

Date: 14 March 2025
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TO: ALL MEMBERS OF THE EAST RENFREWSHIRE INTEGRATION JOINT BOARD

Dear Colleague

**EAST RENFREWSHIRE INTEGRATION JOINT BOARD
HYBRID MEETING – WEDNESDAY 26 MARCH 2025**

You are requested to attend a meeting of the **East Renfrewshire Integration Joint Board** which will be held on **Wednesday, 26 March 2025 at 11.00 a.m.** in the Council Chamber, East Renfrewshire Council Headquarters, Eastwood Park, Rouken Glen Road, Giffnock, G46 6UG.

As this is a hybrid meeting, Board Members can attend in person or via Microsoft Teams. The agenda of business is attached.

Yours faithfully

Councillor Katie Pragnell

**Councillor Katie Pragnell
Chair, East Renfrewshire Integration Joint Board**

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**ACCESSING THE INTEGRATION JOINT BOARD MEETING AND ALTERNATIVE
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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

Wednesday 26 March 2025 at 11.00 a.m.

**in East Renfrewshire Council Chamber, Council Headquarters, Eastwood Park,
Rouken Glen Road, Giffnock or via Microsoft Teams**

AGENDA

- 1. Apologies for absence.**
- 2. Declarations of Interest.**
- 3. Minutes of Previous Meeting held on 29 January 2025** (copy attached, pages 5 – 10).
- 4. Matters Arising** (copy attached, pages 11 – 14).
- 5. Rolling Action Log** (copy attached, pages 15 – 16).
- 6. Revenue Budget 2025/26** (copy attached, pages 17 – 34).
- 7. Revenue Budget Monitoring Report** (copy attached, pages 35 – 56).
- 8. The Promise 5th Anniversary Progress Report** (copy attached, pages 57 – 80).
- 9. HSCP Strategic Plan 2025 – 2028** (copy attached, pages 81 – 136).
- 10. Public Sector Equality Duty Update** (copy attached, pages 137 - 142).
- 11. Update on Greenlaw Medical Practice and Pollokshields Medical Practice** (copy attached, pages 143 - 148).
- 12. Presentation: Discharge without Delay – Position Update**
- 13. Health and Care (Staffing) (Scotland) Act 2019 (HCSSA) Implementation, Assurance and Reporting** (copy attached, pages 149 - 164).

14. Appointment of Chief Officer (copy attached, pages 165 - 168).

15. Date of Next Meeting Wednesday 26 June 2025 at 11:00am

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NOT YET ENDORSED AS A CORRECT RECORD**Minute of Meeting of the East Renfrewshire Integration Joint Board held on Wednesday 29 January 2025 at 10:00. in the Council Chamber, East Renfrewshire Council Offices, Eastwood Park, Rouken Glen Road, Giffnock.**

* = online attendance

Present

Councillor Katie Pragnell, East Renfrewshire Council (Chair)
 Mehvish Ashraf, NHS Greater Glasgow and Clyde (Vice Chair)
 Lesley Bairden, Chief Financial Officer (Integration Joint Board)
 Councillor Caroline Bamforth, East Renfrewshire Council
 Martin Cawley, NHS Greater Glasgow and Clyde*
 Cath Cooney, NHSF Greater Glasgow and Clyde
 Councillor Paul Edlin, East Renfrewshire Council
 Dr Claire Fisher, Clinical Director (HSCP)*
 Dianne Foy, NHS Greater Glasgow and Clyde*
 Annemarie Kennedy, Third Sector Representative
 Catherine Lister, Staff Representative
 Geoff Mohamed, Carers Representative
 Julie Murray, Chief Officer (Integration Joint Board)
 Raymond Prior, Raymond Prior, Head of Children's Services and Justice (Chief Social Work Officer)

In Attendance

Lesleyann Burns, Democratic Services Officer, East Renfrewshire Council
 Tom Kelly, Head of Adult Services: Learning Disability and Recovery
 Pamela Gomes, Governance and Compliance Officer
 Lynne Siddiqui, Community Rehabilitation Team Lead
 Paul McLean, Physiotherapist, Health and Social Care Partnership
 Lee McLaughlin, Head of Adult Services: Communities and Wellbeing
 Barry Tudhope, Democratic Services Manager, East Renfrewshire Council

Chair

Councillor Katie Pragnell in the Chair.

Apologies

Councillor Owen O'Donnell

1. WELCOME & APOLOGIES FOR ABSENCE

1.1 The Chair welcomed everyone to the meeting of the Integration Joint Board and apologies for absence were recorded.

2. DECLARATIONS OF INTEREST

2.1 There were no declarations of interest intimated.

3. MINUTES OF PREVIOUS MEETING: 20 NOVEMBER 2024

3.1 The Minute of the Meeting of the Integration Joint Board held on 20 November 2024 was approved subject to the inclusion of Councillor Edlin's comments on prescribing.

4. MATTERS ARISING

- 4.1 The Integration Joint Board considered a report on matters arising from the discussion which took place at the Integration Joint Board meeting on 20 November 2024.
- 4.2 The Chief Officer reported that proposed charges for 2025/26, including the implementation of charging for non-residential care, were submitted to East Renfrewshire Council's Cabinet on 5 December 2024.
- 4.3 While the Cabinet approved the increase to existing Health and Social Care charges for 2025/26, the decision on charges for non-residential care had been deferred until 6 February 2025, to allow the Cabinet to receive clarity on the latest Scottish Government budget. A recording of the Cabinet meeting on 5 December and the minute of that meeting are accessible on the Council's website.
- 4.4 The Integration Joint Board noted the report.

5. ROLLING ACTION LOG

- 5.1 The Integration Joint Board considered a report from the Chief Officer detailing all ongoing actions and those that had been completed since the previous meeting of the Integration Joint Board on 20 November 2024.
- 5.2 The Chief Officer confirmed that, regarding Action No. 458, the challenges related to prescribing will be included in the Health and Social Care Strategic Plan for 2025-28, which will be presented to the Integration Joint Board in March 2025. Additionally, concerning Action No. 454, more details about the prescribing plan will be discussed at the budget seminar scheduled for 5 February 2025.
- 5.3 The Chief Officer also stated that regarding Action No. 457, a range of dates will be offered to Integration Joint Board Members who are interested in seeing a demonstration of Total Mobile, which is the Care at Home scheduling system.
- 5.4 The Integration Joint Board noted the report.

6. PRESENTATION: COMMUNITY REHABILITATION SERVICE, FRAILTY AND UNSCHEDULED CARE UPDATE

- 6.1 The Integration Joint Board received a presentation from Lynne Siddiqui, Community Rehab Service and Lead AHP and Paul McLean, Physiotherapist.
- 6.2 The presentation addressed the composition and range of services offered by the Community Rehabilitation Service as well as Unscheduled Care including Home First response and frailty workstream, future care planning, integrated community pathways for falls and frailty, care home falls pathways, and the Call Before You Convey service.
- 6.3 Following the presentation, Board Members asked a range of questions, including:
- 6.4 The work done in terms of addressing falls and sarcopenia to enhance strength. Officers confirmed that there are strong links with leisure colleagues, highlighting that a crucial intervention involves helping individuals build strength and improve balance. Additionally, there are valuable connections with walking groups and various third-sector organisations that assist people in this regard.
- 6.5 Efforts being made to address loneliness and isolation, recognising their significant effects on mental health. Officers confirmed that a person-centred, holistic assessment is conducted, followed by interventions designed to eliminate obstacles and promote independence. The team works closely with the adult mental health team, and there are support workers available to assist individuals in connecting with other services, such as befriending programmes.

- 6.6 The work being undertaken to increase awareness and understanding of Future Care Planning. Officers confirmed that awareness is growing and confirmed that work has been undertaken with the Carers Centre in this regard. Conversations are also taking place with individuals and their families, and additional communication initiatives are planned in this area.
- 6.7 Whether there are requirements for private care homes to provide services such as physiotherapy and speech and language therapy. Officers indicated that there are no current requirements for such provisions. The Health and Social Care Partnership is responsible with delivering these services and works closely with care homes to support people. However, in certain situations, families may opt to arrange these services independently.
- 6.8 How the Service handles sensitivity upon recognising Frailty. Officers confirmed that conversations with individuals and their families are initiated as early as possible, providing everyone the chance to engage in the dialogue. The team strives to maintain openness and transparency throughout the process. It may be necessary to adjust the term "frailty," as it can carry negative connotations; however, the priority remains to ensure that individuals receive the support they need.
- 6.9 Councillor Edlin enquired if there had been any concerns regarding staff absences or meeting targets within the Community Rehabilitation Service. The Community Rehabilitation Service Manager confirmed that absence rates have been good and that this reflects positively on the dedicated staff within the team. The Chief Officer also confirmed that the Service is performing effectively and is achieving targets.
- 6.10 Mr Mohamed commended the great work done by the District Nurses. However, he expressed concerns regarding the Out of Hours Service and emphasised the need for better managerial oversight of it. The Chief Officer explained that the Health and Social Care Partnership does not manage the Out of Hours Service. Nevertheless, she acknowledged the pressures facing this service, assured him that she had taken note of his comments, and confirmed that this would be discussed with other Chief Officers during discussions about hosted services.
- 6.11 Board Members suggested that the Communications Team consider preparing some materials to convey further information about the great work being done by the Community Rehabilitation Service.
- 6.12 The Chief Officer highlighted that the Integration Joint Board does not get involved in operational matters; however, she believed that this in-depth presentation and subsequent discussion had provided Board Members with valuable insights into the real work being done to improve lives in East Renfrewshire. Additionally, she praised Ms Siddiqui's leadership in redesigning the service, ensuring a well-balanced mix of skills.
- 6.13 The Chair thanked officers for their presentation, emphasising that it served as an excellent illustration of effective integration. Due to the detailed nature of the presentation, she requested that copy of the slides be distributed to all members of the Integration Joint Board following the meeting.
- 6.14 The Integration Joint Board a) noted the presentation; and b) agreed that the slides should be circulated to members of Board.

7. WINTER PLANNING ARRANGEMENTS: 2024/2025

- 7.1 The Integration Joint Board considered a report by the Community Rehabilitation Service Manager/Lead AHP on the NHS Greater Glasgow and Clyde Winter Plan 2024/2025.
- 7.2 The Head of Adult Services: Wellbeing and Communities noted that the East Renfrewshire Health and Social Care Partnership, along with other HSCPs, had contributed to the development of the Winter Plan for Greater Glasgow and Clyde. Work is currently underway to implement the various actions outlined in the full Winter Plan, which was attached at Appendix 1 to the report.

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- 7.3 The Winter Plan is designed as a system-wide initiative that addresses the challenges posed by winter within the Health and Social Care system in Greater Glasgow and Clyde, aligning with the Scottish Government's Winter Planning Priorities.
- 7.4 The Head of Adult Services: Communities and Wellbeing outlined the four key priorities of the NHS Greater Glasgow and Clyde Winter Plan, as detailed at paragraph 5 of the report, along with the risks identified for the winter season, which were detailed at paragraph 10 of the report.
- 7.5 She also pointed out that a range of service and workforce pressures have been ongoing throughout the year, rather than only surfacing during winter. Therefore, the winter planning process builds upon year-round business continuity activity.
- 7.6 Having considered the report, Board Members enquired about the communication strategy around the winter vaccination programme. The Clinical Director confirmed that advertisements on TV and social media were broadcasted in October and November to encourage vaccination uptake. Councillor Edlin noted that he had received positive feedback from his constituents regarding the flexibility in vaccine delivery and requested that his thanks be conveyed to those involved.
- 7.7 Additionally, Board Members expressed concern about the delay in presenting the Winter Plan to the Integration Joint Board and requested that this issue be addressed with NHS Greater Glasgow and Clyde. Both the Chair and Vice Chair confirmed that the delay had already been discussed at the NHS Greater Glasgow and Clyde Board meeting.
- 7.8 Board Members commended the efforts of a range of employees including those in the rehabilitation, home care, and telecare teams who provided essential care during the recent Storm Eoyne (Red Alert) and asked that their appreciation be communicated to those employees involved.
- 7.9 The Integration Joint Board noted the report.

8. PRESENTATION: DISCHARGE WITHOUT DELAY

- 8.1 The Integration Joint Board received a presentation from the Head of Adult Services: Communities and Wellbeing regarding Discharge without Delay.
- 8.2 The Head of Adult Services: Communities and Wellbeing reported that as at 20 January 2025, the East Renfrewshire Health and Social Care Partnership was ranked second in Scotland for Delayed Discharges. Additionally, on the same date, the Partnership was ranked twelfth in Scotland for Adults with Incapacity Delays and second among the NHS Greater Glasgow and Clyde partnerships. There was no change in terms of average AWI delays. Only 6.9% had an elapsed planned discharge date.
- 8.3 She also advised the Integration Joint Board that the Health and Social Care Partnership continues to focus on making improvements to discharge processes. Updated information regarding Power of Attorney and its significance has been added to the Health and Social Care Partnership's website, in the hope of further reducing delays. Links are being made with national groups concerning improvements around Court processes and work is ongoing with the Commissioning Team to implement Discharge to Assess.
- 8.4 Ms Cooney commended the Head of Adult Services: Communities and Wellbeing for the language used in her presentation. She emphasised that the phrase "discharge without delays" is crucial in conveying the outcome the Integration Joint Board aims to achieve, reminding everyone that each statistic represents a real individual. The Head of Adult Services thanked Ms Cooney for her comments and referenced recent work across Health and Social Care Partnerships regarding the last 1,000 days, noting how a change to more positive language had revitalised this initiative. She advised that she would circulate links to videos on the last 1,000 days; a philosophy that recognises that many patients that are delayed in their discharge are in the last 1,000 days of their life.

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- 8.5 Board Members enquired about the increase in under-64s regarding AWI. The Head of Adult Services explained that there is a higher percentage of certain degenerative conditions and that is being monitored.
- 8.6 The Chair thanked the Head of Adult Services: Communities and Wellbeing for her presentation and for arranging for information on the importance of Power of Attorney to be added to the Health and Social Care Partnership website. The Chair highlighted that she would encourage people to give serious consideration to setting up Power of Attorney.
- 8.7 The Integration Joint Board a) noted the presentation and agreed to receive a further update at the next Board meeting; and b) agreed that the slides should be circulated to all Board members following the meeting.

9. REVENUE BUDGET MONITORING REPORT 2024/25

- 9.1 The Integration Joint Board considered a report by the Chief Financial Officer on the projected outturn position of the 2024/25 revenue budget. This projection was based on ledger information as at 30 November 2024.
- 9.2 The Chief Financial Officer reported a projected overspend of £1.281m for the current financial year, which represents 0.77% of the revenue budget. This is a reduction in projected costs by £0.503m since the last Board meeting. She pointed out that paragraph 3 of the report outlines three key reasons for this reduction: a projected savings decrease of £119k in social care, offset by a £289k reduction in social work and social care costs, and a £333k reduction in health costs.
- 9.3 Additionally, the Chief Financial Officer noted that the projection by partner contribution indicates an overspend of £2.164m related to NHS funded activities, primarily driven by prescribing costs, though this is partially offset by further turnover and cost reductions. Currently, the Council-funded contribution is anticipated to underspend by £0.883m.
- 9.4 She also emphasised that prescribing remains the most significant overspend and risk, currently projected at just over £2.7m based on month 8 data (as of November 2024), a minimal reduction of £4k since the previous Board report. However, month 9 data appears more positive, and shows that projected costs should reduce by around £0.4m, mainly due to increased rebates and price reductions, which will be reflected in the next report to the Board.
- 9.5 The Chief Financial Officer reported that she continued to work with the NHS Greater Glasgow and Clyde Central Prescribing Team to identify further savings opportunities, with Board-wide work continuing. Prescribing will be the topic at the Integration Joint Board Seminar scheduled for 5 February 2025, along with an update on the Integration Joint Board Budget Plan for 2025/26.
- 9.6 She indicated that the table in paragraph 9 of the report provides the usual summary of savings progress for the year, showing that 60.5% of the savings target has been delivered so far, increasing to 67.4% for the year; both against the higher level of savings of just under £11.8m.
- 9.7 When comparing the delivered to date against the lower target, being the minimum required to breakeven, 72.7% has been delivered, with the main challenge remaining in closing the prescribing gap.
- 9.8 The supporting people savings currently reflect a £0.657m shortfall for the current year, as detailed in the table at paragraph 17 of the report, however, this also shows that the expected position by 1 April 2025 is a recurring £351k above the target.
- 9.9 She confirmed the ongoing monitoring of the financial position and highlighted that all savings with additional details are set out in Appendices 6a and 6b of the report. The operational position by service is also detailed, with explanations for the main variances starting from paragraph 24.

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- 9.10 The Chief Financial Officer also stated that they are exploring every opportunity to reduce costs, especially within NHS funded activities, to balance or at least mitigate pressures come year-end. Finance remains a key agenda item, particularly as we progress with planning for the 2025/26 budget. A brief update is provided at paragraph 48 of the report, and the specifics of budget pressures and required savings will be thoroughly discussed during the Budget Seminar on 5 February 2025.
- 9.11 The Vice Chair advised that in terms of Appendix 6b - Prescribing Local Programme, this work is ongoing, which makes it difficult to quantify the data. However, clarity on the figure is expected to be achieved by the end of the year.
- 9.12 The Integration Joint Board agreed to a) note the projected outturn for the 2024/25 revenue budget; b) note that the Chief Officer and her management team continue to work on actions to deliver savings and mitigate cost pressures in the current year; c) approve the budget virement detailed at Appendix 7 of the report; and d) note the update on the budget preparations for 2025/26.

10. DATE OF NEXT MEETING

- 10.1 The Chair thanked everyone for their attendance at the meeting and highlighted that the next meeting of the Integration Joint Board would be held on Wednesday 26 March 2025, at 11.00 a.m.

CHAIR



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	26 March 2025
Agenda Item	4
Title	Matters Arising
Summary	
<p>The purpose of this paper is to update Integration Joint Board members on progress regarding matters arising from the discussion which took place at the IJB meeting on 29 January 2025.</p>	
Presented by	Julie Murray, Chief Officer
Action Required	
<p>Integration Joint Board members are asked to note the report.</p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

26 March 2025

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 where these are not included within other agenda items.

RECOMMENDATION

2. Integration Joint Board members are asked to note the report.

REPORT

Charging for Services 2025/26

3. Council Cabinet met on 6 February to discuss the non-residential charging proposals however the paper was called in to full Council which met on 26 February 2025. At that meeting the decision was taken to defer the implementation of charges until April 2026. In the meantime work will progress on income maximisation and financial assessments with an update report to be taken to Council in October 2025.

Discharge without delay - the last 1000 days

4. At the January meeting it was agreed to share links to videos on the last 1000 days; a philosophy that recognises that many patients that are delayed in their discharge in the health and care system are in the last 1000 days of their life, so they are the very people who may not have the time to waste.
5. Many patients and their families feel being in hospital is a safe environment and the NHS and partners are hoping the message ensures patients and families are aware of the potential consequences of hospital stays. 48% of those who experience an admission over the age of 85 are likely to die within a year of their admission due to deconditioning and 30% of individuals who have experienced deconditioning as a result of a hospital admission are likely to have a disability following their hospital stay.

<https://www.last1000days.com/>

<https://www.healthservice360.co.uk/last1000days/>

RECOMMENDATIONS

6. Integration Joint Board members are asked to note the report.

REPORT AUTHOR AND PERSON TO CONTACT

IJB Chief Officer: Julie Murray
Julie.Murray@eastrenfrewshire.gov.uk

11 March 2025

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	26 March 2025
Agenda Item	5
Title	Rolling Action Log
Summary	
<p>The attached rolling action log details all open actions, and those which have been completed since the last IJB meeting held on 29 January 2025.</p>	
Presented by	Julie Murray, Chief Officer
Action Required	
<p>Integration Joint Board members are asked to note progress.</p>	

ACTION LOG: Integration Joint Board (IJB)**March 2025**

<u>Action No</u>	<u>Meeting Date</u>	<u>Item Name</u>	<u>Action</u>	<u>Responsible Officer</u>	<u>Status</u>	<u>Due / Closed</u>	<u>Progress Update /Outcome</u>
464	29-Jan-25	3. Minute of meeting held 20 November 2024	Minute to be amended to reflect Councillor Edlin's comments in relation to prescribing	DSM	CLOSED	Jan-25	Additional paragraph added (7.20) to November IJB minute
463	29-Jan-25	6. Rehab, Frailty and Unscheduled Care	Copy of slides to be circulated	DSM	CLOSED	Mar-25	Issued following meeting
462	29-Jan-25	7. Winter Planning 2024/25	Share information and videos on The Last 1000 Days	HASCW	CLOSED	Mar-25	Update included in IJB Matters Arising (26.03.25) including links to videos.
458	20-Nov-24	8. HSCP Strategic Plan 2025-28	Prescribing challenges to be reflected in new Strategic Plan	PPPM	CLOSED	Mar-25	This has been incorporated into draft plan included on IJB Agenda (26.03.25)
457	20-Nov-24	10. Care at Home Redesign Project	Arrange Total Mobile demo (Care at Home scheduling system) for any IJB members who wish to attend	HASCW	CLOSED	Jan-25	Session scheduled for 19 March 2025
454	25-Sep-24	09. Revenue Monitoring Report	Further detail around prescribing plan to be shared at future IJB Seminar	GCO	CLOSED	Feb-25	Seminar took place on 5th February 2025

Abbreviations

ERC	East Renfrewshire Council
GGC	Greater Glasgow and Clyde
IJB	Integration Joint Board
PAC	Performance and Audit Committee

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

GCO	Governance and Compliance Officer
HASCW	Head of Adult Services - Communities and Wellbeing
HASLDR	Head of Adult Services - Learning Disability and Recovery
PPPM	Policy, Planning & Performance Manager
SPPCM	Strategic Planning, Performance and Commissioning Manager
SCCO	Senior Communications and Campaigns Officer



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	26 March 2025
Agenda Item	6
Title	Revenue Budget 2025/26
<p>Summary</p> <p>To provide the Integration Joint Board (IJB) with a proposed 2025/26 Revenue Budget. The IJB is asked to note that some of the assumptions within this budget are subject to future revision and refinement based on the caveats identified in the report.</p>	
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<p>Action Required</p> <p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> • Accept the budget contribution of £78.412 million from East Renfrewshire Council • Accept the £0.616 million for Justice expenditure funded by grant via East Renfrewshire Council, subject to uplifts to this grant funding. • Accept the delegated budget for aids and adaptations of £0.610 million. • Accept the indicative budget contribution of £90.322 million from NHS Greater Glasgow and Clyde, subject to due governance by the health board. • Accept the indicative set aside budget contribution of £31.868 million from NHS Greater Glasgow and Clyde. • Agree that directions are issued to East Renfrewshire Council and NHS Greater Glasgow and Clyde confirming the acceptance of the budget. • Agree the continued implementation of the Real Living Wage uplift to our partner providers. • Note the ongoing development of the prescribing savings programme required. • Note the deferral of the implementation of charges for non-residential care until 2026/27 and the associated funding support. 	
<p>Directions</p> <p><input type="checkbox"/> No Directions Required</p> <p><input type="checkbox"/> Directions to East Renfrewshire Council (ERC)</p> <p><input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)</p> <p><input checked="" type="checkbox"/> Directions to both ERC and NHSGGC</p>	<p>Implications</p> <p><input checked="" type="checkbox"/> Finance <input checked="" type="checkbox"/> Risk</p> <p><input type="checkbox"/> Policy <input type="checkbox"/> Legal</p> <p><input checked="" type="checkbox"/> Workforce <input type="checkbox"/> Infrastructure</p> <p><input checked="" type="checkbox"/> Equalities <input type="checkbox"/> Fairer Scotland Duty</p>

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

26 March 2025

Report by Chief Financial Officer

REVENUE BUDGET 2025/26

PURPOSE OF REPORT

1. To provide the Integration Joint Board with a proposed revenue budget for 2025/26.

RECOMMENDATIONS

2. The Integration Joint Board is asked to:
 - Accept the budget contribution of £78.412 million from East Renfrewshire Council
 - Accept the £0.616 million for Justice expenditure funded by grant via East Renfrewshire Council, subject to uplifts to this grant funding.
 - Accept the delegated budget for aids and adaptations of £0.610 million.
 - Accept the indicative budget contribution of £90.322 million from NHS Greater Glasgow and Clyde, subject to due governance by the health board.
 - Accept the indicative set aside budget contribution of £31.868 million from NHS Greater Glasgow and Clyde.
 - Agree that directions are issued to East Renfrewshire Council and NHS Greater Glasgow and Clyde confirming the acceptance of the budget.
 - Agree the continued implementation of the Real Living Wage uplift to our partner providers.
 - Note the ongoing development of the prescribing savings programme required.
 - Note the deferral of the implementation of charges for non-residential care until 2026/27 and the associated funding support.

BACKGROUND

3. This report is a continuation of regular revenue budget and revenue budget monitoring reports to the IJB to inform the board of its financial position. This report sets out a proposed budget for 2025/26 in line with the recent IJB budget seminars on 5th February and 13th March 2025.
4. The Scottish Government set out its proposed budget position for 2025/26 on 4th December 2024 with the key points summarised in January revenue budget monitoring report to the IJB. The Scottish Government budget was subsequently passed on 25 February 2025, with no significant change.
5. The main messages, relevant to the IJB, from the budget settlement along with the associated letters to the NHS Boards and to Local Authorities is unchanged:
 - Real Living Wage at £12.60 per hour (care providers)
 - NHS uplift at 3% for pay and non-pay
 - Inflationary increase for Free Personal Nursing care
 - Funding towards the HSCP partner employed National Insurance increases in employers contribution

6. There remains the ongoing issue around timing of the notification for funding allocations such as PCIP, Mental Health Action 15 and Alcohol & Drugs Partnership allocations. The later these allocations, the more difficult forward planning becomes, particularly as we have no flexibility locally to underwrite any risk. Planning for these allocations therefore remains per the 2024/25 allocations and assumes no flexibility around reserves. The impacts of the reduction in bundled funding are included within this.
7. Both partner contributions are compliant with the conditions set out by the Scottish Government, with the full pass through of policy funding. Both partners have also included some funding in addition to the minimum requirement;
 - The contribution from East Renfrewshire Council includes £1.199m as a share of the additional funding received by the council from the national gain of £289m, a further £0.110m recognising in part the increase on support costs. The council has also agreed to support the IJB with the impact of deferring non-residential charging until April 2026, with £1.5m.
 - The contribution from NHSGGC includes a sustainability payment that will allow us to cover the 40% unfunded pressure from employers national insurance pressures. This is at the discretion of the health board. We also anticipate c£0.359m for prescribing on a one off basis.
8. For context, whilst the budget settlement is better than expected the challenges we still face in setting this budget are not unique to our IJB. The national pressures within health and social care are significant and include impact of employers' national insurance on care providers and prescribing costs and volumes.
9. We are now "firmly in the pack" of IJBs with no reserve flexibility and remain in financial recovery for 2024/25, albeit significantly improved from 2023/24.
10. The Audit Scotland Integration Joint Boards Finance Bulletin 2023/24 reports the provisional funding gap was estimated at a national level of £457 million. The latest intelligence through the Chief Officers and Chief Financial Officers indicates this is c£560 million for 2025/26.
11. We are taking minimal legacy savings challenges into 2025/26, with the exception of our prescribing pressure and that is a real testament to the work that has gone into maintaining our service delivery, minimising the impact on those we support and our staff as much as possible whilst delivering the 2024/25 extensive savings programme.
12. We also recognise the challenges faced by our partners in setting budgets for 2025/26 and forward planning.
13. Work is ongoing at a national level through Chief Officers and Chief Financial Officers to demonstrate the impact that the ongoing financial challenges are having across the sector.
14. A refreshed Medium Term Financial Plan will be presented to the IJB in June, following any decision taken on the 2025/26 proposed budget.

REPORT

15. East Renfrewshire Council agreed its budget, including the proposed contribution to the IJB on 26th February 2025; as detailed at Appendix 1. The Scottish Government budget conditions determined that contributions should be no less than recurring budget plus share of policy funding and on that basis the minimum contribution has been exceeded.
16. The NHSGGC contribution has been agreed with our partner colleagues and is subject to due governance by the health board, with details at Appendix 2. This reflects the 3% uplift on the relevant elements of the pay and non-pay budget. This proposed contribution also exceeds the minimum contribution requirement.
17. As with prior years the NHSGGC recurring budget for the current year may change by 31 March 2025, depending on any late Scottish Government allocations, but will not significantly impact the figures reported.
18. The set aside budget offer is also included and reflects a 5.5% increase on prior year activity.
19. This proposed budget for IJB consideration recognises cost pressures relating to pay, inflation and demographic demand & complexity. The latter is limited to a full year cost of all care packages in place as at December 2024. For every 1% increase to purchased care new demand would cost c£0.5 million and will need to be managed from within the agreed budget for the year. The cost pressures also make allowance for the Living Wage to be paid by our partner providers, increases to the National Care Home Contract, other contractual inflation and uplifting Free Personal and Nursing Care allowances per the Scottish Government budget.
20. The proposed budget also includes some provision for sustainability impacts from the care provider market. We know the continued financial challenges, compounded by the national insurance increases will have some local impact and we need to be able to mitigate the impact on service delivery.
21. The Aids and Adaptations budget within ERC is £0.610 million and comprises two key areas; Care and Repair £0.273 million and Adaptations £0.337 million. This excludes any housing related capital spend. We know that demand for the service is increasing as are costs relating to adaptation work and this budget is finite.
22. In summary the proposed budget contributions to the IJB are:

Proposed Contributions	Opening Budget £m	Funding Confirmed £m	Total £m	Anticipated Funding £m	Proposed Budget to IJB £m	Change £m
NHSGGC (1)	85.091	5.231	90.322	1.174	91.496	6.405
NHSGGC Set Aside	28.430	3.438	31.868		31.868	3.438
ERC (2)	72.794	5.618	78.412		78.412	5.618
ERC Aids & Adaptations	0.530	0.080	0.610		0.610	0.080
1. Employers NI, sustainability and prescribing support are anticipated						
2. Justice grant funded at £0.616m subject to any increase in grant funding						

23. Appendices 1 and 2 provide detail on each partner budget contribution to the IJB.

24. The table below sets out a summary of our cost pressures, the funding available to meet these pressures and the savings challenge to close the remaining funding gap for 2025/26. This also shows the underlying deficit that still needs to be funded by 1 April 2027.

Summary Table	ERC	NHS	Total
	£m	£m	£m
Cost Pressures	9.774	5.638	15.412
Funding Offsets	(4.562)	(2.923)	(7.485)
Non-Recurring Pension Gain	(2.067)		(2.067)
Savings - existing	(1.645)	(2.715)	(4.360)
Savings - Support for deferred charging*	(1.500)		(1.500)
Gap 2025/26	0.000	(0.000)	(0.000)
Recurring Gap			
Remove pension gain	2.067		2.067
Remove Care at Home delay pressure	(0.391)		(0.391)
Remove non prescribing initiative reserve		0.359	0.359
Remove non recurring turnover / underspend		0.324	0.324
Recurring Gap**	1.676	0.683	2.359
** Assumes non residential charging of £1.5m in place for 2026/27			
* Support of up to £1.5m in 2025/26			

25. This following table gives more detail on the components of the 2025/26 budget:

Revenue Budget	ERC	NHS	Total
	£m	£m	£m
1. Cost Pressures			
Pay	1.553	1.552	3.105
Inflation & Living Wage	5.396	0.000	5.396
Demographic & Demand	2.230	0.200	2.430
Service Pressures	0.595	0.100	0.695
Prescribing		3.786	3.786
	9.774	5.638	15.412
2. Funding available towards pressures			
Recurring Policy Funding	(3.253)	(2.238)	(5.491)
Additional Funding from Partners	(1.309)	(0.685)	(1.994)
	(4.562)	(2.923)	(7.485)
3. Non-Recurring Pension Gain	(2.067)		(2.067)
4. Unfunded Cost Pressures	3.145	2.715	5.860
5. Proposals to Close the Funding Gap			
Savings Programme identified	(1.645)	(1.515)	(3.160)
Savings in Development - Prescribing		(1.200)	(1.200)
Non Recurring Support - Deferred Charging	(1.500)		(1.500)
	(3.145)	(2.715)	(5.860)
Remaining Gap 2025/26	0.000	0.000	0.000

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

Pay

27. The costs of the pay award are on the same planning and reporting assumptions as our partners; i.e. 3% based on the public sector pay policy. The ERC contribution does not include funding for this, whilst the NHS contribution does. Should the costs of pay exceed 3% the working assumption is that the Scottish Government would need to meet this cost.
28. The cost also includes the increase relating to the employers contribution for national insurance. The Scottish Government settlement allows for 60% of this cost to be funded by both partners. It should be noted that in the anticipated funding we expect from NHSGGC there is a discretionary sustainability payment that allows us to fund the remaining 40% of the cost for our health employed staff to be funded.
29. Notably there is no funding for this increase for the costs of the GP contract or services we purchase. Lobbying continues at a national level on the impacts of this policy.

Inflation and Living Wage

30. The proposed budget makes allowance for the National Care Home Contract and this includes allowance for any nursing pay increase linked to the NHS agenda for change pay award, so will be revised in year as directed.
31. The Scottish Living Wage increases from £12.00 to £12.60 per hour (5%) and as with prior years this will be applied to the pay element of the contract hourly rate as directed by Scottish Government.
32. Free Personal and Nursing Care allowances will increased as directed by the Scottish Government.
33. This cost pressure also makes allowance for contractual inflation where we expect some changes to local and national contract frameworks. At this stage we cannot commit to meet our care providers costs of the employers national insurance increases as we have not been funded by the Scottish Government for this. We do however recognise that this is a significant risk to those partners we work with and that there will be an impact on the market sustainability and therefore potentially on the continuity of care.
34. Through the national Chief Officers and Chief Financial Officers groups we continue to demonstrate to the Scottish Government the scale of this pressure, along with the wider financial sustainability challenges.
35. As an interim measure the proposed budget includes provision for provider sustainability to allow us to mitigate any significant local impacts as best we can to ensure we can continue to provide services to those we support.
36. As with previous years we have pared back other inflation to the bare minimum and contain any increases within the existing running cost budgets through managing volumes and the ongoing moratorium on any non-essential spend.
37. Increases in Kinship and Fostering allowances are included.

Demographic and Demand

38. These cost pressures recognise the impact of our increasing population, including carers and the ongoing increased complexity of care needs post pandemic particularly in our community based services. This also manifests in increased volumes of equipment we need to buy to support people in their own homes.
39. The costs for young adults transitioning from childrens services to adult care are also included.
40. We will realign the opening care budgets across categories for 2025/26 to reflect the supporting people savings achieved in 2024/25. We will also look at realignment of budget from nursing and residential care to care at home to better reflect demand for services.

Service Pressures

41. Reporting throughout 2024/25 has highlighted the ongoing challenges within Intensive Services and in particular our Care at Home Service where demand remains challenging. The service redesign is progressing and this will support bringing costs in line with the budget. However the timing of the changes means we may not see the full year cost reduction required during 2025/26. The proposed budget includes a modest non-recurring provision to support the ongoing redesign and this will only be drawn on if required.
42. Special observations and replacing damaged infrastructure within the Learning Disability in-patient units continue to present a challenge, albeit with significant reduction from the 2024/25 levels. A modest provision to meet support with these costs is included.
43. The costs of the support services that form part of the ERC delegated budget to the IJB are also increasing for many of the faros above and this needs to be recognised. There is a limit to how much the IJB can control some of these costs through use. This has however been mitigated to some extent by additional funding.

Prescribing

44. This budget continues to present significant challenge and risk with the cost pressures currently projected to increase at around a £2.3m overspend in 2024/25. The cost pressures continue into 2025/26 with the latest estimated pressure, before mitigation at £3.786 million, and this is net of all recurring savings from 2024/25.
45. This pressure will be mitigated to some extent by the re-introduction of a non-pay uplift in 2025/26 as part of the national budget settlement.

Funding

46. The funding we have towards the cost pressures includes the policy funding determined by the Scottish Government budget settlement and includes:
 - Living Wage (care providers)
 - NI Contribution at 60% of costs for HSCP staff
 - Free Personal Nursing Care increases
 - 3% uplift for pay and non-pay on our NHSGGC contribution

47. Both partners are also providing additional funding in their contributions to the IJB:
- ERC have passed on a share of the funding the council received as part of the £289m consequential gain to Scotland from the UK budget settlement. This means the IJB has a £1.199m funding offset against pressures. The council has also provided £0.110m funding in recognition of the increase to support cost pressures and this will mitigate c50% of the increase.
 - NHSGGC discretionary sustainability payment of £0.326m that allows the remaining 40% of the cost of the national insurance increase for health employed staff to be funded. We also anticipate c£0.359m for prescribing on a one off basis.
48. When we take into account the pressures and funding, including the final year of the reduced employer pension contribution for ERC employed staff, this means the level of savings required to balance the budget proposed for 2025/26 is £5.860 million.
49. The current savings proposals, previously discussed with the IJB total £5.860 m, recognising the council commitment to fund up to £1.5m for the deferred non-residential care charging.
50. The prescribing savings comprise two elements; a programme of c£0.5m which is developed and a further programme of savings of c£1.2 m which will focus on a whole system approach, including a focus on wastage and prescribing for care homes.
51. The savings identified for 2025/26 are summarised:

Savings (so far):	ERC £m	NHS £m	Total £m
Full Year Effect 2024/25	(0.088)	0.059	(0.029)
SPF non CaH	(1.000)		(1.000)
Other Charging	(0.207)		(0.207)
Systems Efficiencies	(0.100)		(0.100)
Grants reductions	(0.250)		(0.250)
LD University Funding		(0.200)	(0.200)
Interim Care Funding		(0.200)	(0.200)
Equipu contract use and split		(0.200)	(0.200)
LD Bed Model		(0.050)	(0.050)
Community Nursing		(0.100)	(0.100)
Non Recurring Additional Turnover / Underspend		(0.324)	(0.324)
Prescribing New Saving Programme 2025/26		(0.500)	(0.500)
Prescribing New Saving Programme - Board Wide		(1.200)	(1.200)
Savings so far	(1.645)	(2.715)	(4.360)

52. Whilst this is a good position to be in for 2025/26 we do need to recognise the underlying position is more challenging and we need to continue with identifying savings now, that can be in place for the start of 2026/27 to close the underlying gap of £2.359m once all non-recurring elements of the proposed budget for 2025/26 are removed.

53. The different staffing terms and conditions mean there is less flexibility within our NHS workforce as we cannot undertake any voluntary severance exercise so the focus is on service redesign and redeployment. We continue exploring opportunities for wider shared services with other partnerships.
54. We continue to have a very good working relationship with our trade union colleagues and engage regularly. We will continue to work through our savings programme and service redesign proposals alongside colleagues.
55. We know the challenges we are facing are not unique to us and that work during 2025/26 will need to see radical changes to ensure financial sustainability across the sector.
56. The Chief Officer and Chief Financial Officer recognise the funding constraints and pressures that our partners are facing and along with the IJB are fully committed to continued partnership working to support whole system financial planning.
57. If any further funding becomes available in year we will address this and revise our planning assumptions, reporting through the revenue budget monitoring to the IJB in line with our routine financial governance.

CONSULTATION AND PARTNERSHIP WORKING

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

IMPLICATIONS OF THE PROPOSALS

Finance

59. The proposed 2025/26 budget, associated risks and assumptions is set out in this report. The IJB have recognised that we continue to breach our reserves policy, where we should hold 2% of our revenue budget. Our longer term aspiration is to rebuild reserves once we are on a sustainable financial footing.

Risk

60. The most significant risk to the IJB remains financial sustainability and delivering a balanced budget in 2025/26 and beyond.
61. A radical solution to the ongoing prescribing challenges is required as these savings are fundamental.
62. We may not meet our population's demand for services.
63. The implications relating to the employers' national insurance increase for care (and other) providers remain unclear at this stage, however without additional funding there is significant risk to market sustainability. This could impact on the continuity of care and on individual choice and control.
64. Workforce capacity and maintaining morale remain a significant challenge.
65. Managing the expectations of the people we support and their families may result in reputational damage.

Workforce

66. The proposed 2025/26 budget assumes funding for staff pay award and provides funding for care providers to meet the increase in the Scottish Living Wage. The employers' national insurance pressure is included for the HSCP staff.
67. Continued turnover required does impact on our workforce. Whilst the savings plans we have at present will not directly impact individuals in post we do recognise we may need to reduce costs through management of vacancies and natural attrition. Service redesign will be required to ensure impacts of reduced capacity are mitigated.

Equalities

68. We will complete full equalities and fairness impact assessments for all redesign and savings for the IJB to consider alongside proposals and associated implementation for all service change. This should ensure that no individual or groups are adversely impacted and that implementation of change is equitable.
69. Engagement and communication will continue to take place and we remain mindful of any multiple impacts on any group or individual.

DIRECTIONS

70. The directions to our partners will be issued upon agreement of the 2025/26 budget set out in this report and rolling updates will be included in the revenue monitoring report throughout the year. The indicative directions are summarised at Appendix 3.

CONCLUSIONS

71. The 2025/26 proposed budget will allow the IJB to set a budget that is balanced, but clearly includes significant risk in delivering services whilst achieving the required level of savings, both in-year and addressing the underlying deficit.
72. The impact on the care provider market could be significant.
73. A system wide and radical approach to a further Prescribing Action Plan is fundamental to achieving the required level of savings.
74. The decisions taken on the 2025/26 budget will inform our Medium-Term Financial Plan, allowing the IJB to assess progress and to take risk based informed decisions for 2026/27 and beyond. A refreshed plan will be brought to the IJB in June.
75. The report recognises the need to continue to engage with all our partners for future financial planning.

RECOMMENDATIONS

76. The Integration Joint Board is asked to:
 - Accept the budget contribution of £78.412 million from East Renfrewshire Council
 - Accept the £0.616 million for Justice expenditure funded by grant via East Renfrewshire Council, subject to uplifts to this grant funding.
 - Accept the delegated budget for aids and adaptations of £0.610 million.

- Accept the indicative budget contribution of £90.322 million from NHS Greater Glasgow and Clyde, subject to due governance by the health board.
- Accept the indicative set aside budget contribution of £31.868 million from NHS Greater Glasgow and Clyde.
- Agree that directions are issued to East Renfrewshire Council and NHS Greater Glasgow and Clyde confirming the acceptance of the budget.
- Agree the continued implementation of the Real Living Wage uplift to our partner providers.
- Note the ongoing development of the prescribing savings programme required.
- Note the deferral of the implementation of charges for non-residential care until 2026/27 and the associated funding support.

REPORT AUTHOR

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

lesley.bairden@eastrenfrewshire.gov.uk

0141 451 0746

13 March 2025

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB Paper: 27.03.2024 – Item 6. Revenue Budget 2024/25

https://www.eastrenfrewshire.gov.uk/media/10166/IJB-Item-06-27-March-2024/pdf/IJB_Item_06_-_27_March_2024.pdf?m=1710509964090

	ERC £'000	Justice Grant £'000	Total £'000
2024/25 Approved Opening Budget	68,864	616	69,480
In Year Adjustments			
Adult Social Care Uplift	3,929		3,929
Pay Award Uplift	245		245
Additional SG funding	256		256
Children's LW / Casework & Related Admin	290		290
2 Justice Grant Funding		(616)	(616)
Restated 2023/24 Base Budget	73,584	0	73,584
Allocations as part of ERC Budget per Government Settlement			
Pay award uplift 2024/25	37		37
Employers NI increase	378		378
Providers Living Wage	2,431		2,431
Free Personal Nursing Care Uplift	467		467
Children & Young People Mental Health funding baselined	266		266
MH Capacity Grant ended	(60)		(60)
Additional funding from ERC	1,199		1,199
Support allocation recharges	110		110
1 2024/25 Contribution to the HSCP (agreed by ERC 26/2/25)	78,412	0	78,412
Cost Pressures Expected for 2025/26:			
Inflationary Pressures			
Pay Award, Increments, NI	1,757		1,757
National Care Home Contract, Living Wage, Free Personal & Nursing Care etc.	5,396		5,396
Demographic Pressures			
Increase in Demand for Services - Adults & Older People	1,600		1,600
Increase in Client Assessed Need - Transitions to Adulthood	630		630
Intensive Services Capacity	391		391
Total Cost Pressures 2023/24	9,774	0	9,774
Total Funding Available towards Cost Pressures			
Settlement per Scottish Government Budget	3,253		3,253
Additional Funding from ERC	1,309		1,309
Non Residential Charging Deferred (up to £1.5m)	1,500		1,500
	6,062	0	6,062
Funding Gap	(3,712)	0	(3,712)
Savings Proposals Identified	1,645		1,645
Non Recurring Pension Gain	2,067		2,067
Proposals to Close this Gap	3,712	0	3,712

- 1 Settlement conditions; must be a minimum of flat cash plus share of new funding. The agreed contribution provides additional funding
- 2 Subject to uplift and any grant changes in 2024/25

	Revenue Budget £'000	Set Aside £'000	Total £'000
2024/25 Opening Recurring Budget	85,091	28,430	113,521
In year Adjustments to recurring base	3,482		3,482
Restated Recurring Budget 2024/25	88,573	28,430	117,003
Allocations as part of Government Settlement			
3% Uplift on Pay and eligible non pay	1,749		1,749
Increase to set aside to reflect usage		3,438	3,438
Provisional Budget offer per Letter of 6 March	90,322	31,868	122,190
Addition Funding Expected			
National Insurance 60%	489		489
Sustainability Funding	326		326
Non Recurring Prescribing Support	359		359
	1,174	0	1,174
1 Expected Budget Contribution 2025/26	91,496	31,868	123,364
Cost Pressures Expected for 2025/26:			
Pay Award, NI	1,552		
Prescribing	3,786		
Inpatients infrastructure	100		
Equipment	200		
Total Cost Pressures	5,638		
Total Funding Available towards Cost Pressures	2,923		
Remaining Gap	2,715		
Savings detailed proposals at March 2025	1,515		
Prescribing New Savings Plan to be Developed	1,200		
Savings to balance budget	2,715		

1 Expected funding is in excess of settlement 3% uplift on relevant budgets

Greater Glasgow and Clyde NHS Board

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Date: 6th March 2025
Our Ref: FMcE

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

Dear Julie

2025/26 Indicative Financial Allocation to East Renfrewshire Health and Social Care Partnership

Further to initial informal discussions with Chief Officers and Chief Finance Officers, I am writing to you with an indicative budget proposal for 2025/26. An update to this letter formally confirming your final allocation for 2025/26 will be issued on behalf of the Board after the Board's financial plan has been approved at the April board meeting and when the Board's financial out-turn is confirmed along with further clarification on the totality and distribution of the pay awards and other funding allocations have been determined.

Annual uplift to NHSGGC

The Scottish Government's budget letter issued on 4th December 2024 states that "NHS Boards will receive a 3% uplift on baseline funding in 2025-26. This is to meet the expected costs of the 2025-26 pay deal in line with public sector pay policy with pay remaining fully funded and provides a 3% uplift for non-pay to support inflationary pressures. In addition to this, recurring funding has been included for 2024-25 pay deals as well as moving appropriate recurring funding into the baseline."

The HSCP Settlement

Baseline funding will be uplifted by the 3% as stated in the budget letter.

Additional funding with regards to the additional elements in relation to the 2023/24 pay award namely band 5-6 and the first 30 mins reduction in working week, is being provided. The impact of the band 5-6 evaluations is still unknown and when clarity has been provided on funding arrangements for these elements this will be communicated and allocated in due course.

Once the pay deal has been negotiated for 2025/26 and if additional funding is agreed this will be passed over to the HSCP if it is over and above the 3% that has already been included in the funding allocation.

An allocation has still to be provided for the 60% of the NI direct pay costs increase, once this allocation has been confirmed, the HSCP share will be included in the financial allocation for 2025/26.

The Board intends to pass over a recurring sustainability payment, this must be ringfenced and used to assist with the pressures arising due to only 60% of the National Insurance direct pay cost increase being funded by Scottish Government. These figures will be confirmed in due course.

An indicative allocation based on Month 9 figures is included in **Appendix 1**.

Set Aside Budget

This is initially based on the estimated set aside budget for 2024/25 and will be revised when the Board's final out-turn is confirmed. This figure represents the estimated actual usage of in scope Acute services. This will continue to be a notional allocation.

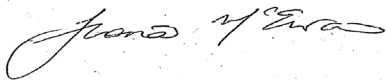
Recharges to HSCPs

The following items will continue to be charged to the HSCP during 2025/26:

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

Meetings will be arranged before the end of the financial year to allow us to formalise the funding and processes that are required for 2025/26. In the meantime, this letter enables the HSCP to produce its financial plans for 2025/26.

Yours sincerely



Fiona McEwan

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

Appendix 1 – Financial Allocation 2025/26 (based on month 9 figures)

Spend Categories		East Renfrewshire HSCP
		£000s
Family Health Services		31,356
Fhs Income		(1,078)
Family Health Services Budget (Net)		30,278
Prescribing & Drugs		20,695
Non Pay Supplies		2,977
Pay		24,557
Outstanding Uploads		752
Other Non Pay & Savings		10,406
Other Income		(1,091)
Budget - HCH incl Prescribing		58,295
Total Rollover budget - NET		88,573
Budget Eligible for HCH & Prescribing uplift		58,295
<u>Uplifts</u>		
Scottish Government allocation 25.26	3.0%	1,749
Sustainability Funding tbc	0.0%	0
SG NI 60% funding tbc	0.0%	0
Total Uplift		1,749
Revised Budget		90,322
<u>Set Aside Budget</u>		
2024.25 Value (2023.24 final +5.5%)		31,868
2025/26 Set Aside Value		31,868

	NHS £000	ERC £000	Total £000
Funding Sources to the IJB			
Revenue Budget Contributions	91,496	78,412	169,908
Justice Grant Funded Expenditure		616	616
Justice Grant Income		(616)	(616)
Funding Outwith Revenue Contribution			
Housing Aids & Adaptations *		610	610
Set Aside Budget	31,868		31,868
Total Proposed IJB Resources	123,364	79,022	202,386
Directions to Partners			
Revenue Budget	91,496	78,412	169,908
Criminal Justice Grant Funded Expenditure		616	616
Criminal Justice Grant Income		(616)	(616)
Resource Transfer and other recharges	(13,496)	13,496	0
Carers Information Strategy	58	(58)	0
Sub Total Direct Revenue Budget	78,058	91,850	169,908
Housing Aids & Adaptations *		610	610
Set Aside Budget	31,868		31,868
Total Proposed IJB Resources	109,926	92,460	202,386

* excludes any capital spend



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	26 March 2025
Agenda Item	7
Title	Revenue Budget Monitoring Report 2024/25; position as at 31 January 2025
<p>Summary</p> <p>To provide the Integration Joint Board with financial monitoring information in relation to the revenue budget, as part of the agreed financial governance arrangements.</p>	
Presented by	Lesley Bairden, Chief Financial Officer
<p>Action Required</p> <p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> • note the projected outturn for the 2024/25 revenue budget, • note that the Chief Officer and her management team continue to work on actions to deliver savings and mitigate cost pressures, • note the additional £1 million contribution towards prescribing pressures this year from NHSGGC, • approve the budget virement detailed at Appendix 7. 	
<p>Directions</p> <p><input type="checkbox"/> No Directions Required</p> <p><input type="checkbox"/> Directions to East Renfrewshire Council (ERC)</p> <p><input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)</p> <p><input checked="" type="checkbox"/> Directions to both ERC and NHSGGC</p>	<p>Implications</p> <p><input checked="" type="checkbox"/> Finance</p> <p><input type="checkbox"/> Policy</p> <p><input type="checkbox"/> Workforce</p> <p><input type="checkbox"/> Equalities</p> <p><input checked="" type="checkbox"/> Risk</p> <p><input type="checkbox"/> Legal</p> <p><input type="checkbox"/> Infrastructure</p> <p><input type="checkbox"/> Fairer Scotland Duty</p>

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD**26 March 2025****Report by Chief Financial Officer****REVENUE BUDGET MONITORING REPORT 2024/25****PURPOSE OF REPORT**

1. To advise the Integration Joint Board of the projected outturn position of the 2024/25 revenue budget. This projection is based on ledger information as at 31 January 2025 and allows for latest intelligence.

RECOMMENDATIONS

2. The Integration Joint Board is asked to:
 - note the projected outturn for the 2024/25 revenue budget,
 - note the Chief Officer and her management team continue to work on actions to deliver savings and mitigate cost pressures,
 - note the additional £1 million contribution towards prescribing pressures this year from NHSGGC
 - approve the budget virement detailed at Appendix 7.

BACKGROUND

3. This report is part of the regular reporting cycle for ensuring that the HSCP financial governance arrangements are maintained. This is the fifth report for the financial year 2024/25 and provides the projected outturn for the year based on our latest information recognising that whilst we are making progress with savings, we remain in a very challenging underlying financial position.
4. The prescribing pressure in the current year has been significantly mitigated by an additional £1 million funding from NHSGGC, on a non-recurring basis, recognising the IJB financial challenge.
5. The projected outturn shows a potential underspend for the year of £0.288 million (m) as a combination of savings shortfalls against specific plans, the over-recovery we built in recognising the pension gain, as well as ongoing operational variances. This can be summarised:

Summary	ERC £m	NHS £m	Total £m
Savings Shortfalls against plans	(1.689)	(1.841)	(3.530)
Pension Gain / Additional Support	2.067	1.000	3.067
Operational Gains / (Pressures)	0.516	0.235	0.751
Total (Over) / Under Spend Projected	0.894	(0.606)	0.288

6. This is a reduction in the projected overspend of £1.569m since last reported and the changes are:
- NHSGGC contribution towards prescribing £1m
 - Increased savings £0.315m
 - Operational gains £0.254m
7. To help with the delivery of savings our council partner is providing £0.7m invest to save funding to support review capacity, additional Human Resources support, social work recruitment and a post to support implementation of income from charges. This funding is being spent over 2024/25 and 2025/26.
8. The Chief Officer and her management team continue to work on actions to mitigate cost pressures in the current year and are working on options to close the gap on a recurring basis. This includes ongoing work with health board colleagues on our prescribing pressures, both for this year and into 2025/26.

REPORT

9. The consolidated budget for 2024/25 and projected outturn position shows a possible underspend of £0.288m against a full year budget of £167.107m (0.17%). This projected position results primarily from savings shortfalls, offset by the pension gain and the contribution towards prescribing, as we have worked to contain operational costs. Our current savings position is summarised:

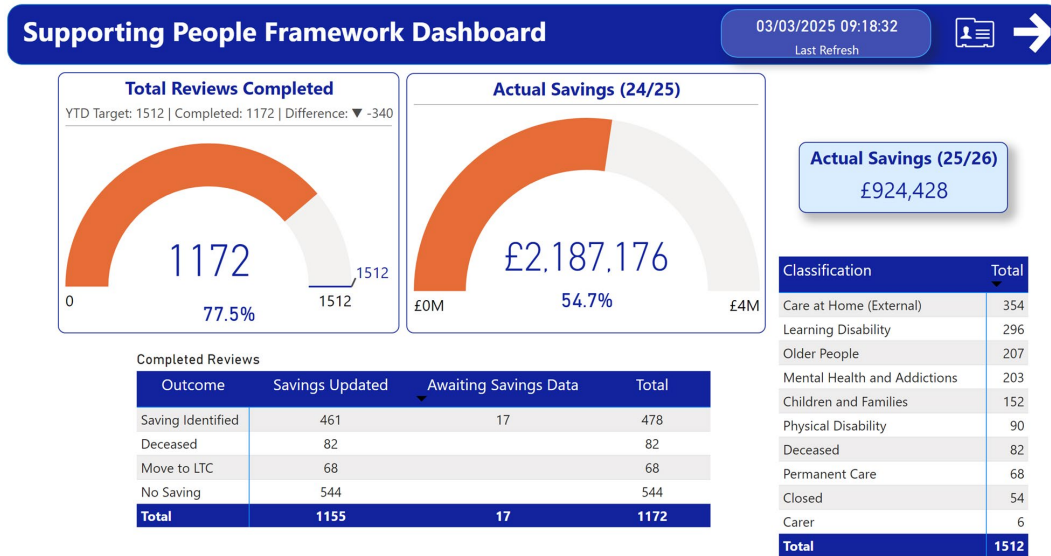
HSCP Savings 2024/25 Per Budget agreed March 2024	ERC		NHS		Total	
	£m	%	£m	%	£m	%
Unfunded cost pressures (ie minimum needed)	5.913		3.904		9.817	
Savings target agreed per IJB budget	7.892		3.904		11.796	
Progress against savings target						
Delivered	5.938	75.2%	1.993	51.1%	7.931	67.2%
Detailed plans on track	0.065	0.82%	0.000	0.0%	0.065	0.6%
Further savings expected by March 2025	0.200	2.5%	0.070	1.8%	0.270	2.3%
Total	6.203	78.6%	2.063	52.8%	8.266	70.1%
(Shortfall) Against Target	(1.689)		(1.841)		(3.530)	
(Shortfall) / Over Against minimum saving needed	0.290		(1.841)		(1.551)	
Savings Delivered to date as a % of target		75.2%		51.1%		67.2%
Savings Delivered to date as a % of minimum		100.4%		51.1%		80.8%

10. The table above shows that we set a target of £11.796m recognising this was £1.979m higher than the minimum total requirement for the IJB. Members will recall we agreed to build in over recovery to allow for some flexibility and also recognising that the pension gain will drop out for 2026/27.
11. We are now projecting a shortfall against planned savings of £3.530m based on our latest projections. This is an increase in the amount of savings for the current year of £0.315m since we last reported.

12. The NHS savings shortfall is driven by the prescribing pressures (£3.304m when setting the budget) with savings targets set at £0.825m. The prescribing savings for the year are now projected at £1.050m.
13. This means we still need to find a further £1.841m to meet the health savings target in the current year. We continue to try to identify options to deliver further savings from redesign however recognise that we won't be able to achieve this in isolation and system wide and shared service solutions will be required.
14. The ERC shortfall is £1.689m and the main components remain:
- £1.023m Supporting People Framework (SPF) within Care at Home (CAH)
 - £0.351m over recovery SPF adults and childrens
 - £0.150m relating to restructuring of CAH, with work ongoing
 - £0.159m from changes to CAH framework contracts
 - £0.332m from a reduction in supplies and running cost budgets
 - £0.376m from income, grants, VR and other
15. The Supporting People Framework is showing an overall projected shortfall of £0.672m in the current year and this is a very slight reduction of £0.014m since last reported. This position is inclusive of additional funding of £0.256m from the Scottish Government consequential funding relating to social care, from the UK budget. We have also applied £0.240m from living wage increases for children's social care; as the IJB had previously agreed to meet this as part of its budget we are able to apply this funding to SPF.
16. It should be noted that the SPF savings are allocated against the main service within each care package, however the costs often relate to a number of services. There will be a realignment of budget as required for 2025/26.
17. The table shows the current year projections and the full year effect for 2025/26. This is based on all reviews being completed by the end of March 2025.

Supporting People Framework Summary	2024/25	2025/26	Total
	£m	£m	£m
Part 1. Current Projection			
Savings achieved to date as at 3 March	2.187	0.924	3.111
Reviews completed and being finalised	0.004	0.043	0.047
Reviews allocated not yet complete	0.041	0.392	0.433
Remaining reviews to be completed by March 2025	0.000	0.788	0.788
Direct Payment balances	0.600		0.600
Projected Savings	2.832	2.147	4.979
Savings Target	4.000		
Shortfall in 2024/25	(1.168)		
Offset by: Additional Funding applied in 2024/25	0.496		
Projected Shortfall 2024/25	(0.672)		
Part 2. Recurring Savings			
Projected savings as above	2.832	2.147	4.979
Remove non-recurring direct payment balances	(0.600)		(0.600)
Recurring Savings projected by 1 April 2025	2.232	2.147	4.379

18. The extracts from the SPF dashboard show that of the 1,512 expected reviews at the start of the year 1,172 (77.5%) are completed and 54.7% of the £4m savings target is achieved.



19. All savings, including SPF, are continuously monitored and we endeavour to identify every opportunity across the HSCP and more widely if and where possible to reduce all shortfalls. The savings detail is included at Appendices 6a and 6b.
20. The consolidated revenue budget and associated financial direction to our partners is detailed at Appendix 4. This is reported to each Integration Joint Board and reflects in-year revisions to our funding contributions and associated directions.
21. The reserves position is set out at Appendix 5 and shows the planned in-year use of reserves and the committed spend to take forward. As we used all flexibility within reserves as part of our financial recovery for 2023/24 the balance is minimal and we are in breach of our policy. The current projected underspend for the year has been added to the general reserve.
22. The main projected operational variances are set out below, based on known care commitments, vacant posts and other supporting information from our financial systems as at 31 January 2025 and allows for the latest intelligence.
23. **Children & Families and Public Protection £586k underspend;** this is a reduction in projected costs of £209k since last reported, mainly from a continued reduction in residential care placement costs (£94k), the unaccompanied asylum seekers cost has also reduced based on latest support (£51k) along with further turnover. There remains is a high degree of volatility within the service for unaccompanied asylum seekers and we continue to closely monitor this.

24. **Older Peoples Services £1,735k underspend;** this is an increase in projected costs of £10k since last reported. The underspend remains due to nursing and residential care based on our latest committed costs, including interim funding (£737k). We are still seeing turnover within community services (£424k.) The non-residential care costs are £377k under budget. The costs of community equipment has reduced as we last reported and the projected underspend is £180k.
25. **Physical & Sensory Disability £196k underspend;** this reflects our current cost of care commitments and staff turnover. This is a reduction of £359k since last reported mainly based on the latest care cost projection.
26. **Learning Disability Community Services £423k overspend;** this remains due to current care commitment costs, offset in part by Independent Living Fund (ILF) income. This is a reduction in projected costs of £258k since last reported reflecting the latest costs of care and allowing for the application of the change fund reserve.
27. **Learning Disability Inpatients £109k overspend;** this continues to reflect the ongoing pressure from increased observation costs and maintaining staff ratios within the inpatient units, however is a significantly improved position from last year. This is a further reduction of £109k in projected costs based on the latest SLA income from other Health Boards. The service remains under pressure from observation driven ratios.
28. **Intensive Services £1,617k overspend;** the majority remains the projected shortfall on savings within Care at Home along with continued operational pressures on purchased care. This is an increase in costs of £560k since last reported, reflecting the current levels of purchased care. This needs to be viewed alongside the underspend in older peoples services above. Budget realignment will be reflected in 2025/26 subject to agreement.
29. **Recovery Services Mental Health & Addictions £279k underspend;** remains due to turnover and care costs. This is a further underspend of £167k since last reported based on care costs and continued vacancies in the service.
30. **Prescribing £1,368k overspend;** this is a reduction in projected costs of £1,334k and continues to reflect the ongoing pressures, after savings and the additional £1m funding from NHSGGC in recognition of this challenge in the current year. The table below summarised the current projection:

Prescribing Pressures Summary	£k
Pressures identified when budget was set	3,304
Savings identified when setting budget	
Savings from prescribing	825
Savings from other services	464
Total savings	1,289
Savings gap at time of the budget	2,015
Current Position	
Savings Over Recovery	225
Funding Contribution towards pressures	1,000
Cost pressures remaining	578
Overspend reported as at 31 March	1,368

31. Our Clinical Director continues to lead on the savings programmes and we continue to work with colleagues from the health board to look in depth at our position and how we compare to other HSCPs.
32. System wide discussions continue supporting the delivery of savings this year and the development of further initiatives for 2025/26.
33. **Finance & Resources £982k underspend**; whilst this remains a significant underspend this budget holds the benefit from the pension gain, the balance of unachieved savings in year, as well as a number of HSCP wide costs including historic pension charges, HR , Communication and other staff costs, IT licences etc.
34. Whilst this shows an increase in costs of £281k, this is primarily from HSCP wide savings adjustments £142k, allows for £135k to meet systems costs in 2025/26 as the case recording systems project has been extended. The key elements of the underspend remain:
 - £2,067k pension gain underspend
Offset in part by
 - £759k unachieved saving balance, in year
 - £135k system project costs
 - £191k pressure from system wide costs
35. **Primary Care Improvement Plan (PCIP), Alcohol and Drugs (Local Improvement Fund) and Mental Health Action 15**; the supporting appendices reflect the confirmed funding allocations for 2024/25 and as previously reported we are able to mitigate the reduction in bundled funding:
 - Learning Disability Health Checks reduced by £24k across the whole programme, hosted by us (the East Renfrewshire element is £2k). This will need to be managed by use of the reserves until staffing can be reduced through turnover.
 - School Nursing is reduced by £10k and this will further impact on turnover, given that two posts are already being held here.
 - Mental Health Action 15 is reduced by £31k and this again will need to be contained through turnover along with a review of system wide activities.
 - Multi-Disciplinary reduced by £89k and we are managing this through turnover and skills mix where we can.

Other

36. As we reported last year the council funded a number of Covid recovery activities from its Covid reserve and whilst the majority of this related to 2023/24, Appendix 8 shows the carry over activity to 2024/25.
37. The position reported is inclusive of the current year invest to save funding provided by the council, totalling £700k over a two year period. We expect to use £216k this financial year.
38. We continue to look at every action where it could be possible to minimise cost pressures and continue close monitoring of our savings. We are looking at how we can close the remaining gap in the current year on a recurring basis.
39. We are advised there may be an overspend within GMS costs, as with last year, but do not have any cost estimate. This will be clearer as the year end progresses but, if in line with last year should be <£50k.

40. The budget virement requests are included at Appendix 7 within this report.
41. As with every year there are a number of variables such as pay award, inflation, demand, economic volatility, workforce capacity that will all impact on our cost projections and detailed monitoring will continue for the remainder of the year. This in turn will inform forward financial planning.

IMPLICATIONS OF THE PROPOSALS

Finance

42. The financial implications are detailed in the report and work remains ongoing to identify further cost reductions to mitigate the current projected overspend.

Risk

43. Maintaining service delivery whilst managing such a significant savings challenge remains our most significant risk.
44. There are other risks which could impact on the current and future budget position; including:
 - Maintaining capacity to deliver our services
 - Achieving all existing savings on a recurring basis and containing the current projected overspend
 - The ongoing impact of Covid-19 on our partner providers and the care service market
 - Prescribing costs and the ability to accurately model and project the position, particularly in the early part of the year
 - Observation and Out of Area costs
 - The impact of current year pressures on forward financial planning and how future savings challenges / funding gaps could be met
 - The impact of reduction in funding from Scottish Government for ring-fenced initiatives
 - Impacts from the budget settlement for 2025/26

DIRECTIONS

45. The running budget reconciliation which forms part of financial directions to our partners is included at Appendix 4.
46. The report reflects a projected underspend of £0.288m.
47. Given our financial recovery position in 2023/24 and recognising we still have work to do in 2024/25 regular financial discussions remain ongoing with both partners. The recent additional funding contribution from NHSGGC has significantly mitigated the pressure in the current year.

CONSULTATION AND PARTNERSHIP WORKING

48. The Chief Financial Officer is engaged in ongoing discussion with both our partners.

CONCLUSIONS

49. The report reflects a projected underspend of £0.288m arising from savings shortfalls, pension gain, additional funding and operational variances.
50. Financial performance discussions are ongoing with both partners and the Chief Officer and her management team continue to try and minimise the underlying budget deficit in the current financial year.

RECOMMENDATIONS

51. The Integration Joint Board is asked to:
 - note the projected outturn for the 2024/25 revenue budget,
 - note the Chief Officer and her management team continue to work on actions to deliver savings and mitigate cost pressures,
 - note the additional £1 million contribution towards prescribing pressures this year from NHSGGC
 - approve the budget virement detailed at Appendix 7.

REPORT AUTHOR

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11 March 2025

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB 29.01.2025 – Revenue Budget Monitoring Report
https://www.eastrenfrewshire.gov.uk/media/11131/IJB-Item-09-29-January-2025/pdf/IJB_Item_09_-_29_January_2025.pdf?m=1737539755660

Consolidated Monitoring Report

Projected Outturn Position as at 31st January 2025

Objective Analysis	Full Year			
	Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Public Protection - Children & Families	13,262	12,676	586	4.42%
Public Protection - Justice	33	33	(0)	(0.34%)
Adult Localities Services				
Older People	30,895	29,159	1,735	5.62%
Physical & Sensory Disability	6,341	6,145	196	3.09%
Learning Disability - Community	21,449	21,872	(423)	(1.97%)
Learning Disability - Inpatients	11,049	11,158	(109)	(0.99%)
Augmentative and Alternative Communication	291	265	26	8.93%
Intensive Services	16,835	18,452	(1,617)	(9.60%)
Recovery Services - Mental Health	5,817	5,622	195	3.35%
Recovery Services - Addictions	2,213	2,129	84	3.82%
Family Health Services	30,490	30,490	-	0.00%
Prescribing	18,839	20,207	(1,368)	(7.26%)
Finance & Resources	9,594	8,612	982	10.23%
Net Expenditure	167,107	166,820	288	0.17%
Contribution to / (from) Reserve	-	-	(288)	
Net Expenditure	167,107	166,820	(0)	(0.00%)

Projected under / (overspend) by Partner

Health

Social Care

Projected Surplus - transfer to General Reserve

£'000

(606)

894

288

Council Monitoring Report

Projected Outturn Position as at 31st January 2025

Subjective Analysis	Full Year			
	Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Employee Costs	28,767	28,391	376	1.31%
Property Costs	1,005	953	52	5.19%
Supplies & Services	2,291	3,494	(1,203)	(52.48%)
Transport Costs	310	304	5	1.72%
Third Party Payments	57,045	58,971	(1,925)	(3.38%)
Support Services	2,616	2,616	-	0.00%
Income	(18,450)	(22,038)	3,588	(19.45%)
Net Expenditure	73,584	72,691	894	1.21%

Contribution to / (from) Reserve	-		-	
Net Expenditure	73,584	72,691	894	1.21%

Objective Analysis	Full Year			
	Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Public Protection - Children & Families	10,545	9,991	554	5.25%
Public Protection - Justice	33	33	(0)	(0.34%)
Adult Localities Services				
Older People	17,307	15,976	1,331	7.69%
Physical & Sensory Disability	5,611	5,415	196	3.50%
Learning Disability	15,256	15,881	(625)	(4.09%)
Intensive Services	15,764	17,381	(1,617)	(10.26%)
Recovery Services - Mental Health	1,664	1,696	(32)	(1.95%)
Recovery Services - Addictions	103	105	(2)	(1.51%)
Finance & Resources	7,302	6,214	1,088	14.90%
Net Expenditure	73,584	72,691	894	1.21%

Contribution to / (from) Reserve	-		-	
Net Expenditure	73,584	72,691	894	1.21%

Notes

NHS Monitoring Report

Projected Outturn Position as at 31st January 2025

Subjective Analysis	Full Year			
	Full Year Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Employee Costs	28,669	27,579	1,090	3.80%
Non-pay Expenditure	55,684	57,752	(2,068)	(3.71%)
Resource Transfer/Social Care Fund	11,906	11,866	40	0.34%
Income	(2,736)	(3,068)	332	12.13%
Net Expenditure	93,523	94,129	(606)	(0.65%)

Contribution to / (from) Reserve	-		-	
Net Expenditure	93,523	94,129	(606)	(0.65%)

Objective Analysis	Full Year			
	Full Year Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Childrens Services	2,614	2,582	32	1.22%
Adult Community Services	10,180	9,816	364	3.58%
Learning Disability - Community	1,258	1,056	202	16.06%
Learning Disability - Inpatients	11,049	11,158	(109)	(0.99%)
Augmentative and Alternative Communication	291	265	26	8.93%
Family Health Services	30,490	30,490	-	0.00%
Prescribing	18,839	20,207	(1,368)	(7.26%)
Recovery Services - Mental Health	3,374	3,147	227	6.73%
Recovery Services - Addictions	1,549	1,463	86	5.55%
Finance & Resources	1,973	2,079	(106)	(5.37%)
Resource Transfer	11,906	11,866	40	0.34%
Net Expenditure	93,523	94,129	(606)	(0.65%)

Contribution to / (from) Reserve	-		-	
Net Expenditure	93,523	94,129	(606)	(0.65%)

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

	£'000
Public Protection - Children & Families	103
Adult Localities Services	
Older People	3,368
Physical & Sensory Disability	730
Learning Disability	4,935
Intensive Services	1,072
Recovery Services - Mental Health	779
Recovery Services - Addictions	561
Finance & Resources	318
	<u>11,866</u>

East Renfrewshire HSCP - Revenue Budget Monitoring 2024/25
Budget Reconciliation & Directions

Appendix 4

	NHS £000	ERC £000	IJB £000	Total £000
Funding Sources to the IJB				
1 Expected Revenue Budget Contributions per March 2024 Budget	84,640	72,794		157,434
Justice Grant Funded Expenditure		616		616
Justice Grant		(616)		(616)
Additional Scottish Government Funding		255		255
Children's Living Wage Scottish Government Funding		290		290
Pay Award Funding	1,545	245		1,790
Multi-disciplinary Teams	721			721
Enhanced MH Outcomes Framework	709			709
Alcohol & Drugs Partnership	681			681
Post Diagnostic Support Services	56			56
Modern Apprentices	9			9
CAM Reallocation & Tariff adjustment	88			88
NCL budget adjustment	356			356
Open University students	5			5
Prescribing - Apremilast	136			136
DN Allocation	168			168
Pension Uplift	287			287
PCIP Allocation	2,783			2,783
Housebound & Care Home Vaccination	207			207
Care Home Collaboration Funding	35			35
Lead Nurse Chc Funding	57			57
Tobacco Cont / Prevention	40			40
Additional Support from NHSGGC in recognition of pressures	1,000			1,000
	93,523	73,584	-	167,107
Funding Outwith Revenue Contribution				
* Housing Aids & Adaptations		530		530
Set Aside Hospital Services Opening Budget	28,430			28,430
Total IJB Resources	121,953	74,114	-	196,067
Directions to Partners				
Revenue Budget	93,523	73,584	-	167,107
Justice Grant Funded Expenditure		616		616
Justice Grant		(616)		(616)
1 Resource Transfer & Recharges	(13,496)	13,496		0
Carers Information	58	(58)		0
	80,085	87,022	-	167,107
Housing Aids & Adaptations		530		530
Set Aside Hospital Services Budget	28,430			28,430
	108,515	87,552	-	196,067

1 Includes Social Care Fund and Cross Charges as well as historic resource transfer etc.

Earmarked Reserves	Reserve Brought Fwd from 2023/24	2024/25 Projected spend	Projected balance 31/03/25	comment
	£'000	£'000	£'000	
Scottish Government Funding				
Mental Health - Action 15	118	118	0	Assumed used in full as part of funding arrangements
Alcohol & Drugs Partnership	489		489	Committed for recovery hub with work expected 2025/26
Primary Care Improvement Fund	91	91	0	Assumed used in full as part of funding arrangements
Primary Care Transformation Fund	0		0	
COVID-19	2	2	0	To support Carers PPE
Scottish Government Funding	700	211	489	
Bridging Finance	0	0	0	
Children & Families				
Trauma Informed Practice	100	50	50	Balance of 2 year funding for committed for post, slippage against original start date
Whole Family Wellbeing	661	446	215	Projected slippage from current year included in carry forward as funding ring fenced.
Children & Families	761	496	265	
Transitional Funding				
Community Living Change Fund	154	154	0	To support redesign programme and committed for premises hire, equipment etc. following pilot period
Total Transitional Funding	154	154	0	
Adult Services				
Learning Disability Health Checks	53	0	53	Recruitment slippage, committed against posts. Carried forward as part of bundled funding reduction.
Telecare Fire Safety	18	18	0	Expect to be spent in full
Cancer Screening Inequalities	28	28	0	Expect to be spent in full
DBI Seed Funding	100	100	0	Expect to be spent in full
Total Adult Services	199	146	53	
Repairs & Renewals				
Repairs, Furniture and Specialist Equipment	50	0	50	Remaining balance being held to supplement essential works. Anti-ligature works now taking place funded from Health Board.
Repairs & Renewals	50	0	50	
Total All Earmarked Reserves	1,864	1,007	857	
General Reserves		(288)	288	Projected underspend based on period 10 position
Grand Total All Reserves	1,864	719	1,145	

2024/25 Saving £m	ERC TARGET	Delivered	Detailed Plans on track	Further Expected	Possible Over / (Under) Recovery	R A G	NHS TARGET	Delivered	Detailed Plans on track	Further Expected	Possible Over / (Under) Recovery	R A G	Notes
Business Support vacancies	0.037	0.037			0.000		0.059	0.060			0.001		Released vacant posts 1.7 FTE NHS and 1.0 FTE ERC
Childrens Services Redesign							0.072	0.066			(0.006)		Part year from management review with a further £24k in 25/26.
Whole Family Wellbeing Fund	0.320	0.320			0.000								Delivered from April by use of reserve whilst redesign developed.
Crisis Stabilisation	0.042	0.042			0.000								Residential funding initiative
Increase Turnover targets reflecting pause in recruitment	0.067	0.054			(0.013)		0.372	0.409			0.037		NHS; increase turnover to 2% excluding inpatients and a number of posts identified to hold indefinitely
Redesign LD & Recovery	0.041	0.033			(0.008)								Vacant post to be deleted as part of redesign. Further £11k in 2025/26
Family Group Decision Making Service	0.050	0.050			0.000								Reduce service by 50%.
LD Review of Care Packages (Was SRR)	0.120	0.120			0.000								Achieved in full from the full year effect of 2023/24. Further LD savings will now be reported within SPF as the programme of work continues.
Intensive Services post/s (Was SRR)	0.064	0.066			0.002								Achieved through vacant posts.
LD University funded activity							0.050	0.050			0.000		Review output and negotiate reduction / cessation of this work. Initial reduction shown in line with 10% approach whilst longer term discussions take place.
Transport Strategy		0.010			0.010								Project has been scoped and will tie in with partners for longer term. Current year relates to release of 6 vehicles within Care at Home.
VS/ER Phase 1	0.781	0.783			0.002								Final position 13.9 FTE / 15 posts (Adults £0.325m, LD & Recovery £0.111m, Childrens £0.075m, Finance & Resources £0.273m)
Localities posts & running costs (was SRR)	0.025	0.025			0.000								This is full year effect from 2023/24
Review of Connor Road (was SRR)	0.065	0.065			0.000								This is full year effect from 2023/24
Total Green Savings	1.612	1.605	0.000	0.000	(0.007)		0.553	0.585	0.000	0.000	0.032		

2024/25 Saving £m	ERC TARGET	Delivered	Detailed Plans on track	Further Expected	Possible Over / (Under) Recovery	R A G	NHS TARGET	Delivered	Detailed Plans on track	Further Expected	Possible Over / (Under) Recovery	R A G	Notes
Summer play schemes / activity	0.075	0.075			0.000								Proposed redesign and outsource activity ongoing to ensure full recurring saving.
VS/ER Work up Phase 2	0.300	0.237			(0.063)								Work ongoing to manage through turnover and known changes so that VR will be restricted to service specific redesign. A further £47k in 2025/26 from current changes and further service redesign work continues.
Grant Funded (Was partly SRR)	0.530	0.361			(0.169)								£224k from 10% reduction phase 1. £42k from cessation of Indep Sector post. Work continues to redesign and / or move to commissioned services for phase 2
CaH external - price efficiency	0.300	0.141			(0.159)								Work is ongoing to move to local framework and optimise available options.
Adult Planning & Service Redesign							0.071	0.036			(0.035)		1.00 FTE vacancy deleted. Aim to manage balance through vacant posts / redeployment
Care at Home Review Phase 2 (Was SRR)	0.150				(0.150)								Service redesign work ongoing. Service still seeing significant cost pressures. Part year impact will be minimal - expect full recurring saving in 2025/26.
CaH external - application of SPF	1.700	0.677			(1.023)								Shortfall here but expect over-recovery in adults below for recurring saving
Supporting People Framework	2.300	2.586	0.065		0.351								Includes FYE from 2023/24 (£293k) and funding gains (£496k). Further £924k in 2025/26 from reviews so far and £1.22m expected from reviews to be completed by March 2025.
Top slice supplies budgets 20%	0.480	0.148			(0.332)		0.440	0.392			(0.048)		20% reduction on supplies set as target. ERC shortfall being reviewed again. NHS shortfall £48k mostly offset by additional turnover above .
St Andrews House	0.020				(0.020)						0.000		Look at as part of accommodation strategy including recovery hub, will now impact 2025/26.
Prescribing GGC wide & local programme					0.000		0.825	0.980		0.070	0.225		GGC wide programme of savings with stretch targets deemed achievable. Practice visits; detailed discussions on compliance, deprescribing, internal projects. Amber not green as timings may impact.
Shared Services	0.025				(0.025)								This saving dropped as a stand alone but the principles are included in care packages and SPF reviews.
Income / Charging for Services	0.200	0.108			(0.092)								In-year changes to charging will commence January 2025. Income so far from property (£17k) and inflation to existing (£41k).
Review Council Support Costs Charges	0.200			0.200	0.000								Need to undertake full review with ERC colleagues. 2023/24 was underspent and further savings in related services should mean this is achievable.
Remaining Gap to be identified							2.015				(2.015)		Work ongoing to identify options
Wider review of all accommodation					0.000						0.000		Project ongoing to revisit current use and long term strategy of all properties

Total Amber and Red Savings	6.280	4.333	0.065	0.200	(1.682)		3.351	1.408	0.000	0.070	(1.873)		
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Total Green Savings (App 6a)	1.612	1.605	0.000	0.000	(0.007)		0.553	0.585	0.000	0.000	0.032		
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Total All Savings (6a and 6b)	7.892	5.938	0.065	0.200	(1.689)		3.904	1.993	0.000	0.070	(1.841)		
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East Renfrewshire HSCP - Revenue Budget Monitoring 2024/25
Budget Virement - ERC Contribution Only

Appendix 7

Subjective Analysis	2024/25 Budget Virement						
	P8 Budget £'000	(1) £	(2) £	(3) £	(4) £	2024/25 Budget £'000	Total Virement £'000
Employee Costs	28,769	(52)		50		28,767	(2)
Property Costs	1,005					1,005	-
Supplies & Services	2,291					2,291	-
Transport Costs	309					309	-
Third Party Payments	56,806			240		57,046	240
Support Services	2,616					2,616	-
Income	(18,502)	52				(18,450)	52
Net Expenditure	73,294	-	-	290	-	73,584	290

Objective Analysis	2024/25 Budget Virement						
	P8 Budget £'000	(1) £	(2) £	(3) £	(4) £	2024/25 Budget £'000	Total Virement £'000
Public Protection - Children & Families	10,520	(25)		50		10,545	25
Public Protection - Justice	17	16				33	16
Adult Health - Localities Services							
Older People	17,190	(2)	(17)	93	42	17,264	74
Physical & Sensory Disability	5,596	22	(7)			5,611	15
Learning Disability	15,033	(2)	41	147	37	15,219	186
Adult Health - Intensive Services	15,786	8			(30)	15,794	8
Recovery Services - Mental Health	1,670	6	(12)			1,664	(6)
Recovery Services - Addictions	103	5	(5)			103	-
Finance & Resources	7,379	(28)			(49)	7,351	(28)
Net Expenditure	73,294	-	-	290	-	73,584	290

Note:

1. Resource Transfer Adjustments
2. Savings Adjustments
3. Children's Living Wage Scottish Government Funding
4. Grant savings adjustments

East Renfrewshire HSCP - Revenue Budget Monitoring 2024/25
ERC Funded Covid Reserves Activity (c/f from 2023/24)

Initiative	2024/25 Funding £'000	Comments
Development of Talking Points	27	Post recruited - £10k discretionary fund and 3 months Social Work Assistant post c/f
Carers Support	37	Post recruited and other supports in place - £13k respite and 3 months Social Worker post c/f
Housing Support for young people	16	4 months Support Worker post c/f
Mental Health Support for Children	20	6 months Play/Art Therapist c/f
Healthier Minds Hub - Children & Young People's Mental & Emotional Wellbeing	31	Support Worker and Psychology Assistant c/f
Extend wellbeing officer post to June 2024	15	Post extended to June 2024
Total	146	

East Renfrewshire HSCP - Revenue Budget Monitoring 2024/25
Primary Care Improvement Plan

Appendix 9

Service	Budgeted Programme Costs	Projected Programme Costs	Projected Variance
	£'000	£'000	£'000
Pharmacy Support	1,063	1,063	-
Advanced Nurse Practitioners - Urgent Care	183	183	-
Advanced Practice Physiotherapists	204	204	-
Community Mental Health Link Workers	85	85	-
Community Healthcare Assistants / Treatment Room	589	589	-
Vaccine Transformation Programme	628	628	-
Programme Support / CQL / Pharmacy First	241	241	-
Total Cost	2,993	2,993	-
Funded by:			
In Year Funding		2,903	
Reserve - Opening Balance		90	
Total Funding		2,993	
Surplus/Deficit		-	

East Renfrewshire HSCP - Revenue Budget Monitoring 2024/25
Mental Health Action 15

Service	Budgeted Programme Costs	Projected Programme Costs	Projected Variance
	£'000	£'000	£'000
Staff costs - Board wide including Nursing, Psychology and Occupational Therapy	253	253	0
Programme Support	33	33	0
Staff Costs East Ren HSCP including Psychology, CAMHS and Occupational Therapy	270	270	0
Other - Peer Support Delivery Service	25	25	0
Total Cost	581	581	0
Funded by:			
In Year Funding		463	
Reserve - Opening Balance		118	
Total Funding		581	
Potential reserve balance at year end based on current projection		0	

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

East Renfrewshire HSCP - Revenue Budget Monitoring 2024/25
Alcohol & Drugs Partnership & Local Improvement Funding only

Appendix 11

Service	Budgeted Programme Costs £'000	Projected Programme Costs £'000	Projected Variance £'000
Programme for Government	283	283	-
National Mission	174	162	12
Residential Rehabilitation	79	91	(12)
MAT Standards	203	203	-
Stabilisation Fund	42	42	-
Whole Family Approach	55	55	-
Lived Experience	8	8	-
Recovery Hub Development	489	-	489
Total Cost	1,333	844	489
Funded by:			
In Year Maximum Funding		844	
Reserve - Opening Balance		489	
Total Funding		1,333	
Potential reserve at year end based on current projection		489	

NB Plans to utilise existing reserve are in place and include committed spend for future years - also includes Programme for Government spend which has now been baselined



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	26 March 2025
Agenda Item	8
Title	The Promise 5 th Anniversary Progress Report
Summary	
<p>This paper highlights the work undertaken by East Renfrewshire Council, the Health and Social Care Partnership, and the wider Children's Planning Partnership - the Improving Outcomes for Children and Young People Partnership – in promoting The Promise. The report highlights progress with local implementation over the period 2020 to 2025. The local partnership acknowledges that whilst progress has been made there is much still to do to be fully Promise compliant by 2030.</p>	
Presented by	Raymond Prior, Head of Children's Services and Justice (Chief Social Work Officer)
Action Required	
<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> Note the publication of the national Promise Oversight Board 5th Anniversary Report (2025); and, Note and comment on the 5th Anniversary progress update on implementation of The Promise in East Renfrewshire (Appendix 1). 	
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**26 March 2025****Report by Chief Social Work Officer****EAST RENFREWSHIRE CHILDREN'S SERVICES PROMISE 5TH ANNIVERSARY
PROGRESS REPORT****PURPOSE OF REPORT**

1. The purpose of this paper is to highlight the work undertaken by East Renfrewshire Council, the Health and Social Care Partnership, and the wider Children's Planning Partnership - the Improving Outcomes for Children and Young People Partnership – in promoting The Promise. The report highlights progress with local implementation over the period 2020 to 2025. The local partnership acknowledges that whilst progress has been made there is much still to do to be fully Promise compliant by 2030.

RECOMMENDATIONS

2. IJB is asked to:
 - a) Note the publication of the national Promise Oversight Board 5th Anniversary Report (2025); and,
 - b) Note and comment on the 5th Anniversary progress update on implementation of The Promise in East Renfrewshire (Appendix 1).

BACKGROUND

3. The 5th February 2025 marked 5 years since the conclusions of the Independent Care Review were published and The Promise was made and launched. This anniversary is an important time for all public services and wider society to reflect on what has happened so far and the journey ahead. Five years ago this landmark publication acknowledged that the current "care system" in Scotland wasn't working and proposed transformational change over a ten year period driven by the following promise to care experienced children and young people:

"You will grow up loved, safe and respected. And by 2030, that promise must be kept".

4. On 5th February 2020 a promise was made to the infants, children, young people, adults and families who have experience of the care system in Scotland. The Promise and its commitments were clear that by 2030 the following would be delivered:
 - Love will no longer be the casualty of the 'care system,' but the value around which it operates;
 - Wherever safe to do so, Scotland will make sure children stay with their families and families will be actively supported to stay together; and,
 - Children, young people, and their families will be listened to, respected, involved and heard in every decision that affects them.
5. The Scottish Government and the national Promise Team reinforced that this work is *"immediate and urgent work - what can change now must change now"* and that

implementation of The Promise must not be delayed. In East Renfrewshire we have made the same commitment to our current looked after children and young people, those who we previously looked after, and for those who will experience care in the future. Even during the Covid-19 pandemic we sought opportunities to drive forward The Promise believing that during this extraordinarily challenging time, children and young people in our care needed to be loved, safe, and listened to more than ever. The timeline (appendix 2) highlights the challenges faced by the Promise across Scotland.

Context

6. The Promise Oversight Board published their report in February 2025 to mark the five year mid-way point in the ten year programme. It concludes that the national journey is behind schedule but still on course to be achieved by 2030. The report states that to get there will “*require pace, renewed purpose, and everyone to play their part*” over the next five years. It highlights the statutory provisions of the Children and Young People (Scotland) Act 2014 that relate to public bodies as corporate parents and is clear all of these local and national organisations must fulfil their responsibilities if children and young people are to get the support they need from across the system.
7. The Calls to Action from the Oversight Board Report are being considered by our local multi-agency Improving Outcomes for Children and Young People Partnership and where necessary we will ensure areas for improvement are included in East Renfrewshire’s Place to Grow strategic vision, (Pillar 1, Children and Young People Flourish) and the Children’s Services Plan.

REPORT

8. Through our multi-agency East Renfrewshire Improving Outcomes for Children and Young People Partnership we have worked hard since 2020 to promote and implement The Promise. Firstly by consistently raising awareness of the role of Corporate Parents, we have sought to ensure that partners understand that when a child or young person becomes looked after – at home or away from home - the local authority, health board, and a large number of other public bodies take on the statutory responsibility of Corporate Parent. Achieving a shared understanding that Corporate Parenting is a collective responsibility is key to successfully keeping The Promise.
9. The two published statutory East Renfrewshire Children’s Services Plans that cover the period since have very clearly placed the Promise as our top priority across the partnership. The five year progress report demonstrates the breadth and depth of implementation locally and the importance of the partnership in making this happen. The report is structured around the foundations of *Voice, Care, Family, People, Scaffolding* and indicates the partners who contribute in each area.
10. Similar to the national picture, over the last decade East Renfrewshire looked after population of children and young people has been reducing and changing, and this is as a consequence of national as well as local factors (see appendix 3). Specifically, changes to how children can access essential services has meant that there has been a cultural and systems shift away from requiring a statutory supervision order to get the help they need and when they need it.
11. Furthermore the implementation of Signs of Safety and a risk sensible approach has meant children’s services work more collaboratively with parents and carers to achieve better outcomes for children.

12. The delivery of the national Permanence and Care Excellence (PACE) Programme has also led to the reduction in this population as more innovative ways of working, informed by children's rights, trauma and relational based practice, have been rolled out. Overall, the strengthening of prevention and early help provision has resulted in need being identified and responded to earlier by universal services in line with the Getting it Right for Every Child approach.
13. In addition the characteristics of the looked after population have changed as there is a clear trend towards more children and young people with very complex needs such as neuro divergence and co morbidity mental health, becoming subject to a supervision requirement (see appendix 4). Approximately one third of the current population are separated young people (unaccompanied asylum seeking young people) who have a high level of need that we are responding to. Both trends are forecast to continue to increase over the period. It is important to state that although the overall number who are looked after has reduced the actual number of vulnerable children, young people and families who require intervention to prevent them from entering the care system is increasing across all services.
14. The East Renfrewshire 5th Anniversary Progress Update highlights further activity that has been undertaken by a range of our corporate parent partner agencies and includes:
 - Development of an East Renfrewshire Promise Board
 - Child Friendly Children's Hearings through 'Better Hearings' practice group
 - Imagination Library has delivered 1414 books to 63 children in East Renfrewshire
 - Roll out of Trauma Tier 1 and 2 Training programmes to over 350 staff across the Council workforce
 - Publication of a new Housing and HSCP Protocol to support care experienced young people's access to housing
 - Keeping the Promise Award in settings and schools

CONSULTATION AND PARTNERSHIP WORKING

15. The Improving Outcomes for Children and Young People Partnership oversee the planning, implementation and evaluation of The Promise in East Renfrewshire and the work of the partnership individually and collectively has been captured in this five year mark report. Reporting also takes place annually through the Children's Plan.

IMPLICATIONS OF THE PROPOSALS

16. An Equality, Fairness and Rights Impact Assessment was undertaken as part of the planning process for the Children's Services Plan.

DIRECTIONS

17. There are no directions arising from this report.

CONCLUSIONS

18. We are determined to deliver The Promise in East Renfrewshire by 2030. However we agree with the Oversight Board that there is not a moment left to waste and all agencies need to play their part in making this happen.
19. The five year report illustrates the strength of commitment locally to do this. Ultimately we will be judged by children, young people and their families and carers as to how well we are achieving the change that needs to take place.

RECOMMENDATION

20. IJB is asked to:
 - a) Note the publication of the national Promise Oversight Board 5th Anniversary Report (2025); and,
 - b) Note and comment on the 5th Anniversary progress update on implementation of The Promise in East Renfrewshire (Appendix 1).

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IJB Chief Officer: Julie Murray

11 March 2025

BACKGROUND PAPERS

Promise Oversight Board Report – February 2025
<https://oversightboard.scot.ob-resources/2025/oversight-board-report-three.pdf>

East Renfrewshire Children and Young Peoples Service Plan 2020-23
https://rightdecisions.scot.nhs.uk/media/2zshhfn/er-childrens_services_plan_2020_to_2023.pdf

East Renfrewshire Children and Young Peoples Service Plan 2023-26
<https://www.eastrenfrewshire.gov.uk/media/10017/Children-s-Services-Plan-2023-2026/pdf/childrens-plan-23-26.pdf?m=1707298479830>

Appendix 1: East Renfrewshire Children's Services Plan Promise 5th Anniversary Progress Report

Promise Foundation	Corporate Parent Partner Agencies
Voice	
<p>The Promise Board</p> <p>To ensure that at the highest level children and young people are heard and engaged, and that they and their families are at the centre of everything that we do, we have developed an East Renfrewshire Promise Board. In addition to children, young people, families and carers the Promise Board will draw its membership from chief officers, elected members, and senior officials from across the local partnership. This is a completely new way of working collaboratively with those who use our services and to encourage meaningful participation a co-production approach will be adopted. The aim is for those with lived experience of the care system to help set the agenda, communicate what is working well for them, what is not going well, and ultimately help agencies shape better services and responses. The new Board model was approved by Council in October 2024 with Board membership recently agreed. Further development is now taking place with the first board event to take place in 2025 and the full board operational by autumn. Ongoing evaluation will be established to ensure the experience of the first year is gathered and understood.</p> <p>To increase knowledge of the Promise Board and its aims an information and consultation session on The Promise took place in October 2024 with 13 elected members and all senior leaders from the CMT in attendance. At the session young people from the East Renfrewshire's Champions Board, who were also involved in the development of the national Promise, delivered a presentation on the partnership work being undertaken locally. The young people also gave their backing for the development of the new Promise Board and this was subsequently agreed by Council that evening.</p>	<p>Young People Families and Carers ERHSCP Senior Council Leadership Team</p>
<p>Children's Hearings Improving Practice Group</p> <p>The Children's Hearings Improving Practice Group Better Hearings have been working together to support children and young people to feel confident to attend their Children's Hearings. This includes the implementation of Child Friendly Scheduling - a process which will consider child's views in relation to when their Hearing takes place and break down barriers to attendance and prevent Hearings being deferred. A Pre Hearing checklist will be rolled out to ensure that children are supported to access child friendly information with the support of their Social Worker or Advocacy worker and will include the offer of a visit to the Children's Hearing Centre prior to their scheduled Children's Hearing.</p>	<p>SCRA CHS ERHSCP Who Carers Scotland Partners in Advocacy</p>


<p>East Renfrewshire's Champions Board</p> <p>The Champions Board was established over 10 years ago and in that time has become a platform for care experienced young people aged 12-26 years to express their views and what they would like to see change. They have worked together to explore issues facing care experienced young people and suggest ways to improve the services that are available, for example housing and mental health services have been key issues. Young people have worked directly with Heads of Service and other corporate parents at directorate level to discuss issues affecting them with the aim of influencing changes in policy and practice. There is also a focus on wider participation and engagement activities to promote relationships, connections and the overall wellbeing of our young people.</p> <p>The Champions Board were involved in the co-design of our Healthier Minds Service and the mid-year review in October 24 highlighted that 9 Care Experienced young people and 15 Young Carers have been supported so far this year. Four care experienced members of the Champions Board were successful in gaining apprenticeships in the HSCP in 2022 and played a key part in the success of the Pathway Planning Project. More recently, the current members of the Champions board were equal partners in the 'Moving On' project (more below) and are currently instrumental in shaping the new Promise Board.</p>	<p>Young People ERHSCP</p>
<p>The Throughcare Aftercare drop-in</p> <p>The drop-in is an informal opportunity for care experienced young people to come together for a chat, relax or have a meal together. The drop-in meets on a frequent basis and takes a peer lead approach giving young people another platform to discuss any issues or problems. It also provides extra support for young people's transition into adulthood as they can get advice and guidance from peers and corporate parents. Money Advice attend the drop-in each month and this gives young people the opportunity to build relationships with other corporate parents and get immediate hands on advice for any money matters. Pro-social activities are also a key focus, for example, making meals at the drop in, going on outings and planned Christmas dinners each year.</p>	<p>Young People ERHSCP MART</p>
<p>School Holiday Programmes</p> <p>During spring, summer, autumn school holidays, HSCP Children and Families staff deliver holiday activity for care experienced children and young people who they work with. These programmes are designed by the children and young people with the necessary funding drawn from existing budgets and the from the Scottish Government Care Experienced Scottish Attainment Challenge (PEF) Fund.</p> <p>Although young people have opportunities to attend mainstream leisure and sports activities many experience a range of barriers including confidence and costs.</p>	<p>HSCP</p>

<p>Since 2020 over 350 children and young people have attended holiday programmes and evaluation indicates that the programmes are well received and attendance remains very high. Parents and carers report better family relationships too.</p>	
<p>Care</p>	
<p>Imagination Library</p> <p>Dolly Parton’s Imagination Library is a book gifting programme devoted to inspiring a love of reading in the hearts of children everywhere. Through a grant from the Scottish Government, the Imagination Library provides a free book a month to all care-experienced children and all adopted children in Scotland from birth to the age of five. East Renfrewshire was one of the first local authorities to sign up to the programme and since 2020, 63 East Renfrewshire young children have received a total of 1,414 books.</p>	<p>ERHSCP</p>
<p>‘Moving On’ Young People’s Housing Project – HSCP, Housing Services and Aberlour Partnership</p> <p>Prior to the Covid-19 pandemic care experienced and vulnerable young people reported to East Renfrewshire HSCP that the current provision of housing and support was insufficient and failed to address their needs. A partnership between Aberlour and East Renfrewshire’s HSCP was established to examine support for independent living, redesign supported accommodation and aftercare/outreach offers. Funding to support this project was secured through the Corra Foundation as well as HSCP core budget. This funding enabled the HSCP to collaborate with Aberlour national children’s charity and employ a Project Redesign Coordinator to undertake system-change planning work, focusing on improving young people’s transition experiences. Underpinned by the principles of the Scottish Approach to Service Design, the Project Coordinator designed and completed 25 consultations with young people and foster carers, 13 contextual interviews with relevant departments and stakeholders, and held 4 multi-agency workshops.</p> <p>The two year project culminated in a number of achievements. The key one being an Out of Hours Support Service, 365 days a year for young people in emergency and temporary accommodation. Young people also designed housewarming hampers and a tenancy handbook for their peers. CLD have also played a part in this work by assisting the partners develop a Housing Skills Pilot Programme targeting care experienced young people the pilot of which commenced in January 2025.</p>	<p>Young People Aberlour ERC Housing Services ERHSCP CLD</p>
<p>Separated Young People (Unaccompanied Asylum Seeking Children and Young People).</p> <p>Similar to all local authorities throughout the UK East Renfrewshire has participated in the mandated Home Office National Transfer Scheme to provide care and support to separated children and young people (unaccompanied asylum seeking children/young people).</p>	<p>ERHSCP Education Services ERC Housing Services CLD</p>

<p>In early 2025 at the time of writing the number of young people we are supporting is 32 and this now represents approximately one third of our looked after population locally. 82% of these young people have remained in their initial placement.</p> <p>A small number of the young people have been accommodated with foster carers but most are housed in their own accommodation, usually flat sharing who they have been matched with in accordance with their background. The young people are mainly supported by HSCP Children and Families YISS Team and most are on supervision orders due to their vulnerability. CLD colleagues, school, and colleagues have come to offer support and have engaged well with the young people. Schools have provided safe and nurturing spaces for them and CLD staff have created community based youth work opportunities to help with integration, reduce isolation, and improve mental wellbeing.</p>	FE Colleges
<p>Care experienced young people’s participation in CLD programmes and clubs</p> <p>The CLD Team are committed to ensuring that care experienced young people can access both universal and targeted youth work services. Over the past 5 years, over 80 different young people with care experience have participated in a range of CLD programmes including - ER Youth Voice, Duke of Edinburgh, Snow Camp, School Based Youth Work, Safer Choices, Diversionary activities, Youth Right’s Association, One to One support, Detached Youth Work. Through participation in these programmes young people have achieved 36 awards through a range of accreditation opportunities including - Duke of Edinburgh’s Awards, Heartstart, Saltire Awards, JASS, National Navigation Award Scheme, Snow Camp Assistant Instructor, SQA awards, British Red Cross First Aid Champions.</p> <p>Furthermore in 2023 CLD identified a need for targeted youth provision for care experienced young people which would allow these young people a safe space and opportunities to share their experiences and build supportive relationships with youth work staff and their peers. The group is regularly attended and young people participate in fun and educational activities.</p>	CLD
<p>Child and Young People at Risk of Secure Accommodation</p> <p>East Renfrewshire continues to have one of the lowest rates of young people in secure care in Scotland and this has been sustained over a ten year period. To maintain vulnerable high-risk young people at home in their community and safely requires the commitment of considerable resources along with ways of working with young people and their families that is relational based and trauma informed.</p> <p>Courts and Children’s Hearings need to be confident care and support packages are comprehensive to engage young people and their families fully. HSCP Children and Families Teams have been very successful in evidencing that this approach works and that the services offered are having a positive impact.</p>	ERHSCP

<p>Children First and Learn Well</p> <p>We work in partnership with Children First to deliver a programme to care experienced children and young people who we identify as requiring assistance with their school and learning experience. This programme is funded by a grant from the Scottish Government's Pupil Equity Fund (PEF) - Scottish Attainment Challenge for Care Experienced Children and Young People Fund and local delivery is, since 2023, in conjunction with Education's Learn Well Service.</p> <p>The service supports increased school attendance and helps pupils with a care history engage with their school and education opportunities. Staff work closely with parents and carers too to assist them nurture their child's learning in the widest sense with a focus on emotional wellbeing as well as knowledge and skills. Over 100 children and young people have accessed the service over the last five years with evaluation rates high. Annual reporting to the Scottish Government is in place in line with grant funding conditions.</p>	<p>ERHSCP Children First Education Services Educational Psychology</p>
<p>Whole systems approach - Early Effective Intervention:</p> <p>Preventing young people coming into contact with the law is a key priority within our Children's Services Plan and East Renfrewshire partners and Police Scotland have recognised the need to change and adapt our processes and responses for supporting young people where this is a risk. This is important as a proportion of these children would otherwise become subject to statutory measures and referral to the Reporter could result in a children's panel deciding to grant a supervision order. Early help is key to preventing this happening in many cases.</p> <p>Our whole systems approach will be undertaking a test of change in this area to ensure prevention and diversion underpin all that we do. Similarly we are mapping our community and partner supports and offers to ensure they are targeted at the most in need children and young people, and especially those on the edges of the formal care system. Improved interventions to be considered are restorative justice approaches and positive diversion activities to redirect vulnerable young people who are on the edges of the care system.</p> <p>An increase in anti-social and risk taking behaviours and an increase in reports of youth disorder in the Barrhead area led to creation of a short film "No Bad" in partnership with the Scottish Youth Film Foundation. The CLD and YISS teams worked together with a group of 11 young people alongside the Scottish Youth Film Foundation to produce and star in a short film which looked at the perceptions of young people in the community.</p> <p>This film was supported by both local Police and Fire and Rescue. The film premiered at Eastwood Theatre in October 24 and received very positive feedback from elected members, senior leaders, parents/carers and friends.</p>	<p>ERHSCP Police Scotland SCRA CLD</p>


<p>Health Visiting and School Nursing Service</p> <p>The Health Visiting and School Nursing service have been carrying out a scoping exercise in partnership with health improvement to improve the support provided to children and families who are care experienced. The aim is to improve timely and targeted support to dental health support in particular, advice and support with registering at local dental services. This is an important area of small children's health and health board and national data would indicate gaps for more vulnerable pre-school children.</p>	<p>HSCP Health Visiting NHS Oral Health Directorate</p>
<p style="text-align: center;">Family</p>	
<p>Signs of Safety</p> <p>The Signs of Safety approach, rooted in strengths-based and solution-focused social work practice, aligns closely with The Promise approach. It promotes safe connections and seeks wider participation to promote safety, growth and well-being. At its heart, Signs of Safety emphasises collaboration with families, recognising their strengths and involving them in solutions. This aligns with The Promise's commitment to keeping families together wherever safe and possible. In East Renfrewshire social work practitioners work alongside children and families ensuring their voices are central in decision-making, fostering a sense of empowerment and belonging.</p> <p>Locally Signs of Safety is currently in the seventh year of a ten year implementation plan and roll out with social work and multi-agency training and support ongoing. Since 2018, 194 practitioners have undertaken briefing sessions, 146 have completed the 2-day training course and 102 the more intensive training commitment. Importantly the approach in practice has contributed towards a reduction in the number of children and young people becoming looked after over several years and this trend is continuing. The data in appendix 3 does show a slight increase however as mentioned above this is due to our participation in the National Transfer Scheme for separated children. In the last two years there have been additional signs of safety training and learning offers including the following: for foster carers, network practice sessions, and refresher courses that have been run with a total attendance of 78.</p>	<p>ERHSCP Education Services</p>
<p>Supporting Sibling Relationships</p> <p>2024 was the first year that local authorities were required to report on their efforts to ensure children and young people in care retained important relationships with their siblings.</p> <p>This new reporting requirement follows considerable work that has been undertaken within HSCP Children and Families Teams to improve assessment in this area and to acknowledge the importance of the child's views on sibling like relationships, being reflected in the child's plan and SCRA reports.</p>	<p>ERHSCP SCRA</p>

<p>We strive to keep siblings living together where it is safe and in their best interests to do so, but a vital part of this work is also championing and supporting these relationships to be lifelong even when they are not living together. The HSCP has offered to participate in two national tests of change on data and decision making, with the aim of improving practice in this area and the development of a new local sibling policy due by the end of 2025.</p>	
<p>Whole Family Wellbeing Funded Programmes</p> <p>The overall aim of the Scottish Government Whole Family Wellbeing Fund (WFWF) is that <i>every family that needs support gets the right family support at the right time, for as long as it is needed, to fulfil children's rights to be raised safely in their own families.</i></p> <p>In East Renfrewshire the partnership has targeted this important resource to create seven new service project responses. These are based on the priority areas of need analysed from our Children's Plan Strategic Needs Assessment. These include:</p> <ul style="list-style-type: none"> • complex disability • neuro diversity and co morbidity mental health • vulnerable families – includes young families and kinship carers • women and their children experiencing domestic violence • children and families living in poverty • non-school attendance – includes care experienced pupils and pupils with significant mental health concerns. <p>Recently the Scottish Government confirmed the WFWF will be extended to 2027. This is positive news as it will enable partners to make longer term commitments in improving wellbeing in the agreed areas. Annual reporting of the WFWF is undertaken by partners with a detailed report submitted to the Scottish Government annually in the summer. Now that all projects have been agreed the next step will be to publish a local evaluation on the overall impact this important investment is having. The Strathclyde Family Wellbeing Scale (SFWS) is being used to measure impact across the projects with initial results available from the Family First team. A paired samples -test showed a statistically significant improvement in wellbeing from pre-support to post-support scores. The last annual report submitted to the Scottish Government can be accessed here:</p> <div style="text-align: center;">  <p>Final East Renfrewshire WFWF</p> </div>	<p>ERHSCP Education Services</p>
<p>Intensive Family Support Team</p> <p>Within the IFST an intensive health visiting service has been created to ensure intensive, timely, relationship based health support is available to families who require an intensive social work service.</p>	<p>ERHSCP</p>

<p>This has allowed the team to support very young children to stay at home and offered mothers meaningful support when their children have been removed from their care - this ensures we are doing all we can to keep families together where this is safe to do so.</p> <p>The IFST whole family approach provides opportunities to support all members of family networks. This includes information on how to promote healthy attachments, good nutrition, and how to provide opportunities for children to play and socialise. We also work with families to help understand the child's voice through non-verbal cues and this helps everyone listen and respond to what the infant needs, leading to compassionate, caring decision making.</p>	
<p>Foster Carers – Recruitment, Retention and Support</p> <p>In 2023, we launched our successful Fostering Campaign, 'Foster a child' which included 6 images with various captions sought to invoke positive messages of fostering for potential carers. These images were promoted within our local community through billboards, bus stops as well as social media advertising. We also had a PR campaign showcasing our carers that we launched within fostering fortnight which brought with it national press coverage. This was our most successful fostering campaign to date as four new foster care families were approved. This has enabled us to expand the range of placements available to meet the needs of our families via extension of family networks.</p> <p>There are currently 14 registered foster, continuing and supported carer households looking after 17 children and young people. Also in 2023 our targeted training calendar for foster carers and supported carers was launched. We have reviewed training requirements and needs for carers and have established core and recommended training for all approved foster carers that has now been agreed. Impact on retention will be evaluated in the coming year.</p> <p>The Scottish Government's commitment to keeping The Promise, led to the review and implementation of the National Recommended Allowance which will benefit care experienced children and young people. The move to a national Scottish Recommended Allowance (SRA) is to create parity across Scotland for all children and young people and recognises the support they receive, no matter where they live. In light of this we have also reviewed age ranges for our fostering and kinship fees to align with the age ranges introduced by Scottish Government for the SRA, whilst keeping our commitment to previously agreed rate increases that had anticipated this move.</p>	<p>ERHSCP Foster Carers</p>
<p>Supporting Kinship Carers</p> <p>HSCP with support of the Whole Family Wellbeing Fund grant has invested in an advanced practitioner social worker that will provide additional intensive support to kinship carers. We had identified an increase in the number of kinship care arrangements breaking down for children reaching adolescence and therefore targeted training and bespoke support is required for the carers and the young people.</p>	<p>ERHSCP</p>

<p>The new post will ensure that families remain together by providing separate support for both the child and kinship carer. Our vision will mean that kinship carers will receive the same training, and opportunities as our registered foster carers in order to broaden kinship carers skillset, resilience and wider support networks.</p>	
<p>Share Foundation</p> <p>The Share Foundation is an arms-length organisation linked to the Department for Education in England. It is tasked with running the Junior ISA scheme for young people in care. Every child and young person who has been in care for at least 12 months has an account opened with £200 from the UK Government. The scheme is administered by our local business support providing the necessary information to the Share Foundation. Since The Promise was made 218 East Renfrewshire children and young people have had a Junior ISA opened for them.</p> <p>An additional key aim of the Share Foundation is to help young people be better prepared for adult life, by providing guidance on handling money, they created a program to realise this aim. Stepladder Plus is an incentivised learning programme made up of six modular steps for young people aged 15-17 who are in care, and have been for 12 months or more. Money is added to their Junior ISA for every step they complete. In the last three years, 16 eligible East Renfrewshire young people completed at least one step of the programme, 6 of these completed all 6 steps, with a total of £15,150 being paid into the Junior ISA's of this cohort. There is also a non-incentivised version of the same learning programme, Stepladder of Achievement, available for care leavers up to the age of 25.</p>	ERHSCP
<p>Tackling Poverty</p> <p>The Money Advice and Rights Team (MART) continue to support The Promise by ensuring that the financial scaffolding is in place to support our care experienced young people (CEYP) with Social Security, money advice and budgeting. MART have two dedicated workers who are known to the CEYP community. They attend the monthly Aftercare Drop in. This gives an opportunity for young people to discuss any benefit/debt issues they may have. In the financial year 23/24 28 CEYP were supported to make £65K of financial gains.</p> <p>The MART staff are also working with Aberlour as part of their housing support programme to deliver budgeting and tenancy support. In addition HSCP Children and Families Teams work with MART colleagues by referring families to have their income maximised, seek review decisions and with appeal tribunal representation when required. 384 lone parent households were assisted to make financial gains of £1M and 138 households, with 3 or more children were assisted to make financial gains £365K in the last financial year.</p>	MART ERHSCP Aberlour

People	
<p>Keep The Promise Awards in Education</p> <p>The rolling out of the Keeping The Promise Award (including specific professional learning for those identified as trainers or Promise Leads in all establishments) has resulted in education staff recognising and understanding the needs of care experienced children and young people and their families. The establishment of a Promise Leads network has facilitated learning in this area and offers a platform for sharing good practice. Currently 11 early years establishments, 12 primary schools and 2 secondary schools have successfully completed the award. Other teams including the Learn Well Service and Wider SEF team and the Educational Psychology Team have also successfully completed the award.</p> <p>The impact of this can already be seen in an improving attendance rate for our care experienced children and young people with an increase from 92.3% (Dec 23) to 94.14% (Dec 24) on last year's data in primary schools and an increase from 76.1% (Dec 23) to 81.7% (Dec 24) in secondary schools. In our primary schools there is almost no attendance gap for care experienced children however the attendance of care experienced young people in our secondary schools is an area of focus and all our secondary schools have an intensive focus on improving this.</p> <p>In Session 22/23 100% of our care experienced young people were in a positive destination and last session there were no exclusions for pupils who are looked after.</p>	<p>Education Services Educational Psychology</p>
<p>Trauma Informed Practice Training</p> <p>Since the Scottish Government launched the National Trauma Training Strategy a decade ago all public bodies have responded to the call to improve knowledge and skills in this important area. In East Renfrewshire the development of a partnership with Epione Training and Consultancy has enabled us to deliver the Trauma Level 2 and 3 modules to approximately 350 staff across ERC and HSCP over the last two years. The generic aims of the training programme is to enable staff to engage with people who have experienced trauma in their lives and increase understanding of how to better support them moving forward. The programmes evaluate very highly and there are plans to launch a Level 1 E-Learning module later in 2025 that will increase understanding of trauma across the wider council workforce.</p>	<p>ERHSCP ERC Departments Education Services</p>
<p>Multidisciplinary intensive support for very vulnerable young people – Youth Intensive Support Service and Schools</p> <p>There are many examples of very vulnerable young people being helped to have their voice heard and considered in complex support arrangements. This is especially the case with care experienced young people with significant mental health concerns and/or neuro-divergent diagnosis who are often engaged in high risk behaviour at home or in the community.</p>	<p>ERHSCP Education Services – High Schools</p>

<p>Assessment and planning of support centres around the young person's views being understood about what will help them, as well as building on positive relationships with trusted adults across disciplines and services. This has resulted in a number of very successful team around the young person intensive support packages being developed with social workers and school pastoral support staff working closely on a daily basis to re-engage the young person at home, in school, and out in their community.</p> <p>This work takes time to build up relationships of trust for the young people and their families, and resources need to be committed across HSCP Children and Families and our Education and Schools, in particular, for the agreed plan to be realised.</p> <p>However results have been positive where the approach is used thus ensuring the young person does not re-enter the care system - especially the secure estate or admission to adolescent mental health units - and is more ready for the transition to adulthood.</p>	
<p>The Promise Workforce Learning Programme</p> <p>A three tier Promise Workforce Learning Programme has been devised to support The Promise Keepers, the workforce and all Corporate Parents understand the aim of The Promise and the part they can play in implementation. The new programme was approved by Council in October 2024 and local partners have agreed to promote the attendance and engagement of their workforce at levels appropriate to roles and responsibilities. Commencement for Tier 1 and 2 is spring 2025, with Tier 3 expected to be delivered by autumn 2025. Information on the programme can be found here:</p> <p></p> <p>Promise Workforce Learning Programme</p>	ERHSCP
<p>Care experienced young people in the workforce - CLD</p> <p>We are fortunate to have a number of staff who are care experienced in the CLD Team, both as qualified community workers and sessional staff. These staff members were supported as young people in youth work activities developing long standing supportive relationships with youth workers. The staff recognise that these experiences and relationships have had a significant impact on their lives and encouraged them to move into this career path. The skills and experiences they have, have been invaluable to the development of services for all young people in East Renfrewshire.</p>	CLD

Scaffolding	
<p>Excellent Care Inspection Report</p> <p>In summer 2022, our considerable efforts to design and deliver the highest quality care and support was acknowledged when we were inspected by a team led by the Care Inspectorate.</p> <p>They observed the following strengths as a consequence of the East Renfrewshire partnership approach:</p> <ul style="list-style-type: none"> • Children and young people at risk of harm were benefiting from high-quality assessments, plans and support from a wide range of services. • Children and young people were listened to and respected. • The safety and wellbeing of children and young people who were at risk of harm was improving as a result of the caring relationships they had with key members of staff. • Children and young people at risk of harm and their families were actively participating and influencing service planning, delivery and improvement. • The partnership was successfully using data and quality assurance information to inform and support decision making, service planning and delivery. <p>In their assessment, the inspection team found the work of our Improving Outcomes for Children and Young People Partnership to be excellent which means that East Renfrewshire is the first in the country to receive an evaluation of Excellent for this quality indicator. The full report can be accessed on the Care Inspectorate website at East Renfrewshire joint insp children and young people.pdf (careinspectorate.com)</p>	<p>ERHSCP ERC – Departments ER HSCP – Health Visiting IOCYP</p>
<p>Education Data</p> <p>Keeping The Promise means that the Education Department have been taking immediate action to improve the experiences and outcomes for care experienced children and young people. As part of this response, education SEEMIS data was gathered to create an initial overview of all care experienced children and young people within local establishments. As care is one of the five foundations detailed within The Promise, it was important to recognise that behind the data are our children and young people. Therefore, to make the data relevant and meaningful, the Quality Improvement Manager and the Principal Teacher for Inclusive Practice and Whole Family Support planned meetings with every establishment to discuss their individual children and young people identified on SEEMIS as experiencing care.</p> <p>Values-led relational practice was a strong feature in every meeting; senior leadership teams spoke confidently about their children and young people, demonstrating detailed knowledge and understanding of how individual lived experience has influenced each young person's achievement and attainment.</p>	<p>Education Services</p>

There is a strong commitment to supporting the wider family network of care experienced children and young people.

Some examples of good practice include:

- An early years establishment supporting a young parent and their child, both fostered by the same family, to ensure parental voice is heard when decisions need to be made for the child
- Schools that continue to monitor the welfare of the non-biological siblings of children living in a long-term foster care and the siblings of children who have previously experienced care
- Primary and secondary establishments that support the health and wellbeing of parents and carers, known by the establishment to require some additional support by providing regular 'check ins' and by including and involving them in the wider life of the school
- Schools facilitating informal opportunities for families with care experienced young people to come together to connect

Successful interventions to support care experienced children and young people to support their attainment and achievement include:

- Leadership opportunities
- Bespoke timetables
- Forest School and play based nurture interventions
- Vocational opportunities
- Award schemes such as Duke of Edinburgh
- Attendance at the Rangers Foundation for secondary learners
- Work experience within local hairdressing academy to provide unique learning experiences for care experienced young people
- Work placements within local authority early years establishments, staff taking and collecting young people when required
- Night school 1:1 lessons provided by senior leadership teams

This has helped shape the understanding of how the lived experiences of care experienced children and young people affects attendance, their involvement and wider participation in the life of the school and their overall achievement and attainment at the appropriate CfE level to allow for planning improvement.

HSCP Children and Families Management Information Report

In addition to our strategic needs assessment, completed to meet the statutory duty under the Children and Young People (Scotland) Act 2014, HSCP produce an internal annual and bi-annual management information report. This means that we know the population of children and families who access our services, the relevant legislation, and what their needs are. Our senior management are well informed about the what, where, when, why, who and how of demand which is vital to our CSWO's decision making.

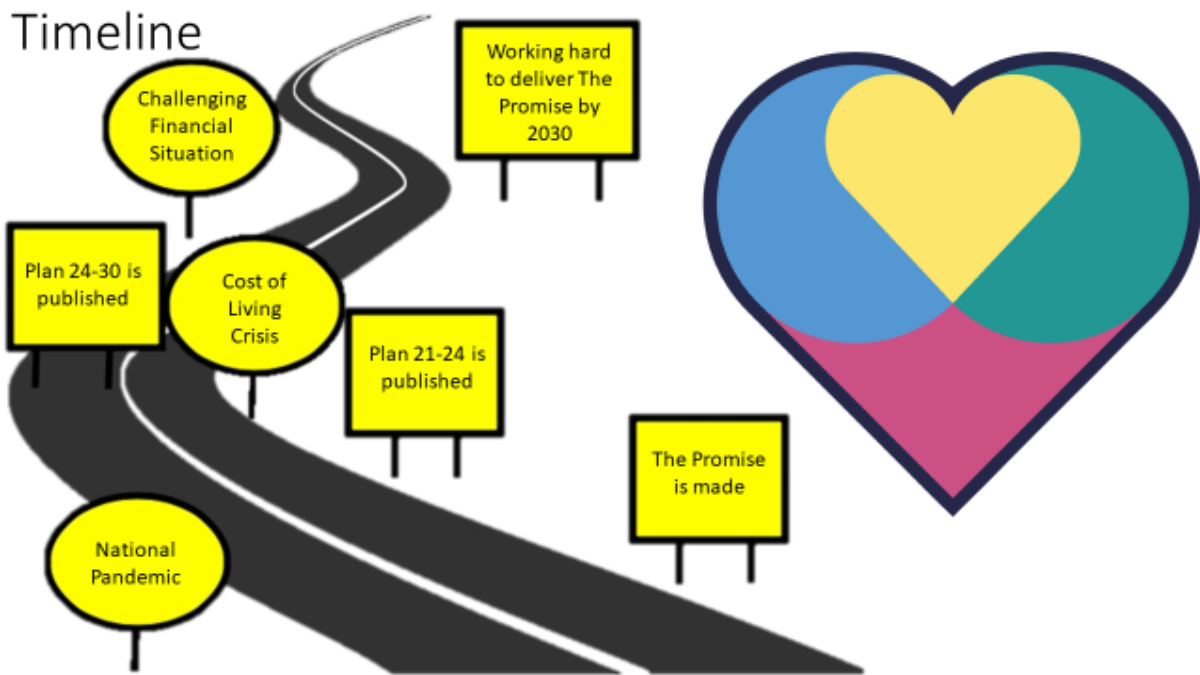
In addition the report is shared with Teams in order that they too can analyse activity and demand and shift resources accordingly. This flexibility is important to ensuring children and families' at risk get the help they need when they need it.

ERHSCP

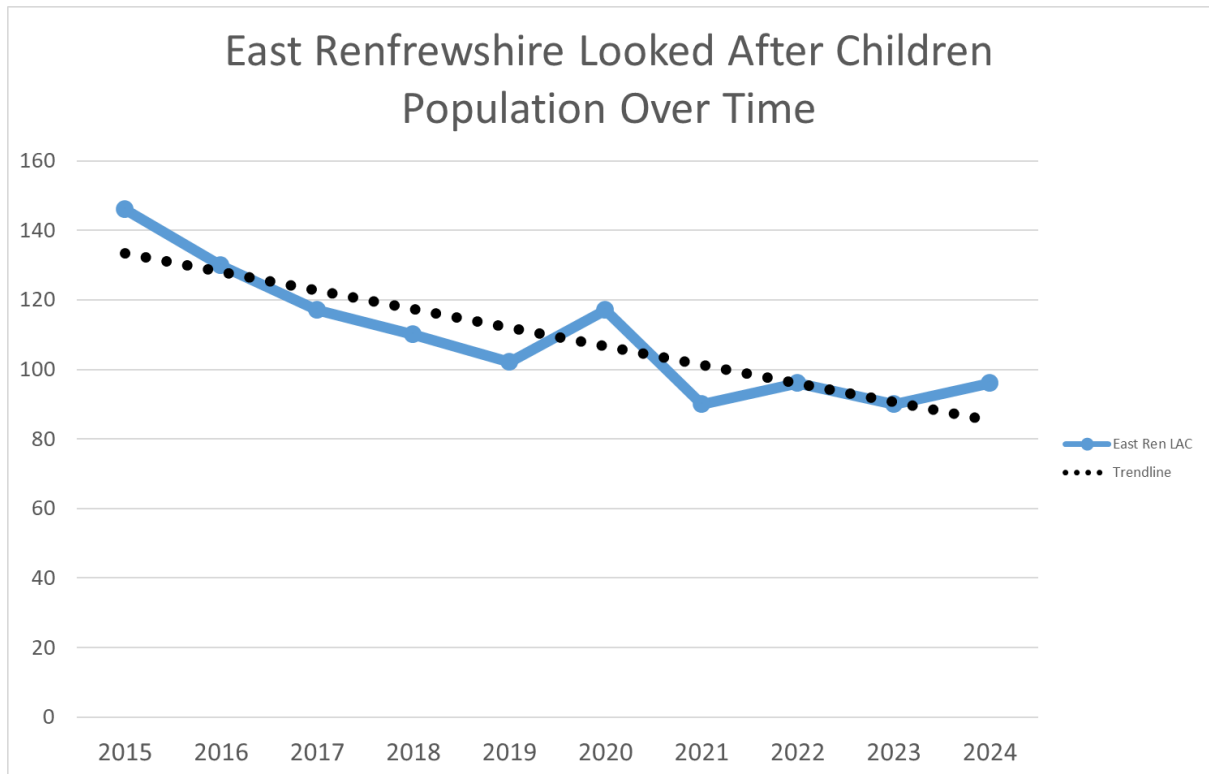
<p>The Care Experienced Employability Programme (CEEP)</p> <p>This programme is open to all care experienced young people from 16-29 years old living within East Renfrewshire or open to East Renfrewshire Youth Intensive Support Services (YISS) Team.</p> <p>It offers holistic, one-to-one support with progression into employment, further education and training. 83% of young people registered with the service over the last five years have been successful in achieving a positive destination. An individualised action plan is created in collaboration with each young person, to reflect their aspirations, abilities and personal circumstances.</p>	<p>ERC – Economic Development</p>
<p>Our Promise Journey - Mapping Across the Partnership</p> <p>We have been keen to hear from our wider partners in relation to their organisation’s Promise journey. A template was created and shared with all partner agencies in autumn 2023 to encourage them to think where they are and what their final destination will be.</p> <p>Collating of these has been useful but indicates that many public bodies at this time were still unclear about their journey and this should be an area of focus for The Promise nationally and the Scottish Government. Nonetheless membership of the Improving Outcomes for Children and Young People Partnership provides a forum for the wider partners to be part of discussions on developments and the new 3 tier Promise Workforce Learning Programme will be available to them too. Supporting all partners have ‘Voice’ at the centre of everything they do is first foundation of The Promise. For those immersed in The Promise, reporting on achievements and crucially their impact is an identified area of focus in response to Plan 24-30</p>	<p>IOCYP</p>
<p>Police Scotland</p> <p>Campus Police officers work closely with education settings and care experienced young people in East Renfrewshire. Our campus officers will engage with young people within the school environment or as part of targeted outreach sessions to address concerns within certain age groups. Our outreach sessions during school holidays have proved successful in past years in engaging with East Renfrewshire’s most at risk of being left behind or engaging in risk taking behaviour. In 2024, 13 children attended the summer wellbeing programme and a further 11 in the October week. Some children attended both, so the total children engaged was 19, a number of whom have experience of care or would be considered on the edges of care. As we look forward to the coming years, we hope to continue providing these bespoke programs of work engaging with more young people in East Renfrewshire.</p>	
<p>Access to health services</p> <p>East Renfrewshire Health Improvement worked in partnership with NHS GGC Improvement Team for Sexual Health to support development of the Sandyford Good Practice Guide for Carers and Staff. The consultation exercise in 2021 was supported locally by staff and young</p>	

<p>people and the toolkit that has been developed provides practical support for young people and those who care for them.</p>	
<p>Pathway Planning Project</p> <p>This initiative was identified as an area of need due to existing assessment models not being flexible enough for care experienced young people transitioning into young adulthood. The initiative was funded by the Corra Foundation for 12 months and was successfully completed in October 2022. Participation and engagement was the foundation for change and four young people worked closely with the project coordinator to design the project's aims and purpose. A test of change was undertaken with the Viewpoint Lifeskills survey and 25 young care leavers completed the survey and provided crucial feedback on their needs and experiences. In addition, the project published our first Aftercare Population Report that we are now using to inform a range of service developments. The report highlighted crucial information in relation to the aftercare populations' age ranges, sex, geographic location, legislation, housing, economic activity, and where they seek support from.</p> <p>The percentage of eligible young people receiving aftercare services is currently at a five year high of 44%. An updated Aftercare Population Report is currently in development in response to this increase; we want to ensure we anticipate the help they may need as they grow up into young adults.</p>	<p>ERHSCP ERC Housing Services FE Colleges ERC Economic Development</p>

Appendix 2 - The Promise Delivery Timeline Across Scotland



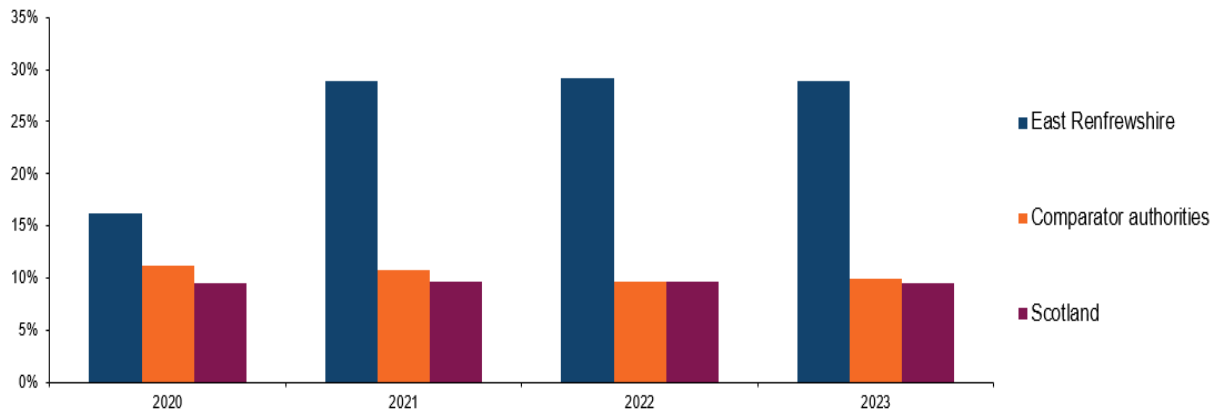
Appendix 3 - Looked After Population Trend



Source: Children's social work statistics - gov.scot*

*2024 figures taken from our internal information management system

Appendix 4 – Percentage of looked after children with a disability



Source: [Looked after children statistics 2023: local authority benchmarking tool - gov.scot](#)



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	26 March 2025
Agenda Item	9
Title	HSCP Strategic Plan 2025-28
<p>Summary</p> <p>The purpose of this report is to seek approval of the HSCP Strategic Plan for the period 2025-28. The plan sets out the vision and priorities for the HSCP in the years ahead, and emphasises the broad partnership approach we are taking with third and independent sectors partners and our communities to meet the full range of needs in East Renfrewshire.</p>	
Presented by	Steven Reid, Policy, Planning and Performance Manager
<p>Action Required</p> <p>It is recommended that the Integration Joint Board approve the Strategic Plan for 2025-28, subject to the addition of updated financial section.</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 checked="" type="checkbox"/> Legal</p> <p><input type="checkbox"/> Infrastructure</p> <p><input type="checkbox"/> Fairer Scotland Duty</p>

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

26 March 2025

Report by Chief Officer

EAST RENFREWSHIRE HSCP STRATEGIC PLAN 2025-28

PURPOSE OF REPORT

1. The purpose of this report is to seek approval of the HSCP Strategic Plan for the period 2025-28.

RECOMMENDATION

2. It is recommended that the Integration Joint Board approve the Strategic Plan for 2025-28, subject to the addition of updated financial section.

BACKGROUND

3. The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on integration authorities to create a strategic plan for the integrated functions that they control. The strategic plan should draw upon the 'commissioning' process'. Commissioning is the term used for all the activities involved in assessing and forecasting needs. It links investment to agreed outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place.
4. Integration authorities are required to review their strategic plan at least every three years, and may carry out additional reviews from time to time. In carrying out a review of the strategic plan, integration authorities must consider:
 - the national health and wellbeing outcomes;
 - the integration delivery principles;
 - the views of the Strategic Planning Group.
5. There should be a clear recording and measurement framework so that there is an ongoing process to assess whether aims are being achieved.
6. The previous East Renfrewshire HSCP Strategic Plan was approved by the IJB on 16th March 2022, covering the period 2022/23 to 2024/25. Our refreshed Strategic Plan will cover 2025/26 to 2027/28.
7. Our approach to the development of the plan was agreed in June 2024 with the East Renfrewshire Strategic Planning Group (SPG) who have responsibility for directing the development and implementation of the plan. An update on the development work was provided to the IJB at its meeting on 25 September 2024 and a consultative draft was presented on 20 November 2024.

REPORT

8. The Strategic Plan builds on our existing vision and priorities established in previous strategic planning. It will also recognise the changed circumstances for the HSCP since the last plan was developed, and intends to be open and realistic about the constraints the HSCP is working in.
9. The plan sets out key areas of focus for the HSCP in the years ahead and emphasises the broad partnership approach we are taking with third and independent sectors partners and our communities to meet the full range of needs in East Renfrewshire. It illustrates how the HSCP will contribute to the priorities and objectives set out in East Renfrewshire's community planning vision *A Place to Grow* and NHS Greater Glasgow and Clyde's clinical strategy *Moving Forward Together* (MFT).
10. The plan is the result of several months of development work as we have collaborated with colleagues, stakeholders, and local people. Our objective is that the plan reflects the shared priorities of local residents and sets out meaningful commitments for our wide partnership.
11. We were clear from the outset that we were not developing a strategic plan with a 'blank page' but building on core principles set out in our previous plans. The plan also links with a number of related plans and we have incorporated the learning from recent local planning and engagement activity that has informed those plans.
12. The development of our plan has followed the broad timeline set out below.

Jun-Jul 24	Aug 24	Sept-Oct 24	Nov 24	Dec 24-Jan 25	Feb 25	Mar-Apr 25	Apr 25 onwards
Initial planning – approach agreed; information and data gathering	Framework for plan agreed with SPG and management team	Engagement with staff, stakeholders, community groups, local people (workshops and survey)	Draft plan produced for consultation	Public consultation inc 'Big Lunch' public event	Post-consultation drafting	Approval and publication	Annual delivery plan agreed and implementation

Stage one stakeholder engagement

13. We were clear as a partnership that we wanted to simplify our Strategic Plan to make it more meaningful and more focused around shared priorities. In discussion with stakeholders through our SPG, service-based planning officers and senior managers we agreed an initial framework for the plan. This helped give the development work more focus, and was the basis for discussion during our engagement activity. The framework streamlines our plan and significantly reduces our previous nine priorities to three strategic outcomes.
14. During October we held two in-person stakeholder workshops in each of our localities (Barrhead and Eastwood) and an online workshop hosted by the SPG. The three events were attended by 45 stakeholders from the statutory, third and community sectors. The workshops considered the following topics for our strategic plan:
 - Current and future challenges – what are the key challenges we need to respond to as a partnership? Which are the most pressing?

- Our broad approach – how can our approach meet our challenges? What else would improve the way we work as a partnership?
- Our strategic outcomes, priorities and intermediate outcomes - What changes/outcomes do we hope to see by 2028? What areas/activities should we focus on?

15. To widen our engagement and capture the views of local people staff and stakeholders we conducted an online survey seeking views on the strategic outcomes in our framework. Respondents were asked to comment on our proposed outcomes and how these can best be delivered by the HSCP over the life of the plan. The survey was promoted online, through social media and was 'cascaded' by members of our local Participation and Engagement Network (PEN).
16. We received 50 responses to the survey, with two-thirds coming from local residents. There was strong support for the headline strategic priorities set out in our framework and recognition of the challenges facing the partnership including financial constraints. Survey respondents highlighted a range of areas for further action which informed the development of the first draft of the plan and the action planning in our supporting Annual Delivery Plan.

Stage two engagement work (consultative draft)

17. Having produced a consultative draft of the plan, and following comments from the IJB and the NHSGGC Finance, Planning and Performance Committee, we undertook a full public / stakeholder consultation through the following methods:
- Promotion of the draft with a short questionnaire to our prescribed consultees.
 - Promotion of the draft/questionnaire through HSCP website, social media, ERC Have Your Say page, and staff bulletins.
 - Promotion and discussion of draft at Big Lunch event in December 2024.
18. The 'Big Lunch' community event was attended by 80 local residents with participants sharing their views on: what they consider to be the most important issues for health and wellbeing in East Renfrewshire; approaches that are working well locally; and areas where there could be improvement. The consultative draft received feedback from 45 survey respondents, with 75% of responses coming from local residents.

Content

19. The Strategic Plan sets out:
- our 'plan on a page';
 - the ambition, vision and strategic outcomes for the three-year period – including key areas of focus for delivery;
 - how we have developed the plan;
 - our current context and challenges;
 - information on related plans and policies;
 - explanation of how we measure success.
20. The three strategic outcomes established in the plan are:
- People are enabled to live healthy and fulfilling lives;
 - Our communities are resilient and there are better opportunities for health and wellbeing;
 - People are safe and protected.

21. The plan describes our partnership and vision recognising the benefits of working collaboratively as a broad and inclusive partnership and the opportunities that exist to build our links with communities and community-based organisations.
22. Reference has been made in the plan to relevant planning at NHSGGC Board level, including the priorities set out in Moving Forward Together, the NHSGGC Mental Health Strategy, NHSGGC Primary Care Strategy, and the Public Health Strategy: Turning the Tide through Prevention.
23. The plan illustrates how the HSCP will contribute to the priorities established in the new East Renfrewshire Community Plan, A Place to Grow.
24. Key changes we have made to the final draft following the consultation period include:
 - Further discussion on reducing the harm from addictions through delivery of the East Renfrewshire Alcohol and Drugs Plan 2024-27.
 - Discussion of our workforce plan which will be refreshed in 2025.
 - Stronger focus on our work to address the challenges being faced in relation to prescribing.
 - Updated activity on supporting infant feeding groups in collaboration with partner agencies.
 - Addition of more visuals throughout document.
25. Following approval of the 2025/26 budget by the IJB, we will update the plan with a section outlining our financial position. This will set out the financial context for the three-year period including key challenges and plans for transformational change; and will set out our planned budgeting framework.
26. In collaboration with East Renfrewshire Council Communications Team, we will revise the Strategic Plan document to improve its design and we will produce an easy-read summary of the approved final plan. The plan will be made available in a variety of formats and languages as required to meet the needs of residents.
27. Subject to approval at the IJB, the Strategic Plan will be shared for agreement with NHS Greater Glasgow and Clyde Finance, Planning and Performance Committee and East Renfrewshire Council.
28. Through our Strategic Planning Group we are producing an Annual Delivery Plan setting out further detail on the operational delivery of the plan and revised key performance indicators.

IMPLICATIONS OF THE PROPOSALS

Finance

29. There are no financial implications from the Strategic Plan review process. Engagement activity is undertaken within existing resources.

Workforce

30. No wider staffing implications. HSCP staff with planning responsibilities are involved in the revision of the Strategic Plan.

Legal

31. Timely revision of the Strategic Plan is a statutory requirement of the Integration Joint Board.

Equalities

32. To support the development of the Strategic Plan we have produced an Equality, Fairness and Rights Impact Assessment (EFRIA) in collaboration with stakeholders. The EFRIA considers positive and potentially negative impacts of the plan on people with protected characteristics. The finalised EFRIA will be available alongside the published plan.
33. Reflecting the Integration planning and delivery principles, the revision of the Strategic Plan has:
- Taken account of the particular needs of different service-users.
 - Taken account of the particular needs of service-users in different parts of the area in which the service is being provided.
 - Taken account of the particular characteristics and circumstances of different service-users.
34. There are no implications in relation to risk, policy, or infrastructure.

CONCLUSION

35. The updated Strategic Plan for 2025-28 is the fourth iteration of our strategy since the establishment of the HSCP. The plan reflects the high-level aims and ambitions for the HSCP and outlines the approaches we will take as a wider partnership to meet the health and care needs of people in East Renfrewshire.

DIRECTIONS

36. There are no directions arising from this report.

RECOMMENDATION

37. It is recommended that the Integration Joint Board approve the Strategic Plan for 2025-28, subject to the addition of updated financial section.

REPORT AUTHOR AND PERSON TO CONTACT

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March 2025

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BACKGROUND PAPERS

East Renfrewshire HSCP Strategic Plan 2022-25, IJB Paper, 16 March 2022
eastrenfrewshire.gov.uk/media/7440/IJB-item-06-16-March-2022/pdf/IJB_item_06_-_16_March_2022.pdf?m=1646923405760

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East Renfrewshire Health and Social Care Partnership

Strategic Partnership Plan 2025-2028

DRAFT FINAL

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1. Introduction and our plan on a page

Welcome to the fourth Strategic Plan for East Renfrewshire Health and Social Care Partnership (HSCP). The plan sets out the shared ambitions and strategic priorities of our partnership; and how we will focus our activity to continue to deliver high quality health and social care to the people of East Renfrewshire. The plan covers the period 2025-28. It builds on the priorities set out in our previous HSCP strategic plans and links with a range of local HSCP thematic plans, East Renfrewshire Council (ERC) and NHS Greater Glasgow and Clyde (NHSGGC) plans and national plans.

Our strategic planning is based on strong evidence of local needs and our most recent review of this plan involved engagement activity drawing in voices from our partners in the community, third and independent sectors as well as people with lived experience and unpaid carers. We recognise that understanding local needs and planning the most effective responses is an ongoing process. As an inclusive partnership we will continue to engage widely as we review the delivery of our commitments in this plan, and work to bring in new and innovative approaches. This plan and supporting delivery plans will be reviewed annually, building on the experiences and new learning as we move forward.



East Renfrewshire HSCP provides care, support and protection for people of all ages, to enhance their wellbeing and improve outcomes. The health and social care sector is facing unprecedented challenges across Scotland the UK. We continue to see changing patterns of demand in the aftermath of the Covid-19 pandemic and significant financial constraints for the sector locally and nationally. As a small partnership we continue to respond to higher demands for support locally: supporting individuals with higher levels of emotional distress, complex needs and limited informal support networks. Our teams respond compassionately, creatively and with an unwavering commitment to improve outcomes for individuals and families.

This plan faces-up to the significant challenges that we are responding to as a partnership. It recognises that traditional approaches to providing support have to change, and that we need to think differently about how we support people and where they get support from. The plan recognises the opportunity to do things better with: higher levels of collaboration and learning across partners; stronger community-based responses and activities; and modern, innovative approaches to support healthy lifestyles and the self-management of individual needs.

Despite our challenges, the plan sets out our continuing commitment to our values and principles. We remain focused on our fundamental strategic priorities for health and social care such as supporting people to living independently and well at home, supporting better mental health and wellbeing, and ensuring access to high quality local health care services.

We want the plan to be a focal point for our wider partnership and for any individuals or organisations interested in or engaged with health and social care in East Renfrewshire. Although it covers a wide range of activity, we have streamline the plan with a more focused set of strategic outcomes. The outline of our Strategic Plan 'on a page' is set out below.

HSCP Strategic Plan 2025-28 on a page

Drivers and influencers		Challenges and pressures	
<ul style="list-style-type: none"> • HSCP Vision and Values • National, GGC and local policy • Joint Strategic Needs Assessment • Partnership, stakeholder, service user and public views and priorities • Performance data, benchmarking and best practice 		<ul style="list-style-type: none"> • Population and demographic change, particularly children and older people • Financial constraints / budgetary pressures • Increasing volume and complexity of presenting needs • Pressure on acute hospital in-patient services • Increasing pressure on our unpaid carers • Increasing mental health and wellbeing concerns • Ensuring choice and control • Achieving the appropriate balance of care • Addressing health inequalities • Ensuring public protection • Revised National Care Service (NCS) • Sustaining and supporting our workforce 	
			
Our approach			
Focusing resources where most needed • Working in partnership with communities and 3 rd and independent sector partners • Supporting self-management and digital approaches • Collaboration and shared learning on improvement/best practice • Person-centred/trauma-informed practice			
Our strategic outcomes and areas of focus			
People are enabled to live healthy and fulfilling lives	Our communities are resilient and there are better opportunities for health & wellbeing	People are safe and protected	
<ul style="list-style-type: none"> • Supporting children, young people and their families to improve mental and emotional wellbeing • Supporting people to maintain their independence at home and in their local community • Supporting better mental health and wellbeing and reducing harm from alcohol and drugs • Supporting people who care for someone, ensuring they are able to exercise choice and control • Supporting staff across the partnership to strengthen resilience and wellbeing 	<ul style="list-style-type: none"> • Strengthening links with communities and 3rd sector supports • Supporting individuals and communities to tackle health inequalities and improve life chances • Supporting people's healthcare needs by providing support in the right way, by the right person at the right time • Supporting effective community justice pathways that support people to stop offending and rebuild lives 	<ul style="list-style-type: none"> • Protecting people from harm • Addressing violence against women • Minimising self-harm and suicide • Health protection 	
Enablers for change			
Service review and redesign • Our workforce • Local people and communities • Local Partners • Our Financial Plan • Data and intelligence • Digital technology • Equalities Outcome Plan • Commissioning Plan • Housing Contribution Statement			

2. Our ambition, vision and strategic outcomes

2.1 Our ambition

It is the ambition of East Renfrewshire HSCP to meet the challenges we face and embrace new opportunities with a renewed commitment to innovation and high quality services and supports, designed and delivered in partnership with local people and partners.

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

We want to see strong collaboration and shared learning across the partnership, and over the life of this plan we will work to further strengthen collaborative practices, building on examples such as our Talking Points Partnership, Community Hub and local delivery of the Communities Mental Health and Wellbeing Fund.

Due to our current financial circumstances, we have to focus our finite resources where they are most needed. This means prioritising social care resources to ensure that we support the people with the most significant needs (currently those assessed as having 'critical' or 'substantial' needs) and that we meet our legal duties in managing risk and harm. This means that people with lower level needs may not receive social care supports in the same way in East Renfrewshire.

To ensure this is done fairly we will work closely with individuals and families, taking a strengths and assets-based approach. We will continue to invest in voluntary and community resources that help people to live well and independently. We will help people with lower level needs to access these services/supports so that they still get the support they need to live well. We will also advise people on how to make best use of their own personal assets and resources and show people the ways that technology can help meet health and social care needs.

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

third sector organisations and our independent sector providers, championing the most innovative and effective ideas and approaches.

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

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

2.2 Our partnership

Under the direction of East Renfrewshire's Integration Joint Board (IJB), our HSCP builds on a secure footing of a nearly 20 year commitment to health and social care partnership in East Renfrewshire. Our experiences over the years, not least during and since the Covid-19 pandemic have reinforced the benefits of working together as a broad and inclusive partnership. Moving forward we will further strengthen our supportive relationships with independent and third sector partners. Our partnership must extend beyond traditional health and care services to a long-term meaningful partnership with local people and carers, volunteers and community organisations.

2.3 Our vision

Our vision statement, "*Working with the people of East Renfrewshire to improve lives*", was developed in partnership with our workforce and wider partners, carers and members of the community. This vision sets our overarching direction and includes our three main priorities which guide everything we do as a partnership:

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

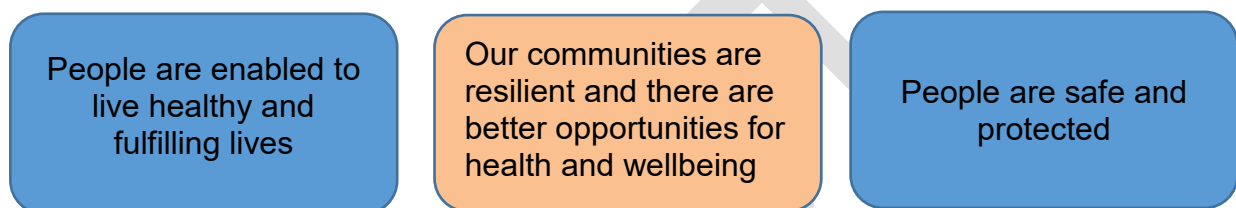
We want to support people to live good lives, supporting them to be independent, to be safe and healthy and to achieve the goals and outcomes that are important and unique to them.



2.4 Our strategic outcomes

For this iteration of our strategic plan we have worked to make the plan more focused and easier to understand. The plan covers a wide range of activities and approaches promoted by the partnership; recognising the interconnectedness of different elements of our work, and the importance of taking a ‘whole system’ approach to the development and delivery of health and social care supports. However, we have chosen to streamline the plan, reducing our previous nine strategic priorities to three headline strategic outcomes.

Our strategic outcomes articulate our overarching priorities for the three year period and are ambitious for the health and wellbeing of local people. Despite the challenges that the partnership faces, we believe that all local people can live their lives in good physical and mental health and achieve their full potential.



These priorities compliment the three pillars set out in the new East Renfrewshire Community Planning Partnership vision for 2040, *A Place to Grow*. Delivering on our HSCP strategic outcomes will contribute to the pillars in the community plan:

- Our children and young people flourish;
- Our communities and places thrive;
- We all live well.

More information on *East Renfrewshire – A Place to Grow* can be found [here](#).

This strategic plan also contributes to the delivery of the principles and priorities of the [NHSGGC Moving Forward Together](#) programme, as well as the NHSGGC Clinical Vision and NHSGGC thematic plans. Central to our approach is the ‘tiered’ model of healthcare which promotes self-management and the person at the centre. The model sees different levels of appropriate advice, treatment and support tailored to what we need. The model is responsive to different levels of demand and resource.



What our strategic outcomes mean, how we will work towards them over the life of this plan, and how they align to the themes in other relevant plans, are set out in the following sections. We will develop more detailed annual delivery plans to support the implementation of our strategy, and these will inform our performance monitoring framework.

PEOPLE ARE ENABLED TO LIVE HEALTHY AND FULFILLING LIVES

Why this outcome is important

We work to ensure that East Renfrewshire is a place where everyone, regardless of whether they require HSCP services, is empowered to live **heathy lives** and have the opportunities to make **positive lifestyle choices**. We want to enable people to take responsibility for their health and wellbeing and be able to manage wellbeing for themselves and their families. We also recognise that health and wellbeing is a **shared responsibility** for individuals and families, communities and those providing help and support.

As a partnership, we want to help people to live well, supporting them to be independent, to be safe and healthy and to achieve the goals and outcomes important and unique to them. We will ensure that people living in East Renfrewshire can access the support they need to meet identified needs at **all stages of life**. This means supporting the needs of **children and their families**, supporting **independence** for **older people** and people with **disabilities** and **long-term conditions**, and supporting people with their **mental health** needs. It also means supporting our **unpaid carers** and ensuring the **wellbeing of staff** working in health and social care.

As stated, our vision is to value what matters to people, build capacity with individuals and communities and focus on outcomes. Where people are accessing HSCP-provided supports our principles ensure we will:

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

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



share of support. In order to achieve the principles above and to fairly use finite resources, we take a **strengths and assets-based approach**. We will help residents to work out what strengths, assets and resources they have, what is available within the community and support network.

We will continue to invest in **voluntary and community resources** that help people to live well and independently. We will encourage and signpost people with lower level needs to these services/supports so that they still get the help they need to live well. We will also advise people on how to make best use of their own personal assets and resources and show people the ways that technology can help meet health and social care needs.

Our approach to the provision of local health and social care supports reflects the principles set out in the [NHSGGC Quality Strategy - Quality Everyone Everywhere](#), which aims to ensure people experience **high-quality** individualised, person-centred care and sets the following objectives:

- People experience person-centred, high-quality care in every place and every interaction;
- The voices of our population, patients and staff are embedded in the decisions we make.

We will make best use of **digital technology** and approaches such as home health monitoring systems to support independence and self-management of conditions. We will work locally to promote the many opportunities recognised in the [NHSGGC Digital Health and Care Strategy](#) including improving the way we work, supported by data/information, tools and technology; and promoting electronic health technologies and online solutions to deliver better care. Through our Talking Points partnership we will continue to promote the benefits of digital technologies to support independent living through referrals for community alarms, promoting dementia friendly technologies and referrals to the Tech-enabled Care team within the HSCP. Ensuring person-centred care, digital solutions will be appropriate and tailored to the needs of individuals. We would also like to see greater awareness of digital solutions for better health and wellbeing among our communities for everyday life and lower levels of need.



Our engagement work tells us that some people do not feel they have adequate options following an intervention, or have to explain their circumstances afresh for each service they encounter. Over the life of this plan we want to further strengthen our partnership working with greater **interconnectedness** between partner organisations and staff. We want to build our local networks, with greater knowledge of the types of support available from other partners allowing more effective signposting and identification of support 'gaps'. Better communication between partners is the foundation for more collaborative approaches and shared learning.



We are committed to the right of individuals to exercise **choice and control** in relation to their care and support and we will work to ensure the principles and opportunities of Self-directed Support (SDS) are embraced. In addition to the funding options that SDS offers, we need to continue to work with local people, communities and partner organisations to provide genuine choices and good information to help people live fulfilling lives and achieve their personal outcomes. We will continue to promote and develop our visible points of access including initiatives such as Talking Points and the East Renfrewshire SDS Forum.




As a partnership, we support our population across all life stages and recognise the value of a **'life course' approach**. Rather than focusing only on a single condition at a single life stage, a life course approach

considers the critical stages, transitions and settings where large differences can be made in promoting or restoring health and wellbeing. In line with our principle of early and minimum intervention we aim to identify opportunities to minimise risk factors and promote positive factors at key stages of life, from infancy and childhood, adolescence, working age, and into older age. We continue to support the mental and emotional wellbeing of children and young people and support transitions for vulnerable people. For older people and people with long-term conditions we promote Future Care Planning and early establishment of Power of Attorney; and work to ensure appropriate community-based resources, residential care and housing that meets specific needs. In developing this plan, our engagement highlighted the importance of recognising the needs of our working-age population, including people with physical or mental health needs who may be most impacted by changes to the way services are being delivered.

How we will deliver this priority

Supporting children, young people and their families to improve mental and emotional wellbeing

<p>Our multi-agency approach to supporting the needs of children and young people in East Renfrewshire is set out in “At Our Heart – The Next Steps” our Children and Young People’s Services Plan 2023-2026. At Our Heart is a holistic plan and our overarching strategic plan only seeks to reemphasise our commitment to improving the mental and emotional wellbeing of our children and young people. This continues to be one of the highest priorities for the HSCP as we go forward. Priority outcomes and key activities taken forward by the HSCP are outlined below.</p>	
	
Priority outcomes	Key activities
<p>We will protect our most vulnerable children, young people and families</p>	<ul style="list-style-type: none"> • The Signs of Safety approach to keeping children safe will be rolled out across the local children’s services partnership. • Local partners will collaborate with young people to design and deliver diversionary programmes and opportunities that promote inclusion, responsibility, and improve wellbeing. • Recovery and mental health services for 16-26 year olds are evaluated to determine options for the best model of delivery for this age group in transition to adulthood.
<p>We will ensure children and young people with complex needs are supported to overcome barriers to inclusion at home, school, and communities</p>	<ul style="list-style-type: none"> • Improve access to inclusive opportunities information to ensure children and their families are aware of what services, programmes, and activities are available to them locally. • Arrangements for young people with complex needs to achieve and sustain a positive transition into young adulthood will be strengthened to ensure the experience is improved and the outcome in line with young people and families expectations.
<p>We will deliver on our Corporate Parenting responsibilities to our looked after and care experienced children and young people by fully implementing The Promise</p>	<ul style="list-style-type: none"> • Create settled, secure, nurturing and permanent places to live within a family setting for all care experienced children and

	<p>young people in line with expectations from The Promise Good Childhood.</p> <ul style="list-style-type: none"> • Support young people to remain in a positive care placement until they are ready to move on and/or good quality accommodation with options to support their needs. • Unaccompanied asylum seeking children and young people are supported by all Corporate Parents to integrate into local communities and access the care and support they need.
<p>We will respond to the mental and emotional wellbeing, and physical health needs of children and young people</p>	<ul style="list-style-type: none"> • Improve access to and awareness of the range of mental health supports available, to increase uptake and improve wellbeing. • Promote the Healthier Minds Resource website for children, families and partner agencies to increase knowledge and skills, and enhance support strategies. • Collaborative work with partner agencies to focus on addressing speech, language and communication concerns in order to decrease the number.

Supporting people to maintain their independence at home and in their local community

Ensuring as many East Renfrewshire residents as possible can maintain their independence at home remains a priority of the partnership and a key area of focus. 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.

Priority outcomes	Key activities
<p>People are better able to find good information and access a range of activities and supports</p>	<ul style="list-style-type: none"> • Promote the range of local opportunities and supports available through visible points of access including the Community Hub, Talking Points and SDS Forum. • Promote better collaboration and knowledge between staff and organisations through local networks. • Support various link worker approaches, e.g. through GP practices, supporting dementia, Improving the Cancer Journey (ICJ).
<p>Individuals and families are better able to self-manage health and wellbeing, and long-term conditions</p>	<ul style="list-style-type: none"> • Expand and promote the uptake of digital solutions for health management and better health and wellbeing – through development of options and wider awareness. • Promote better ‘future proofing’ such as Future Care Planning, early establishment of Power of Attorney. • People with dementia and their families are better supported through the delivery of the East Renfrewshire Dementia Action Plan. • There is a sustained focus on promoting positive health behaviours. • Patients prescribed medicines are supported to manage their medicines appropriately.
<p>The people we work with have choice and control over their lives and the support they receive</p>	<ul style="list-style-type: none"> • Ensure that the principles and opportunities of Self-directed Support continue to be promoted. • As a partnership, establish greater choice and innovation by developing the range of local opportunities and types of support. • Work with housing providers to ensure housing needs are met and consider future housing opportunities. • Work in partnership to support the delivery of the Local Housing Strategy (LHS), particularly activities under the

	<p>priority “Homes that Meet a Lifetime of Needs, Supporting Residents to Live Independently”.</p>
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Supporting better mental health and wellbeing and reducing harm from alcohol and drugs

 <p>We are focused on promoting 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.</p> <p>We continue to enhance our approach to minimising drug and alcohol related harms and deaths and improving overall wellbeing amongst people with harmful drug or alcohol use and their families, through our implementation of the East Renfrewshire Alcohol and Drugs Plan 2024-27. This will be delivered in partnership with public sector and third sector partners and lived and living experience communities. Continuing to develop and enhance alcohol and drugs service to reduce risk and harm and support people with recovery plans is a key focus, while also building capacity in the recovery community to ensure people can move on from services and maintain their recovery.</p> <p>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. This includes a focus on suicide prevention through the implementation of the East Renfrewshire Suicide Prevention Strategy 2024-27.</p> <p>We will continue to work in partnership with people who use services, carers and staff to influence the <i>Greater Glasgow and Clyde Adult Mental Health Strategy</i> 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.</p>	<p>We are focused on promoting 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.</p> <p>We continue to enhance our approach to minimising drug and alcohol related harms and deaths and improving overall wellbeing amongst people with harmful drug or alcohol use and their families, through our implementation of the East Renfrewshire Alcohol and Drugs Plan 2024-27. This will be delivered in partnership with public sector and third sector partners and lived and living experience communities. Continuing to develop and enhance alcohol and drugs service to reduce risk and harm and support people with recovery plans is a key focus, while also building capacity in the recovery community to ensure people can move on from services and maintain their recovery.</p> <p>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. This includes a focus on suicide prevention through the implementation of the East Renfrewshire Suicide Prevention Strategy 2024-27.</p> <p>We will continue to work in partnership with people who use services, carers and staff to influence the <i>Greater Glasgow and Clyde Adult Mental Health Strategy</i> 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.</p> 
<p>Priority outcomes</p>	<p>Key activities</p>

<p>People are supported to self-manage their mental health and can access a range of supports on their journey to recovery from mental ill health and alcohol and drug harms</p>	<ul style="list-style-type: none"> • Support people to self-manage the impact that mental ill health has on their life. • Enhance access to primary care mental health services. • Ensure people with complex mental health conditions are fully involved in the design and delivery of their own care plans.
<p>The risks and harms caused by alcohol and drugs are reduced for people, their families and wider communities</p>	<ul style="list-style-type: none"> • Develop the provision of peer support within services. • Grow the recovery community, including the design and implementation of a recovery hub. • Ensure whole family support and recovery by working jointly across Alcohol and Drugs Recovery Service, children and families social work and third sector partners. • Continuing to deliver rapid access to alcohol and drugs services and enhance the assertive outreach approach for people at high risk of harm.
<p>Wellbeing is enhanced through a strong partnership approach to prevention and early intervention</p>	<ul style="list-style-type: none"> • Work with our communities to promote positive mental health and wellbeing. • Support and promote mental health and wellbeing initiatives delivered through third sector and community-led activity.
<p>Staff and volunteers have the skills, knowledge and resilience to support individuals and communities</p>	<ul style="list-style-type: none"> • Maximise opportunities for skills development in relation to mental health, recovery and suicide awareness and prevention across services and the wider partnership. • Ensure effective and efficient frontline staffing and service design across mental health and recovery to ensure fast, appropriate access to treatment.

The contribution of unpaid carers to the provision of care cannot be overstated and the daily efforts of families and loved ones to those needing support is fully recognised by the partnership. In the aftermath of the Covid-19 pandemic, unpaid carers have been under increasing pressure as a result of indirect health consequences and the impact of pressures on health and social care



resources. The [East Renfrewshire Carers Strategy 2024-26](#) sets out how we will work together with partners to improve the lives of East Renfrewshire’s carers. Through our local engagement and discussion we know that we need to develop our workforce, pathways and supports for carers. We have committed to working together with East Renfrewshire Carers Centre to improve access to accurate, timely information. We will continue to encourage collaboration between support providers for advice, information and support for carers ensuring



local provision that best meets carers’ needs. We will provide information and training to raise awareness of the impact of caring responsibilities. We will continue to support the expansion of personalised support planning in collaboration with our unpaid carers and ensure that self-directed support options are offered to all adult carers who have been identified as eligible for support. Further detail on our activity is contained in the East Renfrewshire Carers Strategy.

Priority outcomes	Key activities
Carers are identified at the earliest opportunity and are offered support in their own right.	<ul style="list-style-type: none"> • Identify carers at an earlier stage in their caring role. • Increase awareness of carers, their rights and the impact of caring.
Carers can easily access the advice, information and support they need at the time they need it.	<ul style="list-style-type: none"> • Ensure people caring for someone living in East Renfrewshire know where to go to find up to date advice, information and the right support.
Improve the process and uptake of Adult Carer Support Plans	<ul style="list-style-type: none"> • Support carers to identify and achieve the outcomes that matter to them (through the promotion of adult carers support plans).
Carers get a break from and are able to maintain their own health and wellbeing	<ul style="list-style-type: none"> • Increase awareness of the different options available to carers for short breaks and promote opportunities to increase these options.
We will work with partners to mitigate any negative impact caring has on carers’ finances.	<ul style="list-style-type: none"> • Work with partners to ensure supports are available to carers to minimise the impact of financial hardship as a result of caring and rising living costs.

<p>Unpaid carers are recognised and valued as equal partners in care and involved in decision making relating to their caring role.</p>	<ul style="list-style-type: none"> • Involve carers as equal and valued partners in planning support and in the planning of services that affect them or the person they care for.
<p>Staff who are carers are supported in the workplace</p>	<ul style="list-style-type: none"> • Deliver Carers Strategy actions including peer support sessions, awareness raising, promotion of flexible work and carer leave policies.

Supporting staff across the partnership to strengthen resilience and wellbeing

Our health and care system depends on those that provide care and support, both paid and unpaid. As a partnership our workforce are our greatest asset. We want to ensure that those providing invaluable health and care services are happy and motivated; and feel respected and fulfilled in their role for years to come. Working together with staff and our partners we will continue to develop and embed positive practices and interventions to promote staff wellbeing over the life of the plan. We will work to ensure that this priority is delivered across the wider partnership with advice, support and activities made available as widely as possible.

Our Workforce Plan will be refreshed in 2025. Our ongoing planning sets out the changing staff implications for the partnership, ensuring we have the appropriate workforce to meet the demographic challenges of our local area in particular the growing young and elderly populations. We will ensure our staff have skills required to meet the needs of our population and develop the health and social care workforce for the future.



Priority outcomes	Key activities
<p>Staff have access to resources and information that can improve their wellbeing</p>	<ul style="list-style-type: none"> • Ensure that all staff have access to universal information with regard to health and wellbeing across the partnership’s services.
<p>Staff feel connected to their team or service and we embed a health and wellbeing culture across the partnership</p>	<ul style="list-style-type: none"> • Develop leadership competencies across management in order to focus on resilience across the partnership. • Ensure regular wellbeing conversations with staff and teams.
<p>Opportunities are promoted for staff to take part in physical activity, rest and relaxation</p>	<ul style="list-style-type: none"> • Promote relaxation and physical activity opportunities across the partnership

OUR COMMUNITIES ARE RESILIENT AND THERE ARE BETTER OPPORTUNITIES FOR HEALTH AND WELLBEING

Why this outcome is important

As well as our commitment to delivering high quality health and social care services for people with assessed needs we want our local communities to be resilient and be places that promote good health and wellbeing. This means promoting good **public health** through **healthy lifestyle choices**, and ensuring people can access the health and care interventions they need at the **right time** and in the **right place**. We will encourage local people to live healthy lives, providing advice, support and signposting to opportunities in our communities. When a concern arises, be it physical illness, mental health, or another concern that impacts your wellbeing, we will provide support as soon as possible to prevent it from growing into a more complex issue.

This strategic plan is transparent about the challenges facing the health and social care sector. As resources have become increasingly stretched, the HSCP has had to change its approach to how people access social care, introducing a new *Supporting People Framework*.

Under the framework the HSCP is currently targeting resources towards people assessed as having 'critical' or 'substantial' needs. Regardless of whether the resource position changes in the years ahead, it is clear that the way many people in East Renfrewshire access help is changing. As described under our previous outcome, we are taking a strengths-based approach, working with individuals and families to identify what assets are available to them in their own networks and in their local communities. A key challenge for our partnership is ensuring that the necessary **community-based help and support** is available and accessible. We recognise that the third/voluntary sector is not immune to the resource challenges we are facing and local organisations are facing their own issues in relation to funding, increased demand pressures and shortages of volunteers.

It is a shared responsibility to ensure a resilient community sector and we will work with our partners to strengthen the resources available in our communities to improve health and wellbeing. The

HSCP will take an active role in the Community Planning Partnership in East Renfrewshire, supporting the delivery of the ambitious



new community planning vision for 2040, [A Place to Grow](#). The vision has three ‘pillars’ including supporting a “future where we all live well”. This pillar sets out the following priority outcomes for residents and communities in East Renfrewshire:

In East Renfrewshire by 2040:

1. Our communities will be stronger, more connected and collaborative and will be leading on solutions to support people to live well.
2. Health inequalities will have significantly reduced, and residents will have routes out of poverty.
3. Our older population will be supported to live healthy, active lives and have opportunities to participate, contribute and thrive.
4. Our residents will be enabled and empowered to make healthier choices and have access to high-quality sport and physical activities and facilities.
5. Our residents will have access to creative and vibrant cultural experience and have opportunities to celebrate their diversity of heritage.
6. Life-long learning will be valued and available to all.

EAST RENFREWSHIRE
A PLACE TO
GROW

A future where . . .



We will continue to strengthen links between the HSCP and community and third sector support, recognising the role of community capacity building approaches, working to identify gaps in support and aiming to ensure that people can access different types of help for different needs across our local groups and support providers.

The partnership is committed to addressing the **health inequalities** that we see across our communities. We will continue to work together with community planning partners to improve health and wellbeing outcomes for our most disadvantaged localities. 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.

Under this outcome we will ensure that our local health care, including **primary care** is of the highest quality and meets the needs of all residents. As well as promoting self-care and supporting people with long-term conditions we will ensure that local provision supports the rest of the health and social care system, minimising unnecessary use of hospital and acute services. We will continue to work with our NHSGGC partners to ensure a ‘whole system’ of health and social care enabled by the delivery of key primary care and community health and social care services. We will collaborate with external contractors to ensure seamless transitions of care and partnership working e.g. community pharmacy, optometry, general practice. We will continue to manage HSCP resources to ensure optimal outcomes and cost-effectiveness, an example of this being pharmacy medicines reviews.

We will continue to support communities through a range of **community justice** services working with our multi-agency partners to ensure there are strong pathways to rehabilitation following a conviction. We will support a range of innovative approaches to meet the needs of our communities and reduce the risk of further offending.

How we will deliver this outcome

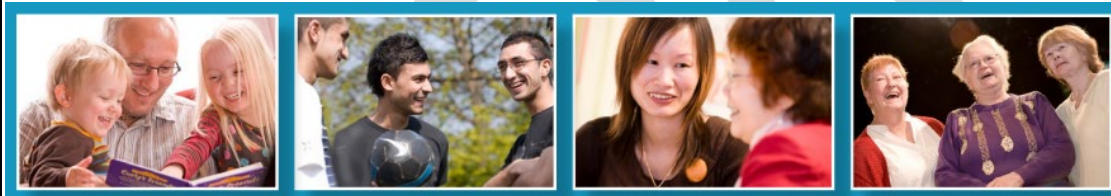
Strengthening links with communities and 3rd sector supports

<p>The partnership is committed to developing the volume and range of help and support for health and wellbeing available in our communities. While new models or support are urgently required, we recognise the pressures our voluntary/third sector is under. It is a shared responsibility to support the sector, identify gaps and areas where further development is required. We also need to develop our approach to being a ‘listening’ partnership that can respond to the changing needs of our communities.</p>		
Priority outcomes	Key activities	
<p>Gaps in community resources for health and wellbeing are identified and addressed</p>	<ul style="list-style-type: none"> • Partners work together to map and understand local support and identify gaps. • Community-based groups are supported to strengthen their response to address identified gaps in support. 	

	<ul style="list-style-type: none"> • Work in partnership to build the capacity of community organisations, groups and individuals to deliver their own solutions.
Residents are clear on the role of the HSCP, statutory providers and the support available from third/community sector organisations	<ul style="list-style-type: none"> • The partnership communicates its holistic approach to helping people find support that is appropriate to different levels of need.
We are a genuinely ‘listening’ partnership with ongoing, transparent engagement.	<ul style="list-style-type: none"> • Continue to develop the scope and activities of our Participation and Engagement Network (PEN), involving more views from people with lived experience. • Review options for more consistent engagement activity.

Supporting individuals and communities to tackle health inequalities and improve life chances

We are committed to the local implementation of Greater Glasgow and Clyde’s [Public Health Strategy 2018-28, Turning the Tide through Prevention](#) which requires a clear and effective focus on the prevention of ill-health and on the improvement of wellbeing in order to increase the healthy life expectancy of the whole population and reduce health inequalities. This includes a commitment to reduce the burden of disease through health improvement programmes and a measurable shift to prevention and reducing health inequalities through advocacy and community planning. We will work to ensure that the health improvement activities we support are accessible, well communicated, and flexible; driven by the needs of local people.



The HSCP will continue to support community planning activity that aims to tackle the root causes of health inequalities as reflected in the new community planning vision, [A Place to Grow](#). This includes activity to address child

poverty, promote health literacy and strengthen community resilience. We will continue to promote digital inclusion with a particular focus on supporting people to live well independently; and play a proactive role in managing their health and wellbeing.

Priority outcomes	Key activities
Health inequalities will be reduced by working with communities and through co-produced targeted interventions	<ul style="list-style-type: none"> • Deliver tailored health improvement programmes and activities in communities with greater health inequalities.

	<ul style="list-style-type: none"> • Work to ensure people in our most disadvantaged community are able to access digital opportunities that support independence and wellbeing. • Continue to support local activity to tackle Child Poverty and mitigate its effects. • Develop and support infant feeding groups across East Renfrewshire in collaboration with partner agencies.
Activity to address health inequalities is informed by data, intelligence and the experiences of our communities	<ul style="list-style-type: none"> • We use Health and Wellbeing Survey data to direct our targeted work in local neighbourhoods to address health inequalities. • Community involvement in service development is sustained (through approaches like Recovery Hub). • The needs of individuals and groups are identified early – before crisis.
People understand their own responsibility for health and wellbeing.	<ul style="list-style-type: none"> • There is a sustained focus on encouraging positive health behaviours (reflecting the national public health priorities). • Promote information that raises awareness of self-management and self-care.

Supporting people's healthcare needs by providing support in the right way, by the right person at the right time

<p>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. Over the life of this plan we will support the local delivery of the priority outcomes set out in the NHSGGC Primary Care Strategy 2024-29:</p> <ul style="list-style-type: none"> • We are more informed and empowered when using primary care; • Our primary care services better contribute to improving population health; • Our experience as patients in primary care is enhanced; • Our primary care workforces is expanded, more integrated and coordinated with community and secondary care; • Our primary care infrastructure – physical and digital - is improved; • Primary care better addresses health inequalities.
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We continue to support the development of our multi-disciplinary teams across the HSCP including, for example, our multi-disciplinary Front Door model, integrated leadership arrangements, and development of frailty pathways to enhance our Community Rehabilitation Service. We will continue to build our collaborative working to support our care home community in maintaining residents in the community, and avoiding hospital admissions.



We have seen increasing use of digital communication as people interact with healthcare providers. We will take an evidence-based and inclusive approach to

supporting the anticipated change in the way our communities access healthcare. This means ensuring wider access to digital communication technologies, keeping pace with new approaches and opportunities and making sure a suite of options are available for those requiring alternatives.



More efficient services



Preventing unnecessary admissions



Shorter hospital stays



Assisting discharge with community support

We continue to work together with HSCPs across Glasgow, in primary and acute services to support people in the community, and develop alternatives to hospital care. We will support the delivery of NHSGGC board-wide initiatives to help those experiencing falls and frailty including pathways to support identification, assessment and management as part of the HomeFirst Programme, and including other approaches to support older people to stay well at home. We will deliver the priorities set out in the refreshed *NHSGGC Unscheduled Care Design and Delivery*

Plan which remains committed to the three key themes established in the joint commissioning plan for Unscheduled Care:

- **Prevention and early intervention** with the aim of better support for people to receive the care and treatment they need at or close to home and to avoid hospital attendance and admission where possible.
- **Improving the primary and secondary care interface** by providing GPs with better access to clinical advice and designing integrated patient pathways for specific conditions.
- **Improving hospital discharge** and better supporting people to transfer from acute care to appropriate support in the community.

Priority outcomes

Early intervention and prevention of admission to hospital to better support people in the community



Key activities

- Continue to develop our community pathways to reduce patient conveyance to Emergency Department (ED) and manage within the community, when appropriate.

	<ul style="list-style-type: none"> • Develop pathways for individuals diagnosed and living with long-term conditions to improve self-management and maintain them within the community. • Focused support across care homes to maintain resident health to support them to be maintained within the home environment and avoid acute attendance. • Optimise the use of community beds for proactive assessment/reablement and rehabilitation. • Further develop and deliver a person-centred approach to Future Care Planning. • Polypharmacy Medication Reviews by pharmacists to ensure prescribed medicines are taken safely and are effective.
Improved hospital discharge and better support for people to transfer from acute care to community supports	<ul style="list-style-type: none"> • Collaborative working including multi-disciplinary team (MDT) weekly huddle with hospitals to support discharge planning for all East Ren inpatients. • Hospital to Home Social Work in-reach across to all acute sites for complex cases to support early discharge. • Daily reporting, monitoring and review of delays. • Bonnyton unit available for interim care although Home First with community rehabilitation/ reablement input. • Medication Support Service to support patients with medicines changes on hospital discharge. • GP Pharmacy Service undertakes medicines reconciliation after hospital discharge.
Resources are utilised optimally and waste is minimised, ensuring best value is achieved.	<ul style="list-style-type: none"> • HSCP-managed Pharmacy service ensures prescribed medicines are safe, effective and cost-effectively prescribed. Realistic medicines principles are applied. • Pharmacy support and training provided to social care services, such as care homes and Care at Home, to ensure medicines are managed safely and efficiently in these settings.

	<ul style="list-style-type: none"> • Support provided in GP practices when medicine shortages occur, products are discontinued, and when there are product recalls. • Pro-active Polypharmacy reviews are offered for patients living with frailty and on multiple medicines to ensure optimal treatment and reduced risk of harms caused by medicines.
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Supporting effective community justice pathways that support people to stop offending and rebuild lives

<p>We will continue to work together with our multi-agency partners to ensure there are strong pathways to rehabilitation following a criminal conviction. Through the <i>East Renfrewshire Community Justice Outcome Improvement Plan</i> we are committed to a range of actions with community planning partners. We 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 continue to strengthen our links with community services and programmes to provide greater access and support for people to stop offending. 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.</p>	
	
	
Priority outcomes	Key activities
Optimise the use of diversion and intervention at the earliest opportunity	<ul style="list-style-type: none"> • Use appropriate risk assessment tools to identify need and reduce the risk of further offending. • Deliver accredited programmes aimed at reducing reoffending.
Ensure that robust and high quality community interventions and public protection arrangements are available	<ul style="list-style-type: none"> • Deliver multi-agency public protection arrangements with police, health and prisons which assess and manage sex offenders, serious and violent offenders. • Enhance skills and knowledge in trauma informed practice across justice services. • Increase effective use of structured deferred sentence, bail supervision electronic monitoring.

Ensure that services are accessible and available to address the needs of individuals accused or convicted of an offence

- Deliver a whole systems approach to diverting both young people and women from custody.
- Ensure people subject to statutory and voluntary supervision, including license, have early access to community mental health, alcohol and drug recovery services.
- Working with local partners to ensure a range of beneficial unpaid work placements are taken up.
- Actively participate in the East Renfrewshire Employability Partnership to develop pathway and employability support.

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PEOPLE ARE SAFE AND PROTECTED

Why this outcome is important

Everyone has the right to live in safety and be protected from neglect, abuse and harm. We will continue to keep vulnerable people in our communities safe, preventing harm and supporting people at risk of harm.

Our partnership has a key role in helping to keep vulnerable people in our communities safe and in preventing harm and supporting people at risk of harm. We deliver these through a variety of multi-agency public protection arrangements including: Child Protection; Adult Support and Protection; Violence Against Women Partnership; Multi-Agency Management of Offenders (MAPPA) and the Alcohol and Drugs Partnership. We also respond to new risks and vulnerabilities as these emerge, taking actions with our partners to prevent and respond and learning from each other to improve the ways we support and protect vulnerable people.



In our work to protect adults at risk from harm we will continue to respond to the changing needs. The vision of the **East Renfrewshire Adult Protection Committee** is to create a culture of continuous learning and improvement which engages all partners to support adults at risk of harm to live their lives the way they want. We are committed to learning from the experiences of individuals, communities and partners. We will reflect and learn from our experiences, sharing best practice and improving our services to ensure our services meet the needs of adults at risk of harm and their carers in East Renfrewshire. We are focused on: ensuring that adults at risk, their families and carers views are heard and help shape the way we deliver services; making best use of all our opportunities for the prevention and identification of harm; and ensuring that we offer supports and services which meet the needs of Adults at risk of harm and those who support them. Over the life of this plan we will continue to strengthen the consistency and robustness of our processes

and continue to develop awareness of Adult Support and Protection with our partners, providers and the public.

Through the delivery of our *East Renfrewshire Child Protection Committee Improvement Plan 2023-2026* we are supporting a range of multi-agency activity to minimise harm to our children and young people. We are focused on ensuring that children, young people and their families are actively part of safety planning and these plans are accurately recorded and shared with them. Our multi-agency approach sees partners working together to ensure oversight and timeous responses to child protection concerns.



Domestic abuse continues to be the predominant reason for referral to our children’s services and features as one of the most common concerns within child protection interagency referral discussions. Through our multi-agency approach we work collaboratively to deliver a significant range of actions to ensure an effective and sustainable approach to preventing, reducing and responding effectively to domestic abuse and all forms of violence against women and girls. This includes the implementation of **Routine Sensitive Enquiry, Multi Agency Risk Assessment Conference (MARAC)** and **Safe and Together** practice to ensure a perpetrator pattern based, child centred, survivor strengths approach to working with domestic abuse. We will continue to strengthen the capacity of our services and action across the whole system to address the long-term effects of trauma and abuse experienced by women, children and young people. We will continue to support a MARAC in East Renfrewshire for high-risk domestic abuse victims and we will continue to work together with **East Renfrewshire Women’s Aid Service** to provide direct support for women and children who have experienced domestic abuse.

We are committed to working in partnership to minimise **self-harm and suicide**. [East Renfrewshire Suicide Prevention Strategy and Action Plan 2024 - 2027](#) has been developed following the publication of the national strategy and action plan [Creating Hope Together](#); a joint strategy between Scottish Government and COSLA. The delivery of this strategy and action plan is integral to our role as a Health and Social Care Partnership (HSCP), supporting local individuals and communities, and through implementation of the plan we are committed to creating a suicide safe East Renfrewshire, free of stigma through awareness raising, education and community based partnership working.

In the aftermath of the Covid-19 pandemic we are more conscious than ever of our role in **health protection** for the wider population of East Renfrewshire. This means ensuring the safety of all residents through: the delivery and promotion of vaccinations against infectious disease; information and education to support positive attitudes and behaviour for health safety; and, recognition of changing requirements as the needs of our population changes.

How we will deliver this outcome

Priority outcomes	Key activities
Individuals and their carers are active participants in shaping their support and the way in which Adult Support and Protection activity is undertaken in East Renfrewshire.	<ul style="list-style-type: none"> • We will ensure that the views of adults at risk, their families and carers are heard and help shape the way we deliver services. • We will ensure that adults are offered independent advocacy at the earliest opportunity, in the way that is most appropriate for them.

	<ul style="list-style-type: none"> • We will make best use of all our opportunities for the prevention and identification of harm. • We will continue to strengthen the way in which we work together and share responsibility with our partners, providers and the third sector in order to provide consistency and continuity to adults at risk of harm. • We will continue to develop awareness of Adult Support and Protection with our partners, providers and the public. • We will work with HSCP staff, partner agencies, providers and adults at risk to identify and address stumbling blocks (barriers) that impact on how we move forward in a collaborative fashion. • We will ensure that adult’s strengths, assets and trauma contribute to our understanding of risk and their circumstances. • We will continue to learn and improve each time we carry out a Large Scale Investigation. • We will take steps to ensure the full involvement of all key partners in relevant aspects of adult support and protection practice going forward. • We will include partners as we continue to check the quality of ASP activity, ensuring our risk assessments are robust and supported by appropriate evidence including chronologies.
<p>Domestic abuse survivors are protected from further harm and abuse.</p>	<ul style="list-style-type: none"> • Provide domestic abuse support services for women and children. • Provide domestic abuse training to all staff. • Make domestic abuse resource tools available to all staff. • Ensure staff are aware of the referral pathways and supports available. • Implement a domestic abuse perpetrator programme.
<p>Children are kept safe in their families and communities.</p>	<ul style="list-style-type: none"> • Deliver the commitments in the East Renfrewshire Child Protection Committee Improvement Plan 2023-2026.

<p>Create a Suicide Safe East Renfrewshire, free of stigma through awareness raising, education and community based partnership working.</p>	<ul style="list-style-type: none"> • Deliver the commitments in the East Renfrewshire Suicide Prevention Strategy and Action Plan 2024 – 2027, focusing on the priority areas: Establish Local Suicide Prevention Network; Education / Training; Communications; Community Development / Lived Experience; Data Collection / Analysis.
<p>The health of East Renfrewshire’s population is protected from major incidents and other threats</p>	<ul style="list-style-type: none"> • Deliver health protection measures including successful uptake of locally-delivered vaccination programmes.

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3. Developing our plan

3.1 Introduction

This plan is the result of months of development work as we have collaborated with colleagues, stakeholders, and local people. Our objective is that the plan reflects the shared priorities of local residents and sets out meaningful commitments for our wide partnership.

We were clear from the outset that we were not developing a strategic plan from a 'blank page' but building on core principles set out in our previous plans. The plan also links with a number of related plans. We have incorporated the learning from recent local planning and engagement activity that informed those plans.

Our approach to the development of the plan was agreed in June 2024 with the East Renfrewshire Strategic Planning Group (SPG) who have responsibility for directing the development and implementation of the Strategic Plan.

The development of our plan has followed the broad timeline set out below.

Jun-Jul 24	Aug 24	Sept-Oct 24	Nov 24	Dec 24-Feb 25	Feb 25	Mar-Apr 25	Apr 25 onwards
Initial planning – approach agreed; information and data gathering	Framework for plan agreed with SPG and management team	Engagement with staff, stakeholders, community groups, local people (workshops and survey)	Draft plan produced for consultation	Public consultation inc 'Big Lunch' public event	Post-consultation drafting	Approval and publication	Annual delivery plan agreed and implementation

3.2 Stage one stakeholder engagement

We were clear as a partnership that we wanted to simplify our Strategic Plan to make it more meaningful and more focused around shared priorities. In discussion with stakeholders through our SPG, service-based planning officers and senior managers we agreed an initial framework for the plan. This helped give the development work more focus, and was the basis for discussion during our engagement activity.

During October we held two in-person stakeholder **workshops** in each of our localities (Barrhead and Eastwood) and an online workshop hosted by the SPG. The three events were attended by 45 stakeholders from the statutory, third and community sectors. The workshops considered the following topics for our strategic plan:

- Current and future **challenges** – what are the key challenges we need to respond to as a partnership? Which are the most pressing?
- Our broad **approach** – how can our approach meet our challenges? What else would improve the way we work as a partnership?

- Our strategic **outcomes**, priorities and intermediate outcomes - What changes/outcomes do we hope to see by 2028? What areas/activities should we focus on?

To widen our engagement and capture the views of local people staff and stakeholders we conducted an online **survey** seeking views on the strategic outcomes in our framework. Respondents were asked to comment on our proposed outcomes and how these can best be delivered by the HSCP over the life of the plan. The survey was promoted online, through social media and was 'cascaded' by members of our local Participation and Engagement Network.

We received 50 responses to the survey, with two-thirds coming from local residents. There was strong support for the headline strategic priorities set out in our framework and recognition of the challenges facing the partnership including financial constraints. Survey respondents highlighted a range of areas for further action which informed the content of this plan and our Annual Delivery Plan to support implementation.

3.3 Stage two planned engagement work

The contents of our emerging plan were part of discussions at the East Renfrewshire 'Big Lunch' community event in December 2024. The event was attended by 80 local residents with participants sharing their views on: what they consider to be the most important issues for health and wellbeing in East Renfrewshire; approaches that are working well locally; and areas where there could be improvement.

Following comments on the initial plan from our IJB and the NHSGGC Finance, Planning and Performance Committee, we undertook a full public / stakeholder consultation on the draft plan through the following methods:

- Promotion of the draft with a short questionnaire to our prescribed consultees.
- Promotion of the draft/questionnaire through ERC Have Your Say page, social media, staff bulletins.

The consultation draft received feedback from 45 survey respondents, with 75% of responses coming from local residents. Feedback from the consultation exercise informed the subsequent final draft of the Strategic Plan which was presented to the IJB for approval in March 2025.

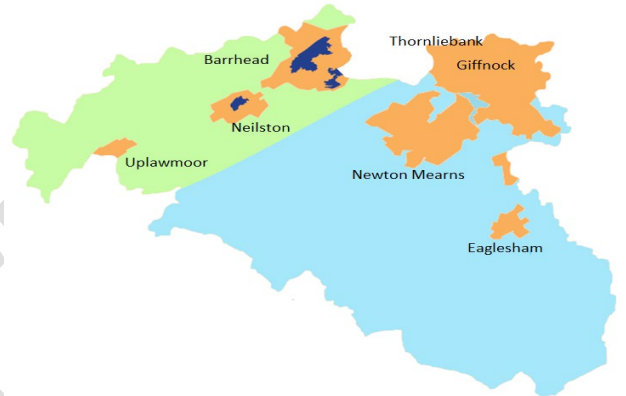
4. Our context and challenges

4.1 Introduction

This section summarises our current context in relation to East Renfrewshire’s demographic and health profile and recognised future challenges.

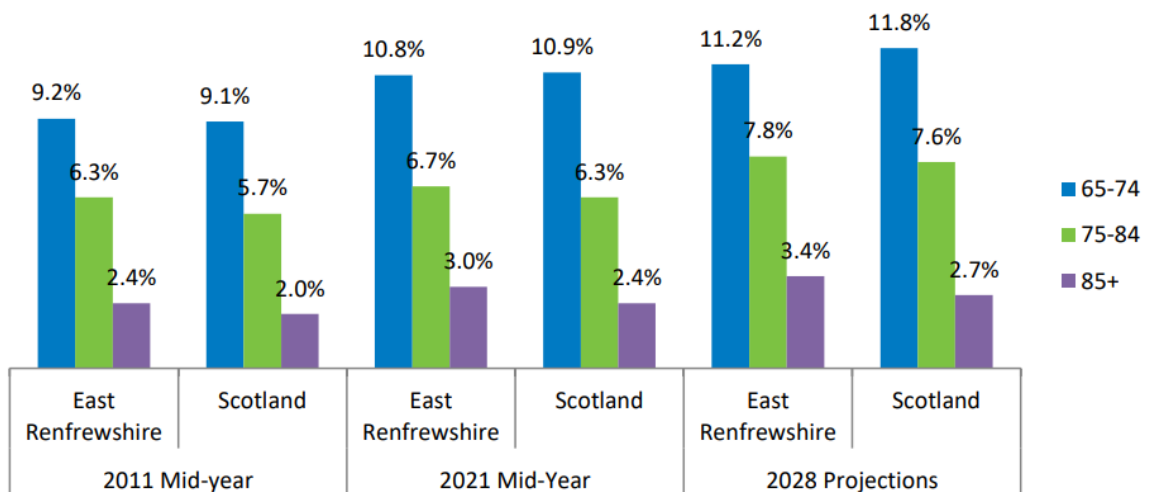
4.2 Population and demographics

Like the rest of Scotland, East Renfrewshire faces significant changes in its population in the coming years. We expect our population to increase, to have older residents, to see a decline in death rates and to have an increase in the number of households, as more people live alone. East Renfrewshire is already one of the most ethnically and culturally diverse communities in the country and we expect this trend to continue.

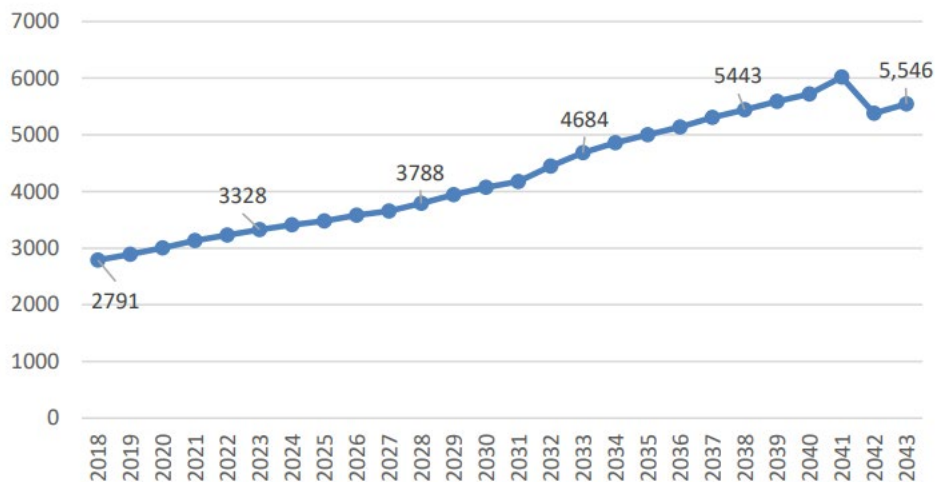


These changes impact the decisions we make on the provision of health and social care in East Renfrewshire. Our population is changing with a corresponding increase in the health and care needs of our residents. The projections highlight that there will be an increase in the young and older population, who make greater use of universal health services. Forecasts suggest that the population of East Renfrewshire is set to increase by 6.4% between 2018 and 2028. The percentage of the 75 and over age group is projected to increase by 26.8% over the same period. People over the age of 80 are the greatest users of hospital and community health services and social care.

% population over 65 (2011, 2018 and 2028 projections)



Number of East Renfrewshire residents aged 85+, projected to 2043



4.3 Inequalities

Overall, East Renfrewshire is one of the least deprived local authority areas in Scotland. Many residents enjoy a good quality of life and health in the area is relatively good. However, this masks the notable discrepancies that we see across the area with some neighbourhoods experiencing significant disadvantage and poorer health and wellbeing outcomes.

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

The difference in deprivation between areas is a major determinant of health inequality. People living in the most deprived neighbourhoods are more exposed to environmental conditions which negatively affect health. Access to green space, pollution effects, housing quality, community participation, and social isolation are all measures of social inequality which have an impact on health. These factors underpin both physical and mental health.

The NHS Greater Glasgow and Clyde 2022/23 Adult Health and Wellbeing Survey shows that those in the most deprived areas had poorer indicators for smoking, exposure to smoke, use of e-cigarettes, binge drinking, consuming fruit/vegetables and meeting the target for physical activity. Those in the most deprived areas were less likely to feel safe using local public transport or walking alone in their area. Those in the most deprived areas and those with a limiting condition or illness were more likely to say they had no qualifications.

Although East Renfrewshire has one of the lowest levels of child poverty in Scotland at 14.4% the ongoing and cumulative impacts of the Covid-19 pandemic and the cost-of-living crisis has seen families facing more financial pressures than ever before. We recognise the impact of poverty on the health and wellbeing of children and young people and that the damaging effects can have a long-term impact into adulthood.

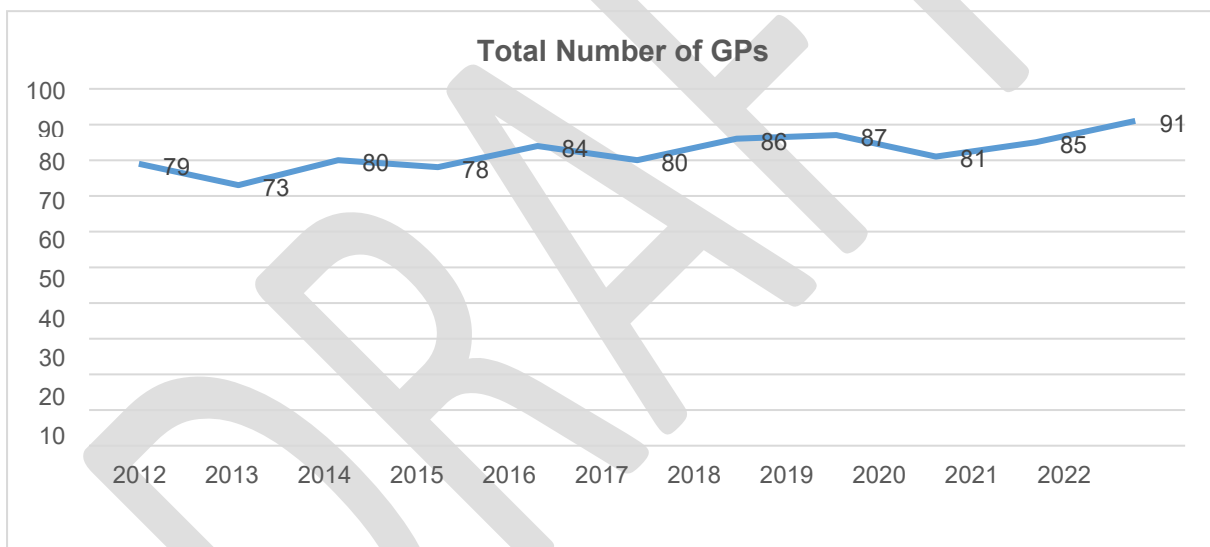
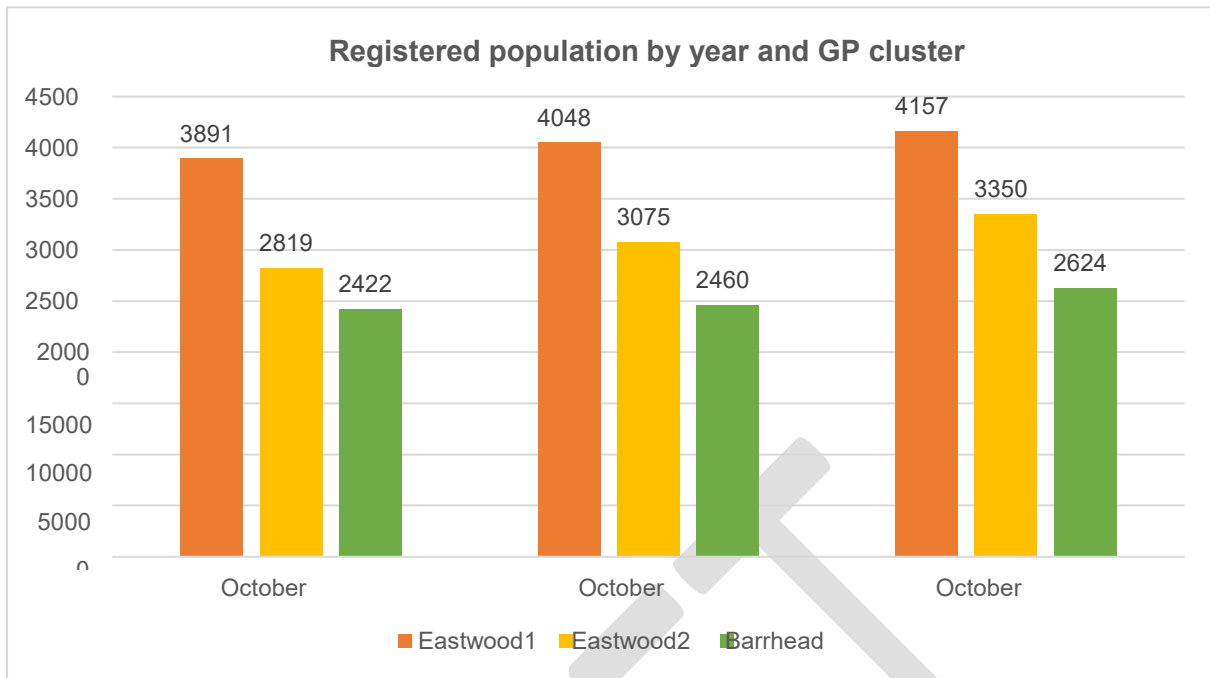
In line with our socio-demographic profile we see differing health outcomes for the populations in our two localities of Barrhead and Eastwood. While life expectancy at birth is above the Scottish average for East Renfrewshire as a whole, it remains below average in the Barrhead locality. Both males and females born in the most deprived neighbourhoods have a lower life expectancy than those born in the least deprived. Early mortality rates and the prevalence of long-term conditions including cancers are also higher for Barrhead, exceeding the Scottish average. And we are seeing a significantly higher rate for deaths among people aged between 15 and 44 years in the Barrhead locality at three times the rate for Eastwood. We also see higher rates of prescriptions and hospital use for mental health-related issues in our more disadvantaged neighbourhoods.

Indicators	Data Type	Time Period	Barrhead Locality	Eastwood Locality	East Renfrewshire HSCP	Scotland
General Health						
Male average life expectancy in years	mean	2017 - 2021*	75.1	81.5	79.4	76.5
Female average life expectancy in years	mean	2017 - 2021*	81.1	84.8	83.7	80.7
Deaths aged 15-44 per 100,000	rate	2019 - 2021	154.1	51.5	77.2	117.1
Population with long-term condition	%	2022/23	22.9	19.8	21.3	21.7
Cancer registrations per 100,000	rate	2019 - 2021	640.1	589.4	602.5	630.3
Anxiety, depression & psychosis prescriptions	%	2021/22	21.1	15.8	17.2	20.1
Hospital Care (Mental Health)						
Psychiatric patient hospitalisations per 100,000	rate	2019/20 - 2021/22	214.5	124.7	147.4	230.7
Unscheduled bed days per 100,000	rate	2022/23	11,742	10,163	10,566	18,735

4.4 Primary care provision

As we would expect, population growth in East Renfrewshire is impacting on the demand for local primary care services. Trends in the GP Practice populations show a steady increase each year from 2015 for the majority of practices in East Renfrewshire and for each of our three GP clusters of Eastwood 1, Eastwood 2 and Barrhead. There is significant pressure on GPs due to the level of new patient registrations.

The chart below shows the change in the registered population for each GP cluster. All areas have seen an increase with the largest being within the Eastwood 2 cluster which has increased by 5,314 (18.8%) since 2015. Since 2019, Eastwood 1 has increased by 2.7%, Barrhead by 6.7% and Eastwood 2 by 8.9%. Increases in the population and new housebuilding in the area is having an impact upon the existing GP infrastructure, especially within the Eastwood 2 cluster.



4.5 Housing

Housing issues such as affordability, suitability, size, condition and quality can all influence the health and wellbeing of people. As East Renfrewshire’s population changes the need for specialist homes for older people and people with long-term conditions is increasing. Assisted living and care homes can help to support health outcomes, such as reducing the risk of falls and fractures, which in turn reduces the demand for community-based care services including Care at Home.

Ensuring our communities have access to good quality housing and housing-related services is key to enabling people to live as independently as possible and also makes a significant contribution to reducing health inequalities locally. The *Housing Contribution Statement (HCS)* operates as the “bridge” between strategic housing planning and that of health and social care and is being in line with the new East Renfrewshire Local Housing Strategy 2024-29.

4.6 Transport and accessibility

During the engagement exercise for this strategic plan, many people raised issues around transport and the difficulty of accessing community-based supports and healthcare without adequate local transport. There are also poor transport links between the two locality areas in East Renfrewshire. The need for better transport connections is recognised a priority in the East Renfrewshire Community Plan, A Place to Grow.

4.7 Our financial context

This section will be added following agreement of our 2025/26 budget.

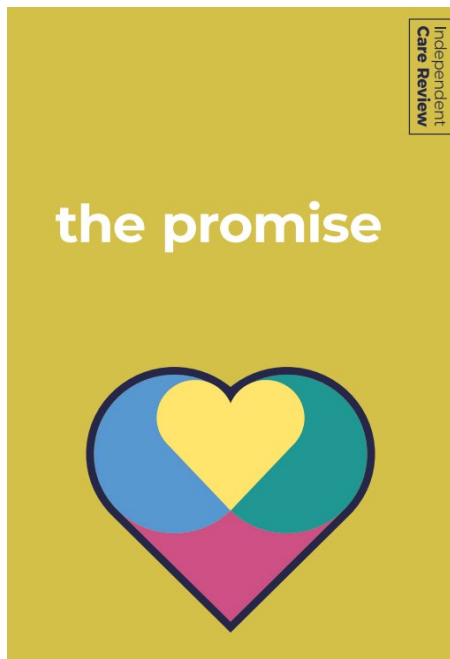
This section will set out the financial context for the three-year period including key challenges and plans for transformational change; and will set out our planned budgeting framework.

5. Related plans and policies

5.1 Introduction

This section outlines the main plans and policies that inform and are linked to the East Renfrewshire Strategic Plan 2025-25.

5.2 National and Local Statutory Plans



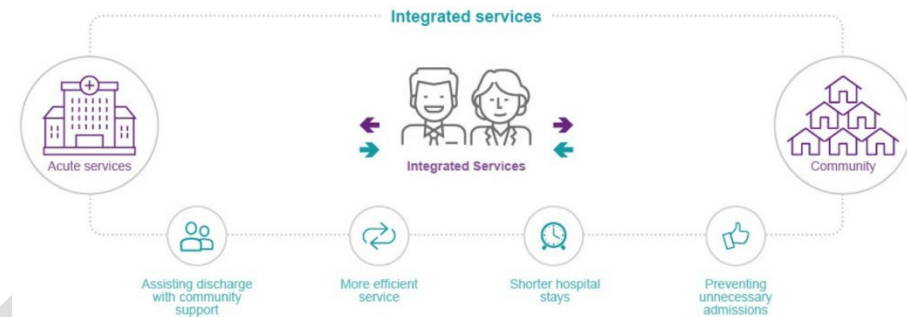
The Promise – the Independent Care Review for young people

The national focus on young people emphasises improving access and equality to education and employment for all our young people including our looked after young people. This aligns with the outcome of the Independent Care Review for care experienced young people – [The Promise](#). It works with all kinds of organisations to support shifts in policy, practice and culture so Scotland can keep the promise it made to care experienced infants, children, young people, adults and their families - that every child grows up loved, safe and respected, able to realise their full potential. The Promise and its commitments were clear that by 2030 the following would be delivered:

- Love will no longer be the casualty of the ‘care system,’ but the value around which it operates
- Wherever safe to do so, Scotland will make sure children stay with their families and families will be actively supported to stay together
- Children, young people, and their families will be listened to, respected, involved and heard in every decision that affects them.

Moving Forward Together (NHS Greater Glasgow and Clyde)

The way that health and social care services in NHS Greater Glasgow and Clyde are provided is changing. The [NHSGGC Moving Forward Together \(MFT\)](#) Transformation in Practice strategy provides a clear plan for change and compliments direction of this Strategic Partnership Plan. Delivery of the Programme will see improvements in care and outcomes for everyone, MFT describes a tiered model of services where people receive care as near to their home as possible, travelling to specialist centres only when expertise in specific areas is required and promotes greater use of digital technology and maximising the utilisation of all resources, with a drive to ensure all practitioners are working to the top of their professional abilities. It recommends supported self-care and improved links between primary and secondary care.



This new system of care will be organised in the most effective way to provide safe, effective, person-centred, and sustainable care to meet the current and future needs of our population.

Mental Health Strategy 2023-2028 (NHS Greater Glasgow and Clyde)

The [NHSGGC Mental Health strategy](#) refresh is part of the Moving Forward Together (MFT) programme. Strategies for mental health services in GGC are aligned to the [Scottish Government's Mental Health and Wellbeing Strategy](#) and the NHSGGC 'Healthy Minds' report [Healthy Minds Resource - NHSGGC](#).

The new NHSGGC strategy expands on its scope to take account of the range of services relevant to the wider complex of mental health services and the continuing impact of COVID-19 as services go about restoring and refreshing the focus on Strategy changes, initially for the next five years. The Strategy refresh approach to implementation will include:

- Promoting prevention options to improve wellbeing.
- A commitment to more established points of access and clear referral pathways.
- No wrong door approaches, with referrals to secondary specialist mental health services, not being sent back to Primary Care Services, but instead discussed and progressed between secondary specialists' services.
- Greater co-production with people with lived and living experience, and families and carers.

- A focus on inequalities including people with protected characteristics and those affected negatively by the socio-economic determinants of health and wellbeing.
- Improved faster access for those in mental health crisis.
- Self-management resources for people with long term mental health issues.

Greater Glasgow and Clyde: Alcohol Recovery Pathway

In response to the increase in alcohol related harm and to ensure safe, effective delivery of practice, the Alcohol Recovery Pathway was developed to standardise quality alcohol care and treatment in [Alcohol and Drugs Recovery Service \(ADRS\)](#) across Greater Glasgow and Clyde (GGC).

The guideline is aimed at all staff involved in the care and treatment of individuals who use alcohol on its own or combined with other substances. The guidance recommends ten principles for the provision of care and treatment of adults with harmful, hazardous, and dependent alcohol use across GGC ADRS. These are:

1. “No wrong door” access to services
2. Equality of treatment.
3. People have timely access.
4. Services are psychologically and trauma informed.
5. Access to mental health assessment and treatment at point of delivery.
6. Chronic disease management approach.
7. Informed choice of alcohol interventions.
8. Support to remain in treatment.
9. Clear pathways into other health, care, and recovery services
10. People have the option to have components of their treatment shared with primary care.

National Carers Strategy

The Scottish Government published its [National Carers Strategy](#) in December 2022. It underlines the value that carers across Scotland bring to the health and social care sector and highlights the importance to support them in their caring role. The strategy details the challenges that carers face, including the ongoing impact of Covid-19, the cost-of-living crisis, and the personal health and

wellbeing impacts they can experience. The key themes of the strategy intend to put the individual carer at the centre and focus on five distinct aspects of unpaid carer support are:

- Living with Covid-19
- Recognising, valuing, and involving carers
- Health and Social Care Support
- Social and Financial Inclusion
- Young Carers

National Drugs Mission

In 2021, the Scottish Government announced its [national mission](#) to reduce drug related harms and deaths. Its key approaches involved, faster access to support services, improved front line drug services, holistic support throughout the recovery journey, and greater capacity for residential rehabilitation. The Mission allocated £50m per year that is distributed across Alcohol and Drug Partnership areas. The mission will seek to reduce deaths and harms through key approaches, including:

- Emergency life-saving interventions (naloxone, safe consumption, targeting those at risk)
- Implementation of Medication-Assisted Treatment (MAT) Standards
- Aligning the wider policy landscape on poverty, deprivation, trauma, and adverse childhood events to support drug prevention.
- Supporting the wider complex needs of people with addictions, including mental health, homelessness and contact with the justice system.
- Improved support to affected children and families.

5.3 East Renfrewshire Policies and Plans

East Renfrewshire Community Plan – A Place to Grow

[East Renfrewshire A Place to Grow](#) is East Renfrewshire Community Planning Partnership's new vision, which sets out shared hopes and aspirations between now and 2040 so that East Renfrewshire is a place where everyone can flourish, thrive and grow. This vision provides a clear direction of travel for us over the next 15 years.

A Place to Grow is built on three pillars that will be the foundation for all strategic planning in East Renfrewshire going forward. The three pillars have been developed with community planning partners and will drive the work of both the community planning partnership and East Renfrewshire Council over the next 15 years. A Place to Grow sets the vision for 2040, which provides a future where:

- **Our children and young people flourish:** Every child and young person, regardless of background or circumstance, will fully flourish on their journey to adulthood.
- **Our communities and places thrive:** We will be an inclusive, connected and green place, with a fair, sustainable and healthy local economy, that our residents are proud to call home.
- **We all live well:** Everyone can live well at all stages of life and communities will be taking the lead in driving change for good health and wellbeing



At Our Heart – Next Steps: East Renfrewshire’s Children and Young People’s Services Plan 2023-2026

“At Our Heart – The Next Steps”

The East Renfrewshire Approach to Children’s Services Planning

East Renfrewshire’s Children
and Young People’s Services Plan
2023-2026



Being safe Being equal Being healthy Having someone to trust Friendship Having hope

“[At Our Heart – Next Steps](#)” The East Renfrewshire Approach to Children’s Services Planning 2023-2026 is our current plan for children, young people, and families. The plan demonstrates our commitment to achieve the best possible outcomes for children and their families during ongoing challenging and uncertain times. Building on previous successes with “*At Our Heart*” 2020- 2023, this plan sets out our vision and priorities for children, young people, and family services over the period 2023-26. All partners in East Renfrewshire are signed up to work together to achieve the vision and objectives detailed in the plan and it is their ongoing participation and support that will help turn the commitments of the plan into a reality for children, young people, their families and carers. Drawing on what children, families, staff, and partner agencies have told us the plan commits us to continuously improve how we design and deliver our universal, preventative, and targeted services to ensure children get the help they need when they need it. This will enable us to ensure that we provide services that are responsive, achieve better outcomes, and create opportunities for children, young people and their families.

East Renfrewshire HSCP Supporting People Framework

The current financial climate dictates that our approach will have to shift to keeping people safe and focus more on current risk. In order to ensure that we can support everyone we need to focus on immediate and current risk and do so fairly and equitably. Social care will be provided when needs and risks are assessed to be in the substantial and critical category. We will no longer be able to provide direct support where needs are considered to be low or moderate.

The Supporting People Framework introduces a universal approach to classifying risk, introducing a criteria based upon research and practice that will inform our decision-making. The Framework promotes a strengths and asset-based approach to the assessment and care management. The approach combines a focus on individual’s strengths with three other principles:

- Promoting the use of informal supportive networks;
- Proactively facilitating access to the community for the support people need to live a good life;
- Emphasising the relationship between the client and case manager.

East Renfrewshire Adult Carers Strategy 2024 – 2026 - Working Together with People who Care

The [East Renfrewshire Carers Strategy](#) sets out our partnership approach to supporting local unpaid carers. The plan reflects the high-level priorities for carers set out in this HSCP Strategic Plan and sets out a detailed action plan for delivery. The plan sets out the following strategic priorities:

- Carers are identified at the earliest opportunity and are offered support in their own right.
- Carers can easily access the advice, information and support they need at the time they need it.
- Improve the process and uptake of Adult Carer Support Plans.
- Carers get a break from and are able to maintain their own health and wellbeing.
- We will work with partners to mitigate any negative impact caring has on carers finances.
- Unpaid carers are recognised and valued as equal partners in care and involved in decision making relating to their caring role.
- Staff who are carers are supported in the workplace.

East Renfrewshire Alcohol and Drugs Plan 2024-27

As reflected earlier in our HSCP Strategic Plan, reducing drug and alcohol related harm and is a key priority in East Renfrewshire. The [East Renfrewshire Alcohol and Drugs Plan](#) sets out in more detail how the Partnership will continue to reduce harm and promote recovery, working with our partners and communities. The plan closely reflects the national priorities set out by the Scottish Government in Rights, Respect and Recovery and the National Mission as well as local priorities identified through working with our lived and living experience communities and analysis of local data and trends. The East Renfrewshire Alcohol and Drugs Plan identifies eight priority areas for action over the three years of the plan:

- We will work with lived and living experience communities, and partners across the public and third sector, to create a thriving and supportive recovery community.
- We will ensure the voices of lived and living experience are heard and included in the Alcohol and Drugs Partnership and in services, guided by the National Collaborative's vision to integrate human rights into drug and alcohol policy, leading to better outcomes for people affected by substance use.
- We will tackle stigma to reduce barriers to accessing services and wider community supports and activities.
- We will develop and implement a partnership approach to prevention and early intervention to reduce alcohol and drug harms in the longer term, drawing on the NHS Greater Glasgow and Clyde Prevention Framework for Alcohol and Drugs.

- We will strive to provide high quality treatment and recovery services that are accessible, person-centred and responsive to the needs of different population groups, including people at high risk.
- We will work together across services and organisations to ensure families affected by alcohol and drugs have access to holistic whole family support that meets their needs.
- We will continue to develop integrated working across alcohol, drugs and mental health settings to provide mental health supports that meet the needs of people affected by harmful alcohol and / or drug use.
- We will develop, strengthen and support a skilled, multi-disciplinary workforce across all partner agencies who support people affected by alcohol and drug harms.

East Renfrewshire Suicide Prevention Strategy and Action Plan 2024-27

East Renfrewshire [Suicide Prevention Strategy and Action Plan 2024-27](#) sets out our vision and strategic priorities for the reduction of deaths by suicide across East Renfrewshire, improving the mental health and wellbeing of residents and communities and creating a suicide safe area with well-informed staff and communities. The strategy was developed following the publication of the national strategy and action plan “Creating Hope Together”. It supports HSCP strategic objectives as well as NHSGGC policy and priorities and includes a robust approach to monitor delivery and measuring outcomes and impacts. The long term vision for the strategy is: *Good Mental Health and Wellbeing for All*. Through collaboration and partnership working we aim to deliver our strategy through the following priority areas for action:

- Development of Suicide Prevention Network;
- Education / Training;
- Communications;
- Community Development / Lived Experience;
- Data Collection / Analysis.

East Renfrewshire HSCP Participation and Engagement Strategy

The [HSCP Participation and Engagement Strategy](#) was developed by the East Renfrewshire Participation and Engagement Network (PEN). The PEN consists of over 45 members including Council, HSCP, third sector and community organisations who continue to

work collaboratively to plan and support engagement activity at the request of the HSCP Strategic Planning Group. The vision for the Strategy is that the voices of local people are heard and acted upon to improve:

- health and well-being; and
- the quality and delivery of local health and social care services.

The purpose of the strategy is to engage effectively with our diverse community, including residents, statutory services, third sector and community groups in order to support active participation and engagement; and to commit to ongoing partnership working, evaluation and learning.

A key strategic intention is that our approach is accessible and underpinned by principles of inclusive engagement practice and promoting equalities. This means that:

- our activity is coordinated effectively;
- our activity reaches people including seldom heard/underrepresented groups;
- our information is accessible;
- our methods promote equality.

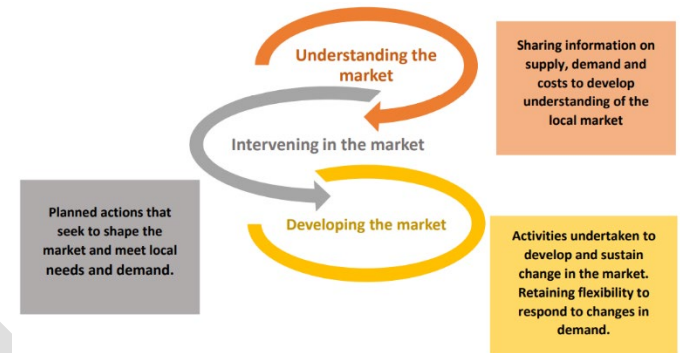
East Renfrewshire HSCP Strategic Commissioning Plan

East Renfrewshire has a diverse economy in social care with a well-established range of care providers across the public, third and independent sectors. Our Commissioning Plan 2023-2025 builds on a strong foundation of partnership working and a commitment to collaborative approaches to commissioning services. This is underpinned by our focus on a personal outcomes approach, to enable people to achieve and live full lives. Our plan sets out how we will work with partners and stakeholders to support Strategic Plan priorities and make best use of all of our resources. We continue to work together with partners to shape the local health and social care environment and ensure that we are responsive to the changing needs and aspirations of the people of East Renfrewshire. We will:

- Be outcomes focused with people at the centre of our ethical commissioning approach;
- Work with partners to better understand and sustain our local market;

- Recognise our shared assets and opportunities within our local communities;
- Address challenges e.g. recruitment and retention, cost of living, financial context;
- Maximise the use of our collective resources.

Our commitment to collaborative working with our local partner providers enabled the development of a shared statement of intent setting out agreed principles and approaches that are co-designed with wider partners and stakeholders. We achieved this by working together through a series of engagement events between June 2022 and March 2023, involving HSCP services partners, stakeholders and people with lived experience. From these events, we identified a range of shared opportunities and we will continue to develop and report on progress. These opportunities have included better communication, and more shared learning and training. More recently, the focus has been on service redesign of day opportunities, training opportunities for people with additional support needs and wider use of technology in supported living and market share across care at home provision. The procurement and action plan can be found at [East Renfrewshire HSCP Strategic Commissioning Plan](#).



6. How we measure success

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

We review our performance data against agreed local and national performance indicators, including:

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

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

This Strategic Plan is supported by Annual Delivery Plans, reviewed at the start of each financial year and overseen by our Strategic Planning Group.



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board	
Held on	26 March 2025	
Agenda Item	10	
Title	Public Sector Equality Duty Update	
Summary		
<p>The purpose of this report is to provide the Integration Joint Board (IJB) with an update on work underway to meet the requirements of the Public Sector Equality Duty (the 'general equality duty').</p>		
Presented by	Steven Reid Policy, Planning and Performance Manager	
Action Required		
<p>The Integration Joint Board is asked to note the work underway to fulfil the requirements of the Public Sector Equality Duty, ahead of presenting our Mainstreaming Equalities Report and new set of Equalities Outcomes to IJB in June 2025.</p>		
Directions	Implications	
<input checked="" type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<input type="checkbox"/> Finance <input type="checkbox"/> Policy <input 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

26 March 2025

Report by Chief Officer

PUBLIC SECTOR EQUALITY DUTY UPDATE

PURPOSE OF REPORT

1. The purpose of this report is to provide the Integration Joint Board (IJB) with an update on work underway to meet the requirements of the Public Sector Equality Duty (the 'general equality duty').
2. At the next meeting of the IJB in June we will present our Mainstreaming Equalities Report 2025, along with a review of progress against our existing equality outcomes, and the proposed set of revised equality outcomes for 2025 to 2029.

RECOMMENDATION

3. The Integration Joint Board is asked to note the work underway to fulfil the requirements of the Public Sector Equality Duty, ahead of presenting our Mainstreaming Equalities Report and new set of equalities outcomes to IJB in June 2025.

BACKGROUND

4. Under the Equality Act 2010, the HSCP is required to meet the Public Sector Equality Duty (PSED) to:
 - Eliminate unlawful discrimination, harassment and victimisation;
 - Advance equality of opportunity between people who share a relevant protected characteristic and those who do not; and,
 - Foster good relations between people who share a protected characteristic and those who do not.
5. The relevant protected characteristic groups identified in the Act are:
 - age
 - disability
 - gender reassignment
 - race
 - religion or belief
 - sex (gender)
 - sexual orientation
 - pregnancy and maternity
 - marriage and civil partnership (in employment only)
6. In line with the PSED, the HSCP is required to fulfil the following four requirements:
 - publication of HSCP equality outcomes (to be produced every four years);
 - reporting of progress against these outcomes (every two years);
 - publication of a mainstreaming equalities report (every two years); and,
 - completion and publication of equality impact assessments.

REPORT

7. The HSCP is required to publish a mainstreaming equalities report describing the progress we have made in integrating the general equality duty into the exercise of its functions, so as to better perform that duty. We are also required to develop and publish equality outcomes at least every four years that will enable us to better perform the PSED. These should:
 - Take reasonable steps to involve people from equality groups;
 - Consider relevant equality evidence.
8. A joint report, *Equality and Human Rights Mainstreaming Report and Interim Review of Outcomes* was approved by the IJB on 29 March 2023. With input from planning leads and other colleagues across service areas we will produce a new mainstreaming report incorporating a progress report on our existing set of equality outcomes. These will be presented to the IJB in June 2025.
9. Our current set of equality outcomes were presented to the IJB on 12 May 2021. They were developed following local partnership working and engagement activity taken forward through the East Renfrewshire Equality Officers Working Group (led by ERC). This included workshops with local representative groups, survey work and an event with elected members.
10. The outcomes are due to be reviewed and published in 2025. We are, again, collaborating with East Renfrewshire Council (ERC) Strategic Services Team who have led engagement work on equalities. The team have carried out: desk-based evidence gathering (focusing on population with protected characteristics and potential needs); engagement events with local groups (older people, youth groups, faith groups etc); and an online survey on equality outcomes.
11. An officer event to support the development of the outcomes took place 12 February 2025. Discussions considered progress against existing outcomes and potential new areas for focus, resulting in an initial draft of proposed outcomes. These included outcomes led entirely by the HSCP and some outcomes recognised as shared priorities for the HSCP and ERC, with an emphasis on collaborative delivery.
12. A joint leadership event was held on 6 March 2025 to consider the proposed equality outcomes and how best to prioritise our activity. The event was attended by elected members, members of the IJB and senior management from the HSCP and ERC. Building on these discussions, and in collaboration with planning leads in relevant service areas, we will refine our set of proposed outcomes, along with supporting activities and performance measures. The outcomes link with our wider strategic planning priorities and will be incorporated into the HSCP Strategic Annual Delivery Plan.
13. We will present these to the IJB for approval in June 2025, along with our review of progress against our existing set of outcomes as part of our wider Mainstreaming Equalities Report.
14. While accountability sits with the Chief Officer, ensuring service planning and delivery is compliant with equality legislation is the collective responsibility to the management team at the HSCP. Our work on equity is core to the purpose of the partnership and will continue to develop in the years ahead.
15. The Equality and Human Rights Commission (EHRC) is responsible for regulating the PSED. During 2022 and 2023, the EHRC undertook work with IJBs across Scotland to

ensure compliance with the Duty. At that time, work was undertaken in East Renfrewshire to ensure compliance, to the satisfaction of the EHRC.

16. The EHRC wrote out to Chief Officers in October 2024 to notify IJBs that they will be repeating their compliance assessment in 2025. The aim is to assure themselves that improvements in practice have been “consolidated and sustained”. The review work will focus on the same four areas of compliance listed above.
17. Since the review by the EHRC, we have tightened up our process for completion, approval and publication of equality impact assessments. All impact assessments are published on a dedicated page on the ERC website. Work is also underway to improve our engagement processes for service change and redesign (incorporating the use of equality impact assessments). This will follow an agreed pathway based on the Planning with People (Health Improvement Scotland) model with a small team supporting services through the process.

CONSULTATION AND PARTNERSHIP WORKING

18. Our equalities outcomes are currently being developed following partnership working as part of the ERC-led East Renfrewshire Equality Officer Working Group. The outcomes will be based on evidence from the following research and engagement work:
 - Desk based research – Review of existing findings including Citizens Panel surveys, NHSGGC Health and Wellbeing survey, Nomis, Stat-Xplore, Census 2022 and others.
 - Community Event - November 28th 2024. Attended by community representatives including members of the Equality Forum.
 - Focus Groups:
 - November 21 2024 - Fairweather Hall group, representing older people and ethnic minority communities;
 - December 3 2024 - the Faith Forum, representing all faith groups;
 - Throughout January 2025 - several youth groups, including Youth Voice, Autism Girls, LGBTQ, and Youth Rights.
 - Equality Outcomes survey - online survey running between November 2024 and January 2025, with paper copies made available. 146 responses received in total.
 - Officer Event held 12 February and Leadership Event held 6 March to support development of draft outcomes.
19. As well as supporting the development of our new set of equality outcomes, service managers, planning leads and third sector partners are being consulted on the development of our mainstreaming equalities report and review of progress against existing outcomes.

IMPLICATIONS OF THE PROPOSALS

Finance

20. There are no financial implications from the paper.

Legal

21. Compliance with the Public Sector Equality Duty (PSED) is a statutory requirement of the Integration Joint Board.

Equalities

22. The paper provides an update on work to ensure compliance with the Public Sector Equality Duty (PSED). As described above, research and engagement activity has been carried out to ensure we have:
- taken account of the particular characteristics and circumstances of different people in East Renfrewshire; and,
 - taken account of the particular needs of people with protected characteristics.
23. There are no implications in relation to risk, policy, workforce or infrastructure.

DIRECTIONS

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

CONCLUSION

25. The HSCP is committed to working to reduce inequalities between different groups within our local population and we will continue to place equality and fairness at the heart of our planning process including our Strategic Plan and supporting plans.
26. Despite the significant service pressures that the HSCP is currently facing, we continue to seek improvements in this area and will work to improve skills, knowledge and confidence among managers and staff in relation to equalities and meeting the requirements of the Public Sector Equality Duty.
27. At the next meeting of the IJB in June we will present our Mainstreaming Equalities Report 2025, along with a review of progress against our existing equality outcomes, and the proposed set of revised equality outcomes for 2025 to 2029.

RECOMMENDATION

28. The Integration Joint Board is asked to note the work underway to fulfil the requirements of the Public Sector Equality Duty, ahead of presenting our Mainstreaming Equalities Report and new set of equalities outcomes to IJB in June 2025.

REPORT AUTHOR AND PERSON TO CONTACT

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steven.reid@eastrenfrewshire.gov.uk
0141 451 0746

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

Equality and Human Rights Mainstreaming Report and Interim Review of Outcomes, IJB Paper, 29 March 2023
https://www.eastrenfrewshire.gov.uk/media/8930/IJB-Item-11-29-March-2023/pdf/IJB_Item_11_-_29_March_2023.pdf?m=1679055062863



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board	
Held on	26 March 2025	
Agenda Item	11	
Title	Update on Greenlaw Medical Practice and Pollokshields Medical Practice	
Summary		
This report provides the Integration Joint Board with an update on the closure of Greenlaw Medical Practice and Pollokshields Medical Practice.		
Presented by	Dr Claire Fisher, Clinical Director	
Action Required		
The Integration Joint Board is asked to note the content of the report.		
Directions	Implications	
<input checked="" type="checkbox"/> No Directions Required	<input type="checkbox"/> Finance	<input type="checkbox"/> Risk
<input type="checkbox"/> Directions to East Renfrewshire Council (ERC)	<input type="checkbox"/> Policy	<input type="checkbox"/> Legal
<input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)	<input checked="" type="checkbox"/> Workforce	<input type="checkbox"/> Infrastructure
<input type="checkbox"/> Directions to both ERC and NHSGGC	<input checked="" type="checkbox"/> Equalities	<input type="checkbox"/> Fairer Scotland Duty

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

26 March 2024

Report by Chief Officer

Greenlaw Medical Practice and Pollokshields Medical Practice

PURPOSE OF REPORT

1. The purpose of this report is to update the Integration Joint Board on Greenlaw Medical Practice and Pollokshields Medical Practice.

RECOMMENDATION

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

BACKGROUND

3. On 31st July 2024 the GP Partners handed back their contract for General Medical Services to NHS Greater Glasgow and Clyde.
4. On 1st August 2024 NHS Greater Glasgow and Clyde took over the running of the Practice on a 2c basis.
5. The Practice operates from their main site at Greenlaw Medical Practice, with branch surgery, Pollokshields Medical Practice, based at Keir Street, Glasgow.
6. The Practice has been operating on a business as usual basis from both site, using existing staff and GP Locums. All employed staff have been transferred to NHS Greater Glasgow and Clyde under Transfer of Undertakings of Employment (TUPE).

REPORT

7. The HSCP in conjunction with NHS Greater Glasgow and Clyde Primary Care Services have undertaken an extensive options appraisal process. Stakeholder colleagues in Glasgow City South HSCP and the GP Subcommittee have been involved in the options appraisal process.
8. The NHS Central Legal Office has been unable to secure a lease or right to occupy the existing premises on behalf of NHS Greater Glasgow and Clyde
9. The HSCP have reviewed its own accommodation portfolio and worked closely with colleagues in East Renfrewshire Council and Glasgow City HSCP, but has been unsuccessful in finding alternative accommodation. The HSCP and NHS Greater Glasgow and Clyde are unable to retender for the contract without provision of premises and therefore the Practice will require to be closed.

10. Local Practices in East Renfrewshire and Glasgow City South have indicated they have capacity to provide General Medical Services for additional patients.
11. Existing patients of Greenlaw will be reallocated to an alternative GP Practice in their local catchment area.
12. Expressions of interest have been sought from local Practices and a committee with representatives from East Renfrewshire HSCP, Glasgow City HSCP, NHS Greater Glasgow and Clyde Primary Care Services and the GP Subcommittee will meet to decide the outcome.

CONSULTATION AND PARTNERSHIP WORKING

13. Communications have been sent to patients, workforce and other key stakeholders.
14. An email enquiry facility and Frequently Asked Questions website has been set up. An information meeting has also been organised for affected patients.

IMPLICATIONS OF THE PROPOSALS

Workforce

15. Employed staff of Greenlaw and Pollokshields Medical Practice have been transferred to NHS GGC under Transfer of Undertakings of Employment (TUPE).

Equalities

16. An Equality, Fairness, and Rights Impact Assessment (EQFRIA) has been undertaken, and will be updated following the outcome of the process to reallocate patients.

DIRECTIONS

17. There are no directions arising from this report.

CONCLUSIONS

18. The HSCP will provide further update to the Integration Joint Board.

RECOMMENDATIONS

19. Members of the Integration Joint Board are asked to note this report.

REPORT AUTHOR AND PERSON TO CONTACT

Claire Fisher, Clinical Director
Claire.fisher@nhs.scot

Chief Officer, IJB: Julie Murray

11 March 2025

BACKGROUND PAPERS

None

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	26 March 2025
Agenda Item	13
Title	Health and Care (Staffing) (Scotland) Act 2019 (HCSSA) Implementation, Assurance and Reporting
<p>Summary</p> <p>This paper provides an update on the implementation of the Health and Care (Staffing) (Scotland) Act 2019 (HCSSA) duties across both health and care services, to highlight the levels of assurance in relation to each duties and to describe the reporting requirements going forward.</p> <p>This report has been shared with the HSCP Senior Leadership Team who noted the current levels of assurance and agreed the following recommendations:</p> <ul style="list-style-type: none"> • Continued promotion and awareness across all relevant service areas in ER HSCP in order to support a consistent approach to implementation. • Proposed process to feed into the Quarterly Internal Assurance Reports and therefore NHSGGC Annual Reports • Support development of a regular (weekly) HSCP staffing oversight RAG huddle process • Ensure local implementation of high level Real Time Staffing & Risk Escalation (RTS & RE) and Time to Lead (TtL) Standard Operating Procedures (SOP). This is a key activity to enable us to reach Substantial assurance and a business as usual (BAU) process. • Agree local level SOPs are added to Workforce Planning agendas. • Note requirement to review and update risk registers/ senior management standing agenda items related to the implementation of the Act and the role of Datix system and reporting within that. 	
Presented by	Julie Murray, Chief Officer
<p>Action Required</p> <p>The Integration Joint Board is asked to note and comment on 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 checked="" 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 HSCP
Health and Care (Staffing) (Scotland) Act 2019 (HCSSA)
Implementation, Assurance and Reporting

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1. Purpose

The Purpose of this paper is to update on implementation of the HCSSA duties across both health and care services, to highlight the levels of assurance in relation to each duties and to describe the reporting requirements going forward.

2. Situation

The Health and Care (Staffing) (Scotland) Act (HCSSA) was passed in May 2019 coming into force on the 1st April 2024. The first annual report is due to be submitted by NHSGGC to Scottish Government for 24-25, April 2025.

Where a Health Board has delegated healthcare functions to an Integration Authority, they must be included in all reporting. The report will be commissioned via Sector Directors and HSCP Chief Officers, a single report for each Directorate/HSCP is to be returned to the Commissioner by the 14th April 2025. Ongoing, East Renfrewshire HSCP will be required to submit quarterly assurance reports to the Health Board using an agreed template.

Care reporting is scheduled annually from the end of June 2025. To date there is limited guidance on the reporting process the Care Inspectorate (CI) have advised this will be a focus of the next national CI Implementation Meeting 19th March.

East Renfrewshire HSCP Workforce Planning Group extended the terms of reference to include Health Care Staffing Oversight and Implementation.

This paper provides an overall summary of preparedness and current compliance levels with the guiding principles and duties in the act across health and care services delivered and commissioned by East Renfrewshire HSCP. The development of an HSCP evidence bank has supported understanding of compliance levels and identification of gaps and actions to mitigate associated risks and to embed this work in business as usual processes. Mechanisms for ongoing oversight, assurance and reporting are proposed for consideration.

3. Background

The Health and Care Staffing Act provides a statutory basis for the provision of appropriate staffing in health and care services, to enable safe and high quality care and improved outcomes for service users. It builds on existing policies and procedures within both health and care services. Effective implementation aims to embed a culture of openness and transparency, ensuring staff are informed about decisions relating to staffing and able to raise concerns.

3.1. Health & Social Care Differences

The act impacts Health and Care services in different ways:

Health - The NHSGGC system wide HCSA Programme Board is chaired by the Executive Nurse Director, membership consists of representatives from all professions that the Act covers as well as Professional Leads from relevant areas of service.

NHSGGC has undertaken a programme of testing for all duties which identified the actions and activities to be taken to close any gaps, and allowed for evidence of compliance. Evidence has been collated into a High Level Implementation Action Plan (IAP). As the implementation program concludes a transition plan is being developed to facilitate business as usual working that embeds the principles and requirements of HCSSA act throughout 2025.

For health settings, the Act places a duty on Health Boards (NHSGGC) to ensure both appropriate numbers of staff and appropriate types of professions. Where health care is delegated to an integration authority, the duties and requirements under the Act still apply. To support this duty, the Act lists a number of requirements that must be followed, such as:

- reporting to Scottish Ministers on the use of high-cost agency staff
- Identifying risks relating to staffing in real-time, and having a procedure to escalate risk to address these, and identify those that are severe and recurring.
- seeking and having regard to advice given by clinicians on staffing
- ensuring adequate time is given to clinicians who lead a team of staff to fulfil their leadership responsibilities
- ensuring staff receive appropriate training for their role
- Use of the common staffing method to inform workforce planning (nursing & midwifery only)

Social Care - The Safe Staffing programme (SSP) was commissioned by the Scottish Government to prepare the social care sector and Care Inspectorate for commencement of the act. The programmes vision is to ensure registered social care services in

Scotland have the right people, in the right place, with the right skills at the right time working to ensure people experience excellent health and care outcomes. An End of Year Care reporting template issued 12/02/2025, details the information required regarding planning and securing care services, specifically; ensuring appropriate staffing and appropriate training of staff and any details of ongoing risk.

3.2. Summary of Key Duties Under the Act

Duty to Apply Guiding Principles - When planning and delivering services, organisations must apply guiding principles that prioritise the provision of safe, high-quality services and the best outcomes for service users.

Duty to Ensure Appropriate Staffing Levels - Health boards and care service providers must ensure that at all times, there are suitably qualified and competent staff working in the right numbers to meet the needs of patients and service users.

Duty to report on Agency use- under the HCSSA healthcare providers are required to report on the use of agency staff. This duty ensures transparency and accountability in staffing practices, particularly concerning the reliance on agency workers instead of permanent staff.

Duty to Report on Staffing Levels - Health boards and care service providers are required to report on their compliance with staffing duties, ensuring safe and effective staffing levels, transparency and accountability. IN order to understand skills shortages and workforce gaps that may impact quality of care, organisations are required to continuously monitor staffing levels and assess risks related to staffing. This involves real-time data collection on staff availability, skill mix, patient acuity, and workload. Organisations must develop processes to involve staff in decisions related to staffing levels and skill mix, fostering a culture of openness and transparency.

Duty to ensure provision of Clinical advice - ensures that healthcare decisions, especially those related to staffing, are informed by clinical expertise, ensuring patient safety and quality of care. Clinical leaders i.e. nursing leads, or medical professionals, are responsible for providing expert advice regarding staffing levels, skill mix, and patient care requirements. Under the duty of the act these leaders are expected to provide input into staffing decisions, ensuring that the right skill sets are present to meet patient needs.

Duty for Time to Lead- emphasises the reasonability of clinical leadership in ensuring the effective and safe management of staff, and that clinical leaders are given adequate time within their role to focus on staffing and workforce management.

Duty to use the Common Staffing Method – is a consistent and evidenced based approach to assessing staffing requirements. Nationally this applies to Nursing and Midwifery workforce only. There are long term plans to develop evidence based tools applicable for all health professionals.

Duty for Training and Staff Consultation - Ensuring that health and care staff are equipped with the necessary skills and knowledge to provide safe and high-quality care, while also fostering a supportive, inclusive, and collaborative work environment.

Duty for Commissioning of Services - process by which health and care services are planned, procured, and delivered to meet the needs of service users. The commissioning process ensures that the right services are available in the right quantity, at the right time, and are of the appropriate quality to deliver safe and effective care

These duties collectively aim to embed a culture of safe staffing across health and care services in Scotland, ensuring that service users receive care from appropriately qualified and competent staff at all times.

4. Assurance and Compliance

4.1. Assessment - RAG Classification

In order to monitor progress and levels of assurance against each of the duties of the act NHSGGC Programme board utilised the Scottish Government RAG classification and assurance key as set out in tables 1& 2 below:

Table 1

Green	Systems and processes are in place for and used by all NHS functions and professional groups
Yellow	Systems and processes are in place for, and used by 50% or above of NHS functions and Professional groups
Amber	Systems and processes are in place for, and used by under 50% of all NHS functions and professional groups
Red	No Systems are in place for any NHS functions or professional groups

Table 2- Level of assurance Key:

Level of Assurance	System Adequacy	Controls
Substantial assurance	A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.	Controls are applied continuously or only with minor lapses.
Reasonable assurance	There is generally sound system of governance, risk management and control in place. Some issues, noncompliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited	Controls are applied frequently but with evidence of non-compliance
Limited assurance	Significant gaps, weaknesses or non-compliance	Controls are applied but with some significant

	were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the areas audited.	lapses.
No Assurance	Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Significant breakdown in the application of controls

4.2. NHSGGC Assurance and Compliance

Table 3 provides a high level summary of NHSGGC Programme Boards current and projected compliance levels.

Table 3

Duty	Duty Name	Projected Qtr4 NHSGGC	Key Activities required for Improvement / Future BAU
121A	Guiding Principles	Substantial Assurance	Board Policy incl W/F makes suitable Ref to the Act. Identification of BAU HCSSA Commissioner & Co-ordination post Programme. Owner of Evidence Bank & SOP's. Risk Remaining - VRF Vacancy process v Early Recruitment
121B	Duty to report high cost agency		Submission is compiled by NHSGGC Workforce planning and information Team
121C	Real Time Staffing Assessments	Reasonable Assurance	Approval to adopt and rollout Safe Care. Est March 2026 for Substantial Assurance with Safe Care reporting in place. Financial Plan Dependent & linked with eRostering. Evidence of Local RTS & RE SOP implemented and in practice for Assurance. Identification of BAU HCSSA Commissioner & Co-ordination post Programme. Owner of Evidence Bank & RDS SOPs

12ID	Risk Escalation is in Place	Substantial Assurance	Organisation SOP utilised and evidence of Local SOPs in place, with reporting coming through Datix as part of Internal Assurance review & reporting. Consideration of HCSSA for Datix Replacement. Identification of BAU HCSSA Commissioner & Co-ordination post Programme. Owner of Evidence Bank & RDS SOP's
12IE	Arrangements to Address Severe & Recurrent Risks	Reasonable Assurance	Organisation SOP utilised and evidence of Local SOPs in place, with reporting coming through Datix. Linked to Internal Assurance Reporting. Consideration of HCSSA for Datix Replacement. Identification of BAU HCSSA Commissioner & Co-ordination post Programme. Owner of Evidence Bank & RDS SOP's
12IF	Duty to seek Clinical Advice on Staffing	Reasonable Assurance	SLWG Active Qtr3&4. Internal Assurance Reporting is developed for BAU contributions from Organisation Structures to Clinical Leaders across all Duties excl Agency & CSM which have own processes. Identification of BAU HCSSA Commissioner & Co-ordination post Programme, Incl Owner of Org SOPs. These reports facilitate future SG Annual report compilation.
12IH	Adequate Time Given to Clinical Leaders	Reasonable Assurance	Evidence of Local TtL SOP implemented and in practice for Internal Assurance Reporting. Where applicable JD Templates adopted give reference to HCSSA & TtL. Identification of BAU HCSSA Commissioner & Co-ordination post Programme, Incl Owner of Org SOPs
12II	Ensure Appropriate Staffing	Reasonable Assurance	Substantial Assurance is not achievable without the outcome of the Protected Learning Time Group. Timelines for conclusion / recommendation not yet available, unlikely before end of Qtr4. Also embedded Quality Measures & care assurance systems - Wider Strategy & ongoing.
12IJ	Common Staffing Method	Substantial Assurance	CSM SOP Approval, CSM Report drafted (exc MH/LD, Paed & Neonates & CNS). CSM Resources & Delivery model finalised. Achievable in Qtr4.
12IL	Ensure Training & Consultation of staff (related to 12IJ/K)	Substantial Assurance	Live Issue / Risk is resourcing need at least 1 AfC6 RCN for 25/26 onwards. Especially for SLT move to SafeCare, testing, resource updates & adoption.
Part 1 & 2	Planning and Securing Services – Health	Substantial Assurance	Substantial dependant on clarification on Legal Points for Independent Contractors. Test Case for a Commercial Tender & Renewed Hospice Agreement projected in Qtr4
	Planning and Securing Service – Care	Limited Assurance	CI reporting due 30 th June 2025. Reporting template shared

4.3. East Renfrewshire Assurance & Compliance

East Renfrewshire HSCP HCSSA implementation group have met 6 weekly over the last 12 months, these sessions have focused on development of an HSCP evidence bank reflecting compliance with the duties of the act for each service, identifying gaps for development of actions, capturing local processes and self-assessment of assurance and compliance. ER HCSSA implementation group submit a monthly report to the HSCP SMT for update, awareness and assurance. NHSGGC SOPs have been developed to support. OPs do not replace Sector or HSCPs SOPs (where they were already in place) but are designed to complement and provide guidance and consistency. East Renfrewshire HSCPs services have reviewed and developed existing local SOPs to ensure alignment with GGC SOPs. Table 4 below sets out the current level of assurance across ER HSCP:

Table 4

East Renfrewshire HSCP services RAG status of assurance/readiness for implementation of HCSSA

**Duties 12IA & 12II are overarching principles that apply to systems and processes that are utilised across all HSCP functions and should be evidenced in strategic and workforce plans*

Duty Name/ Number	12IA- Guiding Principles in Health & Care *	12II- Ensure Appropriate Staffing *	12IB – Agency Reporting (Health)	12IC, D, E- RTSR& Risk Escalation	12IF – Provision of Clinical Advice	12IH- Time To Lead	12IJ, K, L- Common Staffing Method	12IC, D, I, L- Training and Staff Consultation	13Pt2- Commissioning of Services – HealthCare
HSCP Service									
Adult Autism	Reasonable Assurance	Reasonable Assurance		Limited Assurance	Limited Assurance	Reasonable Assurance	N/A	Reasonable Assurance	N/A
Adult Nursing	Reasonable Assurance	Reasonable Assurance		Substantial Assurance	Reasonable Assurance	Reasonable Assurance	Substantial Assurance	Reasonable Assurance	N/A
East wood locality/ ASP	Reasonable Assurance	Reasonable Assurance		N/A	N/A	N/A	N/A	Reasonable Assurance	N/A
Barrhead locality ICT	Reasonable Assurance	Reasonable Assurance		N/A	N/A	N/A	N/A	Reasonable Assurance	N/A

Bonnyton	Reasonable Assurance	Reasonable Assurance		Limited Assurance	N/A	N/A	N/A	Limited Assurance	N/A
Care at Home	Reasonable Assurance	Reasonable Assurance		N/A	N/A	N/A	N/A	Substantial Assurance	N/A
Children's Services - Fostering	Reasonable Assurance	Reasonable Assurance		N/A	N/A	N/A	N/A	Limited Assurance	N/A
Children's Services - IST	Reasonable Assurance	Reasonable Assurance		N/A	N/A	N/A	N/A	Reasonable Assurance	N/A
Commissioning	Reasonable Assurance	Reasonable Assurance		N/A	N/A	N/A	N/A	Limited Assurance	Reasonable Assurance
Community LD	Reasonable Assurance	Reasonable Assurance		Reasonable Assurance	Reasonable Assurance	Reasonable Assurance	Limited Assurance	Reasonable Assurance	N/A
Health Visiting/ School Nursing	Reasonable Assurance	Reasonable Assurance		Substantial Assurance	Substantial Assurance	Reasonable Assurance	Substantial Assurance	Reasonable Assurance	N/A
In patient LD	Reasonable Assurance	Reasonable Assurance		Substantial Assurance	Reasonable Assurance	Reasonable Assurance	Substantial Assurance	Reasonable Assurance	
Mental Health & Recovery	Reasonable Assurance	Reasonable Assurance		Reasonable Assurance	Limited Assurance	Reasonable Assurance	Reasonable Assurance	Reasonable Assurance	
Pharmacy	Reasonable Assurance	Reasonable Assurance		Substantial Assurance	Substantial Assurance	Substantial Assurance	N/A	Substantial Assurance	
Rehab services	Reasonable Assurance	Reasonable Assurance		Substantial Assurance	Substantial Assurance	Reasonable Assurance	N/A	Substantial Assurance	
SCTCI	Reasonable Assurance	Reasonable Assurance		Substantial Assurance	Substantial Assurance	Reasonable Assurance	N/A	Reasonable Assurance	

5. Reporting

The Act requires Health Boards to produce three types of report. Where a Health Board has delegated healthcare functions to an Integration Authority, the authority must be included in all reporting.

Annual Report: An annual report detailing how the Health Board have carried out their duties should be submitted to Scottish Ministers. The report must cover all NHS functions and professional disciplines. A standard reporting template must be used. The report will cover the period from 01 April 2024 to 31 March 2025. The report must be published by the Health Board and submitted to Scottish Ministers by 30 April.

High Cost Agency Use: Health Boards are also required to report quarterly on the use of high-cost agency workers. All Health Boards use the same methodology to ensure consistency in reporting. Unlike the Annual Report, there is no obligation for Health Boards to publish this report. Nil returns are required.

Quarterly Internal NHSGGC Board Assurance Report: The Medical Director, Executive Nurse Director and where relevant, the Director of Public Health are required to report internally to NHSGGC Board of Directors. The report should be submitted on a quarterly basis..

Common Staffing methods annual cycle and report: Nationally validated Staffing Level Tool (SLT) runs for each relevant clinical team is mandated to take place annually. The purpose of the common staffing method is to ensure a consistent approach to decision making across NHS Scotland. The application of the CSM supports NHSGGC to ensure appropriate staffing and now forms part of the evidence NHSGGC require to submit to HIS and Scottish Government to demonstrate how we have complied with the HCSSA. ER HSCP Children and Families teams and District nursing service submitted the first CSM report March 20205.

Within the Annual Return there is a section to provide assurance on compliance of the 'Internal' quarterly reports. SG do not ask to see the reports, but under powers to request information, being developed by Health Improvement Scotland (HIS) there are plans to request these.

Local authorities and integration authorities have to consider the requirements of the Act when they plan or secure care services, and report on this annually to Scottish Ministers. To date very little has been developed across HSCPs and local authorities on process and plans for this. More information is expected from the Care Inspectorate following the next national implementation meeting on 19th March.

The NHSGGC Health and Care Staffing Programme Board (HCSPB) provides robust governance and guidance on the overall strategic direction of the legislation. As they move towards embedding this work in business as usual processes all parties have been asked to consider how the act and local assurance will sit within local governance structures and monitoring post March 25.

ER HSCP is required to identify a lead individual responsible for providing assurance and associated evidence of compliance of the Health and Care (Staffing) (Scotland) Act (2019) (HCSSA) duties, this will include developing local processes to ensure oversight of staffing across HSCP services, ongoing maintenance and update of the evidence bank, collating and submitting quarterly reports to the Health Board. Consideration of whether reporting is multidisciplinary, professional or operationally management led are ongoing in the context of existing governance structures in place e.g. Senior Management Team Meetings and local governance committees and how these currently feed into Care and Clinical Governance and Directors of Nursing, Medicine and Public Health. Internal local HSCP processes in relation to Real Time Staffing (RTS) and RAG classification of assurance levels require to be strengthened to further support quarterly assurance. As part of RTS escalation and monitoring of sever and recurrent risk Datix reporting will be developed and routinely reported at senior management and operational group meetings.

6. Challenges and Risk

All services will not achieve substantial assurance by April 2025, business as usual processes will be further developed during the transition period. Further work is required with in-house care services and commissioned service providers to provide greater assurance of robust systems and processes. Additionally there are potential resource and cost implications for the HSCP as a result in the change of approach to staffing for example:

- Real time staffing duty requires a formal process for escalation including the out of hours period, this is not currently formally provided by senior operational or professional leaders.
- Time to lead duty requires that clinical leaders have protected time, this requires to be described and standardised across the organisation and professional groups.
- Common staffing tool outputs may identify recurring workforce gaps and the need for additional staffing, similarly for providers if new staffing tools identify workforce gaps.
- Whist separate to the HCSSA duties the Agenda for Change reduction in working week will result in significant WTE loss of resource and service provision within health care and integrated teams.

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	26 March 2025
Agenda Item	14
Title	Appointment of Chief Officer
<p>Summary</p> <p>The purpose of this paper is to advise the Integration Joint Board on the appointment of the Chief Officer of the East Renfrewshire Health and Social Care Partnership / Integration Joint Board.</p>	
Presented by	Julie Murray, Chief Officer
<p>Action Required</p> <p>That the Integration Joint Board notes the appointment of Ms Alexis Chappell as the new Chief Officer of the East Renfrewshire Health and Social Care Partnership / Integration Joint Board with effect from 26 May 2025.</p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

26 March 2025
Report by Chief Officer

APPOINTMENT OF CHIEF OFFICER

PURPOSE OF REPORT

1. To advise the Integration Joint Board of the appointment of the new Chief Officer of the East Renfrewshire Health and Social Care Partnership / Integration Joint Board.

RECOMMENDATION

2. That the Integration Joint Board notes the appointment of Ms Alexis Chappell as the new Chief Officer of the East Renfrewshire Health and Social Care Partnership / Integration Joint Board with effect from 26 May 2025.

REPORT

3. In December 2024, the Clerk/Standards Officer advised the Integration Joint Board of Julie Murray, Chief Officer's intention to retire in May 2025, following 24 years service in East Renfrewshire and an almost 40-year career in Health and Social Care.

4. The appointment of a Chief Officer is a statutory requirement in terms of the Public Bodies (Joint Working) (Scotland) Act 2014. Subsequently, the Voting Members of the Integration Joint Board agreed a joint recruitment process between East Renfrewshire Council and NHS Greater Glasgow and Clyde to appoint a new Chief Officer of the East Renfrewshire Health and Social Care Partnership / Integration Joint Board.

5. An Assessment Centre was held on 3 February 2025, followed by a Joint Recruitment Panel on 21 February 2025, comprising the Chair of the Integration Joint Board, the Vice Chair of the Integration Joint Board, the Chief Executive of East Renfrewshire Council and the Chief Executive of NHS Greater Glasgow and Clyde.

6. The Joint Recruitment Panel agreed to appoint Ms Alexis Chappell as the new Chief Officer of the East Renfrewshire Health and Social Care Partnership / Integration Joint Board. Ms Chappell is currently the Strategic Director of Adult Care and Wellbeing at Sheffield City Council and brings a wealth of experience in Health and Social Care and strategic planning and will take up the role on 26 May 2025.

RECOMMENDATION

7. That the Integration Joint Board notes the appointment of Ms Alexis Chappell as the new Chief Officer of the East Renfrewshire Health and Social Care Partnership / Integration Joint Board with effect from 26 May 2025.

JULIE MURRAY
CHIEF OFFICER

For further information, please contact Barry Tudhope, Clerk to the Integration Joint Board / Integration Joint Board Standards Officer. **Email:** Barry.Tudhope@eastrenfrewshire.gov.uk **Tel:** 0141 577 3033

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