and the people who know them best we continue to develop strategies and partner with commissioned services to support families to remain together and tailor personalised plans, which allows for flexibility and choice.

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

In East Renfrewshire **Youth Intensive Support Service (YISS)** is the lead service for all looked after young people aged 12 – 26 years, recognising that more intensive interventions are required to improve recovery from trauma, neglect and abuse. The service aims to successfully engage the most hard to reach young people in East Renfrewshire and has the following shared aims across social work and health services:

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

Over 2022-23 we have continued the development of the **Signs of Safety** model, led by the Chief Social Work Officer and the Head of Education Services (Equality and Equity). The model supports practice improvement, with a particular focus on developing relational interventions with children, young people, their families and carers in order to reduce risk and improve children's wellbeing. It is the most effective framework to assess and manage risk for children and young people while supporting families. The approach recognises the need to define harm, outline danger and identify safety goals. Implementation of the Signs of Safety model is overseen by a multi-agency implementation group consisting of key partners. As a result, one assessment framework/paperwork is being used across a variety of statutory and non-statutory work including Child Protection assessments, disability/Section 23 assessments, Child in Need and SCRA assessments. The recent joint inspection undertaken by the Care Inspectorate (focusing on children at risk of harm) highlighted Signs of Safety whole system implementation as a good practice example.

During the year we have continued to work in partnership with children, young people, and families/carers to implement **The Promise**. We secured Corra Foundation investment which

has allowed us to improve the process for Pathway Planning for Care Leavers from age 16-26 years. The enhanced pathway process will ensure that outcomes are improved for young people in transition. In addition a further successful application to Corra has enabled us to undertake a co-production project on local housing provision for vulnerable young people. Procedures are now embedded in Children and Family Services to ensure and enable sibling contact where it is in the best interests of the child, as in line with legislation and national policy.

We continue our work to implement the new **Scottish Child Interview Model (SCIM)**, alongside key partner agencies, ensuring trauma-informed support children who have experienced abuse. Since January 2022, all children and young people referred to the Child Interview Team have had their interview conducted under the Scottish Child Interview Model. To ensure service needs are met, the Recovery Support Team increased their workforce with an additional two posts in October and November 2022.

North Strathclyde Child Interview Team

East Renfrewshire are part of a partnership, which went live with joint investigating interviews (JII) on the 10th August 2020. Children and young people in East Renfrewshire are now interviewed and supported by Police and Social Work who are highly skilled, utilising proven techniques to achieve best evidence. In addition, the child / young person and their non-abusing care giver will have access to trauma informed support and advice throughout the JII process from the Children 1st recovery and participation workers who provide the child / young person and their families an opportunity to express their views, needs and concerns.

A critical aim is to ensure that all interviews take place in a safe child friendly, age appropriate way with consideration given to any developmental or additional needs. All children and their families will receive the practical and emotional support they require to recover.

Headline data / achievements:

- East Renfrewshire as one of 4 Local Authorities within the North Strathclyde Partnership were successful in winning the award for Excellence in Children's Services at the Scottish Social Services Awards Ceremony in November 2022.
- Children 1st were successful in securing funding that allowed the development of the Wee Bairns Hoose, which is set to have a summer 2023 opening here in East Renfrewshire. There will be a virtual link to Court, purposefully built to ensure the required expectations from Crown Office and Procurator Fiscal are met to challenge any requirement for children to be in the environment of an adult courtroom.
- Total 334 referrals received to the team during this reporting period where 73% progressed to an interview (243). For ERC, 83% (36) referrals progressed to a JII.
- Overall disclosure rate, 76%, which suggests that children / young people in East Renfrewshire feel safe and supported to speak despite their traumatic experiences.

Young people who have been in contact with the team made the following comments:

- *"I don't want to leave, I want to stay"*
- *"I felt that no-one was going to listen to me, but you have listened to me and you have made me feel better"*
- *"The interview went super smoothly and the interviewers were amazing"*

Participation and engagement activities take place across the service, however our **Champions Board** and **Mini-Champs** are active groups of young people and children who meet regularly and inform strategy and practice. A central focus is on inclusion and participation allowing looked after young people a meaningful forum to directly influence and, through time, redesign services that affect them in a co-produced way by influencing their corporate parents. The Champions Board offers looked after young people leadership opportunities and the opportunity to change practice and policy. Our aim is to demystify and challenge misconceptions about looked after children and young people and strengthen awareness of the barriers that they face. The Champions Board's recent thematic work has been in relation to housing and mental health. The Champions Board recently helped to plan and support a visit from the First Minister to showcase the work of both groups to celebrate Care Day. The Champions Board is planning a refresher event in the coming months to highlight the groups' role in supporting East Renfrewshire to fulfil our corporate parenting responsibilities.



Supporting children and families through Health Visiting

Some key achievements of our health visiting service during 2022-23 include:

- Full implementation of the Universal Pathway now in place since July 2022
- UNICEF Gold Reaccreditation achieved in November 2022 with a Commendation.
- East Renfrewshire has average breastfeeding rates when compared to Scotland and Greater Glasgow and as a whole, with 73.8% of babies reported to have ever breastfed and 45.3% exclusively breastfed at primary visit (CHSP Pre-school August 2022 Public Health Scotland).
- Dunterlie Breast feeding group commenced in June 2022 in Barrhead within an area of higher deprivation within the HSCP. To date 113 mums have attended this group with weekly attendance noting to rise from 1 to 9
- Introduction of 2 Nursery Nurses to the team to support with neurodiversity in 2022 which is highly supportive to parents with children that are waiting for autism diagnosis
- East Renfrewshire was one of the first HSCPs to introduce the Ages and Stages Questionnaire(ASQ) in November 2022 to effectively assess child development and offer early intervention
- Introduction of the new My World Triangle (MWT) Assessment tool in 2022 which is resulting in improved assessments to allow for better-quality sharing with other agencies resulting in improved outcomes for children
- Record keeping audit in March 2023 – highlighted good results associated with new MWT assessment
- Test of change in relation to poverty has been taking place in ER which has led to an increase in referrals to MART from our most deprived neighbourhoods areas. This is now being implemented within other HSCPs within GGC
- The highest referrals are from the G78 postcode area whereby 104 referrals have been made since October 2022- Jan 2023 compared to the lowest of 3 referrals from G77 area.

The HSCP provides support to **unaccompanied asylum seeking children** arriving in the local authority area. Of the 17 arrivals to the area since 2017, 12 have arrived since May 2022. The average frequency of contact for all arrivals is twice per week and newly arrived young people are supported 7 days per week for the first few weeks. We have well established links with the Equality Development Officer for faith and culture groups; and additional support is provided to young people by Aberlour Guardianship Service.

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

National Health and Wellbeing Outcomes contributed to:

NO2 - People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

NO3 - People who use health and social care services have positive experiences of those services, and have their dignity respected

NO4 – Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

2.3.1 Our strategic aims and priorities during 2022-23

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

We work to minimise isolation and engage with those in need through approaches such as befriending, peer support and the work of our Kindness Collaborative and Talking Points, linking people to local supports. We will continue to build on this collaborative working going forward to increase the community supports and opportunities available. We will make best use of technology and health monitoring systems to support independence and self-management. We are committed to increasing choice and control and delivering the full potential of Self-directed Support. As more people live longer with more complex conditions it is important that we work collaboratively with housing providers to support independent living in our communities.

Our aim is to **support people to maintain their independence at home and in their local community**, by:

- Ensuring more people stay independent and avoid crisis through early intervention work
- Ensuring the people we work with have choice and control over their lives and the support they receive.

In the aftermath of the Covid-19 pandemic restrictions we continue to see increased frailty and social isolation particularly among older people. Across our services we have seen increased demand and higher levels of complexity among the people we support. Although we are facing significant challenges, the response to the pandemic demonstrated the resilience of our community-based supports with teams of volunteers and staff keeping touch with the most vulnerable and isolated, notably through the Community Hub.

2.3.2 The progress we made in 2022-23

Over 2022-23 we have continued to support people to live independently and well at home, despite additional demand pressures on our services due to more people seeking support at home as well as increased levels of frailty and complexity. During 2022-23 we have seen continuing pressure on our Care at Home service with increased referrals and reducing capacity among partner providers. While these challenges have impacted on some of our performance measures such as our capacity to support reablement, we perform well on the overall balance of care delivered in our communities.

Headline performance data includes:

- 64.4% of people aged 65+ with intensive care needs (plus 10 hours) receiving care at home (up from 62% in previous year).
- 65% of adults (18+) receiving personal care at home or direct payments for personal care, as a percentage of the total number of adults needing care.
- 80.4% of adults supported at home who agreed that they are supported to live as independently as possible
- 89% reporting 'living where you/as you want to live'
- 48% of people with reduced care need following reablement / rehabilitation (down from 60% for 21/22 but up from 31% for 20/21)

2.3.3 How we delivered in 2022-23

The HSCP remains committed to promoting Community Led Support which emphasises more local, personalised and flexible services. Through strong local partnerships our teams are responding to the challenges we face following the pandemic with great innovation and greater collaborative working in support of our communities.

In East Renfrewshire our local **Community Hub** was developed to coordinate the community response to the Covid-19 pandemic. The Community Hub is a partnership between Voluntary Action East Renfrewshire, HSCP Talking Points and East Renfrewshire Council Communities and Strategic teams. It supports residents to access information and signposted to local community supports as well as establishing new shopping and prescription delivery service.



During 2022-23 the Community Hub has developed its website to focus the online directory away from Covid emergency response to promoting social activities, community supports and information. The success of directory reflects the work of on-going collaboration between local partners. The Community Hub website now has information on where to access support and information relating to The Cost of Living, promoting warm and welcome spaces, support services and access to both local and national resources. At the end of March 2023 the website had 2,435 users with 7,651 page views.

The Community Hub is working to establish a data sharing platform to help plan and development new community activities. The relaunch of our Wellbeing Network is the first step to supporting our partners to create a data sharing platform, agree how and what data and information we need to share and begin to build a picture of need for 2023-24.



Talking Points continues to be the main route for residents to get advice and support around their health and social care as well as information surrounding accessing community supports. The services has a membership of over 60 local and national organisations that work together to offer the correct support and information as early as possible. This preventative approach is person-centred and is integral in our delivery of Talking Points. During 2022/23 Talking

Points have supported 690 calls/referrals with the most frequent reason for referral being loneliness/Befriending or looking for group activities within East Renfrewshire. The Talking

Points service also supported the development of three new older adult community groups, which work with 120 older residents weekly.

During 2022-23 we have been working to develop greater choice and innovation across community-based supports available in East Renfrewshire. This means **developing our local market** and supporting our existing **community infrastructure**. As we moved beyond the pandemic, the first half 2022-23 saw a steady return of local groups, community activities and support services. However, as the year progressed it was clear that many groups and organisations were facing financial difficulties and required support. The range of supports provided by Voluntary Action East Renfrewshire (VAER) during the year (including through virtual supports) consisted of organisational support and group training to 14 social enterprises (SE) and 36 third sector/community groups (non SE).

Over the year, the HSCP has been working with communities, third sector organisations and our independent sector providers to develop our approaches to **collaborative and ethical commissioning** of services and supports. HSCP have held a series of collaborative commissioning events from June 2022 with external partners/providers. Working groups and key actions are in place to develop more collaborative opportunities. A period of engagement has been implemented from March 2023 on the HSCP draft Strategic Commissioning Plan that describes current provision, identifies gaps and future intentions.

Our partnership is working to support the development of community-led activities across East Renfrewshire through the **Kindness Collaborative** led by VAER. In its first year of development, the Collaborative has developed a range of promotion materials and dedicated website space. A network has been established and key areas activity have included: identification of gaps in service provision; understanding what additionality can be brought by community-led approaches; development of collaborative approach with local organisations and groups; development of volunteering roles.

The Kindness Collaborative has coordinated a number of community call outs for help and support. As ever, we are delighted with the amazingly positive response from our community groups, third/public sector partners and residents. The collaborative undertook **Cost of Living engagement** which has paved the way for an ERC-led Warm and Welcome Spaces initiative. This provided funding for safe and comfortable environments for local activities during the winter months. The Cost of Living collaborative work involved more than 70 participants over two days. The work focused on the following themes:

- Warm & Welcoming spaces
- Networking & Outreach
- Information, Training and Data exchange
- Food Dignity & Sustainability

East Renfrewshire HSCP's **Care at Home** service provides Care at Home to around 500 East Renfrewshire residents covering on average 10,500 visits and 3434 hours of care per month. There have been significant capacity issues within Care at Home both locally and across Scotland with the situation locally reaching crisis point in early December 2022.

Increasing complexity of people being supported against a backdrop of recruitment challenges has led to significant pressures. Locally there has been a 49% reduction in the amount of service that commissioned providers are able to deliver since 2020. This has led to significant pressure on the HSCP's in house care at home service. The service is has continued to experience significant absence rates during the year, reaching 35% in January/February, principally affecting frontline carer and organiser roles.

Promoting digital opportunities that support independence

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 via 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 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.

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 residents continue to be able to access their Telecare service. The installation of Digital Alarm Units within homes is expected to continue until 2025.

We have been supporting national Tests of Change which are identifying the benefit of proactive 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.

We are in the process of implementing a new national **telehealth** solution (to replace Florence) which will be accessible to more people 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 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 people 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.

East Renfrewshire HSCP are supporting the local delivery of the **Improving the Cancer Journey**, funded and supported by Macmillan Cancer Support (Scotland) and the Scottish Government. The new partnership will offer support to anyone affected by cancer across East Renfrewshire, by offering a Holistic Needs Assessment (HNA) to help identify and address all physical, psychological, social, financial and practical needs.

Macmillan Improving the Cancer Journey (MICJ) – East Renfrewshire

In partnership, Macmillan and the HSCP will work with local health providers, the local authority, third sector, communities and people affected by cancer (including family members and carers), with the aim of ensuring everyone affected by cancer can easily access the support they need as soon as they need it to enable them to live as well and as independently as possible.

East Renfrewshire has a cancer incidence rate of approximately 590 per 100,000, equating to approximately 540 people being diagnosed with cancer annually. The incidence of cancer is 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. These were evenly split across genders. Across the two localities, Eastwood has the most diagnoses of cancer with 74.4% of cases compared to Barrhead with 25.6%.

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 equates to 4.01% of the population. This is higher than the national figure of 3.74%. It would be safe to assume that people living with cancer is expected to rise to circa 5900 by 2030. This number is increased significantly when you begin to consider the support needs of loved ones associated with a cancer diagnosis. Cancer mortality is consistently considerably lower in East Renfrewshire than it is 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 account for two thirds of all cancer diagnoses in the East Renfrewshire area.

Building on learning from MICJ in the other partnerships within NHS Greater Glasgow and Clyde, MICJ provides a framework and evidence base to support improving patient outcomes and experience.

Macmillan ICJ in East Renfrewshire sets out to:

- Invite all with a cancer diagnosis in East Renfrewshire to complete a Holistic Needs Assessment (HNA) and develop an individual care plan that includes carers and family members.
- Provide the dedicated support of a named 'Link Worker' to everyone in East Renfrewshire with a cancer diagnosis, and to his or her carer or family.

- Facilitate the delivery of effective and integrated Health and Social Care support solutions, based on their needs.
- Demonstrate through outcomes the case for longer term sustainability of the service and the potential model for personalised care for other long term conditions.

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2.4 Working together to support mental health and wellbeing

National Health and Wellbeing Outcomes contributed to:
NO1 - People are able to look after and improve their own health and wellbeing and live in good health for longer.
NO3 - People who use health and social care services have positive experiences of those services, and have their dignity respected
NO4 – Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

2.4.1 Our strategic aims and priorities during 2022-23

During the pandemic we adapted our approaches across services to support the mental wellbeing of the people we work with. As we move forward we will continue to focus on good mental wellbeing, and on ensuring that the right help and support is available whenever it is needed. We recognise that different types of mental health need will continue to emerge as time passes and that we will need to continually adapt our approach to reflect this. We are focused on close collaboration with primary care, and further enhancing the mental health and wellbeing supports within primary care settings. We will work with GPs, third sector partners and people with lived experience to develop our approach to ensure people get the right service, in the right place at the right time. We are enhancing our approach to minimising drug-related harms and deaths and improving overall wellbeing amongst people with harmful drug or alcohol use and their families.

We will continue to work in partnership with people who use services, carers and staff to influence the Greater Glasgow and Clyde Five Year Strategy for Adult Mental Health Services and contribute to its delivery to ensure the needs of East Renfrewshire residents are met. We will ensure a particular focus on prevention, early intervention and harm reduction; high quality evidence-based care; and compassionate, recovery-oriented care recognising the importance of trauma and adversity and their influence on well-being.

We will continue to support the promotion of positive attitudes on mental health, reduce stigma and support targeted action to improve wellbeing among specific groups.

Our aim is to **support people to look after and improve their own mental health and wellbeing**, by:

- Ensuring individuals can access a range of supports on their journey to recovery from mental health and alcohol and drugs harms
- Ensuring wellbeing is enhanced through a strong partnership approach to prevention and early intervention
- Helping staff and volunteers to have the skills, knowledge and resilience to support individuals and communities

2.4.2 The progress we made in 2022-23

During 2022-23 our teams have continued to deal with increased demand across mental health and addiction services due to increases in complexity. There have been high demand across all teams (Community Addictions Team, Adult Mental Health Team, Primary Care Mental Health Team, Older Adult Team). For older people we are seeing overall wellbeing impacted by issues such as isolation and reduction in mobility.

Headline performance data includes:

- Mental health hospital admissions remain low (at 1.4 admissions per 1,000 population)

- 75% waiting no longer than 18 weeks for access to psychological therapies (av. 2021-22)
- 96% accessing recovery-focused treatment for drug/alcohol within 3 weeks – up from 95% in 21/22 and 69% in 20/21
- 5% of people moving from treatment to recovery services in the year – down from 9% in 21/22
- 173 alcohol brief interventions undertaken in 22/23 – up from 0 last year, reflecting increased resourcing for this activity.

2.4.3 How we delivered in 2022-23

Our teams continue to deal with a significant increase in demand across mental health and addiction services due to increases in complexity. We are building on the new approaches and ways of working that were developed during the pandemic to help meet the demands on us going forward as we support good mental health and wellbeing, help people manage their own mental health, and build their emotional resilience.

The partnership is taking a holistic approach to promoting mental health and wellbeing including promote physical activity linked to mental wellbeing, in partnership with VAER, funded by Paths 4 All and NHSGGC.

Work with our communities to promote positive mental health and wellbeing

Health Walks

Currently, there are 12 Community Health Walks running across East Renfrewshire on a weekly basis, two of which are Dementia and Cancer Friendly Walks. Walker numbers have continued to rise each month as we move into spring season. March 2023 saw an average of 89 walkers attend weekly. Due to demand / interest from the community, two new walks commenced in April. An additional health walk also runs weekly from Cowan park, and is facilitated by a staff member from our Addictions team. This is a closed group, specifically for individuals in active recovery.

Strength & Balance Class

Currently, there are 6 Community Strength and Balance classes running across East Renfrewshire. In March, classes saw an average of 60 attendees per week with demand for classes growing due to the reduction in Covid restrictions. Participants can then be signposted on to East Renfrewshire Culture and Leisure Trust activities.

A number of **wellbeing inputs** to community groups and organisations have been delivered including the delivery of Health & Wellbeing sessions for RAMH Recovery College summer programme. Three NHSGG&C Healthier Minds sessions were delivered:

- Sleep & Mental Health
- Loneliness & Isolation
- Resilience

The HSCP has commissioned 12 month pilot programme with Glasgow Council on Alcohol (GCA) focusing on community outreach to deliver **Alcohol Brief Interventions**, alcohol counselling sessions and training on the delivery of ABIs to staff across the HSCP and partners. 173 ABIs have been delivered to date and 8 alcohol counselling sessions. Outreach events have taken place in leisure centres, libraries, Voluntary Action market places, community centres and food banks. Staff training on the delivery of ABIs is being scheduled during April – October.

We have continued to support to roll out the **Community Mental Health and Wellbeing Fund** in partnership with VAER. Two years of funding from the Scottish Government has been fully distributed to local grassroots Third/Community sector organisations and groups. HSCP staff participated in the panel for the year 1 allocations with applications encouraged from specific target groups. The Year 1 grant awards were made at the end of 2021-22 with the majority of delivery in spring/summer 2022 and onwards. Around half of the 19 applications focused on older people as their main target groups. Other target groups include minority ethnic communities and people who are neurodivergent.

Programmes such as the **RAMH Recovery College** had a wide reach across communities with a diverse programme of mental health and wellbeing courses on offer with 38 people completing courses. A wellbeing tool was used to capture pre- and post-participation wellbeing scores and this showed an average improvement of 21% in wellbeing. Individual students met employability goals: 3 gained paid work during the pilot period and cited their increased confidence to involvement in Recovery College was a significant contributing factor. five individuals have taken on volunteer roles with RAMH.

The partnership works to deliver the priorities set out in the Greater Glasgow and Clyde Mental Health Strategy. East Renfrewshire HSCP commissions the **peer support services** across mental health and alcohol and drugs settings to support the recovery workstream and aims of the NHSGGC Strategy. Peer support is where people with similar life experiences offer each other support, especially as they move through difficult or challenging experiences. The service received its first referrals in 2020, initially offering opportunities to meet face-to-face, within the restrictions at that time.

The peer support is currently supporting over 70 people. The majority are supported on a 1-1 basis however a schedule of group activities is also in place. The peer support service works with individuals already engaged with services in East Renfrewshire, with referrals made by Health and Social Care Partnership adult mental health and alcohol and drugs services, as well as RAMH and RCA Trust. It is an additional, complementary support to help individuals identify their personal goals for recovery.

Supporting skills, knowledge and resilience across our partnership

A key priority in delivering our strategy to support better mental health and wellbeing is to ensure staff and volunteers across the wider partnership have the skills, knowledge and resilience to support individuals and communities. Examples of training delivered during the year include:

- Scottish Mental Health First Aid: 30 staff / partners attended including HSCP, partners and community representatives
- Mental Health Awareness (Tailored to Community Policing Teams): 18 Police colleagues attended
- Heart Start training: 40 staff/partners
- ASIST (57 participants) and self-harm training (60 participants)

A training sub-group is being established as part of the HSCP Suicide Prevention Strategy and Action Plan. Training opportunities for courses such as ASIST and SMHFA have been targeted to staff who are working with people at risk. This has included social work staff, School Nursing staff and Teachers.

Awareness raising of online training such as webinars, online modules and awareness raising session have continued. Training opportunities are communicated via the weekly Health and Wellbeing email bulletin and other mechanisms to ensure the right opportunities are offered to the appropriate staff and teams. NHSGG&C Mental Health Team and Public Health Scotland produce monthly bulletins with new training, resources etc. and these are

widely shared across HSCP and partners such as VAER, RAMH, East Renfrewshire Culture and Leisure Trust.

Locally we now have three staff trained in peer support. For the last year the Health and Wellbeing Lead has supported around 25 staff with their mental health and wellbeing via peer support. In 2023 we began the promotion of the peer service across the HSCP where staff / managers can contact the peer supporters direct to arrange 1-1 support.

As we move beyond the Covid-19 pandemic we are focused on building on innovative approaches that were developed during the pandemic period, including **digital solutions** to support people. Over 30 devices were issued to people as part of Connecting Scotland programmes during 2020 and 2021. As more groups and activities have returned to in-person basis, people are able to participate in recovery activities in communities. The Community Addictions Service continue to provide access to mobile phones and SIM cards on an adhoc basis to those experiencing digital exclusion and a small number of mobile phones have been issued in the past year. We continue to engage with lived experience networks about the needs of those in recovery and develop actions in response.

Delivering 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, we delivered 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

During 2022-23, the partnership has continued to focus on **suicide prevention** activities. 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 HSCP, Council, Police, British Transport Police, VAER, East Renfrewshire Carers, ER Culture & Leisure and Barrhead Housing Association.

We continue to implement the **East Renfrewshire Alcohol and Drugs Strategy** and Delivery Plan with a wide range of actions including:

- Working with people with lived and living experience to enhance and develop recovery community activity
- Strengthen links between community addictions and children and families services
- Increase awareness of services including family support

During 2022-23, progress has been made in the following areas:

- **Lived and living experience involvement** in the work of the Alcohol and Drugs Partnership continues to evolve and expand. The peer research group has grown to six members and has just completed the second research study – a community needs assessment of those affected by alcohol and drugs. The study reached 24 people with lived and living experience and 47 professionals. The ADP will consider the findings of the needs assessment and develop an action plan to enhance supports and services.
- Resources have been identified to deliver **whole family support** activities. These will be co-designed with families affected by a loved one's alcohol or drug use. Community Addictions Service and children and families services are beginning work to engage family members to identify the priorities for this funding with a view to delivering the additional supports in the second half of 2023-24.

The HSCP continues to work to implement the **Medication Assisted Treatment (MAT) Standards** and ensure fast, appropriate access to treatment. The MAT standards enable people to access same-day prescribing for opioid use disorder, facilitating low barrier access to assessment and treatment.

Delivering the Medication Assisted Treatment (MAT) Standards in East Renfrewshire

The Medication Assisted Treatment (MAT) Standards Implementation Plan is available [here](#) and sets out a wide range of actions including:

- Implementation of rapid access to opiate substitution treatment Monday to Friday
- Tests of change in near fatal overdose pathways and assertive outreach approaches
- Enhancing access to harm reduction interventions for people at risk

The Plan is well advanced with the majority of actions to deliver standards 1-5 now complete.

All staffing roles to support the delivery of Medication Assisted Treatment are now in place, funded by the national support funding. This includes a full time Pharmacy Independent Prescriber who, alongside the team medical officer, enables prescribing to be available 5 days per week. The Community Addictions Service have implemented a Standard Operating Procedure for rapid access to MAT and there are examples of individuals being able to access a prescription on the same day they present to the service.

The Turning Point overdose response team has provided harm reduction advice and support to almost 40 individuals since the service began operating in September 2021. Interventions include Naloxone training and provision, overdose awareness training.

The Alcohol and Drugs Partnership has worked with Turning Point to implement the Mobile Harm Reduction Service, an outreach service to target individuals who may not be accessing treatment. The service is now in place every fortnight on a Thursday in the Barrhead community – providing injecting equipment, Naloxone, blood borne virus testing and wound care. The days/times/locations remain under review based on uptake of the service and the service will rotate around different communities based on identified need. Awareness raising sessions with key stakeholders were held in January in Barrhead and Eastwood where partners had the opportunity to view the vans and hear about the provision of the harm reduction interventions. The service is promoted through communications to

services and community networks as well as outreach work by van staff when working in the area. Uptake is low at this early stage and additional promotion is being planned.

The Community Addictions Service has also enhanced existing harm reduction provision through increasing Blood Borne Virus testing, and ensuring Injecting Equipment Provision is available at service sites.

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

National Health and Wellbeing Outcomes contributed to:

NO2 - People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

NO4 – Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

2.5.1 Our strategic aims and priorities during 2022-23

The vision set out by NHSGGC in its recovery and remobilisation planning is to have in place a whole system of health and social care enabled by the delivery of key primary care and community health and social care services. HSCPs are working in partnership to ensure effective communications, a consistent approach, shared information and the alignment of planning processes.

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

Significant investment in winter 2022 helped add resilience to our health and care response. We have strengthened the capacity of our Care at Home Responder Service, Community Nursing and Community Rehabilitation teams and have established an intensive support service at our in-house care home for a multidisciplinary 'step-up', 'step-down' approach. This is supporting rehabilitation and reablement and timely discharge to home/homely settings. Additional resources are being used to address the accelerated demand pressures we have seen for Care at Home services, with increased frontline staff as well as management and support, and increased capacity for the Home First model and Technology Enabled Care.

We continue to work together with HSCPs across Glasgow, primary and acute services to support people in the community, and develop alternatives to hospital care. In partnership we support the development and delivery of the joint strategic commissioning plan which outlines improvements for patients to be implemented over the next five years.

Our aim is to **ensure people's healthcare needs are met (in the right way, by the right person at the right time)**, by:

- Early intervention and prevention of admission to hospital to better support people in the community
- Improved hospital discharge and better support for people to transfer from acute care to community supports
- Improved primary / secondary care interface to better manage patient care in the most appropriate setting.

2.5.2 The progress we made in 2022-23

Patterns of accident and emergency use and unplanned hospital admissions were significantly altered by the pandemic; but some measures have moved above pre-pandemic levels during

the year. Despite increased activity we remain ahead of target for emergency admissions and A&E attendances and available data suggests unplanned attendances and admissions have been at a stable rate over the year. During the reporting period we saw an increase in discharges with delay. This is being driven by the pressure on care at home services which is restricting access. Our Hospital to Home team work to deliver timely and appropriate discharges from hospital. Our performance for delays remains among the best in Scotland. We continue to support the hospital discharge efforts by promoting the use of intermediate care beds where a care at home package cannot be immediately accommodated. We are also seeing improved performance on emergency readmissions, reflecting the positive support we have in place in the community.

Headline performance data includes:

- Discharge without delay – averaged 8 delays for 22/23 – up from 7 for 21/22 (and 3 for 20/21)
- Adult bed days lost to delayed discharge – 4,652 for 22/23 (up slightly from 4,546 for 21/22 but significantly higher than 2,342 in 20/21)
- Adult A&E attendances – 17,355 - up from 16,877 in 21/22 but ahead of target
- Adult Emergency admissions – 6,564 - down from 6,772 in 21/22 and ahead of target
- Emergency admission rate (per 100,000 pop) – 9,036 down from 9,414 for 21/22
- Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges) – 67, down from 77 in 21/22 (and 98 in 20/21)

2.5.3 How we delivered in 2022-23

During 2022-23 the HSCP has continued to work with other partnerships and acute services in the Glasgow area to develop new services and pathways that will continue as we move into recovery.

Our **Hospital to Home team** (which facilitates complex hospital discharges) was supplemented last year by the creation of a new team focussing on the appropriate and effective use of intermediate care beds. This supports timely hospital discharge where the required homecare package is not immediately available and delivers improved outcomes from assessment activity carried out in this setting (versus hospital). The targeted work by the team includes requests for intermediate care beds, care home liaison, occupancy tracking, data collation, arranging interventions / reablement and carrying out outcome-focussed reviews and care planning. The collaborative working between these teams has ensured that delays in hospital discharges have been minimised and kept within manageable levels.

We continue to develop **enhanced community support** and **intermediate care models** in partnership with HSCPs across Glasgow. To support timely discharge from hospital through intermediate ('step-down') provision, we provide a 6-bed unit in Bonnyton Residential Home and block, or 'spot' purchase additional beds for intermediate care in local Care Homes. Ongoing use of the 6 intermediate beds in Bonnyton is supported by partnership working across social work, community nursing, Reablement and Rehab services, and primary care services.

Supporting people through interim care models

Improved performance around interim care in 2022-23

57 people have been in interim care in East Renfrewshire between 1 April 22- 31 March 2023 (20 went on to require permanent care). 53% of people returned home

2,140 days in interim care/bed days saved. (Improved performance on hospital bed days saved, contributed in part to interim care performance)

We are also working to implement our **discharge to assess** protocol to help minimise discharges with delay. There has been ongoing joint working between Acute Services and Hospital to Home Team, Intermediate Care and Rehab Service to support individuals to be discharged home or to alternative community setting to ensure safe discharge without delay and ongoing assessment.

Despite our proactive activity to support discharge from hospital, the HSCP is still challenged with delays resulting from **Adults with Incapacity (AWI)** and family choice/indecision and delays due to Power of Attorney (PoA) not being in place. New AWI Procedures were implemented on the 1st July 2022. These incorporated recommendations from the Mental Welfare Commissions Authority to Discharge Report 2021. Having a dedicated **Mental Health Officer (MHO)** within the Home from Hospital Team ensures a rapid and responsive service to individuals requiring a legal framework to facilitate hospital discharge.

Our **Community Rehabilitation Teams** continue to experience increased pressures due to the ongoing impacts and consequences of the pandemic on the older population, with an increase in frailty and frailty related falls. Average weekly referrals into the service have increase by approximately 50% since the start of the pandemic. Due to increased complexity of need and deconditioning, the service is finding that people are requiring longer and more frequent inputs, adding to demand pressures.

The partnership has seen increased **falls/frailty** presentations due to unintended consequences of Covid-19 lockdown restrictions on individuals' health including deconditioning, reduced social supports, implications of the pausing, ceased or phased remobilisation of NHS and community services and groups. There remains increased pressure on HSCP community assessment and rehabilitation teams to deliver assessment, intervention, and rehabilitation but without some of the wider supports previously available.

During 2022/23 we have continued our work to implement frailty pathways and support initiatives to address frailty in our communities. There has been ongoing development of **Home First Response/Frailty service** including appointment of Frailty Practitioner and further development of various community falls and frailty pathways across HSCP to identify and provide appropriate guidance, support and interventions. As well as improved use of data (frailty scores), a 'frailty matrix' has been developed detailing appropriate services across the frailty pathway. We have established community pathways with Scottish Ambulance Service in relation to falls/ frailty and work with primary care colleagues to identify test of change opportunities for proactive identification of frailty.

To prevent crisis and emergency use of acute services, we continue to work to improve the quality and quantity of **Anticipatory Care Plans (ACPs)**. The number of ACPs recorded on the NHS Clinical Portal system for East Renfrewshire HSCP has now exceeded target. Training in anticipatory care planning has been delivered across HSCP services and **ACP Champions** have been identified in Community Nursing and Rehab Services.

Supporting local care homes

Our partnership with local care home providers has continued to develop and strengthen following the pandemic. Commissioning and contracts staff continued to support homes with twice-weekly welfare calls to homes, or more often if needed. Every week we hold

multidisciplinary Care Home Assurance Meetings and there is a four-weekly Care Home Managers Forums with managers. Regular support meetings take place with care homes experiencing any issues/risks. The HSCP adult support and protection team has worked closely with homes advising and investigating to keep the most vulnerable individuals safe from harm. Bespoke support is offered to care homes particularly affected during the pandemic and the wellbeing of staff and residents continues to be a high HSCP priority. The Commissioning and Contracts team also supports the Care Home Assurance visits, alongside with the clinical nursing team and senior manager for communities and wellbeing. The team is also providing input at various internal and external meetings, such as the weekly vaccination meeting, and Greater Glasgow care home assurance group.

During the year, we completed the full implementation of East Renfrewshire's **Primary Care Improvement Plan (PCIP)**. The plan set out a wide range of activity in line with six Memorandum of Understanding (MOU) priority areas, including:

- enhanced models for vaccination through the Vaccination Transformation Programme (VTP);
- Pharmacotherapy Services – a new medicines management system with more pharmacists and pharmacy technicians working within GP practices;
- Community Treatment and Care Services (CTAC) providing support to General Practice for minor injuries, chronic disease monitoring and other services suitable for delivery within the community;
- Urgent Care (Advanced Practitioners) with the creation and implementation of 3.0 wte Advanced Nurse Practitioners (ANP) to work across three GP clusters within Eastwood and Barrhead localities;
- Additional NHSGGC Advanced Practice Physiotherapists (APP) and musculoskeletal (MSK) Physiotherapists working across GP practices;
- Community Link Workers (CLW) based in GP practices to signpost people to community-based supports. The service reflected shared awareness of the impact of a significant cohort of patients who sought recurring and regular support from GPs, for what were often issues associated with loneliness, social isolation, and lack of community connectedness and associated 'social' issues.

We will review the effectiveness of these new approaches and we are continuing a series of 'deep dives' into MOU services at the PCIP Oversight Group meeting.

The Advanced Nurse Practitioner has played a very valuable role in the practice which has facilitated a reduction in GP workload

The Advanced Practice Physiotherapist has very effectively complemented our clinical skill-mix and feedback from patients continues to be extremely positive

Community Link Workers are an extremely valuable resource

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

National Health and Wellbeing Outcomes contributed to:

NO6 - People who provide unpaid care are supported to look after their own health and wellbeing, including support to reduce any negative impact of their caring role on their own health and wellbeing

2.6.1 Our strategic aims and priorities during 2022-23

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

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

We will work collaboratively with providers to develop flexible and innovative approaches to the provision of breaks from caring; and we will make sure that carers are aware of and have access to these. Peer support and having the opportunity to share experiences is highly valued by our carers but has been disrupted during the pandemic. As a wider partnership we will ensure that these informal supports that enable people to continue in their caring role are re-established and strengthened going forward.

Our aim is to **ensure people who care for someone are able to exercise choice and control in relation to their caring activities**, by:

- Ensuring staff are able to identify carers and value them as equal partners;
- Helping carers access accurate information about carers' rights, eligibility criteria and supports;
- Ensuring more carers have the opportunity to develop their own carer support plan.
- Ensuring more carers are being involved in planning the services that affect them and in strategic planning

2.6.2 The progress we made in 2022-23

Working with East Renfrewshire Carers Centre, we have continued to ensure that carers have had access to guidance and support throughout the year. Training and awareness-raising on

the issues affecting carers have been delivered. Work has continued on the development and promotion of support planning for carers and the partnership continues to develop approaches to short breaks for carers.

Headline performance data includes:

- 80% of those asked reported that their 'quality of life ' needs were being met – down from 92% in 21/22
- % carers who feel supported to continue in their caring role – 28.4% (21/22) down from 35.3% (19/20)

2.6.3 How we delivered in 2022-23

The pandemic has impacted significantly on carers, with potentially restricted access to support, resources and activities away from caring.

Throughout the year we have maintained our positive partnership working with the **East Renfrewshire Carers' Centre (ER Carers)**, continuing to deliver community-based integrated support for carers in East Renfrewshire including access to tailored advice, support, planning and community activities.

In partnership with the ER Carers we ensure **information and training** is available to raise awareness of the impact of caring and requirements of Carers Act. The Equal Partners in Care (EPIC) Training Programme has been under review during the year and relaunched at the end of March 2023. EPIC will be included in the induction training for new staff and will be supplemented by input from carers, the East Renfrewshire Carers Lead and Self-directed Support (SDS) lead. 27 carer aware sessions have been delivered across HSCP and third sector partners in the last year. Drop-in appointments for staff were piloted in January 2023 in partnership with SDS Forum although there was limited uptake. Further training and drop-in sessions will be developed to meet the requirements of the HSCP's new Supporting People Framework and review of adult carer support plans.

During the year we have continued to work in partnership to ensure carers are being involved in **planning services** that affect them. Following the success of the Dementia Walking Buddies we are planning to develop a carers network specifically in relation to dementia support. The Carers Collective continue to meet monthly with further specific engagement events held in relation to:

- HSCP Budget
- Strategy development
- Short Breaks
- Day Centres/Day opportunities
- Hospital Discharge
- Autism

Carers Rights information is provided to every carer referred to the Centre. This information is supplemented by group sessions on Carers Rights and Introduction to Caring sessions.

We continue to implement **carers' support planning** including planning for emergencies with individual carers. Following introduction of the Supporting People Framework and the new Personalisation & Assessment Workstream a working group has been established to create a process for carers that reflects these changes and develops a revised process for Adult Carer Support Plans. The new process will incorporate Emergency plans with an increased focus on promoting Anticipatory Care Plans (ACP) for both carers and the people they support. Carers Centre staff have undertaken training to promote Anticipatory Care Plans and there is a new Carers Pathway for ACP with links to the Community Nursing Team. An **abbreviated Adult Carer Support Plan (ACSP)** has been introduced for carers with no support

requirements from HSCP. This is used by the Centre to record support plans for all carers referred for support.

The current **East Renfrewshire Carers' Strategy** has four strategic carer outcomes that are fully in line with the principles of the Carers (Scotland) Act 2016, the National Health and Wellbeing Outcomes and East Renfrewshire HSCPs Strategic Plan.

- Carers are identified, valued and involved
- Carers have choice, control and a life alongside caring
- Carers are living full lives and able to support their health and wellbeing
- Caring is a positive experience

The Carers Strategy is currently being revised and updated to reflect the introduction of the Supporting People Framework. A programme of engagement with carers, young carers, stakeholders and community groups has been undertaken and the strategy will go to IJB for approval in Summer 23. A programme of awareness raising and engagement will follow.

East Renfrewshire's **Short Breaks Statement** was developed in collaboration with carers and other stakeholders. It establishes guiding principles for planning short breaks and these remain key to short break provision. These are:

- Carers will be recognised and valued as equal partners in planning for Short Breaks.
- Planning and assessment will be outcomes focused to ensure that we focus on what both the carer and the cared for person wants to happen.
- By using our eligibility framework we will have an equitable and transparent system for determining eligibility for funding Short Breaks that is consistent and easily understood.
- There will be timely decision making.
- Planning a short break will be a safe, respectful and inclusive process with every carer treated equally.
- When planning a Short Break questions about needs and outcomes will have a clear purpose for carers, not just to inform the support system.
- Prevention will be key. Planning and assessments for support should prevent deterioration in the carer's health or the caring relationship.

The **Short Breaks Working Group** includes the HSCP, Carers Centre and carers and has informed development of our local **Promoting Variety Project**. The Promoting Variety Project is now underway to develop a time-banking initiative for short breaks. A Project Co-ordinator has been recruited and carer engagement and volunteer recruitment has started.

Short Breaks is now a pilot initiative in the HSCP's collaborative commissioning work, testing the potential for direct payment grant support to carers.

Supporting East Renfrewshire's minority ethnic carers

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 carers from ethnic minority communities including promoting ACSPs to 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.

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

National Outcomes for Community Justice contributed to:

Prevent and reduce further offending by reducing its underlying causes

Safely and effectively manage those who have committed offences to help them reintegrate into the community and realise their potential for the benefit of all

2.7.1 Our strategic aims and priorities during 2022-23

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

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

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

Our aim is to **support people to prevent and reduce offending and rebuild their lives**, by ensuring :

- People have improved access to through-care
- People have access to a comprehensive range of recovery services
- Trauma-informed practice is embedded across justice services
- Structured deferred sentence and bail supervision is implemented
- The risk of offending is reduced through high quality person centred interventions

2.7.2 The progress we made in 2022-23

The provision of unpaid work was significantly impacted by the pandemic with Community Payback Orders (CPOs) suspended on 23rd March 2020 and this continues to have an impact on unpaid work provision. There were 5,874 hours backlog at end March 2023, spread over 71 individuals subject to Unpaid Work. This denotes a return to pre-Covid levels of Unpaid Work Orders.

Headline performance data includes:

- 86% Community Payback Orders (CPOs) commencing within 7 days – significantly up from 58% in 21/22
- 83% of unpaid work placement completions within Court timescale – up from 81%
- Positive employability and volunteering outcomes for people with convictions – 64% up from 56% in 21/22

- 100% of people reported that their order had helped address their offending

2.7.3 How we delivered in 2022-23

The HSCP delivers accredited programmes aimed at reducing reoffending. During 2022-23 we continued to deliver **Moving Forward, Making Changes** in a groupwork capacity. To complement the three staff currently trained, a further three staff have been identified and nominated for training. The programme is being converted to the Moving Forward 2 Change (MF2C) programme; staff will be trained when this is in place.

The criminal justice service uses appropriate **risk assessment tools** to identify need and reduce the risk of further offending. Justice Social Workers have undertaken training in the Throughcare Assessment Release Licence (TARL) process which will strengthen collaborative risk assessments between community-based and prison-based Social Work. All Justice staff are now trained in this approach.

New staff have accessed **Trauma Informed Practice training** as it has become available. This has been complemented by all staff undertaking a range of training including supporting young people's mental health.

The HSCP works to deliver a whole systems approach to diverting both **young people and women** from custody. Women and young people continue to be clear priorities in the use of **Structured Deferred Sentences**. The Structured Deferred Sentence is a low-tariff intervention providing structured social work intervention for offenders post-conviction but prior to sentencing. It is a sentencing option in all court reports for people under 25 and women who are appearing for sentencing. It is also intended for offenders with underlying problems such as drug or alcohol dependency, mental health or learning difficulties or unemployment that might be addressed through social work intervention. This outcome is promoted whenever appropriate within Criminal Justice Social Work Reports.

We aim to ensure that people subject to statutory and voluntary supervision including licence have early **access to community mental health, alcohol and drug recovery services**. Staff continue to refer people with any identified needs to the associated ERCAT or Community Care teams. This includes regular contact with Adult Services to seek advice on possible referrals and potential interventions. Justice Social work and East Renfrewshire Alcohol and Drug Service have revised local policies for Drug Treatment and Testing Orders to better meet the current needs of those requiring this service. Justice staff are now trained in the administering of opioid overdose prevention medication Naloxone.

It is important that people are able to find positive alternatives to offending. Criminal Justice staff closely with the East Renfrewshire Employability Partnership, utilising the existing pipeline to refer people for assistance with **employability-related supports** and those for further **education/training**. We have sought to draw upon a wide-range of employability services to accomplish this and have connected with employability services to deliver input to our Moving Forward Making Changes programme for specialist supports. UKSPF (UK Shared Prosperity Funding) funding is in place from April 2023 for two year period, to provide a dedicated key justice employability worker support for people with convictions. This year, we have identified a three new personal **work placements**. These have complemented our existing placements which are themselves regularly reviewed for suitability.

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

National Health and Wellbeing Outcomes contributed to:
NO1 - People are able to look after and improve their own health and wellbeing and live in good health for longer.
NO3 - People who use health and social care services have positive experiences of those services, and have their dignity respected
NO4 – Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
NO5 – Health and social care services contribute to reducing health inequalities

2.8.1 Our strategic aims and priorities during 2022-23

We are committed to the local implementation of Greater Glasgow and Clyde's Public Health Strategy: Turning the Tide through Prevention which requires a clear and effective focus on the prevention of ill-health and on the improvement of wellbeing in order to increase the healthy life expectancy of the whole population and reduce health inequalities. This includes a commitment to reduce the burden of disease through health improvement programmes and a measurable shift to prevention and reducing health inequalities through advocacy and community planning.

The significance of health inequalities has been brought into even sharper focus as a result of the Covid-19 pandemic. We will continue to work together with community planning partners to improve health and wellbeing outcomes for our most disadvantaged localities and those who have been disproportionately impacted by the pandemic. We will also work collaboratively with local and regional partners to develop our understanding of health inequalities in East Renfrewshire and changing patterns of need as we recover from the pandemic.

Longer-term, the HSCP will continue to support community planning activity that aims to tackle the root causes of health inequalities as reflected in our Community Plan (Fairer EastRen). This includes activity to address child poverty, household incomes and strengthen community resilience. We will continue to promote digital inclusion with a particular focus on supporting people to live well independently and improve health and wellbeing.

Our aim is to **tackle health inequalities and improve life chances**, by:

- Increasing activities which support prevention and early intervention, improve outcomes and reduce inequalities;
- Reducing health inequalities will be reduced by working with communities and through targeted interventions.

2.8.2 The progress we made in 2022-23

- Our premature mortality rate remains significantly below the national average at 334 per 100,000 (Scotland 457)
- 17.9% of infants in our most deprived areas (SIMD 1) were exclusively breastfed at the 6-8 weeks – significantly up from 7.5% for the previous year (2020-21 figure)
- 92% of adults report they are able to look after their health very well or quite well (Scottish average is 91%)
- Male life expectancy at birth in our 15% most deprived communities is 74.7 compared to 72.1 for Scotland.
- Female life expectancy at birth in our 15% most deprived communities is 79.8 compared to 77.5 for Scotland.

2.8.3 How we delivered in 2022-23

We have seen significant improvement in the past year in the percentage of children exclusively breast fed within our most deprived neighbourhoods (data to 21/22). Barrhead is an area of higher deprivation within the HSCP with SIMD 1 and 2 with lower **breast feeding** rates in comparison to our Eastwood area.

Health Visitors (HV) signpost parents within Barrhead to the breastfeeding group in the Dunterlie area which is celebrating it's one year anniversary on the 9th June which will be during Scottish Breast Feeding week. To date, 114 mums have attended this group for breast feeding support.

The Barrhead HV team continue to follow an enhanced pathway in the early postnatal weeks to provide additional support for mothers within areas of SIMD 1 and 2 to provide extra support to mothers that are breast feeding. With the introduction of the antenatal pathway in June 2022, this has allowed for early discussions on breast feeding with all mothers

Promoting breast feeding across services

East Renfrewshire have been in the relatively unique position of having a Health Visitor seconded to the (Children and Families) Intensive Support Social work team since November 2021, supporting vulnerable families living within SIMD 1 and 2. This HV has delivered a **breast feeding awareness session** to the Intensive Support Work team. The Health Visitor is planning further Breast Feeding advocacy and culture sessions with other social work staff in the Request for Assistance Team, Youth Intensive Support Team followed by Children and Families social work team by June 2023. This training will help to improve the knowledge, skills and confidence of the social workers supporting mothers to breast feed.

East Renfrewshire HSCP are represented on the NHSGGC Digital Public Health Group. East Renfrewshire Health Improvement team are preparing information for frontline navigators on key developments such as **MyApp: My Mental Health** hosted by NHS Scotland Right Decision System.



Following the success of the **Digital Literacy Sessions** delivered by Public Health Resource unit and Health Improvement for 50 Library Staff, a bespoke session is in design for HSCP staff. To support frontline navigator roles and other HSCP staff, a programme of training is being collated starting with **Big Health – Digital Health**.

Health Literacy sessions are being developed in partnership with the Public Health Resource Unit. These sessions will be for HSCP staff as part of an ongoing training package that will complement the new Supporting People Framework.

Smoking cessation continues to provide telephone support to East Renfrewshire residents. The service is promoted at the Food Share in Dunterlie Resource Centre. Health Improvement have developed a targeted campaign to raise awareness of the Quit Your Way Pregnancy Service and the gift card incentive programme.

East Renfrewshire Health Improvement has supported the review and launch of the **Your Body Matters** Primary Educational Curriculum Pack. The pack will be available to all Primary Schools across East Renfrewshire May 2023.



The HSCP continues to support **physical activity programmes** in partnership with East Renfrewshire Culture and Leisure. Highlights of the HSCP/ERCL partnership – Vitality Test of Change include:

- Significant increases in occupancy rates
- Strong partnerships formed with key staff
- Baseline testing completed successfully
- Positive impacts reported from participants

VAER contract has been extended to June 30 2024 for the delivery of Community Health Walks and Strength and Balance classes. Currently 11 walks / per week with an average of 89 walkers per week (2 walks are Dementia and Cancer friendly). Seven strength and balance classes / week with an average of 60 walkers per week.

GCA (Glasgow Council on Alcohol) have been commissioned to deliver: alcohol awareness, alcohol screening, Alcohol Brief Interventions, and alcohol counselling.

- **Oct - Dec 22** - focus on mapping, promotion of service
 - 38 screenings
 - 18 Alcohol Brief Interventions
 - 2 Alcohol Counselling sessions
 - 2 referrals
- **Jan - Mar 23**
 - 235 screenings
 - 173 Alcohol Brief Interventions
 - 48 Alcohol Counselling sessions
 - 6 referrals

East Renfrewshire Health Improvement has supported development of an **Early Years Mental Health Framework**. Consultation is ongoing as to the preferred format and an equality impact assessment is underway. The framework will be ready for implementation across the HSCP by the end of summer.

East Renfrewshire HSCP has supported development of a **Relationships and Sexual Health online toolkit** for carers, families and staff supporting care experienced children and young people. We want to make sure that children and young people with care experience can access this too, and that the support they receive is right for them.

In partnership with Sandyford, the **Sexual Health Clinic for young people** will be reintroduced at Barrhead Health Centre. Health Improvement will support communications and aim to reduce barriers to booking and attending the clinic. East Renfrewshire has one the lowest rates of free condom distribution. Health Improvement are scoping opportunities for new distribution sites including leisure facilities. Communications on the new young people clinic and free condom service are included in upcoming activity.

Supporting local activity to tackle Child Poverty and mitigate its effects

Health Improvement and the Health Visiting team are working together to develop a Formula Milk Pathway following the scoping document Pathway to Support Families in Need of Emergency Formula Milk produced by NHS GGC. Formulas have increasing in price by as much as 14% and there are reports of unsafe feeding practices. This will provide guidance

on emergency provision in line with Unicef Breastfeeding Friendly standards and align to the child poverty plan.

Health Improvement are liaising with Nutrition Scotland to provide Community Nutrition Train the Trainer course for third sector and volunteers. REHIS Food Hygiene Refresher places are also on offer incorporating information on Natasha's Law.

Asset mapping for food banks, food shares & larders is complete. Health Improvement are exploring opportunities to look at free condom provision and other health needs via these assets.

Childsmile Nursery sees the highest level of engagement in East Renfrewshire with 22 out of 37 preschool and nursery establishments participating.

East Renfrewshire Health Improvement staff represent the HSCP on the NHSGGC Financial Inequalities Group.

Through the Early Years Child Poverty delivery programme priority groups engaged with services from East Renfrewshire include:

- Lone Parents - 60%
- Child Under 1 – 44%
- Family with more than 3 children – 16%
- Referrals & financial gain from the Q4 22/23 report logged 52 referrals, 30 of which were from HVs, 1 midwife totalling £11,443

The partnership continues to work to **understand the needs** of the population and address longer term impacts from the pandemic on our communities and protected characteristic groups. The NHSGGC Health & Wellbeing Survey 2022 has a total target of 1070 interviews across East Renfrewshire. To date, 844 have been carried out and 226 remain outstanding. The East Renfrewshire report is due for completion 27th October 2023. Information has been collated to assess: current health improvement programmes; condition specific information; and available support. **Scoping activity** is underway to align to the electronic Holistic Needs Assessment (eHNA) and potentially preventative input to the Supporting People Framework. East Renfrewshire Health Improvement team are members of the NHSGGC **Screening Inequalities Working Group**. Screening uptake is under review for the localities and uptake by datazone has been requested to the Public Health Programme Manager.



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

National Health and Wellbeing Outcomes contributed to:

NO8 – People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

2.9.1 Our strategic aims and priorities during 2021-22

We rely on our workforce to support all aspects of health and social care and their wellbeing and resilience has never been more important. The HSCP has established a health and wellbeing 'champion' who contributes to discussions at a national level and we have appointed a dedicated Health and Wellbeing Lead Officer for the wider partnership. A local Health and Wellbeing Group has been established to support the workforce across the partnership. The group is chaired by Head of Recovery and Intensive Services who also holds the national champion role. The group have put in place a wellbeing plan entitled 'You care....We care too.'

Our activity aligns to the NHSGGC Mental Health and Wellbeing Action Plan and national objectives. We will continue to input at a national level to the health and wellbeing conversation and to the development and delivery of the NHSGGC vision to support the mental health and wellbeing of staff. This includes ensuring rest and recuperation, peer support, helping staff fully utilise their leave allowance, and ensuring working arrangements are sustainable in light of continuing constraints and reflect ongoing changes to services and pathways.

Our aim is to **support resilience and wellbeing among staff across the partnership**, by:

- Ensuring staff have access to resources and information that can improve their wellbeing;
- Ensuring staff feel connected to their team or service and we embed a health and wellbeing culture across the partnership;
- Promoting opportunities for staff to take part in physical activity, rest and relaxation;
- Ensuring staff feel safe in the work place.

2.9.2 The progress we made in 2022-23

Supporting staff wellbeing remains a key focus of the partnership especially as we experience continuing pressures following the pandemic. The way staff have been working has changed significantly with home working becoming the norm for large groups of employees. Our dedicated Health and Wellbeing Lead is in place with responsible for the implementation and delivery of wellbeing programme across the health and social care landscape. The lead has had significant success to date, with comprehensive options in place. Support is accessible to HSCP staff, Care Homes, Primary Care, Care Providers, Third and Community Sector (staff and volunteers). This role has been specifically designed to acknowledge the growing pressures and challenges upon the health and social care workforce, and to create resources, tools and services to support the health and wellbeing of all staff and volunteers who work for and support the HSCP.

Headline performance data includes:

- 85% of staff agreed that "My manager cares about my health and wellbeing" – down from 88% in previous iMatter staff survey
- 71% agreed that "I feel involved in decisions in relation to my job" – consistent with 72% in previous survey

- 74% agree that “I am given the time and resources to support my learning growth” – consistent with 75% in previous survey

2.9.3 How we delivered in 2022-23

During 2022-23 we continued to ensure that all staff have access to universal information with regard to health and wellbeing across the partnership’s services. New **wellbeing information points** have been created at both Health Centres to promote universal information sharing. Ongoing **networking** takes place through meetings such as the Scottish Government wellbeing champion meeting, Participation and Engagement Network, Community and third sector network meetings. Work is ongoing to promote wellbeing across the partnership e.g. foster and kinship carers, commissioned services, hosted services, volunteers.

There has been ongoing focused work to engage managers in forum to develop **leadership competencies** relating to wellbeing e.g. managers wellbeing forum held in March 2023 at both health centres. The next step is to hold live online forum to continue gather views/needs of managers. Managers have ongoing access to all current wellbeing offers and training opportunities, including specific team wellbeing events.

We continue to work to ensure that regular **wellbeing conversations** are taking place between staff and teams. Staff are offered 1-to-1 wellbeing conversation support and teams have the opportunity to participate in wellbeing related activities such as **focussed team wellbeing events**. As a partnership we are working to embed wellbeing conversations in team meetings and supervision.



service require bespoke wellbeing support.

During the year, the Health and Wellbeing Lead has been promoting **relaxation, emotional support, physical activity** opportunities and practical support across the partnership. There is also a variety of focussed work ongoing to support teams facing particular challenges, including Homecare, care homes, and GP Practices. Other services are supported as and when there is a particular challenge e.g. when a service is being inspected or if there is an investigation taking place, or if a particular

2022-23 has also seen development of **wellbeing spaces** (indoor and outdoor) to promote positive and safe use of spaces, and to support increased participation in wellbeing related activities, and nourish a positive wellbeing environment, both practically and aesthetically. This has included:



- Development of outside spaces at both Health Centres (ongoing), to offer wellbeing spaces for activities and promote wellness.
- Wellness rooms development at both Health Centres to support wellbeing.
- Various services e.g. Care homes and GP Practices supported to develop spaces to promote positive wellbeing.
- Development of ergonomic spaces at both Health Centres (ongoing).

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2.10 Protecting people from harm

National Health and Wellbeing Outcomes contributed to:

NO7 - People using health and social care services are safe from harm

2.10.1 Our strategic aims and priorities during 2022-23

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

2.10.2 The progress we made in 2022-23

- Improvement in domestic abuse outcomes women – 90% increase by 3% - target met.
- Improvement in domestic abuse outcomes children – 82% decrease by 2% - target met.
- People agreed to be at risk of harm and requiring a protection plan have one in place – continues to be 100% of cases

2.10.3 How we delivered in 2022-23

As we work to protect adults at risk from harm we will continue to respond to the changing needs that have arisen as a result of the pandemic. Through the delivery of our multi-agency **Adult Protection Improvement Plan 2021-23** we continue to focus on: ensuring that adults at risk, their families and carers views are heard and help shape the way we deliver services; making best use of all our opportunities for the prevention and identification of harm; and ensuring that we offer supports and services which meet the needs of Adults at risk of harm and those who support them.

Since the start of the pandemic we have developed stronger relationships between partner agencies, promoting an approach to **adult support and protection (ASP)** that keeps all partners involved and included in discussions and planning, particularly in our routine ASP work and in the undertaking of Large Scale Investigations. We have seen increased partnership working with a focus on keeping adults and their families and carers engaged and informed.

East Renfrewshire HSCP received 1,810 ASP referrals and 1,422 adult welfare concern referrals between January 2021 and January 2023.

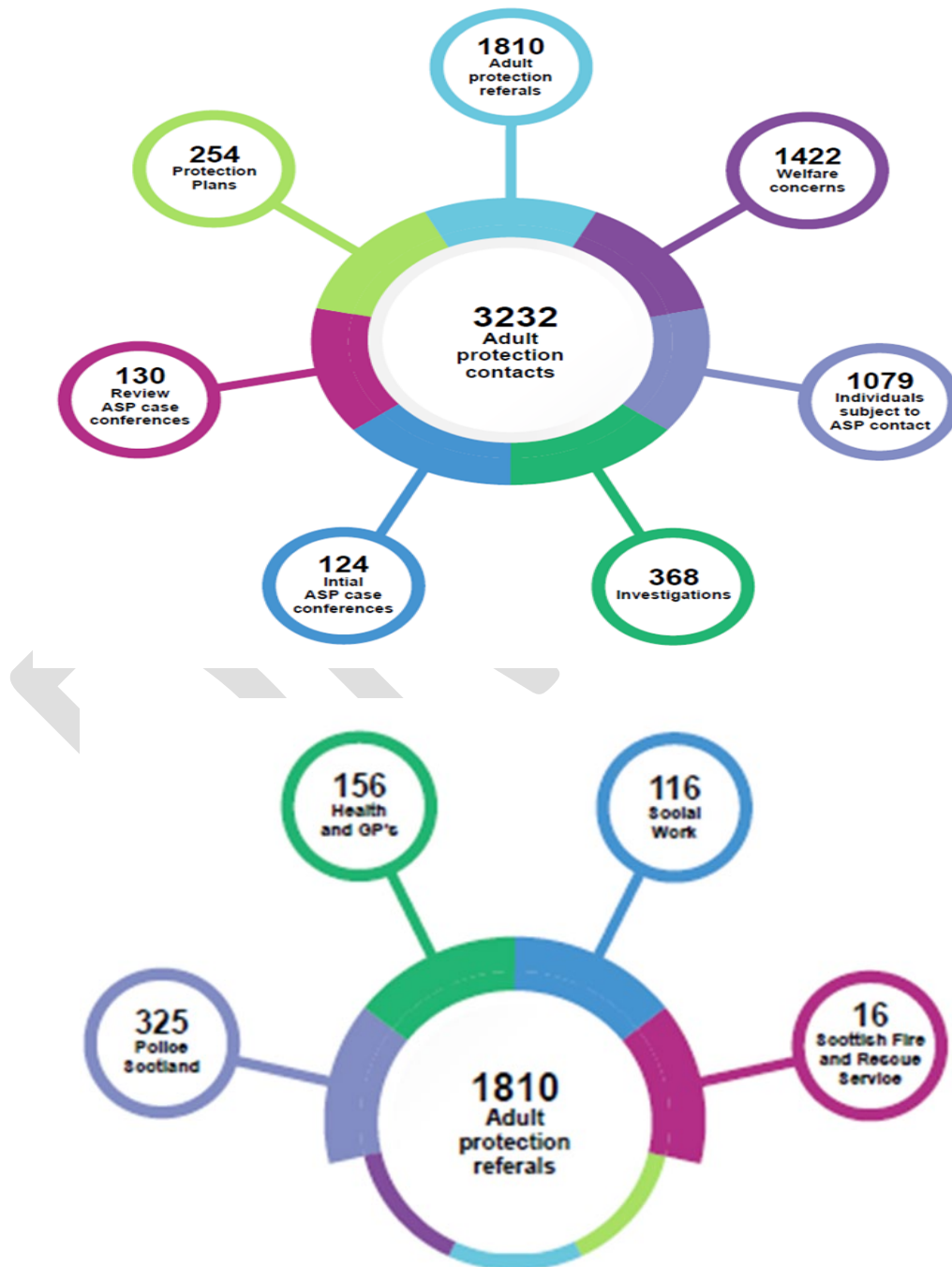
East Renfrewshire HSCP, over the past three years, has completed an ambitious improvement journey to ensure adults at risk of harm are supported to live safely. These improvements have been supported by the development and regular review of our ASP local operating procedures and our commitment to early intervention, prevention and supporting community capacity building.

We operate a single point of contact for all ASP and adult welfare concern referrals. Created in June 2020 the dedicated ASP team was established as a test of change to strengthen our initial response to harm during the early stages of the pandemic. This dedicated team has

greatly strengthened our response to ASP activity locally and led improvements across the HSCP. Due to the success of this model and positive feedback from colleagues and partners across East Renfrewshire, we resourced this model on a permanent basis (funded by SG Strengthening Adult Social Work funding stream) from November 2021 onwards.

The dedicated ASP team has greatly strengthened and streamlined our approach to screening and triaging adult protection referrals and application of the 3-point test. The team have provided coaching and mentoring support to council officers across the HSCP and strengthened relationships between locality services, external partners, and Police and Fire Service colleagues. The ASP Team is supported on a rota basis by council officers and managers across the HSCP.

East Renfrewshire Adult Support and Protection in numbers - 2021- 2023¹



¹ ASP data, 30 January 2021-30 January 2023

What we know about the adults subject to ASP inquiries:

60% were female

Average age of 70 years old

56% experienced harm in own home

32% experienced physical harm

23% were adults experiencing problems arising from infirmity due to age

Some experiences of the ASP process in East Renfrewshire

“Maggie’s daughter feels that the support provided to her mother had allowed her to become happier and less distressed in her home and kept her safe, and that the regular reviews had provided her with a support structure during a difficult time.”

“The framework of a protection plan helped Ron to build trusting relationships with his support team. Now Ron is often the first to raise concerns and feels safer in his home and able to ask for the support he needs”

“The ASP process allowed all involved in supporting Tracey the opportunity to share and consider information that allowed for an effective discharge plan. Tracey, to this day, is maintaining sobriety, living independently and engaging with supports in place, with no further ASP concerns being raised.”

During 2022-23, the partnership received a **Joint Inspection of Adult Support and Protection** carried out by the Care Inspectorate in collaboration with Healthcare Improvement Scotland and HM Inspectorate of Constabulary in Scotland. The inspection reported in June 2023 and reported the following key strengths at the partnership:

- Adults at risk of harm experienced improvements in their circumstances because of timely, person-centred, and efficient adult support and protection interventions.
- The overall quality and effectiveness of core adult support and protection processes was a key strength for the partnership.
- Initial inquiries and investigations were highly effective and always determined the correct outcome for adults at risk of harm.
- Oversight of key processes supported staff and ensured consistent robust decision making for adults at risk of harm.
- Strategic leadership for adult support and protection was enthusiastic and focused. This supported targeted and meaningful improvements.
- The adult protection committee offered strong leadership for adult support and protection and offered effective oversight for the delivery of key processes.
- Strategic leaders promoted a culture of learning and continuous improvement which supported the development of adult support and protection services for adults at risk of harm.
- Health was a strong adult support and protection partner. Health services delivered innovative, early and effective interventions for adults at risk of harm.

The inspection set out a number of priority areas for improvement, including: improving the quality of chronologies; greater involvement of adults at risk of harm and their unpaid carers at a strategic level; enhanced multi-agency quality assurance practices; and, building on existing practice to ensure the full involvement of all key partners in relevant aspects of ASP practice going forward.

As part of our work to protect people from harm and abuse, we have established and continue to support a **Multi-Agency Risk Assessment Conference (MARAC)** in East Renfrewshire for high-risk domestic abuse victims. Since the start of the pandemic we have seen higher numbers of referrals to MARAC and greater levels of complexity in the cases being dealt with. We continue to work together with **East Renfrewshire Women's Aid Service** to provide direct support for women and children who have experienced domestic abuse.

In 2022-23 we continued to see an increase in support required as a result of domestic abuse / violence against women through MARAC. 134 victims and 195 children were discussed at MARAC - an increase of 7.2% compared with 2021-22. These discussions involved 195 children (reduction of 5% from the previous year). 32% of victims did not have children compared to 26% the previous year. Women without children were not previously visible in the domestic abuse pathway demonstrating increased awareness and risk assessment and improved pathway response.

MARAC referrals from all statutory services nationally continue to be low overall and may suggest that unless a victim in Scotland reports domestic abuse to the Police or seeks out support from a specialist domestic abuse service, they are unlikely to be referred to their local MARAC. This is not the case locally as East Renfrewshire demonstrates a higher proportion of referrals from children and families and wider statutory services (38%) compared to 10% nationally and therefore are able to capture families that might not be known to another services.

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.

During the period, **East Renfrewshire Women's Aid Service** supported 1,086 people in 2022-23, a reduction of 11% from the previous year. This reduction primarily relates to decrease in calls to the helpline and duty which had increased significantly since the start of the pandemic. It appears that the service is now moving back towards levels of demand experienced pre-pandemic.



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>

2.11 Hosted Services – Specialist Learning Disability Service

We continue to host the **Specialist Learning Disability Inpatient Service** that supports people requiring a hospital admission. The service works in partnership to manage demand and ensure appropriate support is available in the community on discharge.

The service continued to operate fully throughout various infection control measures in the recovery phases of the Covid-19 pandemic. This often resulted in intermittent closures to admissions and disruption including challenging absence levels similar to those experienced by the wider health and social care system.

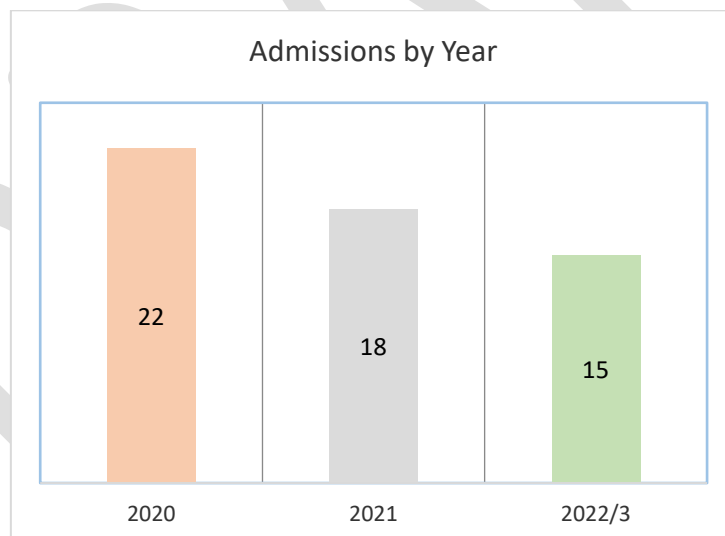
In previous year beds were mainly occupied by people who were admitted due to mental illness (58%). This year that figure dropped to 50% indicating an increase in admissions as a result of challenging behaviour which is not in keeping with the service vision.

Delayed discharge continued to create significant issues, with a number of patients having no discharge plan for a significant period of time nor a home to return to. The reasons for delay were due to no suitable accommodation and/or no providers in place and/or providers in place having real difficulty with recruitment which continues to affect current patients.

People are still more likely to be discharged within a reasonable timescale if their primary reason for admission is due to mental ill health.

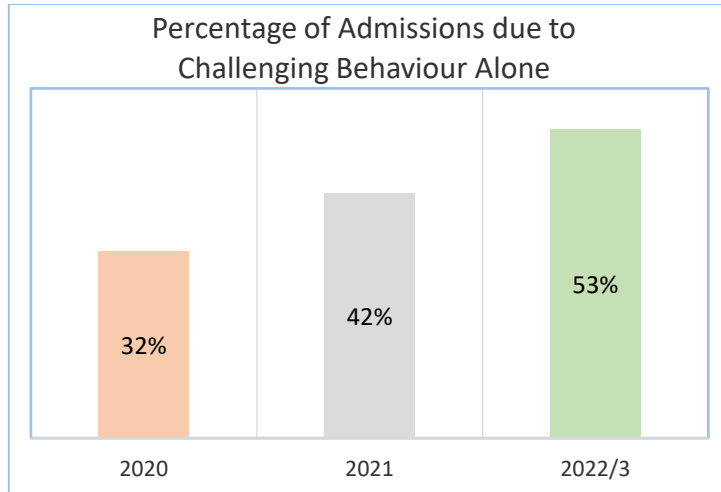
There has been an increase in the number of admissions for young males.

Admissions



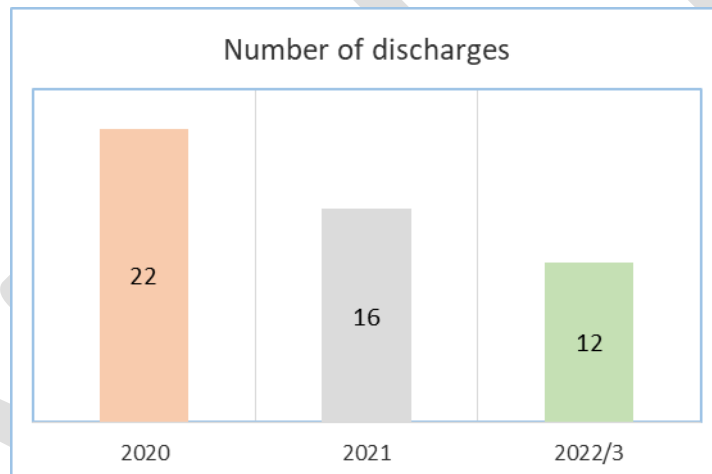
In total, 15 people were admitted to the service in 2022-23. This is a reduction of three from the previous year and relates directly to a smaller number of discharges and increasing lengths of stay / delays. However, more people were admitted than discharged due to the use of a contingency bed in Claythorn.

Of the total numbers of referrals received 10 of the patients were admitted directly to the service (76%), the remaining people were initially admitted to general adult mental health and later transferred.

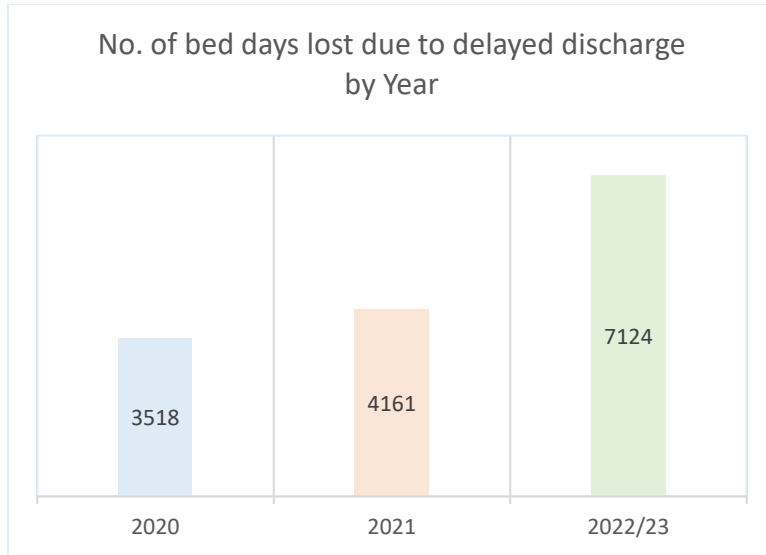


There was an increase in admissions due to challenging behaviour alone from previous years (53% compared to 42% in 2021). This is largely proving to be as a result of instability in community supports for a variety of reasons with staffing being a major concern.

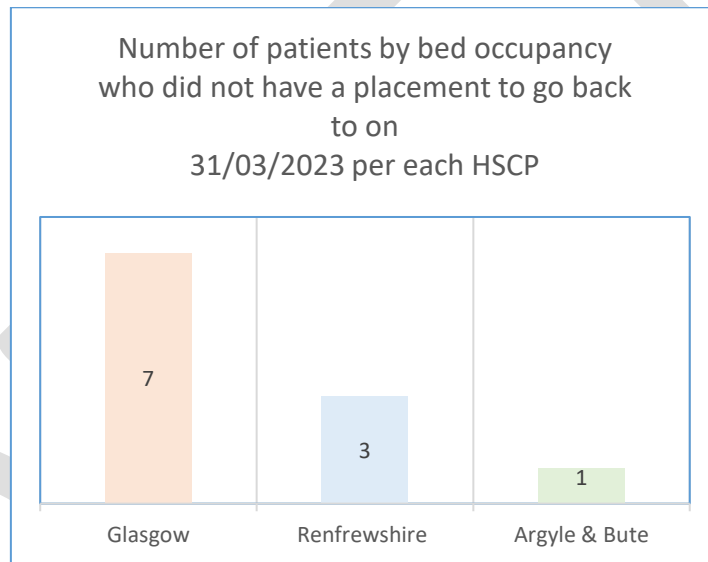
Discharges



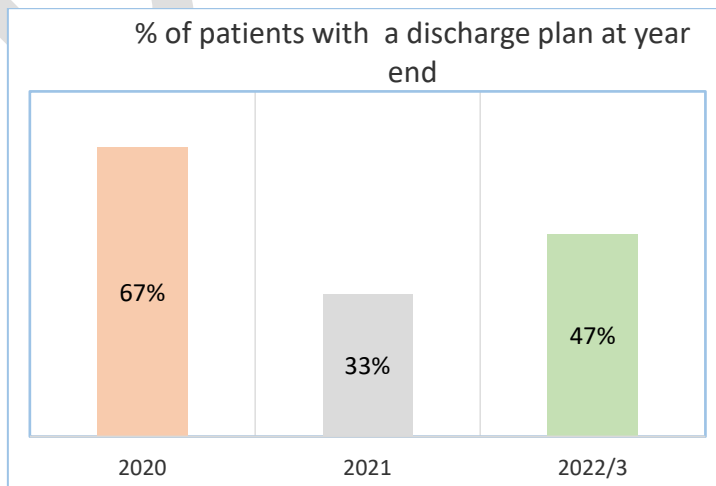
12 patients were discharged in 2022-23 and 2 people died while in our care. Discharges were lower than previous years: 16 discharges in 2021; and 22 in 2020. One person discharged was re-admitted in the same year (2021) as a result of placement breakdown. The average length of stay for those patients discharged was 240 days if the person had a home to return to. If a new home and support is required the average is 2072 days (5.6 years).



There was a 42% increase in beds days lost due to delayed discharge from 2021 to 2022/23.

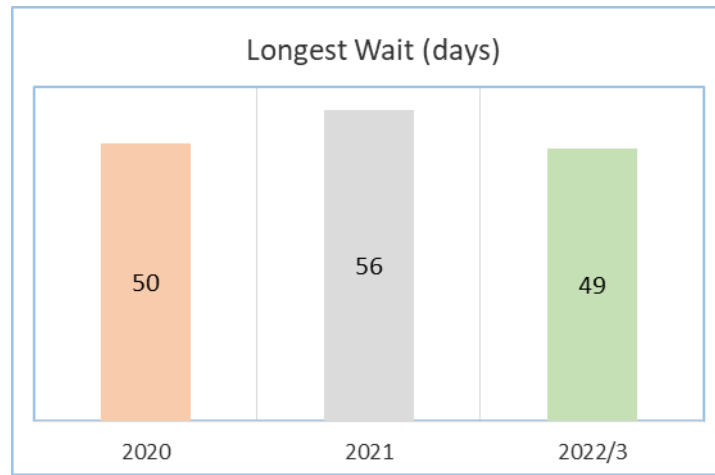


11 inpatients on 31 March 2023 did not have a discharge plan / community placement. This significantly reduces the ability of the service to successfully manage patient flow.



Only 47% of inpatients had a discharge plan on the 31 March 2023. This was a significant reduction in the number from the previous years of 67%. Some patients have been waiting a long and unacceptable time for discharge. One patient has been waiting to move out of learning disability hospital provision since March 2019.

Waiting times



The longest wait for a bed was **49** days, a reduction from the previous year. This patient went first into a mental health bed before being transferred to a Learning Disability bed.

As a result of continuous occupancy, the service is often unable to directly admit people requiring specialist learning disability assessment and treatment.

A group of people were removed from the waiting list as admission was no longer required or an alternative had been established.

Developing the Speciality Learning Disability In-patient Service

NHS GGC HSCPs had committed to working together in 2019 to take forward a **programme of redesign** of inpatient services, the emphasis being on improving our responses in the community to reduce the use of inpatient beds when not clinically required. We had highlighted a need to review and improve performance in delayed discharge and have worked positively with Scottish Government to shape the original 'Coming Home' report in 2018 – this led to the publication of the recent 'Coming Home Implementation' 2022 report.

Alongside this, the allocation of the **Community Living Change Fund** aligns to NHS GGC ambitions to redesign services for people with complex needs including learning disabilities and autism, and for people who have enduring mental health problems. East Renfrewshire is leading on this work and have established a programme board which will provide strategic leadership and governance and direct the work of the community and inpatient redesign going forward. Avoiding admission and preventing placement breakdown is a key priority to addressing delayed discharges.

Performance has deteriorated across 22/23 with fewer discharges and higher delays negatively impacting on our ability to admit directly to the LD service when this is appropriate. HSCPs and third sector organisations report significant challenges in provider recruitment, staff retention, we are seeing the negative outcomes of in terms of discharge activity. We are also seeing instability in community supports for similar reasons including

turnover of staff having a negative impact where consistency in care and support is essential.

We have developed a **multi-agency collaborative group**, including all HSCPs, Commissioning, Third Sector and Housing colleagues. This has a delayed discharge work stream chaired by a third sector Chief Executive. The aim of this group is to encourage and influence different practice which may address some of the historical and more recent difficulties.

East Renfrewshire has also led on the Scottish Government's Implementation group with the Head of Service chairing the Dynamic Support Register sub group which will result in a **nationally agreed pathway** based on early intervention to avoid admission. This has been agreed by COSLA and Government and is to be launched to all Boards / HSCPs in May 2023.

As part of the inpatient redesign we are exploring **alternatives to inappropriate admission** and in 2022/23 the inpatient service provided day support as an alternative to admission. Due to the provider challenges the provider was unable to maintain this leading to full admissions.

We have developed a **community and inpatient redesign group**, chaired by inpatient and community colleagues. The aim of this group is to focus on local developments within the HSCPs, developing enhanced community responses and identifying the impact local developments will have on the inpatient redesign, take forward bed closure and alternatives to admission and the closure of our long stay unit.

DRAFT

3 Financial performance and Best Value

National Health and Wellbeing Outcomes contributed to:

NO9 - Resources are used effectively and efficiently in the provision of health and social care services

3.1 Introduction

Within this section of the report we aim to demonstrate our efficient and effective use of resources. Our Annual Report and Accounts 2022-23 is our statutory financial report for the year. We regularly report our financial position to the IJB throughout the year.

3.2 Financial Performance 2022/23

The annual report and accounts for the IJB covers the period 1st April 2022 to 31st March 2023. The budgets and outturns for the operational services (our management accounts) are reported regularly throughout the year to the IJB, with the final position summarised:

Service	Budget	Spend	Variance (Over) / Under	Variance (Over) / Under
	£ Million	£ Million	£ Million	%
Children & Families	14.741	14.281	0.460	3.12%
Older Peoples Services	25.619	24.085	1.534	5.99%
Physical / Sensory Disability	6.309	6.090	0.219	3.47%
Learning Disability – Community	17.902	18.629	(0.727)	(4.06%)
Learning Disability – Inpatients	9.559	9.591	(0.032)	(0.33%)
Augmentative and Alternative Communication	0.265	0.265	-	0.00%
Intensive Services	16.089	16.735	(0.646)	(4.02%)
Mental Health	5.729	5.392	0.337	5.88%
Addictions / Substance Misuse	1.626	1.543	0.083	5.10%
Family Health Services	28.923	28.921	0.002	0.01%
Prescribing	17.098	17.872	(0.774)	(4.53%)
Criminal Justice	0.029	(0.001)	0.030	103.45%
Finance and Resources	1.972	1.868	0.104	5.27%
Net Expenditure Health and Social Care	145.861	145.271	0.590	0.40%
Housing	0.486	0.486	-	-
Set Aside for Large Hospital Services	29.075	29.075	-	-
Total Integration Joint Board	175.422	174.832	0.590	0.40%

The £0.590 million operational underspend (0.40%) is marginally better than the reporting taken to the IJB during the year and this underspend will be added to our budget phasing reserve. The main variances to the budget were:

- £0.460 million underspend in Children and Families was mainly from care package costs and some staff vacancies.
- £1.534 million underspend within Older Peoples services was mainly from purchased nursing and residential care. This reflects the ongoing trend of reduction in nursing and care home admissions but does offset the increase in community activity, particularly in Care at Home. Given this continued trend budgets have been realigned in 2023/24 to recognise this shift in type of care.
- £0.646 million overspend within Intensive Services as our care at home costs reflect that we continue to see high demand post pandemic and we had additional costs delivering the service with diminished capacity, particularly over the winter period.
- £0.726 million overspend within Learning Disability Community Services mainly from care package costs, partially offset by staff vacancies. We have recognised this cost pressure in the 2023/24 budget, which in turn has added to our funding gap and associated saving requirement.
- £0.774 million overspend in the cost of prescribing as we saw increases in the volume of items prescribed and the costs are impacted by the economic climate and supply chain issues, compounded by Brexit and the war in Ukraine. This overspend is after the £0.456 million balance of the smoothing reserve, set up to meet fluctuation, was fully used.

The financial performance table below includes the £4.564 million we spent on Covid-19 activity and as this was fully funded by the Scottish Government through the ring-fenced reserve balance we brought into 2022/23. Our Covid-19 related spend of £4.564 million was reported to the Scottish Government as part of the Local Mobilisation Plan submitted by NHS Greater Glasgow and Clyde Health Board.

Our local spend was significantly less than the prior year reflecting the changes to Scottish Government guidance on financial support to adult and social care providers, testing and public health policies in relation to Covid-19 and cessation of support for unachieved savings compared to the funding provided to IJBs, at the end of financial year 2021/22. This has resulted in the Scottish Government reclaiming surplus Covid-19 reserves to be redistributed across the wider health and care sector to meet current Covid-19 priorities. For East Renfrewshire HSCP this represented a return of surplus Covid-19 reserves of £4.7 million and this was in line with the level of reserves reclaimed from other HSCPs across the country.

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

In addition to the expenditure above a number of services are hosted by other IJBs who partner NHS Greater Glasgow and Clyde and our use of those hosted services is shown below for information. This is not a direct cost to the IJB.

2021/22 £000	Services Provided to East Renfrewshire IJB by Other IJBs within NHSGGC	2022/23 £000
435	Physiotherapy	476
43	Retinal Screening	50
474	Podiatry	788
289	Primary Care Support	306
342	Continence	419
600	Sexual Health	631
990	Mental Health	1,183
789	Oral Health	978
350	Addictions	374
209	Prison Health Care	232
171	Health Care in Police Custody	156
3,846	Psychiatry	4,032
8,538	Net Expenditure on Services Provided	9,625

We also host the Specialist Learning Disability In-Patient Services and Augmentative & Alternative Communication (AAC) services on behalf of the other IJBs within the NHS Greater Glasgow & Clyde. The cost of these two hosted services are met in full by East Renfrewshire. The use by other IJBs is shown below for information.

2021/22 £000	Learning Disability In-Patient Services Hosted by East Renfrewshire IJB	2022/23 £000
5,655	Glasgow	6,872
1,993	Renfrewshire	1,834
551	Inverclyde	521
310	West Dunbartonshire	291
-	East Dunbartonshire	-
8,509	Learning Disability In-Patients Services Provided to other IJBs	9,518
313	East Renfrewshire	73
8,822	Total Learning Disability In-Patient Services	9,591

2021/22 £000	Augmentative and Alternative Communication (AAC) Hosted by East Renfrewshire IJB	2022/23 £000
97	Glasgow	124
22	Renfrewshire	27
26	Inverclyde	32
4	West Dunbartonshire	5
22	East Dunbartonshire	27
171	AAC Services Provided to other IJBs	215
40	East Renfrewshire	50
211	Total AAC Services	265

3.3 Reserves

We used £16.420 million of reserves in year and we also added £1.714 million into earmarked reserves. The year on year movement in reserves is summarised:

Reserves Movement	£ Million	£ Million
Reserves at 31 March 2022		20.752
Planned use of existing reserves during the year	(16.420)	
Funds added to reserves during the year	1.714	
Net reduction in reserves during the year	(14.706)	
Reserves at 31 March 2023		6.046

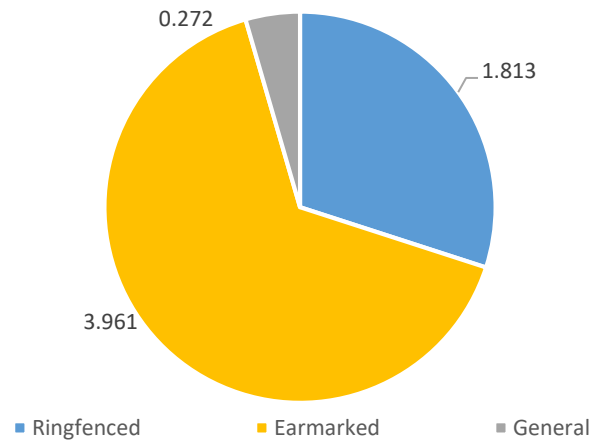
The purpose, use and categorisation of IJB reserves is supported by a Reserves Policy and Financial Regulations, both of which were reviewed in September 2022.

The reserves of the IJB fall into three types:

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

The current balance of £6.046 million for all reserves falls in these three reserves types:

Reserves £6.046 million



Ring-Fenced Reserves

The majority of the reduction in reserves related to the use of specific ring-fenced funding we received from the Scottish Government and in particular the Covid-19 funding received at the end of 2021/22, as detailed above.

In addition to Covid-19 we also spent £2.64 million ring-fenced reserves during the year and the Scottish Government funding mechanisms put in place for much of these funds meant we needed to use our uncommitted balance prior to drawing any in year funding for programmes such as the Primary Care Improvement Fund and Mental Health Action 15. We have added £0.390 million to our Alcohol & Drugs Partnership reserve. In agreement with the Scottish Government the balance we take into 2023/24 will support the development of a local recovery hub and other committed costs.

The overall reduction in ring-fenced funding during 2022/23 is not unique to East Renfrewshire and mirrors the national position.

Earmarked Reserves

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

Within our earmarked reserves we spent £4.514 million supporting savings and delivering on projects as planned, however it is important to note that our smoothing reserve for fluctuation in prescribing costs and the transition funding to support Learning Disability bed model redesign were both fully utilised in 2022/23.

We have also transferred a number of reserve balances totalling £0.567 million to our budget phasing reserve as agreed during the year by the IJB, recognising the scale of the budget savings in 2023/24. The balance relates to a number of smaller projects and initiatives.

General Reserves

Our general reserve remains unchanged at £0.272 million and is well below the optimum level at a value of 2% of budget we would ideally hold. The general reserve is currently 0.19% of the 2022/23 revenue budget.

Given the scale of the financial challenge we have faced pre pandemic the IJB strategy to invest where possible in smoothing the impact of savings challenges has not allowed any investment into general reserves. We have recognised whilst this means we are below our policy level, the prioritisation has been on long term sustainability and minimising the impact of savings over time on those services we provide.

We received Covid-19 support for unachieved savings during the first two years of the pandemic and when this stopped we used £2.439 budget phasing reserve in 2022/23 as we work to deliver our legacy savings on a recurring basis. The use of reserves to support savings delivery was an agreed strategy pre Covid-19. Our capacity to deliver change and savings was restricted by operational pressures during 2022/23.

In the event our operational costs exceed budget in 2023/24 we may need to un-hypothecate (i.e. un-earmark) reserves to meet costs.

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

3.4 Prior Year Financial Performance

The table below shows a summary of our year-end under / (over) spend by service and further detail can be found in the relevant Annual Report and Accounts and in year reporting.

	2022/23	2021/22	2020/21	2019/20	2018/19	2017/18
SERVICE	(Over) / Under £ Million	(Over) / Under £ Million	(Over) / Under £ Million	(Over) / Under £ Million	(Over) / Under £ Million	(Over) / Under £ Million
Children and Families	0.460	(0.020)	0.410	0.637	0.800	0.083
Older Peoples & Intensive Services	0.888	0.189	0.327	(0.866)	(0.228)	0.153
Physical / Sensory Disability	0.219	0.031	0.099	0.030	0.056	(0.167)
Learning Disability - Community	(0.727)	0.458	(0.267)	(0.095)	(0.047)	(0.214)
Learning Disability - Inpatients	(0.032)	0	0	0.002	0.123	0
Augmentative & Alternative Communication	0	0	0	0	N/A	N/A
Mental Health	0.337	0.136	0.192	0.189	0.419	0.409
Addictions / Substance Misuse	0.083	0.021	0.052	0.013	0.032	0.018
Family Health Services	0.002	0	0	-	0.008	0
Prescribing	(0.774)	0	0	(0.311)	(0.428)	0

Criminal Justice	0.030		0.011	-	0.039	0.011
Planning and Health Improvement	**	0.005	0.065	0.098	0.074	0.001
Management and Admin / Finance & Resources	0.104	0.017	(0.056)	0.238	(0.190)	0.483
Planned Contribution to / from Reserves	0	0	0		(0.398)	(0.600)
Net Expenditure Health and Social Care	0.590	0.837	0.833	(0.065)	0.260	(0.177)

** In 2022/23 this was subsumed into the relevant adult / children services

3.5 Best Value

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



3.6 Future Challenges

The IJB continues to face a number of challenges, risks and uncertainties in the coming years and this is set out in our current Medium-Term Financial Plan (MTFP) for 2023/24 to 2027/28 and our Strategic Plan for 2022/23 to 2024/25. These key strategies also inform our strategic risk register and collectively support medium-term planning and decision making.

The IJB operates in a complex environment with requirements to ensure statutory obligations, legislative and policy requirements, performance targets and governance and reporting criteria are met whilst ensuring the operational oversight of the delivery of health and care services.

UK and Scottish Government legislation and policies and how they are funded can have implications on the IJB and how and where we use our funding over time.

The most significant challenges for 2023/24 and beyond include:

- delivering a difficult range savings to ensure financial sustainability, recognising this is at odds with our historic focus on prevention
- managing the real tension between reduced service capacity as a result of savings and maintaining discharge without delay from hospital
- understanding the longer term impacts of Covid-19 on mental and physical health in the longer term
- recruitment and retention of our workforce, particularly in the current cost of living crisis
- managing prescribing demand and costs in partnership with our GPs
- supporting the physical and mental health and wellbeing of our workforce and our wider population, again further impacted by the current cost of living challenges
- meeting increased demand for universal services without funding for growth, including increased population demand and new care homes opening with the area
- we may also need to prepare for the challenges and opportunities that may arise from a national care service

For 2023/24 the cost pressures identified in our budget are of £10.34 million is offset by available funding of £3.28 million leaving a funding gap of £7.06 million; a savings programme is identified to deliver this in full, but we recognise there may be some areas where we will not achieve a full year by 31 March 2024 and this will be supported by the remaining earmarked reserves we hold.

Our Savings, Recovery and Renewal programme will continue to be reported to the IJB on a regular basis and provides detail on progress on savings, project work and service redesign. The prioritisation of care, to support those with the greatest need is required to deliver around 50% of our savings.

The funding gap in 2023/24 is £7.06 million and presents a very significant challenge particularly when taking into account the continued recovery from Covid-19, pay, inflation and capacity challenges. The funding gap results from:

	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

The budget agreed by the IJB on 29th March 2023 sets out the detail behind each of the cost pressures and it is important to note that these include contractual and policy requirements that must be met.

The prescribing cost pressure has been limited to the level of funding uplift provided as part of the Scottish government budget settlement, although it needs to be recognised that there still remains significant volatility in both cost and demand.

The legacy savings brought forward from 2022/23 relate to the pre-pandemic budget the IJB agreed for 2020/21, set on the cusp of the first wave of the pandemic. At that time 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. For context from 2016/17 to 2019/20 (the last year pre pandemic) the HSCP savings we needed to make in social care were £8.4 million.

We subsequently received full support for unachieved savings in 2020/21 and 2021/22 from the Scottish Government as part of the Covid-19 support funding, recognising we did not have operational capacity to work on savings delivery.

The use of reserves to allow time to feed in these legacy savings was part of our reserves strategy pre pandemic and we have met the majority of this saving in 2022/23 from reserves as the Covid-19 funding to support unachieved savings ceased in March 2022.

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, hence the introduction of a Supporting People Framework as part of our approach to achieve required savings:

	ERC £m	NHS £m	TOTAL £m
Summary of Savings to Close Funding Gap:			
Service Savings including structure proposals	2.85	0.33	3.18
Additional pay award funding post budget	0.26	-	0.26
Limit use of support services to contain cost pressures	0.22	-	0.22
Supporting People Framework	3.40	-	3.40
Total of Identified Savings	6.73	0.33	7.06

Whilst the scale of this challenge is significant to East Renfrewshire, particularly as one the smaller HSCPs this is not unique; the national position across all public sector services shows a challenging financial outlook and a report compiled on a the position of 29 of the 31 IJB's at the beginning of 2023/24 showed a collective financial gap of £305 million which is 3.6% of the respective total budgets; however within individual IJBs this gap ranges from 1% to 9%. For East Renfrewshire HSCP the total gap is 4.7%, which equates to 10% against the East Renfrewshire Council contribution and 0.4% against the NHS Greater Glasgow and Clyde contribution.

The 2023/24 budget recognises that we may require to invoke financial recovery planning if we cannot close our funding gap on a recurring basis.

Our partner East Renfrewshire Council has agreed just over £0.75 million non-recurring support in 2023/24 for the HSCP to deliver a number of initiatives related to Covid-19 recovery:

- Increasing our Talking points capacity to support the development of more community groups
- Extend the warm spaces and community cafe initiatives in our Health & Care centres
- Additional staffing cover to help meet pressures over the winter months
- Wellbeing and recovery support along with "go bags" to support domestic abuse survivors
- Financial support for foster carers, recognising the cost of living challenges
- Support to extend the staff and our partners wellbeing programme within the HSCP
- Provide additional materials to support community justice work
- Provide additional wellbeing support for vulnerable individuals, particularly those with additional support needs

- Housing and mental health support for our young people
- Funding to work with older children as they transition into adult services
- support work for young people affected by drugs and alcohol

Looking forward to 2024/25 and beyond in any one year the modelled cost pressure could range from £9.0 million to £3.4 million depending on the combination of factors, recognising the next 2 years are likely to be particularly challenging before we see economic recovery.

Similarly the resulting potential unfunded gap, as modelled, could range from £5.9 million to £2.3 million. However this will ultimately be determined by the Scottish Government budget settlement each year.

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

The wider economic challenges are significant as we are seeing continued increasing inflation across a number of goods and services and in particular prescribed drugs on a global level, impacting nationally. The war in Ukraine has also impacted on supply of goods. For the UK economy current intelligence suggests that the cost of fuel and utilities may begin to reduce during this year, however this is only one element of the cost of living crisis. Our population and households are not impacted equally by cost of living and those with lower income are disproportionately affected.

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

We have successfully operated integrated services for almost 20 years so we have faced a number of challenges and opportunities over the years. However our funding and savings challenge take no account of this history. Whilst we have agreed a population based approach for future (NHS) financial frameworks and models this does not address the base budget.

Prescribing will not only rise in line with population increases but is also subject to many other factors. This area is so volatile it is difficult to accurately predict and the post Covid-19 impact could continue to be significant. The IJB previously held a reserve to help manage fluctuation in cost and demand, but this has now been fully utilised. Without intervention this could be a £2m overspend in 2023/24 with no funding available to offset this and this is an area difficult to predict in the longer term. Work is ongoing locally, across NHS Greater Glasgow and Clyde and at a national level to monitor this area of pressure.

Maintaining Discharge without Delay performance is a key issue for us. In order to achieve the target we continue to require more community based provision and this is dependent on availability of care. The medium-term aspiration is that the costs of increased community services will be met by shifting the balance of care from hospital services. The work to agree a funding mechanism to achieve this remains ongoing with NHS Greater Glasgow and Clyde and its partner IJBs through an Unscheduled Care Commissioning Plan.

We are in a period now where we are learning to live with Covid-19, its legacy impact and the continued circulation of the virus in our communities. With the exception of a modest sum of £2k to provide PPE to carers the support from the Scottish Government has ended, both for the HSCP and for partner organisations. There is still a risk that should any outbreak occur within a team or a health and care setting there could be impact on capacity and therefore on

service delivery. There may also be associated additional costs of staff cover and infection control.

We continue to use learning from how we delivered services during the pandemic to shape and inform future service models.

The longer term impact on the sustainability of our partner care provider market in the post Covid-19 pandemic and current economic climate is a significant issue. Our Strategic Commissioning plan sets out the detail on how we will work with our partners in the third and independent sectors in the coming years. The way we commission services may be impacted by the creation of a national care service. There is an increasing tension between cost expectations from care providers including those on national procurement frameworks and contracts and the funding, or more specifically the lack of that IJBs have to meet any additional increases

We intend to develop our performance and financial reporting in more detail at a locality level to allow fuller reporting and understanding of future trends and service demands and include Covid-19 implications and scenarios. We were not able to progress this work during 2022/23 as capacity did not allow this.

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

- Our Savings, Recovery and Renewal Programme continues and the scope has been widened to incorporate all change and savings activity recognising the cross cutting nature of many workstreams. Progress will be reported to every meeting of the IJB.
- We will update our Medium-Term Financial Plan on a regular basis reflecting the ongoing and legacy impact of Covid-19, the economic climate and any impact from the National Care Service and / or other policy decisions as these become clearer. This will allow us to continue to use scenario-based financial planning and modelling to assess and refine the impact of different levels of activity, funding, pressures, possible savings and associated impacts. This will also inform our planning for our 2024/25 budget.
- We will continue to monitor the impacts of Covid-19, Brexit, economic and inflationary factors along with operational issues through our financial and performance monitoring to allow us to take swift action where needed, respond flexibly to immediate situations and to inform longer term planning.
- We will continue to progress and report on our Strategic Improvement Plan until fully complete; work on this was not a priority during the ongoing pandemic response.
- We will complete the review of our Integration Scheme; work that had been undertaken pre pandemic has been refreshed during 2022/23 and an NHS GGC wide review is in place.
- We routinely report our performance to the IJB with further scrutiny from our Performance and Audit Committee and our Clinical and Care Governance Group. The service user and carer representation on the IJB and its governance structures is drawn from Your Voice which includes representatives from community care groups, representatives from our localities and representatives from equality organisations including disability and faith groups. We intend to continue the development our performance reporting during 2023/24, building on work done in 2022/23.

- Workforce planning will continue to support identification of our current and future requirements. Recruitment and retention of staff is key to all service delivery and we have mitigated as far as possible by minimising the use of temporary posts and developing our workforce and organisational learning and development plans. Given the overwhelming response to the pandemic over a prolonged period our staff are tired both physically and mentally and the wellbeing of our workforce is paramount. We will progress the action plan agreed as part of our Workforce Plan 2022-25.
- We will progress with the redesign of the Learning Disability Inpatient bed model and progress the programme of health checks for people with a learning disability.
- Governance Code; we have robust governance arrangements supported by a Governance Code.
- The IJB continues to operate in a challenging environment and our financial, risk and performance reporting continue to be a key focus of each IJB agenda.

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

4 Performance summary




4.1 Introduction

In the previous chapters of this report we have focused on the key areas of work carried out by the HSCP over the course of 2022-23 including crucial activities as we recover from the Covid-19 pandemic. In this final chapter we draw on a number of different data sources to give a more detailed picture of the progress the partnership has been able to make against our established performance indicators. Quantitative performance for many of our performance indicators continue to reflect ongoing challenges being faced in the aftermath of the pandemic.

The sections below set out how we have been performing in relation to our suite of Key Performance Indicators structured around the strategic priorities in our Strategic Plan 2022-25. We also provide performance data in relation to the National Integration Indicators and Ministerial Steering Group (MSG) Indicators. Finally, we provide a performance summary relating to recent inspections of our in-house services.



4.2 Performance indicators





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

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

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

Strategic Priority 1 - Working together with children, young people and their families to improve mental and emotional wellbeing									
Indicator	2022/23	Current Target	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Percentage of children and young people subject to child protection who have been offered advocacy. (<i>INCREASE</i>)	61%	100%	62%	63%	n/a	n/a	n/a	n/a	↓
Percentage of children with child protection plans assessed as having an increase in their scaled level of safety at three monthly review periods. (<i>INCREASE</i>)	100%	100%	84%	87.5%	n/a	n/a	n/a	n/a	↑
Percentage of children looked after away from home who experience 3 or more placement moves (<i>DECREASE</i>)	0%	11%	1.8%	1.2%	0.0%	1.4%	1.2%	7.1%	↑
Children and young people starting treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral (<i>INCREASE</i>)	86%	90%	55%	61%	78%	74%	89%	90%	↑
Child & Adolescent Mental Health - longest wait in weeks at month end (<i>DECREASE</i>)	24	18	41	35	33	34	35	31	↑
Accommodated children will wait no longer than 6 months for a Looked After Review meeting to make a permanence recommendation (<i>INCREASE</i>)	82%	95%	94%	74%	94%	83%	100%	n/a	↓
Balance of Care for looked after children: % of children being looked after in the Community (LGBF) (<i>INCREASE</i>)	n/a	Data only	92.7%	91.1%	94.9%	98.0%	93.6%	91.5%	↑

Strategic Priority 1 - Working together with children, young people and their families to improve mental and emotional wellbeing									
Indicator	2022/23	Current Target	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
% Child Protection Re-Registrations within 18 months (LGBF) <i>(DECREASE)</i>	n/a	Data only	0	0	15.8%	7.7%	0%	9%	
% Looked After Children with more than one placement within the last year (Aug-Jul). (LGBF) <i>(DECREASE)</i>	n/a	Data only	20.8%	20%	18.8%	24.5%	29.1%	19.6%	

Strategic Priority 2 - Working together with people to maintain their independence at home and in their local community									
Indicator	2022/23	Current Target	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Number of people self directing their care through receiving direct payments and other forms of self-directed support. <i>(INCREASE)</i>	488	600	458	551	575	514	491	364	
Percentage of people aged 65+ who live in housing rather than a care home or hospital <i>(INCREASE)</i>	97%	97%	97%	97%	97%	95.9%	96.6%	96.8%	
The number of adults (18+) receiving personal care at home or direct payments for personal care, as a percentage of the total number of adults needing care. <i>(INCREASE)</i> NI-18	n/a	63%	65.2%	58%	57%	64%	64%	63%	
People reporting 'living where you/as you want to live' needs met (%) <i>(INCREASE)</i>	89%	90%	89%	91%	88%	92%	84%	79%	

Strategic Priority 2 - Working together with people to maintain their independence at home and in their local community									
Indicator	2022/23	Current Target	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
SDS (Options 1 and 2) spend as a % of total social work spend on adults 18+ (LGBF) <i>(INCREASE)</i>	n/a	Data Only	8.86%	8.69%	8.44%	8.15%	7.5%	6.6%	↑
Percentage of people aged 65+ with intensive needs receiving care at home. (LGBF) <i>(INCREASE)</i>	n/a	62%	64.4%	62.2%	57.6%	57.5%	62.5%	61.1%	↑
Percentage of those whose care need has reduced following re-ablement <i>(INCREASE)</i>	48%	60%	60%	31%	67	68	62	64	↓

Strategic Priority 3 - Working together to support mental health and well-being									
Indicator	2022/23	Current Target	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Mental health hospital admissions (age standardised rate per 1,000 population) <i>(DECREASE)</i>	n/a	2.3	n/a	1.4	1.6	1.5	1.5	1.5	↑
Percentage of people waiting no longer than 18 weeks for access to psychological therapies <i>(INCREASE)</i>	75%	90%	76%	74%	65%	54%	80%	56%	→
% of service users moving from drug treatment to recovery service <i>(INCREASE)</i>	5%	10%	9%	6%	16%	22%	12%	9%	↓
Achieve agreed number of screenings using the setting-appropriate screening tool	173	419	0	5	33	93	331	468	↑

Strategic Priority 3 - Working together to support mental health and well-being									
Indicator	2022/23	Current Target	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
and appropriate alcohol brief intervention, in line with SIGN 74 guidelines. <i>(INCREASE)</i>									
Percentage of people with alcohol and/or drug problems accessing recovery-focused treatment within three weeks. <i>(INCREASE)</i>	96%	90%	95%	95%	89%	95%	87%	96%	↑

Strategic Priority 4 - Working together to meet people's healthcare needs by providing support in the right way, by the right person at the right time									
Indicator	2022/23	Current Target	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
People (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting including AWI <i>(DECREASE)</i> (NHSGGC data)	8	0	7	2	2	4	4	4	↓
Acute Bed Days Lost to Delayed Discharge (Aged 18+ including Adults with Incapacity) <i>(DECREASE)</i> (MSG data)	3,880	1,893	4,546	2,342	1,788	2,284	1,860	2,704	↑
No. of A & E Attendances (adults) <i>(DECREASE)</i> (NHSGGC data)	11,362	Data only	11,654	9,854	12,748	12,943	12,587	12,503	↑
Number of Emergency Admissions: Adults <i>(DECREASE)</i> (NHSGGC data)	6,185	Data only	7,372	6,217	6,859	6,801	6,916	6,908	↑




Strategic Priority 4 - Working together to meet people's healthcare needs by providing support in the right way, by the right person at the right time									
Indicator	2022/23	Current Target	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
No. of A & E Attendances (adults) (DECREASE) (MSG data)	n/a	18,335	16,877	13,677	20,159	20,234	19,344	18,747	↓
Number of Emergency Admissions: Adults (DECREASE) MSG	n/a	7,130	7,894	7,281	7,538	7,264	7,432	8,032	↓
Emergency admission rate (per 100,000 population) for adults (DECREASE) NI-12	9,036*	11,492	9,414	9,210	10,441	10,345	10,304	11,427	↑
Emergency bed day rate (per 100,000 population) for adults (DECREASE) NI-13	106,814*	117,000	108,448	97,806	106,296	110,749	120,265	121,099	↑
Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges) (DECREASE) NI-14	67*	100	77	98	78	79	79	83	↑
A & E Attendances from Care Homes (NHSGGC data) (DECREASE)	297	400	252	236	394	429	541	n/a	↓
Emergency Admissions from Care Homes (NHSGGC data) (DECREASE)	148	240	141	154	233	261	338	166	↓
% of last six months of life spent in Community setting (INCREASE) MSG	n/a	86%	89.5%	89.8%	88.3%	86.2%	85.0%	85.8%	—

* Full year data not available for 2022/23. Figure relates to 12 months Jan-Dec 2022. Data from PHS release, 11 May 2023




Strategic Priority 5 - Working together with people who care for someone ensuring they are able to exercise choice and control in relation to their caring activities									
Indicator	2022/23	Current Target	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
People reporting 'quality of life for carers' needs fully met (%) (<i>INCREASE</i>)	80%	72%	92%	91%	92%	78%	72%	70%	↓
Total combined % carers who feel supported to continue in their caring role (<i>INCREASE</i>) NI 8	n/a	Data only	28.4%	n/a	35.3%	n/a	37.5%	n/a	↓

Strategic Priority 6 - Working together with our community planning partners on effective community justice pathways that support people to stop offending and rebuild lives									
Indicator	2022/23	Current Target	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Community Payback Orders - Percentage of unpaid work placement completions within Court timescale. (<i>INCREASE</i>)	83%	80%	81%	75%	71%	84%	92%	96%	↑
Criminal Justice Feedback Survey - Did your Order help you look at how to stop offending? (<i>INCREASE</i>)	100%	100%	100%	92%	100%	100%	100%	100%	▬
% Positive employability and volunteering outcomes for people with convictions. (<i>INCREASE</i>)	67%	60%	56.5%	66%	65%	55%	n/a	n/a	↓

Strategic Priority 7 - Working together with individuals and communities to tackle health inequalities and improve life chances.

Indicator	2022/23	Current Target	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Breastfeeding at 6-8 weeks most deprived SIMD data zones (<i>INCREASE</i>)	n/a	25%	17.9%	7.5%	15.4%	22.9	27.3	17.2	
Premature mortality rate per 100,000 persons aged under 75. (European age-standardised mortality rate) (<i>DECREASE</i>) NI-11	n/a	Data Only	333	334	295	308	301	297	
Percentage of adults able to look after their health very well or quite well (<i>INCREASE</i>) NI-1	n/a	Data Only	92%	n/a	94%	n/a	94%	n/a	

Strategic Priority 8 - Working together with staff across the partnership to support resilience and well-being

Indicator	2022/23	Current Target	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
% Staff who report 'I am given the time and resources to support my learning growth'. (<i>INCREASE</i>)	74%	90%	75%	n/a	77%	76%	70%	n/a	
% Staff who report "I feel involved in decisions in relation to my job". (<i>INCREASE</i>)	71%	Data Only	72%	n/a	n/a	69%	n/a	n/a	
% Staff who report "My manager cares about my health and well-being". (<i>INCREASE</i>)	85%	Data Only	88%	n/a	n/a	85%	n/a	n/a	

Strategic Priority 9 - Protecting people from harm									
Indicator	2022/23	Current Target	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
% Change in women's domestic abuse outcomes (<i>INCREASE</i>)	90%	70%	87%	84%	79%	64%	65%	66%	↑
People agreed to be at risk of harm and requiring a protection plan have one in place. (<i>INCREASE</i>)	100%	100%	100%	100%	100%	100%	n/a	n/a	—

Organisational measures									
Indicator	2022/23	Current Target	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Percentage of days lost to sickness absence for HSCP NHS staff (<i>DECREASE</i>)	7.5%	4.0%	6.9%	5.5%	7.3%	6.8%	8.5%	7.2%	↓
Sickness absence days per employee - HSCP (LA staff) (<i>DECREASE</i>)	20.3	17.5	14.7	13.6	19.1	16.4	13.0	13.6	↓

4.3 National Integration Indicators

The Core Suite of 23 National Integration Indicators was published by the Scottish Government in March 2015 to provide the basis against which Health and Social Care Partnerships can measure their progress in relation to the National Health and Wellbeing outcomes. As these are derived from national data sources, the measurement approach is consistent across all Partnerships.

The Integration Indicators are grouped into two types of measures: 9 are based on feedback from the biennial Scottish Health and Care Experience survey (HACE) and 10 are derived from Partnership operational performance data. A further 4 indicators are currently under development by NHS Scotland Information Services Division (ISD). The following tables provide the most recent data for the 19 indicators currently reportable, along with the comparative figure for Scotland, and trends over time where available.

4.3.1 Scottish Health and Care Experience Survey (2021-22)

Information on nine of the National Integration Indicators are derived from the biennial Scottish Health and Care Experience survey (HACE) which provides feedback in relation to people's experiences of their health and care services. The most recent survey results for East Renfrewshire relate to 2021-22 and are summarised below.

The results show that we performed better than the Scottish average for seven of the nine indicators and performed close to the national rate for the remaining two. While performance declined for all of the indicators at the national level since the previous survey, we saw improving performance for five of the nine indicators.

National indicator	2021/22	Scotland 2021/22	2019/20	2017/18	2015/16	East Ren trend from previous survey	Scotland trend from previous survey
NI-1: Percentage of adults able to look after their health very well or quite well	91.9%	90.9%	94%	94%	96%	↓	↓
NI-2: Percentage of adults supported at home who agreed that they are supported to live as independently as possible	80.4%	78.8%	78%	74%	80%	↑	↓
NI-3: Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	73.8%	70.6%	75%	64%	77%	↓	↓
NI-4: Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	65.1%	66.4%	62%	60%	69%	↓	↓
NI-5: Total % of adults receiving any care or support who rated it as excellent or good	75.5%	75.3%	70%	77%	82%	↑	↓
NI-6: Percentage of people with positive experience of the care provided by their GP practice	69.7%	66.5%	85%	84%	88%	↓	↓
NI-7: Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	83.6%	78.1%	78%	76%	79%	↑	↓
NI-8: Total combined % carers who feel supported to continue in their caring role	28.4%	29.7%	35%	37%	45%	↑	↓
NI-9: Percentage of adults supported at home who agreed they felt safe	90.5%	79.7%	81%	82%	82%	↑	↓

Data from PHS release, 12 July 2022

4.3.2 Operational performance indicators

National indicator	2022/23	Scotland 2022/23	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
NI-11: Premature mortality rate per 100,000 persons	333*	466*	338*	334*	259*	308*	301*	297*	↑
NI-12: Emergency admission rate (per 100,000 population) for adults	9,036**	11,629***	9,414	9,210	10,439	10,345	10,497	11,427	↑
NI-13: Emergency bed day rate (per 100,000 population) for adults	106,813**	112,637***	108,448	96,914	105,544	110,0628	119,011	121,099	↑
NI-14: Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	67**	107***	77	98	78	79	79	83	↑
NI-15: Proportion of last 6 months of life spent at home or in a community setting	88.3%**	89.8%***	89.5%	89.8%	88%	86%	85%	86%	↓
NI-16: Falls rate per 1,000 population aged 65+	23.6**	22.6***	25.8	21.5	22.6	23.4	22.4	21.2	↑
NI-17: Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	n/a	75.8%***	79.0%	84%	84%	84%	88%	88%	↓
NI-18: % of adults with intensive care needs receiving care at home	n/a	64.9%*	65.2%*	58%*	57%*	64%*	64%*	63%*	↑
NI-19: Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	415	919	342	189	156	170	117	228	↓
NI-20: Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	n/a	24.0% (2019/20)	n/a	n/a	20.9%	20.8%	22.4%	22.2%	↑

Data from PHS release, 11 May 2023. *Calendar years.

**Full year data not available for 2022/23. East Renfrewshire figure relates to 12 months Jan-Dec 2022.

*** Scotland fig is 2021/22.

The indicators below are currently under development by Public Health Scotland.

National indicators in development
NI-10: Percentage of staff who say they would recommend their workplace as a good place to work
NI-21: Percentage of people admitted to hospital from home during the year, who are discharged to a care home
NI-22: Percentage of people who are discharged from hospital within 72 hours of being ready
NI-23: Expenditure on end of life care, cost in last 6 months per death

4.4 Ministerial Strategic Group Indicators

A number of indicators have been specified by the Ministerial Strategic Group (MSG) for Health and Community Care which cover similar areas to the above National Integration Indicators.

MSG Indicator	2022/23	Target 22/23	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	2015/16	Trend from previous year
Number of emergency admissions (adults)	6,564	7,130	6,767	6,517	7,538	7,264	7,432	8,032	7,922	↑
Number of emergency admissions (all ages)	7,847	8,331	7,860	7,281	8,645	8,246	8,513	9,199	9,123	↑
Number of unscheduled hospital bed days (acute specialties) (adults)	64,364	57,106	67,267	58,333	62,861	60,953	62,967	62,901	58,271	↑
Number of unscheduled hospital bed days (acute specialties) (all ages)	66,726	58,899	67,058	59,593	59,764	64,407	64,769	64,455	60,064	↑
A&E attendances (adults)	17,355	18,335	16,877	13,697	20,159	20,234	19,344	18,747	18,332	↓
A&E attendances (all ages)	25,202	25,299	24,270	17,843	27,567	27,850	27,011	25,888	25,300	↓
Acute Bed Days Lost to Delayed Discharge (Aged 18+ including Adults with Incapacity)	4,652	1,893	4,546	2,342	1,788	2,284	1,860	2,704	2,366	—
% of last six months of life spent in Community setting (all ages)	n/a	86%	89.5%*	89.8%	88.3%	86.2%	85.0%	85.8%	85.6%	—
Balance of care: Percentage of population at home (supported and unsupported) (65+)	n/a	Data only	96.7%	96.6%	96.5%	95.9%	95.8%	95.7%	95.6%	↑
Balance of care: Percentage of population at home (supported and unsupported) (all ages)	n/a	Data only	99.2%	99.1%	99.2%	99.0%	99.0%	99.0%	99.0%	↑

Data from PHS release, 8 June 2023. (MSG Indicators)






*Provisional figure for 2021/22



4.5 Inspection performance

East Renfrewshire HSCP delivers a number of in-house services that are inspected by the Care Inspectorate. The following table show the most up to date grades as of May 2023.



Key to Grading:

1 – Unsatisfactory, **2** – Weak, **3** – Adequate, **4** – Good, **5** – Very Good, **6** – Excellent

Service	Date of Last Inspection	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership	Inspection Report
Adoption Service	11/10/2019	5	Not assessed	5	Not assessed	 Adoption Services - InspectionReport-305
Barrhead Centre	23/02/2018	6	Not assessed	Not assessed	6	 Barrhead Centre - InspectionReport-296
Fostering Service	11/10/2019	5	Not assessed	5	Not assessed	 Fostering Services - InspectionReport-306
Care at Home	25/06/2021	4	Not assessed	Not assessed	Not assessed	 Care at Home - InspectionReport-309
HSCP Holiday Programme	26/07/2022	5	Not assessed	5	4	 Holiday Programme - InspectionReport-312


Thornliebank Resource Centre	07/04/2016	4	Not assessed	Not assessed	4	 Thornliebank Resource Centre - In:
HSCP Adult Placement Centre	25/10/2019	5	Not assessed	5	5	 Adult Placement InspectionReport-306

The Care Inspectorate launched the new evaluation [framework](#) in July 2018, which is based on the Health and Social Care Standards. Bonnyton House and Kirkton were inspected under the new quality inspection framework.

Service	Date of Last Inspection	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is care and support planned?
 Bonnyton House - InspectionReport-312	01/07/2022	4 (Good)	4 (Good)	5 (Very Good)	5 (Very Good)	4 (Good)
 Kirkton - InspectionReport-304	23/7/2019	5 (Very Good)	Not assessed	Not assessed	Not assessed	5 (Very Good)

The quality framework for children and young people in need of care and protection, published in August 2019.

Service	Date of Last Inspection	Evaluation of the impact on children and young people			Inspection Report
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Joint Inspection for children at risk of harm	16 August 2022	6 (Excellent)			 East Renfrewshire joint insp children anc
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Evaluation of the impact on children and young people - quality indicator 2.1

For our inspections of services for children at risk of harm, we are evaluating quality indicator 2.1. This quality indicator, as it applies to children and young people at risk of harm considers the extent to which children and young people:

- feel valued, loved, fulfilled and secure
- feel listened to, understood and respected
- experience sincere human contact and enduring relationships
- get the best start in life.

Evaluation of quality indicator 2.1: Excellent

4.6 Use of Directions during 2022-23

Directions are the means by which the Integration Joint Board tells the Health Board and Local Authority what is to be delivered using the integrated budget and for the IJB to improve the quality and sustainability of care, as outlined in its strategic commissioning plan. Directions are a key aspect of governance and accountability between partners. Directions issued in 2022-23 are given below.

June 2022	LD Day Services Transport	ERC	Direction issued to East Renfrewshire Council to adopt the agreed policy; whereby the provision of transport is based on assessed need in line with set criteria.
March 2023	Budget 2023/24	ERC	Direction issued to East Renfrewshire Council to carry out each of the functions listed within the Integration Scheme in a manner consistent with: the existing policies of the Council and any relevant decisions of the Council in relation to the revenue

			budget; and with the Integration Joint Board's strategic plan.
March 2023	Budget 2023/24	NHS	Direction issued to NHSGGC to carry out each of the functions listed within the Integration Scheme in a manner consistent with: the existing policies of the Council and any relevant decisions of the Council in relation to the revenue budget; and with the Integration Joint Board's strategic plan.

DRAFT

Appendix One - National Outcomes

The National Health and Wellbeing Outcomes prescribed by Scottish Ministers are:

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including support to reduce any negative impact of their caring role on their own health and wellbeing.
7. People using health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care services.

The National Outcomes for Children are:

- Our children have the best start in life and are ready to succeed.
- Our young people are successful learners, confident individuals, effective contributors and responsible citizens.
- We have improved the life chances for children, young people and families at risk.

The National Outcomes for Criminal Justice are:

- Prevent and reduce further offending by reducing its underlying causes.
- Safely and effectively manage those who have committed offences to help them reintegrate into the community and realise their potential for the benefit of all.

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board	
Held on	28 June 2023	
Agenda Item	10	
Title	HSCP Savings, Recovery and Renewal Programme	
Summary		
The purpose of this report is to update the Integration Joint Board on the HSCP Savings, Recovery and Renewal Programme.		
Presented by	Lesley Bairden, Head of Finance & Resources (Chief Financial Officer)	
Action Required		
Members of the Integration Joint Board are asked to note and comment on the progress of the HSCP Savings, Recovery and Renewal Programme		
Directions	Implications	
<input checked="" type="checkbox"/> No Directions Required	<input checked="" type="checkbox"/> Finance	<input type="checkbox"/> Risk
<input type="checkbox"/> Directions to East Renfrewshire Council (ERC)	<input type="checkbox"/> Policy	<input type="checkbox"/> Legal
<input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)	<input type="checkbox"/> Workforce	<input type="checkbox"/> Infrastructure
<input type="checkbox"/> Directions to both ERC and NHSGGC	<input type="checkbox"/> Equalities	<input type="checkbox"/> Fairer Scotland Duty

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

28 June 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.

BACKGROUND

3. At the March meeting of the IJB it was agreed the Recovery and Renewal programme be renamed to Savings, Recovery and Renewal. This change extended the scope of the programme to ensure all change activity and financial savings are reported together, recognising significant crossover in numerous workstreams.
4. The revised programme will now 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.
5. The financial implications will be included in each report to the IJB and will initially focus on the projected savings for 2023/24 and as the year progresses this will include future year financial impacts including further savings challenges.

REPORT

6. Since the last report to the IJB in March the programme has continued to progress. Appendix 1 provides a detailed update on individual projects. By exception the updates in the interim period are:
7. **Supporting People Framework** - following IJB approval of the Supporting People Framework in March 2023, this has been added as a new strategic project. The Supporting People framework project overlaps with the previously agreed Individual Budget Calculator and REG Review project. The workstreams within these projects have now been subsumed within the Supporting People Framework.
8. There is a separate paper on the June agenda for the IJB and this details the progress made with implementation of the framework.
9. **Case Recording Replacement System project** - a contract extension with the existing provider has been agreed through ERC procurement until March 2025. The extensive requirements gathering exercise has concluded with final sign off from key stakeholders expected by the end of June 2023. Once the requirements are approved the Invitation to Tender will be published.

10. **Care at Home Scheduling Replacement** - the project to implement the new care at home scheduling system has now completed and the system is operational. In line with appropriate governance a closure report will be presented to the Savings, Recovery and Renewal Board. The 2022/23 target saving of £25k was not achieved because of capacity and slippage and this was met from reserves. As we monitor and realise the benefits from the system this will determine the level of efficiencies gained and costs saved against the initial savings target of £75k for 2023/24.
11. **Care at Home Review Phase 2** - due to significant capacity issues over the winter period the Care at Home Review Phase 2 project has been delayed. The service are working on proposals due to be discussed with the Chief Officer and her team in the coming weeks. The 2022/23 savings target of £100k was not met and this was funded from reserves. Progress against the 2023/24 target of £200k will be monitored during the year and the phasing of this saving will be determined by the proposal once agreed. The status of this project is shown as red as the capacity constraints mean there is a delay against the original timescale.
12. **Wellbeing** - the projects relating to wellbeing continue to progress in line with agreed plans, which are being embedded into business as usual activity. Through a combination of HSCP funding and recently agreed council Covid recovery funding, the HSCP Wellbeing Officer role and related work continues to March 2024. The project element of this work is now complete and will be closed.
13. **Compassionate and Trauma Informed Leadership** - since the March update to the IJB the Compassionate and Trauma Informed Leadership project has now moved fully into operational implementation following the successful appointment of the Trauma Implementation Coordinator and the project is now closed.
14. **Financial Implications** - the savings target for 2023/24 is £7.056 million and Appendix 2 provides a breakdown of the detail showing progress by saving. As previously agreed a broad de-minimus of £50k has been used so that smaller savings are amalgamated.
15. The appendix can be summarised:

Savings Progress	£ million	%
Achieved to date	1.576	22%
On track to be achieved	3.880	55%
At risk of slippage / shortfall	1.729	24%
Total	7.185	

16. If all of the savings above were delivered in full in the current year this would total £7.185 million and would be a modest over recovery against target of £0.129 million.
17. However if the all the at risk savings of £1.729 million were not achieved in the current year this will need to be met from reserves; the current reserves balance to support delivery of savings is £1.599 million, with a further general reserve of £0.272 million.
18. This is predicated on all of the £3.880 million on track being delivered in full and does not allow for any operational variances that would impact on reserves.

CONSULTATION AND PARTNERSHIP WORKING

- 19. 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

- 20. The 2023/24 savings targets and associated progress will be reported to future meetings as part of this programme.

Equalities

- 21. We will undertake Equality, Fairness and Rights Impact Assessments where required.

Risk

- 22. There is a significant financial risk should the full savings not be achieved on a recurring basis by 31 March 2024. There is also a real capacity challenge to support change and savings delivery, particularly the Supporting People Framework, while maintaining operational service delivery and associated demands.

Workforce

- 23. There are no specific workforce issues arising as result of this paper and savings relating to staffing are discussed through our HR Sub-Group, Joint Staff Forum and other appropriate governance.

- 24. There are no legal, policy or infrastructure implications arising as a result of this paper.

DIRECTIONS

- 25. There are no directions arising from this report.

CONCLUSIONS

- 26. The Savings, Recovery and Renewal Programme is continuing to progress and will be reported to each meeting of the IJB.

RECOMMENDATIONS

- 27. It is recommended that the Integration Joint Board note and comment on the progress of the HSCP Savings, Recovery and Renewal Programme

REPORT AUTHOR AND PERSON TO CONTACT

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

Chief Officer, IJB: Julie Murray

7 June 2023

BACKGROUND PAPERS

IJB Paper: 29 March 2023 – Item 13 Savings, Recovery and Renewal Programme
https://www.eastrenfrewshire.gov.uk/media/8932/IJB-Item-13-29-March-2023/pdf/IJB_Item_13_-_29_March_2023.pdf?m=638146518637030000

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

STRATEGIC PROJECTS					
Project	Project Owner	Project Start Date	Project End Date	Status	RAG Status
Care at Home Scheduling System Replacement	Gayle Smart	May 2022	June 2023	LIVE	Green
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
Supporting People Framework	Raymond Prior, Lee McLaughlin and Tom Kelly	March 2023	March 2024	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	Red
Pre-payment Cards	Lesley Bairden	April 2023	January 2024	Not Started	

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 (not achieved) 2023/24: £75k
Current Update	<ul style="list-style-type: none"> Project tasks are complete and project handover to service in progress
Next Steps	<ul style="list-style-type: none"> Submit Closure Report and Lessons Learned Report to June Savings, Recovery and Renewal Board
RAG Status	GREEN
Timeline	11 th May 2022 – 31 May 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"> Existing contract with OLM Systems formally agreed and signed-off for interim period covering April 2023 to March 2025. System Requirements Gathering now complete. Expect sign-off from Project Board by end of June following some refinement work.

	<ul style="list-style-type: none"> • Invitation to Tender (ITT) will be published on Scotland Excel framework when this is approved. • Data Management and Process Mapping work-streams on target.
Next Steps	<ul style="list-style-type: none"> • Refine and finalise System Requirements • Publish ITT on Scotland Excel framework. • Introduce mandatory CHI number recording on current system (CareFirst) to help eliminate duplicate data and prepare 'cleanest' possible data for transfer to new system when in place. • Prepare and issue guidance to staff on this and communicate changes (this will be overseen by SW Practice Sub-group) • 'To-be' processes to commence over the summer to ensure best possible environment for implementation with preferred supplier.
RAG	GREEN
Timeline	20 April 2022 – 31 October 2024

Project Title	East Renfrewshire Workforce Wellbeing Action Plan Development of Wellbeing Champions/Wellbeing Lead Role 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"> • HSCP funding supplemented by council funding has been secured to enable the HSCP Lead Officer role and related work to continue
Next Steps	<ul style="list-style-type: none"> • Embedding the wellbeing principles across the HSCP supported by the HSCP Health and Wellbeing Group • Project elements of the workstreams are now closed
RAG	GREEN
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"> • Trauma Implementation Coordinator post appointed to • Trauma Steering Group continues to meet and develop implementation plan
Next Steps	<ul style="list-style-type: none"> • Full implementation of plan • Project will be closed as work will be taken forward by Trauma Implementation Coordinator once in post
RAG	GREEN
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"> • Phase 1 (physical files and records) now being reviewed, this includes archives in storage at EHCC, Williamwood HS and Thornliebank Depot • Migration of files from EHCC to Williamwood and Thornliebank due for completion by end of June 2023.

Next Steps	<ul style="list-style-type: none"> • Complete Thornliebank physical files review. • Commence Phase 2 review work (electronic files) <ul style="list-style-type: none"> • Organise electronic records • Saving files on I-Drive • Home Care Diaries Archives Review • Mental health files at St. Andrew's House to be reviewed and updated on Care First where possible. Archives not due for deletion to be moved to Thornliebank • Relevant staff to be identified to undertake Information Asset Register (IAR) Training
RAG	GREEN
Timelines	16 November 2022 – 31 October 2024

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	An indicative saving of: <ul style="list-style-type: none"> • 2022/23 - £75k (£123k achieved) • 2023/24 - £225k • 2024/25 – £500k
Current Update	<ul style="list-style-type: none"> • Project is now well established with feedback on reviews being collated with regular contact from all Project Team members • Scheduled reviews now ongoing across all commissioned services.
Next Steps	<ul style="list-style-type: none"> • Carry out next stage tasks as identified and approved at Project Board meeting (27 June 2023)
RAG	GREEN
Timelines	November 2022 – March 2025

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: was £200k now part of Supporting People Framework
Current Update	<ul style="list-style-type: none"> • Project brief approved by Recovery and Renewal Board 8th March 2023 • Work is underway to review and revise the budget calculator • Supporting People Framework is dependent on this project
Next Steps	<ul style="list-style-type: none"> • Moving forward the project will be reported as part of the Support People Framework project due to overlap and dependencies.
RAG	GREEN
Timelines	January 2023 – August 2023

Project Title	Supporting People Framework
Project Owner	Raymond Prior, Lee McLaughlin and Tom Kelly
Purpose - what do we want to achieve	<ul style="list-style-type: none"> • Implementation of eligibility criteria to determine individuals' access to social care services provided by East Renfrewshire Health and Social Care Partnership • Prioritisation of risk using the nationally agreed criteria set by the Scottish Government into four categories: critical, substantial, moderate and low. • Processes and procedures that support new approach • Training and development for staff
Expected Outcomes – Non financial	<ul style="list-style-type: none"> • Outcome focussed approach • Building on already strong relationships with community and voluntary organisations • Staff learning and development

Expected Outcomes – financial	An indicative saving of: <ul style="list-style-type: none"> 2023/24: £ 3.4 million (was £3.2m plus £0.2m from Individual Budget Calculator)
Current Update	<ul style="list-style-type: none"> Agreed approach and action plan to implement Supporting People Framework led by the Senior Management Team Staff briefings have taken place led by Heads of Service Individual Budget and REG Review project will move under Supporting People Framework due to overlap/dependency Practice guidance drafted Webpage with relevant public information nearing completion Framework being applied for new requests for supports
Next Steps	<ul style="list-style-type: none"> Continue toolkit talks for staff New individual budget calculator to be finalised Reviews for existing care packages progressed at pace
RAG	GREEN
Timelines	January 2023 – March 2024

Operational Project Updates

Project Title	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 Savings, 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"> Presentation on findings will be made to SMT on 21 June Recommendations and Closure Report to DMT 29 June 2023
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	GREEN
Timeline	August 2021 to June 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 (not achieved) • 2023/24: £280k • 2024/25: £120k
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"> • CareFirst access being arranged for Community Pathways Team
RAG Status	GREEN
Timeline	18 August 2022 – 16 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 (not achieved) • 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"> • Proposals report to DMT expected in the coming weeks. • Phasing of the 2023/24 saving will be determined once the proposal report has been agreed. •
RAG	RED
Timeline	November 2022 to December 2023

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HSCP Savings Summary 2023/24

APPENDIX 2

	Target	Achieved	Remaining		Notes
			On Track	At Risk	
	£'000	£'000	£'000	£'000	
HSCP Wide Savings					
Review of Commissioned Services	225	-	225	-	Work in progress - actual to date achieved tbc
Further Funding Expected on Pay Award	261	261	-	-	Awaiting confirmation of funding
Living Wage on Pay element of contracts rate only	148	148	-	-	Agreed as part of budget and adjustment applied
Limit Use of Support Services to contain cost pressures	219	-	219	-	Actions to be confirmed to move towards SLA Capacity concern
Supporting People Framework	3,400	-	2,550	850	New framework in place, action plan in progress - potential risk around timing of saving
Structure Proposals	928	58	533	337	Timing of saving at risk, work ongoing to refine across Childrens and Adults
Allocate Turnover Target 1%	200	200	-	-	All NHS staffing budgets now include turnover target saving
Learning Disabilities	-	-	-	-	
Sleepover Review	150	127	23	-	Work in progress - actual to date achieved tbc
Supported Living	130	44	86	-	Work in progress - actual to date achieved tbc
Intensive Services	-	-	-	-	
Efficiencies from Care at Home Scheduling System	75	-	-	75	Efficiencies being reviewed with a view to reducing Agency costs/budget
Care at Home Review Phase 2	200	-	-	200	Structure proposals drafted
Review of vacant posts and associated running costs	179	90	-	107	Vacant posts deleted, balance at risk of timing delay
Children and Families	-	-	-	-	
Review of Connor Road funding	60	-	-	60	Ongoing discussions with ERC on future service model
Family Functional Therapy	52	52	-	-	Service discontinued, alternative model in place.
Residential Costs - review of Care options	226	-	226	-	Activity under way - monitoring ongoing
Health Improvement - review of service to rationalise	50	-	-	50	Timing of saving at risk
New - Trauma Informed Practice	-	50	-	-	Service model in place - vacancy deleted
Finance and Resources	-	-	-	-	
Review of Structure and Processes	296	296	-	-	All savings identified have been achieved, work continues to identify further savings
Localities	-	-	-	-	
Rehab Team Mini Restructure	61	-	-	-	Saving no longer achievable - alternatives identified and delivered
Eastwood localities Team - Mini Restructure	53	-	-	-	Saving no longer achievable - alternatives identified and delivered
Review of vacant posts and associated running costs	28	105	18	-	On track vacant posts and running cost efficiencies achieved, further post in October, includes alternative savings for non achievement above
District Nursing - Vacancy Management	50	-	-	50	Timing of saving at risk
New - Technology Enabled Care	-	80	-	-	Development budget given up
Mental Health and Addictions	-	-	-	-	
Review of Structure and Care Packages	65	65	-	-	Vacant post deleted and care package costs revised
Total Savings	7,056	1,576	3,880	1,729	
		22%	55%	24%	

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board	
Held on	28 June 2023	
Agenda Item	11	
Title	Supporting People Framework Implementation	
Summary		
<p>This report provides an update on the implementation of the Supporting People Framework (Policy) which was approved at the Integration Joint Board on 29 March 2023.</p> <p>The framework sets out our criteria for providing social care in the year 2023/24.</p>		
Presented by	Tom Kelly, Head of Learning Disability and Recovery Services	
Action Required		
<p>The Integration Joint Board is asked to:-</p> <ul style="list-style-type: none"> ▪ Note and comment on attached plan on a page ▪ Note the progress to date of the implementation 		
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 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 June 2023

Report by Chief Officer

Implementation of Supporting People Framework

PURPOSE OF REPORT

1. The purpose of this report is to provide an update on the implementation of the Supporting People Framework (Policy) which was approved at the Integration Joint Board on 29 March 2023. The framework sets out our criteria for providing social care to adults and children with a disability in the year 2023/24.

RECOMMENDATIONS

2. The Integration Joint Board is asked to:-
 - Note and comment on attached plan on a page.
 - Note the progress to date of the implementation

BACKGROUND

3. Members of the Integration Joint Board approved the adoption and implementation of the Supporting People Framework on 29 March 2023.
4. The framework introduces a universal approach to risk, which is based upon research and evidence from practice. Going forward we will utilise the framework to inform our decision making to allow us to support individuals in the best way we can making our decision clearer and fairer.
5. Our supporting people framework will seek to minimise the need for formal support, by identifying the person's own strengths, assets, natural networks, technological supports and community resources.
6. To help us understand what each person needs, we will make sure they and their carers are listened to and treated as an expert in identifying their own needs. Our role is to help individuals recognise their strengths and identify opportunities to develop their support network.
7. East Renfrewshire HSCP remain committed to supporting each individual in the way that is right for them. We want to be open, honest and fair in the way we treat everyone. The Supporting People Framework will help inform decisions about which supports may be available and who might provide them.

REPORT

8. Implementation of the Supporting People Framework began on 1 April 2023 with the enactment of a communications strategy, sharing the framework widely within the

partnership and with partners and colleagues across East Renfrewshire including elected members.

9. Service and Team managers were supported to familiarise staff within their service with the framework and its application in practice. Heads of Service conducted information sessions. A practice guide has been written and shared and toolbox talks were devised and delivered across the HSCP over the course of June 2023.
10. A third sector communication and engagement plan has commenced and initial consultations are taking place with our third-sector interface, Voluntary Action East Renfrewshire (VAER) to progress our thematic approach to engage with all stakeholders. The HSCP commissioning team will support the implementation process with a commitment to support and strengthen our partnership and relationships with third sector colleagues. As part of this strategic engagement we will offer bespoke information sessions as required to local organisations and partners over the course of July and August 2023.
11. Our website has been updated to include information on both the Supporting People Framework and Carers eligibility. This includes a video explaining the Framework, eligibility criteria and pathways which guide individuals through how we will apply these when they make contact with our services.
12. Existing processes and forms were adapted to support application of the framework and improve confidence in the workforce.
13. Each service area has begun reviewing existing packages of support, ensuring the application of the framework. The Senior Management Team have agreed priority areas for review and identified resources within services to take forward this task.

CONSULTATION AND PARTNERSHIP WORKING

14. As we move forward we will be continuing to work with existing colleagues, organisations and communities and will be actively seeking new partnerships to mitigate the impact of reduced resources.
15. A full process of engagement with all stakeholders continues alongside a learning and development programme for our staff. Delivery of the Supporting People Framework has taken place with Care Home Managers and at the Commissioning and Strategy Forums held in June 2023.

IMPLICATIONS OF THE PROPOSALS

Finance

16. Delivering the Supporting People Framework is a key element of the required budget savings for 2023/24 with an associated savings target of £3.4million. The required savings need to be delivered on a recurring basis by the 31 March 2024.

Workforce

17. At present there are no specific workforce implications identified however as we progress implementation this Framework will inform future service design.

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. An EQIA has been developed and will be reviewed as the framework is embedded and will inform any changes to framework to ensure we continue to focus on inequalities across our communities.

DIRECTIONS

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

CONCLUSIONS

21. Implementation of the supporting people Framework is underway across the HSCP and our partners. We will continue to communicate and support the implementation of the Framework in the coming weeks and months, with further development of procedures and training to fully embed the framework and develop practice.

Next Steps

22. We will be progressing the action plan set out in the plan on a page to fully implement the framework and provide support and training.
23. Our intention is to review the framework via our Senior Leadership team and 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.
24. We will continue 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

25. The Integration Joint Board is asked to:-
- Note and comment on attached plan on a page.
 - Note the progress to date of the implementation

REPORT AUTHOR AND PERSON TO CONTACT

Noleen Hart McCormick, SDS Implementation Manager
noleen.hartemccormick@eastrenfrewshire.gov.uk

June 2023

IJB Chief Officer: Julie Murray

BACKGROUND PAPERS

IJB Paper: 29 March 2023

https://www.eastrenfrewshire.gov.uk/media/8928/IJB-Item-09-29-March-2023/pdf/IJB_Item_09_-_29_March_2023.pdf?m=638146518619900000

Supporting People Framework Implementation plan

April (Phase 1)

- SPF implementation applied through existing REG(s) and front door approaches
- Applying SPF to reviews of existing packages (targeted approach)

May

- updates to website to present Supporting People information for public
- Develop a baseline data for monitoring
- Implement Comms plan (social media)
- Publish interim practice guidance to support use with current processes
- Review of Assessment, Individual Budget Calculator and finance frameworks to align to Supporting People approach
- finalise procedures for refreshed approach to SDS and peer review groups
- Development of reporting
- Realign some resources to focus on reviews

June

- Learning and Development (toolbox talks, community of practice, mentoring support, mailbox)
- Develop a baseline data for monitoring
- Schedule peer review groups
- Development of reporting

July

- Phase 2 Implementation of SPF at scale
- Continued learning, peer and management support.

September (Phase 3)

- Review approach against savings
- Target additional resources to review (where required)

Procedures

- Assessment and Support planning procedures
- SPF practice Guidance
- SPF process map
- Peer and Professional review procedures

Forms

- Pen Picture
- Brief assessment
- strengths based assessment
- Strengths based review
- Revised IBC

Learning and Development

Training sessions:

- Mandatory Toolbox Talks
- Community of Practice Sessions
- Mentoring Support
- Bespoke team/service input

Ongoing development

- SDS and Carers Support Chat rooms
- Attend existing team catch-ups

Reporting

- Monthly progress report of reviews
- Monthly updates from REG
- Summary of savings
- Dynamic review of priorities and allocation of staff resources to reviews as required.

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	28 June 2023
Agenda Item	12
Title	Medication Assisted Treatment Standards Update and Alcohol And Drugs Partnership Annual Reporting Survey 2022-23
<p>Summary</p> <p>This report provides an update on the outcome of the national assessment of East Renfrewshire progress towards the Medication Assisted Treatment (MAT) Standards, a rigorous process requiring significant preparation of evidence of implementation. Secondly, the report presents the draft Alcohol and Drugs Partnership Annual Reporting Survey for 2022-23, which has been prepared for submission to the Scottish Government.</p>	
Presented by	Julie Murray, Chief Officer
<p>Action Required</p> <p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> ▪ Note and comment on Red/Amber/Green assessment achieved by East Renfrewshire in relation to Medication Assisted Treatment Standards 1 to 5. ▪ Approve the East Renfrewshire Alcohol and Drugs Partnership Annual Reporting Survey 2022-23 prior to submission to the Scottish Government. 	
<p>Directions</p> <p><input checked="" type="checkbox"/> No Directions Required</p> <p><input type="checkbox"/> Directions to East Renfrewshire Council (ERC)</p> <p><input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)</p> <p><input type="checkbox"/> Directions to both ERC and NHSGGC</p>	<p>Implications</p> <p><input type="checkbox"/> Finance</p> <p><input type="checkbox"/> Policy</p> <p><input type="checkbox"/> Workforce</p> <p><input type="checkbox"/> Equalities</p> <p><input type="checkbox"/> Risk</p> <p><input type="checkbox"/> Legal</p> <p><input type="checkbox"/> Infrastructure</p> <p><input type="checkbox"/> Fairer Scotland Duty</p>

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

28 June 2022

Report by Chief Officer

MEDICATION ASSISTED TREATMENT STANDARDS UPDATE AND ALCOHOL AND DRUGS PARTNERSHIP ANNUAL REPORT

PURPOSE OF REPORT

1. The primary purpose of this report is to update on the outcome of the national assessment of East Renfrewshire progress towards the Medication Assisted Treatment Standards, a rigorous process requiring significant preparation of evidence of implementation. Secondly, the report presents the draft Alcohol and Drugs Partnership Annual Reporting Survey, which has been prepared for submission to the Scottish Government.

RECOMMENDATIONS

2. The Integration Joint Board is asked to:-
 - Note and comment on Red/Amber/Green assessment achieved by East Renfrewshire in relation to Medication Assisted Treatment Standards 1 to 5.
 - Approve the East Renfrewshire Alcohol and Drugs Partnership Annual Reporting Survey 2022-23 prior to submission to the Scottish Government.

BACKGROUND

3. Implementing the Medication Assisted Treatment (MAT) Standards is a key priority for supporting people with harmful opiate use, and one of the key workstreams of the National Drugs Mission to reduce and prevent drug related deaths. They are a holistic set of standards that include rapid access to opiate substitution treatment, on the same day of presentation where possible, as well as improving access to harm reduction, mental health supports, and advocacy services. A summary of the ten Standards is attached in Annex 1 for Integration Joint Board members to note.
4. An East Renfrewshire MAT Standards Implementation Plan has been published which is available at <https://www.eastrenfrewshire.gov.uk/alcohol-and-drugs-plan>. Quarterly progress reports have been submitted to the Scottish Government since September 2022.
5. At the Integration Joint Board meeting in November 2022, members heard an update from the Medical Officer overseeing Opiate Substitution Treatment within the Alcohol and Drug Recovery Service (ADRS) in East Renfrewshire. Members were advised of progress, including examples of rapid access. Specific funding was allocated by the Scottish Government to increase staffing capacity and this has been achieved, including the addition of a full time pharmacist prescriber to enable prescribing availability across five days.
6. There is significant scrutiny across all Drugs Mission delivery but in particular the implementation of the MAT Standards. The implementation plans have been signed by

the HSCP's Chief Officer and the Chief Executives of the NHS health board and local authority in accordance with the Ministerial Direction issued on 23 June 2022.

REPORT

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

7. Locally, the MAT implementation process has been driven by a working group (membership including ADRS team management and Medical Officer, Senior Manager Recovery Services, Data Analyst and Lead Planner). The working group met fortnightly during 2022-23 to progress and report on actions and review the evidence being gathered to demonstrate implementation.
8. This group was supported throughout the last year by the national MAT Standards Implementation Support Team (MIST), hosted within Public Health Scotland. This support gave the opportunity to submit evidence for review prior to submission and discuss improvement areas.
9. All Alcohol and Drug Partnership (ADP) areas have now been formally assessed and East Renfrewshire has achieved the following ratings for Standards 1 to 5:

Standard	Definition	East Renfrewshire
MAT 1	All people accessing services have the option to start MAT from the same day of presentation	Green
MAT 2	All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose	Green
MAT 3	All people at high risk of drug related harm are proactively identified and offered support to commence or continue MAT	Provisional Green
MAT 4	All people are offered evidence based harm reduction at the point of MAT delivery.	Amber
MAT 5	All people will receive support to remain in treatment as long as requested.	Green

10. East Renfrewshire Alcohol and Drugs Partnership is pleased to be recognised for achieving standards 1, 2, 3 and 5 however is disappointed to have been assessed as Amber for MAT Standard 4, which relates to the harm reduction interventions provided within the Alcohol and Drugs Recovery Service (ADRS). The MIST team have provided the ADP with feedback that enables the service to work on the small number of improvement areas required and move MAT 4 to a Green rating as soon as possible.
11. The MIST assessment focused on three areas: numerical evidence, process evidence and experiential evidence. The quality of East Renfrewshire's data was highly commended. Five in-depth service user interviews and six service provider interviews were completed. Service user interviews highlighted positive experiences of treatment, including examples of rapid access to a prescription, the availability of choices in medication and person-centred care including flexible appointments and home visits. However the MIST team would have liked to see more experiential evidence on outreach work and harm reduction. This is a challenge for East Renfrewshire as our numbers are very small however plans are being developed to ensure these experiences are captured in future. The specific feedback received on East Renfrewshire's delivery of each standard is detailed below:

- MAT 1 Rapid access - same day prescribing available 5 days per week. East Renfrewshire's numbers have been low, with 8 new referrals during 2022-23, however the service has documented every referral and the time to access prescribing. MIST are confident the service is delivering the standard due to robust documentation of every referral, with evidence of same day access to prescribing where clinically appropriate, as well as strong service user feedback on their quick access to services/supports. This is a huge achievement for the team.
 - MAT 2 Service user medication choice – East Renfrewshire's experiential evidence is particularly strong. People are given choice on their treatment options. We also have very comprehensive process and numerical evidence of this standard.
 - MAT 3 Assertive Outreach - There was mixed evidence on the length of time taken to reach people when in crisis/at risk. Working with external provider Turning Point on the quality of data is an area for improvement we have been taking forward. Gathering service user feedback who have experienced assertive outreach is an improvement action for future. We interviewed 5 service users, showing outreach intervention was offered where people wanted to receive it.
 - MAT 4 Harm Reduction – In previous feedback meetings with MIST, improvement actions were provided including implementing access to Injecting Equipment Provision directly through the Alcohol and Drug Recovery Service (previously this was via community pharmacy). East Renfrewshire has implemented this requirement. East Renfrewshire's pathway to wound care via specialist services had not previously been raised as an issue but did contribute to obtaining the amber score. We are continuing to explore with MIST the specific requirements for this standard. ADRS staff cover injecting risks and wounds in the initial assessment which is in line with the published MAT Standards requirement. Improvement actions will be delivered as priority when these are identified with MIST. It is important to note that East Renfrewshire currently has very small numbers injecting in East Renfrewshire.
 - MAT 5 Remain in treatment – East Renfrewshire had no unsupported discharges and experiential evidence showed people satisfied with treatment and intent to remain in treatment.
12. MIST feedback to the East Renfrewshire team on the improvements achieved over the last 12 months was very positive and the evidence submitted was considered to be comprehensive and of a high quality. At a national level, the 2023 assessment demonstrates enormous progress with implementation of the MAT standards and reduced variation between and within ADPs. There remain ADPs with up to 4 amber ratings across the five standards and, despite our one amber rating, East Renfrewshire compares well nationally.
 13. Public Health Scotland will publish a national benchmarking report on implementation of the Medication Assisted Treatment (MAT) standards. Publication is scheduled for Tuesday 20 June 2023.
 14. The focus in East Renfrewshire will now be on maintaining Standards 1-5 through continued review, monitoring and reporting, as well as implementing MAT Standards 6-10 covering the provision of psychological supports, recovery networks, mental health support and trauma informed care. These must be implemented by 1 April 2024.

Alcohol and Drugs Partnership Annual Reporting Survey 2022-23

15. As stated earlier in this report, there is significant scrutiny of the National Drugs Mission. MAT Standards reporting has already been described in some detail. In addition the ADP submits quarterly reports on residential rehabilitation placements and spending, has submitted baseline information on whole family support, and reporting on performance indicators including service waiting times and the substance use treatment target.
16. ADPs are also required to complete an Annual Reporting Survey. The Scottish Government have set a requirement for local Integration Joint Boards to consider and approve these prior to submission. This survey is designed to collect a range of information from all ADPs across Scotland relating to the delivery of the National Mission during the financial year 2022/23, and mainly covers those areas where ADPs do not already report progress nationally through other means. The collated findings from all ADP surveys will feed into the National Drugs Mission Progress Report which will be published later in 2023.
17. East Renfrewshire's draft survey submission is attached in Annex 2. The Annual Reporting Survey is a simple survey tool with single option or multiple choice check boxes, with some free text input. As such it is not particularly easy to read. For ease of reference for Integration Joint Board members, some key points in East Renfrewshire's survey return are listed below:
 - Arrangements for monitoring and recording lessons learned from alcohol and drug related deaths include Multi-Disciplinary Team reviews, and further investigation is undertaken using NHS ADRS Significant Adverse Event Review (SAER) process
 - Mechanisms for involving people with lived / living experience including East Renfrewshire ADP Lived Experience Panel and Peer Research Programme.
 - How services are aiming to reduce stigma for people who use substances through no barrier and rapid access to services and no wrong door approach
 - Funding for prevention including youth diversionary activity and overdose prevention
 - Confirming overdose response services are in place through Turning Point Scotland
 - Detail of services in place for young people affected by substance use. East Renfrewshire does not have specific addiction services in place due to small numbers, however people aged 16 and over can access adult services. Youth Intensive Support Services (social work) do work with young people with substance use issues and work jointly with the ADRS where appropriate.
 - Services are in place for adult family members affected by a loved one's substance use.

CONSULTATION AND PARTNERSHIP WORKING

18. As detailed throughout the report, partnership working across statutory, third sector and lived experience groups is critical to the success of all of the areas of work highlighted in this report. The MAT working group valued the time that service users gave to provide in-depth feedback on their experiences of Medication Assisted Treatment which greatly informed our evidence submission. The Annual Reporting Survey details work underway to build capacity in our Lived Experience Panel and Peer Research Programme. We will continue to build on this to ensure lived experience continues to shape delivery of the MAT Standards and wider services.

IMPLICATIONS OF THE PROPOSALS

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

DIRECTIONS

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

CONCLUSIONS

21. Progress towards the Medication Assisted Treatment Standards reflects a significant amount of work across the Alcohol and Drugs Recovery Service, working with lead officers from the ADP and the national MAT Standards Implementation Support Team. This work will continue into the next phase of implementation of the remaining Standards. The Annual Reporting Survey provides further evidence of East Renfrewshire's contribution to the National Drugs Mission.

NEXT STEPS

22. Following approval the Alcohol and Drugs Partnership Annual Reporting Survey will be submitted to the Scottish Government. Regarding the MAT Standards, the lead officers and working group will continue improvement work to progress all standards to Green rating. The Integration Joint Board will receive a further update from the ADP in November 2023.

RECOMMENDATIONS

23. The Integration Joint Board is asked to:-
 - Note and comment on Red/Amber/Green assessment achieved by East Renfrewshire in relation to Medication Assisted Treatment Standards 1 to 5.
 - Approve the East Renfrewshire Alcohol and Drugs Partnership Annual Reporting Survey 2022-23 prior to submission to the Scottish Government

REPORT AUTHOR AND PERSON TO CONTACT

Tracy Butler Lead Planner, (Recovery Services)
tracy.butler@eastrenfrewshire.gov.uk

Julie Murray, Chief Officer IJB (Chair, Alcohol and Drugs Partnership)
julie.murray@eastrenfrewshire.gov.uk

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Annex 1 – Medication Assisted Treatment Standards

- Standard 1:** All people accessing services have the option to start MAT from the same day of presentation.
- Standard 2:** All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.
- Standard 3:** All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.
- Standard 4:** All people are offered evidence based harm reduction at the point of MAT delivery.
- Standard 5:** All people will receive support to remain in treatment for as long as requested.
- Standard 6:** The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.
- Standard 7:** All people have the option of MAT shared with Primary Care.
- Standard 8:** All people have access to independent advocacy and support for housing, welfare and income needs.
- Standard 9:** All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.
- Standard 10:** All people receive trauma informed care.

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Alcohol and Drug Partnership (ADP) Annual Reporting Survey: 2022/23

This survey is designed to collect information from all ADPs across Scotland on a range of aspects relating to the delivery of the National Mission **during the financial year 2022/23**. This will not reflect the totality of your work but will cover those areas where you do not already report progress nationally through other means.

The survey is primarily composed of single option and multiple-choice questions, but we want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all of these in place. We have also included open text questions where you can share more detail.

We do not expect you to go out to services in order to respond to questions relating to activities undertaken by them in your area. Where questions refer to service level activities, we are interested in the extent to which you are aware of these at an ADP level.

We are aware of some element of duplication with regards to questions relating to MAT Standards and services for children and young people. To mitigate this, we've reviewed the relevant questions in this survey and determined the ones that absolutely need to be included in order to evidence progress against the national mission in the long-term. While some of the data we are now asking for may appear to have been supplied through other means, this was not in a form that allows for consistently tracking change over time.

The data collected will be used to better understand the challenges and opportunities at the local level and the findings will be used to help inform the following:

- The monitoring of the National Mission;
- The work of a number of national groups including the Whole Family Approach Group, the Public Health Surveillance Group and the Residential Rehabilitation Working Group, amongst others; and
- The priority areas of work for national organisations which support local delivery.

The data will be analysed and findings will be published at an aggregate level as [Official Statistics](#) on the Scottish Government website. All data will be shared with Public Health Scotland to inform drug and alcohol policy monitoring and evaluation, and excerpts and/or summary data may be used in published reports. It should also be noted that the data provided will be available on request under freedom of information regulations and so we would encourage you to publish your return.

The deadline for returns is Tuesday 27th June 2023. Your submission should be signed off by the ADP and the IJB, with confirmation of this required at the end of the questionnaire. We are aware that there is variation in the timings of IJB meetings so please let us know if this will be an issue.

If you require clarification on any areas of the survey or would like any more information, please do not hesitate to get in touch by email at substanceuseanalyticalteam@gov.scot.

Cross-cutting priority: Surveillance and Data Informed

Q1) Which Alcohol and Drug Partnership (ADP) do you represent?
[single option, drop-down menu]

East Renfrewshire ADP

Q2) Which groups or structures were in place **at an ADP level** to inform surveillance and monitoring of alcohol and drug harms or deaths? (select all that apply)
[multiple choice]

- Alcohol harms group
- Alcohol death audits (work being supported by AFS)
- Drug death review group
- Drug trend monitoring group/Early Warning System
- None

Other (please specify): East Renfrewshire ADRS MDT reviews alcohol and drug deaths and further investigation is undertaken using NHS ADRS Significant Adverse Event Review (SAER) process. The HSCP contributes to Drug Death data via the NHSGGC Drug Death Analyst.

Q3a) Do Chief Officers for Public Protection receive feedback from drug death reviews?
(select only one)
[single option]

- Yes
- No
- Don't know

Q3b) If no, please provide details on why this is not the case.
[open text – maximum 255 characters]

ADP reports twice yearly to the COPP on activity to prevent and reduce drug and alcohol related deaths and harm. Data trends are reported including drug and alcohol related deaths, Adult Support and Protection, wait time and treatment targets

Q4a) As part of the structures in place for the monitoring and surveillance of alcohol and drugs harms or deaths, are there local processes to record lessons learnt and how these are implemented? (select only one)
[single option]

- Yes
- No
- Don't know

Q4b) If no, please provide details.
[open text – maximum 255 characters]

Cross-cutting priority: Resilient and Skilled Workforce

Q5a) What is the whole-time equivalent staffing resource routinely dedicated to your ADP Support Team as of 31st March 2023.

[open text, decimal]

Total current staff (whole-time equivalent including fixed-term and temporary staff, and those shared with other business areas)	1.40
Total vacancies (whole-time equivalent)	0.00

Q5b) What type of roles/support (e.g. analytical support, project management support, etc.) do you think your ADP support team might need locally? Please indicate on what basis this support would be of benefit in terms of whole-time equivalence.

[open text – maximum 255 characters]

To meet current national asks:
Planning(1FTE),analytical(0.5FTE),project management(1FTE),community/lived experience involvement(1FTE). While these dedicated roles not currently in place the functions are fulfilled in a variety of ways across partnership

Q6a) Do you have access to data on **alcohol and drug services** workforce statistics in your ADP area? (select only one)

[single option]

- Yes
 No (please specify who does):
 Don't know

6b) If yes, please provide the whole-time equivalent staffing resource **for alcohol and drug services** in your ADP area.

[open text, decimal]

Total current staff (whole-time equivalent)	22.20
Total vacancies (whole-time equivalent)	4.60

Q7) Which, if any, of the following activities are you aware of having been undertaken in your ADP area to improve and support workforce wellbeing (volunteers as well as salaried staff)? (select all that apply)

[multiple choice]

- Coaching, supervision or reflective practice groups with a focus on staff wellbeing
 Flexible working arrangements
 Management of caseload demands
 Provision of support and well-being resources to staff
 Psychological support and wellbeing services
 Staff recognitions schemes
 None
 Other (please specify): Team Wellbeing Events

Cross cutting priorities: Lived and Living Experience

Q8a) Do you have a formal mechanism at an ADP level for gathering feedback from people with lived/living experience using services you fund? (select all that apply)

[multiple choice]

Feedback/complaints process

Questionnaire/survey

No

Other (please specify): Lived Experience Panel, which includes family members, and Peer Research Volunteer Group, recent experiential data gathering for MAT

Q8b) How do you, as an ADP, use feedback received from people with lived/living experience and family members to improve service provision? (select all that apply)

[multiple choice]

	Lived/living experience	Family members
Feedback used to inform service design	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Feedback used to inform service improvement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Feedback used in assessment and appraisal processes for staff	<input type="checkbox"/>	<input type="checkbox"/>
Feedback is presented at the ADP board level	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Feedback is integrated into strategy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (please specify)		

Q9a) How are **people with lived/living experience** involved within the ADP structure?

(select all that apply)

[multiple choice]

	Planning (e.g. prioritisation and funding decisions)	Implementation (e.g. commissioning process, service design)	Scrutiny (e.g. monitoring and evaluation of services)	Other (please specify)
Board representation at ADP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Focus group	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Lived experience panel/forum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Questionnaire/ surveys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please specify)	Peer research group via research studies		Peer research group via research studies	

Q9b) How are **family members** involved within the ADP structure? (select all that apply)
[matrix, multiple choice]

	Planning (e.g. prioritisation and funding decisions)	Implementation (e.g. commissioning process, service design)	Scrutiny (e.g. monitoring and evaluation of services)	Other stage (please specify)
Board representation at ADP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Focus group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lived experience panel/forum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Questionnaire/ surveys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please specify)				

Q9c) If any of the above are in development for either people with lived/living experience and/or family members, please provide details.

[open text – maximum 2000 characters]

East Renfrewshire Lived Experience Panel - currently developing further in terms of their priorities and preference for how they influence services and priorities.
East Renfrewshire Peer Research Group - have undertaken two studies to date and now reflecting and reviewing their progress and undertaking further training and development, with a key focus on developing the recovery community

Q10) What monitoring mechanisms are in place to ensure that services you fund are encouraged/supported to involve people with lived/living experience and/or family members in the different stages of service delivery (i.e. planning, implementation and scrutiny)?

[open text – maximum 2000 characters]

All key services delivering in East Renfrewshire are represented on the Alcohol and Drugs Partnership and agree to the Terms of Reference which prioritises lived and living experience involvement to ensure services and overall strategy are responsive to local needs.

Q11) Which of the following support is available to people with lived/living experience and/or family members to reduce barriers to involvement? (select that apply)

[multiple choice]

- Advocacy
- Peer support
- Provision of technology/materials
- Training and development opportunities
- Travel expenses/compensation
- Wellbeing support
- None
- Other (please specify):

Q12a) Which of the following volunteering and employment opportunities for people with lived/living experience are offered by services in your area? (select all that apply)

[multiple choice]

- Community/recovery cafes
- Job skills support
- Naloxone distribution
- Peer support/mentoring
- Psychosocial counselling
- None
- Other (please specify): Service users are supported to access volunteering opportunities through the local Third Sector Interface where this forms part of their recovery care plan

Q12b) What are the main barriers to providing volunteering and employment opportunities to people with lived/living experience within your area?

[open text – maximum 2000 characters]

East Renfrewshire is making good progress in creating peer work opportunities. 3FTE roles in place within peer support service (Penumbra), 0.4FTE peer Naloxone role (RCA Trust), Lived Experience Panel (currently 3 volunteers) and peer research volunteering opportunities (currently 6 volunteers). This remains a key development priority. Challenges have been experienced including recruitment for both paid and volunteer roles. Availability of premises for volunteer/peer / recovery activities is a challenge however development of a community hub is an ADP priority.

Q13) Which organisations or groups are you working with to develop your approaches and support your work on meaningful inclusion? (select all that apply)

[multiple choice]

- MAT Implementation Support Team (MIST)
- Scottish Drugs Forum (SDF)
- Scottish Families Affected by Drugs and Alcohol (SFAD)
- Scottish Recovery Consortium (SRC)
- None
- Other (please specify): The Advocacy Project, RAMH ACUMEN, Lived Experience Panel, Peer Research Group, PARTNER community led recovery group

Cross cutting priorities: Stigma Reduction

Q14) Do you consider stigma reduction for people who use substances and/or their families in any of your written strategies or policies (e.g. Service Improvement Plan)? (select only one)

[single option]

Yes (please specify which): Alcohol and Drugs Strategy 2020-2023

No

Don't know

Q15) Please describe what work is underway to reduce stigma for people who use substance and/or their families in your ADP area.

[open text – maximum 2000 characters]

No barrier and rapid access to Medication Assisted Treatment through implementation of the MAT Standards. No wrong door approach to accessing support. ADRS support is offered in a range of venues including home visits. Development of Lived Experience Panel and peer research groups, and working with PARTNER community led recovery group to ensure the voice of lived and living experience is heard and listened to. Implementation of the Mobile Harm Reduction Service (Turning Point) in the heart of communities to remove barriers to accessing support and treatment for people who inject drugs.

Fewer people develop problem substance use

Q16) How is information on local treatment and support services made available to different audiences **at an ADP level** (not at a service level)? (select all that apply)

[multiple choice]

	Non-native English speakers (English Second Language)	People with hearing impairments	People with learning disabilities and literacy difficulties	People with visual impairments	Other audience (please specify)
In person (e.g. at events, workshops, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leaflets/posters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Online (e.g. websites, social media, apps, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please specify)	Information in these alternative formats would be available with advance notice of the requirements, in line with HSCP policy for all patient information.				

Q17) Which of the following education or prevention activities were funded or supported by the ADP? (select all that apply)
[multiple choice]

	0-4 (early years)	5-12 (primary)	13-15 (secondary S1-4)	16-24 (young people)	25+ (adults)	Parents	People in contact with the justice system	Other audience (please specify)
Counselling services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Information services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Naloxone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Overdose awareness and prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Parenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Peer-led interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Personal and social skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Planet Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pre-natal/pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reducing stigma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Seasonal campaigns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sexual health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Teaching materials for schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wellbeing services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Youth activities (e.g. sports, art)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Youth worker materials/training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please specify)								

Risk is reduced for people who use substances

Q18a) In which of the following settings is **naloxone** supplied in your ADP area? (select all that apply)

[multiple choice]

- Accident & Emergency departments
- Community pharmacies
- Drug services (NHS, third sector, council)
- Family support services
- General practices
- Homelessness services
- Justice services
- Mental health services
- Mobile/outreach services
- Peer-led initiatives
- Women support services
- None
- Other (please specify): Peer naloxone training and provision is underway in East Renfrewshire.

Q18b) In which of the following settings is **Hepatitis C testing** delivered in your ADP area? (select all that apply)

[multiple choice]

- Accident & Emergency departments
- Community pharmacies
- Drug services (NHS, third sector, council)
- Family support services
- General practices
- Homelessness services
- Justice services
- Mental health services
- Mobile/outreach services
- Peer-led initiatives
- Women support services
- None
- Other (please specify):

Q18c) In which of the following settings is the **provision of injecting equipment** delivered in your ADP area? (select all that apply)

[multiple choice]

- Accident & Emergency departments
- Community pharmacies
- Drug services (NHS, third sector, council)
- Family support services
- General practices
- Homelessness services
- Justice services
- Mental health services
- Mobile/outreach services
- Peer-led initiatives
- Women support services
- None
- Other (please specify):

Q18d) In which of the following settings is **wound care** delivered in your ADP area? (select all that apply)

[multiple choice]

- Accident & Emergency departments
- Community pharmacies
- Drug services (NHS, third sector, council)
- Family support services
- General practices
- Homelessness services
- Justice services
- Mental health services
- Mobile/outreach services
- Peer-led initiatives
- Women support services
- None
- Other (please specify):

Q19a) Are there protocols in place to ensure **all** prisoners identified as at risk are offered with naloxone upon leaving prison? (select only one)

[single option]

- Yes
- No
- No prison in ADP area

Q19b) If no, please provide details.

[open text – maximum 255 characters]

People most at risk have access to treatment and recovery

Q20a) Are referral pathways in place in your ADP area to ensure people who experience a near-fatal overdose (NFO) are identified and offered support? (select only one)

[single option]

- Yes
- No
- Don't know

Q20b) If yes, have people who have experienced a near-fatal overdose been successfully referred using this pathway? (select only one)

[single option]

- Yes
- No
- Don't know

Q20c) If no, when do you intend to have this in place?

[open text – maximum 255 characters]

Q21) In what ways have you worked with justice partners? (select all that apply)

[multiple choice]

- Contributed towards justice strategic plans (e.g. diversion from justice)
- Coordinating activities
- Information sharing
- Joint funding of activities
- Justice partners presented on the ADP
- Prisons represented on the ADP (if applicable)
- Providing advice/guidance
- None
- Other (please specify):

Q22a) Do you have a prison in your ADP area? (select only one)

[single option]

- Yes
- No

Q22b) Which of the following activities did the ADP support or fund at the different stages of engagement with the justice system? (select all that apply)
[multiple choice]

	Pre-arrest	In police custody	Court	Prison (if applicable)	Upon release	Community justice
Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol screening	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Buvidal provision	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Detoxification	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs screening	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Psychological screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Harm reduction	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health education	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
“Life skills” support or training (e.g. personal/social skills, employability)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Opioid Substitution Therapy (excluding Buvidal)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Peer-to-peer naloxone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recovery cafe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recovery community	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recovery wing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referrals to alcohol treatment services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Referrals to drug treatment services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Staff training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)						

Q23a) How many [recovery communities](#) are you aware of in your ADP area?

[open text, integer]

1

Q23b) How many recovery communities are you actively engaging with or providing support to?

[open text, integer]

1

Q24a) Which of the following options are you using to engage with or provide support to recovery communities in your area? (select all that apply)

[multiple choice]

- Funding
- Networking with other services
- Training
- None
- Other (please specify):

Q24b) How are recovery communities involved **within the ADP**? (select all that apply)

[multiple choice]

- Advisory role
- Consultation
- Informal feedback
- Representation on the ADP board
- Recovery communities are not involved within the ADP
- Other (please specify):

People receive high quality treatment and recovery services

Q25) What treatment or screening options are in place to address **alcohol harms**? (select all that apply)

[multiple choice]

- Access to alcohol medication (Antabuse, Acamprase, etc.)
- Alcohol hospital liaison
- Alcohol related cognitive testing (e.g. for alcohol related brain damage)
- Arrangements for the delivery of alcohol brief interventions in all priority settings
- Arrangement of the delivery of alcohol brief interventions in non-priority settings
- Community alcohol detox
- In-patient alcohol detox
- Fibro scanning
- Psychosocial counselling
- None
- Other (please specify):

Q26) Which, if any, of the following barriers to residential rehabilitation exist in your ADP area? (select all that apply)

[multiple choice]

- Current models are not working
- Difficulty identifying all those who will benefit
- Further workforce training required
- Insufficient funds
- Lack of specialist providers
- Scope to further improve/refine your own pathways
- None
- Other (please specify):

Q27) Have you made any revisions in your pathway to residential rehabilitation in the last year? (select only one)

[single option]

- No revisions or updates made in 2022/23
- Revised or updated in 2022/23 and this has been published
- Revised or updated in 2022/23 but not currently published

Q28) Which, if any, of the following barriers to implementing MAT exist in your area? (select all that apply)

[multiple choice]

- Difficulty identifying all those who will benefit
- Further workforce training is needed
- Insufficient funds
- Scope to further improve/refine your own pathways
- None
- Other (please specify):

Q29a) Which of the following treatment and support services are in place specifically for children and young people **aged between 13 and 24** using **alcohol**? (select all that apply)
[multiple choice]

	13-15 (secondary S1-4)	16-24 (young people)
Alcohol-related medication (e.g. acamprosate, disulfiram, naltrexone, nalmefene)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diversionary activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Employability support	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Family support services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Information services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Justice services	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outreach/mobile	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recovery communities	<input type="checkbox"/>	<input type="checkbox"/>
School outreach	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Support/discussion groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other (please specify)	Youth Intensive Support Service (social work) (this is holistic support not treatment) Diversionary activities provided by Police and CLD partners	The above would be facilitated by the Youth Intensive Support Service.

Q29b) Please describe what treatment and support is in place **specifically for children aged 0-4 (early years) and 5-12 (primary)** affected by **alcohol**.

[open text – maximum 2000 characters]

There are no specific treatment services for this age group. Intensive Family Support Service (social work) where family needs meet threshold for support

Q30a) Which of the following treatment and support services are in place specifically for children and young people **aged between 13 and 24** using **drugs**? (select all that apply)

[multiple choice]

	13-15 (secondary S1-4)	16-24 (young people)
Diversionary activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Employability support	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Family support services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Information services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Justice services	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Opioid Substitution Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Outreach/mobile	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recovery communities	<input type="checkbox"/>	<input type="checkbox"/>

School outreach	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Support/discussion groups	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (please specify)	Youth Intensive Support Service (social work) (this is holistic support not treatment)	The above would be facilitated by the Youth Intensive Support Service (this is holistic support not treatment).

Q30b) Please describe what treatment and support is in place **specifically for children aged 0-4 (early years) and 5-12 (primary)** affected by **drugs**.

[open text – maximum 2000 characters]

There are no specific treatment services for this age group. Youth Intensive Support Service (social work) (this is holistic support not treatment)

Quality of life is improved by addressing multiple disadvantages

Q31) Do you have specific treatment and support services in place for the following groups? (select all that apply)

[multiple choice]

	Yes	No
Non-native English speakers (English Second Language)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
People from minority ethnic groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>
People from religious groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>
People who are experiencing homelessness	<input type="checkbox"/>	<input checked="" type="checkbox"/>
People who are LGBTQI+	<input type="checkbox"/>	<input checked="" type="checkbox"/>
People who are pregnant or peri-natal	<input type="checkbox"/>	<input checked="" type="checkbox"/>
People who engage in transactional sex	<input type="checkbox"/>	<input checked="" type="checkbox"/>
People with hearing impairments	<input type="checkbox"/>	<input checked="" type="checkbox"/>
People with learning disabilities and literacy difficulties	<input type="checkbox"/>	<input checked="" type="checkbox"/>
People with visual impairments	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Women	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other (please specify)		

Q32a) Are there formal joint working protocols in place to support people **with co-occurring substance use and mental health diagnoses** to receive mental health care? (select only one) [single choice]

Yes (please provide link here or attach file to email when submitting response):NHSGGC interface to be included with response.

No

Q32b) If no, please provide details.

[open text – maximum 255 characters]

--

Q33) Are there arrangements (in any stage of development) within your ADP area for people who present at substance use services with mental health concerns **for which they do not have a diagnosis**?

[open text – maximum 2000 characters]

<p>It is not unusual for people to present at ADRS with mental health concerns and no diagnosis - the ADRS service provides mental health assessment and access for further psychiatric assessment as required. All people attending ADRS will be able to access a range of psychological interventions that can help with mental health concerns and provide practical skills that can be applied by individuals. A range of specific psychological approaches including 1:1, guided self-help, support to overcome depression and anxiety alongside regular groupwork that is also provided to target specific needs. There is also access to a clinical psychologist within the ADRS. There is established joint working with the adult Community Mental Health Team to seek further assessment and intervention for mental health issue when appropriate.</p>

Q34) How are you, as an ADP, linked up with support service **not directly linked to substance use** (e.g. welfare advice, housing support, etc.)?

[open text – maximum 2000 characters]

Partners delivering employability, advocacy, housing and supported tenancy sit on ADP

Q35) Which of the following activities are you aware of having been undertaken in local services to implement a trauma-informed approach? (select all that apply)

[multiple choice]

- Engaging with people with lived/living experience
- Engaging with third sector/community partners
- Recruiting staff
- Training existing workforce
- Working group
- None
- Other (please specify):

Children, families and communities affected by substance use are supported

Q36) Which of the following treatment and support services are in place for **children and young people** (under the age of 25) **affected by a parent's or carer's substance use?** (select all that apply)
[multiple choice]

	0-4 (early years)	5-12 (primary)	13-15 (secondary S1-4)	16-24 (young people)
Carer support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Diversionsary activities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Employability support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Family support services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Information services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outreach/mobile services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recovery communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School outreach	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Support/discussion groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)		Intensive family support - social work	Youth Intensive Support service - social work	Youth Intensive Support service - social work

Q37a) Do you contribute toward the integrated children's service plan? (select only one)
[single option]

- Yes
 No
 Don't know

Q37b) If no, when do you plan to implement this?
[open text – maximum 255 characters]

Q38) Which of the following support services are in place **for adults** affected by **another person’s substance use**? (select all that apply)

[multiple choice]

- Advocacy
- Commissioned services
- Counselling
- One to one support
- Mental health support
- Naloxone training
- Support groups
- Training
- None
- Other (please specify): Family support service delivered within local ADRS, East Renfrewshire Carer's Centre open to people caring for someone with a substance use issue and promotes this via leaflets/posters, detailing their service criteria.

Q39a): Do you have an agreed set of activities and priorities with local partners to implement the Holistic Whole Family Approach Framework in your ADP area? (select only one)

[single option]

- Yes
- No
- Don’t know

Q39b) Please provide details.

[open text – maximum 255 characters]

Currently planning engagement with families to plan and prioritise activity; working with partners to agree priorities. Will include in refreshed Alcohol and Drugs Strategy.

Q40) Which of the following services supporting Family Inclusive Practice or a Whole Family Approach are in place? (select all that apply)

[multiple choice]

	Family member in treatment	Family member not in treatment
Advice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Advocacy	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mentoring	<input type="checkbox"/>	<input type="checkbox"/>
Peer support	<input type="checkbox"/>	<input type="checkbox"/>
Personal development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Social activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Support for victims of gender based violence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (please specify)	Youth Intensive Support Service and Community based services	Youth Intensive Support Service and Community based services

	Family members affected by GBV can also receive advice, guidance and support for example National Domestic Abuse helpline, Women's Aid and Rape Crisis, services through Safe and Together	Family Support Service based within Alcohol and Drug Recovery Service
--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------

Confirmation of sign-off

Q41) Has your response been signed off at the following levels?

[multiple choice]

ADP

IJB

Not signed off by IJB (please specify date of the next meeting):

Thank you for taking the time to complete this survey, your response is highly valued. The results will be published in the forthcoming ADP annual report, scheduled for publication in the autumn.

Please do not hesitate to get in touch via email at substanceuseanalyticalteam@gov.scot should you have any questions.

[End of survey]

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	28 June 2023
Agenda Item	14
Title	East Renfrewshire HSCP Accommodation Strategy
Summary	
The purpose of this report is to provide the Integration Joint Board with a revised Accommodation Strategy covering the period 2023/24 to 2027/28.	
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
Action Required	
The Integration Joint Board is asked to note and comment on the revised Accommodation Strategy.	
Directions	Implications
<input checked="" type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<input type="checkbox"/> Finance <input type="checkbox"/> Policy <input 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

28 June 2023

Report by Chief Financial Officer

ACCOMMODATION STRATEGY

PURPOSE OF REPORT

1. The purpose of this report is to present the HSCP Accommodation Strategy.
2. The strategy supports the delivery of the IJB strategic plan and ensures our use of property is fit for purpose and supports service delivery, now and in the future.

RECOMMENDATION

3. The Integration Joint Board is asked to approve/note the report

BACKGROUND

4. The Integration Joint Board does not own any property or other assets, these are owned by our partner organisations.
5. How the HSCP and our GPs use the property available to us needs to ensure that the accommodation we use is fit for purpose and that we can adapt to changing requirements over the coming years.
6. Our previous Accommodation Strategy was included within our Medium Term financial Plan and given the changing service models and population needs post Covid this has been extracted and expanded as a separate document.

REPORT

7. The Accommodation Strategy is a self-explanatory document that sets out:
 - The context and governance arrangements
 - An overview of the accommodation we use in the HSCP
 - An overview of the General Practice accommodation within East Renfrewshire
 - Current and Future Developments
 - Key Strategic Issues
 - Risks and Opportunities
8. The timeframe for the Accommodation Strategy is linked to our Medium Term Financial Plan as any funding opportunities that may arise in future will be intrinsically linked.

CONSULTATION AND PARTNERSHIP WORKING

9. Within the HSCP we have a good working relationship with both key partners and we will build on the findings from a wider NHS Greater Glasgow and Clyde Primary Care Estate review to support local service planning and support any case for investment in the future. This is dependent on partner funding out with the HSCP.

IMPLICATIONS OF THE PROPOSALS

10. There are no implications arising from this report. Any equalities impacts will be considered when any operational changes are considered.

DIRECTIONS

11. There are no directions in relation to this report.

CONCLUSIONS

RECOMMENDATIONS

REPORT AUTHOR AND PERSON TO CONTACT

Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
Lesley.Bairden@eastrenfrewshire.gov.uk

June 2023

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

None



East Renfrewshire Integration Joint Board

Accommodation Strategy

June 2023

Document Title:	Accommodation Strategy				
Owner:	Chief Financial Officer	Status:	Final		
Review Dates:	Created:	June 2023	Date of last review	n/a	Date of next review
Revision History:					
Version:	Date Effective:	Author & Changes			
1.0	June 2023	Lesley Bairden			

Contents

1. Introduction and Context..... 3

2. Purpose and Governance..... 4

3. Our Current Properties 5

4. General Practice..... 7

5. Current and Future Developments..... 8

6. Key Strategic Issues 9

7. Risks and Opportunities..... 9

8. Useful Links..... 9

Appendix 1 HSCP Property Listing..... 10

1. Introduction and Context

1.1 The Integration Joint Board (IJB) set the strategic objectives and direction for the HSCP and this is set out in detail in the [Strategic Plan](#).

1.2 Whilst the IJB does not hold any assets itself, the properties used to support service delivery are fundamental to how and where the HSCP delivers the services included within the plan.

1.3 The HSCP delivers health and social care from property that is owned or leased by either of our partner organisations; East Renfrewshire Council and NHS Greater Glasgow and Clyde.

1.4 Given the long history of delivering integrated health and social care services within East Renfrewshire the opportunities to rationalise the buildings we use have already resulted in the two health and care centres where we deliver many of our services from in Barrhead and Eastwood, which are also our two localities.

1.5 Alongside the HSCP we also have a number of GP practices who provide services within East Renfrewshire, some from our health and care centres and others from their own premises.

1.6 The population within East Renfrewshire is growing, as is the demand for services so we need to ensure we are making the best use of the assets available to us.

1.7 The HSCP had adopted an agile working policy prior to the pandemic and we are reviewing how we will maximise the use of our buildings post Covid-19. This will also consider the balance between clinical and non-clinical space to best accommodate demand for different types for service.

1.8 The HSCP also hosts services on behalf of the other five HSCP's within Greater Glasgow and Clyde;

- The Specialist Learning Disability Services has three in-patient units providing assessment and treatment services. These properties are located outside East Renfrewshire as they are part of hospital based services.
- The Adult Autism service and Learning Disability Health Checks are delivered across the population with all of NHS Greater Glasgow and Clyde
- The Augmentative & Alternative Communication service provides specialist equipment across the board and also provides a national assessment service and is in the process of relocation from the Queen Elizabeth Hospital site to Barrhead Resource Centre.

2. Purpose and Governance

2.1 The purpose of this strategy is to support the delivery of the IJB strategic plan and ensure that our property is fit for purpose and supports service delivery, now and in the future in line with the strategic aims and plans of the IJB. This strategy needs to ensure that as the way services are delivered may change that the accommodation needs are understood and that premises and / or how we use them can adapt accordingly.

2.2 The IJB strategic planning group also considers how services are delivered across the two localities within the HSCP; Eastwood and Barrhead, as well as taking into account a number of national, board wide and local strategies and drivers for change such as:

- Localities and communities focus as we need to ensure our service delivery matches the needs of our population
- Technology developments and advances mean that how we use IT systems and equipment evolves over time and we may need to make changes to buildings to maximise the associated benefits
- Strategies across a number of areas such as Mental Health, Learning Disability and Primary Care will impact on the properties we have now and that we may need in future years as service delivery models evolve
- The Workforce Plan for the HSCP looks at the staffing profile across all the services we deliver, how this has been impacted by the pandemic. How service delivery and demand is met in the future is integral to the locations we need to provide services from
- Moving Forward Together promotes the integration of health and social care including how more services can be delivered from community settings
- Legislative requirements such as Health & safety, Accessibility and Equalities must be complied with
- Medium Term Financial Plan and our Savings, Recovery and Renewal; focussing on the financial sustainability of the HSCP and how we recover from the pandemic and look at service redesign
- Climate change and the focus on efficiency of buildings, carbon footprints and goal of net zero will require some adaptations

2.3 Our localities also broadly reflect our hospital flows with the Eastwood locality linking to the south Glasgow hospitals and Barrhead Locality to the RAH in Paisley.



2.4 The Chief Officer and her senior team work alongside our partners to make the case for investment, usually through capital funding, for any major changes required to the properties we use, for any possible investment and also for disposal of any properties. This is undertaken through the respective asset management and capital planning processes for each partner and informed by our Accommodation Strategy group.

3. Our Current Properties

3.1 Eastwood Health and Care Centre was purpose built and opened in August 2016. The services provided from this building include; social work, district nursing, rehabilitation, mental health for adults and young people, health visiting, physiotherapy, podiatry and a number of clinical and treatment services.

3.2 Prior to the pandemic the centre also included community use of rooms for a variety of activities as well as a supported employment café. As part of our recovery we hope to re-open a café during 2023.



3.3 We have 4 GP practices who operate from this health and care centre; Clarkston, McLean, Elmwood and Eastwood Mains.

3.2 Barrhead Health and Care Centre was also purpose built and opened in July 2011. The services provided from this building include; adult social work, district nursing, rehabilitation, learning disability community teams, children and adolescent mental health and mental health for adults and young people, speech and language therapy and a number of clinical and treatment services.

3.4 Prior to the pandemic the centre also included community use of rooms for a variety of activities and as part of our recovery we are looking at how we can open up more community use in this location.



3.5 Our care at home service is based within the building in the former Kikrton day centre area of the building.

3.6 We have 3 GP practices; Glennifer, Levern and Oak, along with 2 dental practices who operate from this health and care centre.

3.3 Barrhead Main Street is the main council building in this area and children’s social work and health visiting services are based within the building. East Renfrewshire Council are undertaking a refurbishment programme that will include the areas used by the HSCP.



3.4 Barrhead Resource Centre is a base for a range of services, mainly for adults with a learning disability. During the pandemic we moved to a more community based model of service delivery and we are looking at how we can widen the use of the centre, including use by key partners and wider community use. Some other HSCP services also use this building including our augmentative and alternative communications team.

3.5 Thornliebank Resource Centre is also a base for supporting community services for adults with a learning disability. There is also a hydrotherapy pool within the centre and re-opening the pool is an element of our recovery planning.



3.7 St Andrews House provides a range of services to support recovery from alcohol and addiction. We are currently exploring how we can also develop a recovery hub which will be within the Barrhead locality.

3.7 Bonnyton House is our only HSCP operated residential home and has accommodation for 34 bedrooms for our older people. The home has undergone some extensive refurbishment work in the last few years as part of our partner East Renfrewshire’s Council capital programme.



3.8 Muriel Street industrial units provide a base for community justice work to support the work carried out by teams as part of the community payback order system.

3.9 We have use of modular “hut” buildings known as the WAM Huts, in Barrhead and use these for delivery of training and for some contact visits. It is our intention to phase these out once we secure a leased housing alternative.

3.10 Blythwood House in Renfrew, Netherton in Anniesland and Claythorn based on the Gartnavel Hospital site are our three in-patient units that provide assessment and treatment beds from our Specialist Learning Disability Service.



This service is operated and managed by the HSCP on behalf of NHS Greater Glasgow and Clyde and serves all six HSCPs within the health board area. The service is also the pathway for specialist support for neighbouring health boards too.

3.11 Appendix 1 gives the address of each property and identifies the locality where it is situated.

4. General Practice

4.1 In addition to the GP practices within the health and care centres we also have 7 GP practices at:

- Williamwood
- Greenlaw
- Sheddens
- Carolside
- Broomburn
- Mearns Medical
- Neilston
- Eaglesham branch surgery

4.2 As the population in East Renfrewshire grows, in part due the significant housebuilding in the area, the impact on demand for GP practice registration is giving some cause for concern, particularly in the Eastwood Locality. We are working with GP practices and colleagues within NHS capital planning to look at potential solutions, however this is dependent on securing appropriate funding. We are also working with colleagues in East Renfrewshire Council planning to explore the development of a developer contribution model that would allow some recognition, in the future, of the impact on local services.

5. Current and Future Developments

5.1 We are working with our Alcohol & Drugs Partnership to invest ring-fenced Scottish Government funding into a Recovery Hub model alongside partners at East Renfrewshire Council to identify a suitable property.

5.2 Recovery communities provide safe places for people to socialise, connect with others in recovery, and maintain their personal recovery journeys. These are well established in a number of areas across Scotland, many with bespoke premises.

5.3 A recovery and wellbeing hub will provide a flexible and welcoming base for existing and new recovery community activity that supports people to get back on their feet, reduce loneliness and isolation, learn new skills and use as a stepping stone into wider community supports.

5.4 We are working closely with Barrhead Housing Association to lease two properties to support a range of services to be delivered in a homely setting that will include;

- Observation and supervised family visits for children & families, including pre-natal visits
- Respite accommodation, particularly to support periods of escalation and avoid emergency residential placements
- Rehabilitation and occupational therapy
- A place of safety / emergency placement
- Accommodation for asylum seekers

5.5 We are working in partnership with East Renfrewshire Council to include clinical space in the development of Neilston and / or to find a solution to allow to the practice to increase its current footprint.

5.6 Barnahus or Bairns Hoose is a development we are working on with key partners to support a multi-agency service model to meet the needs of children who may be victims of or witness to violence or mistreatment. This will provide an environment which is child friendly, welcoming and safe. A site is under consideration and the business case is being progressed.

5.7 We intend to look at feasibility within both health & care centres to ensure we can maximise clinical space, reinvigorate community use and ensure the service delivery and workforce need is optimised. It needs to be recognised this is in the context of significant financial constraint.

6. Key Strategic Issues

6.1 There are a number of factors that will impact on the IJB and the HSCP over the coming months and years, including:

- Budget Constraints
- Increasing Population and Impact on Demand
- Increasing numbers of unaccompanied asylum seekers
- Increasing asks for use of accommodation
- LDP3 and provider contribution model
- Future service delivery models and wider change
- NHSGGC recent board wide Property Strategy review
- Sustainability & Climate Change
- National Care Service and Other Policy Decisions

7. Risks and Opportunities

7.1 There a number of risk factors that could impact and need to be considered, including:

- Securing capital investment to support development and competing for limited resources
- Financial sustainability and the revenue consequences from wider economic impact, particularly utilities, inflation, supply chain shortages
- Failure to optimise on the best use of the estate
- Increased maintenance costs as properties age and reactive maintenance costs under tight constraint
- Increased demand for longer building opening times and a move to 7 day working, in part to support more out-patient clinical activity

7.2 There are also opportunities arising from potential changes, including;

- Increasing use of technology for both workforce and for our population to promote wider access to health and care services and retain independence
- Review the layout and service mix within our buildings
- Widen the scope to share buildings with key partners and community users
- Build on the findings from a wider NHS Greater Glasgow and Clyde Primary Care Estate review to support local service planning and build any case for investment
- To participate in wider strategic planning with our partner organisations

8. Useful Links

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

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

Appendix 1 HSCP Property Listing

Property	Address	Locality
Eastwood Health and Care Centre	Drumby Crescent Clarkston, G76 7HN	Eastwood Locality
Barrhead Health and Care Centre	213 Main Street Barrhead, G78 1SW	Barrhead Locality
Barrhead Main Street	211 Main Street Barrhead, G78 1SY	Barrhead Locality
Barrhead Resource Centre	Carlibar Road, Barrhead, G78	Barrhead Locality
Thornliebank Resource Centre	Robslee Drive, Thornliebank, G46	Eastwood Locality
St Andrews House	113 Cross Arthurlie Street, Barrhead, G78 1EE	Barrhead Locality
Bonnyton House	Oliphant Crescent Clarkston, G76 8PU	Eastwood Locality
Community Justice	Units 2 & 5, 24 Muriel Street, Barrhead, G78 1QB	Barrhead Locality
Blythswood House	Fulbar Lane Renfrew, PA4 8NT	NHSGGC wide
Netherton	19 Blackwood Street, Anniesland, Glasgow, G13 1AL	NHSGGC wide
Claythorn	Gartnavel Royal Campus Great Western Road, Glasgow G12 0XH	NHSGGC wide



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	28 June 2023
Agenda Item	15
Title	IJB Complaints Annual Report 2022/23
<p>Summary</p> <p>This is the Integration Joint Board's Annual Complaints Report for 2022/23. This is a mandatory reporting requirement set out by the Scottish Public Services Ombudsman.</p> <p>This only relates to IJB complaints as all operational complaints are handled through the HSCP partners' procedures.</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 note the report.</p>	
<p>Directions</p> <p><input checked="" type="checkbox"/> No Directions Required</p> <p><input type="checkbox"/> Directions to East Renfrewshire Council (ERC)</p> <p><input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)</p> <p><input type="checkbox"/> Directions to both ERC and NHSGGC</p>	<p>Implications</p> <p><input type="checkbox"/> Finance</p> <p><input type="checkbox"/> Policy</p> <p><input type="checkbox"/> Workforce</p> <p><input type="checkbox"/> Equalities</p> <p><input type="checkbox"/> Risk</p> <p><input type="checkbox"/> Legal</p> <p><input type="checkbox"/> Infrastructure</p> <p><input type="checkbox"/> Fairer Scotland Duty</p>

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

28 June 2023

Report by Chief Officer

IJB COMPLAINTS – ANNUAL REPORT

PURPOSE OF REPORT

1. This report forms the Integration Joint Board's Annual Complaints Report for 2022/23. This is a mandatory reporting requirement set out by the Scottish Public Services Ombudsman.

RECOMMENDATION

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

BACKGROUND

3. The Scottish Public Services Ombudsman Act 2002 (as amended) provides the legislative basis for the Scottish Public Services Ombudsman (SPSO) to publish the Model Complaints Handling Procedures (MCHP) for bodies under the SPSO's jurisdiction
4. The IJB Complaints handling policy was revised in April 2021 in line with the SPSO's MCHP. Part 4 of the procedure sets out the SPSO's requirements for reporting complaints and publicising complaints information. This includes mandatory reporting and publishing of complaints performance statistics, trends, outcomes, and actions taken to improve services.
5. The MCHP says all organisations (even in the case of low complaint numbers or nil return) must
 - report at least quarterly to their Senior Management on the KPIs and analysis of the trends and outcomes of complaints
 - publish on a quarterly basis information on complaints outcomes and actions taken to improve services, and
 - publish an annual complaints performance report on their website in line with Part 4 of the MCHP. There is no requirement for organisations to report their data to SPSO.
6. In May 2021, we made a commitment that should the Integration Joint Board receive any complaints, these would be reported to the Board at the next scheduled meeting. To date we have not received any IJB complaints.
7. In March 2022 the SPSO published a core set of performance indicators consisting of four mandatory quantitative KPIs. It is a minimum requirement for all organisations to report against these mandatory KPIs, on data collected from 1st April 2022, in their annual complaints performance reports. The annual report publication deadline is the end of October each year, therefore, the first annual report using these KPIs will be in October 2023.

8. The Key Performance Indicators are set out below:

Indicator One:	The total number of complaints received The sum of the number of complaints received at Stage 1 (this includes escalated complaints as they were first received at Stage 1), and the number of complaints received directly at Stage 2.
Indicator Two:	The number and percentage of complaints at each stage that were closed in full within the set timescales of five and 20 working days The number of complaints closed in full at stage 1, stage 2 and after escalation within MCHP timescales as % of all stage 1, stage 2 and escalated complaints responded to in full
Indicator Three:	The average time in working days for a full response to complaints at each stage The average (mean) time in working days to respond at stage 1, stage 2 and after escalation.
Indicator Four:	The outcome of complaints at each stage The number of complaints upheld, partially upheld, not upheld and resolved at stage 1, stage 2 and after escalation as % of all complaints closed at stage 1, stage 2 and after escalation.

REPORT

9. During 1 April 2022 – 31 March 2023 no complaints were made in relation to the Integration Joint Board.

CONSULTATION AND PARTNERSHIP WORKING

10. The SPSO's Improvement, Standards and Engagement team is available to work with public service providers to improve standards of complaints handling.

IMPLICATIONS OF THE PROPOSALS

11. There are no implications as a result of this report

DIRECTIONS

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

CONCLUSIONS

13. East Renfrewshire Integration Joint Board will continue to publish [quarterly reports](#) on the website and present an annual report to the integration Joint Board in line with the mandatory reporting requirements set out by the SPSO ahead of the reporting deadline of October each year.

RECOMMENDATIONS

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

REPORT AUTHOR AND PERSON TO CONTACT

Lesley Bairden, Head of Finance and Resources
Lesley.Bairden@eastrenfrewshire.gov.uk

Pamela Gomes, Governance and Compliance Officer
pamela.gomes@eastrenfrewshire.gov.uk

May 2023

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB Quarterly Complaints Reports

https://www.eastrenfrewshire.gov.uk/media/9219/Quarterly-complaints-summary/pdf/IJB_Quarterly_Complaints_2022-23.pdf?m=63822352856060000

IJB Paper – IJB Annual Complaints Report 2021/22

https://www.eastrenfrewshire.gov.uk/media/7982/IJB-Item-12-10-August-2022/pdf/IJB_Item_12_-_10_August_2022.pdf?m=637946965290100000

IJB Paper – May 2021

https://www.eastrenfrewshire.gov.uk/media/4980/IJB-Item-12-12-May-2021/pdf/IJB_Item_12_-_12_May_2021.pdf?m=637558874880700000

SPSO Model Complaints Handling Procedures

<https://www.spsos.org.uk/the-model-complaints-handling-procedures>

SPSO Key Performance Indicators for Model Complaints Handling Procedures

<https://www.spsos.org.uk/sites/spso/files/csa/SPSOKPIsMCHP.pdf>

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