

Date: 16 June 2025  
e-mail: [barry.tudhope@eastrenfrewshire.gov.uk](mailto:barry.tudhope@eastrenfrewshire.gov.uk)  
Tel: 0141 577 3023

**TO: ALL MEMBERS OF THE EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

Dear Colleague

**EAST RENFREWSHIRE INTEGRATION JOINT BOARD  
TEAMS MEETING – WEDNESDAY 25 JUNE 2025**

You are requested to attend a meeting of the **East Renfrewshire Integration Joint Board** which will be held on **Wednesday, 25 June 2025 at 2:30 p.m.** 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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## **EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**Wednesday 25 June 2025 at 2:30 p.m**  
**via Microsoft Teams**

### **AGENDA**

- 1. Apologies for Absence**
- 2. Declarations of Interest**
- 3. Minute of Previous Meeting held 26 March 2025** (copy attached, pages 3 - 10)
- 4. Chief Officer Update – Verbal Update**
- 5. Matters Arising** (copy attached, pages 11- 14)
- 6. Rolling Action Log** (copy attached, pages 15 - 18)
- 7. Minute of Performance and Audit Committee held 26 March 2025**  
(copy attached, pages 19 - 24)
- 8. Unaudited Annual Report and Accounts 2024/25** (copy attached, pages 25 - 108)
- 9. Medium Term Financial Plan** (copy attached, pages 109 - 140)
- 10. HSCP Annual Performance Report 2024/25** (copy attached, pages 141 - 254)
- 11. HSCP Equalities and Human Rights Mainstreaming Report 2025** (copy attached,  
pages 255 - 306)
- 12. HSCP Strategic Plan 2025-28** (copy attached, pages 307 – 370)
- 13. Refresh of East Renfrewshire Getting It Right For Every Child (GIRFEC) Manual**  
(copy attached, pages 371 - 446)
- 14. Discharge without Delay Position - Presentation by Lee McLaughlin**
- 15. IJB Complaints Annual Report 2024/25** (copy attached, pages 447 - 450)

**NOT YET ENDORSED AS A CORRECT RECORD****Minute of Meeting of the East Renfrewshire Integration Joint Board held on Wednesday 26 March 2025 at 11:00. in the Council Chamber, East Renfrewshire Council Offices, Eastwood Park, Rouken Glen Road, Giffnock.**

\* = online attendance

**Present**

Councillor Katie Pragnell	East Renfrewshire Council (Chair)
Lesley Bairden	Chief Financial Officer (Integration Joint Board)
Councillor Caroline Bamforth	East Renfrewshire Council*
Martin Cawley	NHS Greater Glasgow and Clyde*
Cath Cooney	NHS 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*
Andrew McCready	Staff Representative*
Geoff Mohamed	Carers Representative*
Julie Murray	Chief Officer (Integration Joint Board)
Councillor Owen O'Donnell	East Renfrewshire Council
Raymond Prior	Head of Children's Services and Justice (Chief Social Work Officer)

**In Attendance**

Tom Kelly	Head of Adult Services: Learning Disability and Recovery
Pamela Gomes	Governance and Compliance Officer
Lesleyann McDonald	NHS Greater Glasgow and Clyde* (proxy for Mehvish Ashraf)
Lee McLaughlin	Head of Adult Services: Communities and Wellbeing
Margaret Phelps	Strategic Planning, Performance and Commissioning Manager
John Burke	Democratic Services Officer, East Renfrewshire Council
Bethany Mitchell	Assistant Democratic Services Officer, East Renfrewshire Council

**Chair**

Councillor Katie Pragnell in the Chair.

**Apologies**

Mehvish Ashraf, NHS Greater Glasgow and Clyde  
Lynne Siddiqui, Community Rehabilitation Team Lead

**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 declaration of interest intimated.

**3. MINUTES OF PREVIOUS MEETING: 29 JANUARY 2025**

- 3.1 The Minute of the Meeting of the Integration Joint Board held on 29 January 2025 was approved.

#### **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 29 January 2025.
- 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 6 February 2025.
- 4.3 While the Cabinet approved the increase to existing Health and Social Care charges for 2025/26, the paper was called in to full Council on 26 February 2025. At that meeting the decision was taken to defer the implementation of charges. In the meantime, work would progress on income maximisation and financial assessments with an update report to be taken to Council in October 2025.
- 4.4 Councillor O'Donnell asked if the financial assessment process had started and how the IJB proposed to monitor this before the October Full Council meeting.
- 4.5 The Chief Financial Officer informed that a working group had been established, led by the Head of Adult Services: Learning Disability and Recovery and the Council's Director of Business Operations and Partnerships. Officers from the Health and Social Care Partnership (HSCP) and Money Advice and Rights Team (MART) would also attend.
- 4.6 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 29 January 2025.
- 5.2 The Integration Joint Board noted the report.

#### **6. REVENUE BUDGET 2025/26**

- 6.1 The Integration Joint Board considered a report by the Chief Financial Officer on the Revenue Budget 2025/26.
- 6.2 The Chief Financial Officer noted that East Renfrewshire Council agreed its budget, including the proposed contribution to the Integration Joint Board on 26 February 2025 as detailed in Appendix 1.
- 6.3 The NHS Greater Glasgow and Clyde contribution had been agreed with partner colleagues and was subject to due governance by the health board with added details in Appendix 2. This reflected a 3% uplift on the relevant elements of the pay and non-pay budget. The proposed contribution also exceeded the minimum contribution requirement.
- 6.4 It was reported that as with prior years the NHS GGC recurring budget for the current year could change, dependent on any Scottish Government budget interventions, by 31 March 2025 but was not expected to significantly impact figures reported.
- 6.5 The report outlined that whilst the settlement was better than expected, there are still real challenges ahead for the IJB and partners.



- 6.5 Councillor Bamforth asked if the 60% funding received from the Scottish Government was recurring, and if the decision on non-residential care had already been made, prior to the report to East Renfrewshire Council in October 2025.
- 6.6 The Chief Financial Officer confirmed that the 60% funding was recurring and both partners received 60% as part of their settlements.
- 6.7 There is a savings target of £1.5m intended to come from the implementation of charging for non-residential services, however the Council decision in February 2025 deferred implementation. A further report will go to full Council in October 2025. The budget being considered by the IJB today includes up to £1.5m support from the Council as required in the interim.
- 6.8 Councillor Edlin commented that whilst the Integration Joint Board was not customarily political he wanted to note that the funding deficit was not just a Westminster issue.
- 6.9 The Chair noted that she had contacted the First Minister regarding the Scottish Government's intentions to abolish charging for services and hoped further clarification would be forthcoming.
- 6.10 Cath Cooney asked how likely it was in its current financial position that the IJB could rebuild its reserves as stated as an aspiration in paragraph 59 of the report.
- 6.11 The Chief Financial Officer responded that this aspiration was a long-term one and would be achieved over a number of years, as the IJB moved to align with reserves policy.
- 6.12 Lesleyann McDonald asked if the Chief Social Work Officer felt that this was the best budget that could be produced in terms of meeting the needs of service users and also asked the Chief Financial Officer if it was a realistic budget.
- 6.13 The Chief Social Work Officer responded that the HSCP management team were clear on the reality of the financial situation. He assured that the partnership were able to meet and deliver the statutory duties and responsibilities under the proposed budget.
- 6.14 The Chief Financial Officer responded that it was a realistic budget, which recognised the significant challenges and had been discussed at length through budget seminars. She noted that we continue to work with both partners and that at a national level, lobbying and discussions with Scottish Government continue to take place.
- 6.15 Councillor O'Donnell agreed that it had been a difficult year for the IJB to produce a budget and there had been a significant amount of work to reach a better position. He indicated prescribing was an area which had been challenging for a number of years. He asked what confidence there was that the new savings would deliver results.
- 6.16 The Chief Officer noted that there has been a greater impact on the Prescribing team since Covid and general health. She was encouraged that the new CEO of the Health Board was a pharmacist and may bring further experience in how to tackle issues at a ground level, while recognising that the target set was challenging.
- 6.17 The Chair noted that there had been an NHS Greater Glasgow and Clyde development day on 25 March 2025 during which the afternoon was dedicated to prescribing and a new plan in care homes. Discussions were ongoing and those discussions were becoming more visible.
- 6.18 Councillor Bamforth asked if GPs and pharmacists were being supported in terms of patient demand for branded medicines. The Clinical Director confirmed that there was support and guidance for pharmacists and GPs on prescribing.
- 6.19 Councillor Edlin commented that he did not think the problem lay with GPs but with expectations being unable to be met in the current financial climate. He expected that the same issues would arise in the following year.

## 6

- 6.20 Cath Cooney noted that the conversation had to be about realistic medicine, and take a whole system approach to tackling the issue. She welcomed the discussion mentioned at the NHS Greater Glasgow and Clyde development day in that regard.
- 6.21 The Integration Joint Board
- a) accepted the budget contribution of £78.412 million from East Renfrewshire Council.
  - b) accepted the £0.616 million for Justice expenditure funded by grant via East Renfrewshire Council, subject to uplifts to this grant funding.
  - c) accepted the delegated budget for aids and adaptations of £0.610 million.
  - d) accepted the indicative budget contribution of £90.322 million from NHSGGC, subject to due governance by the health board.
  - e) accepted the indicative set aside budget contribution of £31.868 million from NHSGGC.
  - f) agreed that directions are issued to East Renfrewshire Council and NHSGCC confirming the acceptance of the budget.
  - g) agreed the continued implementation of Real Living Wage uplift to our partner providers.
  - h) noted the ongoing development of the prescribing savings programme required.
  - i) noted the deferral of the implementation of charges for non-residential care until 2026/27 and the associated funding support.

Dianne Foy left the meeting during consideration of this item.

## 7. REVENUE BUDGET MONITORING REPORT 2024/25; POSITION AS AT 31 JANUARY 2025

- 7.1 The Integration Joint Board considered a report by the Chief Financial Officer on the Revenue Budget Monitoring Report 2024/25; position as at 31 January 2025.
- 7.2 The Integration Joint Board noted the report and welcomed the improved position projected for the year which includes £1million non-recurring support from NHS GCC towards pressures.

## 8. THE PROMISE 5<sup>TH</sup> ANNIVERSARY PROGRESS REPORT

- 8.1 The Integration Joint Board were asked to note a report by the Head of Children's Services and Justice (Chief Social Work Officer) on the Promise 5<sup>th</sup> Anniversary Progress Report.
- 8.2 Martin Cawley noted the positive inspection reports from the Care Inspectorate which were tabled at the Performance and Audit Committee meeting earlier in the day. The Chief Social Work Officer referenced the inspections of Fostering, Adoption and Adult Placement services. All three services received grades of 5 (very good) with no requirements. There were minor areas for improvement which have already been progressed.
- 8.3 The Chair noted that the Promise paper would go to Education Committee and Full Council.
- 8.4 The Integration Joint Board noted the report.

## **9. HSCP STRATEGIC PLAN 2025-28**

- 9.1 The Integration Joint Board considered a report by the Policy, Planning and Performance Manager on the HSCP Strategic Plan 2025-28. An updated financial section would be added to the report to reflect the financial position.
- 9.2 Councillor O'Donnell suggested that time should be taken to ensure that the plan aligned with "A Place to Grow", the community plan for East Renfrewshire. The Policy, Planning and Performance Manager indicated that he had been working closely with the Council in the preparation of the plan, with "A Place to Grow" considered throughout. However, he was happy to take the time to look again and ensure that the plan was strongly linked to the wording of "A Place to Grow".
- 9.3 Lesleyann McDonald commented on the excellent and thorough plan, and queried whether an easy read version would be made available. The Policy, Planning and Performance Manager confirmed that the document would be summarised once concluded.
- 9.4 The Integration Joint Board agreed that approval of the HSCP Strategic Plan 2025-28 be deferred to June 2025 to allow the additions and further considerations discussed at the meeting to be included.

## **10. PUBLIC SECTOR EQUALITY DUTY UPDATE**

- 10.1 The Integration Joint Board considered a report by Policy, Planning and Performance Manager on the Public Sector Equality Duty Update.
- 10.2 The report outlined the legislative requirements for the HSCP to meet the Public Sector Equality Duty including the need to publish a mainstreaming equalities report to describe the progress made in integrating the Duty into the HSCP's day-to-day functions. That report will be submitted for approval to the IJB at its meeting in June 2025. This report provided an update on the work to meet the other Public Sector Equality Duty requirements.
- 10.3 Martin Cawley asked if any impact assessments were anticipated in light of the budget discussions, and what they may be. The Policy, Planning and Performance Manager confirmed that Equality Impact Assessments would be carried out, as required, throughout the year. Cath Cooney commented on the importance of inclusion, prevention and early intervention.
- 10.5 The Integration Joint Board noted the work underway to fulfil the requirements of the Public Sector Equality Duty, ahead of presenting the Mainstreaming Equalities Report and new set of Equalities Outcomes to IJB in June 2025.

## **11. UPDATE ON GREENLAW MEDICAL PRACTICE AND POLLOKSHIELDS MEDICAL PRACTICE**

- 11.1 The Integration Joint Board considered a report by the Clinical Director on Greenlaw Medical Practice and Pollokshields Medical Practice.
- 11.2 The report noted a positive response from other GP practices. A business plan to reallocate patients to a new GP Practice was in place and patients would be notified as soon as possible regarding the change by mid-June. Two patient information sessions were held at Eastwood Health and Care Center on 25 March 2025 which were well attended. The frequently asked questions on the website would be updated with questions asked at these sessions and shared with patients.
- 11.3 Councillor Bamforth asked if patients would continue to be seen by a doctor in the interim until they had been reallocated. It was confirmed that patients would continue to be seen by a locum doctor at Greenlaw Medical Practice until they were reallocated.
- 11.4 The Integration Joint Board noted the report.

## **12. PRESENTATION: DISCHARGE WITHOUT DELAY – POSITION UPDATE**

- 12.1 The Integration Joint Board received a presentation from the Head of Adult Services: Communities and Wellbeing on Discharge without Delay.
- 12.2 The position was outlined, with East Renfrewshire HSCP ranking 5<sup>th</sup> nationally in terms of delayed discharges and a slight increase in delays over the last four week period. The HSCP was 21<sup>st</sup> nationally in terms of Adults with Incapacity (AWI) related delays, and 3<sup>rd</sup> among NHS Greater Glasgow and Clyde Partnerships. Only 3.4% of patients had a planned date of discharge that had elapsed.
- 12.3 The presentation also provided comparative information between East Renfrewshire and the other 5 NHS Greater Glasgow and Clyde Partnerships, showing the relative trends.
- 12.4 The Head of Adults Services: Communities and Wellbeing then outlined actions that were underway to further reduce delayed discharge, such as: recruitment to vacant posts; an increased focus on improving processes; providing updated information around Power of Attorney to patients and officers; working toward the implementation of “Discharge to Assess”.
- 12.5 Councillor O'Donnell asked whether GPs are briefed on Adults with Incapacity (AWI) and Power of Attorney (POA) procedures. The Head of Adult Services: Communities and Wellbeing noted that there is a national communications campaign. Members were encouraged to share resources such as the 1000 days videos with patients.
- 12.6 The Chair noted the NHS Greater Glasgow and Clyde board wide campaign led by the Director of Nursing with advertising shared on social media and television on the importance of POA.
- 12.7 The Integration Joint Board noted the presentation.

## **13. HEALTH AND CARE (STAFFING) (SCOTLAND) ACT 2019 (HCSSA) IMPLEMENTATION, ASSURANCE AND REPORTING**

- 13.1 The Integration Joint Board considered a report by the Chief Officer on the Health and Social Care (Staffing) (Scotland) Act 2019 (HCSSA) Implementation, Assurance and Reporting. The report provided an update on the implementation of duties across both health and care services, to highlight the levels of assurance in relation to each duty and to describe the reporting requirements going forward. The report had been shared with the HSCP Senior Leadership Team.
- 13.2 Councillor O'Donnell asked if any additional funding had been provided to fulfil the requirements of the Act and, regarding table 4, if there was a need for concern around the data provided there. The Chief Officer confirmed there were no additional resources that she was aware of and that this would be implemented in the day to day business. In relation to table 4, this would be developed over time, with added assurance. The next version of the report was expected to have fewer “amber” measures as information is updated. A seminar led by the Chief Nurse, was suggested to discuss the report in detail.
- 13.4 The Head of Adult Services: Learning Disability and Recovery pointed out that the report had limited assurance because the necessary administration was still in development. This position would improve as the development was implemented and more data became available. He reassured members that the partnership was in a good place on those measures.
- 13.5 The Integration Joint Board noted the report and that a seminar would be prepared with the Chief Nurse regarding the issues raised.

**14. APPOINTMENT OF CHIEF OFFICER**

- 14.1 The Integration Joint Board considered a report advising of the appointment of the new Chief Officer.
- 14.2 The Integration Joint Board noted the appointment of 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.

**15. DATE OF NEXT MEETING**

- 15.1 The Integration Joint Board noted the date of next meeting as Wednesday 26 June 2025 at 14:30.

**CHAIR'S REMARKS – DEPARTURE OF CHIEF OFFICER**

The Chair referred to the imminent departure of Julie Murray, Chief Officer. On behalf of the Integration Joint Board, she thanked Julie for all of her hard work over her many years of service.

Julie thanked all those she had worked with and the IJB for their contribution to the success of the Board, as well as their support to her in her role.

CHAIR

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	25 June 2025
<b>Agenda Item</b>	5
<b>Title</b>	Matters Arising
<b>Summary</b>  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 26 March 2025.	
<b>Presented by</b>	Alexis Chappell, Chief Officer
<b>Action Required</b>  Integration Joint Board members are asked to note the report.	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**25 June 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**

**Non-residential charging**

3. It was noted under matters arising in March 2026 that work would progress on income maximisation and financial assessments. All adults in receipt of a care package have now been lettered and encouraged to take up the offer of income maximisation. Financial assessments have also been offered to those whose current package includes a chargeable service. The outcome of this will be included in the update report to Council in October 2025.

**Greenlaw Medical Practice**

4. Letters have been issued to all patients regarding transfer arrangements and both the Greenlaw Medical Practice and branch surgery in Pollokshields are expected to close at the end of June 2025.

**RECOMMENDATIONS**

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

**REPORT AUTHOR AND PERSON TO CONTACT**

IJB Chief Officer: Alexis Chappell  
[Alexis.Chappell@eastrenfrewshire.gov.uk](mailto:Alexis.Chappell@eastrenfrewshire.gov.uk)

5 June 2025

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>  <b>Held on</b>	Integration Joint Board  25 June 2025
<b>Agenda Item</b>	6
<b>Title</b>	Rolling Action Log
<b>Summary</b>  The attached rolling action log details all open actions, and those which have been completed since the last IJB meeting held on 26 March 2025.	
<b>Presented by</b>	Alexis Chappell, Chief Officer
<b>Action Required</b>  Integration Joint Board members are asked to note progress.	

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Action No	Meeting Date	Item Name	Action	Responsible Officer	Status	Due / Closed	Progress Update /Outcome
466	26-Mar-25	9. HSCP Strategic Plan 2025-28	Review language and presentation of the plan to ensure it aligns with partner strategies such as “A Place to Grow” and bring back to the Integration Joint Board in June 2025, along with updated financial section for final approval.	SCCO	CLOSED	Jun-25	Updated plan included on IJB agenda (25.06.2025)
465	26-Mar-25	13. Health and Care (Staffing) (Scotland) ACT 2019 (HCSSA) Implementation, assurance and reporting	Future seminar to include further discussion on Health and Care Staffing Scotland Act	CN	OPEN	Aug-25	Seminar to be arranged late August once both health and social care have completed their first annual reporting cycle

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

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**NOT YET ENDORSED AS A CORRECT RECORD**

**Minute of Meeting of the East Renfrewshire Integration Joint Board  
Performance and Audit Committee held on Wednesday 26 March 2025 at  
9:30am. in the Council Chamber, East Renfrewshire Council, Eastwood  
Park, Rouken Glen Road, Giffnock.**

**PRESENT**

Councillor Katie Pragnell	East Renfrewshire Council (Chair)
Councillor Caroline Bamforth	East Renfrewshire Council (online)
Anne Marie Kennedy	Non-voting IJB Member
Martin Cawley	NHS Greater Glasgow and Clyde Board (online)

**IN ATTENDANCE**

Lesley Bairden	Chief Financial Officer IJB
Michelle Blair	Chief Auditor (East Renfrewshire Council)
Pamela Gomes	Governance and Compliance Officer
Julie Murray	Chief Officer IJB
Margaret Phelps	Strategic Planning, Performance and Commissioning Manager
Steven Reid	Policy, Planning and Performance Manager
Grace Scanlin	Ernst & Young (online)
Craig Stevenson	Team Manager - Justice Service HSCP (online)
Lesleyann McDonald	NHS Greater Glasgow and Clyde (online)
Tom Kelly	Head of Adult Services: Learning Disability and Recovery
Raymond Prior	Head of Children's Services and Justice (Chief Social Work Officer)
Lee McLaughlin	Head of Adult Services: Communities and Wellbeing
John Burke	Democratic Services Officer
Bethany Mitchell	Assistant Democratic Services Officer

**APOLOGIES FOR ABSENCE**

Mehvish Ashraf	NHS Greater Glasgow and Clyde Board
Lynne Siddiqui	Community Rehabilitation Team Lead

**1. WELCOME AND INTRODUCTION**

- 1.1 With apologies from Mehvish Ashraf, Councillor Katie Pragnell would chair the meeting.
- 1.2 The Chair introduced herself and welcomed everyone to the meeting of the Integration Joint Board Performance and Audit Committee.

**2. DECLARATIONS OF INTEREST**

- 2.1 There were no declarations of interest intimated.

**3. MINUTE OF PREVIOUS MEETING: 20 NOVEMBER 2024**

- 3.1 The Committee considered and approved the Minute of the meeting held on 20 November 2024.

#### **4. MATTERS ARISING**

- 4.1 The Committee considered a report by the Chief Financial Officer providing an update that there were no matters arising from the meeting held 20 November 2024.
- 4.2 The Performance and Audit Committee noted the report.

#### **5. ROLLING ACTION LOG**

- 5.1 The Committee considered a report by the Chief Financial Officer providing details of all open actions which have been completed following the meeting on 20 November 2024.
- 5.2 There had been no changes to the Action Log from the November 2024 meeting.
- 5.3 The Performance and Audit Committee noted the report.

#### **6 ERNST AND YOUNG: PROVISIONAL AUDIT PLAN YEAR ENDED 31 MARCH 2025**

- 6.1 The Committee considered the Annual Audit Report Year Ended 2023/24 which had been prepared by Ernst & Young, the Integration Joint Board's External Auditors.
- 6.2 Grace Scanlin advised that this was the third year of a five year appointment that Ernst & Young had acted as the Integration Joint Board's External Auditor and highlighted key areas in the report.
- 6.3 Martin Cawley noted the highlighted reserve position and how this related to the audit report with the Integration Joint Boards across the country, and the difficult financial climate and conditions. He asked how much this would feature in the overall report.
- 6.4 Grace Scanlin confirmed it would be challenging, however, the financial sustainability aspect couldn't be solved by IJBs themselves. A report was being prepared to be brought to the IJB in future relating to the way forward in the current financial climate. This was welcomed by the Chair.
- 6.5 The Performance and Audit Committee noted the report.

#### **7. AUDIT SCOTLAND REPORT: INTEGRATION JOINT BOARDS FINANCE BULLETIN 2023/24**

- 7.1 The Committee considered a report by the Chief Financial Officer regarding the Accounts Commission finance bulletin prepared by Audit Scotland in March 2025.
- 7.2 A summary of the financial position 2023/24 was provided within the report with reference to an online tool which would allow further comparison to other Integration Joint Boards to be made.
- 7.3 The report referenced the performance information which would be added to the report by autumn. The challenges arising from the demand for services and increased pressure regarding workforce constraints, including inflation, were recognised.



- 7.4 Paragraph 9 highlighted six key messages, with the lead message being that Integration Joint Boards continued to be in a precarious position, with most joint boards reporting decreases in reserves.
- 7.5 The worsening position at the end of 2023/24 was outlined, with a £560m funding gap expected in the coming year. The high level of turnover with Chief Officers and Chief Financial Officers was also noted, which could have a negative impact in terms of the loss of experience and knowledge within IJBs.
- 7.6 The Chief Financial Officer concluded by detailing the increase in savings requirements and the impact this was having on services. It was noted that not all of those savings had recurring benefit, and many were one-off savings that could not be repeated in future years. The Chair added that this was under discussion in relevant COSLA committees and work was taking place toward achieving a more satisfactory outcome for IJBs.
- 7.7 Lesleyann McDonald noted that this report is immensely useful and highlighted the widespread nature of the issues raised. She expressed the view that candid conversations would need to take place with communities around the potential impact on services. She also referred to point six with IJBs working together with partner organisations in a collaborative way.
- 7.8 The Chief Officer noted that this collaboration was taking place and identified a number of areas where HSCPs were working together to achieve best practice and improve outcomes for all service users.
- 7.9 Martin Cawley commended East Renfrewshire officers in their work. He agreed that engaging with the public on what lies ahead is key and that this dialogue has very much started. He asked for clarification on issues around turnover of senior officer positions.
- 7.10 The Chief Officer advised that the role of HSCP Chief Officer was a difficult one and required a great deal of effort to balance tensions between multiple organisations. However, she stressed that there was a national awareness of the difficulty of the role.
- 7.11 The Performance and Audit Committee agreed to note the report.

## **8. PERFORMANCE UPDATE – QUARTER 3, 2024-25**

- 8.1 The Committee considered a report by the Steven Reid, Policy, Planning and Performance Manager on the Performance Update for Quarter 3, 2024 – 25.
- 8.2 The HSCP continued to demonstrate positive performance, including;
  - 94% of people accessing psychological services
  - 100% of people accessing addition and recovery within three weeks maintained
  - delay discharge has reduced
  - unplanned hospital admissions remains on target
  - unplanned hospital bed days has reduced
- 8.3 It was indicated that there were a smaller number of data updates during Quarter 3 than at the end-year position, due to the nature of some performance indicators not being available until after the year had concluded.

- 8.4 Councillor Bamforth noted the A&E admissions from care homes had increased and asked what could be done to address this.
- 8.5 The Head of Adult Services: Communities and Wellbeing, informed the Committee that the picture was currently improving. There had been targeted action from the HSCP to care home residents with a number of different projects to support them. A scheme was highlighted where care homes could contact a clinician on a virtual basis to identify whether hospital attendance was in the best interest of the patient. This had also helped anxiety in families. There had also been an increase in the working week of the care home liaison nurse service to seven days for additional support to care homes. It was expected the impact of this would be seen in the next quarter's figures.
- 8.6 Councillor Bamforth added that emergency admissions had also increased and asked what was being done to address the situation.
- 8.7 The Chief Officer agreed that more could be done and work was progressing around the causes of emergency admissions to identify alternative approaches. In particular, with the ambulance team around admissions from falls and redirecting people who did not have an emergency regarding health. An exception report on care home admissions will be provided at a future meeting.
- 8.8 Lesleyann McDonald asked if the figures around delayed discharge included Adults with Incapacity (AWI), and how many AWI patients were included. She also asked if the criteria of people being referred to enablement services needed to be looked at.
- 8.9 The Head of Adult Services, Communities and Wellbeing answered that there were 12 delayed discharges and 7 included AWI. There was a significant difference to previous years due to the complexity of needs with people requiring legal aid to make decisions. There was also a reported higher number of individuals subject to AWI consideration who were under 65 years of age. She indicated that there had been some delays at court with some cases and she and the Chief Social Work Officer, would continue to raise the issue with partners.
- 8.10 The Chief Officer further confirmed that she was confident that those referred to enablement did require the service.
- 8.11 Martin Cawley noted an increase in issue of Community Payback Orders (CPO) and asked if this was influenced by the courts and custodial sentences.
- 8.12 The Team Manager Justice Service HSCP, agreed that he had seen a rise in orders relating to short term and long term sentences. There was an expectation that non-custodial sentences would be preferred where appropriate. He indicated that the matter was under discussion currently.
- 8.13 Further to this, the Chair noted that she was due to meet with Craig to discuss the issue from an East Renfrewshire perspective on how to feed into the appropriate COSLA forum.
- 8.14 The Performance and Audit Committee noted the report and requested that an exceptions report on care home admissions to Accident and Emergency would come to the next meeting of the Performance and Audit Committee.

## **9 CARE AT HOME INSPECTION REPROT**

- 9.1 The Committee considered an inspection report on the Care at Home Service. The report provided members with an overview of findings from the recent Care Inspectorate inspection undertaken in January 2025, and their report published on 26 February 2025. It was noted that this inspection was carried out during Storm Eoywn and the response to that difficult situation was commended.
- 9.2 The report's key messages were that service users were being treated with dignity and respect; being able to live independently; and there were a number of positive personal stories included which personalised the information. The Care Inspectorate noted areas for improvement surrounding scheduling and monitoring to ensure greater continuity as well as care planning. It was noted in the report that leadership arrangements had improved. A re-assessment would take place on 5 May 2025 regarding training and scheduling with the added requirement that care plans were updated to reflect a person-centred approach.
- 9.3 Due to an error in the covering report at paragraph 8, the Head of Adult Services: Communities and Wellbeing presented the correct data to the Committee. The amended table is included as an appendix to this minute.
- 9.4 Lesleyann MacDonald asked what progress has been made regarding the scheduling, recruitment and care plans. The Head of Adult Services: Communities and Wellbeing responded that there was progress being made in recruitment. Employees had been recruited from a neighbouring HSCP that had experience in using the same electronic system. However, it had been discovered that those employees used the system differently to East Renfrewshire's method, which resulted in the need for further training and did not provide the quick solution which had been anticipated.
- 9.5 The Chair asked if the requirements made were going to be met by 5 May.
- 9.6 The Head of Adult Services, Communities and Wellbeing confirmed that there was an action plan in place to meet the requirements.
- 9.7 The Performance and Audit Committee noted the progress and content of the report.

## **10 FOSTERING SERVICE INSPECTION REPORT, 11 ADOPTION SERVICE INSPECTION REORT & 12 ADULT PLACEMENT SERVICE INSPECTION REPORT**

- 10.1 The Chief Social Work Officer, advised that, due to the connected nature of the reports, with the permission of the Chair, he would present agenda items 10, 11 and 12 as one.
- 10.2 All three reports received a Grade 5 and contained many positive comments of the excellent work being carried out by the HSCP's staff in each area. There were no inspection requirements for the Fostering Service but one area for improvement had been indicated regarding care plans, though it was advised that this had already been actioned. There were no inspection requirements for the Adoption Service and one area for improvement around legislation which would commence in April 2025. There were no inspection requirements for Adult Placement Service and two areas for improvement. These were that training should reflect the care of the young adult and care plans should be regularly reviewed when circumstances change. These would be progressed in April 2025.

- 10.3 All present congratulated the Chief Social Work Officer on the excellent reports, in particular given the difficult financial situation and asked that their comments be passed on to the staff on these excellent reports. It was noted that the dedication and effort of the staff is so important.
- 10.4 The Chair thanked the Chief Social Work Officer for the excellent report and the work done by the teams. Given the difficult financial position currently the high level of standards have been maintained.
- 10.5 The Performance and Audit Committee noted the reports.

### **13 AUDIT UPDATE**

- 13.1 The Committee considered a report from the Chief Financial Officer regarding to any new audit activity since last reported to Performance and Audit Committee in November 2024.
- 13.2 Michelle Blair, Chief Auditor, noted that a further two NHSGGC reports were received yesterday with minor improvements mentioned. She also noted that from follow up work a further 2 recommendations can be removed. These will be included in the next update.
- 13.3 The Committee noted the report.

### **14 INTEGRATION JOINT BOARD: STRATEGIC RISK REGISTER**

- 14.1 The Committee considered a report from the Chief Financial Officer regarding an update on the IJB Strategic Risk Register. The Chief Financial Officer noted that the long term approach to the risk register was being reviewed. Any proposed changes would be brought to the Performance and Audit Committee in due course.
- 14.2 Business continuity was tested robustly during Storm Eoywn, however, there were no significant issues reported. The HSCP staff were commended for their effort and hard work during this time and had proved that they go above and beyond for service users.
- 14.3 The Chair noted that it was reassuring the systems in place were upheld during the storm and that they were robust. There is no doubt that such situations would arise again in the future.
- 14.5 The Performance and Audit Committee noted the report.

### **15 DATE OF NEXT MEETING**

- 15.1 The Chair informed the Committee of the date of next meeting which would be Wednesday 26 June at 1pm.
- 15.2 The Performance and Audit Committee noted the date.

The meeting ended at 10.30am.

**CHAIR**



<b>Meeting of East Renfrewshire Health and Social Care Partnership Held on</b>	Integration Joint Board 25 June 2025
<b>Agenda Item</b>	8
<b>Title</b>	Unaudited Annual Report and Accounts 2024/25
<b>Summary</b>  This report provides an overview of the unaudited annual report and accounts for the Integration Joint Board (IJB) covering the period 1 April 2024 to 31 March 2025.  The Chair of Performance and Audit Committee will advise the Integration Joint Board of: <ul style="list-style-type: none"> <li>• any matters arising from the Performance and Audit Committee in relation to the unaudited annual report and accounts</li> <li>• the Performance and Audit Committee's decision taken 25 June 2025 on the remittance of the unaudited Annual Report and Accounts to the Integration Joint Board.</li> </ul>	
<b>Presented by</b>	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<b>Action Required</b>  The Integration Joint Board is requested to: <ol style="list-style-type: none"> <li>Agree the unaudited annual report and accounts for submission to Ernst &amp; Young</li> <li>Agree and endorse the proposed reserves allocations</li> <li>Note the annual report and accounts is subject to audit review</li> <li>Agree to receive the audited annual report and accounts in September, subject to any recommendations made by our external auditors and/or the Performance and Audit Committee and Integration Joint Board</li> <li>Note the summary overview of financial performance document will be presented with the audited accounts in September</li> </ol>	
<b>Directions</b> <input checked="" type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<b>Implications</b> <input checked="" type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Workforce <input checked="" type="checkbox"/> Equalities <input type="checkbox"/> Risk <input checked="" type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**INTEGRATION JOINT BOARD**

**25 JUNE 2025**

**Report by Chief Financial Officer**

**UNAUDITED ANNUAL ACCOUNTS 2024/25**

**PURPOSE OF REPORT**

1. The purpose of this report is to provide an overview of the unaudited annual report and accounts for the Integration Joint Board (IJB) covering the period 1 April 2024 to 31 March 2025 and outline the legislative requirements and key stages.
2. The Chair of the Performance and Audit Committee will advise the IJB of any matters arising from this committee.

**RECOMMENDATION**

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

**BACKGROUND**

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

## REPORT

7. The unaudited annual report and accounts for the IJB has been prepared in accordance with appropriate legislation and guidance. An overview of the process is set out below:
8. **Financial Governance & Internal Control:** the regulations require the Annual Governance Statement to be approved by the IJB or a committee of the IJB whose remit include audit and governance. This will assess the effectiveness of the internal audit function and the internal control procedures of the IJB. The Performance and Audit Committee meet this requirement, as delegated by the IJB
9. **Unaudited Accounts:** the regulations state that the unaudited accounts are submitted to the External Auditor no later than 30<sup>th</sup> June immediately following the financial year to which they relate.
10. **Right to Inspect and Object to Accounts:** the public notice period of inspection should start no later than 1<sup>st</sup> July in the year the notice is published. This will be for a period of 3 weeks and will follow appropriate protocol for advertising and accessing the unaudited accounts. The required notice will be agreed with the external auditors and will be published on the HSCP website.
11. **Approval of Audited Accounts:** the regulations require the approval of the audited annual accounts by the IJB or a committee of the IJB whose remit include audit and governance. This will take account of any report made on the audited annual accounts by the 'proper officer' i.e. Chief Financial Officer being the Section 95 Officer for the IJB or by the External Auditor by the 30<sup>th</sup> September immediately following the financial year to which they relate. In addition any further report by the external auditor on the audited annual accounts should also be considered. The normal September timetable is back in place; the last two years were extended to November as a result of audit workloads associated with the pandemic.
12. The Performance and Audit Committee will consider for approval the External Auditors report and proposed audit certificate (ISA 260 report) and the audited annual accounts at its meeting on 24<sup>th</sup> September 2025 and, subject to agreement remit to the IJB for approval at its meeting on 24<sup>th</sup> September 2025.
13. **Publication of the Audited Accounts:** the regulations require that the annual accounts of the IJB be available in both hard copy and on the website for at least five years, together with any further reports provided by the External Auditor that relate to the audited accounts.
14. The annual accounts of the IJB must be published by 31<sup>st</sup> October and any further reports by the External Auditor by 31<sup>st</sup> December immediately following the year to which they relate.



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

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

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

16. The main messages from the annual report and accounts are summarised in the remainder of this report.
17. This was another challenging year for the HSCP as we worked to balance meeting the demand for services within the allocated budget and ensure we delivered on the savings programme to support our financial sustainability. We needed to deliver £9.8 million of savings as part of our plans to balance our budget and we set ourselves a target of £11.8 million, to prepare for challenges in 2026/27 and beyond.
18. With the exception of prescribing pressures and the associated saving gap of c£2 million we have achieved all other required savings on a recurring basis going into 2025/26.
19. We received an additional £1 million non-recurring allocation from NHSGGC during 2024/25 in recognition of the prescribing challenge.
20. We have ended the year with an underspend of £1.482 million, subject to the audit of our accounts, and this has been added to our general reserve in the first instance. The IJB will take decision on the use, or otherwise, of this reserve during 2025/26. This will take cognisance of the Change and Improvement programme the Chief Officer will develop with the IJB and potentially fund invest to save proposals to promote longer term financial sustainability.
21. The financial performance in 2024/25 is a significant improvement to 2023/24 and shows tentative progress towards financial recovery and sustainability. Despite this improvement the IJB remains in breach of its reserves policy to hold 2% of the budget in usable reserve. The general reserve is currently 0.9% of the total IJB budget for 2025/26, excluding the set aside budget allocation.
22. We have continued to see operational challenges including cost pressures from meeting demand for Care at Home, the cost of special observations within the Learning Disabilities In-Patients service which we host on behalf of all six HSCTs within Greater Glasgow and Clyde and the costs of prescribing through our GP practices.

23. The Supporting People Framework, based on eligibility criteria, is fully embedded with recurring savings achieved in full. Within the non-care at home services an over recovery of £1 million supports the budget savings for 2025/26. The care at home shortfall of £1 million has been reflected in the budget for this service for 2025/26 and is being delivered through the redesign programme in place.
24. The operational underspend is £1.482 million (0.87% of budget) and is better than the last reported position taken to the IJB which was based on January forecasts and projected an underspend of £0.288 million.
25. The main variances to the budget were:
  - £1.082 million underspend within Children & Families reflecting the profile of care costs during the year, additional income from the Home Office and staff turnover
  - £2.033 million underspend with community based care for adults and older people is primarily from nursing and residential care and staff turnover. In 2025/26 there has been some budget realignment to Intensive Services
  - £1.313 million overspend within Intensive Services from in-year savings shortfalls and service pressures from meeting demand
  - £1.146 million overspend in Prescribing from continued costs and volume pressures combined with legacy pressures, this is net of £1 million non-recurring support from NHS Greater Glasgow and Clyde
  - £1.125 million underspend within Finance and Resources in the main reflects the non-recurring pension gain, offset in part to meet HSCP wide in-year savings shortfalls and pressures
26. The IJB received detailed financial reporting throughout the year. The main reasons for the reduction in projected costs of £1.194 million since last reported to the IJB in March were:
  - £0.496 million reduction in children and families where we received additional income from the home office for unaccompanied children and young people along with a reduction in the cost and timescale for a complex care package
  - £0.304 million reduction in care at home costs for purchased care
  - £0.207 million lower costs within mental health recovery purchased care, reflecting a revised timescale for a complex care package
  - £0.150 million deferred income increase within older people
27. Our reserves have increased during the year, with the main change resulting from the addition to our general reserve, the brought forward balance was nil following financial recovery in 2023/24.

28. We used £0.966 million of reserves in year and we also added £2.297 million into earmarked and general reserves. The year on year movement in reserves is set out in detail at Note 8 (Page 69) of the annual report and accounts and is summarised:

	£ Million	£ Million
Reserves at 31 March 2024		1.864
Planned use of existing reserves during the year	(0.966)	
Funds added to reserves during the year	2.297	
Net decrease in reserves during the year		1.331
Reserves at 31 March 2025		3.195

29. Our ring-fenced reserves account for £0.860 million of the balance at 31 March 2025. During the year we spent £0.311 million on existing initiatives and £0.371 million was added towards the end of the year for non-recurring prescribing support

- £0.359 million as part of the 2025/26 budget
- £0.012 million for national IT projects.

The funding to support the development of our Recovery Hub at £0.489 million, brought forward from 2023/24 is the other reserve taken into 2025/26.

30. Our earmarked reserves are £0.853 million of the balance. During the year we used £0.172 million during the year and added £0.444 million to support:

- £0.082 million to the ongoing programme of Learning Disability Health Checks across the health board area
- £0.250 million to support the implementation of the case recording system
- £0.100 million is proposed to support the local impact from a national fostering and adoption campaign
- £0.012 million for existing commitments for cancer screening inequalities

This remaining balance of £0.409 million supports existing commitments already in place for the whole family wellbeing project and trauma informed practice

31. As reported above our general reserve is now sitting at £1.482 million going into 2025/26.

## IMPLICATIONS OF THE PROPOSALS

32. All financial and legal implications are detailed within the report.
33. The summary version will be presented with the audited accounts in September.

## DIRECTIONS

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

## **CONCLUSIONS**

35. The preparation of the unaudited annual report and accounts for the IJB meets all legislative requirements and there are no significant governance issues to report.
36. Whilst the 2024/25 position shows a great improvement on the prior year the IJB remains in breach of its reserves policy, with significant challenges ahead in the continued delivery of savings, meeting demand and complexity within the budget and with a challenging medium term outlook.

## **RECOMMENDATIONS**

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

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

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

[Lesley.Bairden@eastrenfrewshire.gov.uk](mailto:Lesley.Bairden@eastrenfrewshire.gov.uk)

0141 451 0746

12 June 2025

Chief Officer, IJB: Alexis Chappell

## **BACKGROUND PAPERS**

IJB 26.09.2024: Item 08. Annual Report and Accounts 2023/24

[https://www.eastrenfrewshire.gov.uk/media/10722/IJB-Item-08-26-September-2024/pdf/IJB\\_Item\\_08\\_-\\_26\\_September\\_2024.pdf?m=1726592963343](https://www.eastrenfrewshire.gov.uk/media/10722/IJB-Item-08-26-September-2024/pdf/IJB_Item_08_-_26_September_2024.pdf?m=1726592963343)



# **East Renfrewshire Integration Joint Board for the Health and Social Care Partnership**

## **Unaudited Annual Report and Accounts 2024/25**

Covering the period 1<sup>st</sup> April 2024 to 31<sup>st</sup> March 2025

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## Management Commentary

### Introduction

East Renfrewshire Integration Joint Board (IJB), was legally established on 27<sup>th</sup> June 2015 and has the strategic responsibility for planning and delivery of health and social care services for the residents of East Renfrewshire. The vision, values, priorities and outcomes we aim to achieve through working together with the people of East Renfrewshire to improve lives are set out in our HSCP 3 Year Strategic Plan for 2025 - 2028. Our strategic vision is:



The IJB is responsible for planning, commissioning and delivery of services for children and adults from both of our partners, East Renfrewshire Council and NHS Greater Glasgow and Clyde, and also have the planning responsibility for our population's use of large hospital based services along with housing aids and adaptations. The [Integration Scheme](#) provides a detailed breakdown of all the services the IJB is responsible for. The delivery of services is through the Health and Social Care Partnership (HSCP).

This annual report gives the key messages for the IJB for the financial year ended 31st March 2025 and includes performance highlights and challenges along with the financial statements for 2024/25. The report also looks forward at the challenges the IJB is facing for 2025/26 and beyond as we endeavour to meet the needs and demands of our population.

The management commentary in this report discusses our;

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

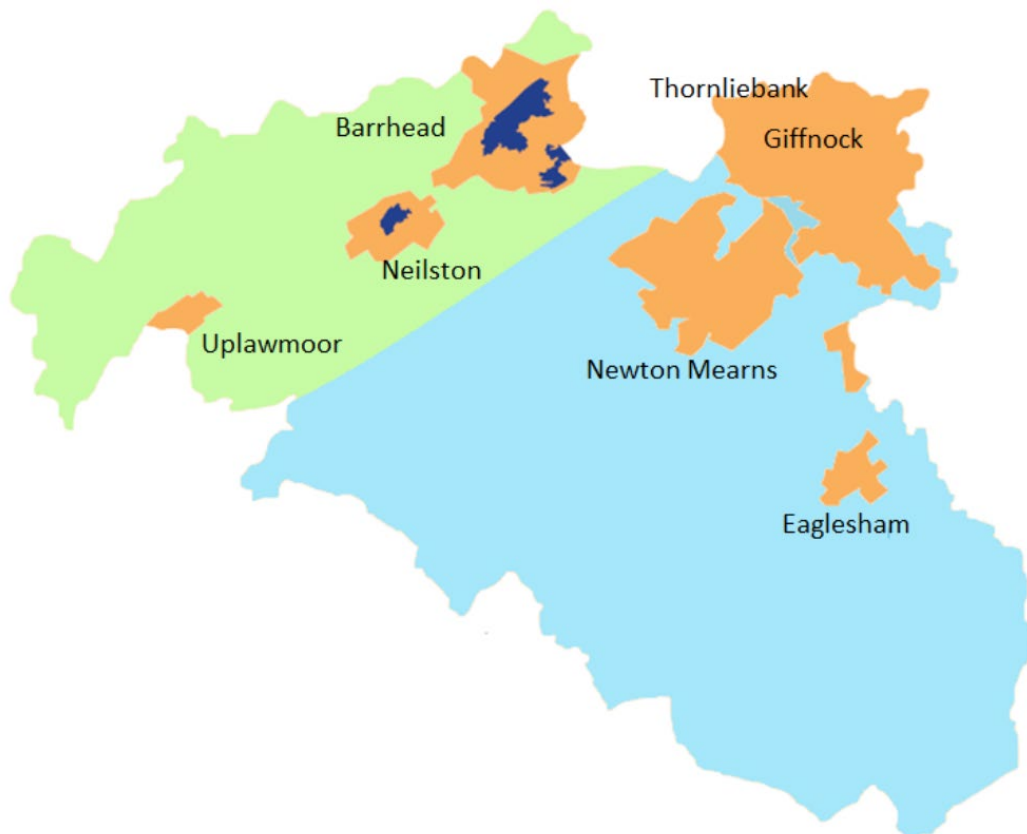


## Strategic Planning

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

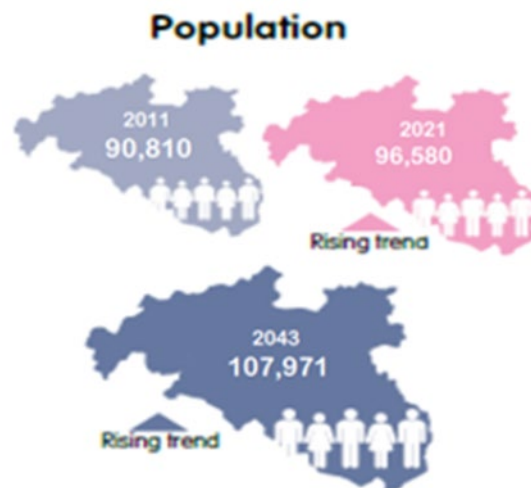
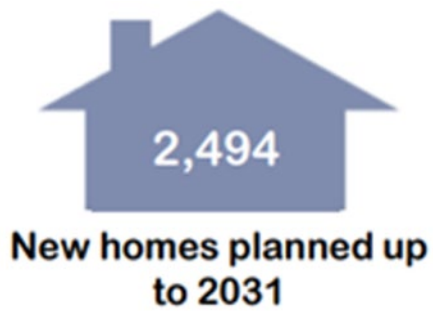
East Renfrewshire covers an area of 174 square kilometres and borders the City of Glasgow, East Ayrshire, North Ayrshire, Renfrewshire and South Lanarkshire.

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



Our population continues to grow and reached 98,600 in 2023. 75% of the population live in the Eastwood area (Busby, Clarkston and Williamwood, Eaglesham and Waterfoot, Giffnock, Netherlee and Stamperland, Newton Mearns and Thornliebank) and 25% live in the Barrhead area (Barrhead, Neilston and Uplawmoor).

East Renfrewshire has an ageing population. By 2043, almost one quarter of East Renfrewshire is projected to be aged 65 or over (23.8%). There has been a 26% increase in the number of residents aged 85 years and over during the last decade. People over 80 are the greatest users of hospital and community health and social care services.



All of these changes will add pressures to the services that we provide.

## Strategic Plan 2025 - 2028

Our current Strategic Plan covers the 3 year period 2025-2028 and sets out the shared ambitions and strategic priorities of our partnership; and how we will focus our activity to deliver high quality health and social care to the people of East Renfrewshire. This document and our Annual Performance Report demonstrate how we have supported delivery of our strategic priorities.

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.

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

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](#).



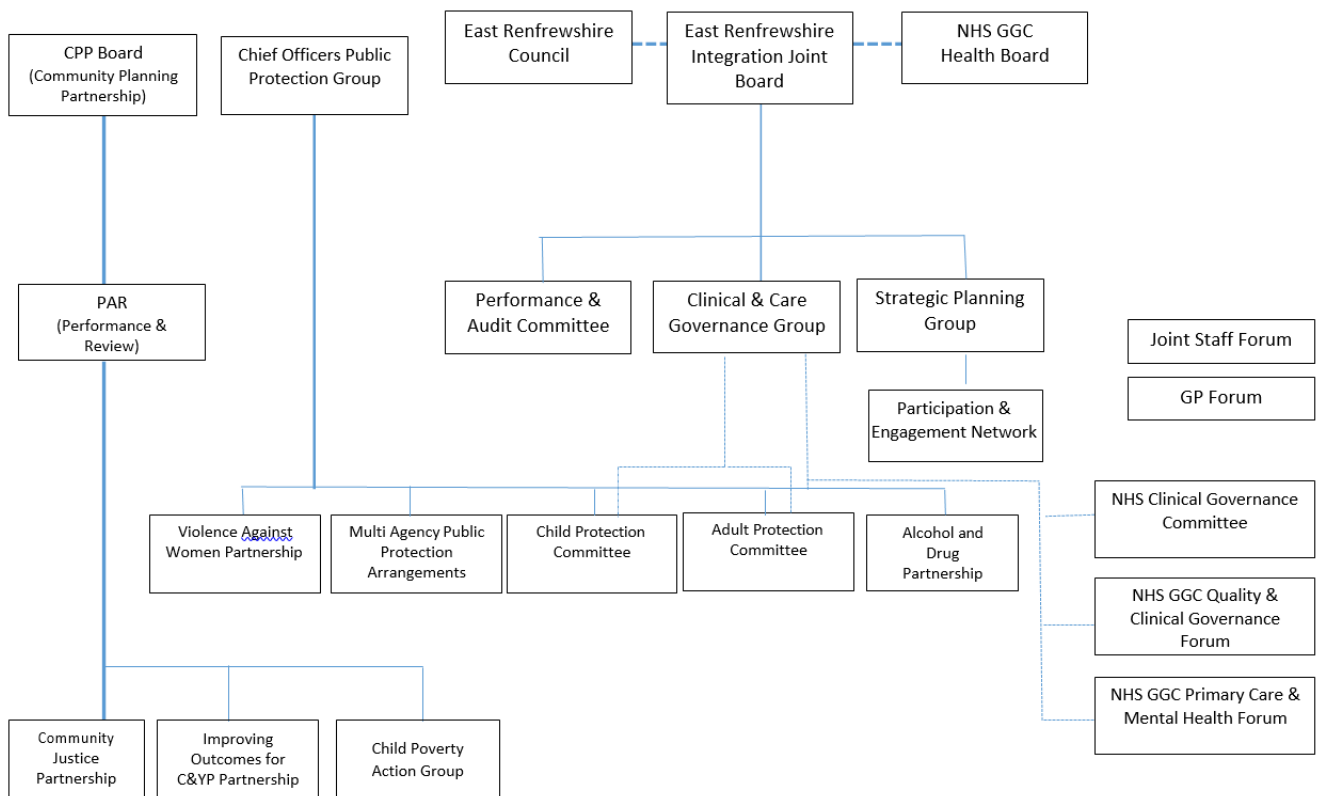
This strategic plan also contributes to the delivery of the principles and priorities of the [NHSGGC Moving Forward Together](#) programme, as well as the NHSGGC Clinical Vision and NHSGGC thematic plans. Central to our approach is the 'tiered' model of healthcare which promotes self-management and the 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.

## Strategic Plan 2025-28 on a page

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

We continue to strengthen our supportive relationships with independent and third sector partners, recognising the increased levels of participation in our communities and informal support within our localities. In our Commissioning Strategy, we also recognise that we need to extend beyond traditional health and social care services to a long term wider partnership with our local people, carers, volunteers, community organisations, providers and community planners. Our collaborative commissioning model supports how we will work.

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



## Key Messages, Operational Highlights and Challenges

This was another challenging year for the HSCP as we worked to meet the demand for services whilst delivering on our significant savings challenge. We set a savings target of £11.8 million, which was £2 million higher than needed to balance our budget as part of our forward planning to mitigate legacy pressures in future years and work towards sustainability and building back reserves, following our financial recovery in 2023/24.

Significant progress was made during 2024/25 on embedding the Supporting People Framework, which is our criteria based approach to achieve the required savings, as a key element of the savings programme. With the exception of prescribing costs, where a c£2 million recurring gap has added to the 2025/26 challenge all other savings have been realised on a recurring basis going into 2025/26.

In recognition of the pressure that prescribing costs had on our operational budget NHS Greater Glasgow and Clyde provided an additional £1 million funding during the year, on a non-recurring basis.

We ended the year with an operational surplus of £1.482 million which has been added to our general reserve.

Our Annual Performance Report for 2024/25 provides a detailed overview and demonstrates how the HSCP delivered our key priorities during the year and how we are performing in relation to the National Health and Wellbeing Outcomes. The commentary included in this report provides an overview of some of the highlights and challenges we faced across the range of services we provide. All of our services support delivery of one or more of our strategic priorities.

### Children and Families

During the year our children's services have continued to see high levels of demand and complexity among referrals. We continue to work with an increasing number of children with diagnosed neurodevelopmental disorders and a high prevalence of families in crisis.

We have seen an increase in children who are looked after away from home who experience 1 or more placement moves to 27.1% up from 14.4% in the previous year. The service support 89% of care experienced children in the community rather than a residential setting.

The service continues to ensure the multi-agency safeguarding process and plans are in place for child protection, where cases assessed as having increased level of safety declined from 100% to 87% for 2024/25.

Our Healthier Minds team saw 411 children, young people and families referred, with 19% of those referred having a diagnosis of Autism and/or ADHD. A further 8% have neurodivergent traits, most of which are awaiting diagnosis. There continues to be a high number of children and young people referred to the service seeking support whilst on a waitlist for diagnosis, support and training is offered to them and their families. 97% of children and young people supported by our Healthier Minds Team reported improved mental and emotional wellbeing, and this performance has been maintained from the previous year.

The number of unaccompanied asylum seeking children now makes up around one third of our looked after children, this has increased from almost a fifth last year. The Youth Intensive Support Team currently support 32 young people.

We continue to support young people with complex needs as they transition from one life stage to another. We have seen an increase in the numbers of young people being referred for transitions assessment, planning and support, with numbers forecast to continue increasing in future years. The HSCP Transitions Team was created to support improvement and work between ERC Education, HSCP Children and Families Services, and HSCP Adult Services. The focus is to provide an improved transition from children's services to adult services for young people with very complex needs. The team are working alongside 91 young people going through transition to young adulthood. Partnership working is stronger between schools and key services allowing early access to support and links to Community Pathways opportunities and improvements are leading to better transition experience for young people and their families. A new transitions pack has been shared with high schools, and contains information for young people and parents to help them through the process.

The Care Inspectorate undertook inspection on three services during the year, between 13 January and 7 February 2025.

The **Fostering** service provides a fostering and family placement resource for children and young people aged from birth to 18 years. The service recruits and supports foster carer families to provide a range of fostering placements including; permanent, long-term, interim, emergency and short breaks.

Type of Inspection	Grading	
Announced (short notice)	Support people's wellbeing	5 – Very Good
	How well is our care and support planned	5 – Very Good

The Inspection noted that:

- Children and young people experienced a high standard of care. They had developed meaningful and trusting relationships and lived in stable and predictable home environments.
- Children and young people and caregivers benefitted from the agency having a strong and well-embedded commitment to participation and inclusion.
- Children and young people were supported to maintain meaningful relationships with extended family members, significant birth family members and were involved in the wider community.
- Caregivers provided nurturing, trauma informed care, supported by staff who were skilled, knowledgeable, and responsive.
- There was evidence of positive outcomes for children and young people. This was supported by good quality assessments of caregivers and in the support provided following the placement of children.



The inspection made no requirements, they noted one area for improvement: to ensure the safety of all young people the service should ensure that individual safer caring plans are in place for all young people and that these are regularly reviewed when circumstances change.

The **Adoption** service provides a service for children and young people, aged from birth to 18 years, and their families. The service recruits and supports adoptive parents to provide families for children, who have been assessed as unable to live with their birth parents or extended family members.

Type of Inspection	Grading	
Announced (short notice)	Support people's wellbeing	5 – Very Good
	How well is our care and support planned	5 – Very Good

The Inspection noted that:

- Children living within adoptive families experienced a high standard of care. They benefitted from loving, trusting and secure relationships and stable home environments.
- Adoptive families valued enduring and supportive relationships with their supervising social workers.
- Adoptive families benefitted from an experienced and skilled staff team.
- Adoptive parents received valuable support from the service to enable them to support children with indirect birth family contact and lifelong links.
- The service worked collaboratively and proactively with children's social workers to ensure the timely progress of planning for children who required permanent care.
- Good quality adoption support planning supported timely and appropriate interventions for adoptive families.

Whilst the inspection made no requirements, they noted one area for improvement: the service must ensure that all dual registered foster carer/adopters are supported in line with fostering legislation and best practice.

The **Adult Placement** service is linked to fostering service and supports carers providing support to young people on a continuing care basis. Our approval of Supported Carers also sits under this registration. Continuing care supports young people from the age of 16 – 21 years of age. Supported Carers are approved to care for young people from the age of 16 – 26 years of age.

Type of Inspection	Grading	
Announced (short notice)	Support people's wellbeing	5 – Very Good
	How well is our care and support planned	5 – Very Good



The Inspection noted that:

- Young people experienced a high standard of care. They had developed meaningful and trusting relationships and lived in stable and predictable home environments.
- Young people and caregivers benefitted from the agency having a strong and well-embedded commitment to participation and inclusion.
- Young people were supported to maintain meaningful relationships with extended family members, significant birth family members and were involved in the wider community.
- Caregivers provided nurturing, trauma informed care, supported by staff who were skilled, knowledgeable and responsive.
- There was evidence of positive outcomes for young people. This was supported by good quality assessments of caregivers and in the support provided following the placement of children.

Whilst the inspection made no requirements, they noted two areas for improvement:

- To ensure the safety and wellbeing of young people, the service should ensure that all adult placement caregivers' registration accurately reflects the assessment and approval. Caregivers should receive adequate information about the adult placement role, the assessment and approval process and training should reflect the unique nature of caring for a young adult.
- To ensure the safety of all children and young people the service should ensure that individual safer caring plans are in place for all children and young people and that these are regularly reviewed when circumstances change.

The services have actions in place to fully implement the areas where improvement can be made.

### Supporting People at Home

We continued to support people to live independently and well at home, despite additional demand pressures due to more people seeking support at home as well as increased levels of frailty and complexity; 96.8% of local people aged 65+ living in housing rather than a care home or hospital and the % of people reporting outcome of 'living where you/as you want to live' increased to 95%, up from 91% in the previous year.

The percentage of adults who agreed that they are supported to live independently as possible remained at 80.4% and 89.6% of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life which is up from the last survey 83.6% and compares with Scottish average of 69.8%.

Our local Community Hub helps residents to access information and signposts them to local community services and supports. The Community Hub is a partnership between Voluntary Action East Renfrewshire (VAER), HSCP Talking Points and East Renfrewshire Council Communities and Strategic teams.

The Talking Points partnership continues to provide resource sharing referrals across East Renfrewshire and has continued to support local people looking for support within their communities, playing a pivotal role in diverting moderate to low level supports away from the HSCP front door, being picked up and supported by appropriate community and 3rd Sector

providers. In 2024/25 Talking Points responded to 627 referrals for help, 516 referrals from organisations and 111 self-referrals from individual residents.

During the year VAER has continued to offer capacity supports to our local 3<sup>rd</sup> Sector. Throughout 2024/25 VAER has offered direct Capacity Building supports to 177 groups and organisations. The team supported these groups and organisations with 185 support interventions.

### Supporting People with Learning Disabilities

Our Transitions Service continues to support the transition of young people with service and care needs with close collaborative working across children and adult health and care services. The priority for the service is to ensure a positive transition for young people. A key area of focus is the prevention of crisis for individuals through early identification of potential placement breakdown. During the year there has been positive partnership working with Barrhead Housing Association and The Richmond Fellowship Scotland to support transition for an individual to their own home after leaving school thereby averting a crisis situation from occurring.

The Coming Home Report is the Scottish Government strategy to prevent placement breakdown for people with learning disabilities that can lead to inappropriate hospital admission or out of area placement. To support this we have established a fully operational Dynamic Support Register (DSR) which allows early identification of high risk situations. There has been effective partnership working with ERC Housing, Registered Social Landlords and service providers (key stakeholders in these situations). We have also created a High Risk Register for young people identified via transitions mapping work who are too young for addition to the DSR.

### Specialist Learning Disability Services

The service hosts in-patient wards on behalf of all six HSCPs within Greater Glasgow and Clyde. This was a particularly challenging year managing the planned closure of one ward, as part of service redesign along with an unplanned decant from another ward following damp issues within the ward. Ensuring the safety and wellbeing of both patients and staff was at the forefront of both moves and every action taken to minimise the disruption for patients and their families.

The Mental Welfare Commission visited Blythswood in April 2024 and the feedback was very positive recognising:

- All legal and other documentation including care plans was of a high standard.
- They were impressed with the activity schedule, both group and individual, and recognised the correlation this had with reduced incidents of violence and aggression.
- The commission highlighted the positive leadership and culture shift and commended the work on this. They also advised that the families/carers they spoke with were universally positive about Blythswood with a former head teacher of one of the patients stating that the patient 'was finally heard when he came to Blythswood'.

During the year our community Learning Disability Health Check Team has supported the delivery of health checks across GGC for people with learning disabilities. The Learning Disability Health Check Team has been providing a fully operational service across GGC since January 2025 (following a successful pilot in 2024) with a very successful 80% rate of uptake.

## Protecting and Supporting Adults at Risk of Harm

The HSCP has seen a steady increase in demand from Adult Support and Protection (ASP) activity over a number of years and this continued into 2024/25. There were 1,716 ASP referrals during 2024/25, up 16% from the previous year, where we had 1,475 referrals in 2023/24.

ASP inquiries increased slightly during the year at 1,146 compared with 1,107 for the previous year. The number of ASP investigations decreased compared with the previous year at 152, down from 228.

Improvement in safety and wellbeing outcomes for women who have experienced domestic abuse is 92% consistent with 2023/24 performance (93%) and ahead of target (85%). A total of 1,116 women and children were supported across Women's Aid three core services, helpline and drop in enquiries compared to 1,059 during the same period last year, a 5% increase.

People agreed to be at risk of harm and requiring a protection plan have one in place continues to be 100% of cases.

## Care at Home

The service provides care to around 450 residents covering on average 8,400 visits and 3,000 hours of care per week. There have been significant capacity issues within Care at Home both locally and across Scotland leading to continuing pressure on the HSCP's in-house care at home service. During the year we have been working to redesign homecare and telecare to help us manage growth in demand, as well as to improve efficiency, maintain the quality of care provided and deliver this within budget.

The % of people aged 65+ with intensive care needs (plus 10 hours) receiving care at home dropped from 62.5% to 60% missing our agreed target of 62%. This compares to a national average of 62.6%. The provision of quality care at home to support people to live independently and well in their own homes remains a key priority for the partnership and ongoing improvement of our care at home services continues.

In the year, reablement performance has declined with 43% of care needs reduced following period of reablement – down from 63% and significantly lower than target (60%). The complexity of need of service users has increased meaning less people coming to the service are suitable for reablement. We continue to work hard to get people out of hospital as soon as possible, without delay.

The Care Inspectorate undertook an unannounced inspection of our Care at Home Service from the 21<sup>st</sup> of January until the 30<sup>th</sup> January 2025.

Type of Inspection	Grading	
Unannounced	Support people's wellbeing	4 – Good
	Leadership	3 – Adequate
	Staff team	4 – Good
	Care and support planning	3 – Adequate

The key messages from the inspection were that:

- People using the service were treated with dignity and respect.
- People were supported to live safely and independently at home.

- Staff were kind, caring, and compassionate.
- Staff development and support had improved.
- Improvements were needed in the scheduling and monitoring of people's home care visits to promote greater continuity.
- Improvements were needed in care planning to promote people's health and wellbeing.
- Leaders had introduced new systems to improve the service and needed time to fully embed them into practice

The Care Inspectorate identified two requirements:

- By 5 May 2025, the provider must ensure there are suitably trained staff and systems in place to improve the scheduling and monitoring of people's home care visits. Staff with scheduling responsibilities should have adequate training, support, and performance review to improve the continuity that people using the service experience
- By 5 May 2025, the provider must ensure people have appropriate personal plans, known as care plans that captures people's wishes and needs to promote their wellbeing.

The service has an action plan in place to meet the requirements within the timescale set.

### Reducing Unplanned Hospital Care

Despite continuing pressures on the social care sector and our care at home service during the year we have maintained an average of 7 days, unchanged from the previous year. When Adults With Incapacity (AWI) are included the delays averaged 13 over the year, down from 15 in 2023/24 but missing our target of 11.

Our unplanned hospital attendances and admissions are stable (having increased slightly but remaining within target) and have not returned to pre-Covid levels. Hospital attendances from our care homes reduced during 2024/25 reflecting the level of support the partnership is providing to support prevention.

The proportion of people with their last 6 months of life spent at home or in a community setting is 88.8% up from 87.7% and ahead of target (86%)

Our dedicated Home from Hospital service facilitates the most complex hospital discharges. This includes a home first ethos but also ensuring the appropriate and effective use of intermediate and interim care beds when appropriate. When the level of homecare package required is not immediately evident or available, or ongoing rehabilitation and assessment is needed, by carrying out this activity in this setting versus hospital, it delivers improved outcomes for our people.

The Community Rehabilitation Service has been reshaped to manage the increased demand that we have been experiencing in recent years and is the only fully integrated Rehabilitation and Community OT service within Greater Glasgow; which allows individuals to have fully integrated, holistic assessment and interventions while minimising handovers between teams. The service also works closely with the East Renfrewshire Culture and Leisure Trust and other partners across the area.

During the past year we have continued our work to implement frailty pathways and support initiatives to address frailty in our communities with ongoing development of Home First Response/Frailty service. The community falls pathway with Scottish Ambulance Service

(SAS) has been extended to include frailty presentations, where conveyance to hospital is not required but further assessment and input is necessary to support an individual safely at home.

To prevent crisis and emergency use of acute services, we continue to work to improve the quality and quantity of Future Care Plans. We continue to meet quarterly targets for these plans with quality assurance audit governance in place.

To support our local care homes and minimise hospital attendances and admissions we have established a Call Before You Convey (CB4YC) pathway providing enhanced senior clinical decision making support over 7 days for Care Home staff to access when identifying a deterioration in a resident's health. Between April 2024 and March 2025 47 calls came through resulting in >85% of residents supported to remain within the care home and avoid conveyance to hospital. Over 260 AHP assessments were undertaken of residents of Care Homes for support with transfers/ mobility/ equipment/ seating/ rehabilitation.

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

Our teams have continued to deal with increased demand across mental health and addiction services due to increases in complexity. There has been high demand across all teams; Alcohol and Drug Recovery Service, Adult Mental Health Team, Primary Care Mental Health Team, Older Adult Mental Health Team. For older people we continue to see wellbeing impacted by issues such as isolation and reduction in mobility, however mental health hospital admissions remain low (at 1.26 admissions per 1,000 population).

87% of people wait no longer than 18 weeks for access to psychological therapies and this a continuing improvement from 84% in 2023/24 although this falls short of the target of 90%. We achieved the improvement by close monitoring of waiting times on a weekly basis, to address the longest waits, and recruitment to fill key psychology and counselling posts. Demand for psychological therapy continues to be high.

97% people accessing recovery-focused treatment for drug/alcohol within 3 weeks, up significantly from 93% in 23/24 and we are maintaining performance ahead of target (90%).

78 alcohol brief interventions (ABIs) were undertaken in 24/25 compared with 568 in the previous year. This was due to a temporary reduction in the funding available for commissioning the delivery of ABIs in 2024/25. This funding gap has been resolved for 2025/26 and delivery is expected to return to the 2023/24 levels.

A key priority in delivering our strategy to support better mental health and wellbeing is to ensure staff and volunteers across the wider partnership have the skills, knowledge and resilience to support individuals and communities. We continue to support training on mental health and wellbeing for third sector staff and volunteers.

During the year, HSCP staff supported the roll-out of the Distress Brief Interventions (DBI) Service, implemented in April 2024 with local partners RAMH and Police Scotland. To date, 16 Police Officers have been trained in DBI assessment and referral with five RAMH staff trained in delivery of DBI. Since the DBI service launch 24 referrals have been received and we continue to work with Police Scotland on take-up of the service.

During 2024/25, we have progressed the peer support programme locally by employing a peer support worker in both the Adult Mental Health Team and the Alcohol and Drug Recovery Service (ADRS).



The Care Home Liaison Team, within East Renfrewshire Older Peoples CMHT is a multidisciplinary team comprising of occupational therapy and nursing. The service provides person-centred care and support to residents of both nursing and residential Care Homes within East Renfrewshire. Reasons for referral may include but are not limited to, seeking stress and distress support, prevention of care home placement breakdown and review of psychotropic medications. 115 referrals were received by the team during 2024/25.

During the year, Mental Health and Recovery Services has maintained a strong focus on improving the waiting time for psychological therapy by ensuring psychology and other resources are in place through recruitment and additional investment. 569 people started treatment, with the percentage of people starting treatment within 18 weeks of being assessed increased from 83.2% in March 2024 to 87.5% at the end of March 2025. Improvement in the waiting time peaked at 92.3% in January 2025. The aim is to maintain staffing levels and maintain performance at the 90% target level.

The HSCP continues to deliver the Medication Assisted Treatment (MAT) Standards and ensure fast, appropriate access to treatment. The MAT standards enable people to access same-day prescribing for opioid dependency, facilitating low barrier access to assessment and treatment. The MAT Standards are assessed through a system of Red, Amber, Green (achieved) or Blue (blue means improvement has been sustained and embedded in services). East Renfrewshire has achieved blue or green status across all ten standards.

### Unpaid Carers

Working with East Renfrewshire Carers Centre, we have continued to ensure that carers have had access to guidance and support throughout the year. Training and awareness-raising on the issues affecting carers have been delivered and work has continued on the development and promotion of support planning for carers. We continue to develop approaches to short breaks for carers.

83.6% of those asked reported that their 'quality of life' needs were being met, whilst down slightly from 84.5% in 2023/24 this is still ahead of target (80%).

A new eligibility framework for carers was introduced to sit alongside the HSCP's Supporting People Framework. Information sessions on the framework have been delivered to all staff with input into our locality teams, hospital team, mental health and learning disability teams.

All carers referred to the Carers Centre are informed of their rights during the initial meeting and provided with information resources that explain carers' rights in relation to the main duties of the Carers Scotland Act. Information on rights is developed further if carers progress with an Adult Carers Support Plan.

We continue to work with partners to ensure supports are available to carers to minimise the impact of financial hardship as a result of caring.

### Community Justice

We continue to support the delivery of community based sentences (Community Payback Orders (CPOs)) ensuring they are supervised and supported appropriately to protect the public, promote desistance from offending and enable rehabilitation. Timescales for commencement and completion of CPOs declined during the year due to operational factors. We continue to support people with convictions into employment and volunteering with positive outcomes for participants.

During the year 77% of unpaid work placement completions within Court timescale – down from 89% and below target (80%). Alongside this 65% Community Payback Orders (CPOs) commencing within 7 days – significantly down from 83% in last year and we are missing our target (80%). The main reason for failure to achieve this target is service users not engaging with instructions from Court and Social Work to attend scheduled appointments.

82% of people reported that their order had helped address their offending, down slightly from 83% and impacted by the low number of people completing the voluntary survey.

Community justice is mainly about organisations working together to ensure that people who have offended address the underlying causes of their behaviour and pay back to the community where appropriate. It aims to encourage rehabilitation, reduce reoffending, and protect the public, leading to fewer victims and safer communities.

The HSCP delivers accredited programmes aimed at reducing reoffending in partnership with East Renfrewshire Council. We have continued to deliver this activity in a group work capacity and we have overseen the transition of the programme from Moving Forward, Making Changes (MFMCC) to Moving Forward 2 Change (MF2C).

The HSCP works to deliver a whole systems approach to diverting both young people and women from custody. The Justice Social Work Service continue to provide assessments and interventions within the Diversion from Prosecution scheme. Staff continue to utilise Justice Social Work Reports to explore all available community-based options where appropriate.

### **Staff Resilience and Wellbeing**

Our staff across the HSCP continue to deliver services with incredible resilience, commitment and creativity. This ongoing dedication has allowed us to work through another difficult year including the impact on a reducing workforce as we try to manage our financial pressures, with significant work undertaken to embed the Supporting People Framework.

The Health and Care (Staffing) (Scotland) Act 2019 provides a statutory basis for the provision of appropriate staffing in health and care services, enabling safe and high quality care and improved outcomes for service users. It builds on existing policies and procedures within both health and care services and 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. Having been delayed by the Covid-19 pandemic, the Act came into effect in April 2024.

We have established a Safer Staffing Implementation Group, chaired by our Chief Nurse, to coordinate the implementation of the Act with representatives across relevant health and social care teams. The implementation group is also aligned and reports to the NHSGGC whole-system planning programme and was included in the first report to the Scottish Government on 30 April 2025.

Our Commissioning team are working with our partner providers to ensure our contractual arrangements to ensure alignment with the Act.

### **Climate Change**

Whilst the IJB completed the required Public Sector Compliance Report with Climate Change Duties 2022, the information was minimal as the IJB itself does not hold assets or directly deliver services. These are delegated to either the health board or the local authority.

Therefore the accountability and responsibility for climate change governance and delivery sits with our partner organisations, with the HSCP supporting such delivery.




### Other Support and Service Impacts












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

Referrals for assessment of neurodevelopment conditions has increased nationally for both ADHD and ASD. This is a continuing trend which is far exceeding capacity. We have been working closely with NHSGGC and our five fellow HSCPs to manage this and will be contributing to a Board wide pathway during 2025/26.

### Key Risks and Uncertainties

The IJB regularly reviews its Strategic Risk Register over the course of each year; there are currently 11 risks rated red, amber or green (RAG) depending on the likelihood and severity of the impact. This is one less risk than in 2023/24 as the Analogue to Digital Switchover is no longer considered a strategic risk.

The trend shows whether the risk has increased , decreased  or is unchanged , from the previous year. The table below summarises those risks and shows the RAG rating of each after mitigating actions to minimise impact.

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

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

The one red risk post mitigating actions remains Financial Sustainability. This has been a red risk for a number of years for the HSCP given the pre and post pandemic savings required to deliver a balanced budget, managing demographic and demand pressures, managing the complexity and volatility of prescribing costs, the continued impact of Covid-19 and the ongoing economic factors including cost of living pressures. This culminated in a financial recovery process in 2023/24. The IJB members are fully aware of the challenges and risks we are facing and this is regularly discussed at meetings and seminars. Whilst the position is improved for 2024/25 the risk remains red given the financial outlook.






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

## Performance Achievements and Challenges

Our Annual Performance Report demonstrates how we review our performance for 2024/25 against local and national performance indicators and against the commitments within our Strategic Plan. We take a quarterly update report to the Performance and Audit Committee of the IJB throughout the year. This information provides an overview of the areas where we have performed particularly well and those areas where we need to focus improvement. The data shows that despite the pressures the partnership is facing we have continued to support our most vulnerable residents and have performed well against many of our outcome-focused performance indicators.

The RAG status and trend arrows are explained below. Intended performance direction is given in the description of each indicator.

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

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

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

## Where We Have Performed Well




Strategic Priority 1 - Working together with children, young people and their families to improve mental wellbeing								
Indicator	2024/25	Current Target	23/24	22/23	21/22	20/21	19/20	Trend from previous year
% Child Protection Re-Registrations within 18 months (LGBF) (Aim to decrease)	n/a	Data only	0	12.5%	0	0	15.8%	↑
Percentage of children looked after away from home who experience 3 or more placement moves (Aim to decrease)	1.28%	11%	0%	0%	1.8%	1.2%	0.0%	↓
% Looked After Children with more than one placement within the last year (Aug-Jul). (LGBF) (Aim to decrease)	n/a	Data only	27.1%	14.4%	20.8%	20%	18.8%	↑

We have seen continuing strong performance on supporting our vulnerable children and young people with no child protection re-registrations in the most recent year of data.

We support permanent placements for our looked after children and continue to meet our target for children experiencing three or more placements. However, the figure increased last year for looked after children with more than one placement move. In East Renfrewshire both of these indicators are impacted by very small numbers of individual children.

Strategic Priority 2 - Working together with people to maintain their independence at home and in their local community								
Indicator	2024/25	Current Target	23/24	22/23	21/22	20/21	19/20	Trend from previous year
Percentage of people aged 65+ who live in housing rather than a care home or hospital (MSG) (Aim to increase)	n/a	97%	97%	97%	97%	97%	97%	→
People reporting 'living where you/as you want to live' needs met (%) (Aim to increase)	95%	90%	91%	89%	89%	91%	88%	↑
The number of adults (18+) receiving personal care at home as a % of the total number of adults needing care. (Aim to increase) NI-18	63.4%	63%	62.5%	64.4%	65.2%	58%	57%	↑

We continue to support people to maintain their independence at home and are seeing improvement on a range of performance measures. 97% of people aged 65+ live in housing rather than a care home or hospital. 63% of people aged 65+ with intensive care needs (i.e. requiring 10 hours or more of support per week) are receiving care at home (ahead of our target). Our outcome measure shows that 95% of people are living where and as they want to live (up from 91% last year), reflecting our commitment to supporting independence. The percentage of people with reduced care needs following re-ablement / rehabilitation increased significantly during the year to 64% (from 48% in 2022/23).

Strategic Priority 3 - Working together to support mental health and well-being								
Indicator	2024/25	Current Target	23/24	22/23	21/22	20/21	19/20	Trend from previous year
Mental health hospital admissions (age standardised rate per 1,000 population) <i>(Aim to decrease)</i>	n/a	2.3	1.2	1.2	1.2	1.4	1.6	
Percentage of people waiting no longer than 18 weeks for access to psychological therapies <i>(Aim to increase)</i>	87%	90%	84%	75%	76%	74%	65%	
Percentage of people with alcohol and/or drug problems accessing recovery-focused treatment within three weeks. <i>(Aim to increase)</i>	97%	90%	93%	96%	95%	95%	89%	

The latest data shows that the rate of mental health hospital admissions remains low in East Renfrewshire. Although we have fallen short of target for psychological therapies waiting times, we have seen continuing improvement from previous years. This was achieved through close monitoring of waiting times on a weekly basis, to address the longest waits, and recruitment to fill key psychology and counselling posts. Demand for psychological therapy continues to be high.

During 2024/25 we also saw continuing positive performance for drug and alcohol service waiting times with 97% accessing treatment within 3 weeks, up from 93% last year.

Strategic Priority 4 - Working together to meet people's healthcare needs								
Indicator	2024/25	Current Target	23/24	22/23	21/22	20/21	19/20	Trend from previous year
Emergency admission rate (per 100,000 population) for adults ( <i>Aim to decrease</i> ) NI-12	9,628*	11,492	9,634	9,215	9,414	9,210	10,441	↑
Emergency bed day rate (per 100,000 population) for adults ( <i>Aim to decrease</i> ) NI-13	104,377*	117,000	106,610	108,721	108,448	97,806	106,296	↑
Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges) ( <i>Aim to decrease</i> ) NI-14	70*	100	72	69	77	98	78	↑
% of last six months of life spent in Community setting ( <i>Aim to increase</i> ) MSG	N/a	86%	88.8%	87.7%	89.4%	89.8%	88.3%	↑

\*Full year data not available for 2024/25. Figure relates to 12 months Jan-Dec 2024.

In East Renfrewshire, unplanned hospital attendances and admissions are stable, having improved slightly and remaining within target for both measures, and have not returned to pre-pandemic levels. We continue to perform ahead of target for the rate of emergency readmissions. We are focused on supporting as many people as possible to spend the end of life at home or in community settings, as appropriate, and continue to meet target for this measure 89%, up from 88%.

Strategic Priority 5 - Working together with people who care for someone ensuring they are able to exercise choice and control in relation to their caring activities								
Indicator	2024/25	Current Target	23/24	22/23	21/22	20/21	19/20	Trend from previous year
People reporting 'quality of life for carers' needs fully met (%) ( <i>Aim to increase</i> )	83.6%	80%	84.5%	80%	92%	91%	92%	▬
Total combined % carers who feel supported to continue in their caring role ( <i>Aim to increase</i> ) NI 8	n/a	Data only	28.4%	n/a	28.4%	n/a	35.3%	▬

We continue to support our unpaid carers in partnership with local support organisations. Our satisfaction measure on 'quality of life' for carers has remained stable and ahead of target at 84% despite the continuing pressures for people supporting family and loved ones. Through our Carers Strategy we are focused on ensuring that carers have access to the guidance and support they need.

Strategic Priority 6 - Working together with our partners to support people to stop offending								
Indicator	2024/25	Current target	23/24	22/23	21/22	20/21	19/20	Trend from previous year
% Positive employability and volunteering outcomes for people with convictions. <i>(Aim to increase)</i>	68%	60%	57%	67%	56.5%	66%	65%	↑

We continue to support people to improve their lives and not return to offending following a criminal conviction through holistic support. The percentage of supported people with positive employability and volunteering outcomes increase from 57% to 68% in the last year, ahead of target (60%).

Strategic Priority 7 - Working together with individuals and communities to tackle health inequalities								
Indicator	2024/25	Current Target	23/24	22/23	21/22	20/21	19/20	Trend from previous year
Percentage of adults able to look after their health very well or quite well <i>(Aim to increase)</i> NI-1	n/a	Data Only	92.7%	n/a	92%	n/a	94%	↑
Premature mortality rate per 100,000 persons aged under 75. (European age-standardised mortality rate) <i>(Aim to decrease)</i> NI-11	n/a	Data Only	275	264	333	334	295	↓

As a partnership we are focused on tackling health inequalities and improving life chances for our residents. The proportion of adults who feel they are able to look after their health very well or quite well is very high at 93% and increased from the previous year.

The premature mortality rate has increased significantly and East Renfrewshire continues to have the lowest rate in Scotland.

Strategic Priority 9 - Protecting people from harm								
Indicator	2024/25	Current Target	23/24	22/23	21/22	20/21	19/20	Trend from previous year
% Change in women's domestic abuse outcomes <i>(Aim to increase)</i>	92%	85%	93%	90%	87%	84%	79%	→
People agreed to be at risk of harm and requiring a protection plan have one in place. <i>(Aim to increase)</i>	100%	100%	100%	100%	100%	100%	100%	→

During 2024/25, we continued to see high personal outcomes for women and families affected by domestic abuse. Improved outcomes were at 92%, consistent with the previous year and ahead of target. All people in East Renfrewshire agreed to be at risk of harm and requiring a protection plan have one in place.

Organisational measures								
Indicator	2024/25	Current Target	23/24	22/23	21/22	20/21	19/20	Trend from previous year
Sickness absence days per employee - HSCP (LA staff) ( <i>Aim to decrease</i> )	14.5	18.2	19.5	20.3	14.7	13.6	19.1	↑

Sickness absence remains an area of focus for the partnership. We continued to see improvement in absence among for Council staff groups during 2024/25 and we are performing ahead of target. This can be attributed to the increased support measures implemented within Care at Home including Absence Panels and additional resource to support managers.

### Where Our Performance Needs to Improve

Strategic Priority 1 - Working together with children, young people and their families to improve mental wellbeing								
Indicator	2024/25	Current Target	23/24	22/23	21/22	20/21	19/20	Trend from previous year
Balance of Care for looked after children: % of children being looked after in the Community (LGBF) ( <i>Aim to increase</i> )	n/a	Data only	89%	92.2%	92.7%	91.1%	94.9%	↓
Percentage of children with child protection plans assessed as having an increase in their scaled level of safety at three monthly review periods. ( <i>Aim to increase</i> )	86.96%	100%	100%	100%	84%	87.5%	n/a	↓

These indicators are impacted by small numbers of individual cases. We continue to perform well on balance of care for care experienced children with 89% looked after in the community, although this has declined since 23/24. For 2023/24, East Renfrewshire is ahead of the national figure of 88.9% and above the family group average of 83.3%.

87% (20 children) of child protection safety scores increased, demonstrating increased safety during the period of registration and positive impact of the child protection plan. However, this was a decrease from 100% the previous year. Of the remaining scores which decreased or stayed the same 100% of these children were initially registered at pre-birth. A further period of registration and assessment was required post birth. In all cases if scores decreased further protection measures were taken by the multi-agency team.

Strategic Priority 2 - Working together with people to maintain their independence at home and in their local community								
Indicator	2024/25	Current Target	23/24	22/23	21/22	20/21	19/20	Trend from previous year
Percentage of those whose care need has reduced following reablement ( <i>Aim to increase</i> )	43%	60%	63.9%	48%	60%	31%	67%	↓
Percentage of people aged 65+ with intensive needs receiving care at home. (LGBF) ( <i>Aim to increase</i> )	n/a	62%	59.9%	62.5%	64.4%	62.2%	57.6%	↓

Of the 110 discharged from our reablement service, 47 were discharged with either no service or a decreased service (43%). This is a reduction on 2023/24 and has fallen below target. The complexity of need of service users has increased meaning fewer people are suitable for reablement (impacting this measure).

The proportion of people aged 65+ with intensive needs receiving care at home dropped slightly compared with the previous year (62.5%) having now fallen below target. This compares to a national average of 62.6%. The provision of quality care at home to support people to live independently and well in their own homes remains a key priority for the partnership and ongoing improvement of our care at home services continues.

Strategic Priority 3 - Working together to support mental health and well-being								
Indicator	2024/25	Current Target	23/24	22/23	21/22	20/21	19/20	Trend from previous year
Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines. ( <i>Aim to increase</i> )	78	419	568	173	0	5	33	↓

The target of 419 Alcohol Brief Interventions per year was not met during the year, with 78 delivered. This was due to a temporary reduction in the funding available for commissioning the delivery of ABIs in 2024-25. This funding gap has been resolved for 2025-26 and Glasgow Council on Alcohol (GCA), commissioned to deliver the service, have restarted their alcohol awareness work in various community settings.

Strategic Priority 4 - Working together to meet people's healthcare needs								
Indicator	2024/25	Current Target	23/24	22/23	21/22	20/21	19/20	Trend from previous year
People (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting including AWI (PHS data) <i>(Aim to decrease)</i>	13	11	15	11	12	7	5	↑
Acute Bed Days Lost to Delayed Discharge (Aged 18+ including Adults with Incapacity) <i>(Aim to decrease)</i> (MSG data)	5,320*	1,893	5,132	4,625	4,546	2,342	1,788	↓

\*Full year data not available for 2024/25. Figure relates to 12 months Jan-Dec 2024.

Despite continuing pressures on the social care sector and particularly our care at home service during the year, our delayed discharges are comparatively well controlled and we saw a decline in average delays from 15 to 13 (missing our target of 11). We saw an increase in the number of hospital bed days lost to delayed discharge during the year. We continue to be one of the best performing partnerships for minimising delays in Scotland. Our focus remains on minimising delays as a priority through whole system approaches and collaborative working with the acute sector.

Strategic Priority 6 - Working together with our partners to support people to stop offending								
Indicator	2024/25	Current target	23/24	22/23	21/22	20/21	19/20	Trend from previous year
Community Payback Orders - Percentage of unpaid work placement completions within Court timescale. <i>(Aim to increase)</i>	77%	80%	89%	83%	81%	75%	71%	↓
Criminal Justice Feedback Survey - Did your Order help you look at how to stop offending? <i>(Aim to increase)</i>	82%	100%	83%	100%	100%	92%	100%	↓

We continue to support people with convictions with the completion of unpaid work (Community Payback Orders). The percentage of unpaid work placement completions within Court timescale declined during the year due to increased pressures, falling just below our target. Our ability to meet the identified target for work placements relies upon the compliance of individuals who are typically experiencing complex needs. During the period, we have seen an increased use of CPOs as the Courts have been attempting to mitigate the pressures on the prison estate, (above operational capacity). During the year we also saw an increased number of 'breaches' (a process following non-compliance whereupon the Order is returned to Court) which result in a pause in the person's ability to undertake unpaid work hours.



Strategic Priority 7 - Working together with individuals and communities to tackle health inequalities								
Indicator	2024/25	Current Target	23/24	22/23	21/22	20/21	19/20	Trend from previous year
Breastfeeding at 6-8 weeks most deprived SIMD data zones ( <i>Aim to increase</i> )	n/a	25%	13.1%	19.2%	17.9%	7.5%	15.4%	↓

We remain below our target for breastfeeding rates in our most disadvantaged neighbourhoods although performance is impacted by a small number of individuals. In 2023/24 we saw a decrease in performance to 13.1%, down from 19.2% in 2022/23. In raw numbers, this is a decrease from 10 to 8. In our SIMD 1 neighbourhoods specifically, we have seen a large increase in mixed (breast and formula) feeding, from 5.8% in 2022/23 to 14.8% in 2023/24. The gap between the most affluent (SIMD 5) and the most deprived (SIMD 1) areas in East Renfrewshire is 38.4% and this is an all-time high.

Organisational measures								
Indicator	2024/25	Current Target	23/24	22/23	21/22	20/21	19/20	Trend from previous year
Percentage of days lost to sickness absence for HSCP NHS staff ( <i>Aim to decrease</i> )	7.9%	4.0%	8.3%	7.5%	6.9%	5.5%	7.3%	↑

Sickness absence remains an area of focus for the partnership. Although we continue to miss our absence target for NHS staff we have seen an improvement from 8.3% to 7.9% during the year, we are seeing positive performance among our Council-employed staff. We continue to deliver targeted support for managers to minimise absences.

## Financial Performance

### Funding 2024/25

The net total health and social care funding from our partners during the financial year 2024/25 was £202.683 million to meet the cost of the services we provided. This included an additional in-year allocation, on a non-recurring basis, from NHS Greater Glasgow and Clyde to support pressures resulting from prescribing.

	£ Million
NHS Greater Glasgow and Clyde Primary Care	96.162
NHS Greater Glasgow and Clyde Large Hospital Services	31.435
East Renfrewshire Council Social Care	73.585
East Renfrewshire Council Housing Aids and Adaptations	0.501
<b>Net Funding Agreed per Budget</b>	<b>201.683</b>
Additional in Year Funding from NHSGGC	1.000
<b>Total Funding</b>	<b>202.683</b>

The Comprehensive Income and Expenditure Statement (CIES) (page 54) shows the IJB gross income as £228.614 million, as that statement shows service income, grant funding and resource transfer which are included within the net funding from our partners in the table above. The purpose of the CIES presentation is to show the gross cost of the services we provide.

The legislation requires the IJB and Health Board to put in place arrangements to support the set aside budget requirements for unscheduled care (for large hospital services). The Greater Glasgow and Clyde wide Unscheduled Care Commissioning Plan continues to evolve and the latest plan and financial framework was last presented to the IJB in November 2023.

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

### Financial Performance 2024/25

The annual report and accounts for the IJB covers the period 1<sup>st</sup> April 2024 to 31<sup>st</sup> March 2025. The budgets and outturns for the operational services (our management accounts) are reported regularly throughout the year to the IJB, with the final position summarised:

Service	Unaudited Budget	Spend	Variance (Over) / Under	Variance (Over) / Under
	£ Million	£ Million	£ Million	%
Children & Families	13.272	12.190	1.082	8.15%
Older Peoples Services	30.717	28.684	2.033	6.62%
Physical / Sensory Disability	6.341	6.127	0.214	3.37%
Learning Disability – Community	21.449	22.127	(0.678)	(3.16%)
Learning Disability – Inpatients	10.874	11.178	(0.304)	(2.80%)
Augmentative and Alternative Communication	0.291	0.303	(0.012)	(4.12%)
Intensive Services	16.836	18.149	(1.313)	(7.80%)
Mental Health	5.916	5.514	0.402	6.80%
Addictions / Substance Misuse	2.224	2.086	0.138	6.21%
Family Health Services	33.809	33.868	(0.059)	(0.17%)
Prescribing	18.808	19.954	(1.146)	(6.09%)
Criminal Justice	0.033	0.033	-	0.00%
Finance and Resources	10.177	9.052	1.125	11.05%
<b>Net Expenditure Health and Social Care</b>	<b>170.747</b>	<b>169.265</b>	<b>1.482</b>	<b>0.87%</b>
Housing	0.501	0.501	-	-
Set Aside for Large Hospital Services	31.435	31.435	-	-
<b>Total Integration Joint Board</b>	<b>202.683</b>	<b>201.201</b>	<b>1.482</b>	<b>0.87%</b>

The operational underspend is £1.482 million (0.87%) and is better than the last reported position taken to the IJB which was based on January forecasts and projected an underspend of £0.288 million. The main variances to the budget were:

- £1.082 million underspend within Children & Families reflecting the profile of care costs during the year, additional income from the Home Office and staff turnover
- £2.033 million underspend with community based care for adults and older people is primarily from nursing and residential care and staff turnover. In 2025/26 there has been some budget realignment to Intensive Services
- £1.313 million overspend within Intensive Services from in-year savings shortfalls and service pressures from meeting demand
- £1.146 million overspend in Prescribing from continued costs and volume pressures combined with legacy pressures, this is net of £1 million non-recurring support from NHS Greater Glasgow and Clyde
- £1.125 million underspend within Finance and Resources in the main reflects the non-recurring pension gain, offset in part to meet HSCP wide in-year savings shortfalls and pressures

The set aside budget is shown as nil variance as this currently is not a cash budget to the HSCP and the annual amount reported is agreed each year with NHS Greater Glasgow and Clyde. The actual expenditure share for 2024/25 was identified as £31.435 million and is £3.005 million more than our notional budget, however there is nil cash impact.

A number of services are hosted by the other IJBs who partner NHS Greater Glasgow and Clyde and our use of hosted services is detailed at Note 4 (Page 63). The hosted services are accounted for on a principal basis, as detailed at Note 11 (Page 71).

The information above reflects our management accounts reporting throughout 2024/25 whilst the CIES (Page 54) presents the financial information in the required statutory reporting format; the movement between these of £0.151 million is a result of the management accounting treatment of reserves:

Reconciliation of CIES to Operational Underspend	£ Million	£ Million
IJB operational underspend on service delivery		1.482
Reserves planned use during the year	(0.966)	
Reserves added during the year	0.815	
Net movement between management accounts and CIES		(0.151)
IJB CIES underspend		1.331

## Reserves

We used £0.966 million of reserves in year and we also added £2.297 million into earmarked and general reserves. The year on year movement in reserves is set out in detail at Note 8 (Page 69) and is summarised:

	£ Million	£ Million
Reserves at 31 March 2024		1.864
Planned use of existing reserves during the year	(0.966)	
Funds added to reserves during the year	2.297	
Net decrease in reserves during the year		1.331
Reserves at 31 March 2025		3.195

The purpose, use and categorisation of IJB reserves is supported by a Reserves Policy and Financial Regulations, both of which were reviewed in September 2024.

The reserves of the IJB fall into three types:

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

As part of the financial recovery process for 2023/24 the IJB used all possible reserves available to mitigate cost pressures. This means the only reserves brought into 2024/25 were for specific funding initiatives set by the Scottish Government or where funding is committed within an existing project. The underspend from 2024/25 will be added, in the first instance, to the IJB general reserve.

### Ring-Fenced Reserves

The spend in year was £0.311 million on existing initiatives and £0.371 million was added towards the end of the year for non-recurring prescribing support £0.359 million as part of the 2025/26 budget and £0.012 million for national IT projects. The funding to support the development of a Recovery Hub at £0.489 million, brought forward from 2023/24 is the other reserve taken into 2025/26.

### Earmarked Reserves

Our earmarked reserves are in place to support projects and timing differences for specific funding. We used £0.172 million during the year and added £0.444 million to support the ongoing programme of Learning Disability Health Checks across the health board area (£0.082 million), the implementation of the case recording system (£0.250 million), fostering and adoption (£0.100 million) and cancer screening inequalities (£0.012 million).

This means we will take £0.853 million into 2025/26. This balance supports existing commitments already in place for the whole family wellbeing project and trauma informed practice.

### General Reserves

Our general reserve is £1.482 million reflecting the underspend from 2024/25 and whilst this is an improved position from the previous year the IJB is not compliant with its Reserves Policy which advocates that 2% of the budget should be the level of reserves held.

The use of reserves was reported to the IJB within our routine revenue reporting and during 2024/25.

## Future Challenges

The IJB continues to face a number of challenges, risks and uncertainties in the coming years and this is set out in our current Medium Term Financial Plan (MTFP) for 2025/26 to 2029/30 and our Strategic Plan for 2025 to 2028. These key strategies also inform our strategic risk register and collectively support medium-term planning and decision making.

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

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

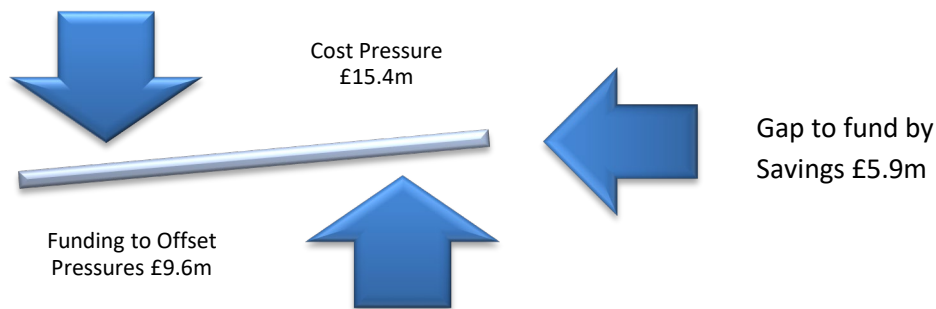
The most significant challenges for 2025/26 and beyond include:

- continued delivery of savings to support financial sustainability, recognising this is at odds with a focus on prevention and the difficulty increases as the cumulative savings increase
- “doing more of the same” in identifying savings will not work, we need to review every service in detail as part of a Change and Improvement programme of work to be developed
- working with the Scottish government recognising the national scale of the challenge across health and social care, in the context of a collective £0.5 billion shortfall

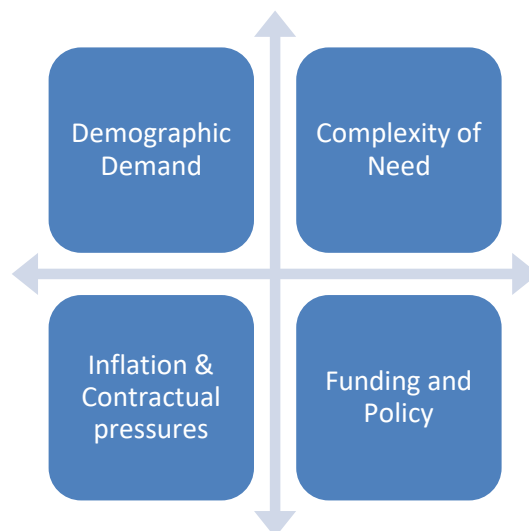
- managing the real tension between reduced service capacity as a result of the cumulative impact savings in prior years whilst maintaining system wide services including discharge without delay from hospital
- understanding the longer term impacts of Covid-19 on mental and physical health in the longer term, we are seeing increased levels of complexity and acuity of need
- continued recruitment and retention of our workforce within the HSCP and our wider partner workforce, recognising the risk of market sustainability challenges
- managing prescribing demand and costs in partnership with our GPs and wider population
- supporting the physical and mental health and wellbeing of our workforce and our residents
- meeting increased demand for universal services without funding for growth, including increased population demand and new care homes opening within the area

The IJB agreed its budget for the financial year 2025/26 on 27<sup>th</sup> March 2025 recognising the significant improvement from savings delivered in 2024/25, however recognising new demand and cost pressures for 2025/26 and beyond.

Within our 2025/26 budget of £202.4 million the estimated cost pressures are £15.412 million, offset in part by available funding of £7.485 million and the non-recurring pension gain of £2.067 million leaving a funding gap for the year of £5.860 million to be closed through savings.



Our cost pressures are driven by:



<b>Revenue Budget Pressures</b>	<b>ERC £m</b>	<b>NHS £m</b>	<b>Total £m</b>
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
	<b>9.774</b>	<b>5.638</b>	<b>15.412</b>
2. Funding available towards pressures			
Recurring Policy Funding	(3.253)	(2.238)	(5.491)
Additional Funding from Partners	(1.309)	(0.685)	(1.994)
	<b>(4.562)</b>	<b>(2.923)</b>	<b>(7.485)</b>
3. Non-Recurring Pension Gain	<b>(2.067)</b>		<b>(2.067)</b>
4. Unfunded Cost Pressures	<b>3.145</b>	<b>2.715</b>	<b>5.860</b>
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)
	<b>(3.145)</b>	<b>(2.715)</b>	<b>(5.860)</b>
<b>Remaining Gap 2025/26</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>
<b>Recurring Gap 2025/26</b>	<b>1.676</b>	<b>0.683</b>	<b>2.359</b>

Whilst the budget for the year is balanced this included a number of non-recurring elements and when these are stripped out the underlying position is a recurring gap of £2.359 million and work is ongoing to ensure plans are in place to address this before April 2026.

<b>Summary Table</b>	<b>ERC £m</b>	<b>NHS £m</b>	<b>Total £m</b>
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)
<b>Gap 2025/26</b>	<b>0.000</b>	<b>(0.000)</b>	<b>(0.000)</b>
<b>Recurring Gap</b>			
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
<b>Recurring Gap**</b>	<b>1.676</b>	<b>0.683</b>	<b>2.359</b>
<b>** Assumes non residential charging of £1.5m in place for 2026/27</b>			
<b>* Support of up to £1.5m in 2025/26</b>			

We have minimal reserves to offset any shortfall, following our financial recovery process in 2023/24.

The budget agreed by the IJB on 26<sup>h</sup> March 2025 sets out the detail behind each of the cost pressures and it is important to note that these include contractual and policy requirements that must be met.

Whilst the scale of this challenge is significant to East Renfrewshire, particularly as one the smaller HSCPs this is not unique; the national position across all public sector services shows a challenging financial outlook, with funding pressures including; pay, inflation, demand & complexity, demographics, transitions from child to adult services, prescribing costs & volume and recruitment & retention challenges.

During the period of this plan we will implement any policy decisions as directed by the Scottish Government along with any recommendations or specific actions that may arise from the national care service advisory board.

We continue to work alongside our partners to deliver our respective services with a fully integrated approach recognising our collective outcomes to deliver the best services we can for our residents.

Whilst the 2025/26 budget is a great improvement on the prior year this will still be a challenging year, with a difficult medium term outlook.

Looking Ahead to 2026/27 to 2029/30 the level of potential cost pressures set out in the scenarios in the MTFP are based on “what if” percentage levels of pressure and are not an indication of where any settlement or agreement may crystallise. This allows the IJB to look forward using the current year and the latest intelligence to plan for possible scenarios. The further ahead we look the less certainty of any assumption; even short term assumptions carry a high degree of uncertainty in the current climate.

It also needs to be recognised that these scenarios are showing the potential level of cost pressure and do not make any allowance for any funding that may offset a future cost. Again given the current levels of uncertainty it is unwise to assume anything beyond a flat cash approach at this time, with the exception of the Scottish Government indication that the cost of the pay award will be funded for our NHS workforce.

In the event that additional funding becomes available this will reduce the level of cost pressure, depending on the nature and requirements that may be attached. By illustrating this “flat cash” approach this allows the IJB to see the scale of the challenge ahead, recognising this may be mitigated in the event of any increase in funding.

The scenarios below show that in any of the next four years the modelled cost pressure could range from £3.6 million to £8.6 million depending on the combination of factors set out in the low, medium and high illustrations.

The cumulative pressures could range from £18.4 to £32.6 million over the four years to 2029/30 without any significant change in funding.

The assumptions are predicated on full and recurring delivery of the 2025/26 savings including the underlying shortfall.

There is always a possibility that the Scottish Government budget settlement may allow for some funding and / or the IJBs funding partners are in a position to support with additional

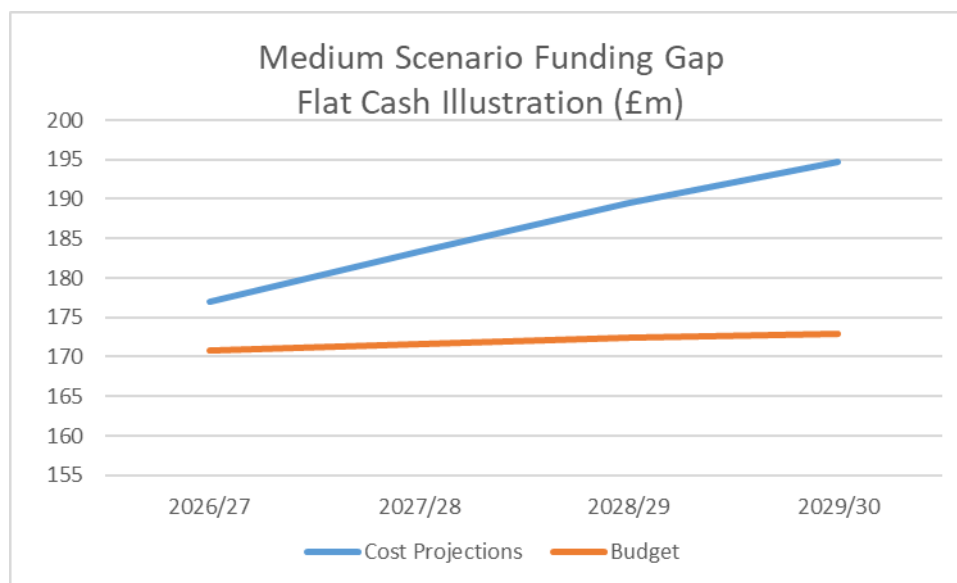


funding to the IJB and all scenarios are subject to the terms of the Scottish Government budget settlement.

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

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

Using the medium term scenario above the gap between costs and funding will grow as every year passes:



There are a number of areas where caseload numbers or staffing ratio to patients will determine necessary changes to the workforce.

We are at the stage where we cannot do “more of the same” in our approach to savings and a more radical approach is required. We will need to develop a programme of review across all services. We will continue to work with a range of partners to look at any system wide opportunities to minimise costs and mitigate, as best we can, the impact resulting from increasing demand versus reducing resources.

The pay increases for 2025/26 have not yet been agreed for part of our workforce so the impact to the current and future years may require review. The working assumption is the costs of pay increases for our NHS employed staff will be funded by the Scottish Government.

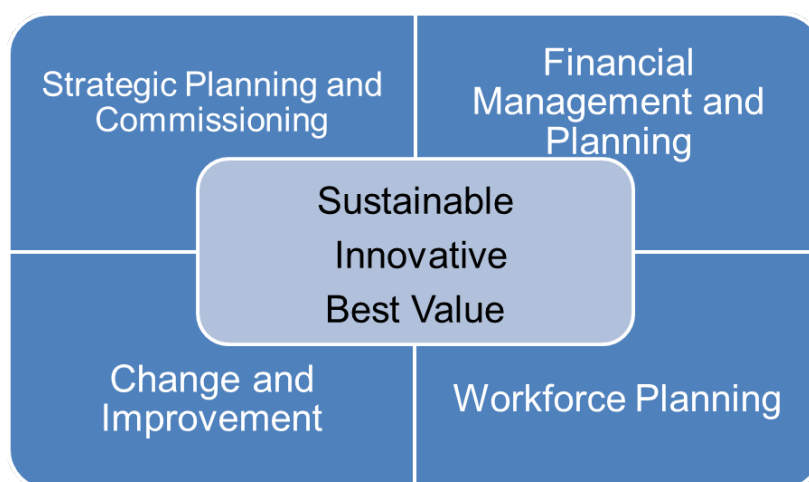
Inflation for care costs needs to allow for fair work policies, workforce and economic challenges, where funded policies allow for this. For the 2025/26 budget settlement the Scottish Living Wage increased from £12.00 to £12.60 per hour and as with prior years this has been applied to pay element of the contract hourly rate as directed by Scottish Government. The Scottish Government will determine the Living Wage rate as a policy decision along with any associated funding.

Demographic and Demand recognises both changes in population and in acuity of need. This also includes the cost of young people moving to adult care. The long-term post Covid-19 impact on complexity and demand is still unclear, however the population in East Renfrewshire continues to grow particularly at the older and younger ends of the age spectrum. We are seeing increasing complexity of need across a range of care groups.

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

Prescribing will not only rise in line with population increases but is also subject to many other factors. This area is so volatile it is difficult to accurately predict however system wide work is in place across NHS Greater Glasgow and Clyde to support the delivery of a range of actions to mitigate some of the cost pressures we are seeing.

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



- The Supporting People Framework, our criteria based approach to care prioritisation, is fully embedded. We must continue to monitor and assess demand, capacity and funding against this criteria.
- Work is ongoing in relation to the introduction of non-residential charging.
- Our existing Recovery and Renewal programme has delivered much of the programme and the key project remains the implementation of Mosaic, our case recording system, due to go live in October 2025. A new Change and Improvement programme of work will be developed, alongside our new Chief Officer to support a review of all services to promote and ensure continued efficiency and allow us to continue to evolve, adapt and innovate. This will support and mitigate, where possible, our increasing cost pressures. We will continue to work with partners on wider redesign and strive to be as efficient as we can. We need to be a part of the national solution needed to ensure our services can be funded at a sustainable level to meet the needs of our population.
- Audit Scotland's Finance Bulletin report relating to IJBs financial position recognised ***"IJBs need to be working collaboratively with each other and with their NHS and council partners to find ways to transform services so that they are affordable. Investment in prevention and early intervention is needed to help slow the ever-increasing demand for services, the cost of more complex care and, improve the experience and outcomes for people."***
- Delivery of the required savings for 2025/26 to balance the budget and address the underlying shortfall is fundamental to establish a solid foundation for 2026/27 and beyond.

Continuing to build on our tentative recovery would enable some flexibility if we can reinstate reserves.

- Funding discussions with the Scottish Government are fundamental recognising the national shortfall in health and social care is currently estimated at c£0.5 billion.
- Successfully implement the case recording system and maximise the associated benefits.
- We will update our Medium-Term Financial Plan on a regular basis reflecting assumptions and projections as issues become clearer; this will also inform planning for our 2026/27 budget and beyond.
- We will continue to monitor the impacts of Covid-19, economic and inflationary factors along with operational issues through our financial and performance monitoring to allow us to take swift action where needed, respond flexibly to immediate situations and to inform longer term planning.
- We will complete the review of our Integration Scheme; work has progressed during 2024/25 and this should be finalised in 2025/26 with partners.
- We routinely report our performance to the IJB with further scrutiny from our Performance and Audit Committee and our Clinical and Care Governance Group, including follow up from any inspections. The service user and carer representation on the IJB and its governance structures is drawn from Your Voice which includes representatives from community care groups, representatives from our localities and representatives from equality organisations including disability and faith groups.
- Workforce planning will continue to support identification of our current and future requirements. Recruitment and retention of staff is key to all service delivery and we have mitigated as far as possible by minimising the use of temporary posts and developing our workforce and organisational learning and development plans. We are refreshing our 3-year workforce plan. This will also include any implications from the Health and Care Staffing (Scotland) Act 2019.
- We will continue with the redesign of the Learning Disability Inpatient bed model.
- Governance Code; we have robust governance arrangements supported by a Governance Code.
- The IJB continues to operate in a challenging environment and our financial, risk and performance reporting continue to be a key focus of each IJB agenda.

The future challenges detailed above and our associated response include the main areas of risk that the IJB is facing. The uncertainty of the current economic climate, the longer term impact of Covid-19 on our population, the capacity for the HSCP and its partners to meet continued demand and complexity whilst delivering such challenging savings remain significant risks.

## Conclusion

East Renfrewshire Integration Joint Board is well placed in terms of its maturity to address the coming challenges, building on many years of delivering integrated health and social care services and continuing to lead on developing new and innovative models of service delivery. However maintaining financial sustainability whilst meeting the needs of our population is increasingly challenging.

The level of uncertainty over the medium to long term on funding, the long term pandemic impact on our population and the associated demand for services, with difficult shorter-term financial challenges result in a difficult outlook however we continue to plan ahead and prepare for a range of scenarios.

**Katie Pragnell**

**Chair**

**Integration Joint Board**

**25<sup>th</sup> June 2025**

**Alexis Chappell**

**Chief Officer**

**Integration Joint Board**

**25<sup>th</sup> June 2025**

**Lesley Bairden ACMA CGMA**

**Chief Financial Officer**

**Integration Joint Board**

**25<sup>th</sup> June 2025**

## Statement of Responsibilities

### Responsibilities of the Integration Joint Board

The IJB is required to:

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

I confirm that the unaudited Annual Accounts will be presented on 25<sup>th</sup> June 2025 for approval.

**Katie Pragnell**

**Chair**

**Integration Joint Board    25<sup>th</sup> June 2025**

## Responsibilities of the Chief Financial Officer

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

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

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

The Chief Financial Officer has also:

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

I certify that the financial statements give a true and fair view of the financial position of East Renfrewshire Integration Joint Board as at 31<sup>st</sup> March 2025 and the transactions for the IJB for the period covering 1<sup>st</sup> April 2024 to 31<sup>st</sup> March 2025.

**Lesley Bairden ACMA CGMA**

**Chief Financial Officer**

**Integration Joint Board      25<sup>th</sup> June 2025**

# Remuneration Report

## Introduction

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

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

For 2024/25 no taxable expenses were claimed by members of the IJB.

The board members are entitled to payment for travel and subsistence expenses relating to approved duties. Payment of voting board members' allowances is the responsibility of the member's individual partnership body. Non-voting members of the IJB are entitled to the payment of travel expenses. The IJB does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the IJB.

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

## Integration Joint Board

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

## Senior Officers

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

The total remuneration received by the Chief Officer in 2024/25 amounted to £132,757 in respect of all duties undertaken during the financial year. The Chief Financial Officer total remuneration for the same financial year was £101,621.

Total 2023/24 £	Senior Officer	Salary, Fees and Allowances £	Taxable Expenses £	Total 2024/25 £
128,143	Julie Murray, Chief Officer	132,757	-	132,757
98,089	Lesley Bairden, Chief Financial Officer	101,621	-	101,621
226,232		234,378	-	234,378

Note: Julie Murray retired from her position as Chief Officer on 16 May 2025 and Alexis Chappell took up this position on 26 May 2025.

Voting Board Members 2024/25		Total Taxable IJB Related Expenses £
Councillor Katie Pragnell (Chair)	East Renfrewshire Council	-
Mehvish Ashraf (Vice Chair)	NHS Greater Glasgow & Clyde	-
Councillor Caroline Bamforth	East Renfrewshire Council	-
Martin Cawley	NHS Greater Glasgow & Clyde	-
Cath Cooney	NHS Greater Glasgow & Clyde	-
Councillor Paul Edlin	East Renfrewshire Council	-
Dianne Foy	NHS Greater Glasgow & Clyde	-
Councillor Owen O'Donnell	East Renfrewshire Council	-

The equivalent cost in 2023/24 was nil for all IJB members.

The Pension entitlement for the Chief Officer for the year to 31<sup>st</sup> March 2025 is shown in the table below, together with the contribution made by the employing body to this pension during the year.

Senior Officer	In Year Pension Contribution		Accrued Pension Benefits	
	For Year to 31 March 2024 £	For Year to 31 March 2025 £	As at 31 March 2025 £'000	Difference From 31 March 2024 £'000
Julie Murray, Chief Officer	24,721	8,627	Pension	65
			Lump Sum	70
Lesley Bairden, Chief Financial Officer	18,923	6,604	Pension	20
			Lump Sum	-
Total	43,644	15,231	Pension	85
			Lump Sum	70

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

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

However, the IJB has responsibility for funding the employer's contributions for the current year for the officer time spent on fulfilling the responsibilities of their role on the IJB. The table above shows the IJB's funding during 2024/25 to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned from a previous employment and from each officers' own contributions.



## General Disclosure by Pay Bands

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

Number of Employees 31 March 2024	Remuneration Band	Number of Employees 31 March 2025
-	£90,000 - £94,999	-
1	£95,000 - £104,999	1
-	£105,000 - £109,999	-
-	£110,000 - £114,999	-
-	£115,000 - £119,999	-
-	£120,000 - £124,999	-
1	£125,000 - £129,999	-
	£130,000 - £134,999	1

**Katie Pragnell**  
**Chair**  
**Integration Joint Board    25<sup>th</sup> June 2025**

**Alexis Chappell**  
**Chief Officer**  
**Integration Joint Board    25<sup>th</sup> June 2025**

# Annual Governance Statement

## Introduction

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

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

## Scope of Responsibility

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

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

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

## The Purpose of the Governance Framework

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

The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the IJB's policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

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

## The Governance Framework

The main features of the governance framework in place during 2024/25 are summarised below:

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

We hold our IJB meetings on a hybrid in person and video conferencing platform and agreed with our chair and vice chair a prioritised agenda for each meeting. We held all meetings as planned during 2024/25. We held three IJB seminars during the year focussing on charging for services, prescribing, GP provision and planning for the budget for 2025/26.

We used our daily and weekly huddle during the year as needed to allow our senior managers to meet in the morning to assess the situation, prioritise workloads and support service delivery, in periods of capacity challenge and any events such as bad weather.

Weekly huddles continued to support the delivery of the Supporting People Framework saving and embed the framework.

The action plan from the self-assessment of the CIPFA Financial Management Code, reported to the Performance & Audit Committee in June 2023 is reviewed annually with no additional actions.

## Best Value

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



## The System of Internal Financial Control

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

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

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

## Review of Adequacy and Effectiveness

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

The Chief Internal Auditor reports directly to the IJB Performance and Audit Committee on all audit matters, with the right of access to the Chief Officer, Chief Financial Officer and Chair of the Performance and Audit Committee on any matter. In accordance with the principles of the code of corporate governance, regular reports were made to the IJB's Performance and Audit Committee during 2024/25. A member of East Renfrewshire Council's Audit and Scrutiny Committee is co-opted to the IJB Performance and Audit Committee to promote transparency.

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

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

***The Chief Internal Auditors Opinion will be included in the audited annual report and accounts to be presented in September 2025.***

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

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

## Governance Issues during 2024/25

Whilst all operational and transactional governance issues are considered within our partner's governance frameworks, the IJB Performance and Audit Committee also take an overview on all actions resulting from both internal and external audit reports, covering all live actions whether pre or post 31<sup>st</sup> March 2025.

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

## Significant Governance Issues

The move to financial recovery during 2023/24 was a significant issue, and whilst the 2024/25 position is much improved financial sustainability remains a risk. We will continue to work closely with both partners during 2025/26.

## Operational Governance

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

Audit Report	Recommendations		
	Total for HSCP	Considered implemented by HSCP (awaiting verification)	Total open
Follow up of HSCP Audits	2	0	2
Follow up of Ordering and Certification	2	0	2
Bonnyton House	17	16	1
Accounts Payable	4	4	0
Accounts Receivable	3	1	2
Application Audit of Payroll	4	4	0
<b>TOTAL</b>	<b>32</b>	<b>25</b>	<b>7</b>

In March 2023 we reported to the IJB on Equality and Human Rights Mainstreaming Report along with an Interim Review of outcomes for the year. This outlined: the ways in which equalities considerations are part of the structures, behaviours and culture of our partnership; how we carry out our duties and promote equality; and how this is helping us improve as a partnership. The report also set out an interim update on progress towards the partnership's six equalities outcomes for the following two years until 2025. Reports to the IJB in March and June 2025 provide an update.

The Civil Contingencies Act 2004 (CCA), is supplemented by the Contingency Planning (Scotland) Regulations 2005 and "Preparing Scotland" Guidance identifies IJBs as Category 1 responders to an emergency:

- an event or situation which threatens serious damage to human welfare
- an event or situation which threatens serious damage to the environment
- war, or terrorism, which threatens serious damage to the security of the UK

During 2024/25 the IJB did not need to act in this capacity.

## Action Plan

The table below shows the progress made during 2024/25 against the actions that we identified in our 2023/24 annual report and accounts, along with new actions relating to Care at Home and Safer staffing.

Action	Progress
1. Deliver the Recovery and Renewal Programme	<p>The significant projects remaining in the programme are the implementation of the Mosaic system and non-residential charging, following implementation of the Supporting People Framework. A closure report on all activity will be taken to the IJB in 2025/26 and any remaining work will be incorporated into our Change and Improvement programme to support future service delivery.</p> <p>Status: Ongoing as this is a multi-year dynamic programme</p>
2. Ensuring financial sustainability is a key priority in IJB financial planning, reporting and discussion with board members, our funding partners and other stakeholders.	<p>Financial sustainability remains a risk and financial reporting will be taken to the IJB throughout 2025/26 and beyond. We will also remain engaged in detailed financial discussions with both partners during the year.</p> <p>The Medium Term Financial Outlook will be refreshed in the event of significant changes and annually as a minimum.</p> <p>Status: Ongoing as this is a multi-year issue</p>
3. Continue to work to implement the Unscheduled Care Commissioning Plan in partnership with the other HSCPs across Greater Glasgow and Clyde.	<p>This is part of an NHSGGC wide programme and will continue to be implemented, The last update to the IJB was in November 2023.</p> <p>Status: Ongoing as this is a multi-year issue</p>
4. Our Integration Scheme will be refreshed in line with appropriate guidance, working with the other five NHSGGC partnerships, for submission to the Scottish Government.	<p>Our integration scheme consultation period ended in January 2024 and is expected to go to our partner bodies during 2025/26. The timescale was revised following further work required on Hosted Services (across all six HSCPs within NHSGGC).</p> <p>Status: Ongoing expect to close during 2025/26</p>
5. We will continue to monitor the health and financial impact of Covid where we can to inform local reporting and decision making.	<p>This will be reported to the IJB throughout the year, where any intelligence and data arises.</p> <p>The previously allocated funding from ERC to support recovery was included through our regular financial reporting.</p> <p>Status: Ongoing as this is a multi-year issue</p>
6. We will recommence review of our Strategic Action Plan, paused during the response to the pandemic and continue to develop of performance reporting.	<p>We need to review this plan to ensure all relevant actions have been progressed / incorporated into other plans / superseded.</p> <p>Status: Ongoing expect to close 2025/26</p>



<p>7. We will continue to place equality and fairness at the heart of our planning processes and over the next two years we will work to further progress our agreed equalities outcomes and will review these ahead of our next scheduled report in 2025.</p>	<p>We established Equalities Outcomes for the HSCP in 2023. We have reported progress in March and June 2025 as planned.</p> <p>We undertake Equality, Fairness and Rights Impact Assessment (EFRIA) with support to staff completing assessments through the Planning and Performance Team and Planning Leads within service areas. We continue to participate in ERC Equalities forums and in the national HSCP Equality Peer Support Network.</p> <p>Status: Closed</p>
<p>8. We will implement the recommendations resulting from the Adult Joint Inspection report, published in June 2023 including: improving the quality of chronologies; greater involvement of adults at risk of harm and their unpaid carers at a strategic level; enhanced multi-agency quality assurance practices; and, building on existing practice to ensure the full involvement of all key partners in relevant aspects of ASP practice going forward.</p>	<p>The Adult Protection Committee has agreed vision and improvement plan for 2025-27 incorporating national objectives and guidance. This also builds on the work undertaken on the previous recommendations.</p> <p>A lived experience group has been established to enhance our collaborative approach to service improvement with people who use our services and their family carers.</p> <p>Status: Ongoing multi year to 2027</p>
<p>9. Care Inspectorate Requirements from the inspection carried out in January 2025.</p>	<p>The service is awaiting follow up inspection, which was due in May 2025, following the inspection carried out in January. Progress has been made in relation to the two requirements identified with respect to quality of care plans and planning consistency of care.</p> <p>Status: Open</p>
<p>10. We will embed the requirements of the Health and Care Staffing (Scotland) Act 2019 in our refreshed Workforce Plan</p>	<p>The working group will continue to ensure we fully meet the requirements for all safer staffing requirements, governance and reporting.</p> <p>Status: Ongoing expect to close 2025/26</p>

## Conclusion and Opinion on Assurance

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

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

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

**Katie Pragnell**  
**Chair**  
**Integration Joint Board**                      **25<sup>th</sup> June 2025**

**Alexis Chappell**  
**Chief Officer**  
**Integration Joint Board**                      **25<sup>th</sup> June 2025**

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

*Ernst & Young external audit report will be added for the audited  
accounts in September*

## The Financial Statements

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

### Comprehensive Income and Expenditure Statement for the year ended 31<sup>st</sup> March 2025

2023/24			2024/25				
Gross Expenditure £000	Gross Income £000	Net Expenditure £000	Objective Analysis	Note	Gross Expenditure £000	Gross Income £000	Net Expenditure £000
16,309	3,183	13,126	Children and Families		14,954	2,654	12,300
34,000	2,250	31,750	Older People's Services		33,629	1,566	32,063
8,163	1,078	7,085	Physical/Sensory Disability		7,767	865	6,902
26,239	1,573	24,666	Learning Disability – Community		28,092	728	27,364
12,216	886	11,330	Learning Disability – Inpatients		11,845	667	11,178
384	165	219	Augmentative & Alternative Communication		456	153	303
22,677	3,070	19,607	Intensive Services		21,983	2,458	19,525
7,100	576	6,524	Mental Health		6,692	347	6,345
3,647	948	2,699	Addictions / Substance Misuse		3,141	481	2,660
31,588	1,114	30,474	Family Health Services		35,436	1,568	33,868
19,780	1	19,779	Prescribing		19,955	-	19,955
989	903	86	Criminal Justice		1,029	996	33
10,743	5,035	5,708	Management and Admin		10,100	1,210	8,890
259	-	259	Corporate Services		268	-	268
194,094	20,782	173,312	Cost of Services Managed by ER IJB		195,347	13,693	181,654
30,194		30,194	Set Aside for delegated services provided in large hospitals		31,435		31,435
449		449	Aids and Adaptations		501		501
224,737	20,782	203,955	Total Cost of Services to ER IJB		227,283	13,693	213,590
-	199,773	199,773	Taxation and Non Specific Grant Income	3	-	214,921	214,921
224,737	220,555	4,182	(Surplus) or Deficit on Provision of Services		227,283	228,614	(1,331)

### Movement in Reserves Statement

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

<b>2023/24 £000</b>	<b>Movement in Reserves</b>	<b>2024/25 £000</b>
(6,046)	Balance brought forward	(1,864)
4,182	Total Comprehensive Income & Expenditure	(1,331)
<b>4,182</b>	<b>(Surplus) or Deficit on the Provision of Services</b>	<b>(1,331)</b>
<b>(1,864)</b>	<b>Balance as at 31st March Carried Forward</b>	<b>(3,195)</b>

The reserves above are all useable.

## Balance Sheet

### As at 31st March 2025

The Balance Sheet as at 31<sup>st</sup> March 2025 is a snapshot of the value at that reporting date of the assets and liabilities recognised by the IJB. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

<b>31<sup>st</sup> March 2024</b> <b>£000</b>	<b>Balance Sheet</b>	<b>Notes</b>	<b>31<sup>st</sup> March 2025</b> <b>£000</b>
<b>2,145</b>	<b>Current Assets</b>		<b>4,209</b>
2,145	Short Term Debtors	7	4,209
<b>281</b>	<b>Current Liabilities</b>		<b>1,014</b>
281	Short Term Creditors	7	1,014
<b>1,864</b>	<b>Net Assets - Reserves</b>	8	<b>3,195</b>

The Statement of Accounts present a true and fair view of the financial position of the IJB as at 31<sup>st</sup> March 2025 and its income and expenditure for the year then ended.

The unaudited annual report and accounts will be submitted for approval and issue by the IJB on 25<sup>th</sup> June 2025.

**Lesley Bairden ACMA CGMA**  
**Chief Financial Officer**  
**Integration Joint Board**

**25<sup>th</sup> June 2025**

# Notes to the Financial Statements

## 1. Accounting Policies

### 1.1 General Principles

The Statement of Accounts summarises the IJB's transactions for the 2024/25 reporting period and its position as at 31<sup>st</sup> March 2025.

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

IJBs are specified as Section 106 bodies under the Local Government (Scotland) Act 1973 and as such are required to prepare their financial statements in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2023/24 supported by International Finance Reporting Standards (IFRS).

### 1.2 Accruals of Income and Expenditure

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

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

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

### 1.3 Going Concern

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

The IJB Financial Statements for 2024/25 have been prepared on a going concern basis. The IJB was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973. In accordance with the CIPFA Code of Practice on Local Authority Accounting in the United Kingdom 2023/24, the IJB is required to prepare its Financial Statements on a going concern basis unless informed by the relevant national body of the intention of dissolution without transfer of services or function to another entity. The Annual Accounts are prepared on the assumption that the IJB will continue in operational existence for the foreseeable future and specifically to the end of the going concern period, 31 March 2027.

We outline within our commentary that the IJB went into financial recovery in 2023/24 and whilst 2024/25 was another challenging year for the IJB, we have made significant progress with savings delivery and have added to reserves, albeit recognising NHS Greater Glasgow and Clyde provided an additional £1 million in year funding allocation. This was on a non-recurring basis in recognition of continued prescribing pressures. In the Financial Performance section of the commentary (page 28) this shows at 1 April 2024, we started the year with ring-

fenced and earmarked reserves of £1.864 million. We had no general reserve. As a result of planned movements, we will take £1.713 ring-fenced and earmarked reserves into 2025/26 for specific purposes. Our General Reserves balance going into 2025/26 is £1.482 million.

The IJB's budget contribution from and direction to partners has been confirmed for 2025/26, and a Medium-Term Financial Plan has been prepared covering the period 2025/26 to 2029/30. The cumulative pressure identified in the Medium-Term Financial Plan ranges from £18.4 to £32.6 million depending on scenarios and not allowing for any additional funding that may offset this. The Integration Scheme outlines the actions required in the event of an overspend which includes the implementation of a recovery plan to recover the overspend and allows for additional contributions from partners. The IJB considers there are no material uncertainties around its going concern status.

## **1.4 Accounting Convention**

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

## **1.5 Funding**

East Renfrewshire IJB receives contributions from its funding partners, namely East Renfrewshire Council and NHS Greater Glasgow and Clyde to fund its services. Expenditure is incurred as the IJB commissions specified health and social care services from the funding partners for the benefit of the population of East Renfrewshire and across the Greater Glasgow and Clyde area for those services delivered under hosting arrangements. The Augmentative and Alternative Communication service also provides a specialist national service, funded by service level agreement.

## **1.6 Reserves**

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

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

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

## **1.7 Events after the Balance Sheet Date**

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

Where events take place before the date of authorisation and provide information about conditions existing as at 31<sup>st</sup> March 2025 the figures in the financial statements and notes have been adjusted in all material aspects to reflect the impact of this information.



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

### **1.8 Related Party Transactions**

As partners of East Renfrewshire IJB both East Renfrewshire Council and NHS Greater Glasgow and Clyde are related parties and material transactions with those bodies are disclosed in Note 5 (Page 65) in accordance with the requirements of International Accounting Standard 24.

Related parties also include organisations that we may have no transactions with, but who can still exert significant influence over our financial and operating policy decisions. The Scottish Government is such a related party of the IJB as it can exert significant influence through legislation and funding of the IJB's partner bodies, and therefore can indirectly influence the financial and operating policy decisions of the IJB.

### **1.9 Provisions, Contingent Assets and Liabilities**

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

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

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

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

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

### **1.10 Indemnity Insurance**

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

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

In the event that known claims were identified they would be assessed as to the value and probability of settlement. Where material the overall expected value of any such known claims, taking probability of settlement into consideration, would be provided for in the IJB's Balance Sheet. No such claims were identified as at 31<sup>st</sup> March 2025.

Similarly, the likelihood of receipt of an insurance settlement to cover any claims would be separately assessed, and where material, they would be presented as either a debtor or disclosed as a contingent asset. No such receipts were identified as at 31<sup>st</sup> March 2025.

### **1.11 Corresponding Amounts**

These Financial Statements cover the period 1<sup>st</sup> April 2024 to 31<sup>st</sup> March 2025, with corresponding full year amounts for 2023/24.

### **1.12 VAT**

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

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

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

### **1.13 Post - Employment Benefits – Pension Costs**

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

### **1.14 Prior Period Restatement**

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

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

## 2. Expenditure and Income Analysis by Nature

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

2023/24 £000	Expenditure and Income Analysis by Nature	2024/25 £000
(199,773)	Partners funding contribution and non-specific grant income	(214,921)
(20,782)	Fees and charges and other service income	(13,693)
<b>(220,555)</b>	<b>Total Funding</b>	<b>(228,614)</b>
58,578	Employee Costs	55,448
1,031	Premises Costs	998
391	Transport Costs	323
9,958	Supplies & Services	8,886
70,701	Third Party Payments	72,058
2,257	Support Costs	2,476
19,780	Prescribing	19,955
31,588	Family Health Service	35,436
30,194	Acute Hospital Services	31,435
226	Corporate Costs	234
33	External Audit Fee	34
<b>224,737</b>	<b>Cost of Services</b>	<b>227,283</b>

### 3. Taxation and Non Specific Grant Income

2023/24 £000	Taxation and Non Specific Grant Income	2024/25 £000
64,612	East Renfrewshire Council	73,284
122,772	NHS Greater Glasgow and Clyde	129,248
12,389	Resource Transfer	12,389
<b>199,773</b>	<b>Partners Funding Contribution &amp; Non Specific Grant Income</b>	<b>214,921</b>

The funding contribution from NHS Greater Glasgow and Clyde includes East Renfrewshire's use of set aside for delegated services provided in large hospitals (£31.435 million in 2024/25 and £30.194 million in 2023/24). These services are provided by the NHS, which retains responsibility for managing the costs of providing the service; the IJB however, has responsibility for the consumption of and level of demand placed on these services.

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

As detailed at Note 11 the IJB has considered the basis of the preparation of the 2024/25 accounts for Learning Disability In-Patient Services and Augmentative & Alternative Communication (AAC) services hosted by the East Renfrewshire IJB for other IJBs within the NHS Greater Glasgow & Clyde Area.

The IJB is considered to be acting as a 'principal' and the 2024/25 financial statements have been prepared on this basis with the full costs of such services being reflected in the 2024/25 financial statements. The cost of the hosted service provided to other IJBs as well as that consumed by East Renfrewshire for the Learning Disability Inpatients and Augmentative and Alternative Communication is detailed in the following tables.

2023/24 £000	Learning Disability In-Patient Services Hosted by East Renfrewshire IJB	2024/25 £000
9,010 1,370 97 658 -	Glasgow Renfrewshire Inverclyde West Dunbartonshire East Dunbartonshire	8,471 1,095 385 427 800
11,135 195	Learning Disability In-Patients Services Provided to other IJBs East Renfrewshire	11,178 0
<b>11,330</b>	<b>Total Learning Disability In-Patient Services</b>	<b>11,178</b>

2023/24 £000	Augmentative and Alternative Communication (AAC) Hosted by East Renfrewshire IJB	2024/25 £000
93 55 10 6 23	Glasgow Renfrewshire Inverclyde West Dunbartonshire East Dunbartonshire	165 45 20 16 16
187 32	AAC Services Provided to other IJBs East Renfrewshire	262 41
<b>219</b>	<b>Total AAC Services</b>	<b>303</b>

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

2023/24 £000	Services Provided to East Renfrewshire IJB by Other IJBs within NHSGGC	2024/25 £000
556	Physiotherapy	523
68	Retinal Screening	58
520	Podiatry	580
318	Primary Care Support	341
457	Continence	512
603	Sexual Health	603
1,597	Mental Health	1,503
899	Oral Health	950
479	Addictions	347
223	Prison Health Care	224
185	Health Care in Police Custody	200
5,197	Psychiatry	5,792
3,344	Specialist Childrens Services	4,063
<b>14,446</b>	<b>Net Expenditure on Services Provided</b>	<b>15,696</b>

## 5. Related Party Transactions

The following financial transactions were made with East Renfrewshire Council and NHS Greater Glasgow and Clyde relating to integrated health and social care functions during 2024/25. The nature of the partnership means that the IJB may influence, and be influenced by its partners.

2023/24 £000	Income – Payments for Integrated Functions	2024/25 £000
128,119	NHS Greater Glasgow and Clyde	132,738
92,436	East Renfrewshire Council	95,876
<b>220,555</b>	<b>Total</b>	<b>228,614</b>

2023/24 £000	Expenditure – Payments for Delivery of Integrated Functions	2024/25 £000
128,119	NHS Greater Glasgow and Clyde	132,738
96,618	East Renfrewshire Council	94,545
<b>224,737</b>	<b>Total</b>	<b>227,283</b>

2023/24	Closing Reserve Balance (held within ERC on behalf of IJB)	2024/25 £000
-	NHS Greater Glasgow and Clyde	-
1,864	East Renfrewshire Council	3,195
<b>1,864</b>	<b>Total</b>	<b>3,195</b>

Within the closing balance of £3.195 million the debtors balance relating to NHS Greater Glasgow and Clyde is £0.465 million and the creditors balance is £1.014 million.

Related parties also include organisations that we may have no transactions with, but who can still exert significant influence over our financial and operating policy decisions.

The Scottish Government is such a related party of the IJB as it can exert significant influence through legislation and funding of the IJB's partner bodies, and therefore can indirectly influence the financial and operating policy decisions of the IJB.

The value of transactions directly with the Scottish Government in 2023/24 and 2024/25 was nil.



## 6. Corporate Expenditure

2023/24 £000	Corporate Expenditure	2024/25 £000
226	Staff Costs	234
33	Audit Fee	34
<b>259</b>	<b>Total</b>	<b>268</b>

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

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

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

NHS Greater Glasgow and Clyde did not charge for any support services provided in the year ended 31<sup>st</sup> March 2025.

The support services provided through East Renfrewshire Council are included within the funding provided to the IJB as set out in the Scheme of Integration and the charge is included for 2024/25.

Fees payable to Ernst & Young in respect of external audit services undertaken in accordance with Audit Scotland's Code of Audit Practice for 2024/25 amounted to £34,000 (this was £33,360 in 2023/24). Ernst & Young did not provide any non-audit services during 2024/25.

VAT is not included in the costs identified.

## 7. Short Term Debtors and Creditors

2023/24 £000	Short Term Debtors	2024/25 £000
- 2,145	NHS Greater Glasgow and Clyde East Renfrewshire Council	- 4,209
<b>2,145</b>	<b>Total</b>	<b>4,209</b>

2023/24 £000	Short Term Creditors	2024/25 £000
281 -	NHS Greater Glasgow and Clyde East Renfrewshire Council	1,014 -
<b>281</b>	<b>Total</b>	<b>1,014</b>

## 8. Reserves

As at 31<sup>st</sup> March 2025 the IJB holds earmarked reserves in order to fund expenditure in respect of specific projects. In addition a general reserve is normally held to allow us to meet any unforeseen or unanticipated events that may impact on the IJB, following the depletion of general reserves as part of financial recovery during 2023/24, funds have been added to this reserve in 2024/25.

Reserves are a normal part of the financial strategy of the IJB in order to better manage the costs and risks across financial years and work is required to rebuild reserves in the longer term.

The reserves of the IJB fall into three types:

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

The year on year movement in reserves is summarised:

Summary	£ Million	£ Million
Reserves as at 31 March 2024		1.864
Planned use of existing reserves during the year	(0.966)	
Funds added to reserves during the year	2.297	
Net increase in reserves during the year		1.331
Reserves as at 31 March 2025		3.195

For the £3.195 million balance of reserves we are taking forward into 2025/26 we expect to use or fully commit c£1.2 million earmarked reserves during 2025/26:

- £0.4m to support prescribing initiatives
- £0.4m within Chlidens services
- £0.2m to support systems implementation
- £0.1m to support Learning Disability Health checks

We expect to use most of the £0.5m ring-fenced Scottish Government funding committed for the Recovery Hub building, the timing of the spend is to be confirmed however work is underway.

The table on the following page provides the detailed movement across all reserves between 2023/24 and 2024/25.

2023/24 £000	Reserves	Used £000	Added £000	Transfers In / (Out) £000	2024/25 £000
118	Mental Health Action 15	118			0
489	Alcohol & Drugs Partnership				489
91	Primary Care Improvement	91			0
2	COVID Allocations	2			0
100	Distress Brief Intervention Seed Funding	100			0
0	Prescribing		359		359
0	National IT Projects		12		12
<b>800</b>	<b>Total Ring-Fenced Reserves</b>	<b>311</b>	<b>371</b>	<b>0</b>	<b>860</b>
100	Trauma Informed Practice	50			50
661	Whole Family Wellbeing	433			228
<b>761</b>	<b>Children &amp; Families</b>	<b>483</b>	<b>0</b>	<b>0</b>	<b>278</b>
154	Learning Disability Community Living Change	154			0
53	Learning Disability Health Checks		82		135
18	Telecare Fire Safety	18			0
0	System Implementation		250		250
0	Fostering & Adoption Campaign		100		100
28	Cancer Screening Inequalities		12		40
<b>253</b>	<b>Adult Services</b>	<b>172</b>	<b>444</b>	<b>0</b>	<b>525</b>
<b>50</b>	<b>Renewals &amp; Repairs Fund</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>50</b>
<b>1,064</b>	<b>Total Earmarked Reserves</b>	<b>655</b>	<b>444</b>	<b>0</b>	<b>853</b>
<b>0</b>	<b>Total General Reserves</b>	<b>0</b>	<b>1,482</b>		<b>1,482</b>
<b>1,864</b>	<b>Total All Reserves</b>	<b>966</b>	<b>2,297</b>	<b>0</b>	<b>3,195</b>

## 9. Contingent Assets and Liabilities

There are no contingent assets or liabilities as at 31<sup>st</sup> March 2025.

## 10. New standards issued but not yet adopted

The Code requires the disclosure of information relating to the impact of an accounting change that will be required by a new standard that has been issued but not yet adopted. This applies to the adoption of the following new or amended standards within the 2025/26 Code:

- Amendment to IAS 21 The Effects of Changes in Foreign Exchange Rate (Lack of Exchangeability)
- Issue of new IFRS 17 Insurance Contracts which replaces IFRS4
- Amendment to IAS 16 Property, Plant and Equipment and IAS 38 Intangible Assets

The Code requires implementation of these new standards from 1 April 2025 therefore there is no impact on the 2024/25 annual accounts.

These new or amended standards are not expected to have a significant impact on the Annual Accounts.

## 11. Critical Judgements

In applying the accounting policies set out above, the IJB has had to make a critical judgement relating to complex transactions in respect of Learning Disability Inpatients Services and Augmentative & Alternative Communication services hosted within the East Renfrewshire IJB for other IJB's within the NHS Greater Glasgow & Clyde area.

Within NHS Greater Glasgow & Clyde each IJB has operational responsibility for services which it hosts on behalf of other IJB's. In delivering these services the IJB has primary responsibility for the provision of services and bears the risk and reward associated with this service delivery in terms of demand and the financial resources required. As such the IJB is considered to be acting as 'principal' and the full costs should be reflected within the financial statements for the services which it hosts. This is the basis on which the 2024/25 accounts have been prepared.

There were no judgements required which involved uncertainty about future events.

## 12. Estimation Uncertainty

There are no estimations included within the 2024/25 accounts.

**13. Post Balance Sheet Events**

The final annual report and accounts will be presented for approval on 24<sup>th</sup> September 2025.

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

**14. Prior Period Restatement**

There are no restatements included in the unaudited accounts.

## Where to find more information

### In This Document

The requirements governing the format and content of the IJB annual accounts follows guidance issued by the Integrated Resources Advisory Group and by The Local Authority (Scotland) Accounts Advisory Committee (LASAAC). The linked documents on this page do not fall within the remit of the audited accounts which ends at Note 14.

### On Our Website

Further information on the Accounts can be obtained on the [website](#) or from East Renfrewshire HSCP, Eastwood Health and Care Centre, Drumby Crescent, Clarkston, G76 7HN.

### Useful Links

[Strategic Plan – full plan and summary](#)

[Medium Term Financial Plan](#)

[Integration Scheme](#)

[Annual Performance Report](#)

[Strategic Risk Register](#)

It should be noted that the links above relate to the latest published versions of each document at the point of completion of this report and there may be later versions available on our website.

## Acknowledgement

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

**Katie Pragnell**

**Chair**

**Integration Joint Board**

**25<sup>th</sup> June 2025**

**Alexis Chappell**

**Chief Officer**

**Integration Joint Board**

**25<sup>th</sup> June 2025**

**Lesley Bairden ACMA CGMA**

**Chief Financial Officer**

**Integration Joint Board**

**25<sup>th</sup> June 2025**





<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>  <b>Held on</b>	Integration Joint Board  25 June 2025
<b>Agenda Item</b>	9
<b>Title</b>	Medium Term Financial Plan
<b>Summary</b>  To provide the Integration Joint Board with a refreshed Medium Term Financial Plan for the IJB covering the five year period 2025/26 to 2029/30.	
<b>Presented by</b>	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<b>Action Required</b>  The Integration Joint Board is asked to: <ul style="list-style-type: none"> <li>• Approve the revised Medium Term Financial Plan</li> <li>• Agree to receive updates that reflect significant changes in the financial outlook for the Integration Joint Board</li> </ul>	
<b>Directions</b>  <input checked="" type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<b>Implications</b>  <div> <input checked="" type="checkbox"/> Finance           <input checked="" type="checkbox"/> Risk         </div> <div> <input type="checkbox"/> Policy           <input type="checkbox"/> Legal         </div> <div> <input checked="" type="checkbox"/> Workforce           <input type="checkbox"/> Infrastructure         </div> <div> <input type="checkbox"/> Equalities           <input type="checkbox"/> Fairer Scotland Duty         </div>

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**25 June 2025**

**Report by Chief Financial Officer**

**MEDIUM TERM FINANCIAL PLAN**

**PURPOSE OF REPORT**

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

**RECOMMENDATIONS**

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

**BACKGROUND**

3. This report builds on the Revenue Budget for 2025/26 and looks at the potential cost implications for the next 5 years. Given the numerous uncertainties we are facing this plan will be refreshed and assumptions refined and revised as we work through the coming year.
4. As with the previous plan the scenarios have included a range of “what if” cost pressures. Given the current level of uncertainty in public sector finance it is not possible to assess any likely funding, beyond the current planning assumption the Scottish Government will fund the Agenda for Change pay award, and thereafter the most prudent assumption is “flat cash”.
5. In the event that additional funding is realised this will lessen any funding gap.
6. This is a refresh of the previous Medium Term Financial Plan 2024/25 – 2028/29 previously agreed by the IJB on 26 June 2024.

## REPORT

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

Section	Contents
Executive Summary	Main messages
Purpose	Allows the IJB and partners to consider issues
Strategic Plan 2025-28	Provides the strategic context including partners key strategies
Local Context	Background, population and demographic challenges
National Context	Legislative and policy implications, economic considerations, workforce, Care providers, Audit Scotland reports
Medium Term Financial Outlook	Funding and budget for 2025/26, purchased care, cost pressures. Looks ahead with high level cost pressure scenarios over remaining 4 years with supporting assumptions, reserves and key challenges
Our Response	How we plan for sustainability
Risk and Sensitivity	Key risks, indication of 1% change in factors and financial implications

8. This revised MTFP reflects the agreed budget for 2025/26 which was agreed by the IJB on 26 March 2025 and uses this as the baseline for calculating future cost pressures.
9. The MTFP confirms the scale of the financial challenge in 2025/26 in terms of savings plans required as part of the agreed budget for the year and additional savings required to ensure the underlying funding gap is closed.
10. The Supporting People Framework remains a key element of the savings required in 2024/25 and the focus on reviewing care cost reductions has been increased, with lessons learned from 2023/24 fully embedded in changes in approach and prioritisation.
11. Whilst the reserves position now includes a general reserves (fully depleted during 2023/24 financial recovery) there is limited funding to support any shortfall or in year smoothing of savings or to meet additional pressures.
12. The scenarios and supporting information and assumptions recognise that the lasting and longer term impact of Covid-19 remains unclear and there are numerous factors that will change as we progress towards the 2026/27 budget.
13. The MTFP is a “living document” and will also be used to inform engagement with our partners in our future budget discussions, inform financial reporting and decision making. The financial strategy is one of a suite of strategic plans that will help shape how we plan for likely levels of service delivery, the models for doing so and for managing the tensions between demand and funded activity.
14. The report recognises that the challenges we are facing very much mirror the national position with a collective shortfall for health and social care in Scotland estimated at just under £0.5 billion.
15. The Scottish Government is expected to publish its forward financial plan for health and social care during June 2025 and any subsequent impact will be included locally.

16. Our Recovery and Renewal programme will be closed in the coming months and remaining activity (mainly the implementation of the Mosaic case recording system and non-residential charging), will be subsumed into the Change and Improvement programme under development and led by the Chief Officer.

## **CONSULTATION AND PARTNERSHIP WORKING**

17. The Medium Term Financial Plan is based on the 2025/26 opening budget agreed by the IJB, recognising the ongoing savings challenge for the current year and future potential cost pressures.
18. The Chief Financial Officer will continue to work in partnership with colleagues to further develop budget setting and financial planning process for future years. Detailed discussions with both partners will continue into 2025/26.

## **IMPLICATIONS OF THE PROPOSALS**

### Finance

19. In any one year the modelled cost pressure could range from £3.6 million to £8.6 million depending on the combination of factors. It needs to be recognised that the non-recurring pension gain for our social care workforce costs will end in 2026/27.
20. Given the level of uncertainty on future levels of funding it is not possible at this stage to model any funding increase with any level of certainty, although this does include a planning assumption that the NHS Agenda for Change pay award will be funded by the Scottish Government. Therefore only cost pressures are included in the “what if” scenarios at this time; this reflects the most prudent position i.e. flat cash.
21. As the future outlook becomes clearer then the assumptions and scenarios can be revised.
22. The Scottish Government budget settlement for each year will determine any specific funding conditions.

### Risk

23. The risk to the Integration Joint Board remains delivering a sustainable budget in 2025/26 and beyond. The plan includes a number of risks along with sensitivity assumptions.
24. Whilst 2024/25 showed significant improvement on the previous year, the IJB is in breach of its reserves strategy and needs to consider building reserves in the medium to longer-term.

### Workforce

25. There are no specific staffing implications in the MTFP however we recognise that capacity, recruitment and retention as well as staffing ratio models of care, continue to challenge. Our three year workforce plan is currently being refreshed and full consideration is included for the legislation relating to safer staffing.

26. The costs of the living wage and fair work practices are considered as part of the budget setting process and will include the impact of any Scottish Government conditions on the Living Wage rate as part of the care and support we purchase.

#### Equalities and Fairer Scotland Duty

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

#### **DIRECTIONS**

29. There are no directions arising from this report.

#### **CONCLUSIONS**

30. The Medium Term Financial Plan 2025/26 - 2029/30 will support strategic planning and decision making along with engagement on future budget discussions with our partners.

#### **RECOMMENDATIONS**

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

#### **REPORT AUTHOR**

Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)  
[lesley.bairden@eastrenfrewshire.gov.uk](mailto:lesley.bairden@eastrenfrewshire.gov.uk)  
0141 451 0746

11 June 2025

Chief Officer, IJB: Alexis Chappell

#### **BACKGROUND PAPERS**

IJB 26.06.2024 - Item 9. Medium Term Financial Plan  
[https://www.eastrenfrewshire.gov.uk/media/10463/IJB-Item-09-26-June-2024/pdf/IJB\\_Item\\_09\\_-\\_26\\_June\\_2024.pdf?m=1718814132170](https://www.eastrenfrewshire.gov.uk/media/10463/IJB-Item-09-26-June-2024/pdf/IJB_Item_09_-_26_June_2024.pdf?m=1718814132170)

IJB 26.03.2025 - Item 6. Budget 2025/26  
[https://www.eastrenfrewshire.gov.uk/media/11272/IJB-Item-6-26-March-2025/pdf/IJB\\_Item\\_6\\_-\\_26\\_March\\_2025.pdf?m=1741958660940](https://www.eastrenfrewshire.gov.uk/media/11272/IJB-Item-6-26-March-2025/pdf/IJB_Item_6_-_26_March_2025.pdf?m=1741958660940)



# East Renfrewshire Integration Joint Board

## Medium Term Financial Plan 2025/26 to 2029/30

(Subject to IJB approval 25 June 2025)

Document Title:	Medium Term Financial Plan					
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1.0	17/03/2019	Lesley Bairden				
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4.0	28/06/2023	Lesley Bairden				
5.0	26/06/2024	Lesley Bairden				
6.0	25/06/2025	Lesley Bairden				

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## 1. Executive Summary

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

The annual revenue budget for 2025/26 is £202.4 million and this will be spent delivering a range of health and social care services to the residents of East Renfrewshire. Significant progress was made during 2024/25 on embedding the Supporting People Framework, which is our criteria based approach to achieve the required savings, as one element of the £11.8 million target set, in order to minimise any legacy savings in 2025/26. This target was £2 million higher than the £9.8 million required to meet the gap in 2024/25 as part of our forward planning. With the exception of prescribing costs, where a c£2 million recurring gap has added to the 2025/26 challenge all other savings have been achieved on a recurring basis.

We know that the funding gap increases year on year as budget settlements are not keeping pace with cost pressures within health and social care, mainly driven by our increasing population, demand for services and acuity of need. The costs of prescribing through our GP practices is still a significant risk when looking at 2025/26 and beyond and work remains ongoing at a local and national level to address the pressures.

The financial outlook within this report provides a high level model of cost pressures and looks at low, medium and high scenarios and shows that the funding shortfall through to 2029/30 could range from £18.4 million to £32.6 million, recognising that this is subject to any mitigations resulting from funding settlements and that the health and care sector continues to operate in a fairly volatile environment.

The scale of the challenge means we are unlikely to achieve a sustainable position by doing more of the same and a more fundamental review of how services are delivered and funded is required.

## 2. Purpose

This medium term outlook allows the IJB and partners to consider the issues and decisions that will be required to plan ahead for future years.

This outlook, along with the detail that underpins it, allows the IJB to look at the impacts of funding constraints, differing scenarios, prioritisation and exploration of “what if” for any number of factors, with a focus on financial sustainability in the medium term.

The IJB needs to be financially sustainable to allow us to continue to plan for and deliver services in a continued difficult financial and challenging operational climate. Ideally we would have some flexibility to allow us to adapt, invest (even if very modestly), to support redesign and change models of service delivery to meet the needs of our population.

We may need to further retract services depending on the funding available to us in future years.

Recruitment and retention of our workforce, along with that of our partners, is a significant challenge to how we deliver services, including those we purchase from care providers. Our Strategic Commissioning Plan sets out how we will collaborate with our stakeholders and work together to create opportunities to shape the local health and social care environment to ensure that together we can progress the aims of our Strategic Plan 2025-2028 and be responsive to the changing needs and aspirations of the people of East Renfrewshire.

## 3. Strategic Plan 2025 to 2028

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

Our integrated approach means we remain well placed to understand the impacts and implications on the services we provide as we deal with the longer term impact of Covid-19, continued economic challenges and changes that may come from policy direction in the coming years.

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

The IJB is clear about the challenges and our Strategic Plan for 2025 to 2028 sets out our key three strategic priorities and 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.

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

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.

## Strategic Plan 2025-28 on a page

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

## 4. Local Context

### Background

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

Within the Eastwood locality our Eastwood Health and Care Centre provides social work, district nursing, rehabilitation, care at home, children & adolescent mental health (CAMHS) team and mental health services for adults and older people. Social work and health visiting services for children and young people are also provided from this building, as are a number of GP practices and clinics.

The Thornliebank Centre is based within the Eastwood locality and provides community pathways support for those with a learning disability. Bonnyton House provides residential care, palliative care and intensive rehabilitation services for older people.

Within the Barrhead (Levern Valley) locality our Barrhead Health and Care Centre provides services including GP and Dental practices, social work, district nursing, and rehabilitation and is also the base for the Learning Disability team, Children & Adolescent Mental Health (CAMHS) team and Speech and Language Therapy. Children & Families social work and health visiting teams are based in the adjacent council building. St Andrew's House is the location of the Community Addictions Team. The Barrhead Centre provides a base for community pathways support for those with a learning disability and is a hub for a range of community services.

- The Partnership also hosts four services on behalf of NHS Greater Glasgow & Clyde; the Learning Disability Specialist Services based in two in-patient buildings within the Greater Glasgow and Clyde area.
- The Learning Disability Community Services is also the lead partner for delivering health checks for adults with a learning disability across the entire greater Glasgow and Clyde area
- The Scottish Centre of Technology for the Communication Impaired (SCTCI) service which provides specialist equipment across the board along with a national assessment service.
- The Autism service providing assessment and diagnosis across the health board area.

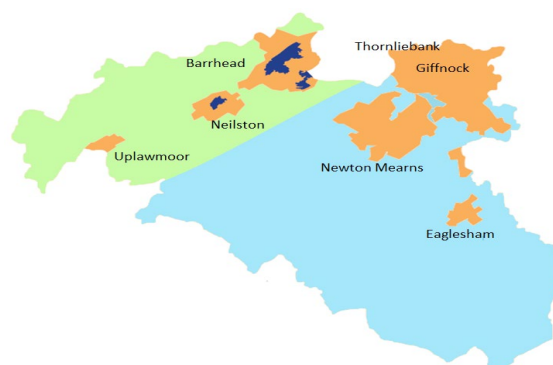
In addition to the 8 GP practices located within our two Health and Care Centres we currently have 7 with their own premises. Given the population demographics and impact from factors such as new housing we recognise that the number of practices we will need is likely to increase. We are working closely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

The use of our buildings and the way we work was significantly impacted during the response to the pandemic and latterly in the recovery period. We regularly review how we use our space so we can optimise the use of all our buildings and adapt to changes in how we deliver services. We are currently working on establishing a Recovery Hub within the Barrhead Health & Care Centre building, however the Hub will be stand-alone service with its own access and outside space.

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

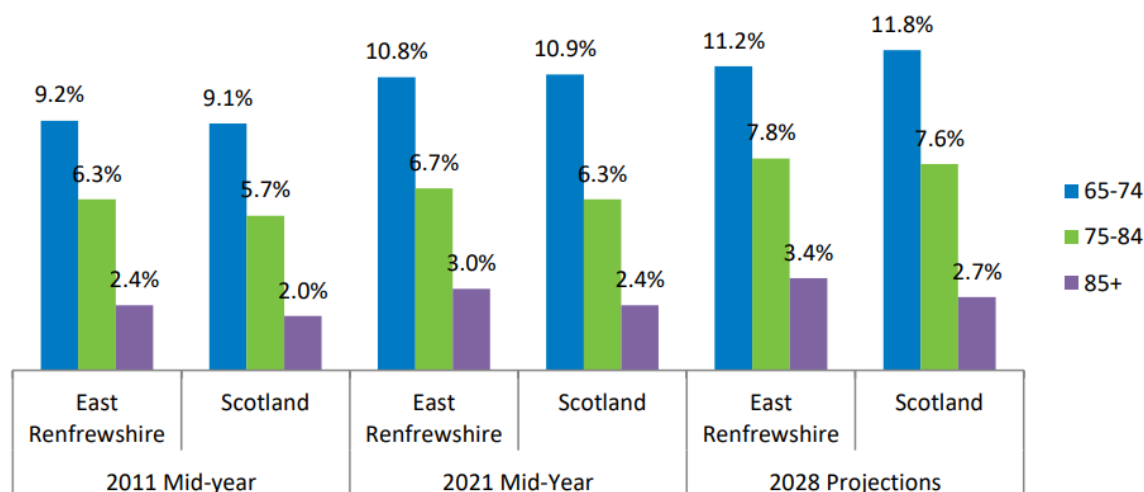
### Our population demographic is one of our main challenges

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.

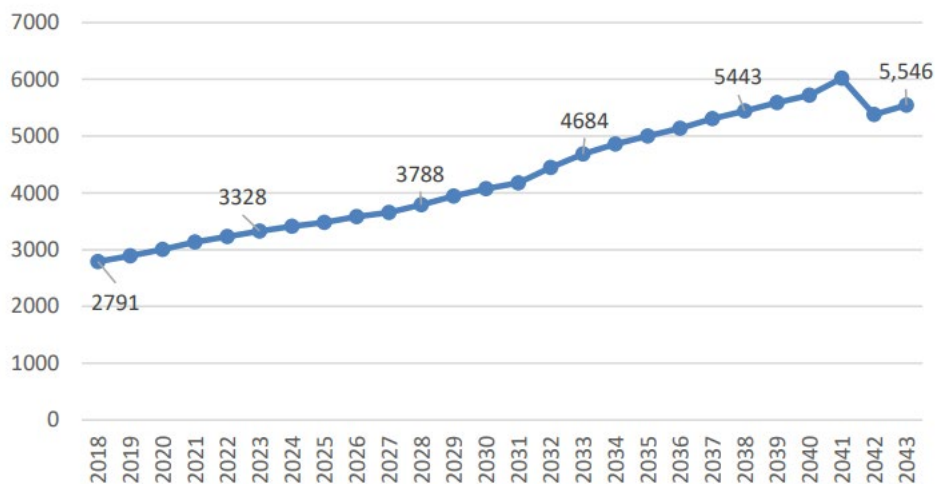


These changes impact the decisions we make on the provision of health and social care in East Renfrewshire. Our population is changing with a corresponding increase in the health and care needs of our residents. The projections highlight that there will be an increase in the young and older population, 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**

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, within the Barrhead Locality, experiencing significant disadvantage and poorer health and wellbeing outcomes.

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.

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.

## 5. National Context

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

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

**Economic challenges** impact the public sector at both a global and national perspective.

The **Global economy** is projected to remain resilient despite significant challenges, according to the OECD's latest economic outlook<sup>1</sup> which projects global GDP growth of 3.3% in 2025, up from 3.2% in 2024, and 3.3% in 2026. Inflation is expected to ease further, from 5.4% in 2024 to 3.8% in 2025 and 3.0% in 2026, supported by the restrictive stance of monetary policy in most countries.

Growth prospects vary significantly across regions. GDP growth in the United States is projected to be 2.8% in 2025, before slowing to 2.4% in 2026. In the euro area, the recovery in real household incomes, tight labour markets and reductions in policy interest rates continue to drive growth. Euro area GDP growth is projected at 1.3% in 2025 and 1.5% in 2026, whilst growth in Japan is projected to expand by 1.5% in 2025 but then decline to 0.6% in 2026. China is expected to continue to slow, with GDP growth of 4.7% in 2025 and 4.4% in 2026.

The most significant risk to the IJB from the global economic position is the impact on prescribing. Whilst procurement is through Scottish and UK contractual arrangements the supply comes from the global markets with a wide range of factors impacting on price as well as supply and demand constraints.

The **UK economy**<sup>2</sup> is projected to grow by 1.0 per cent in 2025, half the 2.0 per cent previously assumed in October 2024. This includes cyclical, temporary, factors including higher interest rate expectations, increases in gas prices, and elevated uncertainty. GDP growth is expected to accelerate to 1.9 per cent in 2026 as monetary policy eases, gas prices fall back, and slack in the economy is taken up. Growth then averages 1¾ per cent over the rest of the decade.

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<sup>1</sup> The OECD (Organisation for Economic Co-operation and Development) is a forum and knowledge hub for data, analysis and best practices in public policy.  
<https://www.oecd.org/en/about/news/press-releases/2024/12/economic-outlook-global-growth-to-remain-resilient-in-2025-and-2026-despite-significant-risks.html>

<sup>2</sup> Office for Budget Responsibility: Economic and fiscal outlook March 2025  
[https://obr.uk/docs/dlm\\_uploads/OBR\\_Economic\\_and\\_fiscal\\_outlook\\_March\\_2025.pdf](https://obr.uk/docs/dlm_uploads/OBR_Economic_and_fiscal_outlook_March_2025.pdf)



There remains considerable uncertainty about how to interpret recent developments in UK labour force, GDP, and productivity data, and in US and global trade policy.

Interest rate expectations show the Bank Rate is expected to fall from its current level of 4.5 per cent to 3.8 per cent from mid-2026 onwards.

The **Scottish economy**<sup>3</sup> strengthened in 2024 with a moderate pickup in GDP growth following two years of largely flat output, and continued to grow into the beginning of 2025. This was coupled with lower and more stable inflation leading to the start of gradual loosening in monetary policy and forecasts of strengthening growth for the coming year.

However 2024 was very much a year of two halves with the pace of growth slowing in the second half of the year and inflation expectations for the year ahead rising. The last six months in particular has seen a significant shift in the economic landscape arising from an increase in domestic and international uncertainty, contributing to a weakening in business and consumer sentiment and resulting in a sharp downward revision to forecasts for the year ahead.

Furthermore, the US implementation of increased tariffs on goods imports into the country has generated significant volatility as markets react to the announcements and other countries and regions consider their response. Increased tariffs and the current scale of economic uncertainty has also raised expectations of a further downward revision in the economic outlook across countries.

The cost of pay **inflation** is still comparatively high and although inflation across a range of goods and services (CPI) has fallen since its peak at 11% in 2022 and was 3.5% at April 2025, this is still well above the UK target of 2%.

Our population and households are not impacted equally by the cost of living crisis and we know those with lower income are disproportionately affected.

### **The Scottish Government Medium Term Financial Strategy**

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

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<sup>3</sup> <https://www.gov.scot/publications/scottish-economic-insights-april-2025/pages/2/>

Work remains ongoing to adopt a mechanism to implement the intentions for the set aside budget for large hospital services, a delegated planning responsibility to the IJB. This is supported by an Unscheduled Care Commissioning Plan and financial framework with the six IJBs who operate within the NHS Greater Glasgow and Clyde boundary.

The Scottish Government is expected to publish its medium term financial plan, including health and social care in June 2025.

### **Audit Scotland Integration Joint Boards Finance Bulletin 2023/24**

This report, published in March 2025, recognises that demographic shifts are driving an increase in demand and complexity of health and care needs and that the pressures are escalating; with higher demand, workforce difficulties and financial strains, aggravated by inflation. There are six key messages included within this report:

- 1) Integration Joint Boards' (IJBs) finances continue to be precarious. IJBs 2023/24 funding has increased in real terms compared to 2022/23 but there is a concerning picture of continued overspending, depletion of reserves and required savings being met through one-off rather than recurring savings.
- 2) The majority of IJBs reported a deficit on the cost of providing services requiring unplanned use of reserves and additional contributions from partner bodies:
  - a. Total reserves held by IJBs have reduced by 40% in 2023/24. Contingency reserves have almost halved, limiting IJBs ability to address future deficits. Nine IJBs now do not hold any contingency reserves reducing their financial flexibility and increasing the risk to their financial sustainability.
  - b. NHS boards and councils face significant financial challenges themselves and IJBs cannot continue to rely on their partners being able to find additional money to support them during the year. IJBs need to agree budgets that are realistic and transparent and to have strategies in place to manage in-year risks.
- 3) The majority of the total planned savings were achieved, but a substantial proportion were achieved on a one-off basis meaning these non-recurring savings need to be carried forward and covered each year to balance future budgets.
- 4) The financial position is set to worsen with a projected funding gap of £457 million in 2024/25. The budget process needs collaboration with partners and candid conversations with communities about the impact of the savings needed to set a balanced budget. The budgets and proposed savings need to be realistic and achievable.
- 5) A continued high turnover of chief officers and chief finance officers adds to the risks around effective strategic planning and decision-making.

- 6) IJBs need to be working collaboratively with each other and with their NHS and council partners to find ways to transform services so that they are affordable. Investment in prevention and early intervention is needed to help slow the ever-increasing demand for services, the cost of more complex care and, improve the experience and outcomes for people.

### National Policy and Legislation

The IJB may be impacted by changes in UK and Scottish Government legislation and/or policy decision. These may result in immediate impact in any one year or develop over a longer period. It is important that the IJB can plan ahead with cognisance of any likely financial impacts. Current considerations include:

- National Care Service; a **National Care Advisory Board** will be established, replacing the previously proposed structural changes to the sector. This board will include people with lived experience of accessing care services, unpaid carers, those who work in the sector, care providers, the third sector, trade unions, the NHS and local government. This board will support the review of Health and Social Care Standards and offer targeted assistance to areas that fail to meet agreed standards. The board will also advise on various national programmes, including the Carers and Dementia Strategies, the Getting It Right for Everyone (GIRFE), Delayed Discharge and the Drugs Mission. IJBs will continue to oversee social care and health, with a focus on increasing accountability and transparency.
- The **Health and Care Staffing (Scotland) Act 2019** went live in 2024 and this legislation sets out duties for Health and Social Care Providers to provide safe, high quality services to achieve the best outcomes for service users. In order to achieve high standards of care there is a requirement to ensure there are suitably qualified and competent staff working to provide the right care at the right time. This will be reflected in the next refresh of our Workforce Plan (currently 2022-2025) and implementation is ongoing with a health board wide working group to support developments and ensure compliance. Our workforce is the most significant asset of the IJB.
- **Home Office Asylum Seeking** policies mean we continue to see significant increases in the number of unaccompanied asylum seeking children and whilst there is some funding from the Home Office to support individuals there can be significant cost pressures depending on the nature if the required placement. Support to individuals and families also means an increase in use of many universal services, such as health visiting, GP and dentists.
- **Primary Care Improvement Plan** funding supports the GP contract delivery and our plans include both local and system wide work. The ongoing post Covid-19 impact and population increases directly impact on demand for GP services and

informs future planning for services, albeit capacity for property development is constrained to any future funding that may become available.

- **Mental Health Action 15** funding supports the Scottish Government programme of work to increase the number of mental health practitioners. This work is alongside the NHSGGC wide **Mental Health Strategy 2023-2028** where plans include both local and Greater Glasgow and Clyde system wide work to support the post pandemic demand for mental health services. A financial framework across the six partnerships within NHS Greater Glasgow & Clyde will ultimately support the strategic redesign of services towards community based provision.
- The **Scottish Living Wage** level is set by the government and determines the minimum hourly rate of pay for adult and children's social care workers in the services that are commissioned. Funding is provided as part of the Scottish Government budget to meet this cost and working assumption is that this will continue to be funded.
- **The Promise** is Scottish Government commitment to care experienced young people and children that they will grow up loved, safe and respected. And by 2030, that promise must be kept. This is a key driver for much of the work directed by the IJB.
- **The United Nations Convention on the Rights of the Child** is incorporated into Scottish Law, meaning that the "best interests of the child" is upheld in all situations within all public services. This is reflected in both **The Promise** and in **Getting it Right for Every Child (GIRFEC)**.
- **The Scottish Child Abuse Inquiry** was set up on 1 October 2015 and is studying the nature and prevalence of abuse in Care in Scotland from living memory to 2014. The Inquiry is raising public awareness of the historical abuse of children in Care and provides an opportunity for public acknowledgement of the suffering of those children. The Inquiry hears evidence from people who were in Care, organisations who provided the Care, and expert witnesses. Victims have the right to pursue personal injury claims.
- Changes to **taxation or other fiscal policy** may impact the IJB and the wider health and care sector, with a recent example being the change to Employers National Insurance thresholds and rates. This UK change, whilst part funded for the public sector, has resulted in unfunded cost pressures both within the IJB staffing costs and in the wider care provider market. The impact this may have is not yet clear. There is continued pressures to increase the rates we pay for a number of existing national contracts and procurement frameworks. Without additional funding the only way to fund this would be through reducing services to manage within the budget available or to identify further savings.

## 6. Medium Term Financial Outlook

### Funding

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

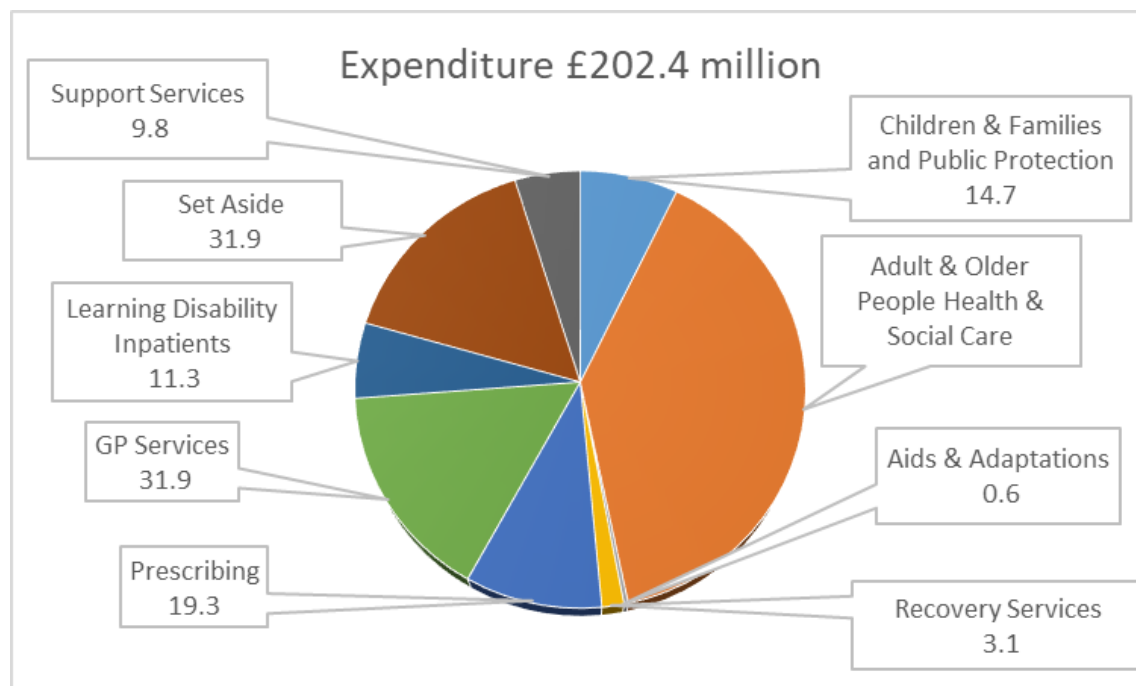
We recognise that these contributions are determined in the context of our partner funding settlements and any associated criteria and constraints. The IJB is engaged with partners in their respective budget setting processes.

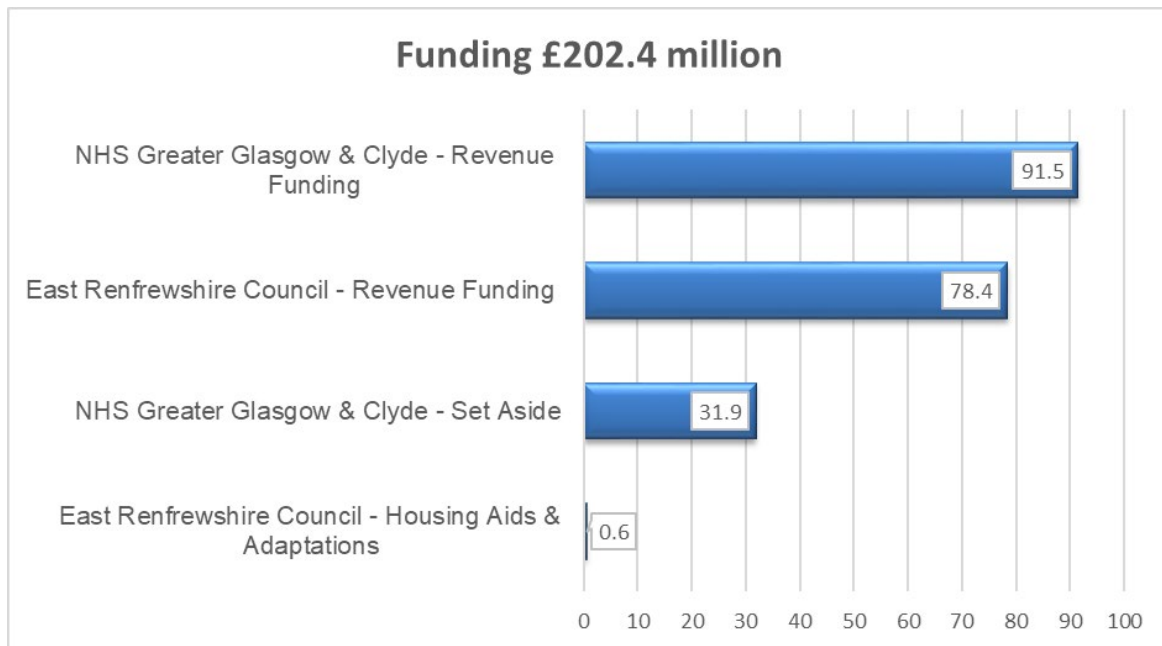
The cost pressures over the coming years relate to demand for services, legislative and policy changes, increasing population, inflation and economic uncertainty. As outlined earlier in this report our population dynamics present a real challenge as the demand for services and complexity of need is outstripping funding year on year.

Prescribing costs and volume reflect the population need and further volatility results from factors such as a short supply of drugs, new drugs to the market, existing drugs coming off patent and other price mechanism changes, with inflation on the cost of drugs remaining high.

### Our Budget 2025/26

The opening budget for 2025/26 is £202.4 million and this will change during the year for any additional funding or adjustments to our budget.





Our budget broadly falls into two types of spending;

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

The revenue budgets for those “day to day” health and social care services delivered by the HSCP is £169.9 million, with a further £0.6 million community justice funded by grant. We usually receive other ad-hoc funding and grants throughout the year to support various initiatives and this is reported within our routine financial reporting.

We also receive funding allocations for specific Scottish Government initiatives such as Primary Care Improvement Fund (c£2.9 million), Mental Health Action 15 (c£0.5 million) and Alcohol & Drugs Partnership (c£0.8 million) each year. In the event there are any ring-fenced reserve balances against these funds it is likely that the Scottish Government will continue to offset any uncommitted balances from the in-year allocation. The allocations for 2025/26 are not yet known and it is difficult to forward plan for these initiatives as the HSCP is not in a financial position to underwrite any risk. However the Scottish Government has indicated funding levels will be in line with 2024/25.

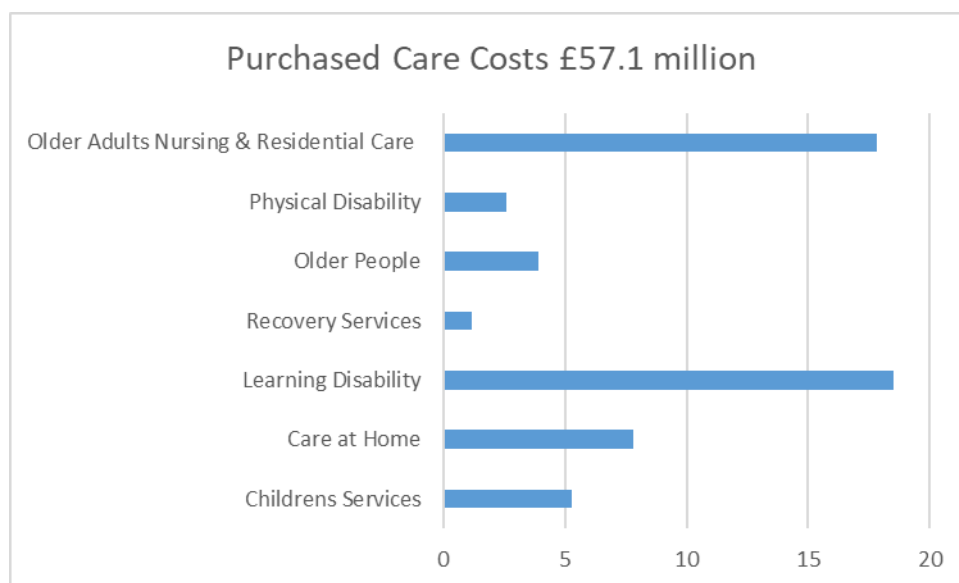
We host the Learning Disability Specialist Services, Learning Disability Health, Checks, Adult Autism and the Augmentative and Alternative Communication Service on behalf of the other five HSCPs within the Greater Glasgow and Clyde area, totalling c£11.5 million and this cost is currently met by the HSCP.

Similarly four of the other five HSCPs host one or more services on behalf of the other HSCPs. Our use of a range of services is around £15.7 million but the costs are met by the host HSCP under current arrangements.

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

### Our Current Purchased Care Costs

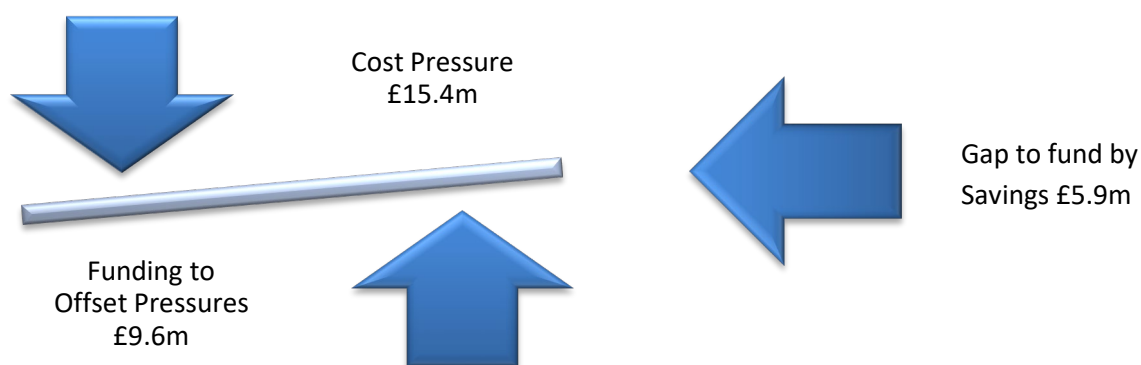
The care that we purchase from a range of providers currently costs around £57.1 million for a year and this is funded in part by individual contribution (nursing and residential care) and resource transfer. The chart below shows how this relates to care groups:



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

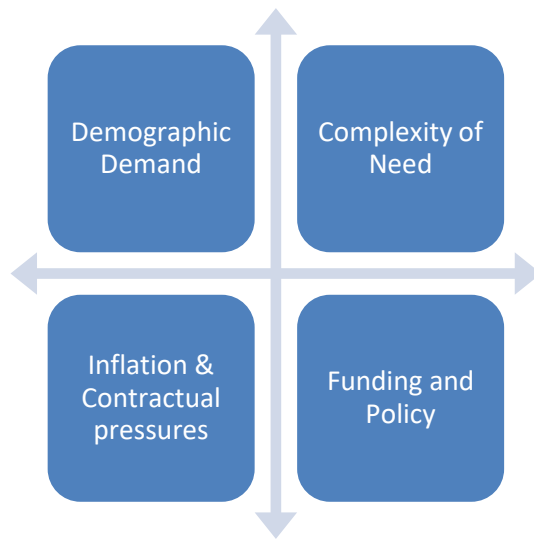
### Cost Pressures 2025/26

Within our 2025/26 budget of £202.4 million the estimated cost pressures are £15.412 million, offset in part by available funding of £7.485 million and the non-recurring pension gain of £2.067 million leaving a funding gap for the year of £5.860 million to be closed through savings.





Our cost pressures are driven by



<b>Revenue Budget Pressures</b>	<b>ERC £m</b>	<b>NHS £m</b>	<b>Total £m</b>
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
	<b>9.774</b>	<b>5.638</b>	<b>15.412</b>
2. Funding available towards pressures			
Recurring Policy Funding	(3.253)	(2.238)	(5.491)
Additional Funding from Partners	(1.309)	(0.685)	(1.994)
	<b>(4.562)</b>	<b>(2.923)</b>	<b>(7.485)</b>
3. Non-Recurring Pension Gain	<b>(2.067)</b>		<b>(2.067)</b>
4. Unfunded Cost Pressures	<b>3.145</b>	<b>2.715</b>	<b>5.860</b>
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)
	<b>(3.145)</b>	<b>(2.715)</b>	<b>(5.860)</b>
<b>Remaining Gap 2025/26</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>
<b>Recurring Gap 2025/26</b>	<b>1.676</b>	<b>0.683</b>	<b>2.359</b>



Whilst the budget for the year is balanced this included a number of non-recurring elements and when these are stripped out the underlying position is a recurring gap of £2.359 million and work is ongoing to ensure plans are in place to address this before April 2026.

<b>Summary Table</b>	<b>ERC</b>	<b>NHS</b>	<b>Total</b>
	<b>£m</b>	<b>£m</b>	<b>£m</b>
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)
<b>Gap 2025/26</b>	<b>0.000</b>	<b>(0.000)</b>	<b>(0.000)</b>
<b>Recurring Gap</b>			
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
<b>Recurring Gap**</b>	<b>1.676</b>	<b>0.683</b>	<b>2.359</b>
<b>** Assumes non residential charging of £1.5m in place for 2026/27</b>			
<b>* Support of up to £1.5m in 2025/26</b>			

We have minimal reserves to offset any shortfall, following our financial recovery process in 2023/24.

The budget agreed by the IJB on 26 March 2025 sets out the detail behind each of the cost pressures and it is important to note that these include contractual and policy requirements that must be met.

Whilst the scale of this challenge is significant to East Renfrewshire, particularly as one of the smaller HSCPs this is not unique; the national position across all public sector services shows a challenging financial outlook, with funding pressures including; pay, inflation, demand & complexity, demographics, transitions from child to adult services, prescribing costs & volume and recruitment & retention challenges.

During the period of this plan we will implement any policy decisions as directed by the Scottish Government along with any recommendations or specific actions that may arise from the national care service advisory board.

We continue to work alongside our partners to deliver our respective services with a fully integrated approach recognising our collective outcomes to deliver the best services we can for our residents.

Whilst the 2025/26 budget is a great improvement on the prior year this will still be a challenging year, with a difficult medium term outlook.

## Looking Ahead to 2026/27 to 2029/30

The level of potential cost pressures set out in the scenarios below are based on “what if” percentage levels of pressure and are not an indication of where any settlement or agreement may crystallise. This allows us to look forward using the current year and the latest intelligence to plan for possible scenarios. The further ahead we look the less certainty of any assumption; even short term assumptions carry a high degree of uncertainty in the current climate.

It also needs to be recognised that these scenarios are showing the potential level of cost pressure and do not make any allowance for any funding that may offset a future cost. Again given the current levels of uncertainty it is unwise to assume anything beyond a flat cash approach at this time, with the exception of the Scottish Government indication that the cost of the pay award will be funded for our NHS workforce.

In the event that additional funding becomes available this will reduce the level of cost pressure, depending on the nature and requirements that may be attached. By illustrating this “flat cash” approach this allows the IJB to see the scale of the challenge ahead, recognising this may be mitigated in the event of any increase in funding.

The scenarios below show that in any of the next four years the modelled cost pressure could range from £3.6 million to £8.6 million depending on the combination of factors set out in the low, medium and high illustrations.

The assumptions are predicated on full and recurring delivery of the 2025/26 savings including the underlying shortfall.

### Scenario 1 – “what if” lower level of cost pressures

MODELLED SCENARIO LOW - Per Year				
Modelled % Increases	2026/27	2027/28	2028/29	2029/30
Inflation - Pay	3%	2%	1%	1%
Inflation - Care and Contractual	4%	4%	2%	2%
Demographics and Demand	3%	3%	3%	3%
Prescribing	5%	4%	3%	3%
Modelled Cost Pressure	£m	£m	£m	£m
Inflation - Pay	0.9	0.6	0.3	0.3
Inflation - Care and Contractual	2.5	2.5	1.2	1.2
Demographics and Demand	1.5	1.5	1.5	1.5
Prescribing	1.0	0.8	0.6	0.6
<b>Total Pressures per year</b>	<b>5.8</b>	<b>5.3</b>	<b>3.6</b>	<b>3.6</b>
Cumulative Pressure 2026/27 to 2029/30				18.4

## Scenario 2 – “what if” medium level of cost pressures

MODELLED SCENARIO MEDIUM - Per Year				
Modelled % Increases	2026/27	2027/28	2028/29	2029/30
Inflation - Pay	3%	3%	3%	2%
Inflation - Care and Contractual	5%	4%	4%	3%
Demographics and Demand	4%	4%	4%	4%
Prescribing	6%	5%	4%	4%
Modelled Cost Pressure	£m	£m	£m	£m
Inflation - Pay	0.9	0.9	0.9	0.6
Inflation - Care and Contractual	3.1	2.5	2.5	1.8
Demographics and Demand	2	2	2	2
Prescribing	1.2	1.0	0.8	0.8
<b>Total Pressures per year</b>	<b>7.1</b>	<b>6.3</b>	<b>6.1</b>	<b>5.2</b>
Cumulative Pressure 2026/27 to 2029/30				24.8

## Scenario 3 – “what if” high level of cost pressures

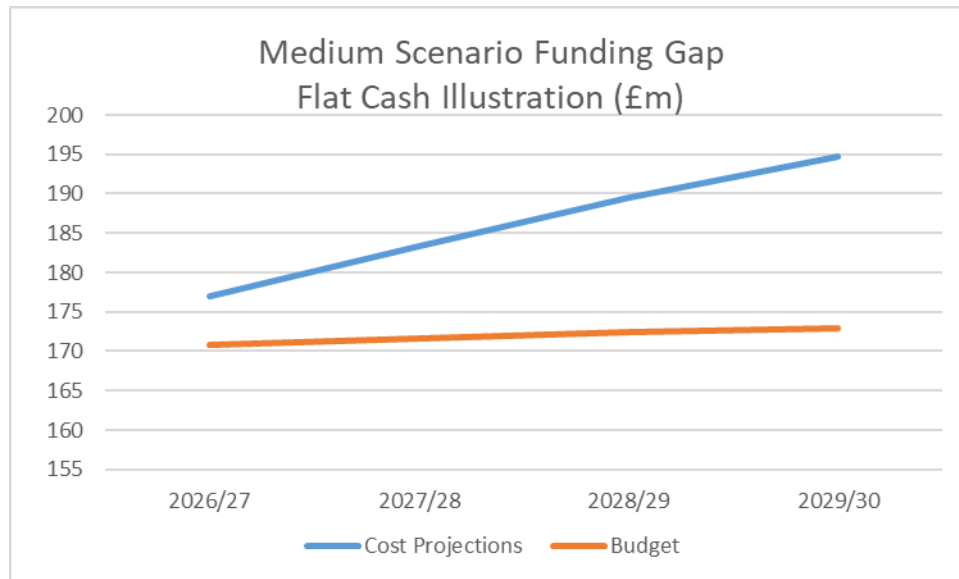
MODELLED SCENARIO HIGH - Per Year				
Modelled % Increases	2026/27	2027/28	2028/29	2029/30
Inflation - Pay	4%	4%	4%	4%
Inflation - Care and Contractual	6%	6%	6%	4%
Demographics and Demand	5%	5%	5%	5%
Prescribing	6%	6%	5%	5%
Modelled Cost Pressure	£m	£m	£m	£m
Inflation - Pay	1.2	1.2	1.2	1.2
Inflation - Care and Contractual	3.7	3.7	3.7	2.5
Demographics and Demand	2.5	2.5	2.5	2.5
Prescribing	1.2	1.2	1.0	1.0
<b>Total Pressures per year</b>	<b>8.6</b>	<b>8.6</b>	<b>8.4</b>	<b>7.1</b>
Cumulative Pressure 2026/27 to 2029/30				32.6

There is always a possibility that the Scottish Government budget settlement may allow for some funding and / or the IJBs funding partners are in a position to support with additional funding to the IJB and all scenarios are subject to the terms of the Scottish Government budget settlement.

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

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

Using the medium term scenario above the gap between costs and funding will grow as every year passes:



There are a number of areas where caseload numbers or staffing ratio to patients will determine necessary changes to the workforce.

We are at the stage where we cannot do “more of the same” in our approach to savings and a more radical approach is required. We will need to develop a programme of review across all services. We will continue to work with a range of partners to look at any system wide opportunities to minimise costs and mitigate, as best we can, the impact resulting from increasing demand versus reducing resources.

The pay increases for 2025/26 have not yet been agreed for part of our workforce so the impact to the current and future years may require review. The working assumption is the costs of pay increases for our NHS employed staff will be funded by the Scottish Government.

Inflation for care costs needs to allow for fair work policies, workforce and economic challenges, where funded policies allow for this. For the 2025/26 budget settlement the Scottish Living Wage increased from £12.00 to £12.60 per hour and as with prior years this has been applied to pay element of the contract hourly rate as directed by Scottish Government. The Scottish Government will determine the Living Wage rate as a policy decision along with any associated funding.

Demographic and Demand recognises both changes in population and in acuity of need. This also includes the cost of young people moving to adult care. The long-term post Covid-19 impact on complexity and demand is still unclear, however the population in East Renfrewshire continues to grow particularly at the older and younger ends of the age spectrum. We are seeing increasing complexity of need across a range of care groups.

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

Prescribing will not only rise in line with population increases but is also subject to many other factors. This area is so volatile it is difficult to accurately predict; system wide work is in place across NHS Greater Glasgow and Clyde to support the delivery of a range of actions to mitigate some of the cost pressures we are seeing.

## Reserves

We continue to report the tension between holding reserves and protecting our services as much as possible from savings. This IJB has been in breach of its policy of holding useable reserves of 2% for some years and reserves were depleted during 2023/24 as part of financial recovery.

The projected reserves balance (subject to the audit of the 2024/25 Annual Report and Accounts) to 31 March 2025 is £3.195 million and can be summarised into the following categories:

Reserves Provisional Balance at 31 March 2025	£m
Scottish Government ring-fenced initiatives; fully committed and unable to apply to general use.	0.860
Earmarked funding for specific projects and initiatives	0.853
General reserves	1.482
Total	3.195

The application of the general reserve will be considered by the IJB as required and whilst modest, shows some progress in our journey from financial recovery.

The ring-fenced reserve includes £0.489 million to support the development of a Recovery Hub.

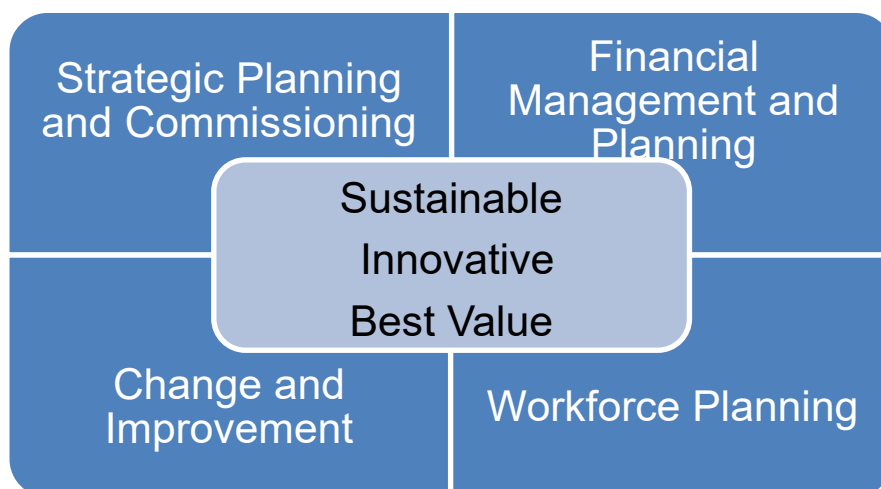
## Key Challenges

The most significant challenges for 2025/26 and beyond include:

- continued delivery of savings to support financial sustainability, recognising this is at odds with a focus on prevention and the difficulty increases as the cumulative savings increase
- “doing more of the same” in identifying savings will not work, we need to review every service in detail as part of a Change and Improvement programme of work to be developed
- working with the Scottish government recognising the national scale of the challenge across health and social care, in the context of a collective £0.5 billion shortfall

- managing the real tension between reduced service capacity as a result of the cumulative impact savings in prior years whilst maintaining system wide services including discharge without delay from hospital
- understanding the longer term impacts of Covid-19 on mental and physical health in the longer term, we are seeing increased levels of complexity and acuity of need
- continued recruitment and retention of our workforce within the HSCP and our wider partner workforce, recognising the risk of market sustainability challenges
- managing prescribing demand and costs in partnership with our GPs and wider population
- supporting the physical and mental health and wellbeing of our workforce and our residents
- meeting increased demand for universal services without funding for growth, including increased population demand and new care homes opening within the area

## 7. Our Response



The savings delivery during 2024/25 was fundamental to mitigating legacy pressures in 2025/26 and beyond with £9 million delivered on a recurring basis.

The Supporting People Framework, our criteria based approach to care prioritisation, is fully embedded.

Work is ongoing in relation to the introduction of non-residential charging.

Our existing Recovery and Renewal programme has delivered much of the programme and the key projects which remain are the implementation of Mosaic, our

case recording system, due to go live in the October 2025 along with non-residential charging. A new Change and Improvement programme of work will be developed to support a review of all services to promote and ensure continued efficiency and allow us to continue to evolve, adapt and innovate.

The Change and Improvement programme of work we are developing with our new Chief Officer, will mitigate, where possible, our increasing cost pressures. We will continue to work with partners on wider redesign and strive to be as efficient as we can. We need to be a part of the national solution needed to ensure our services can be funded at a sustainable level to meet the needs of our population.

The modelled cost pressures range from £3.6 million to £8.6 million across the scenarios over the next four years, so what could this mean when considering budget settlement implications:

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

For a budget falling into the range of average we are unlikely to be able to deliver savings without further impact to the services we deliver and to our workforce; we would need to consider reduction or cessation of some services.

For a budget falling into the poor range it is increasingly possible the IJB will be unable to set a balanced budget in future years.

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

## 8. Risk and Sensitivity

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

Successfully closing the 2025/26 funding gap is a fundamental assumption when assessing future cost pressures. Any shortfall will impact on future year pressures and on financial sustainability. Whilst we are building back some reserves flexibility this may only temporarily bridge any funding gap.

There is a professional judgement and balance needed when estimating and planning for future savings to ensure deliverability, clarity on impact and that there are no unintended consequences or inequity.

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

Impact of 1% Change	£m
Pay	0.6
Inflation and Policy (including care costs)	0.6
Prescribing	0.2
Demographic and Demand	0.5

A change of 1% to the 2025/26 contribution from each partner would equate to:

Impact of 1% Change	£m
ERC Contribution	0.8
NHSGGC Contribution	0.9
NHSGGC Set Aside Budget	0.3
ERC Housing Aids & Adaptations	negligible

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

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

The ability to deliver significant savings on an ongoing basis.

The impacts of legislative, political or policy changes.

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

The Learning Disability In-Patient Service can incur significant cost pressures depending on the complexities of the individuals within the service at any time. The service is operating within different accommodation in 2025/26 and at this stage any cost implications are not clear.

Prescribing has always been volatile due to the numerous factors involved and without any reserve to smooth this impact this is presenting the most significant pressure within primary care. There are NHSGGC wide and local action plans developed to help address this pressure, which is not unique to East Renfrewshire IJB.





<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>  <b>Held on</b>	Integration Joint Board  25 June 2025
<b>Agenda Item</b>	10
<b>Title</b>	Annual Performance Report 2024/25
<b>Summary</b>  This report provides members of the Integration Joint Board with the Annual Performance Report for the Health and Social Care Partnership for 2024-25. This is our ninth Annual Performance Report and outlines performance in relation to the delivery of our Strategic Plan 2022-25. The Annual Performance Report is a high level, public facing report. It summarises the performance of the HSCP against agreed local and national performance indicators and outlines the ways we have delivered services and supports during the year.	
<b>Presented by</b>	Steven Reid Policy, Planning and Performance Manager
<b>Action Required</b>  The Integration Joint Board is asked to: <ul style="list-style-type: none"> <li>• Note and comment on the contents of the Annual Performance Report 2024-25;</li> <li>• Approve the report, subject to any amendments, for submission to the Scottish Government and publication by the deadline of 31 July 2025.</li> </ul>	
<b>Directions</b> <input checked="" type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<b>Implications</b> <div> <input type="checkbox"/> Finance           <input type="checkbox"/> Risk         </div> <div> <input type="checkbox"/> Policy           <input type="checkbox"/> Legal         </div> <div> <input type="checkbox"/> Workforce           <input type="checkbox"/> Infrastructure         </div> <div> <input type="checkbox"/> Equalities           <input type="checkbox"/> Fairer Scotland Duty         </div>

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**25 June 2025**

**Report by Chief Officer**

**ANNUAL PERFORMANCE REPORT 2024/25**

**PURPOSE OF REPORT**

1. This report provides members of the Integration Joint Board with the Annual Performance Report for the Health and Social Care Partnership for 2024-25.

**RECOMMENDATIONS**

2. The Integration Joint Board is asked to:
  - Note and comment on the contents of the Annual Performance Report 2024-25;
  - Approve the report, subject to any amendments, for submission to the Scottish Government and publication by the deadline of 31 July 2025.

**BACKGROUND**

3. The Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Joint Boards to publish an Annual Performance Report, setting out an assessment of performance in planning and carrying out those functions for which they are responsible. The 2014 Act requires publication of the report within 4 months of the end of the financial year being reported on, therefore by 31 July each year.
4. The Public Bodies (Joint Working) (Scotland) 2014 Act requires that publication of the report should include making the report available online, and should ensure that the Report is as accessible as possible to the public. Guidance suggests that partnerships may wish to consider a range of media to engage with the public, illustrate performance and disseminate the Performance Report. The Integration Joint Board must also provide a copy of this report to each constituent authority (NHS Greater Glasgow & Clyde and East Renfrewshire Council).
5. The required content of the performance reports is set out in The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014. In addition Scottish Government has issued guidance for the preparation of performance reports:
  - Performance against national health and wellbeing outcomes.
  - Performance in relation to integration planning and delivery principles.
  - Performance in relation to strategic planning and any review of strategic plan during year.
  - Financial planning, performance and best value.
  - Performance in respect of locality arrangements.
  - Inspections of services.

6. Subject to approval of the report by the Integration Joint Board, the report will be published on our website by 31 July and promoted through appropriate media channels.

## REPORT

7. The Annual Performance Report sets out how we delivered on our vision and commitments over 2024-25 recognising the continuing challenges facing the health and social care sector in terms of changing patterns of demand and continuing financial constraints. This is our ninth Annual Performance Report. We review our performance against agreed local and national performance indicators and against the commitments set out in our Strategic Plan for 2022-25. The report is principally structured around the priorities set out in our strategic plan, linked to the National Health and Wellbeing Outcomes as well as those for Justice and Children and Families.
8. The main elements of the report set out: the current strategic approach of the HSCP (in line with the HSCP Strategic Plan 2022-25); how we have been working to deliver our strategic priorities and meet the challenges of the pandemic over the past 12 months; our financial performance; and detailed performance information illustrating data trends against key performance indicators.
9. The report meets the requirements of the national statutory guidance and is a static 'backward looking' review of activities and performance during the previous financial year.
10. National performance indicators can be grouped into two types of complementary measures: outcome measures and organisational measures.
11. The national outcome measures are based on survey feedback available every two years from a national survey of people taken from a random sample based on GP practice populations. The respondents have not necessarily used HSCP services. The most recent data comes from the 2023/24 survey. The HSCP also collects local data relating to people who have used our services and supports. This is included in the report as it is collected throughout the year and can be tracked over a longer time period.
12. The national organisational measures are taken from data that is collected across the health and care system for other reasons. In all cases we have included the latest available data. The updated indicators may not represent the full end year position as some of the data completion rates are not yet 100% but will be the most up-to-date data available at the statutory deadline. We have identified 'provisional' figures in the report.
13. The remaining performance information in the report relates to the key local indicators and targets developed to monitor progress against our Strategic Plan 2022-25. Our performance indicators illustrate progress against each of the nine strategic priorities. Chapter 4 of the report gives trend data from 2016-17 and uses a Red, Amber, Green status key to show whether we are meeting our targets.
14. In addition to activity and performance in relation to the nine strategic priorities the report includes a section on our hosted Specialist Learning Disability Service.

## Our performance

15. The data shows that throughout 2024-25, we have continued to maintain and deliver safe and effective services to our residents. Our performance information shows that despite this very challenging period, there has been strong performance across service areas. Over the year, we have seen continuing collaborative working across the HSCP and with our independent, third and community sector partners.
16. Headline performance information by service area is given below.

### Supporting children and families

- Percentage of children looked after away from home who experience 1 or more placement moves increased to 27.1% up from 14.4% in previous year (latest data 23/24). This indicator is impacted by small numbers of children.
- 89% of care experienced children supported in community rather than a residential setting (23/24 figure) – a high rate and very slightly better than the Scottish average (88.8%) but performance dropped slightly from the previous year.
- Child protection re-registrations within an 18 month period have returned to 0% from 12.5% in 2022/23. The increase was due to a very small number of children requiring re-registration in the previous year (latest data 23/24).
- Child protection - % of child protection cases assessed as having increased level of safety declined from 100% to 87% for 24/25. Further protection measures were taken by the multi-agency team for all cases where scores decline.

### Supporting people to maintain their independence at home

- 63.4% of adults needing care receive personal care at home or direct payments for personal care, consistent with the previous year and meeting our target of 63%.
- 96.8% of local people aged 65+ living in housing rather than a care home or hospital – meeting our target and better than the Scottish average.
- % of people reporting outcome of 'living where you/as you want to live' increased to 95%, up from 91% in 23/24 (and 89% in the previous year), and ahead of target (90%)
- The percentage of adults who agreed that they are supported to live independently as possible remained at 80.4%. This was the same figure as the previous survey (2021/22) - the national figure was 72.4%.
- 89.6% of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life – up from last survey (83.6%) and compares with Scottish average of 69.8%.
- % of people aged 65+ with intensive care needs (plus 10 hours) receiving care at home dropped from 62.5% to 60% missing our agreed target of 62%. This compares to a national average of 62.6%. The provision of quality care at home to support people to live independently and well in their own homes remains a key priority for the partnership and ongoing improvement of our care at home services continues.
- The number of people self-directing their care through direct payments and other forms of self-directed support declined to 499 for 2024-25 from 548 in 23/24 (but higher than 488 in 22/23). In East Renfrewshire, spend on direct payments for adults as a % of total social work spend for adults was 9% in 23/24 – consistent with previous years and matching the Scottish average (8.7%).

- Reablement performance declined with 43% of care needs reduced following period of reablement – down from 63% and significantly lower than target (60%). The complexity of need of service users has increased meaning less people coming to the service are suitable for reablement.

#### **Supporting mental health and wellbeing and supporting recovery from addiction**

- Mental health hospital admissions remain low (at 1.26 admissions per 1,000 population).
- 87% waiting no longer than 18 weeks for access to psychological therapies – a continuing improvement from 84% in 23/24 (and 75% in 22/23). However, this falls just short of the target of 90%.
- 97% people accessing recovery-focused treatment for drug/alcohol within 3 weeks – up significantly from 93% in 23/24 and we are maintaining performance ahead of target (90%).
- 78 alcohol brief interventions undertaken in 24/25 compared with 568 in the previous year. This was due to a temporary reduction in the funding available for commissioning the delivery of ABIs in 2024-25. This funding gap has been resolved for 2025-26 and delivery is expected to return to 23/24 levels.

#### **Meeting healthcare needs and reducing unplanned hospital care**

- Discharge with delay including Adults with Incapacity (PHS data) - averaged 13 delays for 24/25 – down from 15 in 23/24 but missing our target of 11. We remain one of the best performing HSCPs in Scotland on this measure.
- Adult bed days lost to delayed discharge reduced slightly to 5,093 from 5,132 for 2023/24 although we are missing our target. This reflects continuing levels of frailty/complexity and pressures in the social care sector during the reporting period.
- Adult A&E attendances – 18,211 (2023/24) – up from 17,824 but ahead of target.
- Adult Emergency admissions – 7,002 (2023/24) – again, up slightly from 6,943 and ahead of target.
- Emergency admission rate (per 100,000 pop) – 9,671 up slightly from 9,215 for 22/23.
- Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges) – 72, up from 69 in 22/23.
- Care home attendances reduced to 459 in 2024/25 from 487. However, admissions increased slightly to 254 from 248 in the previous year.
- Proportion of last 6 months of life spent at home or in a community setting – 88.8% up from 87.7% and ahead of target (86%)

#### **Supporting unpaid carers**

- 83.6% of those asked reported that their 'quality of life' needs were being met – down slightly from 84.5% in 23/24 but continuing to perform ahead of target (80%).
- % carers who feel supported to continue in their caring role was 28.4% (23/24) consistent with previous survey results and below the Scottish average of 31.2%

#### **Supporting people through justice pathways**

- 77% of unpaid work placement completions within Court timescale – down from 89% and below target (80%)
- 65% Community Payback Orders (CPOs) commencing within 7 days – significantly down from 83% in 23/24 and we are missing our target (80%).

Primary reason for failure to achieve this target is service users not engaging with instructions from Court and Social Work to attend scheduled appointment.

- Positive employability and volunteering outcomes for people with convictions – 57% (23/24 data) down from 64% in 22/23. Although missing our target of 60% all other participants demonstrated a positive training/education outcome.
- 82% of people reported that their order had helped address their offending – down slightly from 83% and impacted by the low number of people completing the voluntary survey.

#### **Tackling health inequalities and improving life chances**

- Our premature mortality rate remains significantly below the national average at 275 per 100,000 (22/23 fig) – down from 333 the previous year. Scotland average is 442 per 100,000.
- 13.1% of infants in our most deprived areas (SIMD 1) were exclusively breastfed at 6-8 weeks (22/23 fig) – down from 19.2% for 23/24 and missing our target of 25%. However, this is impacted by small numbers (reduction of two people). In SIMD 1 specifically, we have seen a large increase in mixed (breast and formula) feeding, from 5.8% in 2022/23 to 14.8% in 2023/24.

#### **Supporting staff resilience and wellbeing**

- 88% of staff agreed that “My manager cares about my health and wellbeing” – consistent with the previous iMatter staff survey (89%)
- 72% agreed that “I feel involved in decisions in relation to my job” – down from 75% in previous survey
- 75% agree that “I am given the time and resources to support my learning growth” – down slightly from 77% in previous survey

#### **Protecting people from harm**

- Improvement in safety and wellbeing outcomes for women who have experienced domestic abuse – 92% consistent with 23/24 performance (93%) and ahead of target (85%). a total of 1116 women and children were supported across Women’s Aid three core services, helpline and drop in enquiries compared to 1059 during the same period last year- a 5% increase.
- People agreed to be at risk of harm and requiring a protection plan have one in place – continues to be 100% of cases.

17. Following any comments from either the Performance and Audit Committee or the Integration Joint Board on 25 June 2025, we will use the remaining weeks until the publication date to enhance any content and make presentational changes.

### **CONSULTATION AND PARTNERSHIP WORKING**

18. The Annual Performance Report reflects the work of the Health and Social Care Partnership throughout 2024-25. The East Renfrewshire HSCP Participation and Engagement Strategy sets the following objectives for the ways in which we work with our communities:
  - Our communities, our partners, our staff and those who receive support will be engaged with, involved and participate in ways that are meaningful to them.
  - We will deliver a strategy that supports and resources new ways of engagement, and embraces digital platforms.

- We will deliver a strategy that has a focus on prevention, choice and stronger communities and people will be enabled to share their views.
- We will have a coordinated approach to community engagement and participation.

There are multiple examples of these commitments in action throughout the report.

19. Service managers, planning leads and third sector partners were consulted and have collaborated in the development of the Annual Performance Report.

## IMPLICATIONS OF THE PROPOSALS

### Finance

20. The Annual Performance Report incorporates relevant financial end of year performance information in Chapter 3. A separate Annual Accounts Report has also been produced and will be presented at the IJB in June.

### Staffing

21. One of the strategic priorities in the HSCP Strategic Plan 2022-25 is “Working together with staff across the partnership to support resilience and wellbeing”. There is a section in the report outlining how we are delivering on this priority.

### Legal

22. The Annual Performance Report is a statutory requirement of the Integration Joint Board.

### Equalities

23. The Integration planning and delivery principles include a requirement that Integration Joint Boards:
  - Take account of the particular needs of different service-users.
  - Takes account of the particular needs of service-users in different parts of the area in which the service is being provided.
  - Take account of the particular characteristics and circumstances of different service-users.
24. There are examples of this throughout the report.
25. There are no implications in relation to risk, policy or infrastructure.

## CONCLUSION

26. The Annual Performance Report is the ninth performance report for East Renfrewshire Health and Social Care Partnership. This report provides a comparison of our performance against Scotland and the previous baseline year, recognising the significant pressures being faced by HSCPs across Scotland.
27. The report demonstrates the exceptional work undertaken by the partnership and the continued progress in the delivery of our priority outcomes. It shows that despite the continuing challenges we are facing in terms of demand pressures and increased levels of complexity, we have continued to support our most vulnerable residents and have performed well against many of our outcome-focused performance indicators.



Through the continuing delivery of our new HSCP Strategic Plan for 2025-28 we will ensure that our priorities and approaches meet the changing needs of our population.

## **RECOMMENDATION**

28. The Integration Joint Board is asked to:

- Note and comment on the contents of the Annual Performance Report 2024-25;
- Approve the report, subject to any amendments, for submission to the Scottish Government and publication by the deadline of 31 July 2025.

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

Steven Reid, Policy, Planning and Performance Manager  
[steven.reid@eastrenfrewshire.gov.uk](mailto:steven.reid@eastrenfrewshire.gov.uk)  
0141 451 0749

June 2025

Chief Officer, IJB: Alexis Chappell

## **BACKGROUND PAPERS**

[East Renfrewshire HSCP Annual Performance Report 2023/24](#)

[East Renfrewshire HSCP Annual Performance Report 2022/23](#)

[East Renfrewshire HSCP Annual Performance Report 2021/22](#)

[East Renfrewshire HSCP Annual Performance Report 2020/21](#)

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# Working Together for East Renfrewshire

## East Renfrewshire Health and Social Care Partnership (HSCP) Annual Performance Report 2024-25



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# 1. Introduction

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## 1.1 Purpose of Report

The Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Joint Boards to publish an Annual Performance Report, setting out an assessment of performance in planning and carrying out those functions for which they are responsible.

This is the ninth report for the East Renfrewshire Integration Joint Board. It sets out how we delivered on our vision and commitments over 2024-25. As required, we review our performance against agreed local and national performance indicators and against the commitments set out in our 2022-25 Strategic Plan.

The HSCP provides care, support and protection for people of all ages, to enhance their wellbeing and improve outcomes for them as children, young people, families and adults. Over the course of 2024-25, our teams in collaboration with our partners and communities have continued to deliver this work in the context of changing demands on health and care services and pressures on available resources. We continue to respond to higher demands for support, 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 the individuals and families we support.

This report looks at our performance during another challenging year for the HSCP. We continue to see changing patterns of demand and continuing financial constraints for the health and social care sector locally and nationally. The main elements of the report set out:

- the established strategic approach of the East Renfrewshire Health and Social Care Partnership (HSCP);
- how we have been working to deliver our strategic priorities over the past 12 months and additional activity to meet the challenges of the pandemic;
- our financial performance; and,
- detailed performance information illustrating data trends against key performance indicators.

Throughout 2024-25, we have continued to maintain and deliver safe and effective services to our residents. Our performance information shows that despite this very challenging period, there has been strong performance across service areas. Over the year, we have seen continuing collaborative working across the HSCP and with our independent, third and community sector partners. And we are seeing positive performance across many of our strategic performance indicators.

## 1.2 Local context

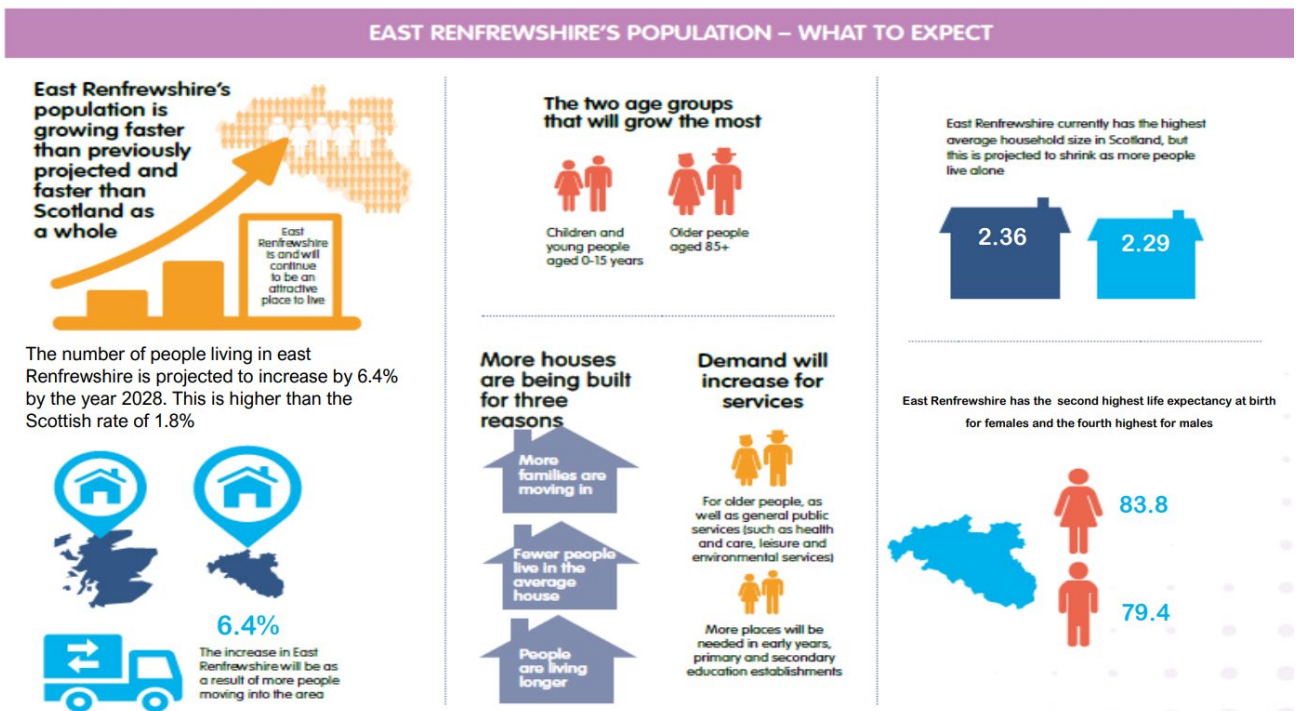
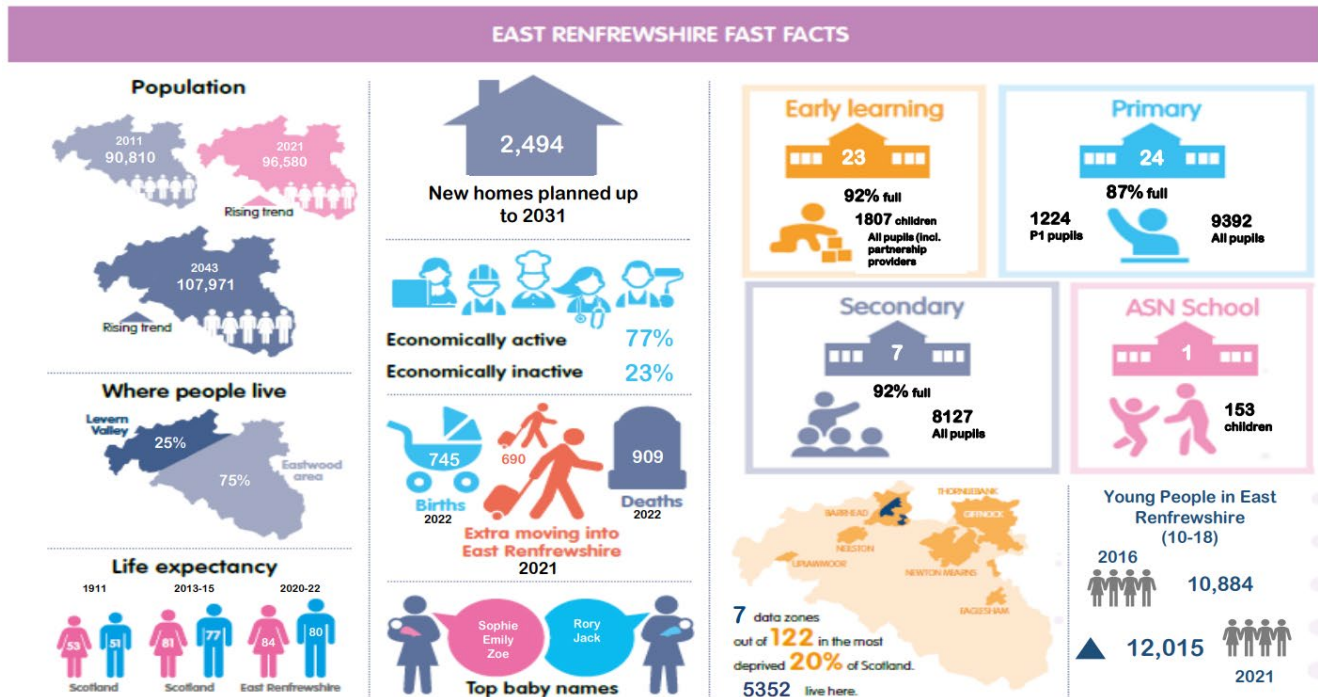
East Renfrewshire covers an area of 174 square kilometres and borders the city of Glasgow, East Ayrshire, North Ayrshire, Renfrewshire and South Lanarkshire.

Our population continues to grow and reached 98,600 in 2023. 75% of the population live in the Eastwood area (Busby, Clarkston and Williamwood, Eaglesham and Waterfoot, Giffnock, Netherlee and Stamperland, Newton Mearns and Thornliebank) and 25% live in the Barrhead area (Barrhead, Neilston and Uplawmoor).

East Renfrewshire has an ageing population. By 2043, almost one quarter of East Renfrewshire is projected to be aged 65 or over (23.8%). There has been a 26% increase

in the number of residents aged 85 years and over during the last decade. People over 80 are the greatest users of hospital and community health and social care services.

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



East Renfrewshire Health and Social Care Partnership (HSCP) was established in 2015 under the direction of East Renfrewshire's Integration Joint Board (IJB) and it has built on the Community Health and Care Partnership (CHCP), which NHS Greater Glasgow and Clyde and East Renfrewshire Council established in 2006.

Our Partnership has always managed a wider range of services than is required by the relevant legislation. Along with adult community health and care services, we provide health and social care services for children and families and criminal justice social work.

During the last 19 years our integrated health and social care management and staff teams have developed strong relationships with many different partner organisations. Our scale and continuity of approach have enabled these relationships to flourish. We have a history of co-production with our third sector partners and we are willing to test new and innovative approaches.

East Renfrewshire HSCP is one of six partnerships operating within the NHS Greater Glasgow and Clyde Health Board area. We work very closely with our fellow partnerships to share good practice and to develop more consistent approaches to working with our colleagues in acute hospital services.

The integrated management team directly manages over 900 health and care staff, this includes 75 social workers who are trained and appointed as council officers. ER HSCP has long-established relationships with third and independent sectors to achieve our strategic aims around early intervention and prevention. In addition, the HSCP hosts the Specialist Learning Disability Inpatient Services, Adult Autism Service on behalf of the six HSCPs in NHSGGC and the Scottish Centre of Technology for the Communication Impaired (SCTCI) which provides specialist support for Alternative and Augmentative Communication to 12 Scottish Health Boards. The services within East Renfrewshire are community based with the exception of the inpatient wards for people with learning disabilities. There are no acute hospital sites or prisons in East Renfrewshire.

## 1.3 Our Strategic Approach

### 1.3.1 Our Strategic Vision and Priorities

In East Renfrewshire we have been leading the way in integrating health and care services. From the outset of the CHCP we have focused firmly on outcomes for the people of East Renfrewshire, improving health and wellbeing and reducing inequalities. Under the direction of East Renfrewshire's IJB, our HSCP builds on this secure foundation. Throughout our integration journey during the last 19 years, we have developed strong relationships with many different partner organisations. Our longevity as an integrated partnership provides a strong foundation to continue to improve health and social care services.

#### Our Vision

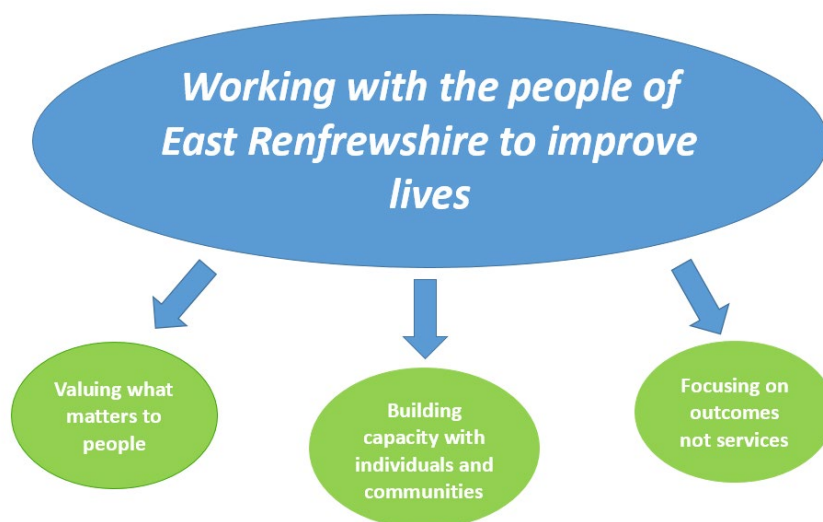
Our vision statement, *"Working together with the people of East Renfrewshire to improve lives"*, was developed in partnership with our workforce and wider partners, carers and members of the community. This vision sets our overarching direction through our Strategic Plan. At the heart of this are the values and behaviours of our staff and the pivotal role individuals, families, carers, communities and wider partners play in supporting the citizens of East Renfrewshire.



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

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

The touchstones keep us focused when we are developing and improving the quality of our service delivery.



## Our Strategic Plan

Our first Strategic Plan covered the period 2015-18 and took its priorities from the National Health and Wellbeing Outcomes. It set our high level planning intentions for each priority and was underpinned by an Annual Implementation Plan reviewed and monitored at HSCP level.

Our second Strategic Plan covering 2018-21 recognised that the partnership must extend beyond traditional health and care services to a wide partnership with local people and carers, volunteers and community organisations, providers and community planning partners. The plan placed a greater emphasis on addressing the wider factors that impact on people's health and wellbeing, including activity, housing, and work; supporting people to be well, independent and connected to their communities.

Recognising the challenges of undertaking planning activity at the height of the Covid-19 pandemic, and in line with the approach of other HSCPs in Scotland, it was agreed that we would establish a one-year 'bridging' plan for 2021-22 reflecting priorities during our continuing response and recovery from the pandemic.

Our third 'full' Strategic Plan covered 2022-25. This report reviews our performance for the final year of the plan. The plan was developed in consultation with stakeholders and East Renfrewshire residents, despite the continuing challenges we faced from the pandemic. This included a highly participative engagement process coproduced with wider partners through our Participation and Engagement Network and a comprehensive strategic needs assessment. The consultation found that people were supportive of our strategic priorities and the key areas of focus set out in the plan. Many people emphasised the crucial importance of partnership and collaborative working and there was a focus on ensuring the necessary support is in place for our staff and for local unpaid carers. Key changes we made to our strategic plan in light of the consultation included:



- Strengthening the emphasis in the plan on safety, preventing harm and addressing rising incidence of violence against women and girls following the pandemic.
- Reference to the practical supports available for digital solutions; and recognition to the role of peer support in recovery and supporting independence.
- More emphasis on how we are working to enhance mental health support through primary care; and local initiatives using the Community Mental Health and Wellbeing Fund.
- More recognition of the impact of the Covid pandemic on unpaid carers and increased pressures for carers including increased caring requirement.
- In our existing discussion of health inequalities, greater reference to the wider impacts of poverty and focus on supporting people with protected characteristics.
- For our priority supporting staff wellbeing recognition our intention to be a 'listening' partnership; and outlining activities including wellbeing group, plan and appointment of wellbeing lead.

Our headline planning priorities built on those set out in our previous strategic plans. We extended our priority for mental health to include mental health and wellbeing across our communities. We changed the emphasis of our priorities relating to health inequalities and primary and community-based healthcare and we introduced a new strategic priority focusing on the crucial role of the workforce across the partnership. For the 2022-25 plan we also added a distinct priority focusing on protecting people from harm, reflecting the cross-cutting and multi-agency nature of this activity. For each priority we set out the contributing outcomes that we will work to, key activities for the three year period and accompanying performance measures. Our strategic priorities for 2022-25 were:

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

The plan illustrates how the HSCP contributes to the priorities established in the East Renfrewshire Community Plan and Fairer East Ren. Under our strategic priorities we set out our key activities and critical indicators that link to the HSCP contribution to East Renfrewshire Council's Outcome Delivery Plan. The plan also linked to relevant planning at NHSGGC Board level, including the priorities set out in Moving Forward Together, and commitments set out in supporting plans including: the Public Health Strategy, the Adult Mental Health Strategy, the Primary Care Strategy and the Public Protection Strategy.

During 2024/25 the partnership has developed a new Strategic Plan for 2025-28. The new plan is the result of several months of development work as we have collaborated with

colleagues, stakeholders, and local people. The plan reflects the shared priorities of local residents and sets out meaningful commitments for our wide partnership.

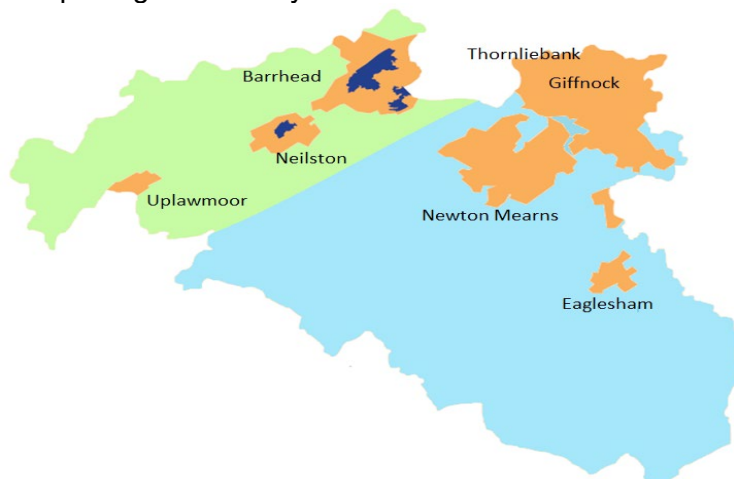
The Strategic Plan 2025-28 builds on our existing vision and priorities established in our long-term strategic planning. It also recognises the changed circumstances for the HSCP since the previous plan was developed, and intends to be open and realistic about the constraints the HSCP is working in. 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). We have streamlined our Strategic Plan to make it more meaningful and more focused around shared priorities. 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.

### 1.3.2 Locality planning in East Renfrewshire

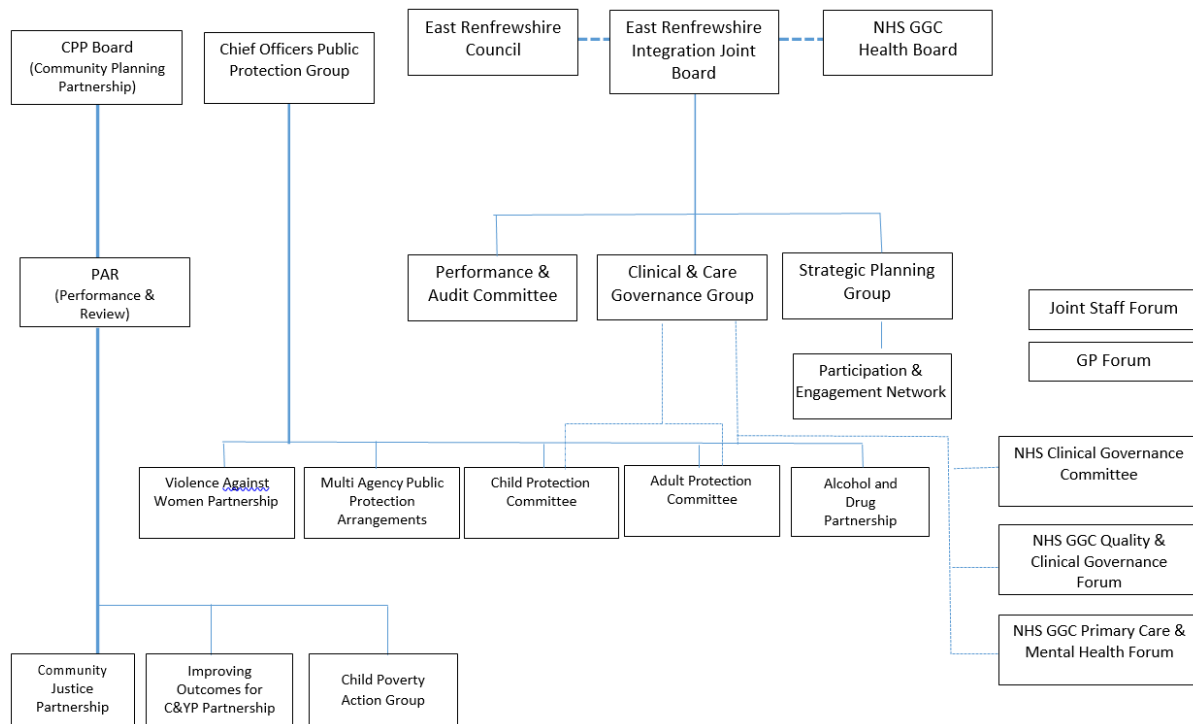
Our previous 2018-21 Strategic Plan reduced our locality planning areas from three to two localities – one for Eastwood and another for Barrhead. This allowed us to coordinate our approach with our local GP clusters while also reflecting the natural communities in East Renfrewshire.

Our locality areas also reflect our hospital flows, with the Eastwood Locality linking to South Glasgow hospitals and the Barrhead Locality to the Royal Alexandra Hospital in Paisley. Our management and service structure is designed around our localities. Our locality planning arrangements continue to develop and will be supported by planning and market facilitation posts and financial reporting at a locality level.



The IJB continues to deliver integrated health and care services within East Renfrewshire in our valued partnership working with community, the third, voluntary and independent sectors, facilitating the successful operation of the HSCP.

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



### 1.3.3 Our integrated performance management framework

We have a commitment to integrated performance management. Our performance management framework is structured around our Strategic Plan, with all performance measures and key activities clearly demonstrating their contribution to each of our nine strategic planning priorities. The framework also demonstrates how these priorities link to the National Health and Wellbeing Outcomes and East Renfrewshire's Community Planning Outcomes.

We have developed an Implementation Plan and a supporting performance framework accompany our Strategic Plan. Working with key stakeholders in our Strategic Planning Group, we developed these through outcome-focused planning. The plan is presented as a series of 'driver diagrams'. These diagrams show how we will achieve our strategic outcomes through 'critical activities' measured by a suite of performance indicators. This is the basis for strategic performance reporting to the Integration Joint Board (IJB) and it also feeds into East Renfrewshire Council's Outcome Delivery Plan and NHS Greater Glasgow and Clyde's Operational Plan. Our Strategic Performance Reports are presented to the IJB Performance and Audit Committee every six months (at mid and end year). We also provide quarterly updates (at Q1 and Q3) when data updates are available.

Every six months we hold an in-depth Performance Review meeting which is jointly chaired by the Chief Executives of NHS Greater Glasgow and Clyde and East Renfrewshire Council. At these meetings both organisations have the opportunity to review our Strategic Performance Report and hear presentations from Heads of Service, which set out performance progress and key activities across service areas.

The HSCP draws on qualitative and quantitative information from a range of sources. Our main sources of performance data include Public Health Scotland, Scottish Public Health Observatory and National Records Scotland. We also use local service user data and service data from NHS Greater Glasgow and Clyde.

We gather feedback from people who use services from a variety of sources. These include patient/service user surveys through for example, our Primary Care Mental Health Team; community groups; and people who use our integrated health and social care centres. We monitor feedback from residents through the recently established Care Opinion system. We also gather local feedback from East Renfrewshire Council's Citizens' Panel, Talking Points data and the National Health and Wellbeing Survey. We support a local Mental Health Carers Group, where carers are able to raise issues about their needs and the support they receive. We continue to develop our approach to engagement through our multi-agency Participation and Engagement Network, strengthening our methods in drawing in residents' views to our evaluation processes.

### 1.3.4 Supporting People Framework

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

Until 2023-24 East Renfrewshire HSCP had resisted the development of a criteria to determine access to social care. Our approach has been largely outcome focussed whilst adhering to national policy and guidance on care provision such as self-directed support and nursing / residential care for older people. However, in 2023 it was recognised that, due to the resource pressures facing the HSCP, we would have to take a new approach.

The flat cash settlement that East Renfrewshire Council received and passed on to the Integration Joint Board has resulted in us having to fund all of our pressures. These have been particularly challenging in 2023-24 due to the growing demands and complexity of need, alongside pressures relating to pay and inflation. It was recognised that, we simply could not afford to support everyone in the way that we had been doing and we needed to think differently about how we support people and where they get support from.

Our Supporting People Framework sets out our criteria for providing social care; sharing finite resources fairly, and focusing our resources on people assessed as having the highest levels of needs. The Framework supports practitioners to deploy finite resources in a way that ensures that resources are provided to those in greatest need. Lower level need should not automatically be seen as a deficit requiring allocation of resource but should be considered in relation to an individual's personal or community assets holistically. The Supporting People Framework encourages creativity and collaboration to widen and enhance support. The framework will allow access to the most appropriate support in line with levels of risk and need.

The Supporting People framework recognises risk as the key factor in the determination of eligibility for adult social care services. However, we know that risk can increase or decrease and be offset by strengths and protective factors which can be assessed via ongoing assessment and review. Where a person is eligible for a statutory service, the urgency of risk and complexity of need should be borne in mind when determining how and when to respond to their support requirements. The principles guiding our practice when implementing the new Framework are underpinned by the HSCP strategic vision to "work together with the people of East Renfrewshire to improve lives". The principles ensure that support provided by East Renfrewshire HSCP will:

- Promote, support and preserve maximum independence and resilience where practical and practicable
- Promote equitable access to social care resources
- Adhere to the principals of early and minimum intervention

- Target resource to those vulnerable individuals most at risk of harm or in need of protection.

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

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

To ensure support to those at the lower categories of need, the HSCP is continuing to invest in voluntary and community resources that help people to live well and independently.

## 2 Delivering our key priorities

### 2.1 Introduction

This section looks at the progress we made over 2024-25 to deliver the key priorities set out in our Strategic Plan and how we are performing in relation to the National Health and Wellbeing Outcomes. For each area we present headline performance data showing progress against our key local and national performance indicators. In addition to an analysis of the data we provide qualitative evidence including case studies and experience from local people engaging with our services. Our intention is to illustrate the wide range of activity taking place across the partnership.

A full performance assessment covering the period 2016-17 to 2024-25 is given in Chapter 4 of the report.

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

<b>National Outcomes for Children and Young People contributed to:</b>
Our children have the best start in life and are ready to succeed
Our young people are successful learners, confident individuals, effective contributors and responsible citizens
We have improved the life chances for children, young people and families at risk

#### 2.2.1 Our strategic aims and priorities during 2024-25

Improving the mental and emotional wellbeing of children and young people continues to be one of the highest priorities for East Renfrewshire HSCP. Our multi-agency approach to supporting the needs of children and young people in East Renfrewshire is set out in “At Our Heart – Next Steps” East Renfrewshire’s Children and Young People’s Services Plan 2023-2026. Together all partners in East Renfrewshire are building an approach to mental health support for children, young people and families that will ensure they receive the right care and interventions at the right time and in the right place. We aim to provide a holistic range of appropriate supports through our multi-stakeholder Healthier Minds Service which works alongside our Family Wellbeing Service and links to GP practices and the Child and Adolescent Mental Health Service (CAMHS).

An area of increasing need is from children and young people with a neurodevelopmental diagnosis (including autism) or suspected diagnosis. In partnership with the Council and other partners we work to ensure service responses are effective and the workforce is sufficiently equipped to help children and their families in the right way. We continue to support our care experienced children and young people and are committed to fully implementing the findings of the national Independent Care Review report “The Promise”.

Our aim is to **improve mental wellbeing among children, young people and families in need**, by:

- Protecting our most vulnerable children, young people and families
- Delivering on our corporate parenting responsibilities to our care experienced children and young people by fully implementing The Promise
- Responding to the mental and emotional health and wellbeing needs of children and young people

- Ensuring children and young people with complex needs are supported to overcome barriers to inclusion at home and in their communities

## 2.2.2 Our performance in 2024-25

During 2024-25 our children's services have continued to see high levels of demand and complexity among referrals. We continue to work with an increasing number of children with diagnosed neurodevelopmental disorders and a high prevalence of families in crisis.

Headline performance data includes:

- Percentage of children looked after away from home who experience 1 or more **placement moves** has increased to 27.1% up from 14.4% in previous year (latest data 23/24). This indicator is impacted by small numbers of children.
- 89% of care experienced children **supported in community** rather than a residential setting (23/24 figure) – a high rate and very slightly better than the Scottish average (88.8%) but performance dropped slightly from the previous year.
- **Child protection re-registrations** within an 18 month period have returned to 0% from 12.5% in 2022/23. The increase was due to a very small number of children requiring re-registration in the previous year (latest data 23/24).
- Child protection - % of child protection cases assessed as having increased **level of safety** declined from 100% to 87% for 24/25. In all cases where safety declined or stayed the same the children were initially registered pre-birth. Further protection measures were taken by the multi-agency team for all cases where scores decline.

## 2.2.3 Ways we have delivered in 2024-25

East Renfrewshire's multi-agency Children and Young People's Services Plan 2023-2026 "At Our Heart – The Next Steps", recognises mental and emotional wellbeing as a key priority. Since the pandemic we have seen a sustained increase in the number of children and young people experiencing challenges with their mental health and wellbeing and this also includes those who have a neurodevelopmental diagnosis.

During the year we have continued to work in partnership with children, young people, and families/carers to implement **The Promise**, taking a lead role in local implementation. On 5th February 2020, a promise was made to the infants, children,



**the  
promise**

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.
- Children, young people, and their families will be listened to, respected, involved and heard in every decision that affects them.

February 2025 marked the 5<sup>th</sup> anniversary of The Promise and the mid-way point in the 10 year programme. 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.

Similar to the national picture, over the last decade East Renfrewshire's 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. 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. 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.

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.

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. Approximately one third of the current looked after 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.

The East Renfrewshire 5th Anniversary Progress Update highlighted 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

#### **East Renfrewshire Promise Board**

East Renfrewshire Council approved the development of The Promise Board in September 2024. This is an innovative new approach to engaging with children and families who have experienced the formal care system. The Board membership will comprise of children, young people, families and carers along with Chief Officers, senior officials, and elected members, with a young person and the Chief Executive jointly holding the formal role of Chair to the Board.

The purpose of The Promise Board is to ensure that care experienced children and young people and their families can communicate directly with Council, HSCP, and other Corporate Parents in relation to what is working well and what could be improved. Allowing children, young people and families to participate in setting the agenda will ensure that what



is most important to those with the lived experience of the care system will begin to be addressed in a supportive environment.

Methods of engagement will include play and fun activities, ongoing interactive consultation as well as formal meetings. The first Board formal meeting will take place in Sept 2025. We have already delivered on Promise training and a recent Promise Engagement session brought together key members of board alongside lived experts with a focus was on co-creating a shared set of values, principles and a terms of reference. Commitment to the Promise Board from all East Renfrewshire Council Corporate Management Team, Elected Members, and HSCP is very positive and encouraging.

### The Promise Workforce Learning Programme

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 was winter 2025, with Tier 3 expected to be delivered by autumn 2025.

Tier 1 is delivered as an East Renfrewshire Council online course with 88 staff across the Council having completed during the last quarter of the year. Workforce Learning Programme Tier 2 was a senior officer face to face programme delivered over a half day in March. This was a very well attended event with 66 participating on the day and similarly high levels of satisfaction with the session.

More events are planned for 2025, in particular bespoke training aimed at specific services who are keen to become more Promise compliant.

We continue our work to alleviate pressure on CAMHS by developing appropriate (Tier 2) alternatives that work with young people and families to support recovery and minimise crisis. A key success is the ongoing development of the multi-stakeholder **Healthier Minds Service** aligned to school communities was developed to identify and ensure delivery of mental wellbeing support to children and families. Referrals come primarily from schools and other agencies including GPs, CAMHS, Social Work, RAMH, Woman's Aid and Children 1st and

**HEALTHIER MINDS** 



more importantly includes self-referrals from young people. More than 1,600 children and young people have been referred to the weekly screening hub (since the service began in November 2020). Last year a total of 411

children and young people were referred to and discussed at the Healthier Minds Hub. This year we have seen more primary school boys accessing the service, bring them in line with their female peers. Re-referrals are an ongoing trend highlighting the strengths of the relationships that are developed between the staff member and the child, young person and their family.

### Healthier Minds Screening Hub 2024/2025

411 children young people and families were referred to the Healthier Minds Screening Hub during the 2024-25. 19% of those referred to the Hub have a diagnosis of Autism and/or ADHD (since the service began). A further 8% have neurodivergent traits, most of which are awaiting diagnosis. There continues to be a high number of children and young people referred to the service seeking support whilst on a waitlist for diagnosis, support and training is offered to them and their families.

The service continues to see increased levels of distress reflected in the main reasons for referral:

- Anxiety/stress
- Low mood
- Self-harm
- Emotional regulation
- Trauma

97% of children and young people supported by Healthier Minds Team reported improved mental and emotional wellbeing, maintained from previous year.

All parents who completed the parental evaluation reported that they would recommend the service to others.

256 staff from the HSCP, Education and the third sector attended sessions offered through our Healthier Minds calendar. Topics included:

- Understanding Anxiety;
- How to Support Children and Young People aged 10-18 using Cognitive Behavioural Approaches;
- Sleep;
- Autistic Spectrum Condition (ASC) – Supporting Mental and Emotional Wellbeing;
- ADHD – introduction, strategies for support in the classroom, mental & emotional wellbeing;
- Social Media and Mental and Emotional Wellbeing;
- Supporting Boys with Emotional Wellbeing;
- Next Steps & Enhanced Nurture Approaches.

The session evaluated well and feedback was very positive.

We continue to support young people with complex needs as they transition from one life stage to another. We have seen an increase in the numbers of young people being referred for transitions assessment, planning and support, with numbers forecast to continue increasing in future years. The **HSCP Transitions Team** are working alongside 91 young people going through transition to young adulthood. Partnership working is stronger between schools and key services allowing early access to support and links to Community Pathways opportunities. Improved appropriate and relevant information sharing across multi-agency teams is leading to better transition experience for young people and their families. A new transitions pack has been shared with high schools, and contains information for young people and parents to help them through the process.

### **Supporting independent living – HSCP Children and Families, ERC Housing Services and Aberlour Housing**

In 2021 vulnerable young people reported that current provision of housing and support was insufficient and failed to address their needs. A partnership between Aberlour, East Renfrewshire HSCP, and East Renfrewshire Council Housing Services was set up to examine support for independent living, supported accommodation and aftercare/outreach. Led by the principles of Scottish Approach to Service Design, 25 consultations with care experienced young people and foster carers took place, 13 contextual interviews with stakeholders, and 4 multi-agency workshops were delivered. Key areas explored were preparation, support needs, and the leaving care process.

This two year project has culminated in a number of achievements based on the original action plan. The key one being establishment of the 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. A joint protocol was written between HSCP Children and Families and Housing to clarify responsibilities during the journey of a young person moving to independent living. Housing created a new housing process for care experienced young people which has resulted in a specialty priority band which reflected this status. It also developed a pathway for care experienced young people to go on the Housing Allocation List at 16 and defer until they are ready to move in. When they are ready, all the days they have acquired on the list from their 16th birthday will go live and give them greater priority. A pilot 10-week Housing Skills Programme for care experienced young people commenced in January 2025.

The **Big Night In** engagement event was well attended by 72 young people and parents. 46% of those young people were not known to any services, 23% of them were males aged between 18-22 years of age. The event was well evaluated by young people finding it useful to discuss their options for the future. At least 34% of the young people that came along are now in touch with one or more service that attended on the night.

### **Make it Happen volunteering programme**

During 2024-25 VAER have begun delivery of a two-year youth volunteering programme funded through the Young Start, National Lottery fund. The main aim of the Make It Happen programme is to support and guide young people facing personal barriers to grow in confidence, find meaningful opportunities to participate and reconnect with their communities through volunteering.

Programme outcomes:

- We work with young people across East Renfrewshire aged 12-25.
- There are three parts to the programme: one-to-one support, preparation for volunteering and the group opportunities.
- We also support groups and organisations in East Renfrewshire to create youth friendly individual and group volunteering opportunities

In year one we have achieved the following:

- 70 referrals to the programme between June24 - March 25
- Main referrers: Talking Points, Social Work Transitions Team, Enable LAC Team, Work East Ren, SDS, Children 1st and also parent/carers/self-referrals.
- Both Leven Valley and Eastwood are well represented within the referrals.
- We have been experiencing high demand but we remain open to referrals
- Referral form is available on the programme webpage:

[eastrencommunityhub.org.uk/make-it-happen](http://eastrencommunityhub.org.uk/make-it-happen)

We continue to develop and improve our practice supporting vulnerable children and young people, including the **Signs of Safety** model, led by the Chief Social Work Officer and the Head of Education Services (Equality and Equity). The model supports practice improvement, with a particular focus on developing relational interventions with children, young people, their families and carers in order to reduce risk and improve children's wellbeing. The Signs of Safety approach, rooted in strengths-based and solution-focused social work practice, aligns closely with The Promise. It promotes safe connections and seeks wider participation to promote safety, growth and well-being. Signs of Safety emphasises collaboration with families, recognising their strengths and involving them in solutions, ensuring their voices are central in decision-making, fostering a sense of empowerment and belonging. The programme is currently in seventh year of a ten year implementation plan and roll out with social work and multi-agency training/support is ongoing. In 24-25 over 90 staff and carers underwent training including how to create networks. Evaluation is conducted that indicates the approach continues to keep families together but more evidence based work is planned.

In East Renfrewshire **Youth Intensive Support Service (YISS)** is the lead service for all looked after young people aged 12 – 26 years, recognising that more intensive interventions are required to improve recovery from trauma, neglect and abuse. The service aims to successfully engage the most hard to reach young people in East Renfrewshire and has the following shared aims across social work and health services:

- To reduce the number of young people looked after and accommodated and at risk of hospitalisation and custody.
- To reduce the impact of historical trauma and abuse for young people.
- To ensure that the transition into adulthood achieves better long term outcomes.
- Maximise social capital.
- To keep whenever safe to do so a connection to their local communities.

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)**. In early 2025 the number of young people we were supporting was 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. 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.

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. A central focus is on inclusion and participation allowing looked after young people a meaningful forum to directly influence and, through time, redesign services that affect them in a co-produced way by influencing their corporate parents. 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.



### **Champions Board activity 2024-25**

The Champions Board were involved in the co-design of our Healthier Minds Service and the mid-year review in October 2024 highlighted that nine Care Experienced young people and 15 Young Carers have been supported so far this year. The current members of the Champions board were equal partners in the 'Moving On' housing project and are currently instrumental in shaping the new Promise Board.

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 coproduction 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.

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

### National Health and Wellbeing Outcomes contributed to:

NO2 - People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

NO3 - People who use health and social care services have positive experiences of those services, and have their dignity respected

NO4 – Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

### 2.3.1 Our strategic aims and priorities during 2024-25

Ensuring as many East Renfrewshire residents as possible can maintain their independence at home remains a priority of the partnership. 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 with the third sector and our communities and aim to increase the community supports and opportunities available. We will make best use of technology and health monitoring systems to support independence and self-management. We are committed to increasing choice and control and delivering the full potential of Self-directed Support. As more people live longer with more complex conditions it is important that we work collaboratively with housing providers to support independent living in our communities.

Our aim is to **support people to maintain their independence at home and in their local community**, by:

- Ensuring more people stay independent and avoid crisis through early intervention work
- Ensuring the people we work with have choice and control over their lives and the support they receive.

### 2.3.2 Our performance in 2024-25

Over 2024-25 we have continued to support people to live independently and well at home, despite continuing demand pressures on our services due to more people seeking support at home as well as increased levels of frailty and complexity. During 2024-25 we have seen continuing pressure on our Care at Home service with increased referrals and reducing capacity among partner providers.

Headline performance data includes:

- 63.4% of adults needing care receive personal **care at home or direct payments** for personal care, consistent with the previous year and meeting our target of 63%. (NI8)
- 96.8% of local people aged 65+ living in **housing rather than a care home or hospital** – meeting our target and better than the Scottish average.
- % of people reporting outcome of '**living where you/as you want to live**' increased to 95%, up from 91% in 23/24 (and 89% in the previous year), and ahead of target (90%)



- The percentage of adults who agreed that they are **supported to live independently** as possible remained at 80.4%. This was the same figure as the previous survey (2021/22) - the national figure for this survey period was 72.4%.
- 89.6% of adults supported at home who agree that their services and support had an impact on improving or maintaining their **quality of life** – up from last survey (83.6%) and compares with Scottish average of 69.8%.
- % of people aged **65+ with intensive care needs** (plus 10 hours) receiving care at home dropped from 62.5% to 60% missing our agreed target of 62%. This compares to a national average of 62.6%. The provision of quality care at home to support people to live independently and well in their own homes remains a key priority for the partnership and ongoing improvement of our care at home services continues.
- The number of people **self-directing their care** through direct payments and other forms of self-directed support declined to 499 for 2024-25 from 548 in 23/24 (but higher than 488 in 22/23). In East Renfrewshire, spend on direct payments for adults as a % of total social work spend for adults was 9% in 23/24 – consistent with previous years and matching the Scottish average (8.7%).
- In the year, **reablement** performance has declined with 43% of care needs reduced following period of reablement – down from 63% and significantly lower than target (60%). The complexity of need of service users has increased meaning less people coming to the service are suitable for reablement.

### 2.3.3 Ways we have delivered in 2024-25

The HSCP continues to promote community-led support which emphasises more local, personalised and flexible services. We fully recognise the importance of strong community and third-sector links to ensure people can access the supports they need in their community, helping people to live independently and well.

Key to our approach as a partnership is the support provide by our local **Community Hub** which helps residents to access information and signposts to local community services and supports. The Community Hub is a partnership between Voluntary Action East Renfrewshire (VAER), HSCP Talking Points and East Renfrewshire Council Communities and Strategic teams.



our delivery of Talking Points.

**Talking Points**, which residents can access through the Community Hub, continues to be the main route for residents to get advice and support around their health and social care as well as information surrounding accessing community supports. The services has a membership of over 60 local and national organisations that work together to offer the correct support and information as early as possible. This preventative approach is person-centred and is integral in

During 2024-25 there has been significant change impacting the design, development and delivery of support for our most vulnerable members of our communities. The implementation of the Supporting People Framework, along with the tightening of public sector budgets has led to significant challenges faced not just by our communities but the organisations that

support them. Development of Talking Points during 2024-25, has focused on re-designing how the collaborative operates as the focus of our referrals has shifted significantly. The Supporting People Framework has resulted in an increase in the number of referrals coming to Talking Points following a review of their care package resulting in a reduction of support, or for some the stopping of all statutory support as they no longer reach/ meet the criteria of substantial/critical for care needs.



### **Talking Points – ensuring support is available in our communities**

Talking Points @ The Community Hub has continued to support local people looking for support within their communities, playing a pivotal role in diverting moderate to low level supports away from the HSCP front door, being picked up and supported by appropriate community and 3rd Sector providers.

In 2024-25 Talking Points @ The Community Hub responded to **627** referrals for help, **516** referrals from organisations and **111** self-referrals from individual residents.

Our top 10 requests for support were as follows:

- Groups & Activities 229
- Befriending 170
- Loneliness 89
- Community Information 62
- Mental Health 60
- Shopping Service/Support 55
- Carer Support 42
- Volunteering 32
- Care Assessment/Support 32
- Transport Enquiry 33

This year our top 3 geographical referrals were split as follows

Org referrals:

- Barrhead 140
- Newton Mearns 115
- Giffnock 75

And Self referrals

- Newton Mearns 33
- Barrhead 16
- Giffnock 15

As well as responding to referrals and direct requests for support, the Talking Points collaborative has also supported the delivery of the following collaborations:

- Networking Breakfast, bringing together 80 organisations across the authority and nationally. The event provided an opportunity for attendees to connect, share information, and explore potential collaborations.
- Dementia Awareness (with Carers Centre):  
10 people booked / 8 attended  
Partners - Inksters (POA), Playlist for Life, The Stables, Alzheimer's, Telecare, Prevention Team, TRFS, MART, HSCP, SDS, Carers Centre & Walking Buddies, TP's
- Health Relationships:  
Values into Action will deliver 4 sessions (2hrs each)



Partners: Enable, Include me 2 and Make it Happen, HSCP (LD team) will have 3 young people each attending sessions - total 12 young people.

Other partners: Police Scotland

#### Impacts during 2024-25

- Strengthened connections between service providers and support organisations.
- Increased awareness of available services, such as Men Matters.
- Improved signposting, enabling individuals to access tailored support through informed professionals.

A key focus for the partnership is ensuring that the right **health and wellbeing opportunities** are available in our local communities. During the year VAER has continued to offer capacity supports to our local 3<sup>rd</sup> Sector. Throughout 2024-25 VAER has offered direct Capacity Building supports under the following headings to **177** groups and organisations - 59 Social Enterprises/118 Non-SEs. The team supported these groups and orgs with **185** support interventions on the following topics:

- Funding supports
- Constitution Reviews
- Good Governance and Policy development
- Volunteer Development
- Acting as Custodian holding funds

VAER also provided workshops and training on Good Governance, Effective Evaluation and Sustainable Funding.

The **Community Hub website** offers easy access to information on activities, volunteering opportunities, and community supports for people living and working in East Renfrewshire. The platform fosters better collaboration by providing a central space to share the outputs of our collaborative efforts with local communities. The **Community Activities Directory** includes information about local activities, clubs and community groups in and around East Renfrewshire. As at March 2025, there are 218 local activities, clubs and groups registered on the directory.

The Directory of ASN Activities for Children and Young People provide parents and carers with the information they need, when they need it, which is vital for these groups. As at March 2025, there are 29 listings and 8 links to other relevant resources and supports are registered on the ASN Directory.

The Community Hub website has become a gateway for local people to access other relevant information to support their own health and wellbeing, self-refer to Talking Points or find a support group in their local area. During 2024-25 The Community Hub has continued to develop and support community activities within Barrhead Centre and our new base in Busby Road, Clarkston. Activities developed:

- 19 weekly groups
- 126 people participated
- 11 Community Information weekly drop-ins

A new data sharing platform is in the early stages of development. An initial collaborative session held in Sept 2024 with 3<sup>rd</sup> Sector partners to explore interest in developing a community Data and Learning hub. This will form the basis for future community-led initiatives, based on local data led by local need and delivered by local groups and organisations.

### Learning from experience – the Community Mental Health and Wellbeing Fund

During the year, the VAER team facilitated 3 further **learning hubs** focused on learning from the **Community Mental Health and Wellbeing Fund**. The learning hubs created an open space for grantees to share insights and engage in meaningful discussions about their experiences. Participants were encouraged to reflect on what had gone well during the course of their projects, including successes, positive outcomes, and any unexpected benefits. They also had the opportunity to explore the challenges they had faced, whether related to project implementation, resource allocation, or other operational difficulties. Furthermore, the sessions provided a forum for grantees to identify new opportunities that had emerged as a result of their projects, including potential areas for future growth, collaboration, or expansion. Over the course of these 3 events 21 grant recipients attended.

The partnership continues to work to support the ongoing development and expansion of community-led activities across East Renfrewshire through the **Kindness Collaborative** led by VAER. We are very proud of the progress we have achieved this year, recruiting volunteers, further developing existing collaboratives and creating new collaboratives to meet identified community need. Our Kindness Collaborative Lead has continued to develop work with our hospital discharge team, Talking Points partners and wider third sector partners and members of the community.



During 2024-25, the **Kindness Buddy Project** underwent a significant transformation with the amalgamation of the Live Active and Home from Hospital initiatives under the unified Kindness Buddies banner. This streamlined approach has enabled us to offer more cohesive and responsive support, with Talking Points now serving as our primary referral pathway.

### Kindness Buddy activity

Throughout the year, our dedicated Kindness Buddy volunteers have continued to provide invaluable support to individuals:

- **Accessing Vitality classes**, promoting physical and social wellbeing
- **Settling back home after hospital admission**, offering reassurance and practical assistance
- **Shopping support**, particularly where no alternative community organisation was available
- **Befriending**, offering connection and companionship in the absence of other services

In total, **36 referrals** were received in 2024, the majority of which came from the HSCP. Upon contact, a number of referred individuals were found to have:

- Declined support
- Already arranged paid assistance
- Deteriorated in health, requiring statutory services
- Had personal care needs that were redirected to HSCP

For those who did engage, support was delivered either through a matched volunteer or directly by the project Leads, depending on the complexity and immediacy of the need.

The work carried out through the Kindness Buddy Project has revealed several emerging themes and gaps in community support:

- A growing demand for befriending across all age groups, not just older adults

- An increase in referrals for younger adults with additional support needs
- A noticeable rise in individuals aged 40–60 seeking support, highlighting a gap in current service provision
- A significant number of referrals for shopping assistance, with most individuals expressing a strong preference for in-person shopping over online services

Barriers identified include:

- Lack of access to transport
- Visual impairments, mobility issues, and other physical challenges
- Learning difficulties, such as difficulties with reading or understanding pricing

Our experiences echo findings from the Live Active report, which demonstrated the positive impact of volunteer transport—a benefit we believe would also apply to shopping needs.

### *Looking Ahead*

As we move into the next phase of the Kindness Collaborative, our focus will include supporting individuals with "other" shopping needs. We believe that with the right support, many people can maintain greater independence and wellbeing through the simple act of shopping for themselves.

We continue our work with ERCLT with the development of a community chair-based exercise training program. This programme will target organisations, retirement complexes and care homes and provide training to enhance access to exercise without the reliance on transport.

We continue to promote the positive impacts of **digital technology** on living well in East Renfrewshire, including through participation in the East Renfrewshire Digital Inclusion Partnership. We have continued to develop our digital offer, ensuring groups, organisations and individuals have access to the latest information. As part of VAER's Community Hub digital support offer our Digital Champion volunteer has met with 20 participants in one-to-one sessions in our Busby Rd venue. Almost exclusively, older adults sign up for dedicated, bespoke tutorials to develop their digital skills. This comprises of anything from: how to work their devices at the most basic level to support with learning how to use Microsoft software packages.

### **Digital Champions and promotion digital supports for independence**

All partners in East Renfrewshire are given access to training for Digital Champion volunteers, offering support for and with digital technology as well as being active promoters of the benefits of using technology to enhance independent living. VAER supported the delivery of two digital drop-ins offering support for anyone looking to increase their digital confidence. These drop-ins were delivered within the two Market Place venues in Barrhead and The Avenue, Newton Mearns. The Market Place also offered:

- Type2 Diabetes digital support programme: predominantly people referred via the Diabetic Centre at the RAH. Also supported a small peer support group to offer wider health and wellbeing supports as well as digital support for the My Diabetes My Way web programme.
- Two Conversational English drop-ins for anyone with English as a second language, the volunteer lead for this is also linked in with our digital champions.

- VAER have access to Volunteer Translators for when needed to support anyone to access our Digital Supports.

The Digital Partnership agreed a programme of activity to gather and share information about where and how to access Wi-Fi across East Renfrewshire, this will be linked with when and where the digital supports are available. As part of the Digital Inclusion partnership action plan an information leaflet was developed to share information about the benefits of digital technology, what's available and how tech can support living well in East Renfrewshire.

We continue to support the delivery and development of **Technology Enabled Care (TEC)** to support for older people and people with long-term conditions to live independently and well. A dedicated TEC Manager has been appointed as part of the service redesign activity. This role includes managing all aspects of the operational Telecare service as well as focussing on new technology enabled care and innovative ways to deploy this as an alternative to traditional packages of care. A recent example of this involved collaborative working with the HSCP's Learning Disability Team colleagues to install technology, with appropriate response protocols, for a range of individuals in the community to maximise their confidence and independence.

The HSCP and East Renfrewshire Council were awarded the Platinum Digital Telecare Implementation Award from the Scottish Government's Digital Office, in recognition of the completion of their analogue to digital telecare transition project which involved the implementation of a new call handling system and the installation of almost 3000 digital alarms in Telecare customers' homes. To achieve Platinum, a Telecare Service Provider must have successfully rolled out a live digital telecare service to 100% of service users and be operating successfully without serious issues or call failures for at least 8 weeks. This remarkable achievement is the final major milestone in the transition to digital telecare. East Renfrewshire was one of the first Telecare Service Providers to achieve this award.

The new Digital Telecare platform continues to ensure that circa 3,000 vulnerable telecare customers benefit from their lifeline community alarm system. The new system has reduced calls through use of a mobile app as telecare responders receive next-visit routing information direct to the app, freeing-up call-handlers from manually calling responders.

East Renfrewshire HSCP's **Care at Home** service provides care to around 450 East Renfrewshire residents covering on average 8,400 visits and 3,000 hours of care per week. There have been significant capacity issues within Care at Home both locally and across Scotland leading to continuing pressure on the HSCP's in-house care at home service. During 2024-25 we have been working to redesign our care at home service (homecare and telecare) in response to growth in demand, as well as to improve efficiency, maintain the quality of care provided and achieve necessary cost reductions.

#### **East Renfrewshire Care at Home redesign project**

The Care at Home in-house service redesign is working to achieve the necessary care and governance standards, support staff retention and skills development as well as creating a sustainable, person-centred, resource and cost efficient operating model for the future.

Design principles have been established for the development of our new practice model:

- The service can respond to the current and anticipated future challenges upon it;
- The service has the ability to operate more dynamically to keep pace with service demands;

- We make the most efficient use of our resources with a strengthened focus on re-ablement at the earliest opportunity and providing high quality end of life care.
- We deliver a care experience (including continuity) which service users and their families rightly expect
- The need for different role focuses and content is recognised, as technology plays a larger and more integral part of our day to day operations
- We continue to demonstrate the standards, requirements and continuous improvement focus demanded by our regulator
- The service develops and retains a sufficiently skilled workforce
- We place a stronger focus on staff morale and wellbeing

As part of the new practice model, the Scheduling and Monitoring function is being strengthened to maximise efficiencies in resource management via forward scheduling of required home care visits and monitoring to ensure that visits are being conducted as expected during the working day.

Another vital change is the introduction of a Community Co-ordinator role which will allow the opportunity to develop a place based approach to care, provide greater efficiency with flex resource to cover absence, offer a better career path development opportunity for frontline staff, enhance field based supervision, practice support and competence assurance and allow greater interaction and communication with frontline teams to support wellbeing.

Central to the new practice model is a key focus for the in-house service to deliver a strengthened re-ablement approach, compassionate end of life care and effective care to support prevention of hospital admission. There is also an ongoing need to facilitate timely acute discharges as a key strategic priority for the partnership.

During 2024-25, our community **Learning Disability Health Check Team** has supported the delivery of **health checks** across GGC for people with learning disabilities. The Learning Disability Health Check Team has been providing a fully operational service across GGC since January 2025 (following a successful pilot in 2024) with a very successful 80% rate of uptake. During the year a standard operating procedure, LD Register and Welfare Check Pathway have been created for the service. A National Peer Support Network and GGC toolkit have been established. We are currently trialling a pathway for Transitions Health Checks in East Renfrewshire (and also Inverclyde), reducing duplication during transition to adult LD services.

Our **Transitions Service** continues to support the transition of young people with service and care needs with close collaborative working across children and adult services (health and social work). The priority for the service is to ensure a positive transition for young people. A key area of focus is the prevention of crisis for individuals through early identification of potential placement breakdown. During the year there has been positive partnership working with Barrhead Housing Association and The Richmond Fellowship Scotland to support transition for and individual to their own home after leaving school thereby averting a crisis situation from occurring.

**The Coming Home Report** is the Scottish Government strategy to prevent placement breakdown for people with learning disabilities that can lead to inappropriate hospital admission or out of area placement. To support this objective for people in East Renfrewshire, we have established a fully operational dynamic support register (DSR) which allows early identification of high risk situations. There has been effective partnership working with ERC Housing, RSLs and service providers (key stakeholders in these situations). We have also



created a High Risk Register for young people identified via Transitions mapping work who are too young for addition to the DSR.

**Scottish Centre of Technology for the Communication Impaired (SCTCI)** was established in 1987 and exists to provide a high quality, specialist service for Augmentative and Alternative Communication (AAC) assessment for children and adults in Scotland who have complex additional speech, language and communication support needs.

SCTCI is hosted by East Renfrewshire HSCP and provides AAC assessment and equipment provision services throughout NHS GGC and Scotland across all client groups both paediatric and adult. The service works with clients and their teams, families and carers, to find technological solutions to reduce disabilities caused by communication impairments, thereby allowing patients to fully participate in their lives and communities.

The service crosses organisational, geographical, and demographic boundaries. Patients who are referred to the service can be ordinarily resident in any of the twelve health boards which have a service level agreement with SCTCI. Clinicians who refer patients to the service, mainly speech and language therapists, can be employed by local authority, NHS, or HSCP. We work closely with our Health Board partners and other stakeholders to support everyone to meet the legislative duty around AAC and communication equipment.

Last year the service received 131 referrals across all health boards. Most of those referrals resulted in SCTCI recommending a communication device. Professionals feedback "I honestly don't know what I would do without you guys. Everyone is always so helpful and supportive, and I really appreciate it. Every time I email or call, I always get great advice or support",

SCTCI is a nationally recognised service not only in Scotland but is also represented at many events throughout the UK. It previously received recognition from the Communication Matters Charity as the setting of the year award and the current service manager is a now a trustee of Communication Matters the UK chapter of ISSAAC.

The service regularly travels across Scotland with referrals from remote and rural places including the islands. It has strong networks and links to Speech and Language Therapists from all over Scotland who are in regular contact for all AAC related queries. The service has developed new training which is has been offered to everyone with an SLA.

**The CHAT (Communication Help through Assistive Technology) Service Team** is a service provided across Greater Glasgow and Clyde, only. It is hosted by SCTCI and is managed by East Renfrewshire HSCP on behalf of the health board.

It was set up in 2020 to support the provision of the Scottish AAC legislation, and to provide equipment for AAC users living in NHS GGC. They work alongside local Speech and Language Therapists to guide Augmentative and Alternative Communication (AAC) implementation, often following assessment by SCTCI. There were 30 requests for support this year. The impact of this service for those requiring AAC in Glasgow has been significant with significantly faster procurement of communication devices for adults and excellent support to use their devices. The impact on the workforce providing long term AAC support has been improved knowledge and confidence.

The service received recognition from the Communication Matters Charity at their 2023 awards ceremony. The CHAT service won The Samantha Hunnisett Access Award. The team was commended for their excellent work in breaking down barriers to ensure equal opportunities and access to AAC assessment and provision. This has meant that this year

56 AAC users in Glasgow alone were provided with the communication aid they required last year, most within three weeks from application.

The service also responded to 77 technical support requests and carried out 108 annual reviews where the safety and suitability of AAC devices were checked.

User feedback from a client with Motor Neurone Disease (MND) 'When this disease has taken everything else away the ability to still communicate using eye gaze means everything to me. Thank you for giving me a voice so quickly when I needed it the most'.

CHAT has a number of projects ongoing which aim to improve procurement of devices and identify the training needs of the workforce in Greater Glasgow and Clyde. The CHAT service model has been recognised across Scotland as excellent example.

East Renfrewshire HSCP are supporting the local delivery of the **Improving the Cancer Journey**, funded and supported by Macmillan Cancer Support (Scotland) and the Scottish Government. The partnership offers support to anyone affected by cancer across East Renfrewshire, by offering a Holistic Needs Assessment (HNA) to help identify and address all physical, psychological, social, financial and practical needs.



**MACMILLAN**  
CANCER SUPPORT

### **Macmillan Improving the Cancer Journey (MICJ) – East Renfrewshire**

We have entered the 2<sup>nd</sup> year of funding for ER Macmillan Improving the Cancer Journey (ICJ) programme. In the year, 01/04/25 to 31/03/25, the staff set up 220 electronic needs assessments for 180 individuals.

There was a wide range of concerns expressed but from analysis of the completed eHNA's the main concerns expressed by people included; thinking about the future, moving & feeling tired, exhausted and fatigue, money and finance, uncertainty & worry, fear and anxiety.

All individuals would have been supported with information and advice and 100% of people referred to the ICJ service receive an onward referral to the ERC Money Advice and Rights Team. 70 individuals were too unwell or passed away before their care plan could be completed, however 122 care plans were agreed and locked in the Macmillan system.

Macmillan like many other organisations are experiencing difficult financial challenges, and some of the main resources and supports have been reduced or withdrawn. Cancer Support Scotland is also no longer available to provide the range of emotional and practical supports and the ICJ staff have worked to find alternative supports. The ICJ lead and staff, contribute to the regional and national communities of practice and we continue to support the roll out of ICJ in other HSCP areas. Hosting visits from staff from the Highlands and Ayrshire and Arran.

For more information about the East Renfrewshire Improving the Cancer Journey Service please see,

[Helping you live with cancer - East Renfrewshire Council](#)

[Macmillan Cancer Support | The UK's leading cancer care charity](#)

## 2.4 Working together to support mental health and wellbeing

National Health and Wellbeing Outcomes contributed to:
NO1 - People are able to look after and improve their own health and wellbeing and live in good health for longer.
NO3 - People who use health and social care services have positive experiences of those services, and have their dignity respected
NO4 – Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

### 2.4.1 Our strategic aims and priorities during 2024-25

As partnership, we are focused on good mental wellbeing, and on ensuring that the right help and support is available for mental health needs whenever it is needed. We recognise that different types of need will continue to emerge as time passes and that we will need to continually adapt our approach to reflect this. We work with GPs, third sector partners and people with lived experience to develop our approach to ensure people get the right service, in the right place at the right time. We 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.

We will continue to work in partnership with people who use services, carers and staff to influence the Greater Glasgow and Clyde Adult Mental Health Strategy and contribute to its delivery to ensure the needs of East Renfrewshire residents are met. We will ensure a particular focus on prevention, early intervention and harm reduction; high quality evidence-based care; and compassionate, recovery-oriented care recognising the importance of trauma and adversity and their influence on well-being.

We will continue to support the promotion of positive attitudes on mental health, reduce stigma and support targeted action to improve wellbeing among specific groups.

Our aim is to **support people to look after and improve their own mental health and wellbeing**, by:

- Ensuring individuals can access a range of supports on their journey to recovery from mental health and alcohol and drugs harms
- Ensuring wellbeing is enhanced through a strong partnership approach to prevention and early intervention
- Helping staff and volunteers to have the skills, knowledge and resilience to support individuals and communities

### 2.4.2 Our performance in 2024-25

During 2024-25 our teams have continued to deal with increased demand across mental health and addiction services due to increases in complexity. There has been high demand across all teams (Alcohol and Drug Recovery Service, Adult Mental Health Team, Primary Care Mental Health Team, Older Adult Mental Health Team). For older people we continue to see wellbeing impacted by issues such as isolation and reduction in mobility.

Headline performance data includes:

- Mental health **hospital admissions** remain low (at 1.26 admissions per 1,000 population).
- 87% waiting no longer than 18 weeks for access to **psychological therapies** – a continuing improvement from 84% in 23/24 (and 75% in 22/23). However falls just



short of the target of 90%. This was achieved through close monitoring of waiting times on a weekly basis, to address the longest waits, and recruitment to fill key psychology and counselling posts. Demand for psychological therapy continues to be high.

- 97% people accessing recovery-focused treatment for drug/alcohol **within 3 weeks** – up significantly from 93% in 23/24 and we are maintaining performance ahead of target (90%).
- 78 **alcohol brief interventions** undertaken in 24/25 compared with 568 in the previous year. This was due to a temporary reduction in the funding available for commissioning the delivery of ABIs in 2024-25. This funding gap has been resolved for 2025-26 and delivery is expected to return to 23/24 levels.

### 2.4.3 Ways we have delivered in 2024-25

Our teams continue to experience high demand across mental health and alcohol and drug recovery services due to increases in complexity. We continue to develop our approaches and ways of working to support good mental health and wellbeing, help people manage their own mental health, and build their emotional resilience.

A key priority in delivering our strategy to support better mental health and wellbeing is to ensure staff and volunteers across the wider partnership have the skills, knowledge and resilience to support individuals and communities. We continue to support **training on mental health and wellbeing** for third sector staff and volunteers. During 2024-25, this has included:

- All health and wellbeing information / supports and training is shared and open to both staff and partners to access.
- In 2024, 32 training courses were delivered to 449 staff / partners. This does not include data from national / external webinars which have also been promoted / accessed.
- Six Health Information sessions were delivered to local organisation Men's Shed Barrhead on a variety of topics including: mental health, alcohol, cancer and dementia.
- Two Heart Start training courses were also delivered to both staff third sector and communities with 32 individuals being trained.
- Further training opportunities to support mental health and wellbeing included:
  - Gambling awareness sessions facilitated by our partners RCA Trust.
  - Breathing Space our national partners also provided sessions on digital resources to support mental health and wellbeing

#### Supporting wellbeing - Health walks and strength & balance sessions



- East Renfrewshire Walking for Health Programme delivers nine weekly community walks across East Renfrewshire. The walks are delivered by twenty four volunteer walk leaders who have been trained by our partner organisation Paths For All.
- In 2024 the programme delivered 385 Health Walks and 193 Strength and Balance sessions. This was delivered by our 24 trained walk leaders with 3,815 individuals attending the walks.
- 2024 saw the introduction of wheelie based walk in Cowan Park Barrhead, this walk is for all individuals who utilise walking aids.
- Alongside the walking for health programme, strength and balance classes were delivered

across East Renfrewshire by our partners such as Mearns Kirk Helping Hands and VAER. On average ninety individuals attended classes on a weekly basis. These community strength and balance classes also provide a next step for those currently engaged in Live Active or rehabilitation programme.

- All walks and classes end with a group get together for tea, coffee and catch up as this alongside the physical activity is vital in promoting mental health and wellbeing and reducing isolation.
- One of our Walk Leader volunteers was awarded with Volunteer of the Year at the HSCP Staff awards in February this year.

We are committed to working together with community planning partners on activities that support mental wellbeing and resilience across our communities. We have continued to support delivery of the **Community Mental Health and Wellbeing Fund** in partnership with VAER successfully implementing the third year of support to local community.

### **Community Mental Health & Wellbeing Fund (CMHWF) in East Renfrewshire**

The HSCP provided support to VAER via promotion / awareness raising of the community fund and was an active part of the panel for the small funds applications. All finances were successfully allocated in line with the indicators and fund requirements.

The Community Mental Health and Wellbeing Fund 2024/25 was vastly oversubscribed with Voluntary Action East Renfrewshire receiving over 79 applications.

Over the last three years, residents of East Renfrewshire have benefited from £946,999.93 through the CMHWF. In 2024/25, East Renfrewshire was awarded **£237,581.87** to distribute to community groups.

Yr 4 amendments included an enhanced focus on activities provided by grassroots groups with a continued response to Cost of Living Support and a focus on collaborative approaches between applicants.

Successful applications:

- 19 Small Grants
- 18 Medium Grants
- 7 Large Grants

Community projects across East Renfrewshire have received money from the fund:

- 15 Barrhead
- 2 Clarkston
- 1 Eaglesham
- 7 East Renfrewshire wide
- 1 Eastwood
- 4 Giffnock
- 3 Neilston
- 3 Netherlee
- 3 Newton Mearns
- 2 Thornliebank

Of the 42 successful projects, it is estimated that over 3,600 people will benefit from the Community Mental Health and Wellbeing Fund for Adults 2024 – 2025.

During the year, HSCP staff supported the roll-out of the **Distress Brief Interventions (DBI) Service**, implemented in April 2024 with local partners RAMH and Police Scotland.

Supporting partners include: National DBI Team / Scottish Ambulance Service/ Fire Scotland. To date, 16 Police Officers have been trained in DBI assessment and referral with five RAMH staff trained in delivery of DBI. Since the DBI service launch in April 2024 24 referrals have been received and we continue to work with Police Scotland on take-up of the service.

East Renfrewshire HSCP staff coordinated **local community consultations** around the Mental Health Strategy plans to reduce mental health in-patient beds while investing further in community based mental health services. Four local consultation meetings were held and views gathered reported back to NHS Greater Glasgow and Clyde. The HSCP will continue to keep local residents informed as plans develop and will work with NHSGGC on proposals to strengthen community based services and reduce and prevent hospital admissions.

During 2024-25, we have progressed the **peer support programme** locally by employing a peer support worker in both the Adult Mental Health Team and the Alcohol and Drug Recovery Service (ADRS). The mental health peer support worker has supported 45 people over the course of 2024-25 in the Adult Mental Health Team in their recovery, such as supporting people to identify their recovery goals and building their confidence to access services and groups in their community. 15 people have completed their support programme in the last year and 30 continue to work with the peer support worker into 2025-26. The ADRS peer support worker was in post from December 2024 and has participated in work to make the service bases more trauma informed and supported work to gather service user feedback to improve the service.

#### **Supporting mental health and wellbeing for our care home population**

The Care Home Liaison Team, within East Renfrewshire Older Peoples CMHT is a multidisciplinary team comprising of occupational therapy and nursing. The service provides person-centred care and support to residents of both nursing and residential Care Homes within East Renfrewshire. Reasons for referral may include but are not limited to, seeking stress and distress support, prevention of care home placement breakdown and review of psychotropic medications.

- The team aims to work with care home teams and residents to reduce stress and distress in care homes and improve quality of life of residents.
- The team promote a proactive and preventative model of care. This focuses on non-pharmacological interventions and includes monthly Dementia training for care home teams to better understand dementia and therefore how to prevent stress & distress.
- 115 referrals were received by the team during 2024-25
- Through this model the team have reduced the number of psychiatric hospital admission to 1 over the last 18 months. The input of the team prevented hospital admission in 7 cases and avoided the breakdown of the care home placement for 12 individuals.
- The team collects data monthly to demonstrate the impact of the service – during 2024-25, anti-psychotic medication was able to be reduced for 51 people and stopped for 33 people. This is a 50% reduction of the total number of residents across East Renfrewshire care homes who are prescribed antipsychotic medication.

During the year, Mental Health and Recovery Services has maintained a strong focus on improving the **waiting time for psychological therapy** by ensuring psychology and other resources are in place through recruitment and additional investment. Over the course of 2024-25, 569 people started in treatment. The percentage of people starting treatment within 18 weeks of being assessed increased from 83.2% in March 2024 to 87.5 at the end of March 2025. Improvement in the waiting time peaked at 92.3% in January 2025. The aim is to maintain staffing levels and maintain performance at the 90% target level.

During 2024-25 we have continued to support local people facing issues with alcohol and drug use. We are committed to delivering the priorities set out in the **East Renfrewshire Alcohol and Drugs Plan 2024-27**, with implementation led and overseen by the Alcohol and Drugs Partnership.

Design and development of a **community recovery hub**, to support people in the community recovering from mental health, alcohol and / or drug harms is a major project being progressed as part of the Alcohol and Drugs Plan. In 2024-25, a site for the recovery hub was secured within Barrhead Health and Care Centre and project management support was secured from NHS Greater Glasgow and Clyde. Several community engagement meetings have been held over the course of 2024-25 to keep community members updated on developments. The year ahead will see a community steering group formed and work will progress in designing the community recovery hub.

Alcohol and Drug Recovery Services have supported 24 people to access **residential rehabilitation** over the last three years using specific funding allocated by the Scottish Government for this purpose. Evaluation has shown that 63% of placements were completed in full with individuals reporting impacts such as being able to manage daily routines better, make plans for the future such as undertaking training and preparing for getting back into employment. While completion is positive there can also be good learning and outcomes from shorter placements, such as achieving more stability in community based treatment.

Every journey and destination is unique. Some of the positive outcomes observed through evaluation include:

- Sustained abstinence
- Being able to better manage daily routines
- Getting involved in training and considering getting back into work
- Improved physical and mental health (e.g. reduced medication or care packages)
- Improved engagement with support services
- Reconnecting with family For some a reduction in substance use means a significant reduction in harm and risk
- 

The service continues to support people to access residential rehabilitation, subject to available funding, and we will continue to evaluate the outcomes.

Glasgow Council on Alcohol (GCA) are commissioned in East Renfrewshire to deliver **Alcohol Brief Interventions (ABIs)**, alcohol counselling sessions and training on the delivery of ABIs to staff across the HSCP and partners. Over the period January 2024 to March 2025, GCA delivered:

- 247 Alcohol Screenings
- 202 Alcohol Brief Interventions
- 369 Alcohol Counselling sessions (supporting 62 individuals)



Alcohol awareness events have taken place in leisure centres, libraries, Voluntary Action market places, community centres and food banks. Alcohol counselling

sessions are offered in health centres or in GCAs offices. From May 2025, GCA will continue to provide local services with a focus on both alcohol counselling provision and the delivery of Alcohol Brief Interventions.

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

The MAT Standards are assessed through a system of Red, Amber, Green (achieved) or Blue (blue means improvement has been sustained and embedded in services). East Renfrewshire has achieved blue or green status across all ten standards. The Alcohol and Drug Recovery Service has successfully delivered on the rapid access standard, with over 75% of people accessing medication assisted treatment able to start treatment on the same day they request it. The service has demonstrated there is choice of medications and has evidenced robust delivery of assertive outreach to people at risk of harm. Over a three month sampling period, 30 individuals were contacted and supported within 72 hours of identifying risk. This approach has kept people safe from harm and supported back into treatment and recovery (including support with housing, welfare issues, near fatal overdose and missed medication).

76% of staff are trained in trauma sensitive and safety and stabilisation skills and techniques and are putting these into practice.

Service user experiences are gathered and analysed as part of the evaluation of the MAT Standards. This work found that people feel supported in treatment and reported being able to access treatment quickly and within the timescale they requested. Family members are encouraged and supported to be involved in their loved one's treatment and care. People using services feel their emotional wellbeing is supported and their key workers are compassionate and caring.

The evidence gathered has informed improvement plans for 2025-26 including enhancing the wellbeing supports offered and increasing service user and family member awareness and understanding of these, enhancing the interface between mental health and ADRS and refining the approach to assertive outreach and further exploring people's experiences of this.

We continue to work collaboratively with our partners on suicide prevention activities and our commitment and priorities for action are reflected in East Renfrewshire's **Suicide Prevention Strategy and Action Plan 2024-27**, approved in March 2024 following in-depth consultation work.

Our local strategy and action plan was developed following analysis of both local, health board-wide and national data including reviews of local Significant Adverse Events (SAER). The long term vision for the strategy is: *Good Mental Health and Wellbeing for All*. The principle of collaboration and partnership working is key in driving this work forward.

Our local services provide quality care and support for those in need and whom may be at increased risk of suicide. However, local data highlights that only one third of individuals who have died by suicide have been known to services and therefore confirms our principle of collaboration and partnership working. The need for a community-wide approach is critical in relation to awareness raising, training and capacity building. Locally we will continue to work in partnership with NHS GGC and wider partners to achieve the best outcomes for East Renfrewshire residents and communities, focusing on the following priority areas:

- Establish local suicide prevention network;

- Provision of education and training to raise awareness, skills and knowledge in suicide prevention;
- Communications and campaigns;
- Involving communities and lived experience;
- Data analysis and reviews to inform service improvement.

Delivery of the plan is supported by a suicide prevention working group – involving 30 members from the HSCP, East Renfrewshire Council, third sector and community organisations, Police, and people with lived experience.



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

### National Health and Wellbeing Outcomes contributed to:

NO2 - People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

NO4 – Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

### 2.5.1 Our strategic aims and priorities during 2024-25

The vision set out by NHSGGC in its recovery and remobilisation planning is to have in place a whole system of health and social care enabled by the delivery of key primary care and community health and social care services. HSCPs are working in partnership to ensure effective communications, a consistent approach, shared information and the alignment of planning processes.

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

We continue to work together with HSCPs across Glasgow, primary and acute services to support people in the community, and develop alternatives to hospital care. In partnership we support the development and delivery of the joint strategic commissioning plan which outlines improvements for patients to be implemented over the next five years.

Our aim is to **ensure people's healthcare needs are met (in the right way, by the right person at the right time)**, by:

- Early intervention and prevention of admission to hospital to better support people in the community
- Improved hospital discharge and better support for people to transfer from acute care to community supports
- Improved primary / secondary care interface to better manage patient care in the most appropriate setting.

### 2.5.2 Our performance in 2024-25

Despite continuing pressures on the social care sector and our care at home service during the year, we have seen a more controlled level of delayed discharges and the number of hospital bed days lost to delayed discharge has reduced moderately for 2024-25. We continue to be one of the best performing partnerships for minimising delays in Scotland. We continue to support the hospital discharge efforts by promoting the use of intermediate care beds where a care at home package cannot be immediately accommodated. In East Renfrewshire, unplanned hospital attendances and admissions are stable (having increased slightly but remaining within target) and have not returned to pre-Covid levels. Hospital attendances from our care homes reduced during 2024-25 reflecting the level of support the partnership is

providing in these settings.

Headline performance data includes:

- **Discharge with delay** (NHSGGC data) – averaged 7 delays for 24/25 – meeting our target (7) and unchanged from the previous year. We remain one of the best performing HSCPs in Scotland on this measure.
- Discharge with delay including AWI (PHS data) - averaged 13 delays for 24/25 – down from 15 in 23/24 but missing our target of 11.
- Adult **bed days lost to delayed discharge** reduced slightly to 5,093 from 5,132 for 2023/24 although we are missing our target. This reflects continuing levels of frailty/complexity and pressures in the social care sector during the reporting period.
- Adult **A&E attendances** – 18,211 (2023/24) – up from 17,824 but ahead of target.
- Adult **Emergency admissions** – 7,002 (2023/24) – again, up slightly from 6,943 and ahead of target.
- Emergency admission rate (per 100,000 pop) – 9,671 up slightly from 9,215 for 22/23.
- Emergency **readmissions** to hospital within 28 days of discharge (rate per 1,000 discharges) – 72, up from 69 in 22/23.
- **Care home attendances** reduced to 459 in 2024/25 from 487. However, **admissions** increased slightly to 254 from 248 in the previous year.
- Proportion of **last 6 months of life** spent at home or in a community setting – 88.8% up from 87.7% and ahead of target (86%)

### 2.5.3 Ways we have delivered in 2024-25

During 2024-25 the HSCP has continued to work with other partnerships and acute services in the Glasgow area to develop services and pathways to prevent admissions and support people return home following a stay in hospital.

Our dedicated **Home from Hospital** service facilitates the most complex hospital discharges. This includes a home first ethos but also ensuring the appropriate and effective use of intermediate and interim care beds when appropriate. When the level of homecare package required is not immediately evident or available, or ongoing rehabilitation and assessment is needed, by carrying out this activity in this setting versus hospital, it delivers improved outcomes. The targeted work by the team focuses on multidisciplinary and multiagency support of requests for intermediate care beds, care home liaison, occupancy tracking, data collation, arranging interventions / reablement and carrying out outcome-focussed reviews and care planning. The collaborative working between these teams has ensured that delays in hospital discharges have been minimised and kept within manageable levels. During 2024-25 there has been continued progression of the Discharge Without Delay workstream between Acute Services and the Home from Hospital Team. There has been an ongoing focus on **Planned Date of Discharge** and robust pathways across the **whole system** to minimise delays for individuals and ensure **person-centred discharge planning** with destination of home at earliest possible opportunity.

We are also working to implement our **discharge to assess** protocol to help minimise discharges with delay. There has been ongoing joint working between Acute Services and Home from Hospital Team, Intermediate Care and Rehabilitation Service to support individuals to be discharged home or to alternative community setting to ensure safe discharge without delay and ongoing assessment. We continue to provide **enhanced community support** and **intermediate care models** in partnership with HSCPs across Glasgow. To support timely discharge from hospital through intermediate ('step-down') provision in Bonnyton Residential Home and block, or 'spot' purchase additional beds for intermediate care in local Care Homes. Ongoing use of two dedicated beds in Bonnyton supported by social work, community nursing, reablement/ rehabilitation and primary care services remains



in situ. These continue to support the Discharge to Assess agenda and prevention of admissions.

The **Community Rehabilitation Service** has been reshaped to manage the increased demand that we have been experiencing in recent years and is the only fully integrated Rehabilitation and Community OT service within Greater Glasgow; which allows individuals to have fully integrated, holistic assessment and interventions while minimising handovers between teams. The service also works closely with the East Renfrewshire Culture and Leisure Trust and other partners across the area.

### **Community rehabilitation in East Renfrewshire**

The Community Rehabilitation Service has 40 WTE (46 staff) across two locality teams - Barrhead and Eastwood. The service includes:

- Physiotherapy
- Occupational Therapy
- Rehabilitation Nurses
- Dietitians
- Advanced Frailty Practitioners (a new role in GGC)
- Rehabilitation Assistant Practitioners (newly developed role in East Ren with competency framework now shared across GGC and with NHS Education Scotland)
- Rehabilitation Support Workers
- Speech and Language Therapy through Renfrewshire & Glasgow City teams

In addition, there is professional support to and close working with other Allied Health Professional (AHP) staff within partnership including Reablement, Moving and Handling, Initial Contact Team, Learning Disability and Children's Services.

Functions of the Community Rehab Service:

- Prevent avoidable admission to hospital; this includes delivery of unscheduled care pathways eg urgent primary care referrals, Community Integrated Falls and Frailty SAS Pathways, Home First Response, Intermediate Care, and supporting rapid discharge from Emergency Department and Assessment Units;
- Facilitate and support discharge home following hospital admission;
- Provide rehabilitation (short and longer term) to regain and optimise function, mobility, physical activity and independence;
- Maximise individuals' abilities and safety to allow them to remain in their home or a homely setting including for palliative/ end of life;
- Falls and frailty identification and management;
- Assessment for and provision of aids, equipment, minor adaptations;
- Assessment for, and through to the completion of, all major adaptations- including stairlifts/ wet floor showers/ ramps etc;
- Provision of information, support, liaison with and referral to other specialist health, social care and community services as required.

Community Rehab Service support to our **care homes**:

- The service has introduced a Community Rehab Team Physiotherapist and Occupational Therapist aligned to each Care Home;
- Provide proactive support to Care Homes, reinforcing existing pathways for referrals of individual residents, and earlier identification of any support needed;
- Falls prevention/ transfers/ mobility/ M&H/ encouraging meaningful activity/ postural supports and seating;
- Rehabilitation and support for individuals to live a fulfilling life in the care home environment;

- Improved communication, regular support and strengthened relationships between Care Home staff/ Care Home Liaison Nurses/ Community Rehabilitation/ OPMHT and wider services.

During the past year we have continued our work to implement frailty pathways and support initiatives to address frailty in our communities. There has been ongoing development of **Home First Response/Frailty service**. Two WTE Advanced Practitioners in Frailty are aligned to the Community Rehab Multidisciplinary team. There has been further development of the **community falls and frailty pathways** across the HSCP to identify and provide appropriate guidance, support and interventions both for complex community referrals and hospital discharges.

Our frailty matrix detailing appropriate services across the frailty pathway was reviewed during 2024-25 and we have seen increased use of the Rockwood Dalhousie Frailty Scoring; this helps identify need and is now recorded on Carefirst/CNIS and in Future Care Plans.

The community falls pathway with **Scottish Ambulance Service (SAS)** has been extended now to include frailty presentations, where conveyance to hospital is not required but further assessment and input is necessary to support an individual safely at home. This pathway is fully embedded, with next working day response for all referrals from SAS to Community Rehab.

During the year there has been ongoing close working with primary care colleagues identifying opportunities for proactive management of frailty presentations, and proactive review of individuals who have had multiple presentations at hospitals over previous 12 months.

To prevent crisis and emergency use of acute services, we continue to work to improve the quality and quantity of **Future Care Plans**. East Renfrewshire HSCP continues to meet quarterly targets for the provision of Future Care Plans. The East Renfrewshire Future Care Plan audit team meet quarterly to submit audits to central team and the quality remains high.

East Renfrewshire local Future Care Plan group continues to meet every 12 weeks and staff training across HSCP is ongoing to increase spread of staff groups completing. District nurses and advanced frailty practitioners are undertaking the majority of Future Care Planning. Care home liaison nurses have been supporting care homes to record Future Care Plans on clinical portal. The pathway for the East Renfrewshire Carers Centre to make referrals for future care plans for carers and those they care for, continues to be well utilised.

To support our local **care homes** and minimise hospital attendances and admissions we have established a **Call Before You Convey (CB4YC)** pathway providing enhanced senior clinical decision making support over 7 days for Care Home staff to access when identifying a deterioration in a resident's health. Between April 2024 and March 2025 - 47 calls came through East Renfrewshire's CB4YC pathway. Over 85% of residents were able to be supported to remain within the care home and avoid conveyance to hospital. Over 260 AHP assessments were undertaken of residents of Care Homes for support with transfers/ mobility/ equipment/ seating/ rehabilitation.

### Supporting local care homes

Our partnership works closely with local care home providers which include both independent and charity sectors. Fortnightly multidisciplinary Care Home Assurance Meetings are held to provide clinical support, advice and oversee the implementation of national policy and guidance as required as well as discussing local intelligence and risk

assessing each care home on a RAG status as part of corporate reporting to the Scottish Government.

Support is provided to care homes through Contracts & Commissioning weekly welfare calls, or more often if needed and regular support meetings take place with care homes experiencing any issues/risks. The HSCP Adult Support and Protection team work closely with homes advising and investigating to keep the most vulnerable individuals safe from harm. The HSCP Care Home Liaison Nursing staff support homes seven days a week through Call Before your Convey (CB4YC). The Older Adult Mental Health Team support residents within our Care Homes and have been running 'New to Skilled' (Stress & Distress dementia resource) training for staff which has been well attended and received by Care Home Staff. The HSCP Rehab team offer Physio and OT support and advice to all homes. A number of training programmes have been carried out by the Care Home Collaborative within care homes as well as them providing useful resources.

The Contract and Commissioning team also supports the yearly Care Home Assurance visits, alongside the clinical nursing team and senior managers from Localities. HSCP staff and care home Management also provide input at various internal and external meetings, such as the weekly vaccination meeting, Greater Glasgow care home assurance group and NHS GGC Care Home Framework sub groups.

In June 2024, the partnership introduced a new enhanced phlebotomy service, **Bloods and Go** to support people requiring bloods to be taken and address the issue that 60% of phlebotomy work continued to take place within GP practices. The service has had positive feedback from both patients and GPs, as well as positive results updates in the Health and Care Experience (HACE) survey results and the Medication Assisted Treatment (MAT) standards. Ratings for MAT standards are either 'green' or 'provisional green' which is the highest possible assessment for these standards at present.

#### **East Renfrewshire Blood and Go service**

The new service is a drop-in clinic model, no booking / appointing systems are required as the new phlebotomy service allows patients to attend for 'on the day' bloods and go. Bloods and Go is a phlebotomy only service, no other clinical interventions are carried out.

The Bloods and Go service is delivered within Eastwood and Barrhead Health and Care Centres, in repurposed, dedicated consultation spaces.

The workforce of the Bloods and Go service is Band 3 Health Care Support Workers and Band 2 receptionists with oversight from Band 5 Treatment Room Nurse. All Treatment Room staff work on a rotational basis across all CTAC services.

Two consultation bays are hosted at Eastwood Health and Care Centre, and one hosted in Barrhead Health and Care Centre. The service offers a phlebotomy service to individuals aged 16 years and over from all 15 GP Practices Monday to Friday from 8.30am to 4.30pm.

The Bloods and Go service was tested in both health and care centres with a few GP Practices over the first two weeks of June 2024 before being rolled out to all 15 GP Practices.

During the first 6 months of the service (the evaluation) from July – December 2024 we were seeing an average of 294 patients for bloods per week across both sites.

Since 1st April 2025 we have been seeing an average of 424 per week across both sites which is an increase of 44%.

*"I have had nothing but praise for the Bloods & Go team. My patients have all been so impressed at how efficient it is. They all feel this is a real positive in their care pathway and said how slick it was". (GP)*

*"Friendly & efficient - Visit to the doctor's resulted in bloods being taken for Diabetes and Anaemia and I was directed to Bloods on the Go at Eastwood Health Centre. Nurses were friendly and efficient and I left feeling comfortable having all my questions answered. Would like to express my gratitude and it makes all the difference being listened to". (Patient - Care Opinion)*

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

### National Health and Wellbeing Outcomes contributed to:

NO6 - People who provide unpaid care are supported to look after their own health and wellbeing, including support to reduce any negative impact of their caring role on their own health and wellbeing

### 2.6.1 Our strategic aims and priorities during 2024-25

Unpaid carers are essential to our social care system and the daily efforts of families and loved ones to support those in need is fully recognised by the partnership. During and after the Covid pandemic, unpaid carers have taken on increased caring responsibilities and have faced additional pressures. The ongoing work of the East Renfrewshire Care Collective has demonstrated the need to maintain and strengthen our approach to involving carers throughout the planning process in identifying the outcomes that matter to them and by ensuring carers voices are valued and reflected within our strategic planning work.

Our Carers Strategy 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 (ER Carers) to improve access to accurate, timely information. We will continue to encourage collaboration between support providers for advice, information and support for carers ensuring local provision that best meets carers needs. We will provide information and training to raise awareness of the impact of caring responsibilities. We will continue to support the expansion of personalised support planning in collaboration with our unpaid carers and ensure that self-directed support options are offered to all adult carers who have been identified as eligible for support.

We will work collaboratively with providers to develop flexible and innovative approaches to the provision of breaks from caring; and we will make sure that carers are aware of and have access to these. Peer support and having the opportunity to share experiences is highly valued by our carers but has been disrupted during the pandemic. As a wider partnership we will ensure that these informal supports that enable people to continue in their caring role are re-established and strengthened going forward.

Our aim is to **ensure people who care for someone are able to exercise choice and control in relation to their caring activities**, by:

- Ensuring staff are able to identify carers and value them as equal partners;
- Helping carers access accurate information about carers' rights, eligibility criteria and supports;
- Ensuring more carers have the opportunity to develop their own carer support plan.
- Ensuring more carers are being involved in planning the services that affect them and in strategic planning

### 2.6.2 Our performance in 2024-25

Through our new Carers Strategy and working in partnership with East Renfrewshire Carers Centre, we have continued to ensure that carers have had access to guidance and support throughout the year. Training and awareness-raising on the issues affecting carers have been

delivered. Work has continued on the development and promotion of support planning for carers and the partnership continues to develop approaches to short breaks for carers.

Headline performance data includes:

- 83.6% of those asked reported that their '**quality of life**' needs were being met – down slightly from 84.5% in 23/24 but continuing to perform ahead of target (80%).
- % carers who feel supported to continue in their **caring role** was 28.4% (23/24) consistent with previous survey results and below the Scottish average of 31.2%

### 2.6.3 Ways we have delivered in 2024-25

Throughout 2024-25 we have continued to work in close partnership with the **East Renfrewshire Carers Centre (ER Carers)**, delivering community-based integrated support for carers in East Renfrewshire including access to tailored advice, support, planning and community activities.



In partnership with the ER Carers we ensure **information and training** is available to raise awareness of the impact of caring and requirements of Carers Act. Carer awareness training has now been incorporated into the induction training for newly qualified social workers employed by HSCP. The Equal Partners in Care (EPIC) Training Programme and resources were put on hold during 2024 to undergo a redesign. EPIC training was relaunched at end of November 2024 and staff have been made aware that the resources are available on the staff intranet and TURAS.

A new **eligibility framework for carers** was introduced to sit alongside the HSCP's Supporting People Framework. Info sessions on the framework have been delivered to all staff with input into our locality teams, hospital team, mental health and learning disability teams.

We continue to work with partners to ensure carers are being in planning the services that affect them. The **East Renfrewshire Carers Screening Group** continued to meet fortnightly and carers centre/carers lead attend the HSCP's Peer Professional Review Group. The Carers Centre is a key partner in Talking Points and participate in carer awareness raising sessions through the Talking Points partnership.

**East Renfrewshire Carers Collective** had a leading role in influencing the most recent Carers Strategy. Thereafter carers were a priority group for engagement re the Supporting People Framework, updated strategic plan and most recently the proposed charging policy. Membership of the Carers Collective is currently under review. Membership has fluctuated as people's caring role has stopped/changed or carers own circumstances have changed. Three members of the Carers Collective set up the Autistic Collective which has become the main community support for carers of someone with autism/neurodiversity. Upon review, the Collective will work with the HSCP carers lead to design the service specification for carers' support that will be implemented in a new tender/contract from April 2026.

All carers referred to the Carers Centre are informed of their rights during the initial meeting and provided with information resources that explain **carers' rights** in relation to the main duties of the Carers Scotland Act. Information on rights is developed further if carers progress with an Adult Carers Support Plan. The Carers Centre secured funding for an **SDS worker** who provides advice on SDS options particularly in relation to short breaks and respite. Specific group sessions are run throughout the year on carers rights and rights are also



threaded through other training such as dementia awareness and training for care home staff. Over 100 carers have attended group sessions in the last year.

We continue to implement carers' support planning including planning for emergencies with individual carers. **Adult Carer Support Plans (ACSPs)** are now submitted to a screening group who assess whether the plans meet the eligibility criteria to be submitted to Resource Enablement Group (REG). The HSCP have seconded a social work practitioner to work with the carers lead and support/build the capacity of the Carers Centre to undertake ACSPs. As a result of the Supporting People Framework and charging policy proposal, the ACSP process will be reviewed as part of the development of the next service specification from April 2026 onwards. Emergency plans are incorporated into Adult Carer Support Plans and the Centre is the main source of referral into the HSCP for the completion of Future Care Plans. An abbreviated ACSP is also available for carers with no requirement for statutory support from the HSCP. This allows the Carers Centre to record support plans for all carers referred for support. A total of 140 support plans were created last year.

Throughout the ACSP process, carers are informed about their options and how SDS budgets can be used flexibly. Through **Time to Live Funding** and similar sources, the Carers Centre has made 192 grants to support carers short breaks: funding breaks away, health and wellbeing sessions, equipment, vouchers.

**Short Breaks** are an essential support to ensure carers can maintain their caring role while maintaining their own health and wellbeing and having a life away from being a carer. A Short Breaks statement for East Renfrewshire was produced at the end of 2023; this is due to be updated in light of the Supporting People Framework and proposal to introduce charges for non-residential care.

A **short breaks working group** has been established involving the HSCP, Carers Centre and carers. The group has been taking forward the proposal to increase the use of volunteers to support carers' short breaks. The group also supported the design of a funding application that developed the **Dementia Walking Buddies** project that the Centre continues to run with 20 volunteers being matched to 24 people with dementia. Advice about short breaks for carers is one of the main roles of the Carers Centres SDS Worker. A **Short Breaks newsletter** was circulated twice to staff and a specific section on carers support and short breaks is included in the staff guidance in relation to SPF and HSCP processes. A Short Break feature in the carers centre newsletter was shared with carers and staff across HSCP and voluntary sector. The Carers Centre work with Shared Care Scotland to provide good practice examples and case studies.

### Short Breaks Statement

East Renfrewshire's Short Breaks Statement was developed in collaboration with carers and other stakeholders. It establishes guiding principles for planning short breaks and these remain key to short break provision. These are:

- Carers will be recognised and valued as equal partners in planning for Short Breaks.
- Planning and assessment will be outcomes focused to ensure that we focus on what both the carer and the cared for person wants to happen.
- By using our eligibility framework we will have an equitable and transparent system for determining eligibility for funding Short Breaks that is consistent and easily understood.
- There will be timely decision making.
- Planning a short break will be a safe, respectful and inclusive process with every carer treated equally.

- When planning a Short Break questions about needs and outcomes will have a clear purpose for carers, not just to inform the support system.
- Prevention will be key. Planning and assessments for support should prevent deterioration in the carer's health or the caring relationship.

Our Short Breaks Statement will be refreshed during 2025/26.

We continue to work with partners to ensure supports are available to carers to minimise the impact of **financial hardship** as a result of caring. The Carers Centre provide benefits information particularly on new Carers Support Payment, Young Carers Grant and Attendance Allowance, and work with partners such as Social Security Scotland, Money Advice and Rights Team (MART) and Citizens Advice Bureau (CAB) for more detailed benefits queries. The Centre also secured funding from the Covid Recovery Funding to work in partnership with CAB to distribute £25,000 in grants to carers affected by cost of living and increased cost/reduced income of carers.



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

National Outcomes for Community Justice contributed to:
Prevent and reduce further offending by reducing its underlying causes
Safely and effectively manage those who have committed offences to help them reintegrate into the community and realise their potential for the benefit of all

### 2.7.1 Our strategic aims and priorities during 2024-25

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

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

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

Our aim is to **support people to prevent and reduce offending and rebuild their lives**, by ensuring :

- People have improved access to through-care
- People have access to a comprehensive range of recovery services
- Trauma-informed practice is embedded across justice services
- Structured deferred sentence and bail supervision is implemented
- The risk of offending is reduced through high quality person centred interventions

### 2.7.2 Our performance in 2024-25

We continue to support the delivery of community based sentences (Community Payback Orders (CPOs)) ensuring they are supervised and supported appropriately to protect the public, promote desistance from offending and enable rehabilitation. Timescales for commencement and completion of CPOs declined during the year due to operational factors. We continue to support people with convictions into employment and volunteering with positive outcomes for participants.

Headline performance data includes:

- 77% of unpaid work **placement completions** within Court timescale – down from 89% and below target (80%)

- 65% Community Payback Orders (CPOs) **commencing** within 7 days – significantly down from 83% in 23/24 and we are missing our target (80%). Primary reason for failure to achieve this target is service users not engaging with instructions from Court and Social Work to attend scheduled appointment.
- Positive **employability and volunteering outcomes** for people with convictions – 57% (23/24 data) down from 64% in 22/23. Although missing our target of 60% all other participants demonstrated a positive training/education outcome.
- 82% of people reported that their order had **helped address their offending** – down slightly from 83% and impacted by the low number of people completing the voluntary survey.

### 2.7.3 Ways we have delivered in 2024-25

Community justice is principally about organisations working together to ensure that people who have offended address the underlying causes of their behaviour and pay back to the community where appropriate. It aims to encourage rehabilitation, reduce reoffending, and protect the public, leading to fewer victims and safer communities.

This requires a strong partnership working approach at each point of the justice system, from the point of arrest, through to integration into the community. Public protection remains our priority, with robust risk management systems in place to ensure that, where appropriate, those who have committed offences can be managed safely and effectively in the community. In the long term, our ambition is to use prison only for those who pose a risk of serious harm.

The Justice Social Work Service is continually exploring new opportunities for **unpaid work placements**. This has included some short-term opportunities whilst longer-term additional placements are reviewed. The service maintains close contact with existing personal placements and has strengthened partnerships with Environment and Employability services within the Council to deliver wider supports to residents.



The HSCP delivers accredited programmes aimed at reducing reoffending in partnership with East Renfrewshire Council. During 2024-25 we continued to deliver this activity in a group work capacity and we have overseen the transition of the programme from Moving Forward, Making Changes (MFMC) to **Moving Forward 2 Change (MF2C)**. During the year staff attended training for the new programme (MF2C). For the transition, participants with elements of MFMC remaining were supported to complete their programme requirements. MF2C will be delivered for all new Court Orders as of 1st April 2025.

The HSCP works to deliver a whole systems approach to diverting both young people and women from custody. The Justice Social Work Service continue to provide assessments and interventions within the **Diversion from Prosecution scheme**. Staff continue to utilise Justice Social Work Reports to explore all available **community-based options** where appropriate.

#### Structured Deferred Sentences

Women and young people continue to be clear priorities in the use of Structured Deferred Sentences. The Structured Deferred Sentence is a low-tariff intervention providing structured social work intervention for offenders post-conviction but prior to sentencing. It is a sentencing option in all court reports for people under 25 and women who are appearing for sentencing. It is also intended for offenders with underlying problems such as drug or alcohol dependency, mental health or learning difficulties or unemployment that might be

addressed through social work intervention. This outcome is promoted whenever appropriate within Criminal Justice Social Work Reports.

The Justice Social Work Service now runs both Bail Supervision and Electronic Monitoring Services. Due to staffing requirements, these are currently being managed by an Advanced Practitioner and existing staff. Additional recruitment is being underway to build capacity for this service.

We aim to ensure that people subject to statutory and voluntary supervision including licence have early access to community mental health, alcohol and drug recovery services. Staff continue to work closely with colleagues in the Alcohol and Drug Recovery Service (ADRS) and Adult Services to provide **holistic supports** to individuals. Staff regularly liaise with colleagues in mental health services whenever it is identified as necessary for successful outcomes for service users.

New staff have accessed **Trauma Informed Practice training** as it has become available. All Justice Social Work Staff have completed their Level 3 Trauma training. This has been complemented by all staff undertaking a range of training including CBT work.

It is important that people are able to find positive alternatives to offending. The Justice Social Work Service continue to work closely with the East Renfrewshire Employability Partnership, utilising the existing pipeline to refer people for assistance with **employability-related supports** and those for further **education/training**. We have sought to draw upon a wide-range of employability services to accomplish this and have connected with employability services to deliver input to our Moving Forward Making Changes programme for specialist



supports. The Justice Social Work Service are active partners with our colleagues in Employability services. We continue to access UKSPF (UK Shared Prosperity Funding) funding which has been in place since April 2023, initially for a two year period with this being funded for an additional period. This has enabled us to continue co-facilitating a role for an employability worker with our colleagues in Work EastRen Employability Services. Referrals continue to be made where appropriate to our colleagues in employability services.

A new **Community Justice Outcome Improvement Plan** is being finalised for 2025-2030. Delivery of the plan will be led by the East Renfrewshire Community Justice Partnership (ERCJP) which was established in 2017. A broad range of statutory and third sector partners contribute to the achievement of community justice outcomes and play a vital role both in the planning and delivery of services. A key feature of the ERCJP is the effective collaboration and strong commitment from all our partner agencies.

The draft plan sets out 13 priority actions to be progressed over the life of the plan. They are:

1. *Diversion from prosecution* - Enhance intervention at the earliest opportunity by ensuring greater consistency, confidence in and awareness of services which support the use of direct measures and diversion from prosecution.
2. *Police custody* - Improve the identification of underlying needs and the delivery of support following arrest by ensuring the provision of person centred care within police custody and building upon referral opportunities to services including substance use and mental health services.
3. *Bail supervision and electronic monitoring* - Support the use of robust alternatives to remand by ensuring high quality bail services are consistently available and delivered effectively.

4. *Bail supervision and electronic monitoring* - Strengthen options for safe and supported management in the community by increasing and widening the use of electronic monitoring technologies.
5. *Community based sentences* - Ensure those given community sentences are supervised and supported appropriately to protect the public, promote desistence from offending and enable rehabilitation by delivering high quality, consistently available, trauma-informed services and programmes.
6. *Restorative justice* - Ensure restorative justice is available across Scotland to all those who wish to access it by promoting and supporting the appropriate and safe provision of available services.
7. *Access to health and social care* - Enhance individuals' access to health and social care and continuity of care following release from prison by improving the sharing of information and partnership working between relevant partners.
8. *Housing* - Ensure that the housing needs of individuals in prison are addressed consistently and at an early stage by fully implementing and embedding the Sustainable Housing on Release for Everyone (SHORE) standards across all local authority areas.
9. *Employability* - Enhance individual's life skills and readiness for employment by ensuring increased access to employability support through effective education, learning, training, career services and relevant benefit services
10. *Voluntary throughcare* - Enhance community integration and support by increasing and promoting greater use of voluntary throughcare and third sector services.
11. *Effective leadership and governance* - Deliver improved community justice outcomes by ensuring that effective leadership and governance arrangements are in place and working well, collaborating with partners, and planning strategically.
12. *Partnership planning and implementation* - Enhance partnership planning and implementation by ensuring the voices of crime, survivors, those with lived experience and their families are effectively incorporated and embedded.
13. *Community justice workforce* - Support integration and reduce stigma by ensuring the community and workforce have an improved understanding of and confidence in community justice.

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

National Health and Wellbeing Outcomes contributed to:
NO1 - People are able to look after and improve their own health and wellbeing and live in good health for longer.
NO3 - People who use health and social care services have positive experiences of those services, and have their dignity respected
NO4 – Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
NO5 – Health and social care services contribute to reducing health inequalities

### 2.8.1 Our strategic aims and priorities during 2024-25

We are committed to the local implementation of Greater Glasgow and Clyde's Public Health Strategy: Turning the Tide through Prevention which requires a clear and effective focus on the prevention of ill-health and on the improvement of wellbeing in order to increase the healthy life expectancy of the whole population and reduce health inequalities. This includes a commitment to reduce the burden of disease through health improvement programmes and a measurable shift to prevention and reducing health inequalities through advocacy and community planning.

We will continue to work together with community planning partners to improve health and wellbeing outcomes for our most disadvantaged localities and those who have been disproportionately impacted by the pandemic. We will also work collaboratively with local and regional partners to develop our understanding of health inequalities in East Renfrewshire and changing patterns of need as we recover from the pandemic.

Longer-term, the HSCP will continue to support community planning activity that aims to tackle the root causes of health inequalities as reflected in our new Community Plan, A Place to Grow. This includes activity to address child poverty, household incomes and strengthen community resilience. We will continue to promote digital inclusion with a particular focus on supporting people to live well independently and improve health and wellbeing.

Our aim is to **tackle health inequalities and improve life chances**, by:

- Increasing activities which support prevention and early intervention, improve outcomes and reduce inequalities;
- Reducing health inequalities will be reduced by working with communities and through targeted interventions.

### 2.8.2 Our performance in 2024-25

As a partnership we are focused on tackling health inequalities and improving life chances for our residents. Although we remain below our target, we continue to support breastfeeding in our most disadvantaged neighbourhoods. The premature mortality rate has dropped significantly and East Renfrewshire has the lowest rate in Scotland.

Headline performance data includes:

- Our **premature mortality rate** remains significantly below the national average at 275 per 100,000 (22/23 fig) – down from 333 the previous year. Scotland average is 442 per 100,000.



- 13.1% of infants in our most deprived areas (SIMD 1) were exclusively **breastfed** at 6-8 weeks (22/23 fig) – down from 19.2% for 23/24 and missing our target of 25%. However, this is impacted by small numbers (reduction of two people). In SIMD 1 specifically, we have seen a large increase in mixed (breast and formula) feeding, from 5.8% in 2022/23 to 14.8% in 2023/24. The gap between the most affluent (SIMD 5) and the most deprived (SIMD 1) areas in East Renfrewshire is 38.4% and this is an all-time high.

### 2.8.3 Ways we have delivered in 2024-25

Following publication of the 2022/23 **NHSGGC Health & Wellbeing Survey (HWBS) Report** for East Renfrewshire, the HSCP Health Improvement (HI) Lead secured a small grant of £20k to support dissemination of the results. The East Renfrewshire data was presented to IJB in September 2024 and a further information session held with elected members in April 2025 to review and discuss re-framing our local health priorities through epidemiology evidence and community feedback. Information Sessions have also been delivered with key partners such as the Alcohol and Drug Partnership and Barrhead Housing Association Board Members.

To help disseminate and continue collating health information with the public, a HWBS toolkit has been developed supporting discussion and improvement work. Two development sessions have been delivered with the **Health Improvement Collaborative** (HI Leads, staff from Leisure Trust, VAER, Strategic Services, Oral Health Smoking Cessation) to empower staff to use the toolkit and champion the data and supporting services. An online **Health Improvement Notice Board** has been developed to support local signposting.

As part of our tailored health improvement programmes we continue to focus on interventions to tackle **childhood obesity** and support **better nutrition**.

- |  |
|--|
| <ul style="list-style-type: none"> <li>• 81.5 % of P1 children had a BMI in a healthy weight category. (875 Children)</li> <li>• 10.2% of P1 children are at risk of being overweight (110) children</li> <li>• 6.8 % of children were in the at risk of obesity category (73 Children)</li> <li>• 1.5% of children were at risk of underweight (16 children)</li> </ul> |
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The **Thrive Under 5 programme**, supported by VAER, was launched in October 2024. The programme aims to support families to live a healthy lifestyle with year one focusing on enhancing cooking skills and food education. Family engagements have been very encouraging with:

- 17 self-referrals for information and support.
- 4 x 6 weekly sessions with Totnosh with 80 families in Mearns and Busby, Eaglesham & Thornliebank.
- 64 delegates family cooking class in the Crookfur Family Centre and Madras (school delivered).
- Two Starting Solids Sessions were delivered in Busby and Barrhead with 41 Parents and carers attending with 31 babies.
- 8 families attended the first Family Growing Network cooking session and more in 2025.
- 21 adults and 24 children attended a Thrive Under 5 community event aimed at supporting signposting families in the community. Multi-agencies attendee included Families First, Childsmile, MART, Community Chef Food Demos and Work ER, Active School s SLT, CAB and Smoking cessation.
- Two blocks of Yoga Bellies delivered with 16 families.
- 10 Community Chefs trained.

- 19 individuals attending Food Hygiene training provided by Nutrition Scotland (7 in Barrhead & 12 in Clarkston).

The **Peas Please** Pilot, delivered by Nourish Scotland and ERC Catering Services encourages more vegetable consumption.

- 834 young people in ten early years establishments received cooking sessions that include a portion of vegetables along with cooking pack and equipment to future proof activities. Staff received training from the nutritionists and 32 elementary food hygiene training to additional EY establishments.

The **Mini Master Chef** programme was funded by the Community Nutrition Framework and developed by ERC Catering Services to build on Peas Please, incentivising young people to try new foods.

- 1515 young people received mini master chefs sessions to an additional 26 early years establishments, including 4 private providers with 258 staff trained in food hygiene #ERCMasterChef

The **HENRY programme** is being delivered in partnership with NHS GGC and Early Years Scotland. HENRY aims to support families to adopt healthier eating and lifestyle habits; addressing issues such as parenting, wellbeing, self-esteem and confidence. Group block sessions (over 8 weeks) have been delivered from Early Years Scotland. HENRY will continue over 2025-26 and work is ongoing with Busby Nursery and Primary School and Mearns Primary School.

**Weigh to Go** is a service for 12-18 years olds to support healthy weight. Led by the Youth Health Service, sessions are available weekly in Eastwood Health Centre and Barrhead Health Centre. YHS are working on providing HSCP level attendance data. 12- 15 year olds are offered nurse-led lifestyle support and 16-18 get Slimming World membership in addition to nurse-led lifestyle support.

Barrhead is an area of higher deprivation within the HSCP with SIMD 1 and 2 with lower **breastfeeding** rates in comparison to our Eastwood area. The Barrhead Health Visiting team continue to follow an enhanced pathway in the early postnatal weeks to provide additional support for mothers within areas of SIMD 1 and 2 to provide extra support to mothers that are breast feeding.

### Supporting breastfeeding in our disadvantaged communities

Unicef Accreditation for Gold Standard has been achieved for 2024.

East Renfrewshire displays above average breastfeeding rates when compared to Scotland and Greater Glasgow as a whole, with 75.4% of babies reported to have ever breastfed and 41.3% exclusively breastfed at primary visit. This year we have seen a decrease in performance to 13.1%, down from 19.2% in 2022/23. (Small population, in raw numbers, this is a decrease from 10 to 8). In SIMD 1 specifically, we have seen a large increase in mixed (breast and formula) feeding, from 5.8% in 2022/23 to 14.8% in 2023/24.

The gap between the most affluent (SIMD 5) and the most deprived (SIMD 1) areas in East Renfrewshire is 38.4% and this is an all-time high. (Source: PHS Nov 2024)

Health Improvement sit on the Scottish Government Breastfeeding Friendly Scotland Group and NHSGGC Breastfeeding Public Acceptability Group. HI Launched the new Early Years Breastfeeding Accreditation programme at the ELC Forum (March 24). Work is ongoing to

support the 37 nurseries through accreditation process. Two information session have been delivered by the Community Nursery Nurse

Training is underway for the Thrive Under 5 coordinator to support delivery of the Breastfeeding Friendly Scotland programme to local organisations.

Dunterlie Breastfeeding group has been led by National Childbirth Trust and supported by the Community Nursery Nurse. The number of attendees have improved as the group has become more established. NCT & the HL Lead attended the Dunterlie Group Parliament day and met with the Presiding Officer and local MSPs to discuss local issues and the benefits of the community group. However, the Scottish Government have recently withdrawn funding for third sector infant feeding groups, and this group will finish in May 2025.

We have continued our work to ensure people in our most disadvantaged community are able to access **digital opportunities** that support health and wellbeing. Activity during 2024-25 includes:

- The newly developed Health Visiting app has been launched and now live on the Health Improvement Scotland Right Decisions website. Work is ongoing to raise awareness of the app and ensure activities and key messages are disseminated online.
- There is ongoing collaboration with the NHSGGC Public Health Inequalities Group and the Digital Public Health Group, sharing best practices and opportunities.
- A literature review on “Social media – its use and impact on mental health and wellbeing among young people” was shared with the Young Persons Sub-Group including recommendations for Young People.
- In partnership with BIG Health, the Health Improvement team continue to monitor uptake of new digital resources to support mental health. Sleepio and Daylight is regularly promoted as an evidence based solution to sleep issues/anxiety.
- SilverCloud app supporting mental health and wellbeing is being promoted to young people.

**Smoking Cessation clinics** are held weekly in Barrhead Health Centre and outreach sessions held at Dunterlie Food Share weekly. Target quits at 3 month follow-ups in the 40% most deprived areas of East Renfrewshire was 51% (14 People) which is above target (April 24 – March 25). The **Jenny and the Bear resource** is a story which is part of a coordinated programme and aims to increase awareness about the effects of second hand smoke on children and what parents/carers can do to ensure their children are not exposed to its harmful effects. P1 at Cross Arthurlie Primary School were the 2024 Jenny and the Bear winner.

During the year, the HI Lead worked in partnership with NHSGGC Improvement Team for **Sexual Health** to support development of the Sandyford Good Practice Guide for Carers and Staff. The Sandyford Toolkit was launched in June 24 and HI have been prominent in promoting the use and availability, introducing the resource with IOCYP members and presenting it at the Deputy Head Teacher Meetings. Work is ongoing to share this quick reference guide to support every day conversations.

- East Renfrewshire has the third lowest teenage conception rates (under 20) in Scotland, at 13.1 per 1000 women (2022).
- Conception rates for women under 18 have increased from 5.0 to 6.0 in rates per 1000 women, from 2021 to 2022 (an increase from 28 to 34 people).
- STI rates in 13-17 years olds have increased from 2023-24.



The Culture and Leisure Trust continue to work closely with HSCP to support optimal access to leisure facilities across the community. Live Active referrals are made from GP Practice staff and aim to support people with a medical condition or mobility issue.



#### Live Active support 2024/25

- 365 new patients into service – 106% of NHS East Ren annual target
- 2419 patient contacts – 11% increase on 23/24

During the year we have continued to explore additional funding opportunities to support targeted health improvement interventions.

- Glasgow Council on Alcohol (GCA) were supported by the HI Lead to apply for funding via Community Health and Wellbeing Fund and Big Lottery. GCA were successful in securing Big Lottery Funding to deliver a **Youth Peer Support Service** commencing May 2025. GCA have been recommissioned to deliver local **Alcohol Brief Interventions** and **Alcohol Counselling Service**. GCA also support local event / communities and third sector partners by promoting their services and providing alcohol awareness opportunities.
- VAER were commissioned to support delivery of **Walking for Health Programme** alongside support from HSCP/ NHSGG&C and Paths For All.
- Health Improvement supported NHSGGC to commission training with Cancer Research UK. **Talk Cancer session** was delivered on 27th March 2025, with the course full with 20 delegates attending. An online course was offered to Primary Care colleagues on 23rd April 25.
- Via the Vaping and Young People Steering Group, Talk About Trust were commissioned to develop lesson plans for **vaping workshops** with schools. Health Improvement will offer out training to education in August 25. Work is ongoing to circulate the new NHSGGC Vaping resources for adults and young people and raise awareness of the risks.
- The **Childsmile** Tooth brushing programme in East Renfrewshire is delivered in early years establishments and primary schools. Health Improvement link in with the Oral Health Directorate to ensure Thrive Under 5 complements Childsmile and has consistent messaging. A small working group has been set up to improve interface with the Oral Health Directorate.
- Health Improvement sit on the Scottish Government **Infant Food Insecurity Group** and implement sections from the national food insecurity toolkit, aligned to Cash First principles.

We continue to work with our partners to tackle inequalities and support residents with a number of long term conditions.

The **Health Improvement Collaborative** meets bi-monthly including partners from ERC, ER Culture and Leisure Trust, VAER and the HSCP. The collaborative offers a forum for partners to discuss funding collaborations, intelligence and opportunities for joint working. The HWBS report has helped demonstrate the local impact of long-term conditions and is support planning.

The Scottish Cardiac Programme report showed an increase in coronary heart disease (CHD) among East Renfrewshire residents from 2022/23 to 2023/24. CHD rates increased from 258.4 per 100,000 to 280.5 per 100,000 in both males and females and showed a sharp increase in males from 346.6 per 100,000 to 401.9 per 100,000.

Scoping work is underway with an increase in heart attacks, notably in men from SIMD 1 and disadvantaged areas.

East Renfrewshire are meeting target for all **adult screening programmes** (Abdominal Aortic Aneurysm, Bowel & Breast) with the exception of cervical screening. Uptake for cervical screening is 76.9% and target is 80%. This equates to 5863 people with a cervix not screened in East Renfrewshire. During Cervical Cancer Prevention Week (Jan) Health Improvement delivered an online campaign with PHS promoting local case studies, sharing digital assets sharing key messages on “What to expect” and FAQs.

Health Improvement sit on the National Screening Equity Network and the NHSGGC Screening Inequalities Group – Health Services developed dashboards that show update by datazone. Barrhead HCC hosted the **Breast Screening Unit** for three months. A call to action was made to support breast screening uptake in areas where uptake was as low as 50%. The HI team also delivered two webinars for HSCP staff and supporting partners. Posters were placed on areas of low uptake and digital assets were shared.

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

### National Health and Wellbeing Outcomes contributed to:

NO8 – People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

### 2.9.1 Our strategic aims and priorities during 2024-25

We rely on our workforce to support all aspects of health and social care and their wellbeing and resilience has never been more important. The HSCP has established a health and wellbeing 'champion' who contributes to discussions at a national level and we have appointed a dedicated Health and Wellbeing Lead Officer for the wider partnership. A local Health and Wellbeing Group has been established to support the workforce across the partnership. The group is chaired by Head of Recovery and Intensive Services who also holds the national champion role. The group have put in place a wellbeing plan entitled 'You care....We care too.'

Our activity aligns to the NHSGGC Mental Health and Wellbeing Action Plan and national objectives. We will continue to input at a national level to the health and wellbeing conversation and to the development and delivery of the NHSGGC vision to support the mental health and wellbeing of staff. This includes ensuring rest and recuperation, peer support, helping staff fully utilise their leave allowance, and ensuring working arrangements are sustainable in light of continuing constraints and reflect ongoing changes to services and pathways.

Our aim is to **support resilience and wellbeing among staff across the partnership**, by:

- Ensuring staff have access to resources and information that can improve their wellbeing;
- Ensuring staff feel connected to their team or service and we embed a health and wellbeing culture across the partnership;
- Promoting opportunities for staff to take part in physical activity, rest and relaxation;
- Ensuring staff feel safe in the work place.

### 2.9.2 Our performance in 2024-25

Supporting staff wellbeing remains a key priority of the partnership, particularly following the experience of the Covid pandemic. The way staff have been working changed significantly with hybrid (home/office) becoming the norm for large groups of employees. In the years after the pandemic we supported the implementation and delivery of wellbeing programmes across the health and social care landscape. Support has been made available to HSCP staff, Care Homes, Primary Care, Care Providers, Third and Community Sector (staff and volunteers). Our iMatter staff engagement survey has produced positive feedback despite taking place during a period with significant pressures on our workforce.

Headline performance data includes:

- 88% of staff agreed that "My manager cares about my **health and wellbeing**" – consistent with the previous iMatter staff survey (89%)
- 72% agreed that "I feel **involved in decisions** in relation to my job" – down from 75% in previous survey
- 75% agree that "I am given the time and resources to support my **learning growth**" – down slightly from 77% in previous survey

### 2.9.3 Ways we have delivered in 2024-25

Despite no longer being able to fund a dedicated Wellbeing Lead Officer, responsibility for promoting staff wellbeing has been added to existing roles and we have continued to ensure that all staff have access to universal information with regard to health and wellbeing across the partnership's services. Both formal and informal communication methods are used to communicate the health and wellbeing offer to staff. Our HI Lead and Communications Officer promote and share staff **wellbeing opportunities** and supports as and when they are available from the Council, NHS and other national and local agencies. Throughout the year there has been ongoing promotion of information, support and training opportunities to staff and partners on wellbeing related topics such as: mental health; physical activity; finance etc. There has been continual promotion of NHSGCC-wide **Active Staff** opportunities including weekly **Eastwood fitness class**. During 2024-25 staff have been able to access **relaxation, emotional support, physical activity** opportunities and practical support across the partnership.

There has been ongoing focused work to engage managers to develop **leadership competencies** relating to wellbeing. We have continued to promote of training / awareness raising opportunities for managers and team leaders on how to support staff in relation to wellbeing and resilience. During the year we continue to encourage regular wellbeing conversations with staff and teams and have also promoted the peer support programme and offer of support to individual staff members.

#### Active staff – supporting positive health and wellbeing

Active Staff opportunities are included in the HSCP Staff Bulletin. HSCP staff receive discounted **gym membership** within East Renfrewshire gyms. Both the Council and NHS are members of the **Cycle to Work Scheme**.

The **workforce health and wellbeing programme** continues to provide a wide and diverse range of activities and resources. This includes **physical activity** options, **peer support**, and access to a comprehensive list of **wellbeing resources** and websites. ERC's wellbeing offering for 2024/2025 has included free health check opportunities, team development days, hands-on cooking classes, sound bath sessions, book club, wellbeing walks at lunch, Seasons for Growth groups, 1:1 wellbeing conversations. Training has been available on wellbeing and resilience and there has been sharing of resources via teams and emails. This includes promotion of national campaigns and raising awareness of important topics related to health and wellbeing.

iMatter is an **employee engagement** continuous improvement tool which aims to give staff a voice and help individuals, teams and managers understand and improve experiences at work. During the year, staff engagement levels were similar to previous years with a 65% response rate to the 2024 survey with 88% of teams completing an Action Plan. Particularly worth noting is an Equality Index Score of 78 which demonstrates staff are treated fairly and consistency, with dignity and respect, in an environment where diversity is valued.

The HSCP was included within the Council's Employee Survey this year which is an important way of finding out how employees across the Council feel. The survey has widened in scope for this year to include additional questions about engagement and the general experience of working for East Renfrewshire Council alongside wellbeing questions.

The HSCP has made some significant changes to the way many of its employees carry out their work, with large numbers of staff undertaking **hybrid working** and using more **digital** means of communication. By developing a more flexible workforce, which is able to deliver services through different ways of working, this has created a means to better support the work-life balance of employees. This is helping accommodate those needing reasonable adjustments due to caring responsibilities or disability for example.

#### **Enhanced safety and wellbeing for care staff – new legislation**

The Health and Care (Staffing) (Scotland) Act 2019 provides a statutory basis for the provision of appropriate staffing in health and care services, enabling **safe and high quality care** and **improved outcomes for service users**. It builds on existing policies and procedures within both health and care services and 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**. Having been delayed by the Covid-19 pandemic, the Act came into effect in April 2024.

East Renfrewshire HSCP established a **Safer Staffing Implementation Group**, chaired by the Chief Nurse, to coordinate the implementation of the Act with representatives across relevant health and social care teams.

In relation to care services, the Act places duties on local and integration authorities when “planning or securing the provision of a care service from another person under a contract, agreement or other arrangement”. These are that such authorities must have regard to:

- (a) the guiding principles for health and care staffing; and,
- (b) the duties relating to staffing imposed on persons who provide care services.

The Act also places a duty on authorities to “as soon as reasonably practicable after the end of each financial year” to publish information on:

- the steps they have taken; and,
- any ongoing risk that may affect their ability to comply with Section 3(2) of the Act.

The HSCP Commissioning team have updated documents under our Contract Management arrangements to ensure alignment with the Act. The Risk Assessment for services under the Contract Management arrangements has been similarly aligned with the Act. This ensures that risk assessments for purchased services include clear and direct reference to the duties under the Act.

The Scottish Government has produced a template for the reporting duty under the Act which consists of two questions which reflect Section 2(5) of the Act:

- Please detail the steps you have taken as an organisation to comply with section 3(2) of the Health and Care (Staffing) (Scotland) Act 2019:
- Please detail any ongoing risks that may affect your ability to comply with the duty set out in section 3(2).

The completed template for ERHSCP is included at Appendix Two of this report. Following approval by the committee the report will then be sent to the Scottish Government via their nominated email address. Together with publication of the paper on the ERHSCP website for the committee meeting, this will meet ERHSCP’s duty under Section 3(6) of the Act.

NHS community services delivered through the HSCP are also subject to oversight and coordination as part of the ERHSCP Safer Staffing Implementation group. The IJB received a report in 26th March 2025 providing assurance on the progress made in the

implementation of the Act. The ERHSCP implementation group is aligned and reports to the NHSGGC whole-system planning programme and was included in the first report to the Scottish Government on 30 April.

The purpose of the annual reporting requirement is to:

- enable impact monitoring of the legislation on quality of care and staff wellbeing;
- identify areas of good practice that can be shared;
- identify challenges relevant organisations are facing in meeting requirements in the Act and what steps they have taken / are taking to address these;
- identify any improvement support required; and
- inform Scottish Government policy on workforce planning and staffing in the health service, alongside other sources of information and data.

## 2.10 Protecting people from harm

### National Health and Wellbeing Outcomes contributed to:

NO7 - People using health and social care services are safe from harm

#### 2.10.1 Our strategic aims and priorities during 2023-24

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

#### 2.10.2 Our performance in 2024-25

- Improvement in safety and wellbeing outcomes for women who have experienced **domestic abuse** – 92% consistent with 23/24 performance (93%) and ahead of target (85%). a total of 1116 women and children were supported across Women's Aid three core services, helpline and drop in enquiries compared to 1059 during the same period last year- a 5% increase.
- People agreed to be at risk of harm and requiring a **protection plan** have one in place – continues to be 100% of cases.

#### 2.10.3 Ways we have delivered in 2024-25

As we work to protect adults at risk from harm we continue to respond to changing needs and patterns of demand. Through the delivery of our multi-agency **Adult Protection Improvement Plan** we continue to focus on: ensuring that adults at risk, their families and carers views are heard and help shape the way we deliver services; making best use of all our opportunities for the prevention and identification of harm; and ensuring that we offer supports and services which meet the needs of adults at risk of harm and those who support them.

Recent work to improve our processes has included revising ASP procedures, adopting a national ASP dataset, and developing local learning review procedures. Multiagency cooperation has been enhanced, notably with the inclusion of the Scottish Ambulance Service in the Adult Protection Committee (APC). Data reporting and analysis have been enhanced to better track performance and address challenges. Strong communication channels have been established between partners, care providers and the third sector, fostering collaboration and early risk identification. The ASP team is recognised for their supportive role in early risk identification. Continued multi-agency and partnership efforts, including engagement with the Scottish Ambulance Service and support for staff wellbeing, remain priorities. The HSCP is committed to sustaining these improvements and addressing future challenges.

#### Our approach to protecting vulnerable adults

We have established strong relationships between partner agencies, promoting an approach to **adult support and protection (ASP)** that keeps all partners involved and



included in discussions and planning, particularly in our routine ASP work and in the undertaking of Large Scale Investigations. In recent years, we have seen increased partnership working with a focus on keeping adults and their families and carers engaged and informed.

We operate a single point of contact for all ASP and adult welfare concern referrals. Created in June 2020 the dedicated ASP team was established as a test of change to strengthen our initial response to harm during the early stages of the pandemic. This dedicated team has greatly strengthened our response to ASP activity locally and led improvements across the HSCP. Due to the success of this model and positive feedback from colleagues and partners across East Renfrewshire, we resourced this model on a permanent basis (funded by SG Strengthening Adult Social Work funding stream) from November 2021 onwards.

The dedicated ASP team has greatly strengthened and streamlined our approach to screening and triaging adult protection referrals and application of the 3-point test. The team have provided coaching and mentoring support to council officers across the HSCP and strengthened relationships between locality services, external partners, and Police and Fire Service colleagues. The ASP Team is supported on a rota basis by council officers and managers across the HSCP.

The HSCP has seen a steady increase in demand from ASP activity over a number of years and this continued into 2024-25. There were 1,716 **ASP referrals** during 2024-25, up 16% from the previous year, with 1,475 referrals in 2023-24.

**ASP inquiries** increased slightly during the year – 1,146 compared with 1,107 for 2023-24. The number of **ASP investigations** decreased compared with the previous year – 152, down from 228.

We have also seen a significant increase (65.7%) in **welfare concerns** for the period 2022-24 compared with 2020-22. These include specific welfare referrals from Police Scotland, the Scottish Fire and Rescue Service and referrals screened by our ASP team manager which do not meet the threshold for inquiry under the 2007 Act.

### **Training, Learning and Development - Public Protection Development Programme**

In this period we improved and delivered our rolling programme of ASP training as part of the Public Protection Development Programme. This programme set out a multi-levelled structure of training, developed to support staff at all levels of knowledge and involvement to identify the right training for their role. This programme included the following courses:

- Introduction to ASP (open to all HSCP, partners and service providers)
- ASP for council officers and second workers
- Risk Assessment and Management for ASP
- Investigative Interviewing
- Adult Support and Protection Notifications Involving Commissioned Services

The suite of training materials drew on learning from our previous LSI and supporting organisations to improve their practice. This has provided a range of introductory and more detailed training events that focused on supporting improved practice.

We have promoted the identification and communication of harm, effective risk assessment and risk management strategies, effective protection planning and preparation for case conference. The training sought to embed collaboration as a foundation of our practice and put the adult at the heart of our involvement and planning.

Across the five courses offered, 210 colleagues and partners took part in training during this period. This included HSCP staff (both social work and health), providers, third



sector/community partners and Foster Carers. The courses have been well evaluated and feedback from attendees has been positive and constructive.

### Supporting partners learning

We have continued to provide flexible and adaptable training opportunities to support staff, partners and providers, developing a strong partnership approach. These courses are provided both as a part of our Public Protection Development Programme, but also as bespoke session for partners and providers to support their improvement.

These courses have been offered and delivered to partners and providers in response to LSI's, contract monitoring and ASP activity. They have also been delivered at partner/providers request to assist in developing their staff group.

We are confident that the improvement activities undertaken to date have had a positive impact on the individuals we support and the delivery of our services. However, we see many areas for ongoing improvement and are focused on delivering these in the coming months. Our **priorities moving forward** include:

- Delivering shared approaches to quality assurance/quality improvement and audit. As we move forward, we will work to develop a program which includes partners and supports joint approaches to improvement.
- Implementing improvements to chronologies, drawing from national learning and moving towards quality improvement approach.
- Continuing to develop and expand our lived experience group and seek out new opportunities to hear the voices of those who use our services in a meaningful way.
- Creating spaces for colleagues from different agencies to share experience and learn together through our regular forums.
- Working with partners to develop approaches which will allow us to respond to the needs of adults at risk of harm with limited resources.
- Implementing a new information management system within the Health and Social Care Partnership by April 2025.

**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 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 work collaboratively with our partners in Rape Crisis Glasgow and Clyde to provide a sexual violence outreach support service in East Renfrewshire for women and girls (age 13+). This is an important addition to the specialist support available for women and girls who have experienced rape, sexual assault or sexual abuse. The outreach service operates monthly in Barrhead Health and Care Centre and Eastwood Health and Care Centre.

As part of our work to protect people from harm and abuse, we have established and continue to support a MARAC in East Renfrewshire for high-risk domestic abuse victims. In 2024-25

we continued to see an increase in support required as a result of domestic abuse with 182 victims and 263 children discussed at MARAC. This is an increase of 17.4% and 1% respectively in cases discussed compared to the previous year. The number of BAME victims increased by 14% and victims with a disability by 13%. This demonstrates continued improved referral by services and recording.

We continue to roll out comprehensive training for staff to identify risk and refer to the appropriate support. We have one of the highest referral rates to MARAC from our universal services which demonstrates the positive impact of training and continued awareness of domestic abuse across all our staff groups.

We continue to work together with **East Renfrewshire Women's Aid Service** to provide direct support for women and children who have experienced domestic abuse. During the period, East Renfrewshire Women's Aid Service supported 1116 women and children across the three core services and helpline in 2024-25, a 5% increase from the previous year.

Women's Aid delivered a new Children Experiencing Domestic Abuse Recovery (CEDER) Programme. This is a 10 week group work programme for women and children to support their recovery from domestic abuse. Over the course of the year two programmes which included 13 families and 17 children. This was positively received and evaluated by all participants.

### **Training and Capacity Building**

Domestic Abuse, Risk Assessment, MARAC and Safe and Together training continues to be delivered in addition to the provision of bespoke sessions for key partners. Over the course of the last year 100 staff were trained across a range of organisations and disciplines.

We have implemented a series of in person and online training on the Domestic Abuse Homicide Timeline delivered by international expert Professor Jane Monkton Smith.

Additionally domestic abuse training sessions were delivered to HR and managers to support the implementation of the new domestic abuse policy. Since the launch of the policy 1040 staff have completed the Domestic Abuse Induction Training and 28 senior managers have undertaken the policy training.

We participated in the national campaign 16 Days of Action to end violence against women and girls by developing a specific local programme of key messaging and campaign activity delivered through-out the 16 days

## 2.11 Hosted Services – Specialist Learning Disability Service

We continue to host the **Specialist Learning Disability Inpatient Service** that supports people requiring a hospital admission. The service works in partnership to manage demand and ensure appropriate support is available in the community on discharge.

Our Assessment and Treatment Services, based at Blythswood House and Claythorn House, has 27 beds across the two sites. The service is available to people with a learning disability residing in nine Health and Social Care Partnerships, six of which are within the NHSGGC boundary and three of which are provided via service level agreements in areas outwith NHSGGC.

The number of admissions increased by one in 2024/25, but overall figures remain just under 50% of the 2022/23 total. This trend is largely due to a significant drop in discharges from 15 in 2022/23 to just 7 in 2023/24.

Progress has been made in reducing delayed discharges this year with a total of 15 discharges. However, eight of the individuals discharged during 2024/25 had support packages dating back from previous years, four from 2022/23 and four from 2023/24 and.

Only three individuals were able to return to homes they were admitted from. Despite the increased number of discharges in 2024/25, prolonged hospital stays due to delayed discharge continue to impact a number of people and remain a key area for further improvement.

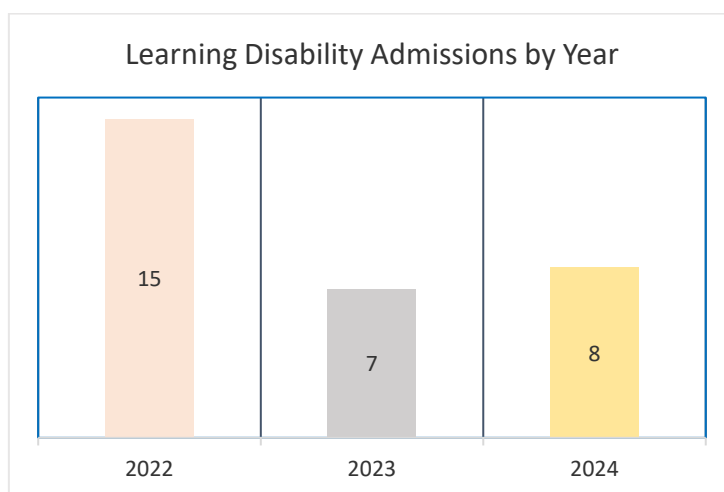
People are still more likely to be discharged within a reasonable timescale if their primary reason for admission is due to mental ill health and/or they have an established home to return to.

Establishing a new package of care and support is the primary reason for delays.

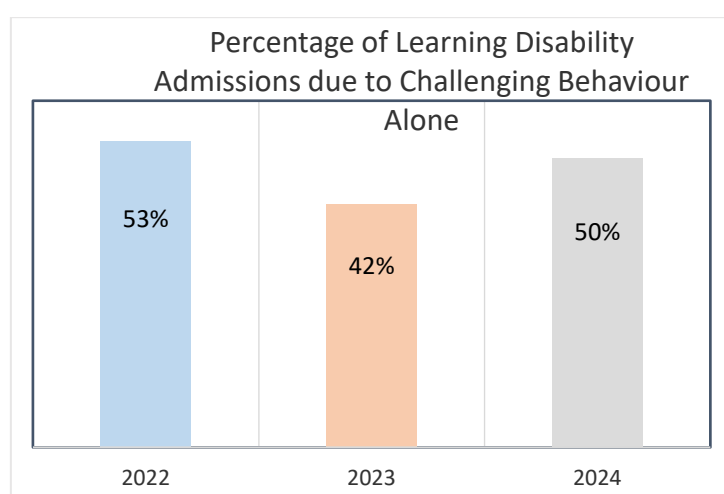
A high number of delayed discharges means we have a higher number of patients living together who do not want to be there/should not be sharing with others; and as a result there is a high level of interpersonal risks that are difficult to manage.

When patients remain in hospital for extended periods and interpersonal risks escalate, this can complicate discharge planning as providers may become increasingly concerned about managing those risks in a community setting. We know with the right support, transitioning to the community-based support remains a safe positive step to improve a person's quality of life.

### 2.11.1 Admissions

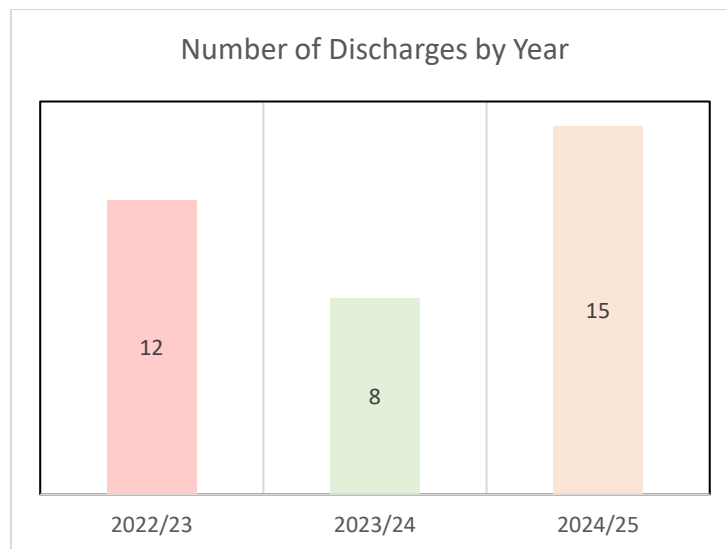


The service received 21 referrals for admission to the LD inpatient service in 2024/25, but only a total of eight people were admitted. The data indicates a slight increase in referrals, suggesting a consistent demand for the service. However, the admissions trend from 23/24 remains, with the service experiencing low numbers of admissions as only one more person was admitted in 24/25. The service continues to face challenges related to discharges and length of stay, which impacts on the number of admissions. Of the eight admissions the age range was between 24 – 61 years.



In 2024/25, 50% of admissions were due to long-standing challenging behaviour (four out of eight), compared to 42% in 2023 and 53% in 2022. Most admissions for behaviours that challenge are linked to instability in community support, with staffing and recruitment issues in the third sector being a key factor.

### 2.11.2 Discharges

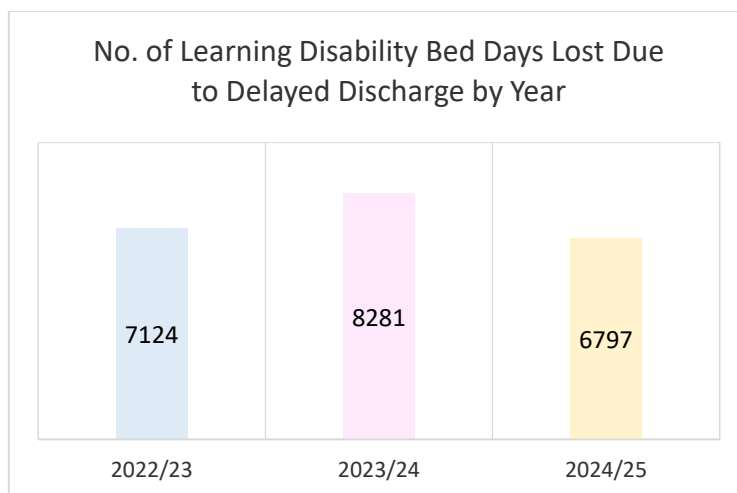


In 2024/25, a total of 15 patients were discharged from the LD inpatient service, representing a significant increase compared to previous years with eight discharges in 2023/24 and 12 in 2022/23. This marks a 53% rise from the previous year and reflects notable progress. The improvement is largely attributed to some individuals having appropriate placements to return to, shorter hospital stays due to admissions focused on assessment and treatment rather than placement breakdown, and discharge planning had already begun for some people in 2022/23 and 2023/24. However, challenges remain, with several patients continuing to experience prolonged hospital stays due to the absence of clear discharge plans.

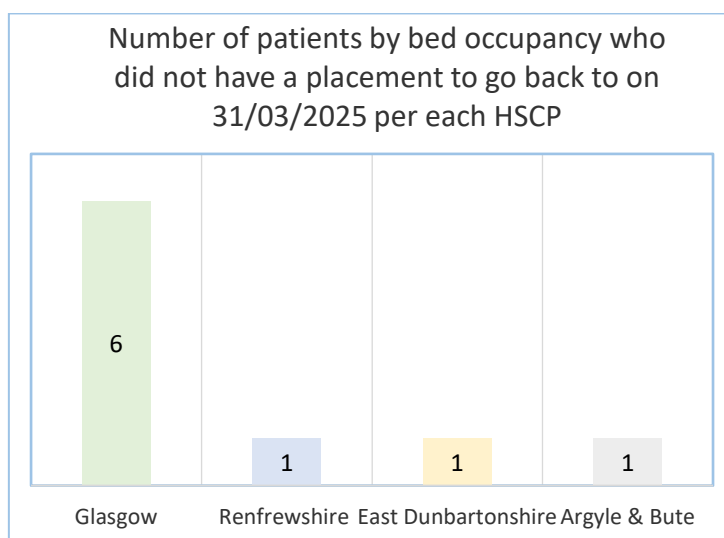
In addition to these, four long stay patients were discharged following the closure of the Netherton Unit in October 2024. All Netherton patients were temporarily transferred to Blythwood House due to delays with the completion of the new community placement. Three of the five transferred patients, and one long stay patient already accommodated in Blythwood House were discharged in December 2024 with four contingency beds being held for a period of three months. One patient remained in Blythwood due to legal complexities and the legal issues remained unresolved on the 31/03/25.

Overall, the average length of stay counting all assessment and treatment LD patients discharged during 2024/25 was 145 days with a range between 0 – 358 days.

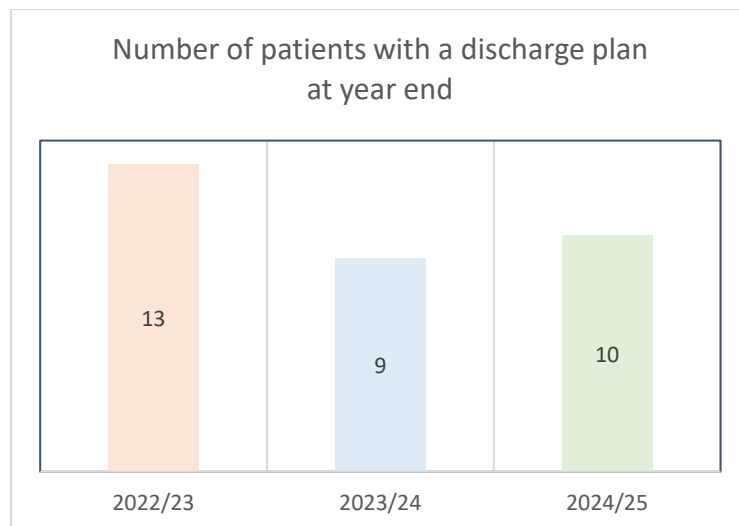
There is a correlation between the length of stay and accommodation status on admission. Of the fifteen discharges, three were returning to the home they were admitted from, with an average length of stay of 48 days. Eight had packages initiated in 2022/23 and 2023/24, three had new support packages identified in 2024/25 and one patient was transferred to IPCU. For these twelve patients during their admission the average length of stay was 567 days. This demonstrates patients that do not have appropriate accommodation and support packages experience prolonged hospital stays.



Between 2023/24 and 2024/25, the number of bed days lost due to delayed discharges decreased by 20%, reversing the previous year's trend which saw a 14% increase from 2022/23 to 2023/24. When compared to 2022/23, the latest figures represent a 5% reduction in bed days lost indicating a positive trend.



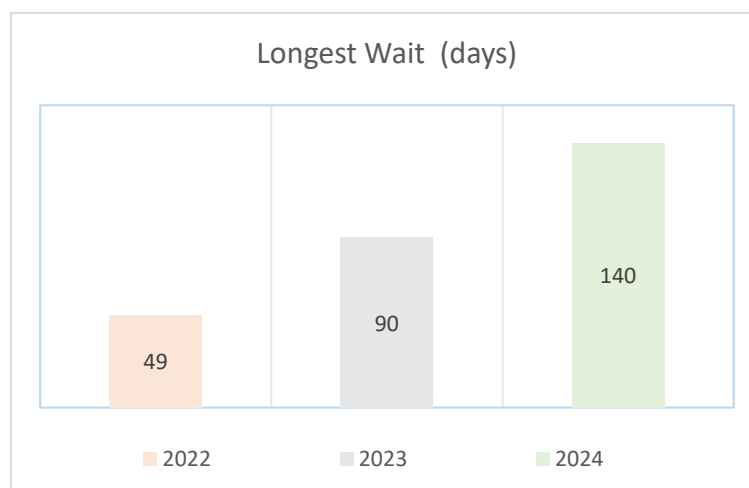
On 31<sup>st</sup> March 2025 nine patients who were ready for discharge did not have a discharge plan / community placement.



As of 31<sup>st</sup> March 2025, 10 out of 19 patients (53%) in LD inpatient services had an active discharge plan, showing slight improvement from 9 out of 26 (35%) in 2024. Despite this small progress, unacceptable delays in discharge remain a persistent issue, particularly for patients with longer hospital stays. These delays are often due to complex needs and difficulty finding appropriate community placements. The prolonged delays in the ward contribute to increased interpersonal risks, including a rise of incidents in violence and aggression. These risks are managed through heightened levels of observation, placing additional strain on staff and resources.

The longer patients remain in hospital, the harder it becomes to identify suitable accommodation. This is partly due to a growing perception that their risks can only be managed in a hospital setting, which further complicates discharge planning and reinforces the cycle of delays.

### 2.11.3 Waiting times



The longest wait for admission to a learning disability inpatient bed was 140 days. A group of people were removed from the waiting list as admission was no longer required or an alternative had been established before a bed became available for them.

### 3 Financial performance and Best Value

National Health and Wellbeing Outcomes contributed to:
NO9 - Resources are used effectively and efficiently in the provision of health and social care services

#### 3.1 Introduction

This was another challenging year for the HSCP as we worked to meet the demand for services whilst delivering on our significant savings challenge. We set a savings target of £11.8 million, which was £2 million higher than needed to balance our budget as part of our forward planning to mitigate legacy pressures in future years and work towards sustainability and building back reserves, following our financial recovery in 2023/24.

Significant progress was made during 2024/25 on embedding the Supporting People Framework, which is our criteria based approach to achieve the required savings, as a key element of the savings programme. With the exception of prescribing costs, where a c£2 million recurring gap has added to the 2025/26 challenge all other savings have been realised on a recurring basis going into 2025/26.

In recognition of the pressure that prescribing costs had on our operational budget NHS Greater Glasgow and Clyde provided an additional £1 million funding during the year, on a non-recurring basis.

We ended the year with an operational surplus of £1.482 million which has been added to our general reserve.

#### 3.2 Financial Performance 2024/25

The annual report and accounts for the IJB covers the period 1<sup>st</sup> April 2024 to 31<sup>st</sup> March 2025. The budgets and outturns for the operational services (our management accounts) are reported regularly throughout the year to the IJB, with the final position summarised:



Service	Unaudited Budget	Spend	Variance (Over) / Under	Variance (Over) / Under
	£ Million	£ Million	£ Million	%
Children & Families	13.272	12.190	1.082	8.15%
Older Peoples Services	30.717	28.684	2.033	6.62%
Physical / Sensory Disability	6.341	6.127	0.214	3.37%
Learning Disability – Community	21.449	22.127	(0.678)	(3.16%)
Learning Disability – Inpatients	10.874	11.178	(0.304)	(2.80%)
Augmentative and Alternative Communication	0.291	0.303	(0.012)	(4.12%)
Intensive Services	16.836	18.149	(1.313)	(7.80%)
Mental Health	5.916	5.514	0.402	6.80%
Addictions / Substance Misuse	2.224	2.086	0.138	6.21%
Family Health Services	33.809	33.868	(0.059)	(0.17%)
Prescribing	18.808	19.954	(1.146)	(6.09%)
Criminal Justice	0.033	0.033	-	0.00%
Finance and Resources	10.177	9.052	1.125	11.05%
<b>Net Expenditure Health and Social Care</b>	<b>170.747</b>	<b>169.265</b>	<b>1.482</b>	<b>0.87%</b>
Housing	0.501	0.501	-	-
Set Aside for Large Hospital Services	31.435	31.435	-	-
<b>Total Integration Joint Board</b>	<b>202.683</b>	<b>201.201</b>	<b>1.482</b>	<b>0.87%</b>

The operational underspend is £1.482 million (0.87%) and is better than the last reported position taken to the IJB which was based on January forecasts and projected an underspend of £0.288 million. The main variances to the budget were:

- £1.082 million underspend within Children & Families reflecting the profile of care costs during the year, additional income from the Home Office and staff turnover.
- £2.033 million underspend with community based care for adults and older people is primarily from nursing and residential care and staff turnover. In 2025/26 there has been some budget realignment to Intensive Services.
- £1.313 million overspend within Intensive Services from in-year savings shortfalls and service pressures from meeting demand.
- £1.146 million overspend in Prescribing from continued costs and volume pressures combined with legacy pressures, this is net of £1 million non-recurring support from NHS Greater Glasgow and Clyde.
- £1.125 million underspend within Finance and Resources in the main reflects the non-recurring pension gain, offset in part to meet HSCP wide in-year savings shortfalls and pressures.

In addition to the expenditure above a number of services are hosted by other IJBs who partner NHS Greater Glasgow and Clyde and our use of those hosted services is shown below for information. This is not a direct cost to the IJB.

2023/24 £000	Services Provided to East Renfrewshire IJB by Other IJBs within NHSGGC	2024/25 £000
556	Physiotherapy	523
68	Retinal Screening	58
520	Podiatry	580
318	Primary Care Support	341
457	Continence	512
603	Sexual Health	603
1,597	Mental Health	1,503
899	Oral Health	950
479	Addictions	347
223	Prison Health Care	224
185	Health Care in Police Custody	200
5,197	Psychiatry	5,792
3,344	Specialist Childrens Services	4,063
<b>14,446</b>	<b>Net Expenditure on Services Provided</b>	<b>15,696</b>

We also host the Specialist Learning Disability In-Patient Services and Augmentative & Alternative Communication (AAC) services on behalf of the other IJBs within the NHS Greater Glasgow & Clyde. The cost of these two hosted services are met in full by East Renfrewshire. The use by other IJBs is shown below for information.

2023/24 £000	Learning Disability In-Patient Services Hosted by East Renfrewshire IJB	2024/25 £000
9,010 1,370 97 658 -	Glasgow Renfrewshire Inverclyde West Dunbartonshire East Dunbartonshire	8,471 1,095 385 427 800
11,135 195	Learning Disability In-Patients Services Provided to other IJBs East Renfrewshire	11,178 0
<b>11,330</b>	<b>Total Learning Disability In-Patient Services</b>	<b>11,178</b>

2023/24 £000	Augmentative and Alternative Communication (AAC) Hosted by East Renfrewshire IJB	2024/25 £000
93 55 10 6 23	Glasgow Renfrewshire Inverclyde West Dunbartonshire East Dunbartonshire	165 45 20 16 16
187 32	AAC Services Provided to other IJBs East Renfrewshire	262 41
<b>219</b>	<b>Total AAC Services</b>	<b>303</b>

### 3.3 Reserves

We used £0.966 million of reserves in year and we also added £2.297 million into earmarked and general reserves.

	£ Million	£ Million
Reserves at 31 March 2024		1.864
Planned use of existing reserves during the year	(0.966)	
Funds added to reserves during the year	2.297	
Net decrease in reserves during the year		1.331
Reserves at 31 March 2025		3.195

The reserves of the IJB fall into three types:

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

As part of the financial recovery process for 2023/24 the IJB used all possible reserves available to mitigate cost pressures. This means the only reserves brought into 2024/25 were for specific funding initiatives set by the Scottish Government or where funding is committed within an existing project.

The underspend from 2024/25 will be added, in the first instance, to the IJB general reserve.

### **Ring-Fenced Reserves**

The spend in year was £0.310 million on existing initiatives and £0.371 million was added towards the end of the year for non-recurring prescribing support £0.359 million as part of the 2025/26 budget and £0.012 million for national IT projects. The funding to support the development of a Recovery Hub at £0.489 million, brought forward from 2023/24 is the other reserve taken into 2025/26.

### **Earmarked Reserves**

Our earmarked reserves are in place to support projects and timing differences for specific funding. We used £0.172 million during the year and added £0.444 million to support the ongoing programme of Learning Disability Health Checks across the health board area (£0.082 million), the implementation of the case recording system (£0.250 million), fostering and adoption (£0.100 million) and cancer screening inequalities (£0.012 million).

This means we will take £0.853 million into 2025/26. This balance supports existing commitments already in place for the whole family wellbeing project and trauma informed practice.

### **General Reserves**

Our general reserve is £1.482 million reflecting the underspend from 2024/25 and whilst this is an improved position from the previous year the IJB is not compliant with its Reserves Policy which advocates a 2% of budget should be the level of reserves held.

The use of reserves was reported to the IJB within our routine revenue reporting and during 2024/25.

## **3.4 Prior Year Financial Performance**

The table below shows a summary of our year-end under / (over) spend by service and further detail can be found in the relevant Annual Report and Accounts and in year reporting.

	2024/25	2023/24	2022/23	2021/22	2020/21
SERVICE	(Over) / Under £ Million	(Over) / Under £ Million	(Over) / Under £ Million	(Over) / Under £ Million	(Over) / Under £ Million
Children and Families	1.082	0.788	0.460	(0.020)	0.410
Older Peoples & Intensive Services	0.720	(2.719)	0.888	0.194	0.392
Physical / Sensory Disability	0.214	(0.114)	0.219	0.031	0.099
Learning Disability - Community	(0.678)	(0.439)	(0.727)	0.458	(0.267)
Learning Disability - Inpatients	(0.304)	(1.371)	(0.032)	0.000	0.000
Augmentative & Alternative Communication	(0.012)	0.076	0.000	0.000	0.000
Mental Health	0.402	0.541	0.337	0.136	0.192
Addictions / Substance Misuse	0.138	0.262	0.083	0.021	0.052
Family Health Services	(0.059)	(0.064)	0.002	0.000	0.000
Prescribing	(1.146)	(2.462)	(0.774)	0.000	0.000
Justice		(0.012)	0.030		0.011
Management and Admin / Finance & Resources	1.125	0.762	0.104	0.017	(0.056)
<b>Net Expenditure Health and Social Care</b>	<b>1.482</b>	<b>(4.752)</b>	<b>0.590</b>	<b>0.837</b>	<b>0.833</b>
<b>Additional Funding ERC</b>		<b>2.657</b>			
<b>Additional Funding NHSGGC</b>		<b>2.095</b>			
<b>Net Expenditure Health and Social Care</b>	<b>0.000</b>	<b>0.000</b>			

### 3.5 Best Value

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



### 3.6 Future Challenges

The IJB continues to face a number of challenges, risks and uncertainties in the coming years and this is set out in our current Medium Term Financial Plan (MTFP) for 2025/26 to 2029/30 and our Strategic Plan for 20225 to 2028. These key strategies also inform our strategic risk register and collectively support medium-term planning and decision making.

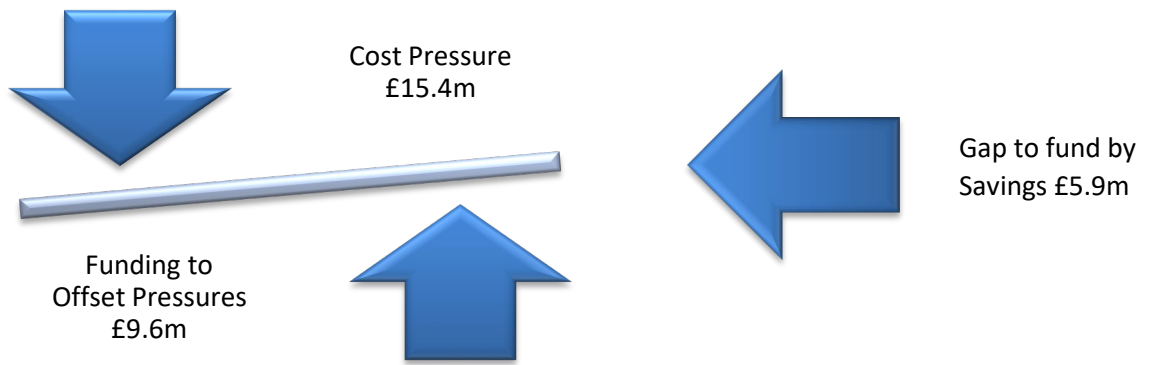
The IJB operates in a complex environment with requirements to ensure statutory obligations, legislative and policy requirements, performance targets and governance and reporting criteria are met whilst ensuring the operational oversight of the delivery of health and care services. UK and Scottish Government legislation and policies and how they are funded can have implications on the IJB and how we use our funding over time.

The most significant challenges for 2025/26 and beyond include:

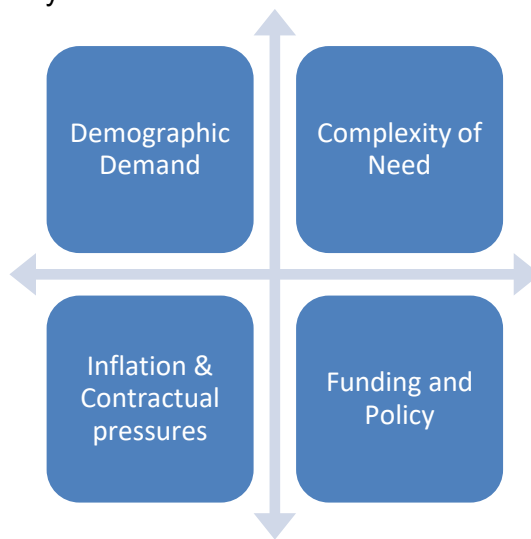
- continued delivery of savings to support financial sustainability, recognising this is at odds with a focus on prevention and the difficulty increases as the cumulative savings increase
- “doing more of the same” in identifying savings will not work, we need to review every service in detail as part of a Change and Improvement programme of work to be developed
- working with the Scottish government recognising the national scale of the challenge across health and social care, in the context of a collective £0.5 billion shortfall
- managing the real tension between reduced service capacity as a result of the cumulative impact savings in prior years whilst maintaining system wide services including discharge without delay from hospital
- understanding the longer term impacts of Covid-19 on mental and physical health in the longer term, we are seeing increased levels of complexity and acuity of need
- continued recruitment and retention of our workforce within the HSCP and our wider partner workforce, recognising the risk of market sustainability challenges
- managing prescribing demand and costs in partnership with our GPs and wider population
- supporting the physical and mental health and wellbeing of our workforce and our residents
- meeting increased demand for universal services without funding for growth, including increased population demand and new care homes opening within the area

The IJB agreed its budget for the financial year 2025/26 on 27<sup>th</sup> March 2025 recognising the significant improvement from savings delivered in 2024/25, however recognising new demand and cost pressures for 2025/26 and beyond.

Within our 2025/26 budget of £202.4 million the estimated cost pressures are £15.412 million, offset in part by available funding of £7.485 million and the non-recurring pension gain of £2.067, million leaving a funding gap for the year of £5.860 million to be closed through savings.



Our cost pressures are driven by:



Revenue Budget Pressures	ERC £m	NHS £m	Total £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
	<b>9.774</b>	<b>5.638</b>	<b>15.412</b>
2. Funding available towards pressures			
Recurring Policy Funding	(3.253)	(2.238)	(5.491)
Additional Funding from Partners	(1.309)	(0.685)	(1.994)
	<b>(4.562)</b>	<b>(2.923)</b>	<b>(7.485)</b>
3. Non-Recurring Pension Gain	<b>(2.067)</b>		<b>(2.067)</b>
4. Unfunded Cost Pressures	<b>3.145</b>	<b>2.715</b>	<b>5.860</b>
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)
	<b>(3.145)</b>	<b>(2.715)</b>	<b>(5.860)</b>
<b>Remaining Gap 2025/26</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>
<b>Recurring Gap 2025/26</b>	<b>1.676</b>	<b>0.683</b>	<b>2.359</b>

Whilst the budget for the year is balanced this included a number of non-recurring elements and when these are stripped out the underlying position is a recurring gap of £2.359 million and work is ongoing to ensure plans are in place to address this before April 2026.

Summary Table	ERC £m	NHS £m	Total £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)
<b>Gap 2025/26</b>	<b>0.000</b>	<b>(0.000)</b>	<b>(0.000)</b>
<b>Recurring Gap</b>			
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
<b>Recurring Gap**</b>	<b>1.676</b>	<b>0.683</b>	<b>2.359</b>
<b>** Assumes non residential charging of £1.5m in place for 2026/27</b>			
<b>* Support of up to £1.5m in 2025/26</b>			



We have minimal reserves to offset any shortfall, following our financial recovery process in 2023/24.

The budget agreed by the IJB on 26<sup>h</sup> March 2025 sets out the detail behind each of the cost pressures and it is important to note that these include contractual and policy requirements that must be met.

Whilst the scale of this challenge is significant to East Renfrewshire, particularly as one the smaller HSCPs this is not unique; the national position across all public sector services shows a challenging financial outlook, with funding pressures including; pay, inflation, demand and complexity, demographics, transitions from child to adult services, prescribing costs & volume and recruitment & retention challenges.

During the period of this plan we will implement any policy decisions as directed by the Scottish Government along with any recommendations or specific actions that may arise from the national care service advisory board.

We continue to work alongside our partners to deliver our respective services with a fully integrated approach recognising our collective outcomes to deliver the best services we can for our residents.

Whilst the 2025/26 budget is a great improvement on the prior year this will still be a challenging year, with a difficult medium term outlook.

Looking Ahead to 2026/27 to 2029/30 the level of potential cost pressures set out in the scenarios in the MTFP are based on “what if” percentage levels of pressure and are not an indication of where any settlement or agreement may crystallise. This allows the IJB to look forward using the current year and the latest intelligence to plan for possible scenarios. The further ahead we look the less certainty of any assumption; even short term assumptions carry a high degree of uncertainty in the current climate.

It also needs to be recognised that these scenarios are showing the potential level of cost pressure and do not make any allowance for any funding that may offset a future cost. Again given the current levels of uncertainty it is unwise to assume anything beyond a flat cash approach at this time, with the exception of the Scottish Government indication that the cost of the pay award will be funded for our NHS workforce.

In the event that additional funding becomes available this will reduce the level of cost pressure, depending on the nature and requirements that may be attached. By illustrating this “flat cash” approach this allows the IJB to see the scale of the challenge ahead, recognising this may be mitigated in the event of any increase in funding.

The scenarios below show that in any of the next four years the modelled cost pressure could range from £3.6 million to £8.6 million depending on the combination of factors set out in the low, medium and high illustrations.

The cumulative pressures could range from £18.4 to £32.6 million over the four years to 2029/30 without any significant change in funding.

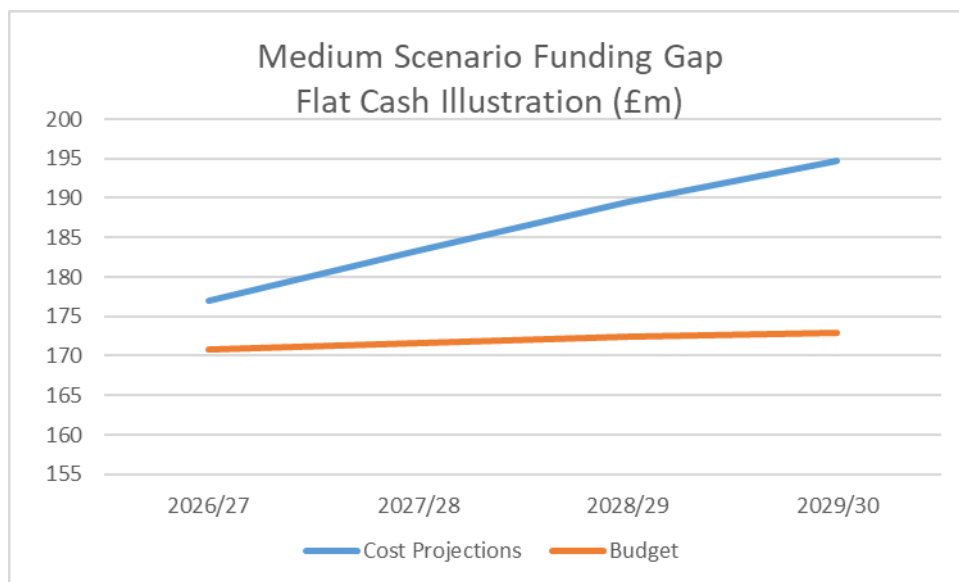
The assumptions are predicated on full and recurring delivery of the 2025/26 savings including the underlying shortfall.

There is always a possibility that the Scottish Government budget settlement may allow for some funding and / or the IJBs funding partners are in a position to support with additional funding to the IJB and all scenarios are subject to the terms of the Scottish Government budget settlement.

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

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

Using the medium term scenario above the gap between costs and funding will grow as every year passes:



There are a number of areas where caseload numbers or staffing ratio to patients will determine necessary changes to the workforce.

We are at the stage where we cannot do “more of the same” in our approach to savings and a more radical approach is required. We will need to develop a programme of review across all services. We will continue to work with a range of partners to look at any system wide opportunities to minimise costs and mitigate, as best we can, the impact resulting from increasing demand versus reducing resources.

The pay increases for 2025/26 have not yet been agreed for part of our workforce so the impact to the current and future years may require review. The working assumption is the costs of pay increases for our NHS employed staff will be funded by the Scottish Government.

Inflation for care costs needs to allow for fair work policies, workforce and economic challenges, where funded policies allow for this. For the 2025/26 budget settlement the Scottish Living Wage increased from £12.00 to £12.60 per hour and as with prior years this

has been applied to pay element of the contract hourly rate as directed by Scottish Government. The Scottish Government will determine the Living Wage rate as a policy decision along with any associated funding.

Demographic and Demand recognises both changes in population and in acuity of need. This also includes the cost of young people moving to adult care. The long-term post Covid-19 impact on complexity and demand is still unclear, however the population in East Renfrewshire continues to grow particularly at the older and younger ends of the age spectrum. We are seeing increasing complexity of need across a range of care groups.

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

Prescribing will not only rise in line with population increases but is also subject to many other factors. This area is so volatile it is difficult to accurately predict however system wide work is in place across NHS Greater Glasgow and Clyde to support the delivery of a range of actions to mitigate some of the cost pressures we are seeing.

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



- The Supporting People Framework, our criteria based approach to care prioritisation, is fully embedded. We must continue to monitor and assess demand, capacity and funding against this criteria.
- Work is ongoing in relation to the introduction of non-residential charging.
- Our existing Recovery and Renewal programme has delivered much of the programme and the key project remains the implementation of Mosaic, our case recording system, due to go live in October 2025. A new Change and Improvement programme of work will be developed, alongside our new Chief Officer to support a review of all services to promote and ensure continued efficiency and allow us to continue to evolve, adapt and innovate. This will support and mitigate, where possible, our increasing cost pressures. We will continue to work with partners on wider redesign and strive to be as efficient as we can. We need to be a part of the national solution needed to ensure our services can be funded at a sustainable level to meet the needs of our population.
- Audit Scotland's Finance Bulletin report relating to IJBs financial position recognised ***"IJBs need to be working collaboratively with each other and with their NHS and council partners to find ways to transform services so that they are affordable. Investment in prevention and early intervention is needed to help slow the ever-***

***increasing demand for services, the cost of more complex care and, improve the experience and outcomes for people.”***

- Delivery of the required savings for 2025/26 to balance the budget and address the underlying shortfall is fundamental to establish a solid foundation for 2026/27 and beyond. Continuing to build on our tentative recovery would enable some flexibility if we can reinstate reserves.
- Funding discussions with the Scottish Government are fundamental recognising the national shortfall in health and social care is currently estimated at c£0.5 billion.
- Successfully implement the case recording system and maximise the associated benefits
- We will update our Medium-Term Financial Plan on a regular basis reflecting assumptions and projections as issues become clearer; this will also inform planning for our 2026/27 budget and beyond.
- We will continue to monitor the impacts of Covid-19, economic and inflationary factors along with operational issues through our financial and performance monitoring to allow us to take swift action where needed, respond flexibly to immediate situations and to inform longer term planning.
- We will complete the review of our Integration Scheme; work has progressed during 2024/25 and this should be finalised in 2025/26 with partners.
- We routinely report our performance to the IJB with further scrutiny from our Performance and Audit Committee and our Clinical and Care Governance Group, including follow up from any inspections. The service user and carer representation on the IJB and its governance structures is drawn from Your Voice which includes representatives from community care groups, representatives from our localities and representatives from equality organisations including disability and faith groups.
- Workforce planning will continue to support identification of our current and future requirements. Recruitment and retention of staff is key to all service delivery and we have mitigated as far as possible by minimising the use of temporary posts and developing our workforce and organisational learning and development plans. We are refreshing our 3-year workforce plan. This will also include any implications from the Health and Care Staffing (Scotland) Act 2019.
- We will continue with the redesign of the Learning Disability Inpatient bed model.
- Governance Code; we have robust governance arrangements supported by a Governance Code.
- The IJB continues to operate in a challenging environment and our financial, risk and performance reporting continue to be a key focus of each IJB agenda.

The future challenges detailed above and our associated response include the main areas of risk that the IJB is facing. The uncertainty of the current economic climate, the longer term impact of Covid-19 on our population, the capacity for the HSCP and its partners to meet continued demand and complexity whilst delivering such challenging savings remain significant risks.

## 4 Performance summary




### 4.1 Introduction

In the previous chapters of this report we have focused on the key areas of work carried out by the HSCP over the course of 2024-25. In this final chapter we draw on a number of different data sources to give a more detailed picture of the progress the partnership has been able to make against our established performance indicators. Quantitative performance for many of our performance indicators continue to reflect ongoing challenges being faced locally and nationally in the aftermath of the Covid pandemic.

The sections below set out how we have been performing in relation to our suite of Key Performance Indicators structured around the strategic priorities in our Strategic Plan 2022-25. We also provide performance data in relation to the National Integration Indicators and Ministerial Steering Group (MSG) Indicators. Finally, we provide a performance summary relating to recent inspections of our in-house services.

### 4.2 Performance indicators

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

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

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

Strategic Priority 1 - Working together with children, young people and their families to improve mental and emotional wellbeing											
Indicator	2024/25	Current Target	2023/24	2022/23	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
% Looked After Children with more than one placement within the last year (Aug-Jul). (LGBF) <i>(Aim to decrease)</i>	n/a	Data only	27.1%	14.4%	20.8%	20%	18.8%	24.5%	29.1%	19.6%	↓
Percentage of children looked after away from home who experience 3 or more placement moves <i>(Aim to decrease)</i>	1.28%	11%	0%	0%	1.8%	1.2%	0.0%	1.4%	1.2%	7.1%	↓
Children and young people starting treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral <i>(Aim to increase)</i>	93.5%	90%	99%	86%	55%	61%	78%	74%	89%	90%	↓
Child & Adolescent Mental Health - longest wait in weeks at month end <i>(Aim to decrease)</i>	16	18	18	24	41	35	33	34	35	31	↑
Balance of Care for looked after children: % of children being looked after in the Community (LGBF) <i>(Aim to increase)</i>	n/a	Data only	89%	92.2%	93.8%	91.1%	94.9%	98.0%	93.6%	91.5%	↓
Percentage of children with child protection plans assessed as having an increase in their scaled level of safety at three monthly review periods. <i>(Aim to increase)</i>	86.96%	100%	100%	100%	84%	87.5%	n/a	n/a	n/a	n/a	↓

Strategic Priority 1 - Working together with children, young people and their families to improve mental and emotional wellbeing											
Indicator	2024/25	Current Target	2023/24	2022/23	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
% Child Protection Re-Registrations within 18 months (LGBF) <i>(Aim to decrease)</i>	n/a	Data only	0	12.5%	0	0	15.8%	7.7%	0%	9%	↑

Strategic Priority 2 - Working together with people to maintain their independence at home and in their local community											
Indicator	2024/25	Current Target	2023/24	2022/23	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Number of people self-directing their care through receiving direct payments and other forms of self-directed support. <i>(Aim to increase)</i>	499	600	548	488	458	551	575	514	491	364	↓
Percentage of people aged 65+ who live in housing rather than a care home or hospital (MSG) <i>(Aim to increase)</i>	n/a	97%	97%	97%	97%	97%	97%	95.9%	96.6%	96.8%	—
The number of adults (18+) receiving personal care at home or direct payments for personal care, as a percentage of the total number of adults needing care. <i>(Aim to increase)</i> NI-18	63.4%	63%	62.5%	64.4%	65.2%	58%	57%	64%	64%	63%	↑

Strategic Priority 2 - Working together with people to maintain their independence at home and in their local community											
Indicator	2024/25	Current Target	2023/24	2022/23	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
People reporting 'living where you/as you want to live' needs met (%) ( <i>Aim to increase</i> )	95%	90%	91%	89%	89%	91%	88%	92%	84%	79%	↑
SDS (Options 1 and 2) spend as a % of total social work spend on adults 18+ (LGBF) ( <i>Aim to increase</i> )	n/a	Data Only	9.0%	9.3%	8.86%	8.69%	8.44%	8.15%	7.5%	6.6%	↓
Percentage of people aged 65+ with intensive needs receiving care at home. (LGBF) ( <i>Aim to increase</i> )	n/a	62%	59.9%	62.5%	64.4%	62.2%	57.6%	57.5%	62.5%	61.1%	↓
Percentage of those whose care need has reduced following re-ablement ( <i>Aim to increase</i> )	43%	60%	63.9%	48%	60%	31%	67	68	62	64	↓

Strategic Priority 3 - Working together to support mental health and well-being											
Indicator	2024/25	Current Target	2023/24	2022/23	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Mental health hospital admissions (age standardised rate per 1,000 population) ( <i>Aim to decrease</i> )	n/a	2.3	1.2	1.2	1.2	1.4	1.6	1.5	1.5	1.5	▬
Percentage of people waiting no longer than 18 weeks for access to psychological therapies ( <i>Aim to increase</i> )	87%	90%	84%	75%	76%	74%	65%	54%	80%	56%	↑



Strategic Priority 3 - Working together to support mental health and well-being											
Indicator	2024/25	Current Target	2023/24	2022/23	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines. <i>(Aim to increase)</i>	78	419	568	173	0	5	33	93	331	468	↓
Percentage of people with alcohol and/or drug problems accessing recovery-focused treatment within three weeks. <i>(Aim to increase)</i>	97%	90%	93%	96%	95%	95%	89%	95%	87%	96%	↑

Strategic Priority 4 - Working together to meet people's healthcare needs by providing support in the right way, by the right person at the right time											
Indicator	2024/25	Current Target	2023/24	2022/23	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
People (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting including AWI <i>(Aim to decrease)</i> (NHSGGC data)	7	7	7	8	7	2	2	4	4	4	—
People (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting	13	11	15	11	12	7	5	6	5	6	↑


Strategic Priority 4 - Working together to meet people's healthcare needs by providing support in the right way, by the right person at the right time											
Indicator	2024/25	Current Target	2023/24	2022/23	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
including AWI (PHS data) <i>(Aim to decrease)</i>											
Acute Bed Days Lost to Delayed Discharge (Aged 18+ including Adults with Incapacity) <i>(Aim to decrease)</i> (MSG data)	J-Dec 24 5,320*	1,893	5,132	4,625	4,546	2,342	1,788	2,284	1,860	2,704	↓
No. of A & E Attendances (All ages) <i>(Aim to decrease)</i> (NHSGGC data)	22,642	Data only	22,075	21,913	20,813	18,091	23,934	24,830	23,220	22,238	↓
Number of Emergency Admissions: Adults <i>(Aim to decrease)</i> (NHSGGC data)	6,608	Data only	6,595	6,185	7,372	6,217	6,859	6,801	6,916	6,908	↓
No. of A & E Attendances (adults) <i>(Aim to decrease)</i> (MSG data)	J-Dec 24 18,414*	18,335	18,211	17,356	16,877	13,677	20,159	20,234	19,344	18,747	↓
Number of Emergency Admissions: Adults <i>(Aim to decrease)</i> (MSG data)	J-Dec 24 7,139*	7,130	7,002	6,692	7,894	7,281	7,538	7,264	7,432	8,032	↓
Emergency admission rate (per 100,000 population) for adults <i>(Aim to decrease)</i> NI-12	J-Dec 24 9,628*	11,492	9,634	9,215	9,414	9,210	10,441	10,345	10,304	11,427	↑
Emergency bed day rate (per 100,000 population) for adults <i>(Aim to decrease)</i> NI-13	J-Dec 24 104,377*	117,000	106,610	108,721	108,448	97,806	106,296	110,749	120,265	121,099	↑
Emergency readmissions to hospital within 28 days of discharge (rate per	J-Dec 24 70*	100	72	69	77	98	78	79	79	83	↓




Strategic Priority 4 - Working together to meet people's healthcare needs by providing support in the right way, by the right person at the right time											
Indicator	2024/25	Current Target	2023/24	2022/23	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
1,000 discharges) ( <i>Aim to decrease</i> ) NI-14											
A & E Attendances from Care Homes (NHSGGC data) ( <i>Aim to decrease</i> )	459 **	Data only for 24/25	487	390	252	236	394	429	541	n/a	↑
Emergency Admissions from Care Homes (NHSGGC data) ( <i>Aim to decrease</i> )	254 **	Data only for 24/25	248	188	141	154	233	261	338	166	↓
% of last six months of life spent in Community setting ( <i>Aim to increase</i> ) MSG	N/a	86%	88.8%	87.7%	89.4%	89.8%	88.3%	86.2%	85.0%	85.8%	↑

\* Full year data not available for 2024/25. Provisional figure relates to 12 months Jan-Dec 2024. Data from PHS release, 7 May 2025

\*\*In 2024 NHSGGC revised data for care home admissions and attendances to include previously omitted care homes. Target under review for these performance measures.

Strategic Priority 5 - Working together with people who care for someone ensuring they are able to exercise choice and control in relation to their caring activities											
Indicator	2024/25	Current Target	2023/24	2022/23	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
People reporting 'quality of life for carers' needs fully met (%) ( <i>Aim to increase</i> )	83.6%	80%	84.5%	80%	92%	91%	92%	78%	72%	70%	▬

Strategic Priority 5 - Working together with people who care for someone ensuring they are able to exercise choice and control in relation to their caring activities											
Indicator	2024/25	Current Target	2023/24	2022/23	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Total combined % carers who feel supported to continue in their caring role <i>(Aim to increase)</i> NI 8	n/a	Data only	28.4%	n/a	28.4%	n/a	35.3%	n/a	37.5%	n/a	

Strategic Priority 6 - Working together with our community planning partners on effective community justice pathways that support people to stop offending and rebuild lives											
Indicator	2024/25	Current Target	2023/24	2022/23	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Community Payback Orders - Percentage of unpaid work placement completions within Court timescale. <i>(Aim to increase)</i>	77%	80%	89%	83%	81%	75%	71%	84%	92%	96%	
Criminal Justice Feedback Survey - Did your Order help you look at how to stop offending? <i>(Aim to increase)</i>	82%	100%	83%	100%	100%	92%	100%	100%	100%	100%	
% Positive employability and volunteering outcomes for people with convictions. <i>(Aim to increase)</i>	68%	60%	57%	67%	56.5%	66%	65%	55%	n/a	n/a	

Strategic Priority 7 - Working together with individuals and communities to tackle health inequalities and improve life chances.											
Indicator	2024/25	Current Target	2023/24	2022/23	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Breastfeeding at 6-8 weeks most deprived SIMD data zones ( <i>Aim to increase</i> )	n/a	25%	13.1%	19.2%	17.9%	7.5%	15.4%	22.9	27.3	17.2	↓
Premature mortality rate per 100,000 persons aged under 75. (European age-standardised mortality rate) ( <i>Aim to decrease</i> ) NI-11	n/a	Data Only	275	264	333	334	295	308	301	297	↓
Percentage of adults able to look after their health very well or quite well ( <i>Aim to increase</i> ) NI-1	n/a	Data Only	92.7%	n/a	92%	n/a	94%	n/a	94%	n/a	↑

Strategic Priority 8 - Working together with staff across the partnership to support resilience and well-being											
Indicator	2024/25	Current Target	2023/24	2022/23	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
% Staff who report 'I am given the time and resources to support my learning growth'. ( <i>Aim to increase</i> )	75%	90%	77%	74%	75%	n/a	77%	76%	70%	n/a	↓
% Staff who report "I feel involved in decisions in relation to my job". ( <i>Aim to increase</i> )	72%	Data Only	75%	71%	72%	n/a	n/a	69%	n/a	n/a	↓

Strategic Priority 8 - Working together with staff across the partnership to support resilience and well-being											
Indicator	2024/25	Current Target	2023/24	2022/23	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
% Staff who report "My manager cares about my health and well-being". <i>(Aim to increase)</i>	88%	Data Only	89%	85%	88%	n/a	n/a	85%	n/a	n/a	↓

Strategic Priority 9 - Protecting people from harm											
Indicator	2024/25	Current Target	2023/24	2022/23	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
% Change in women's domestic abuse outcomes <i>(Aim to increase)</i>	92%	85%	93%	90%	87%	84%	79%	64%	65%	66%	↓
People agreed to be at risk of harm and requiring a protection plan have one in place. <i>(Aim to increase)</i>	100%	100%	100%	100%	100%	100%	100%	100%	n/a	n/a	—

Organisational measures											
Indicator	2024/25	Current Target	2023/24	2022/23	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Percentage of days lost to sickness absence for HSCP NHS staff <i>(Aim to decrease)</i>	7.9%	4.0%	8.3%	7.5%	6.9%	5.5%	7.3%	6.8%	8.5%	7.2%	↑

Organisational measures											
Indicator	2024/25	Current Target	2023/24	2022/23	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Sickness absence days per employee - HSCP (LA staff) ( <i>Aim to decrease</i> )	14.5	18.2	19.5	20.3	14.7	13.6	19.1	16.4	13.0	13.6	↑

### 4.3 National Integration Indicators

The Core Suite of 23 National Integration Indicators was published by the Scottish Government in March 2015 to provide the basis against which Health and Social Care Partnerships can measure their progress in relation to the National Health and Wellbeing outcomes. As these are derived from national data sources, the measurement approach is consistent across all Partnerships.

The Integration Indicators are grouped into two types of measures: 9 are based on feedback from the biennial Scottish Health and Care Experience survey (HACE) and 10 are derived from Partnership operational performance data. A further 4 indicators are currently under development by NHS Scotland Information Services Division (ISD). The following tables provide the most recent data for the 19 indicators currently reportable, along with the comparative figure for Scotland, and trends over time where available.

#### 4.3.1 Scottish Health and Care Experience Survey (2023-24)

Information on nine of the National Integration Indicators are derived from the biennial Scottish Health and Care Experience survey (HACE) which provides feedback in relation to people's experiences of their health and care services. The most recent survey results for East Renfrewshire relate to 2023-24 and are summarised below.

The results show that we performed better than the Scottish average for eight of the nine indicators and performed close to the national rate for the remaining PI. Performance improved or remained the same for six of the indicators at the national level since the previous survey, and declined for three indicators.





National indicator	2023/24	Scotland 2023/24	2021/22	2019/20	2017/18	2015/16	East Ren trend from previous survey	Scotland trend from previous survey
NI-1: Percentage of adults able to look after their health very well or quite well	92.7%	90.7%	91.9%	94%	94%	96%	↑	↓
NI-2: Percentage of adults supported at home who agreed that they are supported to live as independently as possible	80.4%	72.4%	80.4%	78%	74%	80%	-	↓
NI-3: Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	75%	59.6%	73.8%	75%	64%	77%	↑	↑
NI-4: Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	63.6%	61.4%	65.1%	62%	60%	69%	↓	↓
NI-5: Total % of adults receiving any care or support who rated it as excellent or good	74%	70%	75.5%	70%	77%	82%	↓	↓
NI-6: Percentage of people with positive experience of the care provided by their GP practice	74.9%	68.5%	69.7%	85%	84%	88%	↑	↑
NI-7: Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	89.6%	69.8%	83.6%	78%	76%	79%	↑	↓
NI-8: Total combined % carers who feel supported to continue in their caring role	28.4%	31.2%	28.4%	35%	37%	45%	-	↑
NI-9: Percentage of adults supported at home who agreed they felt safe	79.5%	72.7%	90.5%	81%	82%	82%	↓	↓

Data from PHS release, 7 May 2025. Latest available survey data relates to 2023/24.

## 4.3.2 Operational performance indicators

National indicator	2024/25	Scotland 2024/25	2023/24	2022/23	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
NI-11: Premature mortality rate per 100,000 persons	n/a	442	<b>275</b>	264	338	334	259	308	301	297	↓
NI-12: Emergency admission rate (per 100,000 population) for adults	<b>J-Dec 24 9,628 *</b>	<b>J-Dec 24 11,445 *</b>	9,634	9,215	9,414	9,210	10,439	10,345	10,497	11,427	↑
NI-13: Emergency bed day rate (per 100,000 population) for adults	<b>J-Dec 24 104,377 *</b>	<b>J-Dec 24 109,822 *</b>	112,251	108,721	108,448	96,914	105,544	110,0628	119,011	121,099	↑
NI-14: Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	<b>J-Dec 24 70 *</b>	<b>J-Dec 24 103 *</b>	72	68	77	98	78	79	79	83	↑
NI-15: Proportion of last 6 months of life spent at home or in a community setting	<b>J-Dec 24 89% *</b>	<b>J-Dec 24 89.4% *</b>	88.8%	88.2%	89.5%	89.8%	88%	86%	85%	86%	↑
NI-16: Falls rate per 1,000 population aged 65+	<b>J-Dec 24 24.2 *</b>	<b>J-Dec 22.4 *</b>	24.7	24.1	25.1	21.5	22.6	23.4	22.4	21.2	↑
NI-17: Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	n/a	<b>XX</b> (Latest year for scot av?)	89.3%	86.9%	79.0%	84%	84%	84%	88%	88%	↑
NI-18: % of adults with intensive care needs receiving care at home	<b>J-Dec 24 63% *</b>	<b>J-Dec 24 64.7% *</b>	63.4%	65.0%	62.0%	58.4%	57.1%	63.6%	63.3%	58.0%	↓

NI-19: Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	315	952	397	415	342	189	156	170	117	228	
NI-20: Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	n/a	24% (2019/20)	n/a	n/a	n/a	n/a	20.9%	20.8%	22.4%	22.2%	

Data from PHS release, 7 May 2025.

\*Full year data not available for 2024/25. Provisional figure relates to 12 months Jan-Dec 2024.

The indicators below are currently under development by Public Health Scotland.

National indicators in development
NI-10: Percentage of staff who say they would recommend their workplace as a good place to work
NI-21: Percentage of people admitted to hospital from home during the year, who are discharged to a care home
NI-22: Percentage of people who are discharged from hospital within 72 hours of being ready
NI-23: Expenditure on end of life care, cost in last 6 months per death

#### 4.4 Ministerial Strategic Group Indicators





A number of indicators have been specified by the Ministerial Strategic Group (MSG) for which cover similar areas to the above National Integration Indicators.




MSG Indicator	2024/25	Target 24/25	2023/24	2022/23	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	2015/16	Trend from previous year
Number of emergency admissions (adults)	n/a	7,130	7,002	6,564	6,767	6,517	7,538	7,264	7,432	8,032	7,922	↓
Number of emergency admissions (all ages)	n/a	8,331	8,079	7,847	7,860	7,281	8,645	8,246	8,513	9,199	9,123	↑
Number of unscheduled hospital bed days (acute specialties) (adults)	n/a	57,106	70,723	70,064	67,267	58,333	62,861	60,953	62,967	62,901	58,271	↓
Number of unscheduled hospital bed days (acute specialties) (all ages)	n/a	58,899	72,613	72,458	67,136	59,593	59,764	64,407	64,769	64,455	60,064	↓
A&E attendances (adults)	n/a	18,335	18,211	17,355	16,877	13,697	20,159	20,234	19,344	18,747	18,332	↓
A&E attendances (all ages)	n/a	25,299	25,671	25,202	24,270	17,843	27,567	27,850	27,011	25,888	25,300	↓
Acute Bed Days Lost to Delayed Discharge (Aged 18+ including Adults with Incapacity)	n/a	1,893	5,132	4,652	4,546	2,342	1,788	2,284	1,860	2,704	2,366	↓
% of last six months of life spent in Community setting (all ages)	n/a	86%	88.8%	87.7%	89.5%	89.8%	88.3%	86.2%	85.0%	85.8%	85.6%	↑
Balance of care: Percentage of population at home (supported and unsupported) (65+)	n/a	Data only	96.8%	96.8%	96.7%	96.6%	96.5%	95.9%	95.8%	95.7%	95.6%	—
Balance of care: Percentage of population at home (supported and unsupported) (all ages)	n/a	Data only	99.2%	99.2%	99.2%	99.1%	99.2%	99.0%	99.0%	99.0%	99.0%	—

Latest data from PHS release, 27 March 2025. (MSG Indicators)


#### 4.5 Inspection performance

East Renfrewshire HSCP delivers a number of in-house services that are inspected by the Care Inspectorate. The following table show the most up to date grades as of March 2025.

Service	Date of Last Inspection	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is care and support planned?
Adoption Service CS2004082369  Adoption.pdf	06/02/2025	5 (very Good)	Not assessed	Not assessed	Not assessed	5 (Very Good)
Bonnyton House CS2003045155  InspectionReport-31 7155.pdf	26/09/2023	4 (Good)	4 (Good)	Not assessed	Not assessed	Not assessed
Care at Home CS2005096979  Care at Home.pdf	30/01/2025	4 (good)	3 (Adequate)	4 (Good)	Not assessed	3 (Adequate)
Community Pathways CS2003000808  InspectionReport-31 8885 (2).pdf	25/03/2024	5 (Very Good)	5 (Very Good)	Not assessed	Not Assessed	Not Assessed

Fostering Service CS2004082421  Fostering.pdf	06/02/2025	5 (Very Good)	Not assessed	Not assessed	Not assessed	5 (Very Good)
HSCP Adult Placement Centre CS2017357290  Adult Placement.pdf	06/02/2025	5 (very Good)	Not assessed	Not assessed	Not assessed	5 (Very Good)
	<b>Date of Last Inspection</b>	<b>How good is our care, play and learning?</b>	<b>How good is our leadership?</b>	<b>How good is our staff team?</b>	<b>How good is our setting?</b>	
HSCP Holiday Programme CS2003003951  Holiday Programme.pdf	26/07/2022	5 (Very Good)	4 (Good)	5 (Very Good)	5 (Very Good)	

The quality framework for children and young people in need of care and protection, published in August 2019.

Service	Date of Last Inspection	Evaluation of the impact on children and young people			Inspection Report
Joint Inspection of adult support and protection	June 2023				 East Renfrewshire adult support and pro

### Evaluation of the impact on children and young people - quality indicator 2.1

For our inspections of services for children at risk of harm, we are evaluating quality indicator 2.1. This quality indicator, as it applies to children and young people at risk of harm considers the extent to which children and young people:

- feel valued, loved, fulfilled and secure
- feel listened to, understood and respected
- experience sincere human contact and enduring relationships
- get the best start in life.

Evaluation of quality indicator 2.1: Excellent

## 4.6 Use of Directions during 2024-25

Directions are the means by which the Integration Joint Board tells the Health Board and Local Authority what is to be delivered using the integrated budget and for the IJB to improve the quality and sustainability of care, as outlined in its strategic commissioning plan. Directions are a key aspect of governance and accountability between partners. Directions issued in 2024-25 are given below.

March 2025	Budget 2025/26	ERC	Direction issued to East Renfrewshire Council to carry out each of the functions listed within the Integration Scheme in a manner consistent with: the existing policies of the Council and any relevant decisions of the Council in relation to the revenue budget; and with the Integration Joint Board's strategic plan.
March 2025	Budget 2025/26	NHS	Direction issued to NHSGGC to carry out each of the functions listed within the Integration Scheme in a manner consistent with: the existing policies of the Council and any relevant decisions of the Council in relation to the revenue budget; and with the Integration Joint Board's strategic plan.

## Appendix One - National Outcomes

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The National Health and Wellbeing Outcomes prescribed by Scottish Ministers are:

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including support to reduce any negative impact of their caring role on their own health and wellbeing.
7. People using health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care services.

The National Outcomes for Children are:

- Our children have the best start in life and are ready to succeed.
- Our young people are successful learners, confident individuals, effective contributors and responsible citizens.
- We have improved the life chances for children, young people and families at risk.

The National Outcomes for Criminal Justice are:

- Prevent and reduce further offending by reducing its underlying causes.
- Safely and effectively manage those who have committed offences to help them reintegrate into the community and realise their potential for the benefit of all.



## Appendix Two - East Renfrewshire Health & Social Care Partnership - Health and Care (Staffing) (Scotland) Act 2019: Annual Report

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### Declaration

Name of local authority / integration authority: East Renfrewshire Health & Social Care Partnership

Report authorised by:

*Name: Julie Tomlinson*

*Designation: Chief Nurse*

*Date: 1<sup>st</sup> June 2025*

Details of where the report will be published:

<https://eastrenfrewshire.gov.uk/integration-joint-board>

### Information Required

1. Please detail the steps you have taken as an organisation to comply with section 3(2) of the Health and Care (Staffing) (Scotland) Act 2019:

ERHSCP has included the following care services, as defined in the Health and Care (Staffing) (Scotland) Act 2019 that have been planned and secured within the relevant reporting period (April 2024 – March 2025):

<u>Route</u>	<u>No. of Services Planned &amp; Secured</u>
Direct award of social care contracts without prior advertisement	1
Extension/modification of existing social care contracts	1

In planning and securing these services, ERHSCP has taken account of the general principles of the Health and Care (Staffing) (Scotland) Act 2019. ERHSCP has also taken into account of the duties relating to staffing imposed on care service providers by virtue of subsection 3(1) and sections 7 to 10 of the Health and Care (Staffing) (Scotland) Act 2019.

ERHSCP has robust governance processes in place with each care service noted above being subject to the East Renfrewshire's Standing Orders on Contracts and Scheme of Delegation.

Each service is subject to approval by the Directorate Management Team following submission of a detailed proposal paper. Prior to submission to Directorate Management Team proportionate due diligence checks are undertaken by Commissioning, Operational, and Finance staff within ERHSCP to ensure that the proposed service meets the needs of service users while being sustainable.

Following approval by Directorate Management Team, submission to the Council's Cabinet or relevant Committee may also be required as directed by the Standing Orders on Contracts.

Commissioning staff will work with service providers to ensure that the commencement of the service is undertaken with appropriate, safe and effective

staffing in place. Services are subject to contract management through the HSCP's Contract Management arrangements which has been aligned with the duties under the Health and Care (Staffing) (Scotland) Act 2019.

The Commissioning staff have close working relationships with provider organisations and out with formal contract monitoring visits, there can be multiple points of contact with providers in a period of a week. Each point of contact represents an opportunity to discuss any issues which may be impacting upon a provider's ability to deliver services effectively and to improve outcomes for individuals.

2. Please detail any ongoing risks that may affect your ability to comply with the duty set out in section 3(2) (as specified above)

The duties under the Act remain relatively new and guidance and practice in relation to staffing for both providers and integration authorities continue to evolve. Further guidance on a consistent approach to the Act, including the reporting duty, would be welcome. ERHSCP has mature and well embedded processes for obtaining staffing information from providers but, where required, this could be enhanced through improved information sharing between statutory partner organisations (e.g. Care Inspectorate) while avoiding duplication in roles and responsibilities.

The current financial context for East Renfrewshire IJB and the cost pressures facing local commissioned providers is projected to require further difficult decisions to be made regarding overall health and social care service provision. Recent changes to National Insurance with uncertainty about equivalent funding has added to these pressures.

Recruitment issues within social care have been prominent for some time and continue to inhibit the ability of the market to respond to the requirements for services. Ongoing challenges in staff recruitment and retention in commissioned services may lead to a reliance on agency staffing models, with potential impact on (i) the continuity of care for service users and residents and (ii) the benefit to individuals outcomes which derives from strong relationships and understanding with staff.



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>  <b>Held on</b>	Integration Joint Board  25 June 2025
<b>Agenda Item</b>	11
<b>Title</b>	Equality and Human Rights Mainstreaming Report 2025
<b>Summary</b>  The purpose of this report is to present the Integration Joint Board with our Equality and Human Rights Mainstreaming Report 2025 for approval. The report provides an update on East Renfrewshire HSCP's equality outcomes and mainstreaming activity for the period 2023-25. The report also presents new Equalities Outcomes for 2025-29 for approval.	
<b>Presented by</b>	Steven Reid Policy, Planning and Performance Manager
<b>Action Required</b>  The Integration Joint Board is asked to: (a) approve the content of the HSCP Equality and Human Rights Mainstreaming report prior to publication; and (b) approve the new Equality Outcomes for 2025-2029.	
<b>Directions</b> <input checked="" type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<b>Implications</b> <div> <input type="checkbox"/> Finance           <input type="checkbox"/> Risk         </div> <div> <input type="checkbox"/> Policy           <input checked="" type="checkbox"/> Legal         </div> <div> <input type="checkbox"/> Workforce           <input type="checkbox"/> Infrastructure         </div> <div> <input checked="" type="checkbox"/> Equalities           <input type="checkbox"/> Fairer Scotland Duty         </div>

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**25 June 2025**

**Report by Chief Officer**

**EQUALITY AND HUMAN RIGHTS MAINSTREAMING REPORT 2025**

**PURPOSE OF REPORT**

1. The purpose of this report is to present the Integration Joint Board with our Equality and Human Rights Mainstreaming Report 2025 for approval. The report provides an update on East Renfrewshire HSCP's equality outcomes and mainstreaming activity for the period 2023-25.
2. The report also presents new Equalities Outcomes for 2025-29 for approval.

**RECOMMENDATIONS**

3. The Integration Joint Board is asked to:
  - (a) approve the content of the HSCP Equality and Human Rights Mainstreaming report prior to publication (Annex 1); and
  - (b) approve the new Equality Outcomes for 2025-2029 (Annex 2).

**BACKGROUND**

4. East Renfrewshire is one of the most ethnically and culturally diverse communities in Scotland. According to the most recent census data, East Renfrewshire is home to 13 faith groups. The Muslim population has grown significantly since the last census, making up 5.5% of the local population, which is the second highest local population in Scotland. The Hindu population has also seen an increase, particularly amongst younger age groups. The Jewish population has seen a decline since the last census, but it remains the highest proportion in Scotland.
5. We have the fifth highest proportion of residents from minority ethnic backgrounds in Scotland. Just over 16% of East Renfrewshire residents are from minority ethnic backgrounds; this is a significant increase from 8.9% in 2011. One quarter of our school pupils are from minority ethnic groups; this has nearly doubled in the last decade.
6. Less than 2% of our population identify themselves as LGBTQ+, the 2<sup>nd</sup> lowest rate in Scotland, whilst almost 89% identify as straight or heterosexual. The remaining 9% chose not to respond to this census question.
7. We have the highest proportion of children and young people, along with a growing ageing population. Life expectancy here is higher than the Scottish average but we have seen a 20.5% increase in those with a health problem that limits their day-to-day activities significantly.
8. Under the Equality Act 2010, the HSCP is required to meet the Public Sector Equality Duty (the 'general equality duty') to:
  - Eliminate unlawful discrimination, harassment and victimisation;

- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not; and,
  - Foster good relations between people who share a protected characteristic and those who do not.
9. 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)
10. The HSCP is required to publish a report on the progress it has made in integrating the general equality duty into the exercise of its functions, so as to better perform that duty. These 'mainstreaming reports' should be published at intervals of not more than two years.
11. We are also required to develop and publish equalities outcomes at least every 4 years that will enable us to better perform the Public Sector Equality Duty. These should:
- Take reasonable steps to involve people from equality groups;
  - Consider relevant equality evidence.

## REPORT

12. The Equalities and Human Rights Mainstreaming report (Annex 1) demonstrates how we are meeting our duties under the Equality Act. The report is split into two sections:
- Detailing the actions we have taken to ensure equalities and human rights are embedded throughout the organisation; and
  - Providing an update on the progress we have made towards our 2021 Equality Outcomes, over the last 2 years. This builds on the progress report published in 2023.
13. The main section of the report outlines: our responsibilities in mainstreaming the equality duty; information on the demographic context of East Renfrewshire and the work of the partnership; leadership and governance at the HSCP in relation to equalities; how we engage with our communities and the people who use our services; how we ensure fair service delivery; how we support our staff on equalities; and how we meet our responsibilities on equality impact assessment.
14. The report notes that while accountability sits with the Chief Officer, ensuring service planning and delivery is compliant with equality legislation is the collective responsibility to the management team at the HSCP.
15. The report highlights the various ways we are working to include voices from our communities and service user groups, both in governance structures and through our ongoing engagement work. This includes: the Your Voice group which has representatives from equality organisations including disability and faith groups; engagement work delivered through our Participation and Engagement Network (PEN) which is comprised of groups focusing on needs of local communities and people with

protected characteristics; and examples of recent consultation work. We continue to develop our engagement processes for service change and redesign (incorporating the use of equality impact assessments).

16. In relation to service delivery, the report considers procurement of services and the partnership's ongoing development of collaborative commissioning processes. Going forward our commitment for the commissioning of services is to be human rights based, person-centred, reflective of people's lived experience, having fair work principles, supporting climate and circular economy, financially transparent and delivering high quality care. The report notes our focus on engaging pro-actively with service users and communities and ensuring fair and equitable access to our complaints process.
17. The report also highlights the co-production of supports and services that is taking place in partnership with the third and voluntary sectors and local community groups. This includes the development of the East Renfrewshire Community Hub that has brought together the HSCP, Talking Points, Voluntary Action East Renfrewshire (VAER) and provides a co-ordinated approach to all community requests.
18. The mainstreaming report outlines the wide range of equalities training and awareness courses available to HSCP staff through ERC and NHSGGC and notes the development of bespoke training for HSCP managers that is being delivered in partnership with ERC.
19. The report considers our process for conducting equality impact assessments which we carry out drawing on the guidance and support from both ERC and NHSGGC. Training is available to staff from the equalities teams at both organisations and bespoke training for HSCP managers is being delivered in partnership with ERC.
20. The final section of the report provides an update on progress towards the partnership's six equalities outcomes for 2021-25. These outcomes were developed through a collaborative engagement process and were presented to the IJB on 12 May 2021. For each outcome we show which part of the Equality Duty the outcome relates to and which of the protected characteristics are most impacted. We describe the planned activities under each outcome and progress made on these activities over the past two years.
21. The progress update demonstrates the wealth of focused activity that has been taking place to deliver our equality outcomes. This includes:
  - Expanding digital inclusion and digital supports to older and disabled people through a community-led digital support programme and the expansion and promotion of Technology-enabled Care;
  - working to expand access to mental health and wellbeing supports in partnership with our communities and third sector partners;
  - developing support for unpaid carers from all of our communities in partnership with our Carers' Centre;
  - working to ensure all groups are able to influence our services and priorities by developing our engagement processes with an increased focus on equalities, expanding our networks and building skills;
  - supporting people affected by domestic abuse through enhanced training and resources, improved pathways and support and the development of clear policies for managers and staff;
  - working towards achieving a diverse workforce with opportunities for all.

22. The 2025 – 2029 Equalities Outcomes report (Annex 2) sets out our new outcomes for the next four-year period 2025 – 2029. In line with the Public Sector Equality Duty, equality outcomes are required to be developed and published at least every four years, requiring the HSCP to review and update our outcomes for 2025-29.
23. To support the development of our new outcomes we collaborated with East Renfrewshire Council Strategic Services Team. The new outcomes have been guided and developed by an engagement and evidence gathering process between September 2024 and January 2025. This involved desk-based research, a series of community events and focus groups and an online survey. An officer event to support the development of proposed outcomes took place 12 February 2025 followed by a joint leadership event on 6 March 2025 involving elected members, members of the IJB and senior management from the HSCP and ERC.
24. Building on engagement work, and in collaboration with planning leads in relevant service areas, we refined our set of outcomes, along with supporting activities and performance measures. The outcomes link with our wider strategic planning priorities and will be incorporated into our Strategic Annual Delivery Plans.
25. The outcomes have been streamlined and are deliberately focused on areas where we will make most impact. As the Mainstreaming Report demonstrates we deliver a wide range of approaches that support equalities as core to our work. Over the next four years we also will continue to support delivery of the ERC and NHSGG equalities outcomes, including in relation to workforce. We continue to work with both employers to support their inclusive workforce policies. The new equality outcomes for 2025-29 are:
  - There is equitable access to information and meaningful participation for all.
  - The needs of unpaid carers with protected characteristics are understood and support is accessible and person-centred.
  - Mental health supports and services are accessible and inclusive of the needs of people with relevant protected characteristics.
  - Domestic abuse survivors are protected from further harm and abuse.
26. Our work on equity is core to the purpose of the partnership and will continue to develop in the years ahead. We will produce our next Mainstreaming Report and update on progress towards our equalities outcomes in 2027.

## CONSULTATION AND PARTNERSHIP WORKING

27. Our equalities outcomes were developed following partnership working as part of the ERC-led East Renfrewshire Equality Officer Working Group. The outcomes are 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.
28. As well as supporting the development of our new set of equality outcomes, service managers, planning leads and third sector partners were consulted on the content of our mainstreaming equalities report and review of progress against existing outcomes.

## IMPLICATIONS OF THE PROPOSALS

### Finance

29. There are no financial implications from the paper.

### Workforce

30. No wider staffing implications.

### Legal

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

### Equalities

32. The paper provides an update on our 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.

## DIRECTIONS

33. There are no directions as a result of this report.

## CONCLUSION

34. 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.
35. 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.
36. Our work on equities is core to the purpose of the partnership and will continue to develop in the years ahead. We will produce our next Mainstreaming Report and update on progress towards our equalities outcomes in 2027.

## **RECOMMENDATIONS**

37. The Integration Joint Board is asked to:
- approve the content of the HSCP Equality and Human Rights Mainstreaming report prior to publication (Annex 1); and
  - approve the new Equality Outcomes for 2025-2029 (Annex 2).

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

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

Chief Officer, IJB: Alexis Chappell

## **BACKGROUND PAPERS**

IJB Paper - 26 March 2025 - Public Sector Equality Duty Update  
[https://www.eastrenfrewshire.gov.uk/media/11276/IJB-Item-10-26-March-2025/pdf/IJB\\_Item\\_10\\_-\\_26\\_March\\_2025.pdf?m=1741958662740](https://www.eastrenfrewshire.gov.uk/media/11276/IJB-Item-10-26-March-2025/pdf/IJB_Item_10_-_26_March_2025.pdf?m=1741958662740)

IJB Paper - 12 May 2021 – HSCP Interim Equalities Outcomes  
[https://www.eastrenfrewshire.gov.uk/media/4945/IJB-Item-10-12-May-2021/pdf/IJB\\_Item\\_10\\_-\\_12\\_May\\_2021.pdf?m=637553296826370000](https://www.eastrenfrewshire.gov.uk/media/4945/IJB-Item-10-12-May-2021/pdf/IJB_Item_10_-_12_May_2021.pdf?m=637553296826370000)

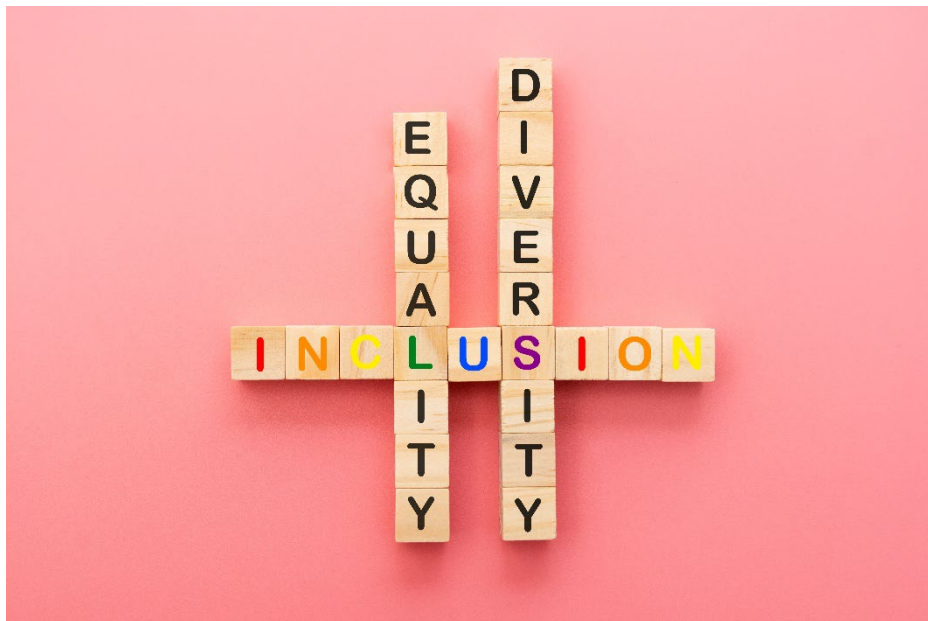
## Annex 1



## East Renfrewshire Health and Social Care Partnership

### Equality and Human Rights Mainstreaming Report and Review of Outcomes

June 2025



## INTRODUCTION

This report provides an update on East Renfrewshire HSCP's equality outcomes and mainstreaming activity for the period 2023-25. The Equality and Human Rights Commission Scotland outlines the benefits of 'mainstreaming the equality duty' as follows:

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

The Integration Joint Board has supported the development and delivery of the HSCP Strategic Plan 2022-25 to reflect the ranges of needs of different communities and health and social care staff in East Renfrewshire. Our Strategic Plan helps focus the work of the HSCP towards achieving the National Health and Wellbeing Outcomes. It is underpinned by the Integration Planning principles which emphasise the importance of respecting rights, and taking into account particular needs, characteristics and circumstances. This is reflected in the Strategic Plan Vision "*Working together with the people of East Renfrewshire to improve lives*". We will achieve this by:

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

During 2024-25 we have developed our next Strategic Plan for 2025-28, building on our existing vision and priorities established in our long-term strategic planning. 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. 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.

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

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

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

Our equality outcomes for 2021-25 were approved by our IJB in May 2021. These were developed through a research and engagement process conducted in partnership with East Renfrewshire Council but also drawing on the findings from engagement for our Strategic Plan and supporting plans. In 2023, we published an interim update on progress towards

the outcomes. We provide a further update on the final two year 2023-25 in the final section of this report.

As required by the equality duty, we have developed a new set of equality outcomes for 2025-29. The new outcomes have been guided and developed by an engagement and evidence gathering process carried out between September 2024 and March 2025. The outcomes link with our wider strategic planning priorities and will be incorporated into HSCP Strategic Annual Delivery Plans. We continue to advance the equality agenda through the wider work of the partnership and we also support the delivery of the equality outcomes established by NHSGGC and East Renfrewshire Council, including in relation to our workforce.

## **OUR MAINSTREAMING RESPONSIBILITIES**

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

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

The relevant protected characteristic groups identified in the Act are:

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

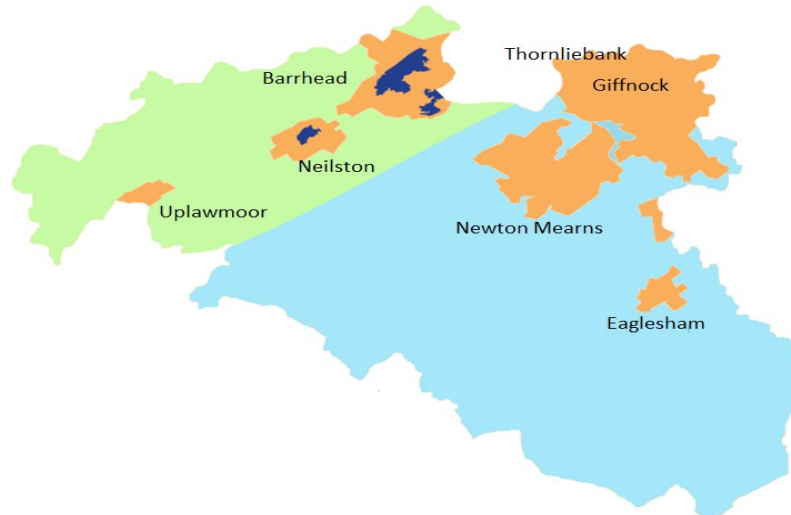
Under the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, public authorities in Scotland have a legal requirement to meet specific duties:

- report progress on mainstreaming the equality duty;
- publish equality outcomes and report progress;
- assess and review policies and practices;
- gather and use employee information;
- use information on members or board members gathered by Scottish Ministers;
- publish gender pay gap information;
- publish statement on equal pay;
- consider award criteria and conditions in relation to public procurement;
- publish in a manner that is accessible.

The Equality Act requirements relating to employee policies, equal pay reporting and procurement continue to be reported through the two employing bodies. As such the equality

outcomes of Greater Glasgow and Clyde NHS Board and East Renfrewshire Council continue to relate to and influence the actions listed in the IJB's Plan but are not reported here. We continue to work with both employers to support their inclusive workforce policies.

## ABOUT EAST RENFREWSHIRE AND OUR PARTNERSHIP



East Renfrewshire is the 9th smallest local authority area of Scotland with a population of 98,600. Since 2011 the population of East Renfrewshire has grown by 5.8 per cent. Future projections show that the population will continue to grow and we will have an increasingly ageing population profile. East

East Renfrewshire is one of the most ethnically and culturally diverse communities in Scotland. According to the most recent census data, East Renfrewshire is home to 13 faith groups. The Muslim population has grown significantly since the last census, making up 5.5% of the local population, which is the second highest local population in Scotland. The Hindu population has also seen an increase, particularly amongst younger age groups. The Jewish population has seen a decline since the last census, but it remains the highest proportion in Scotland.

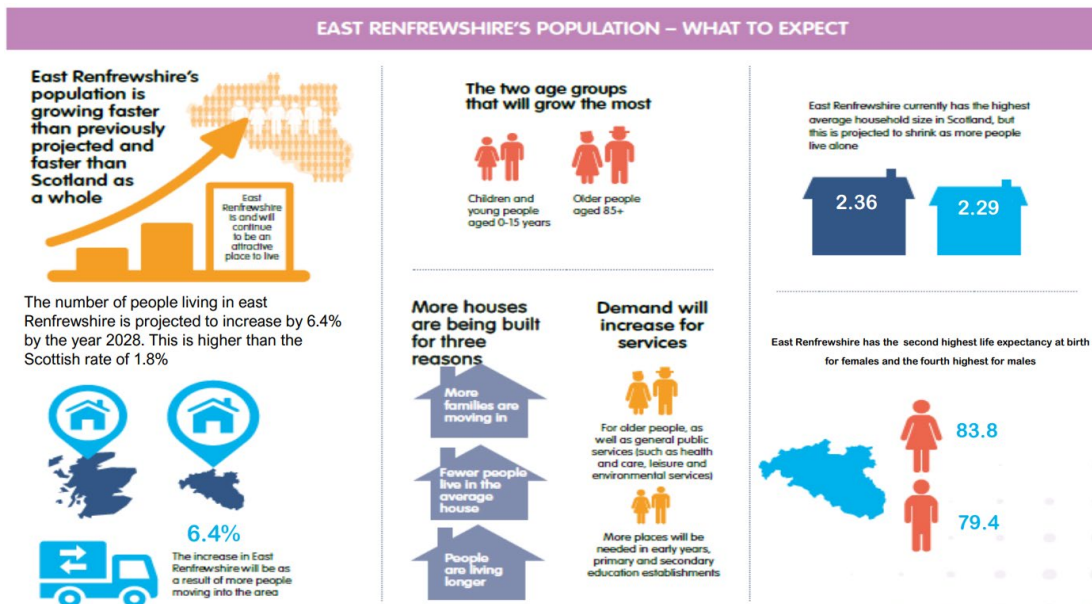
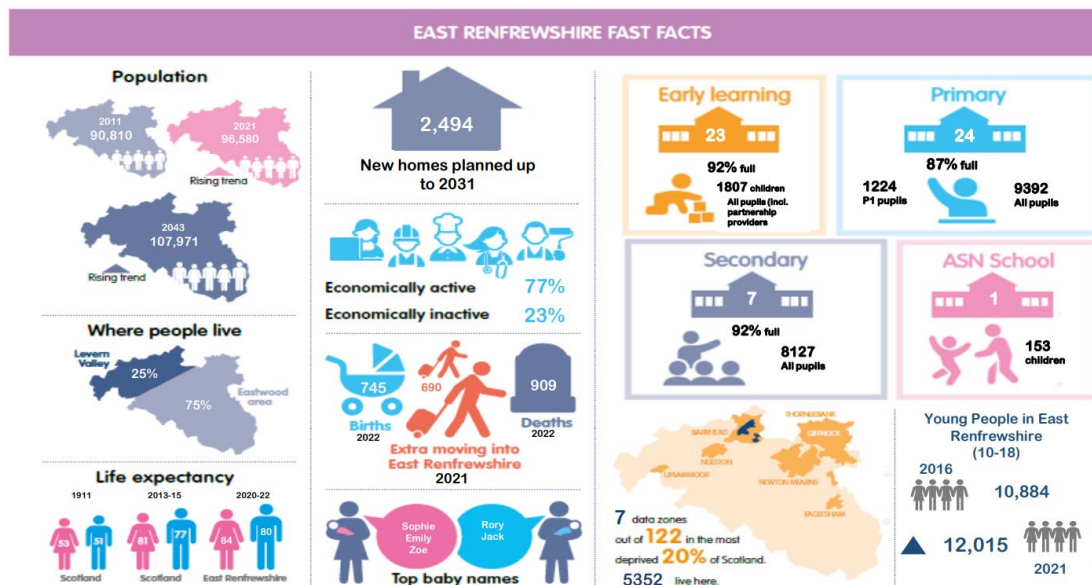
We have the fifth highest proportion of residents from minority ethnic backgrounds in Scotland. Just over 16% of East Renfrewshire residents are from minority ethnic backgrounds; this is a significant increase from 8.9% in 2011. One quarter of our school pupils are from minority ethnic groups; this has nearly doubled in the last decade.

Less than 2% of our population identify themselves as LGBTQ+, the 2<sup>nd</sup> lowest rate in Scotland, whilst almost 89% identify as straight or heterosexual. The remaining 9% chose not to respond to this census question.

We have the highest proportion of children and young people, along with a growing ageing population. Life expectancy here is higher than the Scottish average but we have seen a 20.5% increase in those with a health problem that limits their day-to-day activities significantly.

By 2043, almost one quarter of East Renfrewshire is projected to be aged 65 or over (23.8%). There has been a 26% increase in the number of residents aged 85 years and over during the last decade. People over 80 are the greatest users of hospital and community health and social care services.

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



Through an integrated management team East Renfrewshire HSCP directly manages over 900 health and care staff. In addition to the directly managed workforce of the Partnership, there is a significant workforce in our independent NHS contractor service and in our third sector and independent sector social care providers.



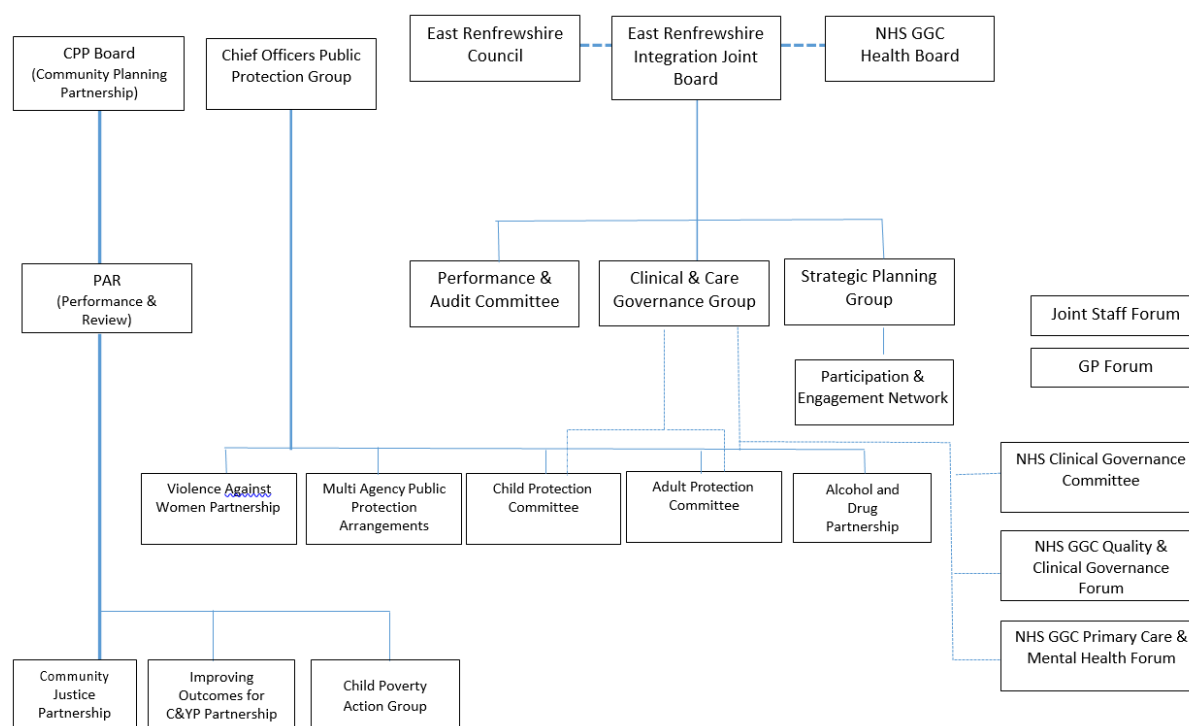
The HSCP manages a range of person-centred adult and community care services across health and social care as well as children and families; children's health and criminal justice services. In addition, the HSCP hosts the Specialist Learning Disability Inpatient Services, Autism Service and the Scottish Centre of Technology for the Communication Impaired (SCTCI) service on behalf of NHS Greater Glasgow and Clyde. The services within East Renfrewshire are community based with the exception of the inpatient wards for people with learning disabilities. There are no acute hospital sites in East Renfrewshire.

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

## LEADERSHIP AND GOVERNANCE TO DELIVER FAIR AND EQUITABLE SERVICES

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

Integrated Joint Boards (IJBs) are the legal entities responsible for delivering an Equalities and Mainstreaming Report and equality outcomes relating to their functions. The IJBs provide governance for the Health and Social Care Partnerships. The chart below shows the governance, relationships and links with partners which form the IJB business environment.



Whilst the Chief Officer and senior management team have overall responsibility for equalities and human rights across the organisation, managers of our services and teams have also taken ownership of the role they play in mainstreaming.



Managers and officers from across our services have undertaken specific training with their leadership teams around Equality Fairness and Rights Impact Assessments (EFRIA). These training sessions focussed on the value of assessing impact and the importance of doing this well to support their decision-making processes. Participants used these sessions to consider how to keep a focus on equalities, fairness and rights when making strategic decisions and policy level changes to their services, particularly when doing so under challenging financial circumstances.

A Planning with People team has recently been set up at the HSCP taking forward a coordinated approach to engagement and the delivery of equality impact assessments.

Two officers at the HSCP are departmental leads for equalities and take part in the East Renfrewshire Council Equality Officers Working Group (EOWG). The group shares good practice approaches, helping ensure equalities and human rights issues are embedded at the HSCP.

The HSCP also has representation on the East Renfrewshire Equality Forum. As well as involving statutory agencies, the Forum brings together individual residents, community groups and third sector organisations. It aims to raise awareness of equality issues, share knowledge and information and to give voice to East Renfrewshire's diverse and underrepresented communities. As part of its work, the Forum aims to share good practice and ideas locally and nationally and connect with other equalities forums.

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

User and carer representation on the Integration Joint Board and its governance structures have been drawn from **Your Voice**; a network of local individuals and organisations who are interested in health and social care services and want to be involved in how they're designed and delivered in East Renfrewshire. The network was established to work with the Health and Social Care Partnership (HSCP) to inform, improve and review health and social care services. Your Voice includes representatives from equality organisations including disability and faith groups. Learning from recent engagement activity and legislative changes has prompted a review of some of our mechanisms, including efforts to ensure our local lived-experience group is supported to be as diverse and sustainable as possible.

During 2023-25, Your Voice continued to support policy and service development and were directly consulted on the proposed changes to the GP out-of-hours service and the East Renfrewshire Local Transport Strategy. Your Voice also supported the HSCP to lead on four engagement events for the development of the new NHSGGC Mental Health Strategy, ensuring local views informed the strategy. In collaboration with Your Voice the HSCP has looked at delivering revised processes for community representation in formal HSCP settings e.g. IJB, Care Governance; supporting people with lived experience to access HSCP related groups as public members as requested.

The East Renfrewshire **Participation and Engagement Network (PEN)** was formed to develop and deliver the HSCP's Participation and Engagement Strategy. The PEN involves

a wide range of partner organisations including from the independent and third/community sectors reflecting the needs of local communities and people with protected characteristics. The network has more than 30 members and supports HSCP staff and partner organisations to engage our communities in an inclusive way, and involve residents in shaping services. The purpose of the Participation and Engagement Strategy is to engage effectively with people in planning and redesigning health and social care services to improve

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

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

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

The Participation and Engagement Network, established a clear outcome identified aligning with Equality duties: *"The PEN will engage meaningfully with people, including seldom heard people/under-represented groups and assess how this impacts positively on our equality outcomes.* In supporting this outcome, over the period 2021-25 we:

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

The Participation and Engagement Network actively supported the delivery of HSCP Strategic Plan 2022-25 priorities by supporting activities which align to our outcome of: *"People will have the opportunity and support to engage about what matters to them and influence service design and delivery".*

Recent engagement work with our wider community and partners that has been carried out in collaboration with PEN, Your Voice and our **Talking Points** partnership has included:

- HSCP strategic planning priorities, capturing this insight to inform the final draft of our Strategic Plan 2025-28;
- Scottish Government Older Peoples Strategy, which informed Scottish Government planning and also captured our local insight for sharing collaboratively;
- HSCP Collaborative Commissioning Engagement Events and working groups activity;
- Budget setting and discussion of potential areas for financial savings;
- Development of the East Renfrewshire Carers Strategy;
- East Renfrewshire Dementia Action Plan;
- Introduction of the East Renfrewshire Supporting People Framework (eligibility criteria); and,

- Proposed introduction of a charging policy for non-residential care.

The PEN provided the opportunity for community and third sector support services to share their views on the proposal, implementation and impact of the **Supporting People Framework (SPF)**, not only on the individuals receiving the support but also on the community groups that received referrals for people assessed under the new framework as being no longer eligible for paid support. We have worked with our Talking Points community partners to ensure that people continue to receive the support they need, that community groups have the resources they need to support people and any unmet need is reported back through the appropriate network/strategy group.

Information sessions on the SPF were held for individuals and community groups. The HSCP supported sessions facilitated by the Carers Centre and SDS Forum and we established a Peer Professional Review Group to provide a space for HSCP and community groups to discuss individual cases that had unmet need.

### **The Big Lunch**

The PEN and Talking Points partners continue to run the Big Lunch community engagement and information events, twice a year. In December 2024, the Big Lunch, attended by over 100 residents, was used to gather feedback on the HSCP Strategic Plan and the Community Health and Wellbeing Survey results.

The Big Lunch is attended mainly by adults and older people so during October 24, an additional “Big Night In” was arranged for young people with additional support/learning needs. A range of support organisations provided information about their services to over 60 young people.

The HSCP have recently put a proposal to Council to introduce **charging for non-residential care**. This would impact on people who receive social care support that is not deemed personal care; particularly those with a learning disability, physical disability, older people or people with mental health issues. The Equalities Rights & Fairness Impact Assessment (ERFIA) identified a number of protected characteristics that would be impacted by the policy including age, gender, disability and ethnicity.

Again we used the Participation and Engagement Network, Your Voice and meetings with Talking Points partners to inform people of the proposals and to gather feedback about the proposal before it was submitted to cabinet for a decision.

The HSCP also facilitated six engagement sessions for members of the public. Three in-person events, with one in the Eastwood locality and two in the Barrhead locality. Three online events were held in evenings. Invitation letters were sent via post to all individuals who may be effected by the proposals, and information on the sessions shared with partners.

The SDS Forum for East Renfrewshire, in partnership with East Renfrewshire Carers Centre and SDS Scotland, also hosted an event which HSCP officers also attended to provide

information and hear the views of those attending. Two smaller sessions were held in November 24 to update the Equalities, Fairness and Rights Impact Assessment. These sessions were attended by carers and representatives from My Disabilityplus. The Carers Centre and SDS Forum also distributed a survey across their membership and 91 people shared their views. Specific engagement events were held with the Fairweather Hall Drop in group that supports elderly people from the ethnic minority community.

Despite this engagement activity reaching over 700 people, we recognised that we were receiving limited feedback from people with a learning disability and subsequently worked with care providers to distribute an easy read survey and supporting information. As a result of all the engagement activity we have gathered a list of over 100 people who have asked to be kept in contact with and we plan to facilitate a first meeting of a “lived experience panel” in 2025.

### **Ensuring the voices of carers are heard**

**East Renfrewshire Carers Collective** had a leading role in influencing the most recent Carers Strategy. Thereafter carers were a priority group for engagement re the Supporting People Framework, updated strategic plan and the proposed charging policy. Membership of the Carers Collective is currently under review. Membership has fluctuated as people’s caring role has stopped/changed or carers own circumstances have changed. Three members of the Carers Collective set up the Autistic Collective which has become the main community support for carers of someone with autism/neurodiversity. Upon review, the Collective will work with the HSCP carers lead to design the service specification for carers’ support that will be implemented in a new tender/contract from April 2026.

A local unpaid carer is a representative on our Integration Joint Board.

There has been significant learning from recent engagement activity during 2023-25. Alongside staffing changes at the HSCP and recent legislative changes this has prompted development of new **Planning with People team** for the partnership. The new team will have responsibility for 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.

### **FAIR SERVICE DELIVERY**

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

East Renfrewshire Health and Social Care Partnership working alongside partner providers from the independent and community sectors developed a collaborative commissioning approach to service delivery. What we mean by this is we would jointly develop a shared

statement of intent setting out agreed principles and approach which are co-designed with wider partners and stakeholders on how we will work together. This approach is human rights based, person-centred, reflect peoples lived experience, have fair work principles, support climate and circular economy, financial transparency and deliver high quality care.

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

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

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

We appreciate that being pro-active in public engagement is the key to delivering services that are fit for purpose and fit for all. However, at times people may feel their needs have not been met and would like to tell us their experiences. We aim to ensure fair and equitable access to our formal complaints processes. The complaints process implemented meets requirements of the Scottish Public Ombudsman handling process and has been equality proofed.

Our community **Learning Disability Team** continues to support local people with learning disabilities. Our Transitions Service supports the transition of young people with learning disabilities with close collaborative working across children and adult services (health and social work). The priority for the service is to ensure a positive transition for young people. A key area of focus is the prevention of crisis for individuals through early identification of potential placement breakdown.

Our main local third sector partner, **Voluntary Action ER (VAER)**, supports a wide range of volunteering opportunities available to all East Renfrewshire residents. This form of provision spans interests, hobbies and social groups to local influencing or peer support groups and is used to plan support provision, identify service gaps and invite people who are active in their communities to contribute to the development and delivery of local services.

The HSCP fully recognises the importance of strong community and third-sector links to ensure people can access the supports they need in their community, helping people to live independently and well. Key to our approach as a partnership is the support provide by our local **Community Hub** which helps residents to access information and signposts to local community services and supports. The Community Hub is a partnership between VAER, HSCP Talking Points and East Renfrewshire Council Communities and Strategic teams.

**Talking Points@The Community Hub** helps local people find support within their communities, responding to more than 1,300 referrals for help over 2023-25. Requests for support address a wide range of needs including: health and wellbeing activities and groups; social isolation and befriending; access to care; mental health; support for unpaid carers; shopping support; transport; volunteering.

The Community Hub website offers easy access to information on activities, volunteering opportunities, and community supports for people living and working in East Renfrewshire. The platform fosters better collaboration by providing a central space to share the outputs of our collaborative efforts with local communities. The **Community Activities Directory** includes information about local activities, clubs and community groups in and around East Renfrewshire. As at March 2025, there are 218 local activities, clubs and groups registered on the directory.

The **Directory of ASN Activities** for Children and Young People provide parents and carers with the information they need, when they need it, which is vital for these groups. As at March 2025, there are 29 listings and 8 links to other relevant resources and supports are registered on the ASN Directory.

Key impacts we have seen from our community-led approach include:

- Strengthened connections between service providers and support organisations;
- Improved signposting, enabling individuals to access tailored support;
- New services introduced based on need (e.g Dementia Walking Buddies and Healthy Relationships).

## EMPLOYEE INFORMATION AND TRAINING

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

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

- Equality and Human Rights;
- Equality, Diversity and Inclusion;
- Diverse and Inclusive Recruitment;
- Equality and Diversity – Age;
- Equality and Diversity – Disability;
- Equality and Diversity - Sexual Orientation;
- Equality and Diversity – Marriage and Civil Partnerships;
- Equality and Diversity – Race;
- Equality and Diversity - Religion or Belief;
- Equality and Diversity – Sex Discrimination;
- Equality and Diversity – Unconscious Bias;

- Managing Diversity;
- Effectively engaging with communities;
- Personal Resilience;
- Mental Health;
- Wellbeing and peer support;
- Trauma-informed Practice Training;
- Engaging Effectively with Communities;
- Workplace ethics;
- Recruitment and Selection.

NHSGGC employees within East Renfrewshire HSCP have the opportunity to undertake training and e-learning modules covering a range of topics, including:

- Augmentative and alternative communication;
- Making communication even better;
- Dementia and equality;
- Deaf awareness;
- Equal Partners in Care: Carer Aware, Caring Together;
- Equality, diversity and human rights;
- Equality impact assessment and planning for equality;
- Equality law and legal duties;
- The Fairer Scotland Duty;
- Health literacy and reducing health inequalities;
- Human rights;
- Human trafficking;
- Learning disabilities and equality;
- LGBT People and Public Services: Good Practice;
- Trauma, mental health and suicide prevention.

A range of best practice guidelines and staff toolkits are also available for NHS employees in relation to equalities.

## **EQUALITY, FAIRNESS AND RIGHTS IMPACT ASSESSMENTS**

The HSCP carries out equality impact assessments in line with the guidance, tools and support provided by East Renfrewshire Council and the NHS Greater Glasgow and Clyde Equalities Team. The HSCP produced internal guidance for equality impact assessments, explaining when and how an assessment should be undertaken, where support can be accessed at the HSCP, and where to find guidance and further support from the Council and NHSGGC.

We follow an integrated impact assessment process. The Council's Equalities Fairness and Rights Impact Assessment (EFRIA) includes the Public Sector Equality Duty, the Fairer Scotland Duty and, more recently, the United Nations Convention of the Rights of the Child (UNCRC) Act. The EFRIA tool is designed to support decision-making by identifying any potential impacts of policy decisions, and officers/managers received support through written guidance materials and training sessions delivered throughout the year. Resources are available online and training is available through the Council which supports HSCP officers



and managers to undertake the impact assessment. In the past two years a number of steps have been taken to review and improve the EFRIA process. This has included:

- Clearer screening process - this has supported officers to understand when an EFRIA is and is not required. The screening also provides officers with clear instructions on what to do next;
- Updated EFRIA template - the template has been adapted to make it more user-friendly and intuitive;
- Updated written guidance - the supporting guidance information has been updated in line with the new template;
- New supporting materials - this includes video tutorials and good practice examples to help guide people to undertake good quality impact assessments; and,
- New support sessions – the Council are running monthly drop-in sessions which are open to anyone needing advice around a specific issue, or more general information.

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

All Equality Fairness and Rights Impact Assessments (EFRIAs) completed by the HSCP made publicly available on the East Renfrewshire Council website. They are published in a central repository which is searchable by date, protected characteristic group and assessment outcome to ensure they are as easily accessible as possible.

## **PROGRESS ON DELIVERING THE HSCP'S EQUALITY OUTCOMES 2021-25**

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

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

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

The outcomes and supporting activities were informed by the extensive engagement work to support the development of our Strategic Plan, as well as broader equalities work undertaken by NHS Greater Glasgow and Clyde (for A Fairer NHSGGC 2020-24). To support the development of the HSCP Strategic Plan 2022-25 we carried out a highly



participative engagement process during 2021 designed and delivered in partnership with our third and independent sector partners. A wide range of views were shared with us by people with lived experience, unpaid carers, staff and management at support providers, HSCP staff and officers from internal and external partner organisations. Twenty focus groups and workshops (principally delivered online with some face-to-face groups) were delivered involving nearly 200 participants. Groups representing the full range of protected characteristics were involved in the engagement process.

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

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

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

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

Protected characteristics covered: Age; Disability

**Planned activities:**

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

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

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

**Progress:**

East Renfrewshire Digital Inclusion Partnership continues to meet and collaborate on providing fair and equal access to digital supports across East Renfrewshire. There is a digital inclusion action plan focused on increasing our local communities' confidence in using/accessing digital technology. This partnership is led by East Renfrewshire Council and includes HSCP, third and community sector partners all supporting our most vulnerable residents to be more digitally included.

The East Renfrewshire Community Hub website, led by Voluntary Action East Renfrewshire (VAER) offers easy access to information on activities, volunteering opportunities, and community supports for people living and working in East Renfrewshire. Our platform fosters better collaboration by providing a central space to share the outputs of our collaborative efforts with local communities. Our Community Activities Directory includes information about local activities, clubs and community groups in and around East Renfrewshire. Resident are able to search by key word, category or location.

- As at March 2025, there were **218** local activities, clubs and groups registered on the directory.
- Our Directory ASN Activities for Children and Young People provide parents and carers with the information they need, when they need it, which is vital for these groups.
- As at March 2025, there are **29** listings and 8 links to other relevant resources and supports are registered on the ASN Directory.

Our Community Hub website has become a gateway for individuals to access more than the directory, also discover other relevant information to support their own health and wellbeing, self-refer to East Renfrewshire Talking Points or find a support group in their local area.

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

- **Digital Champions and promotion of digital**

- All partners were given access to and training for Digital Champion volunteers, offering support for and with Digital technology as well as being active promoters of the benefits of using technology to enhance independent living. VAER supported the delivery of two digital drop-ins offering support for anyone looking to increase their digital confidence. These drop-ins were delivered within the two Market Place venues in Barrhead and The Avenue.
- The Market Place also offered:
  - two Conversational English drop-ins for anyone with English as a second language, the volunteer lead for this is also linked in with our digital champions.
  - Type2 Diabetes digital support programme: predominantly people referred via the Diabetic Centre at the RAH. Also supported a small peer support group to offer wider health and wellbeing supports as well as digital support for the My Diabetes My Way web programme.
  - VAER have access to Volunteer Translators for when needed to support anyone to access our Digital Supports.

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

As part of VAER's Community Hub digital support offer our Digital Champion volunteer has recently met with 20 participants in one-to-one sessions in our Busby Rd venue. Older adults sign up for dedicated, bespoke tutorials to develop their digital skills. This comprises of anything from: how to work their devices at the most basic level to support with learning how to use Microsoft software packages.

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

### **Delivery and development of Technology Enabled Care (TEC)**

East Renfrewshire Council and East Renfrewshire Health and Social Care Partnership (HSCP) have been awarded the Platinum Digital Telecare Implementation Award from the Scottish Government's Digital Office, in recognition of the completion of their analogue to digital telecare transition project which involved the implementation of a new call handling system and the installation of almost 3000 digital alarms in Telecare customers' homes.

To achieve Platinum, a Telecare Service Provider must have successfully rolled out a live digital telecare service to 100% of service users and be operating successfully without serious issues or call failures for at least 8 weeks. This remarkable achievement is the final major milestone in the transition to digital telecare. East Renfrewshire was one of the first Telecare Service Providers to achieve this award.

The new Digital Telecare platform continues to ensure that circa 3,000 vulnerable telecare customers benefit from their lifeline community alarm system. The new system has reduced calls through use of a mobile app as telecare responders receive next-visit

routing information direct to the app, freeing-up call-handlers from manually calling responders.

A dedicated TEC Manager has been appointed as part of the service redesign activity. This role includes managing all aspects of the operational Telecare service as well as focussing on new technology enabled care and innovative ways to deploy this as an alternative to traditional packages of care. A recent example of this involved collaborative working with the HSCP's Learning Disability Team colleagues to install technology, with appropriate response protocols, for a range of individuals in the community to maximise their confidence and independence.

**Equality Duty: Eliminate unlawful discrimination, harassment and victimisation.**

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

**Protected characteristics covered: All**

**Planned activities:**

- Work with our communities to promote positive mental health and wellbeing
- Support mental health and wellbeing interventions delivered through third sector and community-led activity
- Enhance access to mental health and wellbeing services in primary care settings
- Develop and deliver local action plan for suicide prevention with key partners.

**Progress:**

**Work with our communities to promote positive mental health and wellbeing - Deliver wellbeing inputs to community groups and third sector organisations, Provide and promote evidence based awareness sessions and training opportunities.**

**Walking For Health Programme Update :**

- East Renfrewshire Walking for Health Programme delivers nine weekly community walks across East Renfrewshire. The walks are delivered by 24 volunteer walk leaders who have been trained by our partner organisation Paths For All, with a number of walks focused on protected characteristic groups.
- In 2024 the programme delivered 385 Health Walks and 193 Strength and Balance session. This was delivered by our 24 trained walk leaders with 3815 individuals attending the walks.
- 2024, saw the introduction of wheelie based walk in Cowan Park Barrhead, this walk is for all individuals who utilise walking aids.
- Alongside the walking for health programme, strength and balance classes were delivered across East Renfrewshire by our partners such as Mearns Kirk Helping Hands and VAER. On average ninety individuals attended classes on a weekly basis
- These community strength and balance classes also provide a next step for those currently engaged in Live Active or rehabilitation programme.
- All walks and classes end with a group get together for tea, coffee and catch up as this, alongside the physical activity, is vital in promoting mental health and wellbeing and reducing isolation.

- The Walking for Health Programme has also engaged with parents / new mums to develop buggy walks from local schools as well as supporting an Asian Women's group in accessing training for strength and balance. Barrhead Women's Aid have also engaged with the service for support / advice on walking routes/ all women's groups.
- East Renfrewshire HSCP have also been partnership working with Paths 4 All to develop a Walking Action Plan for Neilston.
- Partnership working now underway with ERC&L to provide training to staff and partners on strength and balance and chair based activity .Organisations include : Age Concern / Jewish Care/ MKHH and Netherlee Dementia Group.

#### **Wellbeing Activities / Training Update:**

- All health and wellbeing information / supports and training is shared and open to both staff, partners and community members (where appropriate) including those with protected characteristics.
- In 2023, 16 courses supporting mental health and wellbeing were delivered to 184 staff and partners across the HSCP.
- In 2024, 32 training courses were delivered to 449 staff / partners. Training courses included: Self Harm/ ASIST/ SMHFA/ SuicideTALK / ABI/ Trauma.
- This does not include data from national / external webinars which have also been promoted / accessed by staff and community partners.
- Local service data indicates that men are less likely to seek mental health support for mild to moderate difficulties. Healthier Minds Sessions were delivered to Barrhead Men's Shed (65 members). These six sessions covered health topics such as mental health / alcohol / cancer / dementia / long term conditions and sleep. These sessions were very well received and further links were made with partners in VAER (Dementia supports) and Bowel Cancer UK as these were areas of concern for the Men's Shed members.
- Two Heart Start training courses were also delivered to both staff third sector and communities with 32 individuals being trained.
- Further training opportunities to support mental health and wellbeing included: Gambling awareness sessions facilitated by our partners RCA Trust. Breathing Space our national partners also provided sessions on digital resources to support mental health and wellbeing.
- Ongoing promotion of local, board wide and national supports and resources, specifically free digital self- help supports such as Daylight and Sleepio Apps, NHS Inform, Breathing Space, Samaritans etc.

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

22/23 Year 2 Community Mental Health & Wellbeing Fund - Total funding pot £234,870.08. The second year of funding was again made available to all 3<sup>rd</sup> sector organisations and groups. With lived-experience panel members now sitting on the small grants decision panel.

In Year 2 (2022-23 – not previously reported) of the Community Mental Health & Wellbeing Fund the total funding pot was £234,870.08. 31 organisations/groups made successful applications, with 75% of grants supporting groups with protected characteristics:

- 2 out of 31 applications specifically stated their main focus was for people from Black and Minority Ethnic communities
- 10 out of 31 applications specifically focus on older people as their main target group

- 8 out of 31 with women as their main target group
- 3 out of the 31 focused on people with Neurodivergent/autism diagnoses as their main target group
- The majority of applications also stated protected characteristics as a secondary focus of their planned work

Year 3 (2023/24) of the Fund distributed £236,712.59. The third year of funding was again made available to all 3<sup>rd</sup> sector organisations and groups. Lived experience panel members were invited to sit on the small and medium grant decision panels. There was an enhanced focus on activities provided by grassroots groups and a new category of Cost of Living Support.

32 organisations/groups made successful applications

- 1 out of 32 applications specifically stated their main focus was for people from Black and Minority Ethnic communities while 10 applications had BME as a secondary focus
- 16 out of 32 applications specifically focus on older people as their main target group
- 2 out of 32 with women as their main target group and a further 6 applications with women as the secondary focus
- 5 out of the 32 focused on people with Neurodivergent/autism diagnoses as their main target group (6 with a secondary focus on this group)

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

The Dementia Buddy Project, developed through partnership working between several local organisations, provides one-to-one volunteer support for individuals living with a dementia diagnosis, enabling them to attend health walks without reliance on family carers. This collaborative initiative responds to increasing demand for social connection and physical activity. To date the project has supported 24 participants with 14 still actively involved. 20 volunteers have been recruited since the start of the project with 13 still active.

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

As the funding for this proposed work was withdrawn, this specific programme of work has not progressed.

We continue to promote and encourage take up of available services across all communities.

Our forward looking equality outcomes focus on:

- Increase visibility and promote uptake of mental health and wellbeing supports within particular equality groups through grassroots engagement and co-production with communities.
- With our partners, explore potential gaps in mental health and wellbeing interventions focused on particular protected characteristics.
- Deliver mental health awareness and training for staff / volunteers including protected characteristics groups.

- Continue promotion and take-up of appropriate trauma awareness training with a focus on equalities groups.
- Develop and deliver local action plan for suicide prevention with key partners, focusing on at risk groups with protected characteristics.

### **Suicide Prevention Strategy Update**

- Following in depth consultation, In March 2024 the East Renfrewshire Suicide Prevention Strategy and Action Plan for 2024 to 2026 was developed and approved by IJB and launched locally in March 2024.
- This is the first local strategy in some time and is supported by a suicide prevention working group – hosting 30 members from HSCP, Council, third sector, Police, Lived Experience ·
- There are also three sub groups who lead on the priorities alongside the suicide prevention lead- these are: Training / Education / Community Development/ Lived Experience and Communication.
- EQIA Completed for Suicide Prevention Strategy and Action Plan in 2024.
- Although a universal– all age/ stage strategy - Continual data collection and analysis providing insight into “at risk” groups with targeted work in year 2/3 interventions / campaigns. Highlighted “ at risk groups” although not exhaustive includes : males, older adults (65 years plus) and individuals with long term conditions
- Year 1 action plan reporting in progress

**Equality Duty: Eliminate unlawful discrimination, harassment and victimisation.**

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

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

#### **Planned activities:**

- Review assessment process and adult carers support plans.
- Continue to involve ethnic minority carers in the development of the Carers Strategy and ongoing reviews
- The Carers Centre endeavour to make support available to all carers but will continue to prioritise dedicated support informed by the needs of ethnic minority carers.
- The Carers Centre work with Recovery Across Mental Health (RAMH) to provide training, information and support sessions for ethnic minority carers. There will also be dedicated adult learning sessions delivered by East Renfrewshire Council's Community Learning Team.

#### **Progress:**

#### **Review assessment process and adult carers support plans.**

We have introduced an abbreviated adult carers support plan. Between April and December 24, there were 139 abbreviated support plans completed with a further 79 full support plans passed to HSCP for consideration against local authority eligibility criteria.

**Continue to involve ethnic minority carers in the development of the Carers Strategy and ongoing reviews.**

The Centre facilitated engagement sessions for a refreshed Carers Strategy for 24-26. Every session was open to all carers but two separate sessions were held specifically for ethnic minority carers with 23 carers attending.

In addition to this activity, the last 2 years have seen an unprecedented level of engagement in relation to various policies and procedure changes including:

- East Renfrewshire HSCP Budget Consultation
- Implementation of the Supporting People Framework
- Revised HSCP Strategic Plan
- East Renfrewshire Equality outcomes
- Proposal to introduce charges for non-residential care
- East Renfrewshire Dementia Strategy and Action Plan
- National Care Service – Carers rights to a break and Promoting Variety in short breaks.

We feel strongly that there is currently a real danger of carers experiencing “consultation fatigue” and we are mindful not to overburden them unnecessarily going forward.

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

The Centre no longer has the funding for a post dedicated to supporting ethnic minority carers, however the support put in place to support ethnic minority carers continues with new supports being developed in consultation with ethnic minority carers to meet their needs. Current support include,

- Dedicated peer support group
- Whatsapp group to share info, advice and emotional support
- Monthly coffee mornings
- Parent carer meetings at Isobel Mair school
- Dedicated health inputs such as swimming lessons, badminton and keep fit
- Social activities, such as bowling, walks and cinema and arts group led by a volunteer/carers from the ethnic minority community.
- Annual Eid celebration

In addition to the above, all the core supports of the Centre are accessible for all carers including access to the short break and cost of living grants available through the Centre.

**The Carers Centre work with Recovery Across Mental Health (RAMH) to provide training, information and support sessions for ethnic minority carers. There will also be dedicated adult learning sessions delivered by East Renfrewshire Council's Community Learning Team.**

RAMH provided two information sessions and there are referrals onto the mental health peer support groups available from both RAMH and the Carers' Centre. Mental Health first aid sessions were also offered to ethnic minority carers as part of the Centre's core activities.



The Centre worked with the Autistic Collective and Scottish Ethnic Minority Autistics to run an extensive programme of information sessions and training to develop carers understanding of autism and neurodiversity and provide techniques to support and care for the people they care for. All sessions were available in Urdu, Arabic and other languages.

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

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

Protected characteristics covered: All

**Planned activities:**

- We will bring together people with protected characteristics to support the development and delivery of our Participation and Engagement Strategy
- We will support inclusive opportunities for engagement on service design and delivery
- We will advocate and embed Scottish Service Design Approach in our engagement delivery support.
- We will continue to develop our communication plan to reach people with the view to be involved in engagement activity planning at the earliest stage

**Progress:**

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

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

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

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

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

In supporting this outcome during 2021-25 we:

- Developed a shared approach to engagement activity that aims to reach our wider East Renfrewshire Community.

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

The Participation and Engagement Network actively supported HSCP Strategic Plan 2022-25 priorities by supporting activities which align to these priorities and our outcome of:

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

We have engaged with our wider community and partners on:

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

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

Recent work by the Participation and Engagement Network, Your Voice and Talking Point partner meetings have been dominated by the introduction of the East Renfrewshire Supporting People Framework (eligibility criteria), Strategic Plan, Carers Strategy and most recently the proposed introduction of a charging policy for non-residential care.

The PEN provided the opportunity for community and third sector support services to share their views on the proposal, implementation and impact of the Supporting People Framework (SPF), not only on the individuals receiving the support but also on the community groups that received referrals for people assessed under the new framework as being no longer eligible for paid support.

In particular, we have worked with our Talking Point community partners to ensure that people continue to receive the support they need, that community groups have the resources they need to support people and any unmet need is reported back through the appropriate network/strategy group.

Information sessions on the SPF were held for individuals and community groups. The HSCP supported sessions facilitated by the Carers Centre and SDS Forum and we

established a Peer Professional Review Group to provide a space for HSCP and community groups to discuss individual cases that had unmet need.

The PEN and Talking Points partners continue to run the Big Lunch community engagement and information events, twice a year. In December 2024, the Big Lunch, attended by over 100 residents, was used to gather feedback on the HSCP Strategic Plan and the Community Health and Wellbeing Survey results.

The Big Lunch is attended mainly by adults and older people so during October 24, an additional “Big Night In” was arranged for young people with additional support/learning needs. A range of support organisations provided information about their services to over 60 young people.

The HSCP have put a proposal to Council to introduce charging for non-residential care. This would impact on people who receive social care support that is not deemed personal care; particularly those with a learning disability, physical disability, older people or people with mental health issues.

The Equalities Rights & Fairness Impact Assessment identified a number of protected characteristics that would be impacted by the policy including age, gender, disability and ethnicity.

Again we used the Participation and Engagement Network, Your Voice and meetings with Talking Point partners to inform people of the proposals and to gather feedback about the proposal before it was submitted to cabinet for a decision.

The HSCP also facilitated six engagement sessions for members of the public. Three in-person events, with one in the Eastwood locality and two in the Barrhead locality. Three online events were held in evenings. Invitation letters were sent via post to all individuals who may be effected by the proposals, and information on the sessions shared with partners.

The SDS Forum for East Renfrewshire, in partnership with East Renfrewshire Carers Centre and SDS Scotland, also hosted an event which HSCP officers also attended to provide information and hear the views of those attending.

Two smaller sessions were held in November 24 to update the Equalities, Fairness and Rights Impact Assessment. These sessions were attended by carers, rather than people with lived experience, and representatives from My Disabilityplus.

The Carers Centre and SDS Forum also distributed a survey across their membership and 91 people shared their views.

Specific engagement events were held with the Fairweather Hall Drop in group that supports elderly people from the ethnic minority community.

Despite this engagement activity reaching over 700 people, we recognised that we were receiving little feedback from people with a learning disability and subsequently worked with care providers to distribute an easy read survey and supporting information.

As a result of all the engagement activity we have gathered a list of over 100 people who have asked to be kept in contact with and we plan to facilitate a first meeting of a “lived experience panel” at the end of the April 25.

Our Your Voice Group were consulted on the proposed changes to the, “GP out of hours service,” and East Renfrewshire Local Transport Strategy. Your Voice also supported the HSCP to lead on 4 engagement events in relation to the new Mental Health Strategy for GGC Health Board.

Additional engagement events were held to inform and support the development of the Carers’ Strategy, Strategic Plan for 2025-29 and our Dementia Action Plan.

**Equality Duty: Eliminate unlawful discrimination, harassment and victimisation.**

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

Protected characteristics covered: Gender

**Activities:**

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

**Progress:**

We have implemented domestic abuse induction **training** to all new staff. Over the course of 2024-25 1040 staff have enrolled in the induction programme to date.

We have made domestic abuse **resources tools** available to all staff, including:

- a Safe and Together gold standard child protection domestic abuse training
- a Multi Agency Risk Assessment Conference (MARAC) to provide a structured, partnership response to high-risk cases of domestic abuse
- a comprehensive risk assessment (DASH Risk checklist) to support decision making on cases referred to MARAC

We have ensured staff are aware of the **referral pathways and supports** available through:

- a comprehensive training programme on Domestic Abuse/MARAC and Safe and Together practice
- regular communications to all staff
- monthly domestic abuse advice sessions for any member of staff to discuss and seek advice

We have delivered comprehensive awareness and media campaigns to ensure victims are aware of the range of services and supports available and to raise awareness of gender based violence. Each year we participate and co-ordinate 16 Days of Action Against Gender Based Violence this includes delivering a range of media communications and wide variety of targeted events and workshops with staff and wider partners.

International Women's Day on the 8th March 2023 provided a further opportunity to celebrate social, economic, cultural, and political achievements of women and raise awareness and collective action on gender equality and the work to end gender based violence. To celebrate Women's Aid hosted a successful open day at the Foundry, Barrhead with over 50 people in attendance through-out the afternoon. The event was supported by key senior officers and elected members across the HSCP, Council and Police Scotland. Domestic abuse service to mark International Women's Day - East Renfrewshire Council

We have developed and launched two new **domestic abuse policies** for staff and housing services. The policies have involved consultation with domestic abuse survivors, partner organisations and the Violence Against Women Partnership. Both policies ensure a sensitive and consistent approach to supporting victims of domestic abuse. The policies have been widely shared and promoted across the organisation with comprehensive training to senior managers and staff across the council to support implementation.

During this period Women's Aid launched a new programme Children Experiencing Domestic Abuse Recovery (CEDER) programme. This 10 week group work programme is an educational, recovery focused, multi-agency initiative for women, children and young people affected by domestic abuse. To date 2 programmes were delivered which included 13 families and 17 children. This was positively received and evaluated by all participants.

Critical Indicators	Baseline data (April 2021)	April 2021-2022	April 2022-23	April 2023-24	April 2024-25
Number of Domestic Abuse incidents <i>-this data is sourced from Police Scotland whose most up-to date figures at the time of writing are for 2023-24</i>	537 (2020-21)	593 (2021-22)	553 (2022-23)	579 (2023-24)	Data not yet available

Number of staff undertaking Domestic Abuse training (Domestic Abuse, Stalking and Honour Based Violence Risk Assessment (DASH) and Safe and Together)	239 (DASH 127 S&T 112)	225 (DASH 149 S&T 76)	227  Staff attending MARAC Observations 31	181  Staff attending MARAC Observations 25	100 Staff Policy training – 1040 Senior Managers – 28  Domestic Abuse Homicide Training – online – 254 Face to face - 60
Number of Referrals to Domestic Abuse support services in East Renfrewshire  *Note there was a change in recording to incorporate domestic abuse enquiries and referrals.	Request for Assistance HSCP (children only)  365    Women's Aid (Women & Children)  288 MARAC 292 <b>Total 945</b> Women's Aid Helpline Calls 517	Request for Assistance HSCP (children only)  219  Number of DA Enquiries* 130  Women's Aid (Women & Children) 335 MARAC 330 <b>Total 884</b> Women's Aid Helpline Calls 891	Request for Assistance HSCP (children only)  152  Number of DA Enquiries* 316  Women's Aid (Women & Children) 336 MARAC 329 <b>Total 817</b> Women's Aid Helpline Calls 750	Request for Assistance HSCP (children only)  115  Number of DA Enquiries* 407  Women's Aid (Women & Children) 334 MARAC 415 <b>Total 864</b> Women's Aid Helpline Calls 725	Request for Assistance HSCP (children only)  87  Number of DA Enquiries* 355  Women's Aid (Women & Children) 368 MARAC 445 <b>Total 887</b> Women's Aid Helpline Calls 748
Proportion of supported women and children who report improvement in domestic abuse outcomes.  <i>Source is self-reported outcomes by women and children in Women's Aid</i>	84% women 87% children	87% women 84% children	90% of women 82% of children	94% of women 84% of children	92% of women 83% of children

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

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

Protected characteristics covered: All

**Activities:**

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

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

**Progress:**

**Workforce Planning Group** – as well as participating on both Council and NHSGGC Workforce Planning Groups, the HSCP has an integrated Workforce Planning Group with staff partnership representation. One of the Group's aims has been to ensure compliance and effective implementation of the Health and Care (Staffing) (Scotland) Act 2024 in addition to developing a diverse workforce with opportunities for all. The HSCP looks at longer term changes to skills and job roles as well as the potential supply from the local population. East Renfrewshire HSCP's Workforce Plan is aligned to the National Workforce Strategy which sets out the ambitions of recovery, growth and transformation of the health and social care workforce and the action plan is centred around the five pillars: Plan, Attract, Train, Employ and Nurture.

**Our Vision** – our vision statement, "Working together with the people of East Renfrewshire to improve lives", was developed in partnership with our workforce and wider partners, carers and members of the community. Everything we do to deliver that vision relies on our workforce. Our health and care system depends on those that provide care and support, both paid and unpaid. As a partnership our workforce are our greatest asset. We want to ensure that those providing invaluable health and care services are happy and motivated; and feel respected and fulfilled in their role for years to come.

**Careers** – As well as having access to all vacancies across both Council and NHS, the HSCP has undertaken additional recruitment campaigns on social media channels as well as holding recruitment open days within the local community to ensure we can reach different sectors of the local population. For Local Government roles the guaranteed interview scheme has been extended to include Looked After People and Veterans which means they will be invited to interview where they meet the essential criteria for the role. The Council have improved recruitment policy and practice by updating its job application form to make the questions simpler and less repetitive so that it is clearer for applicants

to complete and has created guidance for applicants explaining how to complete the Local Government job Application. Interview questions are provided to candidates on arrival at their interview so they have them to read in advance and they can have them in front of them during the interview. This approach supports all applicants and in particular those candidates who may be neurodiverse, where English is an additional language, or who have a condition that affects communication or where candidates feel excessive stress around the interview process.

Job advert posters are now used in public places to reach members of the public who may not automatically use the internet for job searches. The posts include QR codes for ease of access. QR codes are also included in a weekly email to staff regarding job vacancies so that this can be shared more easily.

**Health and Wellbeing** - "Active Staff" opportunities are included in the HSCP Staff Bulletin. HSCP staff receive discounted gym membership within East Renfrewshire gyms. Both council and NHS are members of the Cycle to Work Scheme.

The workforce health and wellbeing programme continues to provide a wide and diverse range of activities and resources. This includes physical activity options, peer support, and access to a comprehensive list of wellbeing resources and websites. ERC's wellbeing offering for 2024/2025 has included free health check opportunities, team development days, hands on cooking classes, sound bath sessions, book club, wellbeing walks at lunch, seasons for growth groups, 1:1 wellbeing conversation, training available on wellbeing and resilience and sharing of resources via teams and emails. This includes promotion of national campaigns and raising awareness of important topics related to health and wellbeing.

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

**Employee Engagement** – iMatter is an employee engagement continuous improvement tool which aims to give staff a voice and help individuals, teams and managers understand and improve experiences at work. Staff engagement levels were similar to previous years with a 65% response rate to the 2024 survey with 88% of Teams completing an Action Plan. Particularly work noting is an Equality Index Score of 78 which demonstrates staff are treated fairly and consistency, with dignity and respect, in an environment where diversity is valued.

The HSCP will also be included within the Council's Employee Survey this year which is an important way of finding out how employees across the Council feel. The survey has widened in scope for this year to include additional questions about engagement and the general experience of working for East Renfrewshire Council alongside wellbeing questions.

**Digital Working** – the HSCP has made some significant changes to the way many of its employees carry out their work. By developing a more flexible workforce, which is able to



deliver services through different ways of working, this has created a means to support the work life balance of its employees. This can accommodate those needing reasonable adjustments due to caring responsibilities or disability for example.

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

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

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

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

**Organisational Development** – The HSCP participates in OD Boards from both organisations where a key area of focus remains on supporting career progression, improved performance reviews and development of learning opportunities. NHSGGC Knowledge and Skills Framework and Personal Development Planning tool, alongside the Council Quality Conversation programme ensure continued promotion of learning and development opportunities including succession planning, protected learning and mentoring.

**Gender split** – the HSCP has 85% female and 15% male staffing group and so as part of our Workforce Plan, the HSCP will look to attract more male employees.

**Age Profile** – 29% of staff are over 55 and so the HSCP has looked to attract more young people by holding recruitment fayres/links with local Secondary Schools and further education facilities and having a robust succession planning strategy to ensure career progression. The HSCP has well established relationships with employability partners and an apprenticeship programme for young people.

**Ethnicity Profile** – the majority of employees in both organisations identify as White Scottish with small numbers of a wide variety of ethnic backgrounds making up the remainder of our workforce. Recruitment campaigns are always advertised externally via the internet to attract candidates from around the world. We have also now started using social media to advertise vacancies and promote the HSCP as a good place to work.

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Faodar am pàipear seo fhaotainn ann an Gàidhlig agus ann an cruthan eile mar ann an clò mòr agus Braille. Airson tuilleadh fiosrachaidh, feuch gun cuir sibh fios gu Customer First air 0141 577 3001 no post-d gu [customerservices@eastrenfrewshire.gov.uk](mailto:customerservices@eastrenfrewshire.gov.uk)

इस सूचना-पत्र मे उल्लेखित सूचना यदि आप हिन्दी अनुवाद मे चाहे तो कृपया सम्पर्क करे।

如果您想得到该资料所含信息的译文，请联系：

ਜੇ ਤੁਸੀਂ ਇਸ ਲੀਫਲੈਟ ਵਿਚ ਦਿਤੀ ਜਾਣਕਾਰੀ ਦਾ ਅਨੁਵਾਦ ਚਾਹੁੰਦੇ ਹੋ ਇਥੇ ਸੰਪਰਕ ਕਰੋ।

اگر آپ اس لیف لیٹ میں درج معلومات کا ترجمہ اپنی زبان میں چاہتے ہیں تو ہم سے رابطہ کریں

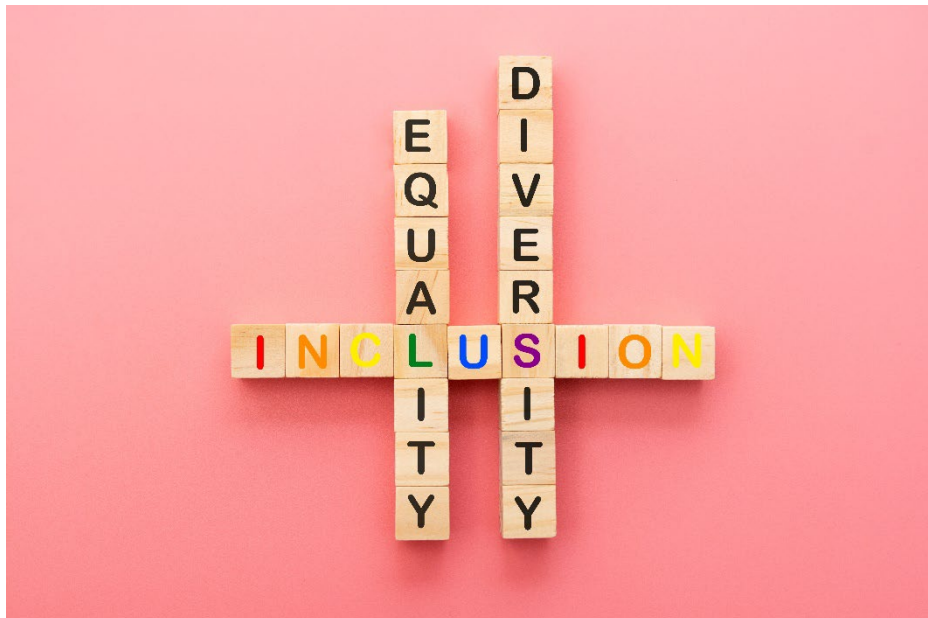
## Annex 2



# East Renfrewshire Health and Social Care Partnership

## Equality Outcomes 2025-25

June 2025



1. Equality outcomes should help us to meet our equality duties to:
  - Eliminate unlawful discrimination, harassment and victimisation;
  - Advance equality of opportunity between people who share a relevant protected characteristic and those who do not;
  - Foster good relations between people who share a protected characteristic and those who do not.
2. East Renfrewshire HSCP's previous set of equality outcomes for 2021-25 were presented to the IJB on 12 May 2021. In line with the Public Sector Equality Duty, equality outcomes are required to be developed and published at least every four years, requiring the HSCP to review and update our outcomes for 2025-29.
3. The Equality and Human Rights Commission (EHRC) provide guidance on outcome setting, and this has supported us to identify and develop our outcomes. Critical to this is understanding the experiences of people from different protected characteristic groups. To support the development of our new outcomes we collaborated with East Renfrewshire Council Strategic Services Team. The new outcomes have been guided and developed by an engagement and evidence gathering process between September 2024 and January 2025. This involved:
  - 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.
4. 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.
5. 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 have refined 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.

6. We set out more detail on our four equality outcomes for 2025-29 in the remainder of this report, including planned activities and performance measures to allow us to track progress. The outcomes are deliberately focused on activities that the HSCP will be able to impact over the next four year. We continue to advance the equality agenda through the wider work of the partnership and we will also support the delivery of the equality outcomes established by NHSGGC and East Renfrewshire Council, including in relation to our workforce. The outcomes are:

- There is equitable access to information and meaningful participation for all.
- The needs of unpaid carers with protected characteristics are understood and support is accessible and person-centred.
- Mental health supports and services are accessible and inclusive of the needs of people with relevant protected characteristics.
- Domestic abuse survivors are protected from further harm and abuse.

## There is equitable access to information and meaningful participation for all

Link to General Equality Duties:

- ✓ Eliminate unlawful discrimination
- ✓ Advance equality of opportunity

Link to HSCP Strategic Plan:

- Our communities are resilient and there are better opportunities for health and wellbeing

Link to Place to Grow:

- Our communities will be stronger, more connected and collaborative and will be leading on solutions to support people to live well
- The voice of every child and young person will be heard and their rights recognised, respected and nurtured

### Why this is a priority in East Renfrewshire

Some groups experience more barriers to accessing information or having their voices heard than others. People tell us they want to be able to have influence over decisions which affect them, but they also tell us that they feel they can't do this currently. Disabled people are most likely to feel disempowered, expressing a distrust with council decision-making processes and frustration with lack of involvement and influence.

We are increasingly seeing more services and support go online but digital exclusion means that certain groups, particularly older adults and those who speak English as an additional language can be left behind.

### How we will deliver this outcome

This outcome will be delivered in collaboration with ERC and NHSGGC. We will take steps to improve access to information and participation, with a focus on the groups facing the most barriers. This includes:

- **Enhancing inclusive and accessible communications across HSCP services:** We will listen to feedback from people about the ways they want to communicate with us and take steps to meet these needs. The HSCP will continue to develop Talking Points (accessed through the Community Hub) which is a main route for residents to get advice and support around their health and social care as well as information surrounding accessing community supports.
- **Taking a more pro-active and consistent approach to engagement aligned to decision-making:** We will involve people and listen to their views when making decisions which could impact on them and their families. The new Planning with People team at the HSCP will coordinate timely community engagement and we will develop processes and best practice in ensuring Children's Rights through the UNCRC implementation group.

- **Increasing employee awareness of the needs of different groups:**  
Through training, community engagement and a robust Equality Fairness and Right Impact Assessment process, our staff will be more aware of the diverse range of needs and be able to support people in the way which best suits them.

#### How we will measure this outcome

We will continue to monitor engagement and needs through the Talking Points service. We will gather data through the ERC Citizens Panel around how people rate communications and whether they feel services are accessible to them. We will also look at perceptions of being able to influence decision making. Where possible, we will look at each of these by protected characteristic group. We will also look at the number of outputs on inclusive and accessible resources available through the NHS and ERC e.g. BSL videos.

Key indicators:

- Number of people engaged through Talking Points events and support
- Rating of communication with ERC/HSCP (Citizens Panel)
- 'I feel supported to get involved in public life' rating (Citizens Panel)

### The needs of unpaid carers with protected characteristics are understood and support is accessible and person-centred

Link to General Equality Duties:

- ✓ Eliminate unlawful discrimination
- ✓ Advance equality of opportunity

Link to HSCP Strategic Plan:

- People are enabled to live healthy and fulfilling lives

Link to Place to Grow:

- Health inequalities will have significantly reduced and residents will have routes out of poverty

#### Why this is a priority in East Renfrewshire

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. Particularly in the period since 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. The HSCP is committed to working together with East Renfrewshire Carers Centre to improve access to accurate, timely information and support.

Evidence shows us that there are significant groups of carers with protected characteristics and that they have specific experiences. Carers are more likely to have a disability than the rest of the population. In Scotland, 205,400 carers are disabled – 33% of all carers, in comparison with 24% of non-carers. In terms of socio-economic profile, there is a significant employment gap between working-age carers and non-carers (62% vs 75% in employment), and difficulty combining paid

work with unpaid care is one of the main drivers of poverty amongst carers. the State of Caring study 2024 found that 40% of all carers had given up work to care. 44% of carers in employment said they had reduced their working hours to care, and a quarter (25%) had to take on a lower paid or more junior role. 58% of carers from ethnic minority background worried about finances compared with 37% of white carers. (Carers UK research 2024). Research shows that a higher proportion of unpaid carers aged 16 and over are LGBTQ+ compared with non-carers. And LGBTQ+ carers are more likely to express feelings of loneliness and isolation: 45% lesbian/gay compared with 33% heterosexual. (Carers UK research 2024).

It is important that we better understand the unpaid carers with protected characteristics and ensure that supports are person-centred. Specific groups may be underrepresented in accessing local supports. For example, while 41% of unpaid carers in Scotland are male, only 25% of individuals accessing support through the Carers' Centre are male.

#### How we will deliver this outcome

The HSCP will continue to work in close partnership with East Renfrewshire Carer's Centre and other organisations to ensure support is tailored to the needs of local carers and carers can be involved in planning the services that affect them. We will work to build our understanding of the needs of carers with protected characteristics and ensure supports are person-centred and accessible in the following ways:

- **Improved data and understanding of caring responsibilities and minority groups.** Improving our local data collection in relation to caring responsibilities and the protected characteristics.
- **Programme of awareness raising and information sessions - gender, disability, ethnicity and sexual orientation.** In partnership with the Carers' Centre undertaking a series of engagement sessions to improve our understanding of need and raise awareness of the support available to carers.
- **Development of support to ethnic minority carers.** Continue to develop the offer available to minority ethnic carers through the Carers' Centre.
- **Adult Carer Support Plan (ACSP) process reflects needs of carers with protected characteristics.** Reviewing the ACSP process including exploring with carers whether the current ACSP process should incorporate a section on the protected characteristics impact on caring.

#### How we will measure this outcome

Over the period, we will monitor uptake of local services and supports for unpaid carers and improve our ethnicity monitoring.

#### Key indicators

- Participation in information and awareness sessions;
- Uptake of supports/services by people with specific protected characteristics (equalities monitoring);



- Data from annual survey; feedback from Carers Collective and information sessions.

## Mental health supports and services are accessible and inclusive of the needs of people with relevant protected characteristics

Link to General Equality Duties:

- ✓ Eliminate unlawful discrimination
- ✓ Advance equality of opportunity

Link to HSCP Strategic Plan:

- People are enabled to live healthy and fulfilling lives

Link to Place to Grow:

- Health inequalities will have significantly reduced and residents will have routes out of poverty

### Why this is a priority in East Renfrewshire

Promoting positive mental health and wellbeing is a key priority for the HSCP and we are focused on ensuring that the right help and support is available whenever it is needed. A quarter of those aged 16-34 years had a Warwick-Edinburgh Mental Well-being Scale (WEMWBS) score indicating depression, this was the highest of all age groups (NHSGGC Health and Wellbeing Survey 22/23). Local equalities research/engagement highlights isolation is a key issue for protected characteristics groups (including disability and older age), and a risk factor for poorer mental health. Young people highlight lack of preventative mental health supports and long wait times. During our engagement work, less than one in five survey respondents agreed that all groups have equal experiences of mental health and wellbeing. We also know that nationally, only 30% individuals who died by suicide during 2017-2021 were known to support services; meaning there are potential barriers to accessing services for key groups including men (who account for three quarters of all suicides over past ten years).

### How we will deliver this outcome

We will work with our communities and local organisations to develop our understanding of the needs of people with protected characteristics in relation to mental health and wellbeing, and identify potential gaps in support. We recognise that supporting the mental health of our population is a shared responsibility and we will promote training and awareness raising across our partnership. our activities will include:

- **Identify potential gaps in mental health and wellbeing interventions relevant to particular protected characteristics.** With partners, developing our data and engaging with our communities.
- **Increase visibility and promotion of mental health and wellbeing supports within particular equality groups through grassroots engagement.** Working in partnership and promoting the coproduction of supports with our communities.
- **Increased focus on groups with protected characteristics in mental health and trauma awareness training.** Continued promotion and take-up

of appropriate mental health and trauma awareness training across the HSCP and with partners, with an enhanced focus on equalities groups.

- **Local action plan for suicide prevention focused on at risk groups with protected characteristics.** We will continue the development and delivery of our local action plan for suicide prevention with key partners, focusing on at risk groups with protected characteristics.

#### How we will measure this outcome

We will monitor and evaluate to use of mental health supports and services by people with relevant protected characteristics to ensure we are meeting local needs.

Key indicators:

- Uptake of supports/services by people with specific protected characteristics
- Uptake of Community Mental Health and Wellbeing Fund (CMHWF) for MHW priorities within equality groups
- Participation in training/awareness sessions

### Domestic abuse survivors are protected from further harm and abuse

Link to General Equality Duties:

- ✓ Eliminate unlawful discrimination, harassment and victimisation

Link to HSCP Strategic Plan:

- People are safe and protected

Link to Place to Grow:

- Health inequalities will have significantly reduced and residents will have routes out of poverty

#### Why this is a priority in East Renfrewshire

Domestic abuse is a growing concern in East Renfrewshire. It is the main reason for referrals to Children and Families Social Work, making up a third of all referrals; and there is an increasing number of domestic abuse referrals to Adult Support and Protection Social Work.

Domestic abuse is a gendered issue, with women being significantly more likely to be subject to abuse than men. We know that there are high levels of coercive control and an increase in financial abuse, which increase women's vulnerability to homelessness and poverty.

Women from minority ethnic backgrounds and disabled women are at an even higher risk of domestic abuse, and these numbers have also increased over recent years. Ethnic minority women and disabled women can face multiple barriers to seeking help, making them even more vulnerable.

#### How we will deliver this outcome

When taking action to address domestic abuse, we need to take a range of actions each aimed at different elements of this complex issue. These include:

- **Increase the number of women empowered to report abuse:** We will run awareness raising campaigns on gender-based violence, and ensure women are aware of the referral pathways and supports available.
- **Increase employee awareness and ability to support victims:** We will provide domestic abuse induction training to all new employees make domestic abuse resource tools available, ensure employees are aware of the referral pathways and target money advice and right support for victims.
- **Tackle the underlying causes of domestic abuse:** We will implement a domestic abuse perpetrator programme and implement gender-based violence prevention programme in schools.

#### How we will measure this outcome

We will monitor the changes in outcomes for women and children who have suffered domestic abuse. We will gather data on the number of people participating in training and programmes, and we will track the number of referrals to support services.

Key indicators:

- % change in women's domestic abuse outcomes
- Participation in training and programmes
- Number of referrals to services

### Summary of activities

Outcome	Activities
There is equitable access to information and meaningful participation for all	Enhancing inclusive and accessible communications, in collaboration with ERC and NHSGGC
	Increasing employee awareness of the needs of different groups
	Taking a pro-active and consistent approach to engagement aligned to decision-making
The needs of unpaid carers with protected characteristics are understood and support is accessible and person-centred	Improved data and understanding of caring responsibilities and minority groups.
	Programme of awareness raising and information sessions - gender, disability, ethnicity and sexual orientation
	Development of support to ethnic minority carers.
	Adult Carer Support Plan (ACSP) process reflects needs of carers with protected characteristics.
Mental health supports and services are accessible and inclusive of the needs of people with relevant protected characteristics	Identify potential gaps in MHW interventions relevant to particular protected characteristics
	Increase visibility and promotion of MHW supports within particular equality groups through grassroots engagement
	Increased focus on groups with protected characteristics in MH and trauma awareness training.
	Local action plan for suicide prevention focused on at risk groups with protected characteristics.
Domestic abuse survivors are protected from further harm and abuse	Increasing the number of women empowered to report abuse
	Increasing employee awareness and ability to support victims
	Tackling the underlying causes of domestic abuse

### Summary of indicators

Outcome	Indicator
There is equitable access to information and meaningful participation for all	Number of people engaged through Talking Points events and support
	Rating of communication with ERC/HSCP (Citizens Panel)
	'I feel supported to get involved in public life' rating (Citizens Panel)
The needs of unpaid carers with protected characteristics are understood and support is accessible and person-centred	Participation in information and awareness sessions
	Uptake of supports/services by people with specific protected characteristics (equalities monitoring)
	Data from annual survey; feedback from Carers Collective and info sessions
Mental health supports and services are accessible and inclusive of the needs of people with relevant protected characteristics	Uptake of supports/services by people with specific protected characteristics
	Uptake of Community Mental Health and Wellbeing Fund (CMHWF) for MHW priorities within equality groups
	Participation in training/awareness sessions
Domestic abuse survivors are protected from further harm and abuse	%age change in women's domestic abuse outcomes
	Participation in training and programmes
	Number of referrals to services

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Faodar am pàipear seo fhaotainn ann an Gàidhlig agus ann an cruthan eile mar ann an clò mòr agus Braille. Airson tuilleadh fiosrachaidh, feuch gun cuir sibh fios gu Customer First air 0141 577 3001 no post-d gu [customerservices@eastrenfrewshire.gov.uk](mailto:customerservices@eastrenfrewshire.gov.uk)

इस सूचना-पत्र में उल्लेखित सूचना यदि आप हिन्दी अनुवाद में चाहे तो कृपया सम्पर्क करें।

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ਜੇ ਤੁਸੀਂ ਇਸ ਲੀਫਲੈਟ ਵਿਚ ਦਿਤੀ ਜਾਣਕਾਰੀ ਦਾ ਅਨੁਵਾਦ ਚਾਹੁੰਦੇ ਹੋ ਇਥੇ ਸੰਪਰਕ ਕਰੋ।

اگر آپ اس لیفلیٹ میں درج معلومات کا ترجمہ اپنی زبان میں چاہتے ہیں تو ہم سے رابطہ کریں



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>  <b>Held on</b>	Integration Joint Board  25 June 2025
<b>Agenda Item</b>	12
<b>Title</b>	HSCP Strategic Plan 2025-28
<b>Summary</b>  The purpose of this report is to seek approval of the HSCP Strategic Plan 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.	
<b>Presented by</b>	Steven Reid: Policy, Planning and Performance Manager
<b>Action Required</b>  It is recommended that the Integration Joint Board: <ul style="list-style-type: none"> <li>• note the changes made to the Strategic Plan since it was presented to the IJB in March 2025; and</li> <li>• approve the Strategic Plan for 2025-28.</li> </ul>	
<b>Directions</b>  <input type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input checked="" type="checkbox"/> Directions to both ERC and NHSGGC	<b>Implications</b>  <div> <input type="checkbox"/> Finance           <input type="checkbox"/> Risk         </div> <div> <input type="checkbox"/> Policy           <input type="checkbox"/> Legal         </div> <div> <input type="checkbox"/> Workforce           <input type="checkbox"/> Infrastructure         </div> <div> <input type="checkbox"/> Equalities           <input type="checkbox"/> Fairer Scotland Duty         </div>

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**25 June 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:
  - note the changes made to the Strategic Plan since it was presented to the IJB in March 2025; and
  - approve the Strategic Plan for 2025-28.

**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.

There should be a clear recording and measurement framework so that there is an ongoing process to assess whether aims are being achieved.

5. The previous East Renfrewshire HSCP Strategic Plan was approved by the IJB on 16 March 2022, covering the period 2022/23 to 2024/25. Our refreshed Strategic Plan will cover 2025/26 to 2027/28.
6. 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

7. 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.
8. 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).
9. 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. Further detail on the engagement work carried out during the development of the Strategic Plan is included in Chapter 3.
10. 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.
11. 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.
12. 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.
13. 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.
14. 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*. The plan illustrates how the HSCP will contribute to the priorities established in the new East Renfrewshire Community Plan, *A Place to Grow*.
15. The draft Strategic Plan was presented to the IJB on 26 March 2025. Amendments were suggested for the plan document and it was proposed that final version of the plan be brought back to the IJB for approval, including completed finance section (following agreement of the 2025/26 budget).

16. The following changes have been made to the Strategic Plan since it was considered by the IJB in March:
- Clearer links are presented within the document to the East Renfrewshire community planning vision for 2025, *A Place to Grow*. For each area of focus we set out the Place to Grow outcome priority that the activity will support.
  - Small changes have been made to the 'key activities' described in the plan, in line with the final version of our Annual Delivery Plan. We have also incorporated our equalities outcomes and activities.
  - Activity relating to suicide prevention has been moved from our 'People are safe and protected' outcome to the 'Supporting mental health and wellbeing' section to better reflect planning and delivery for this area of focus.
  - Section added on our financial position. This sets out the financial context for the three-year period including key challenges and plans for transformational change; as well as our planned budgeting framework.
17. Subject to approval at the IJB, the Strategic Plan will be shared for agreement with NHS Greater Glasgow and Clyde and East Renfrewshire Council.
18. Through our Strategic Planning Group we have produced an Annual Delivery Plan setting out further detail on the operational delivery of the plan and revised key performance indicators. The Delivery Plan is the basis for future performance reporting and has been presented to the Performance and Audit Committee for comment and approval.

## IMPLICATIONS OF THE PROPOSALS

### Finance

19. There are no specific financial implications from the Strategic Plan development process. The Strategic Plan directs the use of the financial resources available to the partnership.

### Workforce

20. No specific staffing implications. The Strategic Plan directs the work of the services delegated to the partnership therefore the plan informs the activities of the workforce.

### Legal

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

### Equalities

22. 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.
23. 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.

24. There are no implications in relation to risk, policy or infrastructure.

## **DIRECTIONS**

25. Integration Authorities require a mechanism to action their strategic plans and this is laid out in sections 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act. This mechanism takes the form of binding directions from the Integration Authority to both of the Health Board and Local Authority.

26. The Integration Joint Board directs partners to support the agreed areas of development as set out in the HSCP Strategic Plan 2025-28.

## **CONCLUSION**

27. 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.

## **RECOMMENDATION**

28. It is recommended that the Integration Joint Board:
- note the changes made to the Strategic Plan since it was presented to the IJB in March 2025; and
  - approve the Strategic Plan for 2025-28.

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

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

June 2025

Chief Officer, IJB: Alexis Chappell

## **BACKGROUND PAPERS**

East Renfrewshire HSCP Strategic Plan 2025-28, IJB Paper, 26 March 2025  
[https://www.eastrenfrewshire.gov.uk/media/11275/IJB-Item-9-26-March-2025/pdf/IJB\\_Item\\_9\\_-\\_26\\_March\\_2025.pdf?m=1741958662233](https://www.eastrenfrewshire.gov.uk/media/11275/IJB-Item-9-26-March-2025/pdf/IJB_Item_9_-_26_March_2025.pdf?m=1741958662233)

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](https://www.eastrenfrewshire.gov.uk/media/7440/IJB-item-06-16-March-2022/pdf/IJB_item_06_-_16_March_2022.pdf?m=1646923405760)



# East Renfrewshire Health and Social Care Partnership

## Strategic Partnership Plan 2025-2028

**FINAL for approval**

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## 1. Introduction and our plan on a page

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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

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



## 2. Our ambition, vision and strategic outcomes

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### 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.

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

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

**Place2Grow Pillar 1 priorities - Our children and young people will experience love, safety, happiness, good physical and emotional health, have friends and adults they trust, and hope for the future.**

**- Children and young people facing challenges and disadvantage will be supported as early as possible in a compassionate and aspirational way that builds on their strengths**

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.



Priority outcomes	Key activities
Our most vulnerable children, young people and families are protected	<ul style="list-style-type: none"> <li>• The Signs of Safety approach to keeping children safe will be rolled out across the local children’s services partnership.</li> <li>• Local partners will collaborate with young people to design and deliver diversionary programmes and opportunities that promote inclusion, responsibility, and improve wellbeing.</li> <li>• 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.</li> </ul>
Children and young people with complex needs are supported to overcome barriers to inclusion at home, school, and communities	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Arrangements for young people with complex needs to achieve and sustain a positive transition into young adulthood will be</li> </ul>

	strengthened to ensure the experience is improved and the outcome in line with young people and families expectations.
Our Corporate Parenting responsibilities to our looked after and care experienced children and young people by fully implementing The Promise are delivered	<ul style="list-style-type: none"> <li>• Create settled, secure, nurturing and permanent places to live within a family setting for all care experienced children and young people in line with expectations from The Promise Good Childhood.</li> <li>• 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.</li> <li>• 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.</li> </ul>
The mental and emotional wellbeing, and physical health needs of children and young people are supported	<ul style="list-style-type: none"> <li>• Improve access to and awareness of the range of mental health supports available, to increase uptake and improve wellbeing.</li> <li>• Promote the Healthier Minds Resource website for children, families and partner agencies to increase knowledge and skills, and enhance support strategies.</li> <li>• Collaborative work with partner agencies to focus on addressing speech, language and communication concerns in order to decrease the number.</li> </ul>

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

***Place2Grow Pillar 3 priorities - Our older population will be supported to live healthy, active lives and have opportunities to participate, contribute and thrive.***

***- Our residents will be enabled and empowered to make healthier choices and have access to high-quality sport and physical activities and facilities.***

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

	<ul style="list-style-type: none"> <li>• As a partnership, establish greater choice and innovation by developing the range of local opportunities and types of support.</li> <li>• Work with housing providers to ensure housing needs are met and consider future housing opportunities.</li> <li>• Work in partnership to support the delivery of the <a href="#">Local Housing Strategy</a> (LHS), particularly activities under the priority “Homes that Meet a Lifetime of Needs, Supporting Residents to Live Independently”.</li> </ul>
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### **Supporting better mental health and wellbeing and reducing harm from alcohol and drugs**

***Place2Grow Pillar 3 priority - Health inequalities will have significantly reduced and residents will have routes out of poverty.  
- Our residents will be enabled and empowered to make healthier choices and have access to high-quality sport and physical activities and facilities.***



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.

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.

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. 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.



We will continue to work in partnership with people who use services, carers and staff to influence the *Greater Glasgow and Clyde Adult Mental Health Strategy* 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.

Priority outcomes	Key activities
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	<ul style="list-style-type: none"> <li>• Support people to self-manage the impact that mental ill health has on their life.</li> <li>• Enhance access to primary care mental health services.</li> <li>• Ensure people with complex mental health conditions and substance use harms are fully involved in the design and delivery of their own care plans.</li> </ul>
The risks and harms caused by alcohol and drugs are reduced for people, their families and wider communities	<ul style="list-style-type: none"> <li>• Develop the provision of peer support within services.</li> <li>• Grow the recovery community, including the design and implementation of a recovery hub.</li> </ul>

	<ul style="list-style-type: none"> <li>• Ensure whole family support and recovery by working jointly across Alcohol and Drugs Recovery Service, children and families social work and third sector partners.</li> <li>• Continuing to deliver rapid access to alcohol and drugs services and enhance the assertive outreach approach for people at high risk of harm.</li> </ul>
Wellbeing is enhanced through a strong partnership approach to prevention and early intervention	<ul style="list-style-type: none"> <li>• Work with our communities to promote positive mental health and wellbeing.</li> <li>• Support and promote mental health and wellbeing initiatives delivered through third sector and community-led activity.</li> </ul>
Staff and volunteers have the skills, knowledge and resilience to support individuals and communities	<ul style="list-style-type: none"> <li>• Maximise opportunities for skills development in relation to mental health, recovery and suicide awareness and prevention across services and the wider partnership.</li> <li>• Ensure effective and efficient frontline staffing and service design across mental health and recovery to ensure fast, appropriate access to treatment.</li> </ul>
Create a Suicide Safe East Renfrewshire, free of stigma through awareness raising, education and community based partnership working.	<ul style="list-style-type: none"> <li>• 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</li> </ul>
Mental health supports and services are accessible and inclusive of the needs of people with relevant protected characteristics (Equality outcome)	<ul style="list-style-type: none"> <li>• Identify potential gaps in mental health and wellbeing interventions relevant to particular protected characteristics</li> <li>• Increase visibility and promotion of mental health and wellbeing supports within particular equality groups through grassroots engagement</li> <li>• Ensure there is appropriate focus on groups with protected characteristics in mental health and trauma awareness training.</li> </ul>

### Supporting people who care for someone, ensuring they are able to exercise choice and control

**Place2Grow Pillar 3 priorities - Our older population will be supported to live healthy, active lives and have opportunities to participate, contribute and thrive.**

**- Our residents will be enabled and empowered to make healthier choices and have access to high-quality sport and physical activities and facilities.**

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"> <li>Identify carers at an earlier stage in their caring role.</li> <li>Increase awareness of carers, their rights and the impact of caring.</li> </ul>
Carers can easily access the advice, information and support they need at the time they need it.	<ul style="list-style-type: none"> <li>Ensure people caring for someone living in East Renfrewshire know where to go to find up to date advice, information and the right support.</li> </ul>
The process and uptake of Adult Carer Support Plans is improved	<ul style="list-style-type: none"> <li>Support carers to identify and achieve the outcomes that matter to them (through the promotion of adult carers support plans).</li> </ul>

Carers get a break from and are able to maintain their own health and wellbeing	<ul style="list-style-type: none"> <li>• Increase awareness of the different options available to carers for short breaks and promote opportunities to increase these options.</li> </ul>
Through work with partners, we mitigate any negative impact caring has on carers' finances.	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
Unpaid carers are recognised and valued as equal partners in care and involved in decision making relating to their caring role.	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
Staff who are carers are supported in the workplace	<ul style="list-style-type: none"> <li>• Deliver Carers Strategy actions including peer support sessions, awareness raising, promotion of flexible work and carer leave policies.</li> </ul>
The needs of unpaid carers with protected characteristics are understood and support is accessible and person-centred (Equality outcome)	<ul style="list-style-type: none"> <li>• Improve local data collection in relation to caring responsibilities and the protected characteristics</li> <li>• Deliver programme of awareness raising and information sessions - gender, disability, ethnicity and sexual orientation.</li> <li>• Development of support to ethnic minority carers</li> <li>• Ensure Adult Carer Support Plan (ACSP) process reflects needs of carers with protected characteristics</li> </ul>

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



## 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” (Pillar 3). 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.



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

*Place2Grow Pillar 3 priority - Our communities will be stronger, more connected and collaborative and will be leading on solutions to support people to live well.*

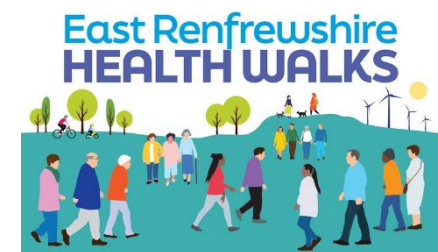
<p>The partnership is committed to developing the volume and range of help and support for health and wellbeing available in our communities. While new models of support are urgently required, we recognise the pressures our voluntary/third sector is under. It is a shared responsibility to support the 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
Gaps in community resources for health and wellbeing are identified and addressed	<ul style="list-style-type: none"> <li>Partners work together to map and understand local support and identify gaps.</li> <li>Community-based groups are supported to strengthen their response to address identified gaps in support.</li> <li>Work in partnership to build the capacity of community organisations, groups and individuals to deliver their own solutions.</li> </ul>

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"> <li>• The partnership communicates its holistic approach to helping people find support that is appropriate to different levels of need.</li> </ul>
We are a genuinely 'listening' partnership with ongoing, transparent engagement.	<ul style="list-style-type: none"> <li>• Continue to develop the scope and activities of our Participation and Engagement Network (PEN), involving more views from people with lived experience.</li> <li>• Introduction of organisation-wide 'planning with people' guidance, which will ensure appropriate governance around engagement activity</li> </ul>
There is equitable access to information and meaningful participation for all (Equality outcome)	<ul style="list-style-type: none"> <li>• Take a more pro-active and consistent approach to engagement aligned to decision-making</li> <li>• Enhance inclusive and accessible communications, taking steps to meet specific needs</li> <li>• Increase employee awareness of the needs of different minority groups through training, community engagement and a robust equality impact assessment process.</li> </ul>

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

***Place2Grow Pillar 3 priority - Health inequalities will have significantly reduced and residents will have routes out of poverty.  
- Our residents will be enabled and empowered to make healthier choices and have access to high-quality sport and physical activities and facilities.***

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

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

Primary care is the cornerstone of the NHS with the vast majority of healthcare delivered in primary care settings in the heart of our local communities. It is vital in promoting good health self-care and supporting people with long-term health needs and as a result reducing demands on the rest of the health and social care system. 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](#):

- 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.

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.

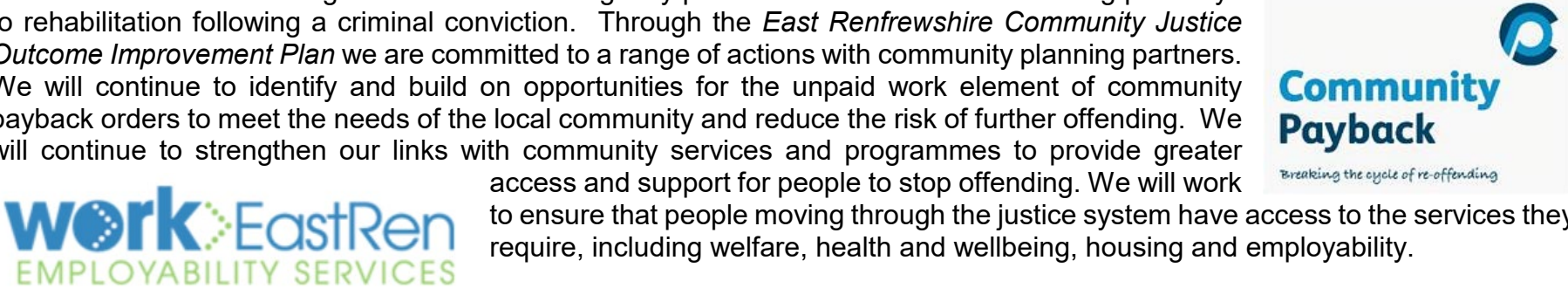
Priority outcomes	Key activities
Early intervention and prevention of admission to hospital to better support people in the community	<ul style="list-style-type: none"> <li>• Continue to develop our community pathways to reduce patient conveyance to Emergency Department (ED) and manage individuals within the community; when appropriate</li> <li>• Develop pathways for individuals diagnosed and living with long-term conditions to improve self-management and support them within the community</li> <li>• Focused multi-disciplinary team (MDT) support across care homes to optimise the health of residents and support individuals to be maintained within the home environment and avoid emergency/ acute attendance where possible</li> <li>• Optimise the use of community beds for proactive assessment, reablement and rehabilitation</li> <li>• Further develop and deliver a person-centred approach to Future Care Planning</li> <li>• Polypharmacy Medication Reviews by pharmacists to ensure prescribed medicines are taken safely and are effective.</li> </ul>
Improved hospital discharge and better support for people to transfer from acute care to community supports	<ul style="list-style-type: none"> <li>• Collaborative working including MDT weekly huddle with hospitals to support discharge planning for all East Renfrewshire inpatients</li> <li>• Hospital to Home Social Work in-reach across to all acute sites for complex cases to support early discharge</li> <li>• Daily reporting, monitoring and review of delays</li> </ul>

	<ul style="list-style-type: none"> <li>• Bonnyton unit available for interim care although Home First approach with community rehabilitation/ reablement input preferred pathway where appropriate.</li> <li>• Medication Support Service to support patients with medicines compliance issues and medicines changes on hospital discharge</li> <li>• Pharmacy Service undertakes medicines reconciliation after hospital discharge.</li> <li>• Pharmacy Service processes medicine requests on clinic letters.</li> </ul>
Resources are utilised optimally and waste is minimised, ensuring best value is achieved.	<ul style="list-style-type: none"> <li>• HSCP-managed Pharmacy service promotes safe, effective and cost-effectively prescribing. Realistic medicines principles are applied.</li> <li>• 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.</li> <li>• Support provided in GP practices when medicine shortages occur, products are discontinued, and when there are product recalls.</li> <li>• 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.</li> </ul>



## Supporting effective community justice pathways that support people to stop offending and rebuild lives

**Place2Grow Pillar 3 priority - Health inequalities will have significantly reduced and residents will have routes out of poverty.**

<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
The use of diversion and intervention at the earliest opportunity is optimised	<ul style="list-style-type: none"> <li>• Use appropriate risk assessment tools to identify need and reduce the risk of further offending.</li> <li>• Deliver accredited programmes aimed at reducing reoffending.</li> </ul>
Robust and high quality community interventions and public protection arrangements are available	<ul style="list-style-type: none"> <li>• Deliver multi-agency public protection arrangements with police, health and prisons which assess and manage sex offenders, serious and violent offenders.</li> <li>• Enhance skills and knowledge in trauma informed practice across justice services.</li> <li>• Increase effective use of structured deferred sentence, bail supervision electronic monitoring.</li> </ul>
Services are accessible and available to address the needs of individuals accused or convicted of an offence	<ul style="list-style-type: none"> <li>• Deliver a whole systems approach to diverting both young people and women from custody.</li> <li>• Ensure people subject to statutory and voluntary supervision, including license, have early access to community mental health, alcohol and drug recovery services.</li> </ul>



	<ul style="list-style-type: none"><li>• Working with local partners to ensure a range of beneficial unpaid work placements are taken up.</li><li>• Actively participate in the East Renfrewshire Employability Partnership to develop pathway and employability support.</li></ul>
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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.

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

**Place2Grow Pillar 1 priority - Our children and young people will experience love, safety, happiness, good physical and emotional health, have friends and adults they trust, and hope for the future.**

**Place2Grow Pillar 3 priority - Our communities will be stronger, more connected and collaborative and will be leading on solutions to support people to live well.**

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"> <li>• We will ensure that the views of adults at risk, their families and carers are heard and help shape the way we deliver services.</li> <li>• We will ensure that adults are offered independent advocacy at the earliest opportunity, in the way that is most appropriate for them.</li> <li>• We will make best use of all our opportunities for the prevention and identification of harm</li> <li>• 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</li> <li>• We will continue to develop awareness of ASP with our partners, providers and the public.</li> <li>• 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.</li> <li>• We will ensure that adult's strengths, assets and trauma contribute to our understanding of risk and their circumstances.</li> <li>• We will continue to learn and improve each time we carry out a Large Scale Investigation.</li> </ul>

	<ul style="list-style-type: none"> <li>• We will take steps to ensure the full involvement of all key partners in relevant aspects of adult support and protection practice going forward.</li> <li>• 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.</li> </ul>
Domestic abuse survivors are protected from further harm and abuse. (Equality outcome)	<ul style="list-style-type: none"> <li>• Provide domestic abuse support services for women and children.</li> <li>• Deliver awareness raising campaigns on gender-based violence, and ensure women are aware of the referral pathways and supports available</li> <li>• Provide domestic abuse training to all staff.</li> <li>• Make domestic abuse resource tools available to all staff.</li> <li>• Ensure staff are aware of the referral pathways and supports available</li> <li>• Implement a domestic abuse perpetrator programme and implement gender-based violence prevention programme in schools.</li> </ul>
Children are kept safe in their families and communities.	<ul style="list-style-type: none"> <li>• Deliver the commitments in the East Renfrewshire Child Protection Committee Improvement Plan 2023-2026.</li> </ul>
The health of East Renfrewshire's population is protected from major incidents and other threats	<ul style="list-style-type: none"> <li>• Deliver health protection measures including successful uptake of locally-delivered vaccination programmes.</li> </ul>

### 3. Developing our plan

#### 3.1 Introduction

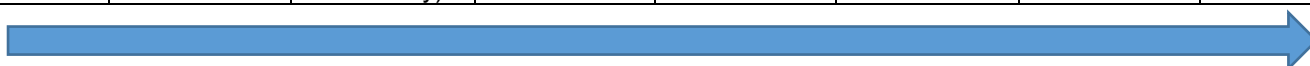
This plan is the result of months of development work as we have collaborated with colleagues, stakeholders, and local people. Our objective is that the plan reflects the shared priorities of local residents and sets out meaningful commitments for our wide partnership.

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.

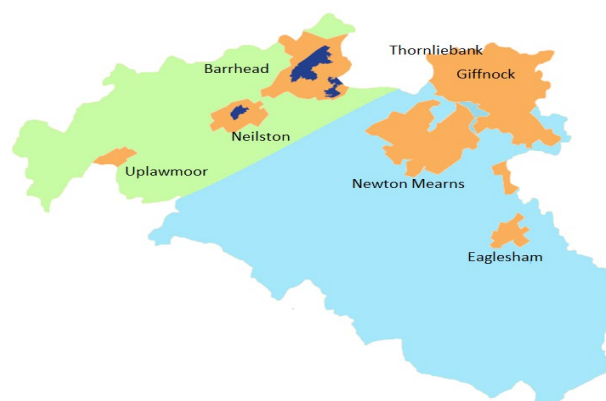
## 4. Our context and challenges

### 4.1 Introduction

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

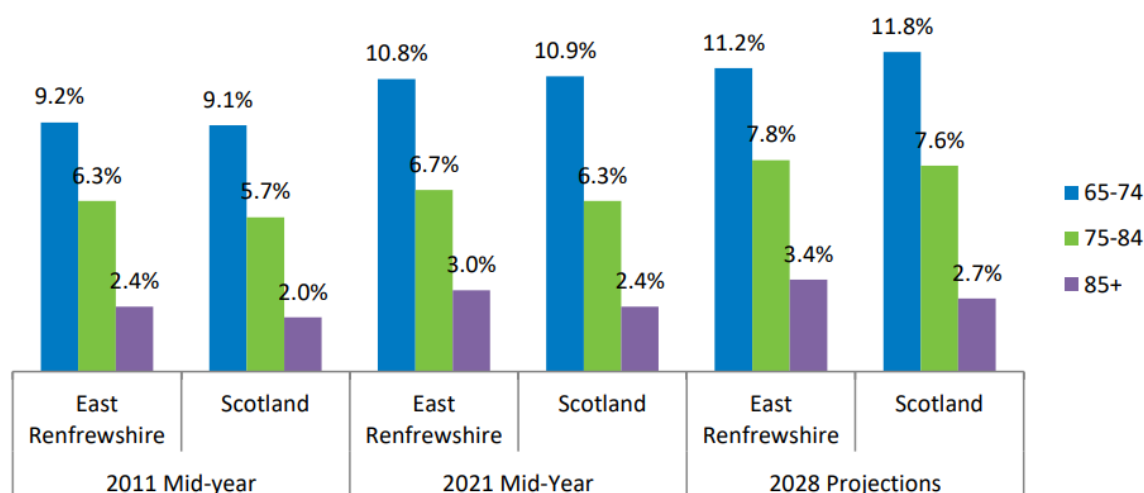
### 4.2 Population and demographics

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.

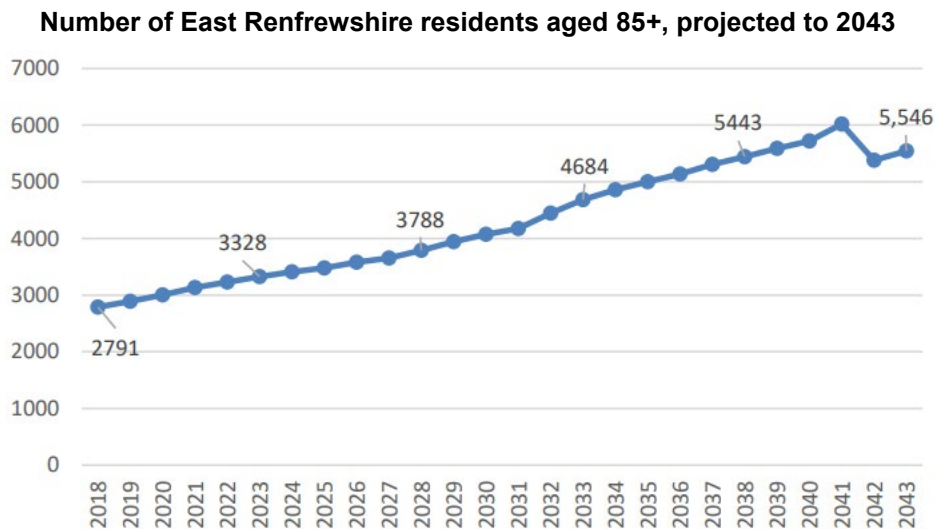


These changes impact the decisions we make on the provision of health and social care in East Renfrewshire. Our population is changing with a corresponding increase in the health and care needs of our residents. The projections highlight that there will be an increase in the young and older population, 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)







### 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.

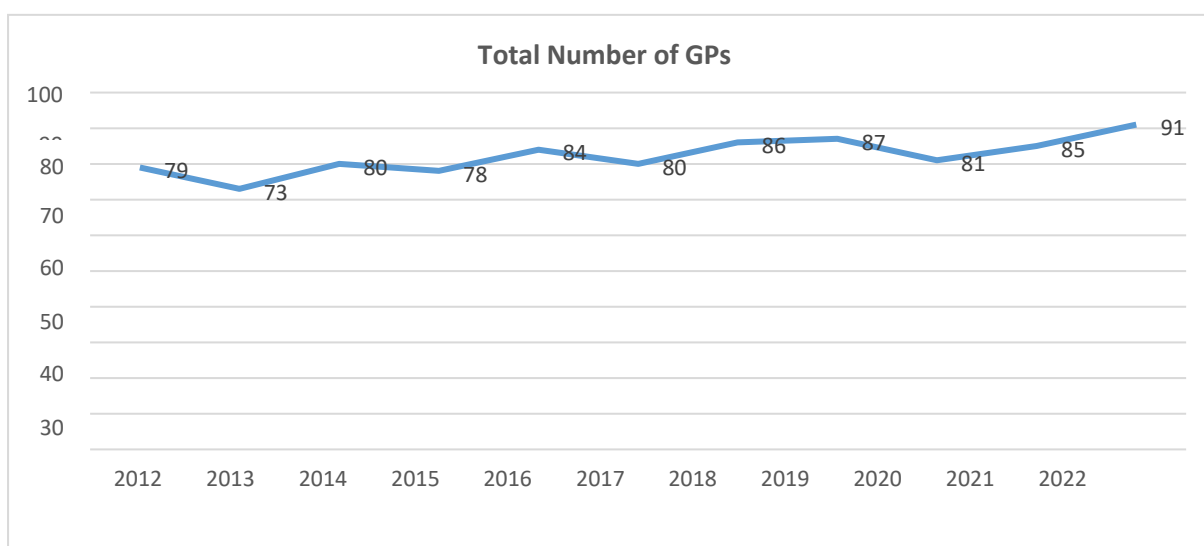
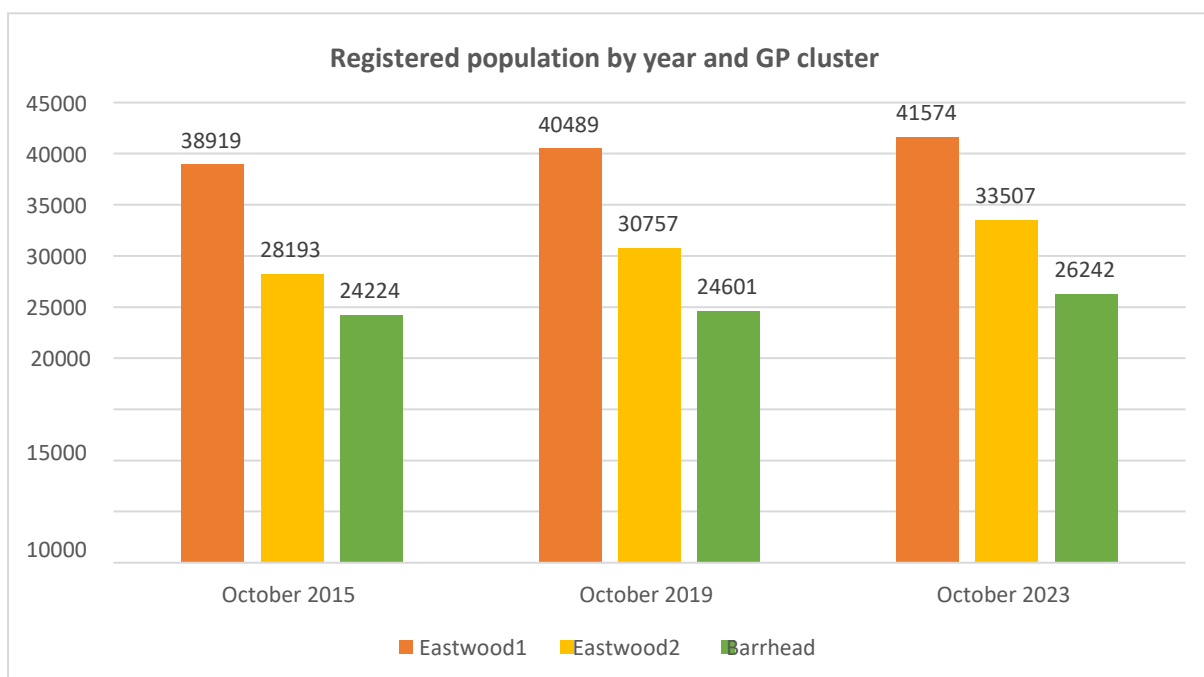
In line with our socio-demographic profile we see differing health outcomes for the populations in our two localities of Barrhead and Eastwood. While life expectancy at birth is above the Scottish average for East Renfrewshire as a whole, it remains below average in the Barrhead locality. Both males 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
<b>General Health</b>						
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
<b>Hospital Care (Mental Health)</b>						
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 position

The medium term financial plan for East Renfrewshire Integration Joint Board sets out the financial outlook covering the period 2025/26 to 2029/30 for the IJB and the associated delivery of services through East Renfrewshire Health and Social Care Partnership, as directed by the IJB.

The medium term outlook allows the IJB and partners to consider the issues and decisions that will be required to plan ahead for future years.

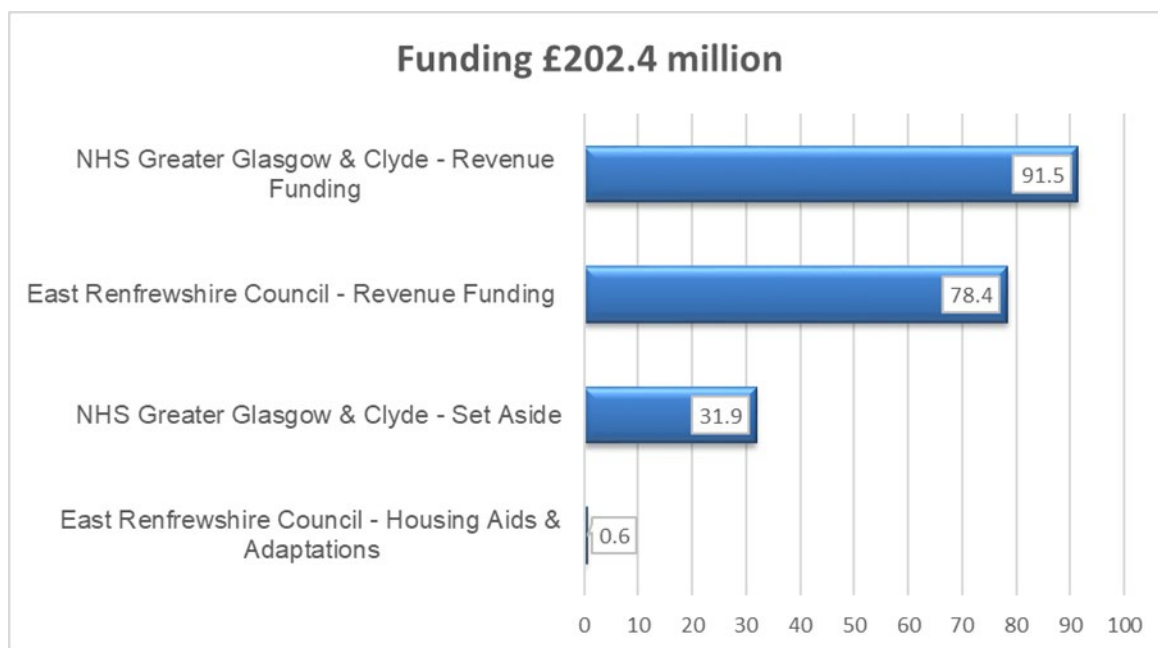
The IJB operates in a complex environment with requirements to ensure statutory obligations, legislative and policy requirements, performance targets and governance and reporting criteria are met whilst ensuring the operational oversight of the delivery of health and care services.

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

### 4.7.1 Funding

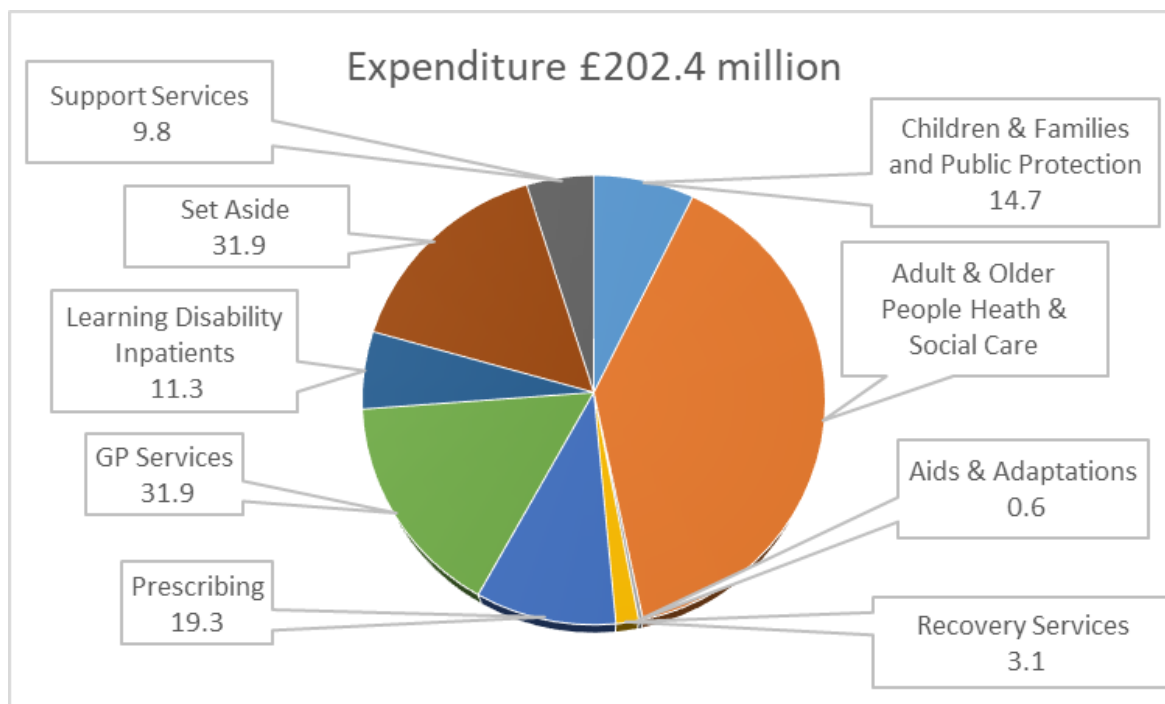
The IJB receives the vast majority of its funding from our two partners East Renfrewshire Council and NHS Greater Glasgow and Clyde along with any specific grant funded initiatives from the Scottish Government via our partner organisations.

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



#### 4.7.2 Our Budget 2025/26

The opening budget for 2025/26 is £202.4 million and this will change during the year for any additional funding or adjustments to our budget.



Our budget broadly falls into two types of spending:

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

The revenue budgets for those “day to day” health and social care services delivered by the HSCP is £169.9 million, with a further £0.6 million community justice funded by grant. We usually receive other ad-hoc funding and grants throughout the year to support various initiatives and this is reported within our routine financial reporting.

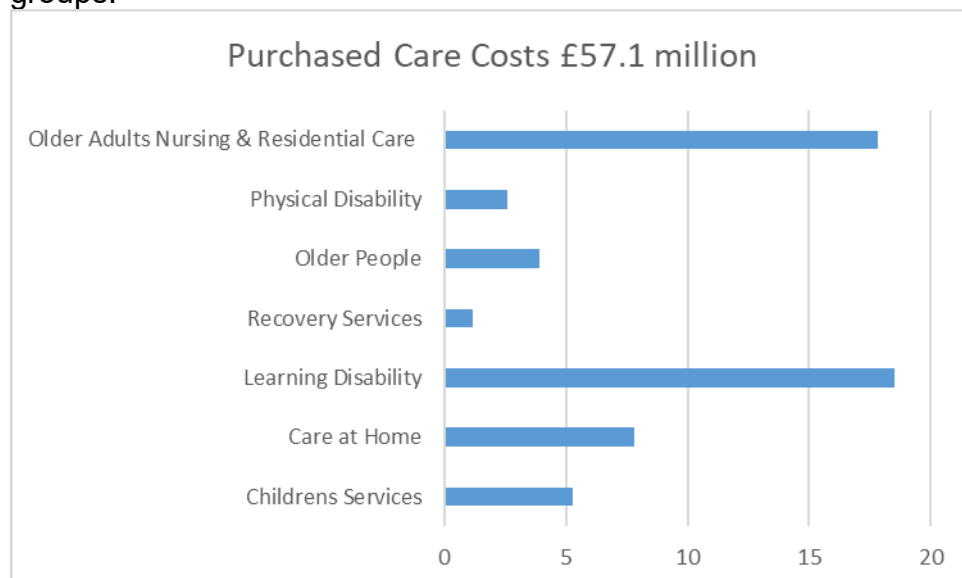
We also receive funding allocations for specific Scottish Government initiatives such as Primary Care Improvement Fund (c£2.9 million), Mental Health Action 15 (c£0.5 million) and Alcohol & Drugs Partnership (c£0.8 million) each year.

We host the Learning Disability Specialist Services, Learning Disability Health, Checks, Adult Autism and the Augmentative and Alternative Communication Service on behalf of the other five HSCPs within the Greater Glasgow and Clyde area, totalling c£11.5 million and this cost is currently met by the HSCP.

Similarly four of the other five HSCPs host one or more services on behalf of the other HSCPs. Our use of a range of services is around £15.7 million but the costs are met by the host HSCP under current arrangements.

### Our Current Purchased Care Costs

The care that we purchase from a range of providers currently costs around £57.1 million for a year and this is funded in part by individual contribution (nursing and residential care) and resource transfer. The chart below shows how this relates to care groups:

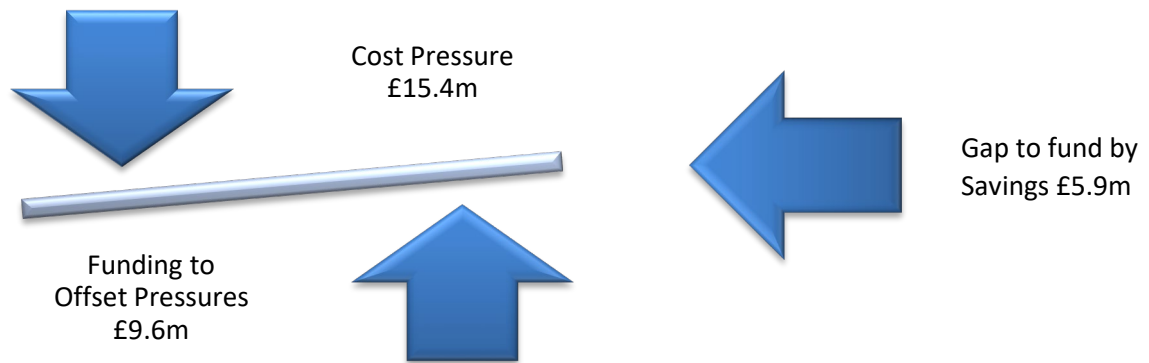


Our Strategic Commissioning Plan sets out how we will continue to work with our partner care providers over the coming years to collectively develop and deliver services to our residents.

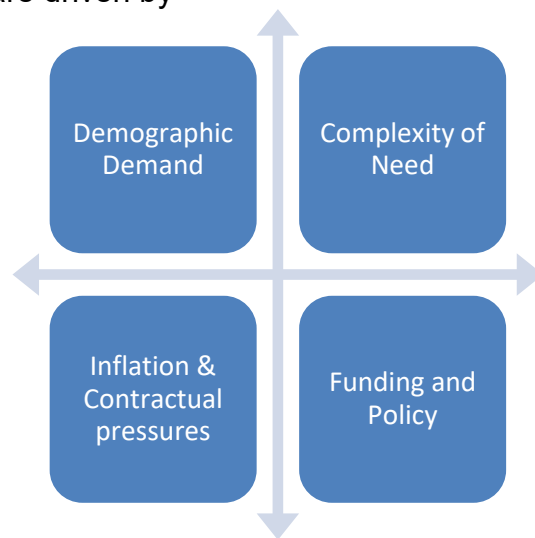
### Cost Pressures 2025/26

Within our 2025/26 budget of £202.4 million the estimated cost pressures are £15.412 million, offset in part by available funding of £7.485 million and the non-recurring

pension gain of £2.067 million leaving a funding gap for the year of £5.860 million to be closed through savings.



Our cost pressures are driven by



<b>Revenue Budget Pressures</b>	<b>ERC</b>	<b>NHS</b>	<b>Total</b>
	<b>£m</b>	<b>£m</b>	<b>£m</b>
<b>1. Cost Pressures</b>			
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
	<b>9.774</b>	<b>5.638</b>	<b>15.412</b>
<b>2. Funding available towards pressures</b>			
Recurring Policy Funding	(3.253)	(2.238)	(5.491)
Additional Funding from Partners	(1.309)	(0.685)	(1.994)
	<b>(4.562)</b>	<b>(2.923)</b>	<b>(7.485)</b>
<b>3. Non-Recurring Pension Gain</b>	<b>(2.067)</b>		<b>(2.067)</b>
<b>4. Unfunded Cost Pressures</b>	<b>3.145</b>	<b>2.715</b>	<b>5.860</b>
<b>5. Proposals to Close the Funding Gap</b>			
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)
	<b>(3.145)</b>	<b>(2.715)</b>	<b>(5.860)</b>
<b>Remaining Gap 2025/26</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>
<b>Recurring Gap 2025/26</b>	<b>1.676</b>	<b>0.683</b>	<b>2.359</b>

Whilst the budget for the year is balanced this included a number of non-recurring elements and when these are stripped out the underlying position is a recurring gap of £2.359 million and work is ongoing to ensure plans are in place to address this before April 2026.

We have minimal reserves to offset any shortfall, following our financial recovery process in 2023/24.

The budget agreed by the IJB on 26<sup>h</sup> March 2025 sets out the detail behind each of the cost pressures and it is important to note that these include contractual and policy requirements that must be met.

Whilst the scale of this challenge is significant to East Renfrewshire, particularly as one of the smaller HSCPs this is not unique; the national position across all public sector services shows a challenging financial outlook, with funding pressures including; pay, inflation, demand & complexity, demographics, transitions from child to adult services, prescribing costs & volume and recruitment & retention challenges.



### 4.7.3 Looking Ahead to 2026/27 to 2029/30

The level of potential cost pressures set out in the scenarios in the MTFP are based on “what if” percentage levels of pressure and are not an indication of where any settlement or agreement may crystallise. This allows the IJB to look forward using the current year and the latest intelligence to plan for possible scenarios. The further ahead we look the less certainty of any assumption; even short term assumptions carry a high degree of uncertainty in the current climate.

It also needs to be recognised that these scenarios are showing the potential level of cost pressure and do not make any allowance for any funding that may offset a future cost. Again given the current levels of uncertainty it is unwise to assume anything beyond a flat cash approach at this time, with the exception of the Scottish Government indication that the cost of the pay award will be funded for our NHS workforce.

In the event that additional funding becomes available this will reduce the level of cost pressure, depending on the nature and requirements that may be attached. By illustrating this “flat cash” approach this allows the IJB to see the scale of the challenge ahead, recognising this may be mitigated in the event of any increase in funding.

The scenarios below show that in any of the next four years the modelled cost pressure could range from £3.6 million to £8.6 million depending on the combination of factors set out in the low, medium and high illustrations.

The cumulative pressures could range from £18.4 to £32.6 million over the four years to 2029/30 without any significant change in funding.

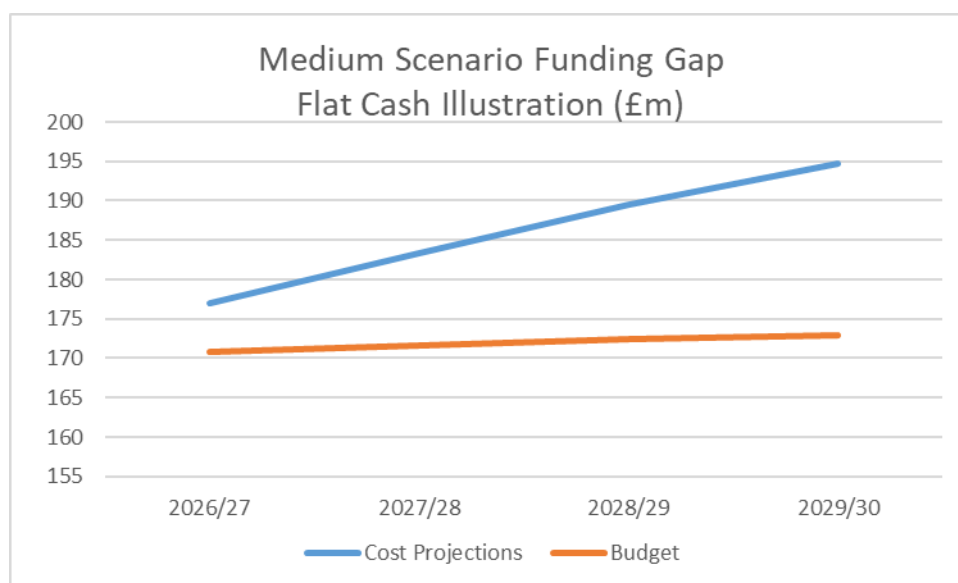
The assumptions are predicated on full and recurring delivery of the 2025/26 savings including the underlying shortfall.

There is always a possibility that the Scottish Government budget settlement may allow for some funding and / or the IJBs funding partners are in a position to support with additional funding to the IJB and all scenarios are subject to the terms of the Scottish Government budget settlement.

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

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

Using the medium term scenario for cost pressures the gap between costs and funding will grow as every year passes:



There are a number of areas where caseload numbers or staffing ratio to patients will determine necessary changes to the workforce.

We are at the stage where we cannot do “more of the same” in our approach to savings and a more radical approach is required. We will need to develop a programme of review across all services. We will continue to work with a range of partners to look at any system wide opportunities to minimise costs and mitigate, as best we can, the impact resulting from increasing demand versus reducing resources.

#### 4.7.4 Reserves

We continue to report the tension between holding reserves and protecting our services as much as possible from savings. This IJB has been in breach of its policy of holding useable reserves of 2% for some years and reserves were depleted during 2023/24 as part of financial recovery.

The projected reserves balance (subject to the audit of the 2024/25 Annual Report and Accounts) to 31 March 2025 is £3.195 million and can be summarised into the following categories:

Reserves Provisional Balance at 31 March 2025	£m
Scottish Government ring-fenced initiatives; fully committed and unable to apply to general use.	0.860
Earmarked funding for specific projects and initiatives	0.853
General reserves	1.482
<b>Total</b>	<b>3.195</b>

#### 4.7.8 Key Challenges

The most significant challenges for 2025/26 and beyond include:

- continued delivery of savings to support financial sustainability, recognising this is at odds with a focus on prevention and the difficulty increases as the cumulative savings increase;
- “doing more of the same” in identifying savings will not work, we need to review every service in detail as part of a Change and Improvement programme of work to be developed;
- working with the Scottish government recognising the national scale of the challenge across health and social care, in the context of a collective £0.5 billion shortfall;
- managing the real tension between reduced service capacity as a result of the cumulative impact savings in prior years whilst maintaining system wide services including discharge without delay from hospital;
- understanding the longer term impacts of Covid-19 on mental and physical health in the longer term, we are seeing increased levels of complexity and acuity of need;
- continued recruitment and retention of our workforce within the HSCP and our wider partner workforce, recognising the risk of market sustainability challenges;
- managing prescribing demand and costs in partnership with our GPs and wider population;
- supporting the physical and mental health and wellbeing of our workforce and our residents;
- meeting increased demand for universal services without funding for growth, including increased population demand and new care homes opening within the area.

The future challenges and our associated response include the main areas of risk that the IJB is facing. The uncertainty of the current economic climate, the longer term impact of Covid-19 on our population, the capacity for the HSCP and its partners to meet continued demand and complexity whilst delivering such challenging savings remain significant risks.

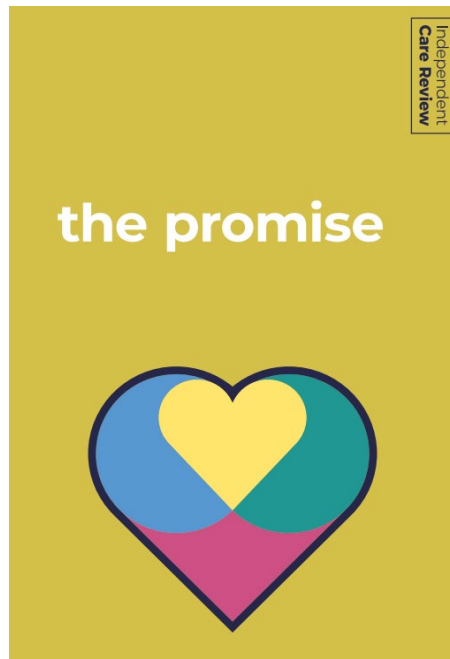
## 5. Related plans and policies

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### 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 – 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.

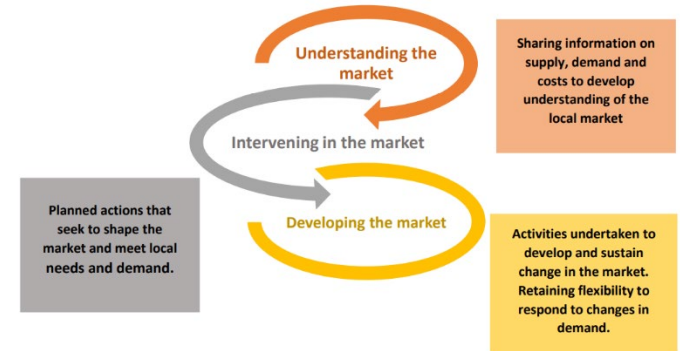
## East Renfrewshire HSCP Strategic Commissioning Plan

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

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

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

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

In addition to data, our performance reports draw on personal experiences, views and examples of service developments and 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.



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>  <b>Held on</b>	Integration Joint Board  25 June 2025
<b>Agenda Item</b>	13
<b>Title</b>	Refresh of East Renfrewshire Getting It Right For Every Child (GIRFEC) Manual
<b>Summary</b>  This report provides an update on the refresh of national GIRFEC guidance and subsequent update of East Renfrewshire Council's GIRFEC Manual and creation of Getting it Right for Every Child Information Sharing Guidance.	
<b>Presented by</b>	Raymond Prior, Head of Children's Services and Justice (Chief Social Worker Officer)
<b>Action Required</b>  The Integration Joint Board is asked is asked to <ul style="list-style-type: none"> <li>• Note the refreshed national GIRFEC guidance.</li> <li>• Approve the updated East Renfrewshire GIRFEC Manual and GIRFEC Information Sharing Guidance.</li> </ul>	
<b>Directions</b> <input checked="" type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<b>Implications</b> <div> <input type="checkbox"/> Finance             <input type="checkbox"/> Risk           </div> <div> <input type="checkbox"/> Policy             <input type="checkbox"/> Legal           </div> <div> <input type="checkbox"/> Workforce             <input type="checkbox"/> Infrastructure           </div> <div> <input type="checkbox"/> Equalities             <input type="checkbox"/> Fairer Scotland Duty           </div>

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD****25 June 2025****Report by Head of Children's Services and Justice****REPORT ON THE REFRESH OF EAST RENFREWSHIRE'S GETTING IT RIGHT FOR EVERY CHILD (GIRFEC) MANUAL****PURPOSE OF REPORT**

1. To update IJB on the refresh of national GIRFEC guidance and subsequent update of East Renfrewshire Council's GIRFEC Manual (Appendix 1) and creation of Getting it Right for Every Child Information Sharing Guidance (Appendix 2).

**RECOMMENDATIONS**

2. IJB is asked to:
  - Note the refreshed national GIRFEC guidance.
  - Approve the updated East Renfrewshire GIRFEC Manual and GIRFEC Information Sharing Guidance.

**BACKGROUND**

3. Getting it Right for Every Child (GIRFEC) is the [National Policy Framework](#) in Scotland designed to improve outcomes and support the wellbeing of our children and young people by offering the right help, at the right time, from the right people.
4. It is a strengths-based approach which seeks to realise children's rights, promote equality and value diversity. It is underpinned by key values and principles that place the child or young person and their family at the centre of service provision, with full participation in decisions that affect them.
5. Most children and young people get all the support and help they need from their parent(s), wider family and local community. There may be times, however, when a child or family need additional advice or support. The GIRFEC approach ensures children and their families can work in partnership with services that can help them when they need it.

**REPORT**

7. In East Renfrewshire, we are committed to getting it right for all of our children and young people, to ensure they can thrive and be given every opportunity to achieve their potential. We want them to grow up safe, healthy, active, nurtured, achieving, respected, responsible and included.
8. In 2022/23 updated GIRFEC guidance ([Getting it right for every child \(GIRFEC\) - gov.scot](#)) was published by The Scottish Government, further strengthening a rights-based approach in line with the UNCRC (Scotland) (Incorporation) Act (2024). Funding was also provided to all local authorities to support Whole Family Wellbeing and early intervention in line with the GIRFEC principles. This national guidance was to be used to refresh our own guidance in East Renfrewshire and a GIRFEC Refresh Team was established within the children's services partnership to take this forward.

9. The East Renfrewshire Children's Services Partnership, Improving Outcomes for Children and Young People, has oversight of the implementation of the National (GIRFEC) Practice Model and GIRFEC is included as a key priority within our [Children's Services Plan 2023-26](#).
10. GIRFEC is integral to child protection and the national practice model is a critical feature of East Renfrewshire's revised child protection guidance and procedures. There is a clear articulation of the importance of GIRFEC to protecting children, particularly in recognising that all children must receive the right help at the right time.
11. The aim of the revised multi-agency framework and guidance is to support our practitioners to embed the values and principles of GIRFEC in all areas of their practice with confidence, so they can ensure that our children, young people, and families receive the right support at the right time. Effective partnership working and collaboration is crucial to the success of our approach, as we strive to realise this ambition for all and keep [The Promise](#) to our care experienced children and young people.
12. Our refreshed GIRFEC Manual contains a number of key changes in line with the updated National model and these include:
  - Greater emphasis on child-centred, rights-respecting, strengths-based practice and the inclusion of children, young people and their families at every stage of the process;
  - Simpler language identified which can be used when working together with children, young people and families;
  - A deeper understanding of the impact of trauma and Adverse Childhood Experiences (ACEs) in considering the My World Triangle; and
  - Further detail provided on the Resilience Matrix.
13. The GIRFEC Information Sharing Guidance provides overarching practice principles around information sharing and supports specific guidance within East Renfrewshire Council departments and services, and East Renfrewshire HSCP in relation to the wellbeing of all children and young people as set out in the Scottish Governments Getting it Right for Every Child and ensures understanding of:
  - How to positively engage with children and young people (and their families) in making decisions on who and when to share information with and why;
  - The limitations and constraints of confidentiality and consent; and
  - How staff are empowered to share personal and/or sensitive personal information, where it is considered a child or young person is at risk (or likely to be) if no action is taken.

## CONSULTATION AND PARTNERSHIP WORKING

13. The Improving Outcomes for Children and Young People Partnership oversees the planning, implementation and evaluation of GIRFEC in East Renfrewshire. Our approach to GIRFEC has been informed by consultation with key stakeholders, including those with lived experience, through:
  - ASL Review in ERC.
  - The Promise Engagement Events.
  - Questionnaires to stakeholders as part of the ERC Joint Inspection of Children's Services for Children and Young people at Risk of Harm.

## **IMPLICATIONS**

14. There are no financial and efficiency implications.
15. An Equality, Fairness and Rights Impact Assessment has been undertaken and has found that the refresh is likely to have a positive impact on children, young people and their families.

## **DIRECTIONS**

14. There are no directions arising from this report.

## **CONCLUSION**

16. The National Practice Model and the GIRFEC principles are well embedded within East Renfrewshire and our approach to GIRFEC was highlighted as being excellent in the 2022 Joint Inspection of Children's Services for Children and Young People at Risk of Harm in East Renfrewshire. The refreshed GIRFEC Manual builds upon strong practice and will further support practitioners across East Renfrewshire in our work towards getting it right for every child. To support this, a series of professional learning sessions will be planned and implemented from August onwards.

## **RECOMMENDATION**

17. IJB is asked to:
  - Note the refreshed national GIRFEC guidance
  - Approve the updated East Renfrewshire GIRFEC Manual and GIRFEC Information Sharing Guidance

## **REPORT AUTHOR**

Raymond Prior, Head of Children's Services and Justice, Chief Social Work Officer  
[raymond.prior@eastrenfrewshire.gov.uk](mailto:raymond.prior@eastrenfrewshire.gov.uk)

Arlene Cassidy, Children's Services Strategy Manager  
[Arlene.cassidy@eastrenfrewshire.gov.uk](mailto:Arlene.cassidy@eastrenfrewshire.gov.uk)

Siobhan McColgan, Head of Education Services (Equality and Equity)  
[Siobhan.McColgan2@eastrenfrewshire.gov.uk](mailto:Siobhan.McColgan2@eastrenfrewshire.gov.uk)

June 2025

Chief Officer, IJB: Alexis Chappell

## **BACKGROUND PAPERS**

Getting it Right for Every Child (GIRFEC) – National Policy Framework  
<https://www.gov.scot/policies/girfec/>

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# Getting it Right for Every Child and Young Person in East Renfrewshire



## A GIRFEC Framework and Guidance Manual for Partner Agency Practitioners

Document Name	Getting It Right for Every Child and Young Person in East Renfrewshire: A GIRFEC Framework and Guidance Manual for Partner Agency Practitioners
Owner	Education and HSCP
Version Number	7 Chris Atherton / Arlene Cassidy / Siobhan McColgan / Debbie Lucas / Caragh McNamee
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# PART 1 – THE GIRFEC FRAMEWORK

## 1. THE POLICY AND LEGISLATIVE CONTEXT

1.1 Getting it Right for Every Child (GIRFEC) is central to our shared ambition for Scotland’s children and young people; ensuring that their rights and wellbeing will be at the heart of everything we do. In East Renfrewshire, we are committed to getting it right for all of our children and young people, to ensure they can thrive and be given every opportunity to achieve their potential. We want them to grow up safe, healthy, active, nurtured, achieving, respected, responsible and included. We want them to have people in their lives that can offer them love, support and hope for the future, beginning with their families and friends, and enhanced through the relationships they develop with practitioners across integrated services for children and young people. Our GIRFEC approach is fundamental to our shared vision for East Renfrewshire as “A Place to Grow”, where children and young people are supported to flourish, thrive and live well (Diagram 1).

1.2 The aim of this revised multi-agency framework and guidance is to support our practitioners to embed the values and principles of GIRFEC in all areas of their practice with confidence, so they can ensure that our children, young people, and families receive the right support at the right time. Effective partnership working and collaboration is crucial to the success of our approach, as we strive to realise this ambition for all and keep [The Promise](#) to our care experienced children and young people.

1.3 Our GIRFEC approach sits within a legislative context, specifically through:

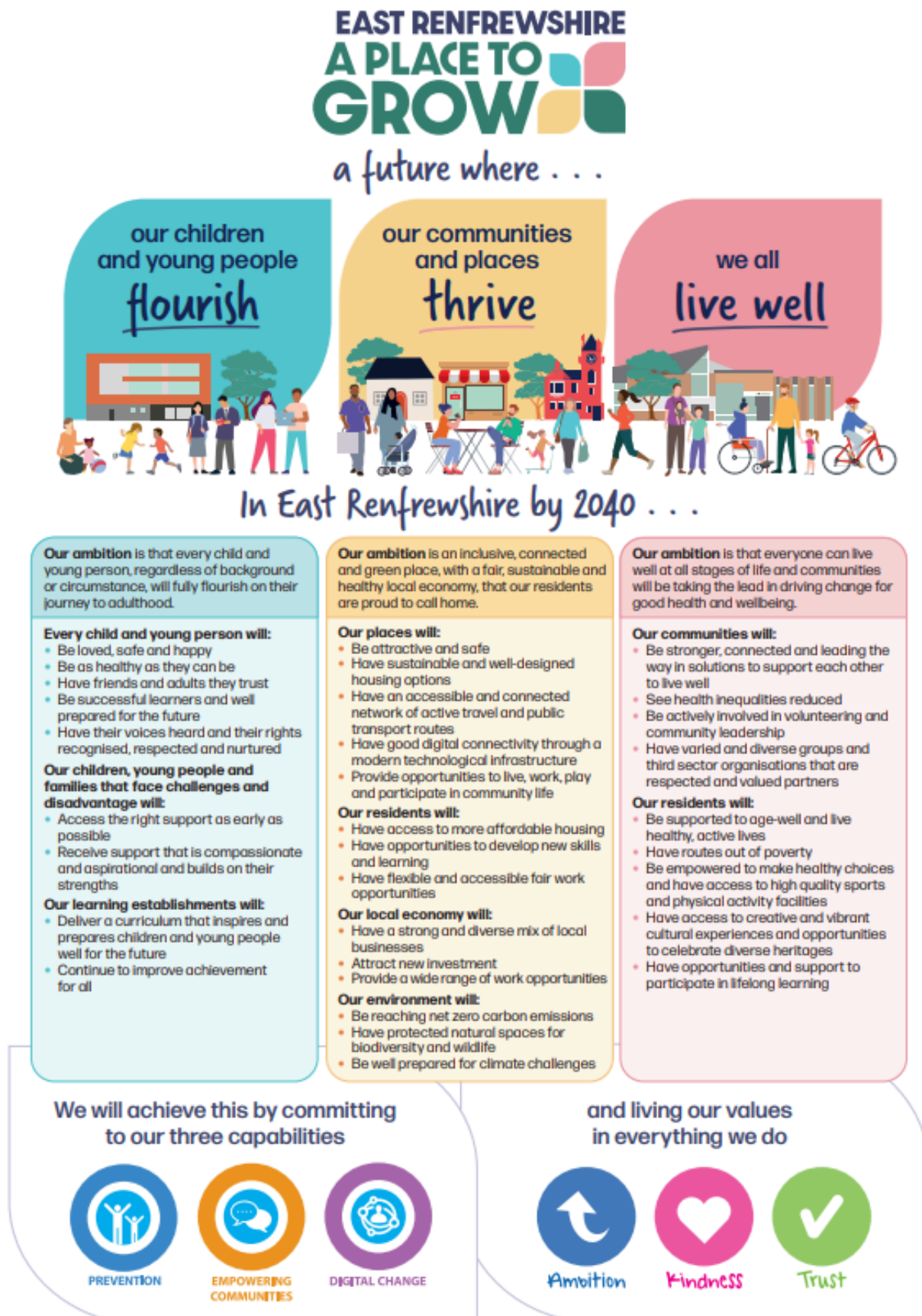
- [The United Nations Convention on the Rights of the Child \(Incorporation\) \(Scotland\) Act 2024](#);
- [The Child Poverty \(Scotland\) Act 2017](#);
- [The Children and Young People \(Scotland\) Act 2014](#);
- [The Children’s Hearings \(Scotland\) Act 2011](#);
- [The Education \(Additional Support for Learning\) \(Scotland\) Act \(2004\) as amended \(2009\)](#); and,
- [The Children \(Scotland\) Act 1995](#).

1.4 Key policy areas relating to GIRFEC and the work of integrated services for children and young people include:

- [GIRFEC resources - Getting it right for every child \(GIRFEC\) - gov.scot \(www.gov.scot\)](#);
- [The Promise](#) and [Plan 24-30](#);
- [Realising The Ambition](#);
- [The Christie Commission](#);
- [The ASL Review](#);
- [National Guidance for Child Protection in Scotland \(2021\)](#); and,
- [The National Performance Framework \(2018\)](#).



Diagram 1 - East Renfrewshire A Place to Grow



## 2. OVERVIEW OF KEY CHANGES

2.1 The Scottish Government revised [GIRFEC Policy and Practice](#) in 2022, and outlined key changes, which are summarised as follows:

- Use of the phrase children **and** young people;
- Greater emphasis on child-centred, rights-respecting, strengths-based practice and the inclusion of children, young people and their families at every stage of the process;
- Simpler and more positive language identified which can be used when working together with children, young people and families;
- An emphasis on working together;
- Alignment to The Promise and key policy areas such as the commitment to eradicate child poverty;
- A deeper understanding of the impact of trauma and adverse childhood experiences (ACEs) in considering the My World Triangle, and further development of the Resilience Matrix;
- Promotion of the GIRFEC approach to benefit all children and young people; and,
- Clarity through new Information Sharing Charters for children and young people, and for parents/carers.

## 3. VALUES AND PRINCIPLES

3.1 GIRFEC values and principles are embedded very well within the work of integrated children's services in East Renfrewshire. However, the Scottish Government refresh provides a timely platform for us to review, plan and implement necessary changes and enhancements to service delivery that will improve outcomes further for all of our children and young people.

3.2 GIRFEC is underpinned by the following values and principles:

- *Placing the child or young person and their family at the heart, and promoting choice, with full participation in decisions that affect them;*
- *Working together with families to enable a rights-respecting, strengths-based, inclusive approach;*
- *Understanding wellbeing as being about all areas of life including family, community and society;*
- *Valuing difference and ensuring everyone is treated fairly;*
- *Considering and addressing inequalities;*
- *Providing support for children, young people and families when they need it, until things get better, to help them to reach their full potential; and,*
- *Everyone working together in local areas and across Scotland to improve outcomes for children, young people and their families.*

[GIRFEC Policy and Practice \(2022\)](#)

## 4. CORE COMPONENTS

4.1 The GIRFEC approach has strong foundations in its core components, and these empower practitioners to enhance wellbeing for all by providing flexible, timely support when it is needed:

- A **named person** who is a clear point of contact for children, young people and families to go to for support and advice. A named person can also connect families to a wider network of support and services so that they get the right help, at the right time, from the right people;
- A **shared and holistic understanding of wellbeing** and a single model of how this can be considered and supported; and,
- A **single, shared and rights-based approach to planning** for children and young people's wellbeing where support across services is needed, co-ordinated by a **lead professional**.

[GIRFEC Core Components \(2022\)](#)

More information on the UN Convention on the Rights of the Child can be found in Appendix One

## 5. GETTING IT RIGHT FOR EVERY CHILD AND YOUNG PERSON IN EAST RENFREWSHIRE

5.1 We are ambitious in our aim of delivering positive outcomes for all children and young people in East Renfrewshire by driving *cultural and systemic improvement* across practice within integrated children's services. Our local framework for practice will ensure everyone fulfils their roles and responsibilities, keeping our values of ambition, kindness and trust at the heart of our partnership approach with children, young people, and their families. Our framework involves:

- *Promoting the wellbeing of individual children and young people:* through our understanding of how they develop and thrive within their families and communities, and by meeting their needs holistically through prevention, early intervention and appropriate, proportionate support through to adulthood;
- *Promoting equity and equality:* with a particular focus on eradicating child poverty;
- *Celebrating diversity:* children and young people should feel valued in all circumstances, and practitioners should create opportunities that celebrate difference and make sure everyone has a sense of belonging;
- *Ensuring children and young people have a safe and secure base* because emotional security and physical safety is fundamental;
- *Ensuring that children, young people and families participate fully as partners* in all aspects of assessment and planning, thereby ensuring their voice is at the heart of decisions that are made for their wellbeing;
- *Supporting informed choice*, so that children, young people and families understand their rights and entitlements, the help that is available to them and what their choices may be;

- *Respecting confidentiality and sharing information:* seeking agreement to share information that is relevant and proportionate while safeguarding children and young people's right to confidentiality;
- *Building on strengths and promoting resilience:* using a child or young person's existing networks and support where possible;
- *Trauma-informed practice:* where practitioners at all levels understand that trauma and adverse childhood experiences (ACEs) can have an impact on the development and wellbeing of children and young people, and where skilled practitioners are available to offer advice and support to meet their needs;
- *Providing a Named Person for every child and young person* as policy across our universal services, with the recognition that children, young people and families have the right to opt out of this offer of support;
- *Providing a Lead Professional where there is multi-agency involvement*, with clear protocols to determine who fulfils this role in all predictable scenarios;
- *Safeguarding through a proportionate approach in the assessment of concerns and risks*, using Signs of Safety and Safe and Together approaches, rooted in our national Child Protection Guidance (2021);
- *A One Child, One Assessment, One Plan approach* so far as possible, reflecting all relevant views and assessments, streamlining processes for families, and taking account of all relevant legislation (e.g. where a statutory Coordinated Support Plan is also necessary);
- *Effective partnership working between all practitioners* that is characterised by mutual respect, integrity, solution-focused collaboration and with appropriate professional challenge and scrutiny to ensure the best outcomes are achieved for children and young people;
- *Ensuring the use of the National Practice Model; and,*
- *Empowering a skilled and confident workforce* to promote and support our children and young people's wellbeing, underpinned by the [Common Core of Skills, Knowledge & Understanding and Values for the "Children's Workforce" in Scotland](#).

## 6. SIGNS OF SAFETY®

6.1 In East Renfrewshire we use the Signs of Safety model to support multi-agency assessment and planning. This is fully compatible with our GIRFEC approach. Signs of Safety® is a relationship-based practice approach, it provides a framework and tools to help promote relationships in practice. It is a strength and safety organised approach to case work that analyses detailed information for a balanced risk assessment.

6.2 Signs of Safety® integrates professional knowledge with knowledge from families and their wider networks to rigorously explore harm and complicating factors alongside existing strengths and safety. It aims to work in true partnership with families to reduce risks and increase safety by building upon the family's strengths, resources, and networks, and to change the everyday lived experience of the child through effective safety planning, so that we are confident the child is safe and well.

6.3 East Renfrewshire's implementation journey has focused on introducing the practice approach across the entire system to support the growth of relationship-based practice, and to strengthen protective networks for children, which includes family, friends and community members, alongside professionals.

6.4 Children/young people need networks that can support, care, keep them safe and help them heal from trauma and difficult experiences. East Renfrewshire has used the framework to help children remain at home with their families wherever possible, and worked to empower the voices of children, young people and their families by encouraging them to build on their own solutions. Central to this has been a shift in the way we plan with families. It is used across all our work with children and their families.

## PART 2 – GIRFEC IN PRACTICE

### 7. PROMOTING GIRFEC AND WELLBEING WITHIN SERVICES

7.1 The values, principles and core components of GIRFEC must lie at the heart of all our work. To ensure the potential of all children and young people is realised, practitioners across integrated children's services are required to promote wellbeing and ensure that this is fundamental in service design, development, collaboration and improvement to create better outcomes for all children, young people and families. We are also required to act responsively where children and young people require individualised wellbeing assessment, support and intervention.

7.2 The wellbeing indicators are outlined as Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included, or (SHANARRI) as referred to within section 96(2) in Part 18 of the [Children and Young People \(Scotland\) Act 2014](#).

- *“Safe – growing up in an environment where a child or young person feels secure, nurtured, listened to and enabled to develop to their full potential. This includes freedom from abuse or neglect.*
- *Healthy – having the highest attainable standards of physical and mental health, access to suitable healthcare, and support in learning to make healthy and safe choices.*
- *Achieving – being supported and guided in learning and in the development of skills, confidence and self-esteem, at home, in school and in the community.*
- *Nurtured – growing, developing and being cared for in an environment which provides the physical and emotional security, compassion and warmth necessary for healthy growth and to develop resilience and a positive identity.*
- *Active – having opportunities to take part in activities such as play, recreation and sport, which contribute to healthy growth and development, at home, in school and in the community.*
- *Respected – being involved in and having their voices heard in decisions that affect their life, with support where appropriate.*
- *Responsible – having opportunities and encouragement to play active and responsible roles at home, in school and in the community, and where necessary, having appropriate guidance and supervision.*
- *Included – having help to overcome inequalities and being accepted as part of their family, school and community.”*

Scottish Government (2022)

### 8. ERADICATING CHILD POVERTY

8.1 Practitioners across all services in East Renfrewshire have an important role in making sure that low-income families have access to the right support and advice to help improve their lives and those of their children.



8.2 According to [national data](#), six family types are at higher risk of poverty; lone parent families, minority ethnic families, families with a disabled adult or child, families with a mother aged under 25, families with a child under one, and families with 3 or more children.

8.3 Through our relationships, we can make parents and carers aware of local supports and opportunities that may help them to overcome financial hardship, and make sure that their children do not miss out as a result.

8.4 Just some of the ways in which we can do this include:

- Encouraging uptake in [Free School Meal and Clothing Grant](#) entitlement;
- Ensuring young people and their families are aware if they are entitled to the [Education Maintenance Allowance](#);
- Organising activities that can help families with the cost of living at particularly difficult times, for example through school uniform and toy recycling, and the Christmas Gift scheme;
- Understanding what local charitable organisations are offering for East Renfrewshire's most vulnerable;
- Encouraging participation in adult learning opportunities to develop employability skills;
- Raising awareness of local recruitment opportunities that offer fair, well-paid work;
- Increasing awareness and uptake of social security benefits;
- Signposting families to the [Money Advice and Rights Team \(MART\)](#) and [Citizen's Advice Scotland](#); and,
- Through our relationships, our understanding of our community, and by making effective use of our local data, we should be able to identify the families that might need our support and advice.

## 9. TRAUMA INFORMED APPROACH TO SUPPORT AND INTERVENTION

9.1 Trauma informed practice considers the impact of trauma and makes appropriate adjustments to meet the needs of children, young people, and adults. The approach centres on relationships and aims to enable individuals to feel safe to engage with support and protection processes.

9.2 In line with the vision outlined by the National Trauma Transformation Programme (NES, 2024), East Renfrewshire Council is committed to the development of a trauma informed and responsive workforce which:

- Realises how common the experience of trauma and adversity is;
- Recognises the different ways that trauma can affect people;
- Responds by taking account of the ways that people can be affected by trauma to support recovery, and recognise and support resilience;
- Actively resists re-traumatisation; and,
- Recognises the central importance of relationships (<https://www.nes.scot.nhs.uk/our-work/trauma-national-trauma-transformation-programme>).

9.3 When supporting children, young people, adults and colleagues, trauma informed practitioners give consideration to the following:

- Safety - what might individual service users need to feel physically and psychologically safe;
- Choice - where possible and appropriate service users have choice around where, when and how interventions, procedures etc. take place and who is involved;
- Collaboration - the experience of staff and service users is valued and informs service delivery;
- Trust - services explain what they are doing and why and ensure a shared understanding between staff and service users;
- Empowerment - service users are supported to make informed active decisions, they are listened to and the impact of trauma is acknowledged; and,
- Cultural background - services are able to move past cultural stereotypes and biases whilst ensuring they have an accurate understanding of the impact of previous experience on service users and respond appropriately.

(Working definition of trauma-informed practice - GOV.UK)

## 10. PARTICIPATION AND INVOLVEMENT

### 10.1 The Right Of The Child To Be Heard

*Article 12 of the Convention on the Rights of the Child provides:*

*“1. States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.*

*2. For this purpose the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law.”*

[UNCRC](#)

10.2 In line with The [United Nations Convention on the Rights of the Child \(Incorporation\) \(Scotland\) Act 2024](#) all children and young people have the right to participate and be involved in decision-making that will affect them. They have a right for their views to be sought and recorded, and for their voice to be heard. Appropriate ways should be identified to achieve this based on the child or young person’s age and taking into account their capacity to understand and any additional support needs they may have.

10.3 Whilst the views children and young people are crucial factors in decision-making, they need to be set in the context of all available information and so are not necessarily determinative of decisions that may need to be taken by practitioners in line with their duty of care.



## 10.4 Parental Rights and Responsibilities

Parents have a responsibility to safeguard and promote the health, development and welfare of their children. In order to fulfil their responsibilities, they have the right:

- To have the child living with them or otherwise to regulate the child's residence;
- To control, direct or guide, in a manner appropriate to the stage of development of the child, the child's upbringing;
- If the child is not living with them, to maintain personal relations and direct contact with the child on a regular basis; and,
- To act as the child's legal representative.

[Children \(Scotland\) Act 1995](#)

10.5 There are a range of ways in which practitioners across services ensure the participation and involvement of children, young people and families and uphold their rights.

## 10.6 Education

In Education, revised single agency assessments and planning guidance places renewed emphasis on the views of children, young people and families being kept at the heart of decision making.

10.7 Child Wellbeing Plans (CWPs) are written in the first person to make them more accessible and to demonstrate that they belong to the child or young person. There are discrete sections for gathering the views of the child / young person and those of the parent / carer. However, the views of children, young people and families should inform all aspects of the plan, review process and be central partners alongside education staff and other agency practitioners. The CWP details agreed roles and responsibilities of all contributors.

10.8 The views of all children and young people should be gathered, irrespective of their age and verbal capacity or additional support needs. Practitioners can establish their views through structured observations, recording how they respond to different experiences, and by using multisensory approaches to explore their thoughts, feelings, interests and talents. This information should be included within the plan and can be written or captured using, for example, photographs, video clips or drawings.

10.9 It is the core business of all education establishments to seek feedback from children, young people and families and actively involve them in making decisions about ELC and School activities. Their participation and involvement is crucial to effective self-evaluation and continuous improvement. All establishments are expected to consider the wellbeing of children and young people in their community, and have access to effective tools to support this, for example through East Renfrewshire Schools' Be-Well Survey.

### ***10.10 HSCP Children's Services***

Practitioners within HSCP Children's Services use an interactive online tool called Viewpoint with individual children and young people to inform assessments, planning and review meetings. There are also regular events and activities to ensure wider participation, coproduction and effective self-evaluation with children, young people and families.

10.11 Practitioners use a variety of tools such as Three Houses, Wizards and Fairies etc. to help children express their views.

10.12 HSCP commission's advocacy for care experienced children, children involved in CP process and children with additional support needs. Advocacy is also available to all children who are referred to the Children's Hearing System (national contract).

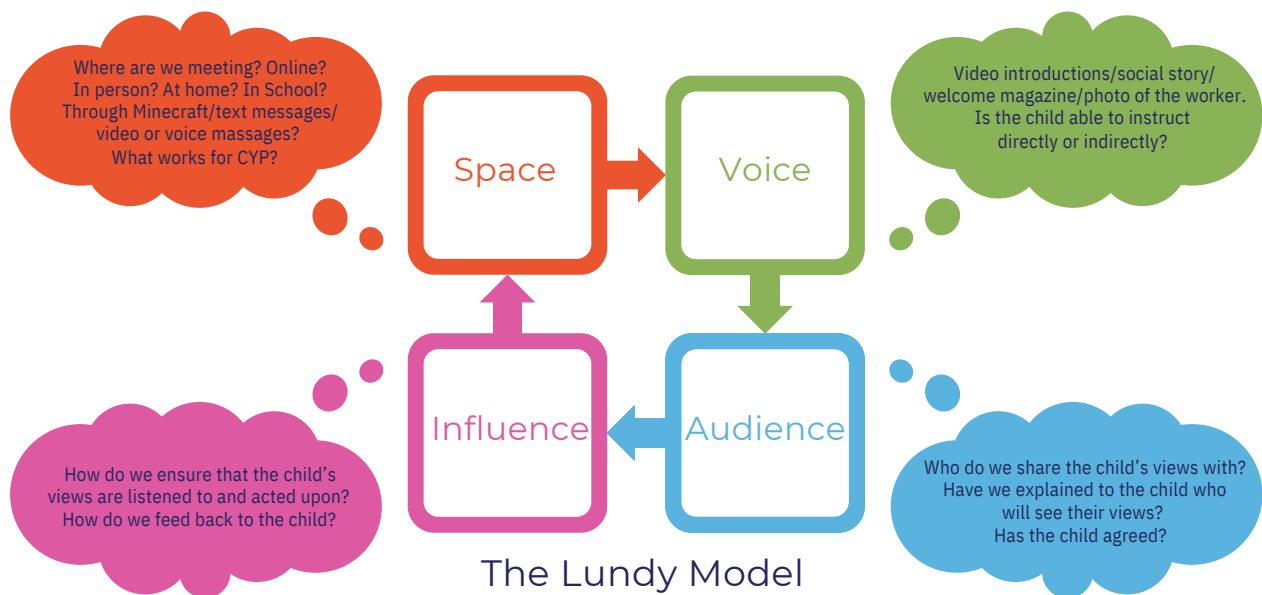
### ***10.13 Specialist Children's Services***

Specialist Children's Services use a range of methods and tools to ensure children are fully involved in their support and treatment and to gather their views on the care they have received. In Child and Adolescent Mental Health (CAMHS) for example, the following tools are utilised at the appropriate times:

- Experience of Service Questionnaire - at 6 months and end of contact if later;
- Goals based outcome measure - can be used at each session - measures the young person's goals for change;
- Strengths and Difficulties questionnaire; and,
- Asking what matters to children, young people and their families.

### ***10.14 Principles of Effective Participation And Involvement Of Children And Young People***

Practitioners should give serious consideration to how they are ensuring that children and young people are meaningfully involved in decisions that affect them. The Lundy Model of child participation offers a framework for practitioners to think about how they successfully achieve this:



**My Rights, My Say (Enquire) – adapted from Lundy, L. (2007).** ‘Voice’ is not enough: conceptualising Article 12 of the United Nations Convention on the Rights of the Child. *British Educational Research Journal*, 33(6), 927-942.

*“There are barriers to successful participation that practitioners need to overcome, including:*

- *Barriers that are cumulative - the more barriers a child face, the further adults can inadvertently remove them from their rights*
- *“Complex needs” covers a wide range of intersecting barriers to communication and is not always a helpful term...*
- *Barriers to communication can come from factors other than non-verbality / developmental delays / physical needs*
- *Mental health, lack of faith in practitioners, anxiety, disassociation and frustration can be barriers as well*
- *The onus is on us as adults to break down those barriers - it is not on the child to facilitate participation – the barriers are ours, not the young child’s”*

*My Rights My Say, 2024.*

10.15 Once the views of children and young people are gathered, they should be analysed and considered using the SHANARRI indicators. The next step for practitioners is to consider how they implement an effective feedback loop, where children and young people can understand how their views have been taken into account, what decisions have been made as a result of these, and why.

For more information, see: [Golden Rules on gathering the views of children and young people from the CYP Commissioners Office.](#)

# PART 3 - GIRFEC ASSESSMENT: GUIDANCE FOR PRACTITIONERS

## 11. GIRFEC ASSESSMENT

11.1 Prevention and early intervention are fundamental in the *Getting it right* approach. Children and young people should be given opportunities and experiences that enhance their wellbeing in a holistic way. When there are signs that a child or young person may need support in a particular area, practitioners should respond proportionately and as quickly as possible.

11.2 All children and young people will require support for their wellbeing at one time or another. Most of these needs will be met through universal supports that are available to all. However, for some, there may be concerns raised and factors within their life that require robust wellbeing assessment, at times resulting in the need for an individualised wellbeing plan and targeted or intensive support.

11.3 Several important elements underpin the GIRFEC assessment process:

- The Child or Young Person's Record;
- The Chronology;
- The Single Agency or Multi Agency Assessment; and,
- The Child or Young Person's Plan.

## 12. THE CHILD OR YOUNG PERSON'S RECORD

12.1 The child or young person's record details important personal and biographical data. This includes information such as their; name, date of birth, sex, ethnicity, religion, registered GP, dentist, educational establishment, and any other professionals involved in their life. It may also contain information about family members and support they are receiving if it is relevant to the well-being of the child or young person.

12.2 The record should be reviewed for accuracy and updated accordingly on a regular basis, particularly when a single agency, multi-agency assessment, or specialist assessment is required. The record should enable families to move with ease between one agency and another, allowing services to be accessed quickly, easily and with no duplication, in line with GDPR and consent protocols, and minimum data standard requirements.

## 13. THE CHRONOLOGY

13.1 The chronology is an important record of significant events and changes in a child or young person's life. The purpose of a chronology is to identify and record *positive* and *negative* patterns, changes or events that may impact significantly on them and/or their family. It should be historical, covering the entirety of their life, and be factually accurate indicating the source of the information.

13.2 Information recorded in a chronology should centre on key events in a child's life, and include dates and references to other people and agencies who were involved. A chronology must be kept within each agency and must be kept up to date, with the most recent event recorded last. The named person should ensure chronologies are updated within universal services.

13.3 All agencies have a responsibility to provide relevant information when chronologies are brought together for assessment and planning purposes. In accordance with guidance on [information sharing and consent](#), a Lead Professional should bring this information together to complete a multi-agency chronology. A multi-agency chronology should include relevant and proportionate information drawn from each agency's single agency chronology. Professional judgement will be required when assessing relevance to the purpose for which it is required, and care must be taken not to produce unmanageable lists of events that make it impossible to identify risks or patterns.

13.4 It is the responsibility of the lead professional to draw together the separate single agency chronologies into one multi-agency chronology. This will be a retrospective exercise initially before becoming an ongoing record. Even when a child has a multi-agency chronology and a child/young person's multi-agency plan, each single agency will be required to keep their single agency chronology updated to inform the ongoing support to the child/young person and family. Updates to the single agency chronology should be shared for maintenance of the multi-agency chronology.

13.5 The Chronology should not replace existing case notes or records which will include much more detailed and sensitive information, and a clear distinction must be made between the two. This brief and summarised account of events provides accumulative evidence of emerging needs and risks, and flags up when a multi-agency response might be necessary.

13.6 In simple terms chronologies are a list, in date order, of all the significant events in the life of a child or young person. A chronology provides a clear summary of key events to allow for an overview and analysis.

### **13.7 We Use Chronologies Because They:**

- Are extremely important in identifying critical events;
- Assist practitioners in decision making;
- Provide practitioners with a useful, holistic history of significant events;
- Demonstrate the effectiveness, or otherwise, of previous interventions, involvements and support;
- Can be a valuable tool to consider the immediate cumulative impact on the adult/child; and,
- Enable additional needs to be identified.

### **13.8 When A Chronology Must Be Opened:**

- When all children or young person become known to universal services;
- At the point a social worker is allocated to an unborn baby or a child.

In addition, GIRFEC requires that a child or young person in need of a child's plan has a multi-agency chronology and/or a harm matrix.

### 13.9 What Are The Key Elements Of A Chronology?

Chronologies must identify:

- Significant events in the child or young person's life;
- The date of any significant events;
- The impact on the individual;
- The source of the information;
- Any action taken, including a note when there was no action; and,
- Statements of fact and verifiable reports.

Chronologies should not include opinions and long narrative reports on incidents that have occurred.

### 13.10 What Is A Significant Event?

A significant event is one that has a significant impact, positive or negative, on a child or young person's circumstances and welfare. Significant events need to be identified in a context, and the impact of an event needs to be highlighted.

13.11 Significant events can stand alone, or can include several incidents that, in isolation, may not constitute a significant event, but when taken together indicate a significant impact.

13.12 Events that may not seem significant to most may, depending on an individual's circumstances, be regarded as carrying more significance. The significance of an event can be exacerbated in more complex cases, if a child or young person has additional needs, or if vulnerability has increased as resilience is low.

## 14. ASSESSMENT

14.1 Assessment is a core function for professionals working within our integrated children's services. Services will have different types of assessment relating to the function of their agency and the different needs of the children and young people they work with. However, The National Practice Model must be evident in wellbeing assessment, and certain principles must be followed by all services to ensure the best possible outcomes.

14.2 GIRFEC Wellbeing Assessment is required when a genuine concern is raised by or communicated to a practitioner within any service. Concerns can come from any source, including children, young people, parents, families, community members and practitioners.

### 14.3 Principles of Assessment

In East Renfrewshire, the following principles of assessment apply:

- The key purpose of assessment is to improve outcomes for children, young people and families;
- Assessment is an ongoing process, not a one-off event;
- Assessment is a dynamic process between all contributors and an equal partnership rather than a power dynamic;
- Everyone involved in assessment, including children, young people, parents/carers and practitioners understand the reason for assessment, and their role in gathering, structuring and analysing information; and,
- The information gathered for the purpose of assessment should be an accurate and factual representation of strengths, needs and risks and this should inform the child's plan.

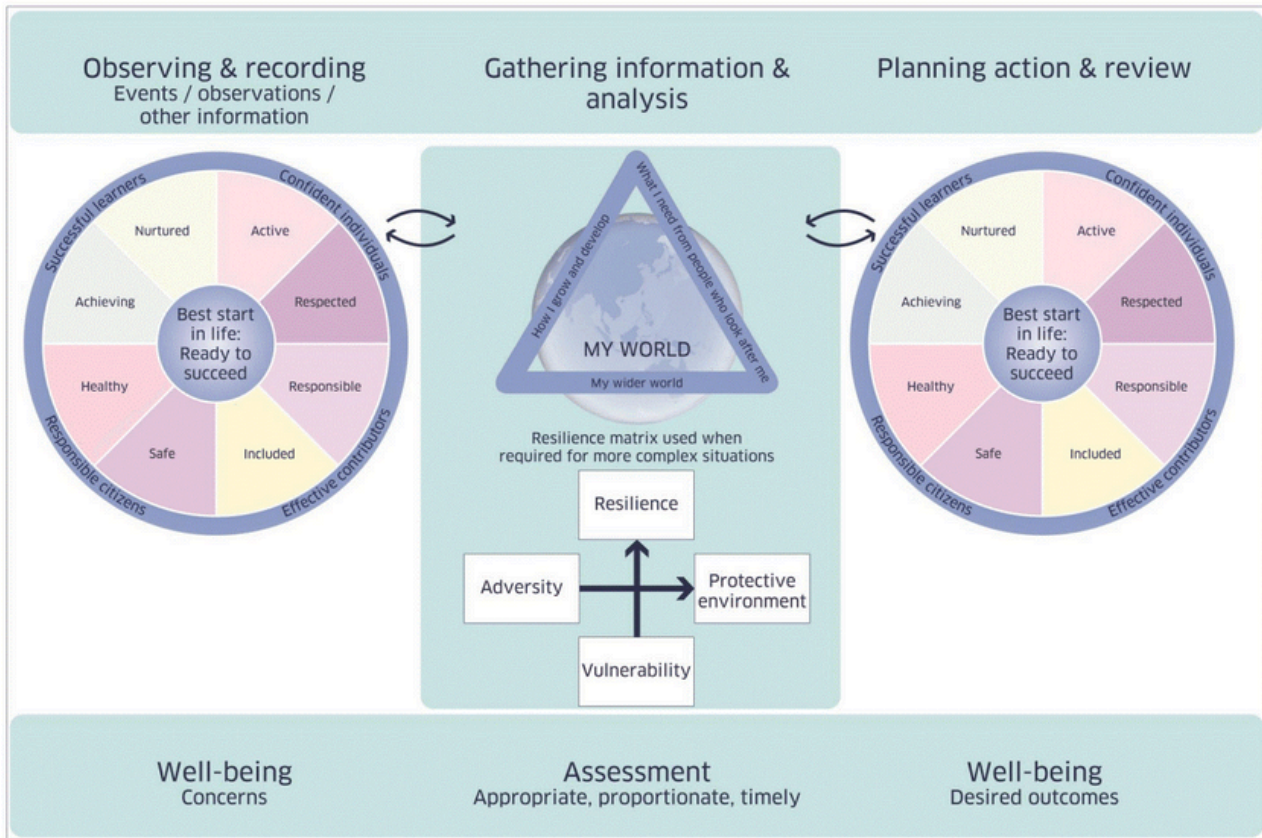
### 14.4 Assessment Qualities

A good quality assessment process will be:

- **Inclusive:** involving and empowering the child / young person and their parents/carers, and supporting them to participate and take responsibility for their contribution to the assessment, as well as any necessary actions;
- **Solution-Focused:** supporting the child / young person, parents/carers and practitioners to adopt a self-determining, solution-focused approach to the discussion and agreed actions;
- **Accessible:** for all concerned, including the efficient use of time and access to the means needed to undertake assessment;
- **Transparent:** the purpose of the assessment is clear; the discussion is open and honest and there is no hidden agenda;
- **Developmental:** acquiring a good understanding of the child or young person's growth and development e.g. their journey with their family, their friends, their experience of different environments, and any additional support needs arising from developmental or neurodevelopmental differences that they may have (e.g. physical, sensory, social communication, learning differences etc.);
- **Relational:** exploring the relationships the child or young person has with and between family members, their relationships with their peers, and also the relationships they have with practitioners within the agency;
- **Interactional:** acknowledging that all factors, even those which can be considered within-child (e.g. anxiety, low mood, social communication differences) only become problematic as a result of the individuals' experience of their environment and their interactions through people, places and rules / expectations; and,
- **Targeted:** though holistic wellbeing assessment that is ecological and contextual, taking account of home, education and community factors, leading to clear targets and actions that minimise risks and maximise opportunities to improve the child or young person's wellbeing.



## 15. THE NATIONAL PRACTICE MODEL



### [Scottish Government Guidance on Using the National Practice Model](#)

15.1 The National Practice Model provides practitioners in all services with the questions, considerations and tools they need to identify concerns, initiate an assessment, gather information, and plan to enhance children's wellbeing. The model can be used flexibly to meet the needs of all children and young people, and to guide assessments that routinely take place within our services.

15.2 Where a specific wellbeing concern or risk is identified, a single-agency or multi-agency assessment is necessary. The National Practice Model should always be used to guide these assessments. Assessment may result in targeted and on some occasions intensive support being provided for children, young people and families. This support may be provided by one or more agencies.

### 15.3 The Six Key Questions

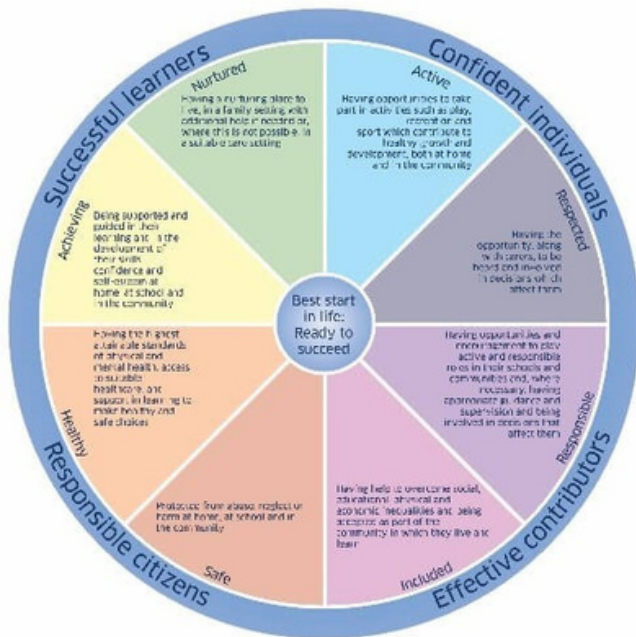
The National Practice Model begins with us asking ourselves the following six questions when we have a concern about a child or young person:

1. What is getting in the way of this child or young person's *wellbeing*?
2. Do I have all the information I need to help this child or young person?
3. What can I do now to help this child or young person?
4. What can my agency/service do to help this child or young person?
5. What additional help, if any, may be needed from other services/agencies?
6. What is the view of the child/young person and the family?



## 15.4 The Three Assessment Tools

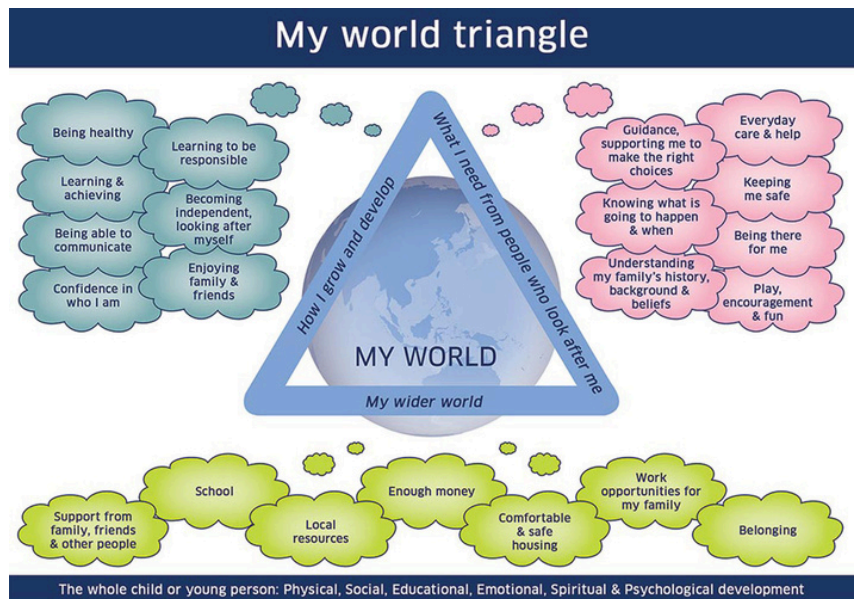
There are three components or tools in the National Practice Model that can be used throughout the process of assessment, planning, support and review:

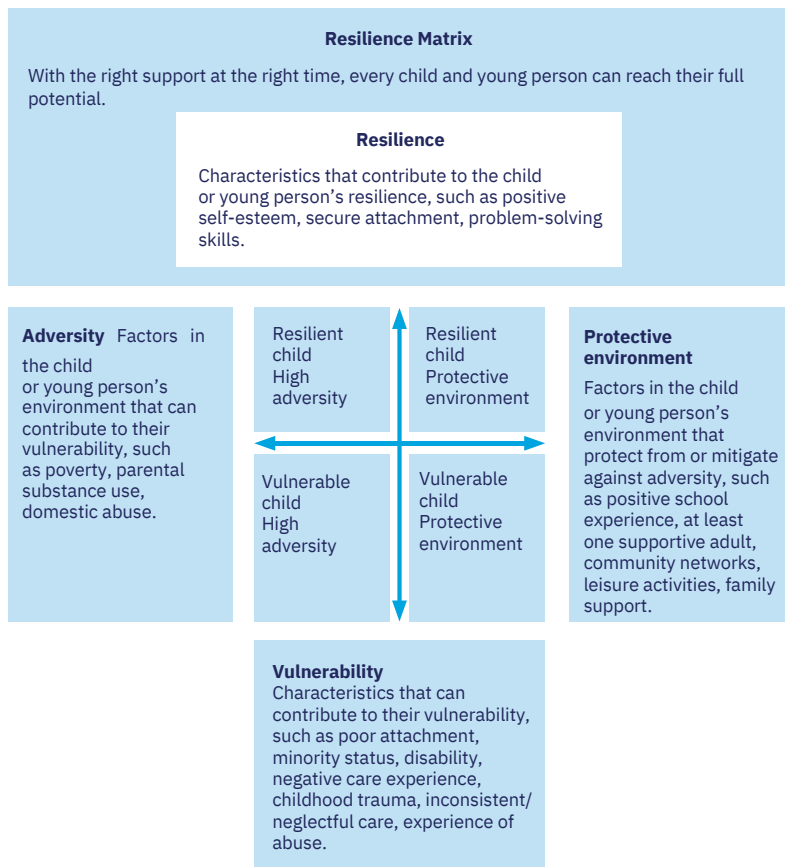


**THE WELLBEING WHEEL:** Practitioners should use this in observations, assessment, the identification of concerns, the recording and sharing of information, and when requesting assistance from other agencies. It must be used throughout the planning and review stage, specifically when developing outcomes for children and young people.

### THE MY WORLD TRIANGLE:

Practitioners should use this to explore how a child or young person is growing and developing, what they need from the people who look after them, and the impact of their wider world, including their family, friends, and community. It helps to explore strengths, needs and risks, and how these might be interconnected.





**THE RESILIENCE MATRIX:** Practitioners should use this in more complex situations to analyse the risk and protective factors that are present in the lives of children and young people.

15.5 Once practitioners have considered these questions and made appropriate use of the three assessment tools, they will be in strong position to know what needs to be done to support a child or young person, enabling them to take the appropriate next steps to access the right support at the right time.

15.6 The National Practice Model encourages child-centred, rights-respecting, strengths-based practice, where inclusion of children, young people and families lies at the heart of the assessment process.

15.7 Where concerns that are more significant are identified, or where a statutory assessment is required, the National Practice Model will be supplemented by appropriate specialist assessments, for example where a Coordinated Support Plan is merited, or in circumstances of Child Protection, using Signs of Safety approach. [More information can be found on the intranet here.](#)

### CHILD PROTECTION CONCERNS

IF YOU IDENTIFY CHILD PROTECTION CONCERNS, YOU MUST TAKE IMMEDIATE ACTION IN LINE WITH YOUR AGENCY CHILD PROTECTION PROCEDURES. THESE CONCERNS WILL NEED TO BE JOINTLY INVESTIGATED AND ASSESSED BY APPROPRIATELY TRAINED PRACTITIONERS BEFORE A DECISION IS MADE REGARDING NEXT STEPS. THE NATIONAL PRACTICE MODEL WILL BE USED IN THIS PROCESS, ALONGSIDE A SPECIALIST CHILD PROTECTION RISK ASSESSMENT.

## 16. KEY STAGES OF ASSESSMENT AND PLANNING

16.1 There are several stages involved in the GIRFEC Assessment and Planning process:

1. Gathering information
2. Structuring information to make sense of it
3. Analysing information to understand the impact on the child's life
4. Outcome focused planning - taking decisions about what needs to be put in place to improve outcomes
5. Agreeing on acceptable time scales to complete actions
6. Agreeing on who will ensure that the plan is implemented and reviewed
7. Reviewing progress against the agreed actions and outcomes

16.2 Each agency will have its own bespoke system and documentation for supporting practitioners through these stages, but the process of single agency and multi-agency assessment is consistent for all.

16.3 As children, young people and their families may present with differing levels of need, the type of assessment required will vary and may involve:

- Initial assessment of a wellbeing concern;
- Single Agency Assessment; and/or,
- Multi-Agency Assessment.

### 16.4 When A Wellbeing Concern Is Raised About A Child Or Young Person

All practitioners within universal services have a duty to identify wellbeing concerns and respond to these appropriately following East Renfrewshire's GIRFEC process. The Named Person is crucial in this, as they will often know the child or young person best, but there is a collective responsibility to ensure positive wellbeing outcomes are achieved for vulnerable children and young people, and everyone has a role to play.

16.5 Children, young people, families, community members and practitioners can all raise a wellbeing concern with a service. A concern can be an event, a series of events or attributes, which may affect the welfare, well-being, potential, or happiness of a child or young person.

16.6 If a concern is identified by a practitioner within a universal service, or a concern is brought to the attention of a universal service, the Named Person should lead the assessment of the concern using [The Wellbeing Wheel and the 6 Key Questions as described above](#).

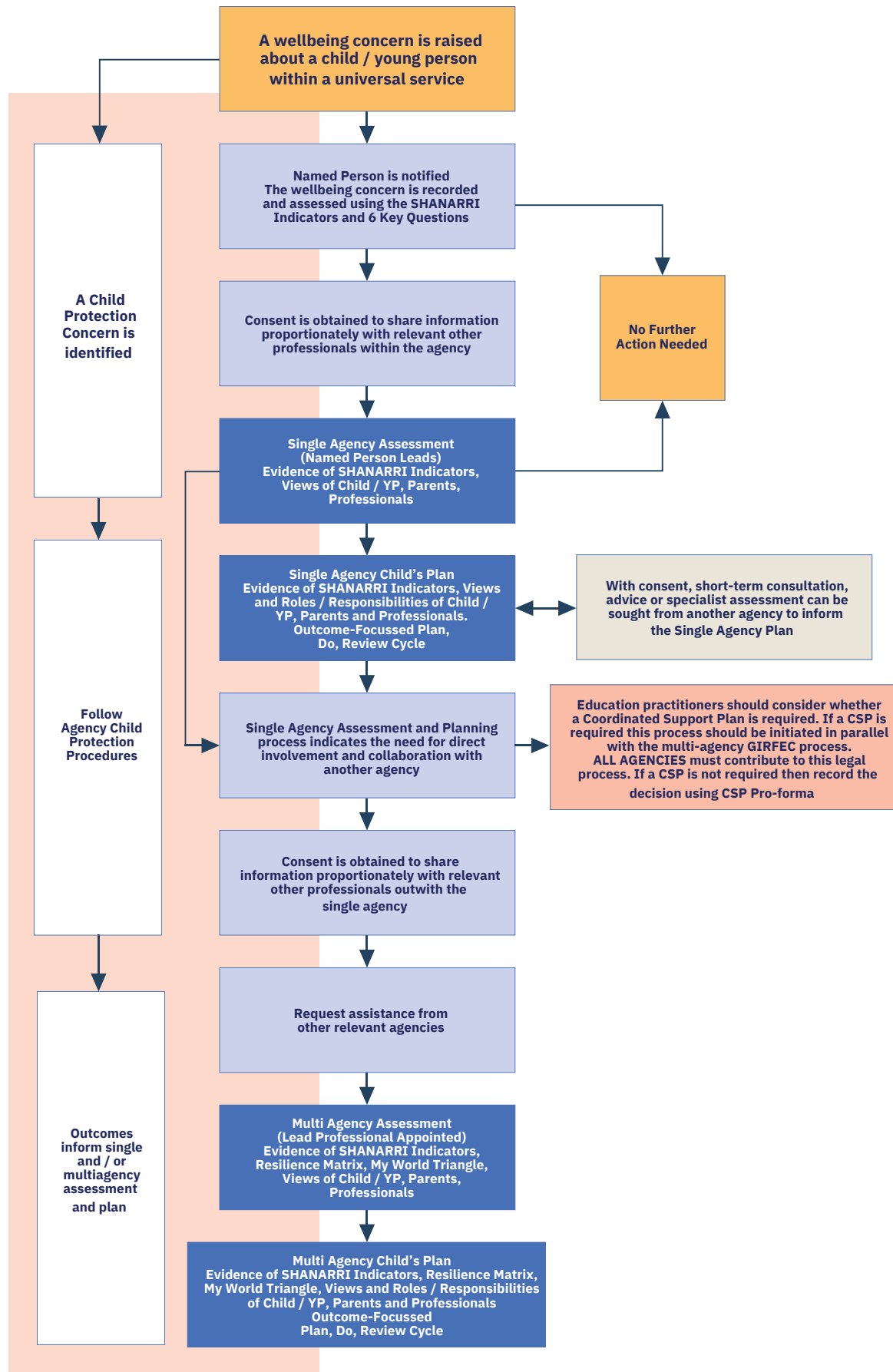
16.7 Agencies should ensure that there is evidence of the SHANARRI indicators and Key Questions having been used to assess the concern. The outcome of this preliminary assessment should be shared with the child or young person and their parents / carers [unless there are child protection concerns that indicate such information sharing could exacerbate immediate risk](#).

16.8 The outcome of this initial assessment of a wellbeing concern may result in:

- No further action;
- Single Agency Assessment and Plan;
- Multi-Agency Assessment and Plan; or,
- Child Protection procedures being initiated.

16.9 When children and young people are identified as being at risk or in need of significant help for their wellbeing and development, the GIRFEC Assessment Process should be followed. The process, as outlined in the following flowchart, may not always be linear: services may need to initiate procedures in parallel to develop a robust multi-agency assessment and plan for intervention.

## 16.10 EAST RENFREWSHIRE GIRFEC ASSESSMENT PROCESS



## 17. SINGLE AGENCY ASSESSMENT

17.1 A Single Agency Assessment is initiated when a wellbeing concern is raised about a child or young person, and preliminary assessment of the concern using the key questions and wellbeing indicators highlights that there are factors putting their wellbeing at risk.

17.2 Each service has a responsibility to assess a child or young person's wellbeing from their own agency perspective, even if there are early indications that a multi-agency response is likely to be required. Services should use their own pro-forma and tools; however, all Single Agency Assessments must evidence use of the Six Key Questions and the Wellbeing Indicators from The National Practice Model.

All practitioners should inform the child, young person and parents / carers where there is a requirement to share information within agency and record their reasons for deciding to share information. They should seek their consent in line with [information sharing and consent guidance](#).

17.3 **The Named Person** is responsible for leading the Single Agency Assessment and promoting the principles and qualities of assessment in East Renfrewshire. See [Roles and Responsibilities of Practitioners](#) for more information on the role of The Named Person.

17.4 In a Single Agency Assessment, the child or young person's strengths and needs must be assessed and recorded using the SHANARRI indicators from the Wellbeing Wheel. In most cases, written assessment and recording will be required only under those indicators that relate to the wellbeing concern(s) and relevant protective factors, not every indicator. In more complex cases, there may be a need to assess and record under all indicators.

17.5 The Single Agency Assessment should capture all relevant information and be guided by reference to the Resilience Matrix and My World Triangle. These tools encourage all agencies to consider the child or young person's needs and circumstances holistically, reducing the potential for the assessment to focus too narrowly on needs that can be met by a Single Agency's resources.

17.6 Through the Single Agency Assessment process, the Named Person will consult with relevant colleagues, the child or young person, and their family to address needs and identify existing or required supports from internal or external agencies. This process considers previous professional involvement, action plans, and the reasons for their success or failure.

17.7 The Single Agency Assessment should be current and align with the child or young person's age and stage of development. If the assessment indicates that other agencies should be or are already involved in providing support for the child or young person's wellbeing, the Named Person should consider whether a multi-agency assessment and plan is appropriate and liaise with relevant agencies to identify a Lead Professional.



17.8 In some instances, discrete specialist professional assessments may be required within or from other agencies. The Single Agency Assessment is best served by summarising outcomes and recommendations rather than capturing the full detail of a specialist assessment (for example neurodevelopmental assessment of Autism, ADHD, Dyslexia etc.)

17.9 The existence of a specialist assessment does not necessarily indicate the need for a single agency or multi-agency plan. Inclusive universal practices within agencies may mean that no targeted or intensive supports are required for the child or young person.

17.10 The Child's Record and Chronology should inform the Single Agency Assessment process and be updated as required through the assessment and planning process. If information needs to be shared with other staff or agencies, the Named Person will record that they are doing so and how they have established informed consent to do so.

More guidance is available in the [INFORMATION SHARING AND CONSENT SECTION](#).

### 17.11 Outcome Of The Single Agency Assessment

When the single agency assessment is complete, the conclusion may be that:

- **No further action** is required, as the support that is needed is Universal and available to all;
- **That a Single Agency Child's Plan is required** (Child's Wellbeing Plan (CWP) in Education), as targeted or intensive individualised support is needed; or,
- **That a Multi-Agency Assessment and Child's Plan may be required**, as there is evidence that help and support may be needed from other agencies.

## 18. MULTI-AGENCY ASSESSMENT

18.1 Multi-agency assessment and planning is required in circumstances where more than one agency is involved to provide the right support at the right time for children and young people.

18.2 Multi-agency assessment enables practitioners to work across professional boundaries, develop a shared understanding of the child or young person and their family, and draw upon each professional's specialist knowledge, skill set and experience. This should lead to a clearer and more holistic picture of the child or young person's wellbeing strengths and support needs.

18.3 Effective multi-agency planning is underpinned by practitioners working in partnership with colleagues across agencies to produce coherent, holistic and complementary supports to promote the wellbeing potential of children and young people.

18.4 Multi-agency assessment and planning should evidence full use of the *National Practice Model*. The child/young person and their family will be partners in the process of assessing and identifying strengths and needs, and must be supported to participate fully and be kept informed throughout.

18.5 A key aim is for the child or young person to benefit from the one assessment and one plan approach.

18.6 A multi-agency assessment and plan must be actioned when any one of the following criteria is met:

1. There are indications at an early stage that a child or young person will require the involvement of two or more agencies;
2. After the completion of a single agency assessment it is evident the child or young person requires more specialist interventions and supports;
3. Concerns over the wellbeing of a child or young person continue after a review of single agency assessment, planning and support: the agency believes it cannot meet those wellbeing needs alone and requests for assistance from other agencies require to be actioned;
4. A multi-agency meeting such as the Joint Support Team (JST), Early Years Intervention Group (EYIG), Multi Agency Risk Assessment Conference (MARAC), Young People's Referral Group etc. highlight the need for a multi-agency assessment and planning;
5. Multi-agency assessment and planning is an identified need following a child protection investigation. (In most cases a child's multi-agency assessment and plan will be conducted using the National Practice Model to assess needs and risks, although a specialist child protection risk assessment may be used for this purpose.);
6. A Children's Panel report is requested; or,
7. A Coordinated Support Plan is required by virtue of the ASL Act.

18.7 A **Lead Professional** will be appointed from within the lead agency, holding responsibility for leading multi-agency assessment and planning, and promoting the principles and qualities of assessment in East Renfrewshire. See [Roles and Responsibilities of Practitioners](#) for more information on the role of The Lead Professional.

18.8 The Lead Professional should inform the child, young person and parents / carers where there is a requirement to share information with other agencies and record their reasons for deciding to share information. The Lead Professional should seek their consent in line with [information sharing and consent guidance](#). The Lead Professional will notify the other key agencies and coordinate the collection of information to be included within the assessment and production of the child or young person's plan.

18.9 The Lead Professional will complete and monitor the multi-agency chronology of significant events.

18.10 The Lead Professional will share the completed assessment and plan with the multi-agency team as appropriate, and this should be subject to an effective plan, do and review cycle in line with the needs and progress of the case, with a minimum standard of every six months being advised. If there is no time to convene a multi-agency meeting (e.g. where the child or young person requires immediate support and service provision, or a report has been requested at short notice by the Children's Reporter), the assessment and plan will be shared with the child or young person and their family, and other agency contributors, to seek agreement on its contents.

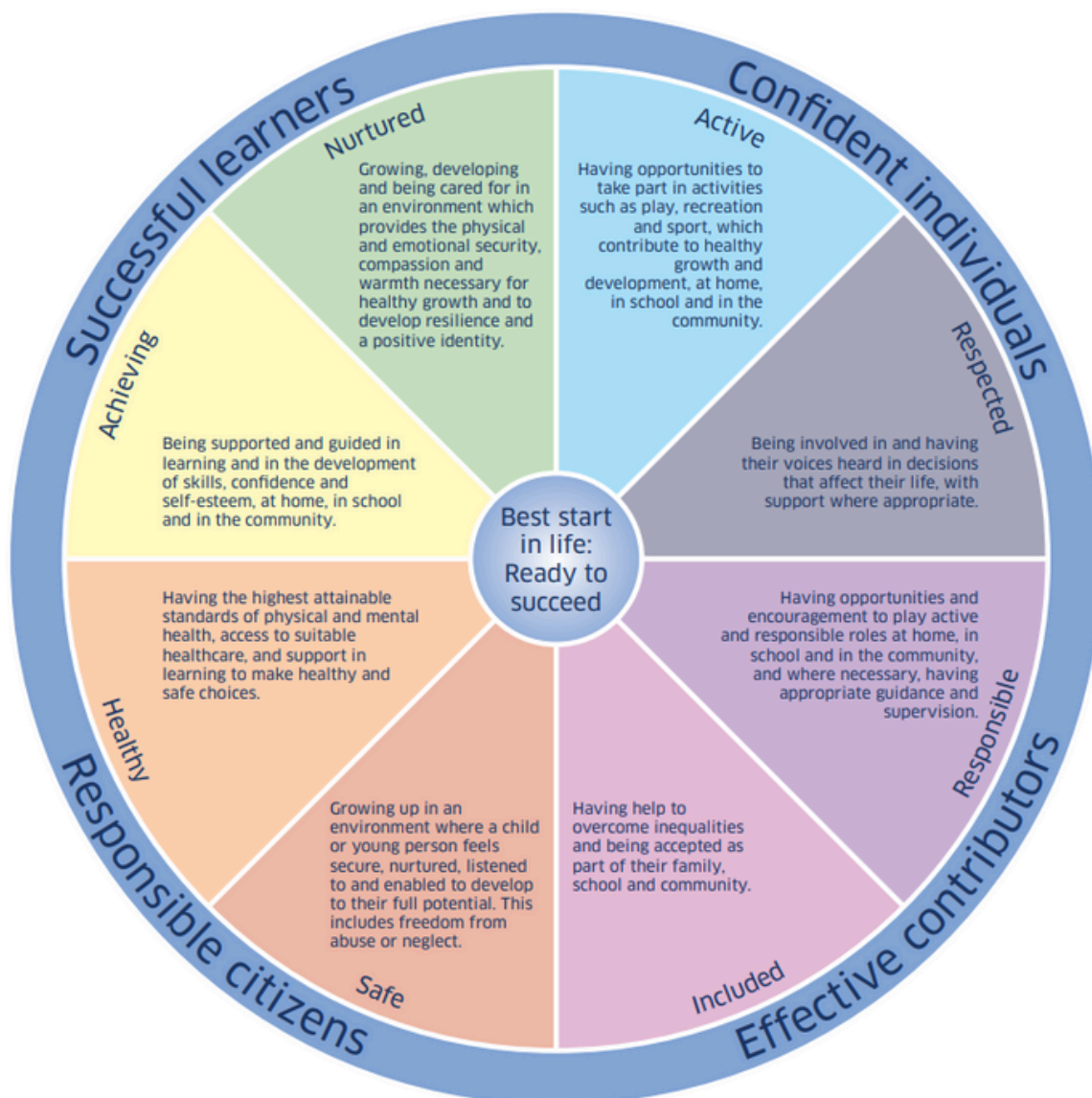


### 18.11 Key Steps In Completing a Multi-Agency Assessment and Plan:

1. Appoint a lead agency and, from that agency, a lead professional;
2. Explain the multi-agency process and purpose to the child or young person and their parent/carer, obtaining consent from all as appropriate and in line with information sharing and consent guidance;
3. Identify the relevant agencies and professionals for involvement, ensuring everyone is aware of relevant timescales;
4. Gather and analyse information, including existing records and risk factors, using The Three Assessment Tools from the National Practice Model, alongside Signs of Safety® and National Risk Framework Tools as applicable;
5. Summarise findings and discuss with the child or young person and their family;
6. Convene a meeting to finalise and approve the child or young person's plan; and,
7. Assign responsibilities to a lead professional to implement and review the plan within six months.

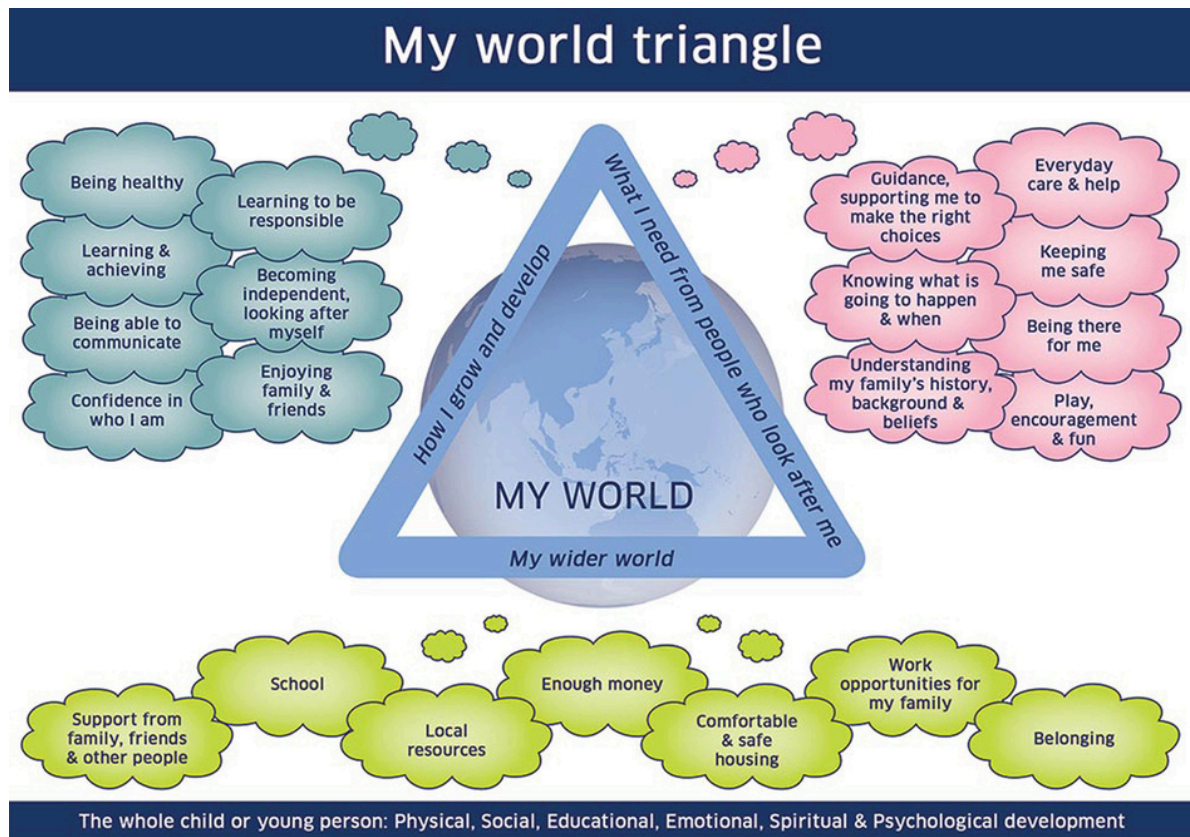
### 18.12 Multi Agency Assessment and Planning Using the National Practice Model

#### The Wellbeing Wheel



18.13 To identify and record concerns in a consistent way, the *National Practice Model* uses the eight *Well-being Indicators*. These eight indicators represent the key areas that are essential to help children flourish. They provide a common language for all practitioners to note where children's well-being is not reaching the level that it should. There are eight indicators of wellbeing: healthy, active, nurtured, achieving, respected, responsible, included, and above all safe. The *Wellbeing Indicators* are the basic requirements for all children and young people to grow and develop and reach their full potential.

#### 18.14 The My World Triangle



18.15 The *My World Triangle* supports effective assessment as it encourages practitioners to consider the child or young person's world holistically. Practitioners can then assess how these factors may be interacting to the benefit or detriment of the child or young person's wellbeing.

18.16 The *My World Triangle* promotes a model of practice that considers the child or young person's needs and risks as well as the positive features in their lives. Strengths and pressures are given equal consideration and can be structured around the triangle. Information gathered around these areas should be proportionate and relevant to the issues at hand.

18.17 Assessment should capture information that is directly relevant to any presenting issue or need. However, it is still important to keep the child or young person's whole world in mind and most importantly, provide immediate help where it is needed.

18.18 Using the *My World Triangle* allows practitioners to consider 3 key areas systematically:

1. Is the child or young person growing and developing in line with their full potential?
2. What does the child need from the people who look after them?
3. What is happening in their wider world that may impact on their wellbeing?



## How I grow and develop

### Being healthy

This includes full information about all aspects of a child's health and development, relevant to their age and stage. Developmental milestones, major illnesses, hospital admissions, any impairments, disabilities, conditions affecting development and health. Health care, including nutrition, exercise, physical and mental health issues, sexual health, substance abuse.

### Learning and achieving

This includes cognitive development from birth, learning achievements, and the skills and interests which can be nurtured. How additional needs are supported. Achievements in leisure, hobbies, sport. Education and social development milestones need to be recorded. Personal learning plans and other educational records should provide evidence of what has been achieved and what supports are needed or being provided for. Is the child's progress with formal education in line with expectations? Attention should also be given to further education or training needs and potential employment opportunities for young people moving or have moved towards semi- or full independence.

### Confidence in who I am

Child or young person's temperament and characteristics. Nature and quality of early and current attachments. Emotional and behavioural development. Resilience, self esteem. Knows views are listened to. Ability to take pride in achievements. Confidence in managing challenges, opportunities, difficulties appropriate to the age and stage of development. Sense of identity which has an appreciation of ethnic and cultural background and is comfortable with gender, sexuality, religious belief. Skills in social presentation.

### Being able to communicate

This includes development of language and communication. Being in touch and communicating constructively with others. Ability to express thoughts, feelings and needs. What is the child or young person's preferred language or method of communication? Are there particular people with whom the child communicates that you will need to involve? Are aids to communication needed?

### Learning to be responsible

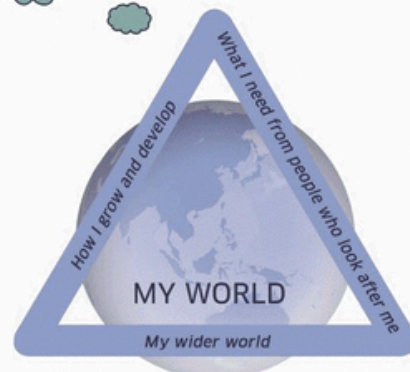
Learning appropriate social skills and behaviour. Values: sense of right and wrong; Consideration for others; Ability to understand what is expected and act on it. How does the child respond to key influences on social and emotional development at different ages and stages - e.g. collaborative play in early childhood, peer expectations at school and outside.

### Becoming independent, looking after myself

The gradual acquisition of skills and confidence needed to move from dependence to independence. Early practical skills of feeding, dressing etc. Engaging with learning and other tasks, acquiring skills and competence in social problem solving, getting on well with others, moving to independent living skills and autonomy. What are the effects of any impairment or disability or of social circumstances and how might these be compensated for?

### Enjoying family and friends

How is the child or young person responding to relationships that support, value, encourage and guide them; to family and wider social networks; opportunities to make and sustain lasting significant relationships; encouragement to develop skills in making friends, to take account of the feelings and needs of others, and to behave responsibly? This links and overlaps with what a child or young person needs from those who look after them and the wider environment.





## What I need from people who look after me

### Everyday care and help

This is about the ability to nurture which includes day-to-day physical and emotional care, food, clothing and housing. Enabling healthcare and educational opportunities. Meeting the child's changing needs over time, encouraging growth of responsibility and independence. Listening to the child and being able to respond appropriately to a child's likes and dislikes. Support in meeting parenting tasks and help carers' own needs.

### Keeping me safe

Keeping the child safe at home; exercising appropriate guidance and protection outside. Practical home safety such as fire guards and stair gates., hygiene. Protecting from physical, social and emotional dangers such as bullying, anxieties about friendships. Is the care-giver able to protect the child consistently and effectively? Seeking help and solutions to domestic problems such as mental health needs, violence, offending behaviour. Taking a responsible interest in child's friends and associates, use of internet, exposure to situations where sexual exploitation or substance misuse may present risks, staying out late, staying away from home. Are there identifiable risk factors? Is the young person being encouraged to find out about risks and confident about being safe? Are the child's concerns being listened to?

### Being there for me

Love, emotional warmth, attentiveness and engagement. Listening to me. Who are the people who can be relied on to recognise and respond to the child or young person's emotional needs? Who are the people with whom the child has particular bond? Are there issues of attachment? Who is of particular significance? Who does the child trust? Is there sufficient emotional security and responsiveness in the child's current caring environment? What is the level of stability and quality of relationships between siblings, other members of the household? Do issues between parents impact on their ability to parent? Are there issues within a family history that impinge on the family's ability to care?

### Play, encouragement, fun

Stimulation and encouragement to learn and enjoy life, responsiveness to the child or young person's unique needs and abilities. Who spends time with the child or young person, communicating, interacting, responding to the child's curiosity, providing an educationally rich environment? Is the child or young person's progress encouraged by sensitive responses to interests and achievements, involvement in school activities? Is there someone to act as the child or young person's mentor and champion and listen to their wishes?

### Guidance, supporting me to make the right choices

Values, guidance and boundaries. Making clear to the child or young person what is expected and why. Are household roles and rules of behaviour appropriate to the age and understanding of the child or young person? Are sanctions constructive and consistent? Are responses to behaviour appropriate, modelling behaviour that represents autonomous, responsible adult expectations? Is the child or young person treated with consideration and respect, encouraged to take social responsibility within a safe and protective environment? Are there any specific aspects which may need intervention?

### Knowing what is going to happen and when

Is the child or young person's life stable and predictable? Are routines and expectations appropriate and helpful to age and stage of development? Are the child or young person's needs given priority within an environment that expects mutual consideration? Who are the family members and others important to the child or young person? Is there stability and consistency within the household? Can the people who look after her or him be relied on to be open and honest about family and household relationships, about wider influences, needs, decisions and to involve the child or young person in matters which affect him or her? Transition issues must be fully explored for them during times of change.

### Understanding my family's background and beliefs

Family and cultural history; issues of spirituality and faith. Do the child or young person's significant carers foster an understanding of their own and the child's background - their family and extended family relationships and their origins? Is their racial, ethnic and cultural heritage given due prominence? Do those around the child or young person respect and value diversity? How well does the child understand the different relationships, for example with step relationships, different partnerships etc?





## My wider world

**School**

From pre-school and nursery onwards, the school environment plays a key role. What are the experiences of school and peer networks and relationships? What aspects of the learning environment and opportunities for learning are important to the child or young person? Availability of study support, out of school learning and special interests. Can the school provide what is needed to meet the particular educational and social needs of the child?

**Support from family, friends and other people**

Networks of family and social support. Relationships with grandparents, aunts and uncles, extended family and friends. What supports can they provide? Are there tensions involved in or negative aspects of the family's social networks? Are there problems of lost contact or isolation? Are there reliable, long term networks of support which the child or family can reliably draw on? Who are the significant people in the child or young person's wider environment?

**Enough money**

Has the family or young person adequate income to meet the day to day needs and any special needs? Have problems of poverty and disadvantage affected opportunities? Is household income managed for the benefit of all? Are there problems of debts? Do benefit entitlements need to be explored? Is income adequate to ensure the child can take part in school and leisure activities and pursue special interests and skills?

**Comfortable and safe housing**

Is the accommodation suitable for the needs of the child and family - including adaptations needed to meet special needs? Is it in a safe, well maintained and resourced, and child friendly neighbourhood? Have there been frequent moves?

**Work opportunities for my family**

Are there local opportunities for training and rewarding work? Cultural and family expectations of work and employment. Supports for the young person's career aspirations and opportunities.

**Belonging**

Being accepted in the community, feeling included and valued. What are the opportunities for taking part in activities which support social contact and inclusion - e.g. playgroups, after school clubs, youth clubs, environmental improvements, parents and residents' groups, faith groups? Are there local prejudices and tensions affecting the child or young person's ability to fit in?

**Local resources**

Resources which the child or young person, and family, can access for leisure, faith, sport, active lifestyle. Projects offering support and guidance at times of stress or transition. Access to and local information about health, childcare, care in the community, specialist services.

### 18.19 Understanding How Wider World Factors Interact And Have Impact

While gathering **My World** information, there are some critical questions to bear in mind:

- Who is the child or young person? What are their strengths, needs, talents, and vulnerabilities?
- Have they got positive relationships with those who look after them that promote their development and wellbeing and help them to reach their potential?
- What factors are protective and might positively impact on their wellbeing and development?
- What factors present risk or pressure and might negatively impact on their wellbeing and development?
- What strengths and pressures are present in every part of the child's world?
- Are there factors impacting on the capacity of those who look after them that require agency intervention and or support?

### 18.20 Resilience and the Resilience Matrix

#### 18.21 What is Resilience?

Resilience is fundamental to the wellbeing of children and young people. All children and young people will experience challenge and adversity throughout their life. Their resilience is their capacity to overcome or get through periods of adversity without being seriously impacted by long-term negative consequences.

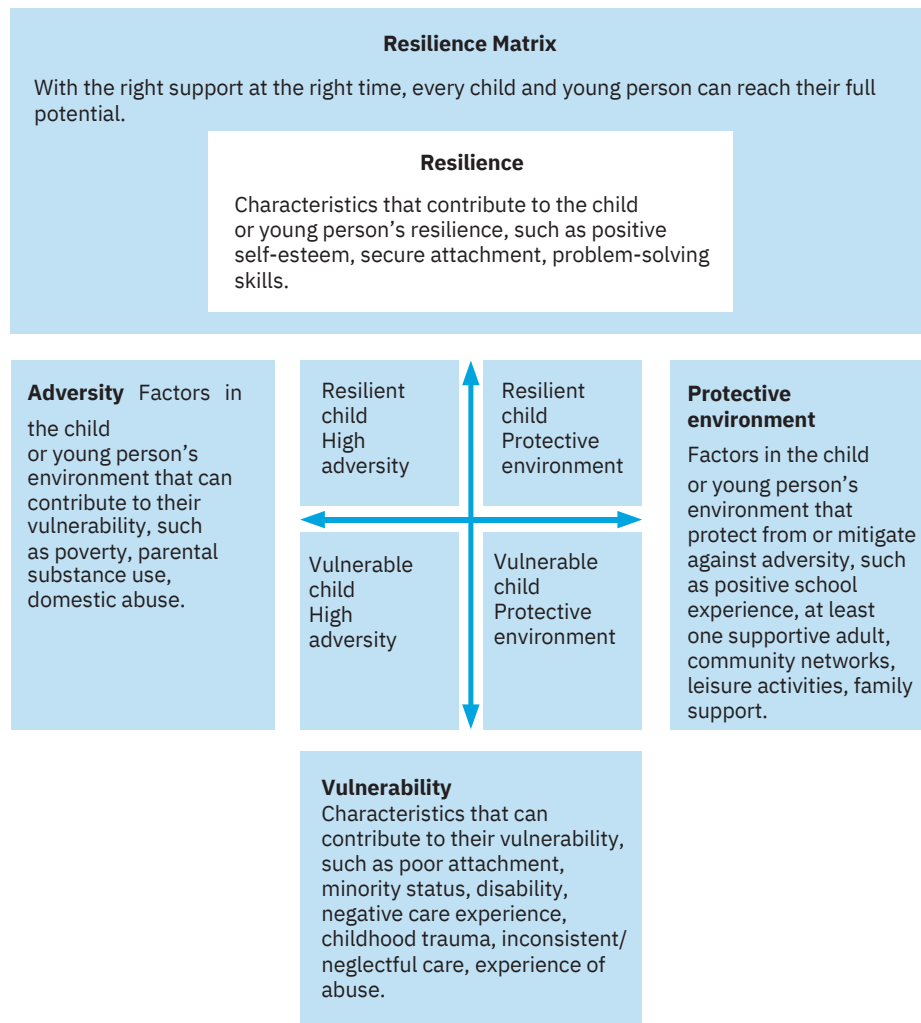
#### 18.22 Assessing Risk

As the impact of life's challenges and adverse childhood experiences are not absolutely determinative, resilience can be tricky to assess. It is highly individualised, so practitioners need to consider and balance a range of factors and characteristics when assessing the presence or absence of resilience and how this is likely to be influenced over the short, medium and long term.

#### 18.23 The Resilience Matrix

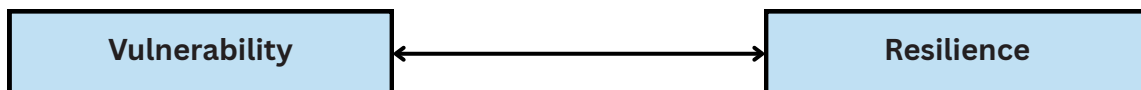
Practitioners can use the *Resilience Matrix* tool (see below) to make sense of the strengths and pressures from the *My World Triangle* along with any specialist assessments that have been carried out, and to group that information within the four headings of resilience, vulnerability, protective factors and adversity.

18.24 A strengths based approach is fundamental to *Getting It Right For Every Child and Young Person*, and consistent with the Signs of Safety model. Therefore, practitioners should draw on what the family, community and universal services can offer to promote resilience, whilst acknowledging adversity and points of vulnerability and planning support from appropriate sources to address these.

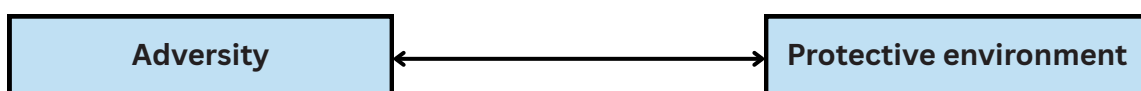


Resilience/Vulnerability Matrix is taken from *The Child's World: Assessing Children in Need, Training and Development Pack* (Department of Health, NSPCC and University of Sheffield (2000))

18.25 As they are not constant states, it can be helpful to view Resilience and Vulnerability at opposite ends of a continuum (See below). An individual will move between these points through life as they experience risk and protective factors. The presence or absence of these factors can help to explain why one child or young person may cope better with similar adverse life events than another, or why they might cope better or worse at different points in their life.



18.26 The second consideration within the resilience matrix is whether the child or young persons' environment carries with it adversity or offers protection. Practitioners therefore need to assess the likely impact on resilience of factors that have been established through a robust *My World Triangle* assessment, particularly focussing on family, school and community experiences.





18.27 The Resilience Matrix is a helpful assessment framework that will assist in practitioner assessment of risk, and where to target support effectively to promote a child or young person's resilience.

18.28 Resilience is a complex issue and nothing can be taken for granted when assessing how resilient a child or young person is (Daniel and Wassell, 2002). Some children and young people may appear on the surface to be coping well with adversity but may still be struggling. Assessment must be ongoing where risks are present.

18.29 Assessing and Promoting Resilience in Vulnerable Children (Daniel and Wassell, 2002)<sup>1</sup> can provide more information for practitioners and is available through the East Renfrewshire Council Intranet.

### **18.30 Applying the knowledge – The resilience matrix for analysing information**

Resilience tends to develop through incremental exposure to adversity and risk. As a result it can be difficult for practitioners to determine whether factors present in a child or young persons' life are risk factors or protective factors. Sometimes they can be both, and it is about the cumulative effects of what is happening to an individual in that moment in time.

18.31 Practitioners must use professional judgement to interpret complex information, weigh competing influences, and determine which factors are most important. Considering interactions between factors can help assess whether impacts are positive or negative. Staff assessing risk should regularly consult their supervisor to ensure accurate analysis.

18.32 Practitioners across all agencies should be offered regular supervision to reflect on assessment and analysis of risk, associated planning and decision making.

18.33 Once these judgements have been made, practitioners will be better placed to analyse the case and decide on actions that will help strengthen the protective factors that will promote resilience in the child or young person, and those which will minimise the impact of adversity by addressing their vulnerabilities.

18.34 This analysis should form the basis for discussion with the child or young person, their family and other relevant practitioners, and inform the detail of the Multi Agency Plan. This will include what needs to be done and who is going to do it. Agreed actions should form the basis of a wellbeing focussed child or young person's plan, with smart outcomes organised under the wellbeing indicators.

18.35 Reviewing progress is an essential part of the assessment and planning process and it will be necessary to revisit the Resilience Matrix in some cases.

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<sup>1</sup>Daniel, B Wassell, S. (2002) Assessing and Promoting Resilience in Vulnerable Children, volumes 1, 2 & 3, London and Philadelphia, Jessica Kingsley Pubs Ltd

## 19. PRINCIPLES OF WRITING A SINGLE or MULTI-AGENCY CHILD/YOUNG PERSON'S PLAN

### 19.1 The Child / Young Person's Plan

Where a Child / Young Person's Plan is developed, SMART outcomes should be clear and written in the first person for the child or young person to understand. SMART outcomes are defined as:

- Specific
- Measurable
- Achievable
- Realistic
- Time-Bound

19.2 For all plans, outcomes must be detailed under the relevant SHANNARI indicators, and there should be clear links to the detail of the single or multi-agency assessment. The core record, assessment and plan should form one document alongside the chronology. Individual agencies are responsible for making their own templates.

19.3 Plans should clearly capture the views of the child or young person, the parents and all professionals involved in the plan's delivery. Children and Young People should be directly involved, considering age and capacity, in the plan, and review process.

19.4 Actions should be clear and concise and illustrate the targeted or intensive nature of the support needed and who is directly responsible for providing it. Clear timelines for implementation, evaluation and review should be captured, with a minimum standard of every six months being advised. Plans should be formatted in ways that are child or young person friendly, as the plan belongs to them.

### 19.5 A Child or Young Person requires a plan:

- If they are highlighted as having a wellbeing need as assessed by the wellbeing indicators; and/or,
- To identify what support is necessary to meet the identified need.

### 19.6 The Purpose of the Child's Plan Meeting

The Child's Plan Meeting aims to streamline and simplify planning processes, reduce duplication and provide clarity for children, families and practitioners. It focuses on efficient use of resources, reducing anxiety, supporting better decision making, and improving outcomes for children and young people.

19.7 Plans should be strength-based and focussed on the desired outcomes for the child/young person. They should be specific to each wellbeing indicator, the difficulties identified in the assessment and relate to the child or young person's individual circumstances. Outcomes and the stated impact because of help received should have an associated time frame. Outcomes should be written in the first person.

19.8 The child's multi-agency plan will consider the range of services and professionals involved. For children with complex needs, the plan will detail each partner's role, while simpler cases may involve just one service or enhanced universal provision. A statutory plan is required if needs cannot be fully met without targeted intervention (i.e. beyond that which is generally available). The plan streamlines co-ordination across services to meet the child's specific needs.

19.9 The child's multi-agency plan resulting from the assessment process will take account where relevant, of the multiplicity of services and professionals who may be involved. For a child or young person with very complex needs, the plan will need to show considerable detail to indicate the part played by all partners. Conversely, the plan may be very simple and involve just one service, or the enhancement in the delivery of a universal service. The child's multi-agency plan is a tool to support and streamline planning for children, who require support from multiple services, to ensure this is coordinated to meet the specific needs and circumstances of individual children.

19.10 Using the Wellbeing Indicators the child's plan should also provide clarity about the purpose of intervention and anticipated outcome, rather than an overemphasis on the process e.g. who, where, when and for what reason someone is visiting a child, or their family is preferable rather than stating 'the child will be visited once a week'.

19.11 Where the child is subject to compulsory measures of supervision the child's plan should be guided by any conditions made by the Children's Hearing.

### **19.12 The Child's Plan Meeting**

The term Child's Plan Meeting is used to describe the face-to-face exchange to which each member of the child's current network of support is invited to discuss, agree, and plan in a way forward which helps the child. The aim is to reduce the number of meetings particularly those taking place in multiple settings across services and create a streamlined opportunity for interested parties to meet and discuss all issues in the child's life which need to be addressed and recorded in a formal plan.

19.13 The Child's Plan Meeting should not be confused with the routine face to face discussions that take place between individual professionals and families.

19.14 The child and their family should attend the Child's Plan Meeting. They should be supported to prepare for and contribute to the Child's Plan.

19.15 The Lead Professional and Named Person or Named Pastoral Support Person will be responsible for organising the meeting and ensuring that children and families can participate fully if that is considered appropriate in all cases. The plan should be reviewed every 6 months.

### **19.16 Monitoring and Reviewing the Child's Plan**

The Lead professional oversees the plan's progress and ensures regular reviews, ideally every six months. Reviews determine if the plan is still needed, needs adjustment, or requires changes based on improvement circumstances or increased concerns.

### 19.17 Changes in Circumstances

It is the responsibility of all partners in the children's planning and reviewing process to highlight changes in the child or family's situation as they become aware of it, or their own agency's arrangements that may impact on the child's multi-agency plan. It may be necessary to review the original plan considering new information.

## 20. ROLES AND RESPONSIBILITIES OF PRACTITIONERS

### 20.1 The Named Person

Most children and young people will get all the help and support they need from their families and the provision available within their neighbourhoods, communities and universal services. However, at various times in their childhood and adolescence, children and young people may need some extra help, and this could be provided by universal and targeted services. The individual within the universal services of maternity, public health nursing, and education who will coordinate this help is known as the *Named Person* or *Named Pastoral Support Person*. (The Named Person or Named Pastoral Support Person's interface with the Lead Professional is detailed further on in this section.)

### 20.2 The Named Person at each stage of childhood

A Named Person will be available to all children and children and young people across Scotland from birth to 18 years or beyond if still in school.

20.3 Access to a named person is part of the GIRFEC approach to promote support and safeguard the wellbeing of children and young people. The named person will normally be a health visitor (or Family Nurse Practitioner (FNP) for preschool children and promoted teacher e.g. guidance teacher or headmaster for a school age child.

Age/Stage	Named Person	Service Type	Agency
Pre-Birth to Day 10	Named Midwife (Check with health)	Universal Service	NHSGGC
From Birth to School Entry	Health Visitor Family Nurse Practitioner (0-2 years)	Universal Service	ER HSCP
Primary School Years	School to nominate promoted member of staff: Head Teacher, Depute Head or Principal Teacher	Universal Service	ERC Education
High School Years	Principal Teacher Pastoral Support	Universal Service	ERC Education
School Leaver Until 18 Years Old	Registered Secondary School / Education Services	Universal Service	ERC Education
Home Educated Children and Young People	Registered School / Education Services	Universal Service	ERC Education
School Aged Travelling Children	Registered School / Education Services	Universal Service	ERC Education

## 20.4 Other staff/practitioners and the Named Person

Any practitioner who identifies wellbeing issues for a child or young person should also ask the 6 key questions and share this information with the Named Person to ensure the child's needs can be addressed in a coordinated way.

## 20.5 The Role Of The Named Person – Duties And Responsibilities

- First point of contact for the child/young person, family, or other professionals when concerns are raised;
- If concerns are raised about a child/young person, ask the 6 key questions and take action to coordinate any help needed;
- Maintain accurate and up to date information within the Child/young person's record, the Chronology, and The Child or Young Person's Plan and any related adults and record decisions and actions taken;
- When a child needs extra help prepare a Wellbeing Assessment and SHANARRI Plan and take a lead on implementing and reviewing;
- The plan should identify which of the eight well-being indicators of safe, healthy, achieving, nurtured, active, respected, responsible and included needs to be addressed;

- Review other knowledge held within their agency and analyse information needed to identify what is causing the problems, bearing in mind the 3 domains of the *My World Triangle*;
- Initiate and coordinate any help a child/young person needs from within their own agency/service;
- Seek assistance from other agencies when it is appropriate and proportionate to do so;
- Act as a point of contact for other agencies and respond to requests for information sharing;
- Encourage parents to understand and contribute towards their child's wellbeing;
- Develop and maintain positive relationships with the child/young person and their family;
- Ensure that the views of children/young people and families are sought at every stage;
- Ensure that children/young people and families are fully involved in decisions that affect them;
- When sharing information with others ensure the child/young person and family understand why this is happening and record the decision to do so; and,
- Facilitate positive transitions for the child/young person to the new Named Person.

## 20.6 The Midwife as Named Person

From the point a pregnancy is registered with maternity services and up to 10 days after the baby is born the named midwife will work collaboratively with the unborn child's prospective health visitor to ensure timely access to support where needs are identified. The midwife will carry out their normal duties and also work in partnership with the parents to develop their capacity to support the unborn/new-born infant's wellbeing. They will use the wellbeing indicators to record their observations as necessary and access additional support if required.

## 20.7 The Health Visitor as Named Person

From birth until the point the child attends primary school an identified health visitor will provide the role of Named Person to promote support and safeguard the child's wellbeing. The health visitor will introduce themselves to the parents as the child's Named Person and in line with their normal duties and responsibilities will at the point of transfer from midwifery, assess the child's needs using the universal health assessment.

20.8 Because of the assessment, they will allocate one of two categories of the Health Plan Indicator (HPI) "Core" or "Additional" dependent on whether universal support is sufficient or additional input is required to meet the needs of the child and their family. If a child is categorised as "Core" they will be offered support as per the Universal Health Visiting Pathway (Scotland) which is offered to all families by Health Visitors as a minimum standard. However, parents will be able to contact the health visitor as their Named Person at any time for advice and support, and other agencies such as nurseries will also be able to communicate with the health visitor in their Named Person role if they have a concern that the child requires additional support to address identified needs.

20.9 The health visitor as Named Person will inform the child and family of the transfer of the role to education when the child begins to attend school. The health visitor will then liaise with the appropriate primary school to ensure the transition is seamless.

20.10 Where a child's entry to education is delayed or deferred, the health visitor remains as the Named Person.

### **20.11 The Named Person in Education**

At the point of entry to primary school, education will take over the Named Person role and assume responsibility as key point of contact for the child's wellbeing. In the primary school setting the Named Person will be a promoted member of staff nominated by the Head Teacher and each school will ensure that children and parents are aware of the staff member who will fulfil this role.

20.12 In high schools the role will be undertaken by a Principal Teacher of Pastoral Support. The Named Person will ensure the child/young person's wellbeing is assessed and monitored regularly in line with the staged intervention process (STINT).

### **20.13 The Named Person Post School**

The young persons registered school will provide this role post school, and the expectation is that this will mainly focus on ensuring young people reach positive destinations through training or employment and signposting young people to the most appropriate sources of support and help.

### **20.14 Other Circumstances**

Home Educated Children – if the child or young person was enrolled at a school prior to being home educated, the school will continue to provide a Named Person service and will be the point of contact for future parental enquiries, including proposed return to local authority education. If the child/young person was not enrolled, Education can still provide a Named Person service, but this relies on the parent or health notifying Education of the desire to receive this service.

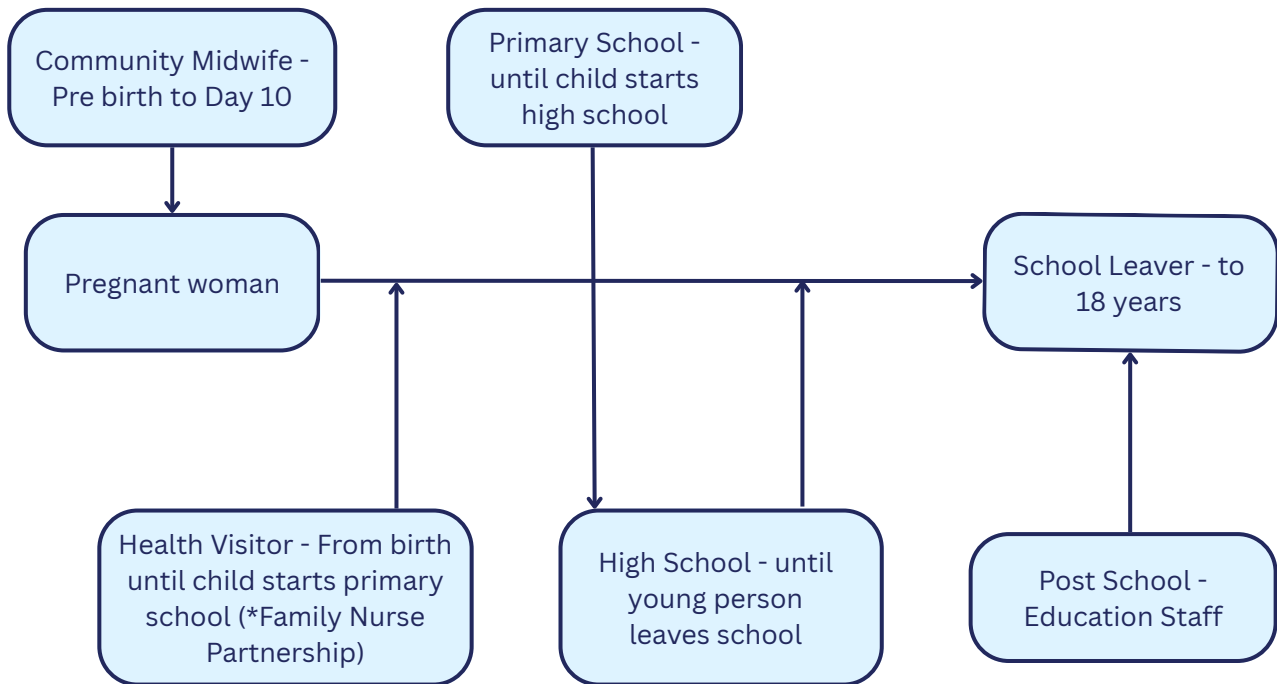
20.15 For traveller/Roma children, Health will provide the Named Person service for pre-five children. For children over five, Education will provide the named person service for those enrolled at school, and for those who are not where the parent or health has notified Education of the desire to receive this service. The Named Person will notify other regional partners to assume responsibility for the Named Person service where it is known that a child or young person has moved out-with East Renfrewshire.

20.16 Independent sector – the independent school should provide the Named Person service.



### 20.17 A Key Role At Transition Points

The Named Person will contribute towards the planning for children who need extra help at the key transfer points between midwifery, health visiting, primary school, high school and post school. They will ensure effective transfer of information about the child/young person to the new Named Person in the agency assuming responsibility for the child.



### 20.18 Identifying The Most Appropriate Lead Professional

Selection of the lead professional is influenced by:

- The kind of help which the child/young person or family needs;
- Previous contact and relationship with the child or young person;
- Any statutory responsibility to co-ordinate work with the child/young person or family e.g. involvement with children's hearing; requires a coordinated support plan; and,
- In some cases, to make sure the child/young person and family get the best possible help, because the child/young person has identifiable complex needs, or there is a statutory obligation defined in law towards a child/young person, the lead professional will need to come from a particular agency.

Examples where statutory requirements need to be accounted for are:

- Where a child or child / young person requires a Coordinated Support Plan (CSP) under the Additional Support for Learning (Education) (Scotland) Act, rev. 2009, and or;
- A child/young person is currently *looked after* which includes the child/young person being subject to a requirement from a children's hearing or where a child/young person is voluntarily looked after and accommodated.



20.19 There will also be other administrative categories where compliance with procedures will help ensure a child/young person's safety, for example, for a child whose name is on the child protection register.

20.20 When the decision is taken that a multi-agency assessment is necessary for a child or young person, agreement must be reached between practitioners on the lead agency for the assessment and who will undertake the role of the lead professional.

20.21 The circumstances when a lead professional will be required and the agency that will provide this service are summarised in the table below:

## 20.22 Appointment of Lead Professional and Agency

Needs/Circumstances of Child/Young Person	Lead Professional and Agency
Child/young person is formally looked after at home or away from home	Social Worker (HSCP)
Child/young person is subject to a report requested by the Children's Reporter	Social Worker (HSCP)
Child/young person is working on a voluntary basis with HSCP Children and Families	Social Worker (HSCP)
Child/young person is subject to child protection investigation, registration, or general activity	Social Worker (HSCP)
Child/young person will be subject to an assessment leading to a coordinated support plan, or already has a coordinated support plan	Education Services
Where a child / young person meets the criteria for a coordinated support plan and there are significant concerns around their home circumstances / environment being a risk to their wellbeing.	Social Work (HSCP) (With Education leading on the CSP)
Child/young person has complex health needs	Specialist Health Services

### 20.23 Children's Hearing Or Child Protection Investigation

There will be circumstances where neglect or a child's safety is the primary issue, or there is a statutory requirement for a lead professional, such as where a child is formally looked after at home or away from home, or there is a need for a multi-agency assessment *after* a child protection investigation has taken place. In such cases a practitioner from a social work team will be required to lead.

20.24 Please note existing agency and interagency child protection procedures must be initiated by practitioners if they identify a child protection concern during a multi-agency assessment process.

### 20.25 The Key Responsibilities of the Lead Professional

- Using the National Practice Model, the Lead Professional will coordinate the multi-agency assessment and lead on the construction of the child/young person's multi-agency plan;
- Notify appropriate agencies of the need for a multi-agency assessment/plan;
- Arrange for other professionals to contribute towards a multi-agency assessment;
- Ensure all agencies co-operate fully in the assessment process and provide accurate, up to date and coherent information;
- Create a multi-agency chronology of significant events, keep this updated and ensure other agencies are aware of their responsibility for this process;
- Gather and analyse the assessment information provided by the other agencies using the *My World Triangle* and the *Resilience Matrix*, draw conclusions and make recommendations;
- Ensure participation of child/young person and family throughout process and ensure their views are heard and considered;
- Be a main point of contact with the child/young person and family for the purpose of discussing the plan and its progress;
- Organise if needed the appropriate multi-agency meeting;
- With partners agree an outcome focused plan to improve the child/young person's situation;
- Ensure a review process is set and 6-month time scales for review is understood;
- Ensure a date is set for the plan to be reviewed, arrange the review meeting and circulate any necessary papers/documents for this to take place effectively;
- Monitor and evaluate how well the plan is working and determine whether interventions are achieving the outcomes set for the child/young person;
- Following the review, seek agreement on any changes required to the plan;
- The lead professional will be the key contact for the child/young person and family for the purpose of discussing the content of the assessment and plan;
- Support the child/young person and family to make the best use of services offered;
- All agencies will link directly with the lead professional to report on changes, updates or new information including the named person; and,
- Provide confident leadership and be familiar with the remits of different agencies.

### **20.26 The Role Of Contributors**

The Practice Model and the My World Triangle is used to ensure that each agency contributes all evidence they have about every aspect of the child / young person's life circumstances. The triangle has 3 dimensions - How I Grow and Develop; My Wider World: What I Need from People who Look After Me; and each dimension has 7 elements to consider, although practitioners will only comment on areas where they have knowledge, information and evidence. The Practice Model tool has been developed to assist practitioners to consider every element of a child/young person's life. Relevant information is based on evidence and fact such as personal observation, awareness and experience rather than subjective opinion gained from others.

## **21. INFORMATION SHARING AND CONSENT**

Within East Renfrewshire we work with a number of partners including East Renfrewshire Council's HSCP, Education, Housing, Police Scotland, Fire and Rescue Service, Scottish Children's Reporter Administration and the Voluntary Sector. Whilst all of our partners have different functions and responsibilities, we need to share information between and among ourselves at different times.

21.1 Practitioners should share information proportionately, and informed consent should be obtained and recorded from the child / young person and or parent to share information with relevant others. This includes sharing within the agency (e.g. in education, this could be consent to refer to the Joint Support Team) and with external services and agencies.

21.2 The child/young person's right to privacy is central to any decisions that are made about them. Where the child/young person is able to consent, they should be asked to do so before any information is shared about them. If the child/young person is unable to consent then the parents should be asked to do so on their behalf.

21.3 The sharing of information without consent should take place only where clearly justified in the circumstances of an individual case, and not as a matter of routine. Information should be shared without consent where there are concerns that a child/young person is at risk of future harm, abuse or threat to life. If there is considered to be an imminent danger, child protection procedures should be instigated. Consent should only be sought where an individual has real choice over the matter.

#### 21.4 Who can consent to the sharing of personal information?

- a) Children are presumed from the age of twelve to understand what it means to give consent to the processing or sharing of their personal information. Children under the age of 12 may be deemed to have that capacity depending on their level of understanding and level of maturity.
- b) Children/young people 12 - 15 years are presumed to have a sufficient level of understanding of the nature of consent and its consequences. Staff should be clear that they believe the child/young person has the capacity to consent, and they should not be treated as unable to make a decision until all practicable steps to help them have been taken. When assessing a child/young person's understanding, staff should explain the issues using the child/young person's preferred mode of communication, and use language in a way that is suitable to the child's age and stage of development. If staff are unsure whether the child/young person has the capacity to consent, then they should consult their manager or another professional adviser. The child/young person's parent or carer, another professional working with them, or an advocate may be able to provide relevant information or advice. If the child/young person does not have the capacity to consent then consent should be sought from the parent or person with legal authority to act on behalf of the child/young person.
- c) Parental rights and responsibilities largely cease when the child/young person is age 16. The exception to this is a parent's responsibility to continue to provide guidance to their child/young person from age 16-18. So practitioners should seek to keep parents/guardians involved in issues affecting their children/young people, but only to the extent that this is compatible with the rights and autonomous choices of the child/young person.
- d) If we disclose any information about a child/young person, who has the requisite mental capacity, to their parent or guardian without that child/young person's consent, we require to justify this in the same way as any other disclosure of information without consent.
- e) For children/young people over the age of 16, we should seek consent from the individual themselves, in line with the rights of other adults.
- f) In circumstances where there may be a question about the capacity of a child/young person over the age of 16 to give consent to sharing personal information, we should consider their understanding of the issues. If we believe that the person is not able to do this, we should make reference to other relevant persons and the context around the need to share the information.

21.5 To comply with GDPR, consent for sharing personal information must be fully informed, with individuals understanding who will hold their data, the purpose of sharing, and their right to withdraw consent. The Named Person must ensure that the person giving consent has been fully informed, and that the seven key principles of data sharing are observed:

1. Lawfulness, fairness and transparency;
2. Purpose limitation;
3. Data minimisation;
4. Accuracy;
5. Storage limitation;
6. Integrity and confidentiality (security); and,
7. Accountability.

21.6 Consent should be recorded in written form, however in exceptional circumstances verbal permission to share is acceptable. However, we should follow this up by obtaining written consent or, if this is not possible, we should advise the individual in writing that their verbal consent has been recorded as given. We should record in the individual's case notes:

- What information is being shared;
- With whom the information is being shared; and,
- That consent has been given.

21.7 In some cases, the individual may refuse to give consent. If a child/young person withholds consent against parental agreement, then the wishes of the child/young person should be considered as paramount, in so far as this does not adversely affect the care of the child/young person or place the child/young person in any danger.

21.8 If an individual refuses to give their consent to their information or that of their child/young person being shared, we must explain the consequences of our not sharing information to them or their carer. The professional should explain that the person may have to provide the same information to several professionals and delays in service may occur as a result. For example a service from Social Services cannot be provided, on request from a health practitioner unless information is shared between the two agencies so that social work staff understand the person's needs and how to meet these.

21.9 Equally, we need to record a decision not to share information with other agencies if permission to share is refused. The practitioner needs to discuss this decision with their line manager and have it endorsed. It is important that the basis for not sharing is recorded and noted in the case notes and the service user is informed of the decision.

21.10 NOTE: Irrespective of any refusal of consent, if there are concerns that a child/young person is suffering significant harm or will do so in the future, then immediate action should be taken and child protection procedures should be instigated.

21.11 If a service user/parent/carer withdraws consent, the practitioner needs to fully explain the consequences of this action, advise their line manager, and record the decision in the case notes. The practitioner should advise the agency receiving the information that consent has been withdrawn and that they should cease processing and sharing the information from that point onwards.

21.12 If the perceived risk to a child/young person has not reached child protection levels, but there are concerns surrounding the child/young person's wellbeing and risk of harm, any practitioner making a considered assessment on sharing information about such a child/young person without their consent should take into account:

- Is the child/young person at risk of harm?
- Would sharing the information protect the child/young person from harm?
- Would the risk of harm to the child/young person be increased by not sharing the information?
- Is the sharing of information necessary and proportionate?

21.13 It is vitally important in such circumstances, that staff record why the decision was made, what information is being shared, with whom and who was involved in the decision. This should include notification to the receiving partner of the decision to share information without consent.

- Where sharing information is necessary in order to prevent serious crime or other seriously improper conduct and/or to support the detection, investigation and/or punishment of serious crime;
- Where sharing information is necessary in order to comply with an instruction or order issued by a court; and,
- Where sharing information is necessary to comply with a statutory requirement e.g. where the information is required by a Children's Reporter as part of their investigation of a child/young person referred to them.

In all such cases, the decision making process should be recorded and retained.

21.14 More information on consent and information sharing can be found through the [Information Commissioner's Office](#), through our [local information sharing and consent guidance](#), and through our [Getting it Right for Every Child Information Sharing Guidance](#).



## APPENDIX ONE: UN CONVENTION ON THE RIGHTS OF THE CHILD



# UN Convention on the Rights of the Child



## Survival



You have a right to life, good food, water, and to grow up healthy

## Development



You have a right to an education and time to relax and play

## Participation



You have a right to say how you feel, be listened to, and taken seriously











































## Protection



You have a right to be treated well and not be hurt by anyone

 <b>1</b> Everyone under 18 has rights.	 <b>2</b> All children have these rights no matter what their differences are.	 <b>3</b> Adults must do what's best for me.	 <b>4</b> Governments must protect and respect my rights.	 <b>5</b> My family should help me know and use my own rights.	 <b>6</b> I have the right to live and grow as a person.
 <b>7</b> I have a right to a name and to belong to a country.	 <b>8</b> I have a right to my identity.	 <b>9</b> I have a right to live with my family or if they can't keep me safe.	 <b>10</b> I have the right to see my parents if they live in another country.	 <b>11</b> I have the right not to be taken out of my country illegally.	 <b>12</b> I have the right to be listened to, and taken seriously.
 <b>13</b> I have the right to get information and share my views.	 <b>14</b> I have the right to have my own thoughts and beliefs, and to choose my religion, with help from my parents.	 <b>15</b> I have the right to meet with friends and join groups.	 <b>16</b> I have the right to have some things private.	 <b>17</b> I have the right to get information in lots of ways, as long as it's safe.	 <b>18</b> I have the right to support from both parents, if possible.
 <b>19</b> I have the right to be protected from being hurt or badly treated.	 <b>20</b> I have the right to be looked after if I can't live with my own family.	 <b>21</b> I have the right to have a passport if I am adopted.	 <b>22</b> If I am a refugee, I have the right to help, protection, and the same rights as children born in this country.	 <b>23</b> If I am disabled, I have the right to special care and education.	 <b>24</b> I have the right to be as healthy as possible.
 <b>25</b> If I am not living with my family, people should keep checking I am safe and happy.	 <b>26</b> If my family needs it, they should get money to help bring me up.	 <b>27</b> I have the right to have a proper home, food and clothing.	 <b>28</b> I have the right to an education.	 <b>29</b> I have the right to an education which develops my personality, talents and abilities.	 <b>30</b> I have a right to speak my own language and to follow my family's way of life.
 <b>31</b> I have a right to rest, relax and play.	 <b>32</b> I have the right not to have to work unless I am old enough and it is safe.	 <b>33</b> I have the right to be protected from dangerous drugs.	 <b>34</b> I have the right not to be involved in wars that make me feel uncomfortable, unsafe or sad.	 <b>35</b> I have the right not to be kidnapped, sold or trafficked.	 <b>36</b> I have the right not to be used by adults to make them happy.
 <b>37</b> If I break the law, I have the right not to be punished in a cruel or unnecessary way.	 <b>38</b> I have the right not to join the armed forces.	 <b>39</b> I have the right to help to get better if I have been hurt or badly treated.	 <b>40</b> I have the right to be treated as a child if I break the law.	 <b>41</b> If the laws in my country protect me better than the articles of the UNCRD then those laws should stay.	 <b>42</b> Everyone should know about children's rights.

Maple Systems Ltd. Maple Systems Ltd. 2008 - 2010 www.maplesystems.co.uk

<p><b>1</b>  <b>Everyone under 18 has these rights</b></p> <p>Under the UNCRC, all children have every human right from the age of 18.</p> <p>All children have all the rights in the UNCRC and they are all given to all.</p>	<p><b>2</b>  <b>All children have these rights no matter what their differences are</b></p> <p>Everyone has the right to be treated equally and to be treated with respect.</p> <p>Governments should make sure that every child has the same rights.</p> <p>Governments should make sure that children are protected against discrimination.</p>	<p><b>3</b>  <b>Adults must do what's best for me</b></p> <p>When adults make decisions, they should always think about what's best for the child.</p> <p>When adults make decisions, they should always think about what's best for the child.</p>	<p><b>4</b>  <b>Governments must protect and respect my rights</b></p> <p>Governments must make sure that children's rights are protected.</p> <p>Governments must make sure that people respect children's rights.</p>
<p><b>5</b>  <b>My family should help me know and use my own rights</b></p> <p>Governments should support my parents to help me know my rights.</p> <p>My family should support me to know and use my rights and to make sure of my own actions, as I get older.</p>	<p><b>6</b>  <b>I have the right to live and grow as a person</b></p> <p>Children have the right to live.</p> <p>Governments should make sure that children are protected and that their rights are not taken away.</p> <p>Governments should make sure that children are protected and that their rights are not taken away.</p>	<p><b>7</b>  <b>I have a right to a name and to belong to a country</b></p> <p>Governments should make sure I have a legally recognised name and nationality.</p> <p>Children have the right to know who their parents are.</p>	<p><b>8</b>  <b>I have a right to an identity</b></p> <p>Governments should support children's right to have a name and nationality.</p> <p>Children have the right to know who their parents are.</p>
<p><b>9</b>  <b>I have a right to live with my family if they can keep me safe</b></p> <p>Governments should support my parents to keep me safe.</p> <p>Governments should make sure that children are protected and that their rights are not taken away.</p> <p>Governments should make sure that children are protected and that their rights are not taken away.</p>	<p><b>10</b>  <b>I have the right to see my parents if they live in another country</b></p> <p>Governments should support my parents to see me if they live in another country.</p> <p>Governments should make sure that children are protected and that their rights are not taken away.</p> <p>Governments should make sure that children are protected and that their rights are not taken away.</p>	<p><b>11</b>  <b>I have the right not to be taken out of my country illegally</b></p> <p>Governments should support my parents to see me if they live in another country.</p> <p>Governments should make sure that children are protected and that their rights are not taken away.</p> <p>Governments should make sure that children are protected and that their rights are not taken away.</p>	<p><b>12</b>  <b>I have the right to be listened to, and taken seriously</b></p> <p>When adults are making decisions that affect children, they should listen to what children think.</p> <p>Children should be taken seriously and their views should be taken into account.</p>
<p><b>13</b>  <b>I have the right to get information and share my views</b></p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p>	<p><b>14</b>  <b>I have the right to have my own thoughts and beliefs, and to choose my religion, with help from my parents</b></p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p>	<p><b>15</b>  <b>I have the right to meet with friends and join groups</b></p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p>	<p><b>16</b>  <b>I have the right to keep some things private</b></p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p>
<p><b>17</b>  <b>I have the right to get information in lots of ways, as long as it's safe</b></p> <p>Children should be able to get information in lots of ways, as long as it's safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p>	<p><b>18</b>  <b>I have the right to support from both parents, if possible</b></p> <p>Both parents share the responsibility for looking after children. Parents should always make sure that I am safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p>	<p><b>19</b>  <b>I have the right to be protected from being hurt or badly treated</b></p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p>	<p><b>20</b>  <b>I have the right to be looked after if I can't live with my own family</b></p> <p>Children should be able to get information in lots of ways, as long as it's safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p>
<p><b>21</b>  <b>I have the right to have the best care if I am adopted</b></p> <p>Children should be able to get information in lots of ways, as long as it's safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p>	<p><b>22</b>  <b>If I am a refugee, I have a right to help, protection, and the same rights as children born in this country</b></p> <p>Children should be able to get information in lots of ways, as long as it's safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p>	<p><b>23</b>  <b>If I am disabled, I have the right to special care and education</b></p> <p>Children should be able to get information in lots of ways, as long as it's safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p>	<p><b>24</b>  <b>I have the right to be as healthy as possible</b></p> <p>Children should be able to get information in lots of ways, as long as it's safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p>
<p><b>25</b>  <b>If I am not living with my family, people should keep checking I am safe and happy</b></p> <p>Children should be able to get information in lots of ways, as long as it's safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p>	<p><b>26</b>  <b>If my family needs it, they should get money to help bring me up</b></p> <p>Children should be able to get information in lots of ways, as long as it's safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p>	<p><b>27</b>  <b>I have the right to have a proper home, food and clothing</b></p> <p>Children should be able to get information in lots of ways, as long as it's safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p>	<p><b>28</b>  <b>I have the right to an education</b></p> <p>Children should be able to get information in lots of ways, as long as it's safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p>
<p><b>29</b>  <b>I have the right to an education which develops my personality, talents and abilities</b></p> <p>Children should be able to get information in lots of ways, as long as it's safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p>	<p><b>30</b>  <b>I have a right to speak my own language and to follow my family's way of life</b></p> <p>Children should be able to get information in lots of ways, as long as it's safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p>	<p><b>31</b>  <b>I have a right to rest, relax and play</b></p> <p>Children should be able to get information in lots of ways, as long as it's safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p>	<p><b>32</b>  <b>I have the right not to have to work unless I am old enough and it is safe</b></p> <p>Children should be able to get information in lots of ways, as long as it's safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p>
<p><b>33</b>  <b>I have the right to be protected from dangerous drugs</b></p> <p>Children should be able to get information in lots of ways, as long as it's safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p>	<p><b>34</b>  <b>I have the right not to be touched in ways that make me feel uncomfortable, unsafe or sad</b></p> <p>Children should be able to get information in lots of ways, as long as it's safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p>	<p><b>35</b>  <b>I have the right not to be kidnapped, sold or trafficked</b></p> <p>Children should be able to get information in lots of ways, as long as it's safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p>	<p><b>36</b>  <b>I have the right not to be used by adults in ways that harm me</b></p> <p>Children should be able to get information in lots of ways, as long as it's safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p>
<p><b>37</b>  <b>If I break the law, I have the right not to be punished in a cruel or unnecessary way</b></p> <p>Children should be able to get information in lots of ways, as long as it's safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p>	<p><b>38</b>  <b>I have the right not to join the armed forces</b></p> <p>Children should be able to get information in lots of ways, as long as it's safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p>	<p><b>39</b>  <b>I have the right to help to get better if I have been hurt or badly treated</b></p> <p>Children should be able to get information in lots of ways, as long as it's safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p>	<p><b>40</b>  <b>I have the right to be treated as a child if I break the law</b></p> <p>Children should be able to get information in lots of ways, as long as it's safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p>
<p><b>41</b>  <b>If the law in my country is better than the articles of the UNCRC then those laws should stop</b></p> <p>Children should be able to get information in lots of ways, as long as it's safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p>	<p><b>42</b>  <b>Everyone should know about children's rights</b></p> <p>Children should be able to get information in lots of ways, as long as it's safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p> <p>Governments should support my parents to get the information they need to make sure that I am safe.</p>	<p><b>CHILDREN &amp; YOUNG PEOPLE'S COMMISSIONER SCOTLAND</b></p> <p><b>Comisiynydd Plant Cymru</b> Children's Commissioner for Wales</p>	



Getting To Know GIRFEC modules:

<https://www.youtube.com/watch?v=gOpeHlaDys4&list=PLDgTzLd2QrJHJ4EpV08NZdwF7KdnhHAvA&index=1>

Resilience Matrix Video:

[https://www.youtube.com/watch?v=nbRIMeAWY\\_Y](https://www.youtube.com/watch?v=nbRIMeAWY_Y)

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# Getting it Right for Every Child Information Sharing Guidance

## Version Awareness

The audience of this document should be aware that a physical copy may not be the latest available version. The latest version, which supersedes all previous versions, is available only at the Published Locations. Those to whom this policy applies are responsible for familiarising themselves periodically with the latest version and for complying with policy requirements at all times.

## Document Management

### Revision History

Version	Date	Summary of Changes
1.00	11 <sup>th</sup> February 2025	

### Reviewers

This document was reviewed by the following people:

Name	Designation	Department	Review Date
Arlene Cassidy	Children's Services Strategy Manager	Health & Social Care Partnership	24/01/2025
Siobhan McColgan	Head of Education Services (Equality and Equity)	Education Department	21/01/2025
Jennifer McKean	Snr Manager Intensive Services & Justice	Health & Social Care Partnership	27/01/2025
Debbie Lucas	Lead officer Child Protection	Health & Social Care Partnership	27/01/2025

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## 1. Introduction to Information Sharing

The Data Protection Act 2018 (incorporating the UKGDPR) contains the rules on how to handle personal data. The legislation provides a governance framework through which personal data can be collected and used proportionately, fairly and lawfully.

In addition to data protection framework, the European Convention on Human Rights (ECHR) and United Nations Conventions on the Rights of the Child (UNCRC) impose duties of confidentiality which also apply to sharing information.

Working within a governance framework means that information sharing can happen between different organisations and internally between departments, to do what they need to do with personal data whilst at the same time ensuring that the person's privacy is respected and everyone understands what will happen to their data.

Organisations are required by law to comply with the legislation which was enacted to ensure the fair and lawful processing of personal data. Although the legislation is complex, its ethos is simple. It aims to protect people's information including that relating to children and young people.

Individuals, including children and young people have a right to privacy, and expect personal and confidential data held regarding them to be processed and handled within legislative boundaries and good practice. If an individual considers that the Council has failed to look after their information they have a right to make a complaint to the Information Commissioner. In such circumstances, it may be necessary for the Council to justify its information sharing decision.

This guidance has been created to provide a framework to assist with information sharing decisions that you may need to make and ensure appropriate checks and balances are followed when sharing information.

## 2. Purpose

This guidance provides overarching practice principles around information sharing and supports specific guidance within East Renfrewshire Council departments and services, and East Renfrewshire HSCP in relation to the wellbeing of all children and young people as set out in the Scottish Governments Getting it Right of Every Child (GIRFEC)<sup>1</sup>.

East Renfrewshire Council departments and services, and East Renfrewshire HSCP

The guidance will ensure:

- Understanding of how to positively engage with children and young people (and their families) in making decisions on **who** and **when** to share information with and **why**;
- The limitations and constraints of **confidentiality** and **consent**; and
- Understanding you are **empowered** to share personal and/or sensitive personal information, where it is considered a **child or young person is at risk (or likely to be) if no action is taken**.

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<sup>1</sup> <https://www.gov.scot/publications/getting-right-child-girfec-practice-guidance-4-information-sharing/pages/2/>

### 3. Data Protection Act 2018 and the UK GDPR

Organisations are required to comply with the data protection legislation and by doing so will ensure fair, lawful and transparent processing of personal data.

Employees must ensure that they comply and how to do this is set out in the [Data Protection Policy](#). As Children are less aware of the risks involved when an organisation collects and processes their data there is a requirement:

- When processing their data to comply with the data protection principles and in particular fairness should be central to all processing of children's personal data.
- To ensure there is a lawful basis for processing a child's personal data. Consent is one possible lawful basis for processing, but is not the only option and sometimes using an alternative basis is more appropriate and provides better protection for the child. Further guidance is provided in [Appendix 1 – Processing Conditions](#).
- To understand that children have the same rights as adults over their personal data including the right of access to their data, request rectification, object to processing and to have their data erased. Further information is provided [Appendix 2 – Information Rights](#).

#### 3.1 Data Protection Principles

The UK GDPR sets out principles for the lawful processing of personal data which organisations who process personal data must follow. Processing includes the collection, organisation, structuring, storage, alteration, consultation, use, communication, combination, restriction, erasure or destruction of personal data. Detailed information about the principles can be found in [Section 3 of the Council's Data Protection Policy](#). These principles are:

- Lawfulness, fairness and transparency
- Purpose limitation
- Data minimisation
- Accuracy
- Storage limitation
- Integrity and confidentiality (security)

Data Protection legislation refers to personal and Special Category information. [Appendix 3](#) provides a definition of what type of personal details fall into these classifications. Personal data is data or information which relates to a living individual who can be identified from the information itself or by linking it with other information.

In situations where information sharing is necessary to deliver a service, children, young people and families should be informed before they agree to engage with the service, what information needs to be shared, with whom, and for what purpose.

In many cases, it will be clear whether processing is necessary or not. A public body such the Council who deliver social care and education functions “**Public Task**” is likely to be the most relevant lawful basis (Processing Condition). This means that it is “*necessary to process personal*

*data for the performance of a task carried out in the public interest or in the exercise of official authority”.*

Where processing involves special category data then a further processing condition is necessary and this is likely to be that:

- *Processing is necessary for the purposes of carrying out the obligation and exercising specific rights of the controller or of the data subject in the field of employment and social security and social protection law.*

Where it is not necessary to process personal data then the only processing condition that is likely to apply would be that of “**Consent**”. For example referring children and parents to optional services then it is likely that it is necessary to seek consent before doing so.

Where you have shared information it is important that there is a record of why, what was shared and with whom. See appendix 4 – [Information Sharing Checklist](#)

## 4. Confidentiality

You may wish to share personal information which was originally presented to you in confidence. A duty of confidence will generally arise in circumstances where a person receives information that they know or ought to know is being given in confidence.

Information that is considered confidential is usually of some sensitivity; is neither lawfully in the public domain nor readily available from another public source; and is shared in a relationship, where the person giving the information understood that it would not be shared with others.

In such cases you are restricted from using it for a purpose other than for which it was provided, or disclosing it without the individual’s consent, unless there is an overriding reason in the public interest for this to happen or another law or power permits disclosure.

Where there is a risk to a child or young person’s wellbeing, which may lead to harm, then it is acceptable to share confidential information if it is in the best interest of the child or young person and/or in the public interest.

If you are worried or concerned about a child or young person’s wellbeing, it may be necessary to share information. You need to be aware of the limitations and constraints of confidentiality and consent.

Confidentiality is not an absolute right and circumstances making the sharing of information lawful are:

- Where the individual to whom the information relates has explicitly consented;
- Where disclosure is in the public interest/function, for example, to protect a child or young person and/or others from harm or for the prevention of crime disorder; and
- A legal duty to do so, for example statutory obligation or a court order.

## 5. Information Sharing to Support and Protect Children.

In line with **Getting it Right for Every Child (GIRFEC)** the safety, welfare and wellbeing of a child, is of central importance when making a decision to lawfully share information with or about them. Great care must be taken with children’s information at all times. However, data protection

should **never be an obstacle** to sharing information, when necessary for the purposes of Child Protection.

There are many situations when information can, and legally must be shared. When you have any concern about a child or young person's wellbeing and believe that they require some support consider the following five key questions, in accordance with GIRFEC National Practice Model:

1. **What is getting in the way of this child or young person's wellbeing?**
2. **Do I have all the information I need to help this child or young person?**
3. **What can I do now to help this child or young person?**
4. **What can we do to help this child or young person?**
5. **What additional help, if any, may be needed from others?**

A concern can relate to a single issue or incident or from a series of events. If you cannot answer all five questions you should consider the need to share information to help build a more robust assessment and/or plan of intervention.

### 5.1 Information Sharing Considerations

Data protection is **not a barrier** to prevent sharing. It provides a framework to ensure personal information about living individuals and in this case children and young people is shared **appropriately, proportionally** and on a **need to know basis**.

#### Why share information?

The safety, welfare and well-being of a child are of central importance when making decisions to lawfully share information with or about them. The reason why information needs to be shared and any actions should be communicated openly and honestly with children, and where appropriate their parent/s or guardian.

Information may be shared for the following reasons:

- Provision of information to help develop the wellbeing assessment
- Accessing a resource or changing the way a resource is provided
- Requesting a specific assessment
- Provision of a service where it is considered a targeted intervention meets an identified wellbeing need as part of the Child's Plan.

#### What information should be shared?

Information should be shared which helps to answer the five key GIRFEC questions and which clearly identifies the child or young person you have concerns about. As part of your professional judgement and taking a common sense approach you should also consider:

- Does it relate to your current concern;
- Current living and family circumstances;
- You consider to be relevant even if it is historical;
- Only share on a need-to know basis.



Only share information which you consider **relevant, necessary, legitimate, appropriate** and **proportionate** to your worry or concern about the child or young person.

You may find it helpful to write down the information you have, the options available to you, in order to consider the likely risks of each option. It is essential that you then document and date in the child's records, why you have reached your decision.

### **What are my next steps?**

If you are worried or have a concern about a child or young person's wellbeing you should discuss this with the child, young person and/or parent. You may also wish to explain why you need to share information and actively seek and record informed consent.

The exception to this is where there are concerns seeking consent would increase the risk to the child, others or prejudice any subsequent investigation.

### **What is meant by consent?**

Consent must be:

#### **Freely given.**

If the individual has no real choice over the information sharing consent will be invalid. Individuals must be able to refuse consent without detriment and must be able to withdraw consent easily at any time.

#### **Specific and informed.**

The individual (child or young person and if appropriate parent or guardian) must understand what is being asked of them. Information should be provided of the possible consequences of withholding information.

#### **Explicit and Unambiguous**

The individual (child or young person and if appropriate parent or guardian) positively gives their consent for their information to be shared by a clear statement or affirmative action. The granting of consent should be recorded, when, and why it was given. Details of consent not granted should also be recorded.

### **When should I seek consent?**

If you have decided that there is a need to seek consent and/or that the situation is not one where information can be shared for any other purposes or the criteria stipulated in Article 9 of the UK GDPR - [Appendix 4 – Processing conditions or legal basis](#), the need for explicit consent should then be considered before any information is shared.

Consent should only be used when the individual has a genuine choice over how their data is used. There is a difference between telling someone what you intend to do with their information and getting their consent to do it.

You should review whether a consent you have been given remains adequate as the Council's relationship with an individual develops or as individuals circumstances change.

## Who can give consent to information sharing?

Where a child or young person is under the age of 12, consent for information sharing should be sought from the parent or guardian. However the child or young person has a right to be kept informed and to participate in the process. There may be circumstances where you consider the child or young person under 12 to have capacity to provide informed consent and where there is a difficulty in the child's relationship with parents/guardian then a request by the child or young person that consent should not be sought from their parents should be respected.

Children over the age of 12 are presumed to have the legal capacity to give informed consent and to take decisions in their own right. It is likely they have a sufficient level of understanding of the nature of consent and its consequences. If there is any doubt you should seek further advice.

Parental rights and responsibilities largely cease when a child 16, however, a parent/carer's responsibility to continue to provide guidance to their child from age 16 to 18 is the exception. In these circumstances, you should seek to keep parents involved in issues affecting their child, but only to the extent that this is compatible with the rights and autonomous choices of the young person.

## How should I ask for and obtain consent?

Where you decide it is appropriate to seek consent to share information, you should make sure consent is given on a specific and informed basis by explaining and gaining agreement on:

- The purpose for which the information is to be shared;
- What information is to be shared; and
- With whom it is to be shared.

## What should I do if consent is refused?

If consent to share has been refused and there is no child protection or other legal issues, then you must respect the wishes of the child, young person or parent. A record that consent to share has been refused and if possible, the reason why, should be made within the appropriate chronologies of the child's record.

Children have a right to express their own views and have them taken into account when decisions are made about how their personal data should be used. It should be noted that the age of legal capacity in Scotland is 12 and this should be considered in the decision making process.

## Capacity

When consent has been refused, unless there are other factors about the child or young person's ability to understand the implications of refusal, or risk exists, the child or young person's right to refuse must be accepted and recorded. Wellbeing should be monitored and risk assessed routinely.

Where there is doubt about the child or young person's capacity and understanding, or risks exists, you should weigh up the balance between the child or young person's **right to privacy** and their **need for protection**.

Where there are concerns about capacity in relation to giving consent to share information consider the following:

- Do they understand the nature of consent and its consequences?
- Is it necessary to share information?
- Will failure to share mean that assistance and support will not be provided?
- Will the child or young person be at risk?

Where it is deemed they do not have capacity it should be recorded on the child's files;

- Why the decision was made;
- Who was involved;
- The purpose of the sharing the information; and
- What information was shared, with whom and the date.

### **Should the child, young person or parent be informed that their information has been shared without consent?**

You need not inform individuals of information sharing if to do so would create further risk to them or others. However, where the circumstances are such that the risk is no longer present subsequent to information sharing, then consideration should be given effectively informing the child, young person or parent and recording the decision.

### **How information should be shared (handling controls)?**

You have now made the decision to share and must ensure that the information you intend to share is:

- Accurate and up to date.
- Proportionate to the circumstances of the child.
- Limited to those who have a need to know.
- Shared safely and securely

In addition, you should:

- Inform the person that the information has been shared, if they were not aware of this and it would not create or increase risk of harm.
- Keep a record of your decision and the reasons for it, even if it is not to share information. If you decide to share, then record, including the date, what you have shared, with whom, and for what purpose, in the individual's record.

You have both a legal and moral responsibility to ensure that information is managed appropriately, and that your colleagues will be able to create, locate, understand and retrieve information as and when required. Good information and records management:

- Having an organised approach to record keeping
- Sharing information appropriately
- Being able to locate and retrieve records when required
- Providing evidence of activities, decisions and actions

- Ensuring you only keep the information for as long as is required i.e. apply appropriate [retention rules](#) and always check your local operating procedures.

Sharing information can take many forms. For example, verbally over the telephone, or face to face meetings, written reports or assessments or by secure email systems. Ensure you share information quickly, efficiently, effectively and securely.

### **Sharing information at transition points**

Consideration should be given to information sharing at points of transition. You should discuss and agree with children, young people and parents or guardian what information should be shared. Points of transition could include a change of school, moving to a new area or a change in social worker supporting the child/young person. Information sharing should always be guided by the best interests of the child or young person.

### **When you are receiving information from others**

Where you are receiving information from another agency in a case where the individual has not consented to that sharing, it is reasonable, if you are in any doubt, to ask the agency which legal basis or processing condition satisfy the sharing. It is really important that you ascertain which processing condition is being used to justify the sharing. Understanding this will help inform what your next steps may be in using that information.

## **6. Data Rights**

Children and young people have the same rights as adults over their personal information and where they are deemed to be competent to do so, are able to exercise their own data protection rights.

The most common right that an individual has is a right to access and receive a copy of their personal data and this is usually referred to as a subject access request (SAR).

Data protection legislation provides that in Scotland, children aged 12 or over are presumed to be mature enough to provide their own consent or exercise the rights conferred by data protection legislation, unless there is any reason to think that they are not. Further guidance about data rights can be found on the intranet at this link - <https://intranet.erc.insider/information-rights>.

## **7. Summary - Seven Information Sharing Golden Rules**

1. Data Protection is not a barrier to justified information sharing. It is a framework to work within to ensure personal information about living individuals (and children) is shared appropriately.
2. Be open and honest with the individual/child (and/or their family where appropriate) from the outset about why, what, how and with whom information will or could be shared and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Without disclosing the identity of the child, young person or their family, seek advice from your line manager, if you are in any doubt about the sharing of information.

4. Share with informed consent, where processing is not necessary, and respect the wishes of those who do not consent to share confidential information. You do not need consent to share information, if in your judgement, there is a lawful justification (processing condition) to do so. Judgments must be made on a case by case basis, based upon the facts of the case. When sharing or requesting personal information from a child, young person or parent be certain of your lawful basis. Where you have consent be mindful that an individual may not expect information to be further shared. If there is a requirement to do so, essential that you re-visit and obtain consent.
5. Consider safeguarding and wellbeing. Base your information sharing decisions on considerations of the safety and wellbeing of the child and others who may be affected by their actions.
6. All information sharing should be necessary, proportionate, relevant, adequate, timely and secure. Ensure that information you share is necessary for the purpose for which you are sharing it and that it is:
  - Shared only with those individuals who need to have it.
  - Accurate and up to date.
  - Shared in a timely manner.
  - Shared securely.
7. Keep a record of your decision and the reason for it, whether it is to share information or not. Record what you have shared, with whom and for what purpose and the date it was shared.

## 8. Further Information

Further information in relation to GIRFEC and Information Sharing can be located at the following links:

Information Commissioners Office

[Children and the UK GDPR](#)

[Data Sharing Code of Practice](#)

Scottish Government

<https://www.gov.scot/publications/getting-right-child-girfec-practice-guidance-4-information-sharing/pages/2/>

If you require guidance or wish to discuss and instance of information sharing, in the first instance, contact your line manager.

Guidance on data protection and information sharing can be obtained from the Data Protection Officer by emailing [DPO@eastrenfrewshire.gov.uk](mailto:DPO@eastrenfrewshire.gov.uk)

## Appendix 1 – Conditions for Processing (or Legal Basis)

The data protection principles set a general standard for processing data. Principle 1 imposes a general requirement to process fairly, lawfully and transparently, but also imposes specific conditions. It makes an explicit requirement that processing is not allowed unless you have established a valid lawful basis to process the personal data. When processing special Category Data an Article 9 condition is required.

Lawful basis for processing personal data – Article 6	
(a) Consent	the individual has given clear consent for you to process their personal data for a specific purpose
(b) Contract	the processing is necessary for a contract you have with the individual, or because they have asked you to take specific steps before entering into a contract.
(c) Legal Obligation	the processing is necessary for you to comply with the law (not including contractual obligations)
(d) Vital Interests	the processing is necessary to protect someone's life.
(e) Public Task	the processing is necessary for you to perform a task in the public interest or for your official functions, and the task or function has a clear basis in law.
(f) Legitimate interests	the processing is necessary for your legitimate interests or the legitimate interests of a third party, unless there is a good reason to protect the individual's personal data which overrides those legitimate interests. (This cannot apply if you are a public authority processing data to perform your official tasks.)

To lawfully process special category data, you must identify both a lawful basis under Article 6 and a separate condition for processing special category data under Article 9. These do not have to be linked. Lawful basis for processing special category data – Article 9	
(a) Consent	The Individual has given explicit consent to the processing for one or more specified purposes.
(b) Employment, Social Security or Social Protection	Processing is necessary for the purposes of carrying out the obligation and exercising specific rights of the controller or of the data subject in the field of employment and social security and social protection law.
(c) Vital Interests	Processing is necessary to protect the vital interests of a data subject or another individual where the data subject is physically or legally incapable of giving consent.
(d) Non-Profit Body Disclosure	Processing carried out by a not-for-profit body with a political, philosophical, religious or trade union aim provided the processing relates only to members or former members (or those who have regular contact with it in connection with those purposes) and provided there is no disclosure to a third party without consent – It is logical for these organisations to be provided with special rights for processing because their members beliefs fall within the definition of special categories of data.

To lawfully process special category data, you must identify both a lawful basis under Article 6 and a separate condition for processing special category data under Article 9. These do not have to be linked. Lawful basis for processing special category data – Article 9	
<b>(e) Personal data made public</b>	Processing relates to personal data manifestly made public by the data subject – This would apply, for example where a politician has made public his political beliefs. However, the condition does not apply when the information is made public by someone other than the data subject and without the data subject's consent, such as publication by a newspaper.
<b>(f) Legal Claims</b>	Processing is necessary for the establishment, exercise or defence of legal claims or where courts are acting in their judicial capacity – This allows for special categories of data to be processed for the purpose of exercising, establishing or defending legal rights and the application of this condition extends not only to the data subject but also in relation to other persons, so for example, the processing of special categories of data to allow HR to defend a claim under the Equalities Act.
<b>(g) Substantial Public Interest</b>	Processing is necessary for reasons of substantial public interest on the basis of Union or Member State Law which is proportionate to the aim pursued and which contains appropriate safeguards – For example where the processing is necessary in areas of public health, which includes all elements related to health, such as, morbidity and disability, health care needs, resources allocated to health care as well as health care expenditure and financing. Such processing of data concerning health for reasons of public interest should not result in personal data being processed for other purposes by third parties such as employers or insurance and banking companies.
<b>(h) Health &amp; Social Care</b>	Processing is necessary for the purposes of preventative or occupational medicine, for assessing the working capacity of the employee, medical diagnosis, the provision of health and or social care or treatment or management of health or social care systems and services on basis of Union or Member State Law or a contract with a health professional. GDPR (obligation of secrecy)
<b>(i) Public Interest in public Health</b>	Processing is necessary for reasons of public interest in the area of public health, such as protecting against serious cross border threats to health or ensuring high standards of healthcare and of medicinal products or medical devices and is carried out by or under the supervision of a health professional, or by another person who in the circumstances owes a duty of confidentiality under an enactment or rule of law.
<b>(j) Archiving, Scientific or Historical Research</b>	Processing is necessary for archiving purposes in the public interest, or scientific and historical research purposes or statistical purposes, but shall be subject to appropriate safeguards for the rights and freedoms of the data subject. Those safeguards shall ensure the technical and organisational measures are in place in order to ensure respect for the principle of data minimisation. Those measures may include pseudonymisation. Where those purposes can be fulfilled by further processing which does not permit or no longer permits the identification of data subjects, those purposes shall be fulfilled in that manner.

## Appendix 2 - Information Rights

The UK GDPR gives individuals (data subjects) specific rights over their personal data. These rights are set out within the [Data Protection Policy](#). Individuals have specific data rights which they can exercise under particular conditions they can exercise. These rights are never absolute and are subject to conditions and exceptions i.e. it will depend on our reason for the processing of the personal data.

### Data Subjects Rights are:

Right:	Explanation
<b>Access</b>	An individual can request whether or not we are using or storing their personal information also ask for copies of their personal information, verbally or in writing. This is commonly known as Subject Access Request (SAR) - <a href="http://intranet.erc.insider/information-rights">http://intranet.erc.insider/information-rights</a>
<b>Rectification</b>	Where an individual challenges the accuracy of personal data held about them they can ask for it to be corrected or deleted. This right always applies and in exercising this right the individual should: <ul style="list-style-type: none"> <li>• State clearly what they believe to be inaccurate or incomplete</li> <li>• Explain how we should correct it (this may be obvious i.e. amend address, DOB but where it relates to an opinion this may be factual but the individual does not agree).</li> </ul>
<b>Erase</b>	This is sometimes referred to as the “right to be forgotten”. An individual can ask for their data to be deleted and depending on the reason and basis for processing we may be required to delete their data. For example the processing basis is consent and this is withdrawn, the data has been collected or used unlawfully or it has been retained for longer than is necessary.
<b>Restrict processing</b>	An individual can limit the way an organisation uses their personal data if they are concerned about the accuracy of the data or how it is being used. Where necessary, they can also stop an organisation deleting their data.
<b>Object to processing</b>	An individual has the right to object to the processing (using) of their personal data at any time. This effectively means that they can stop or prevent the organisation from using their data. However it only applies in certain circumstances, and we may not need to stop where strong and legitimate reasons to continue using the personal data can be made. For example an individual can object where their data is being used for: <ul style="list-style-type: none"> <li>• A task carried out in the public interest;</li> <li>• The exercise of official authority;</li> <li>• Our legitimate interests;</li> <li>• Scientific or historical research, or for statistical purposes; or</li> <li>• Direct marketing purposes.</li> </ul>
<b>Data portability</b>	Only applies to information you have given us. You have the right to ask that we transfer the information you gave us from one organisation to another, or give it to you. The right only applies if we are processing information based on consent or under, or in talks about entering into a contract and the processing is automated.



### Appendix 3 – Definition of Personal and Special Category Data

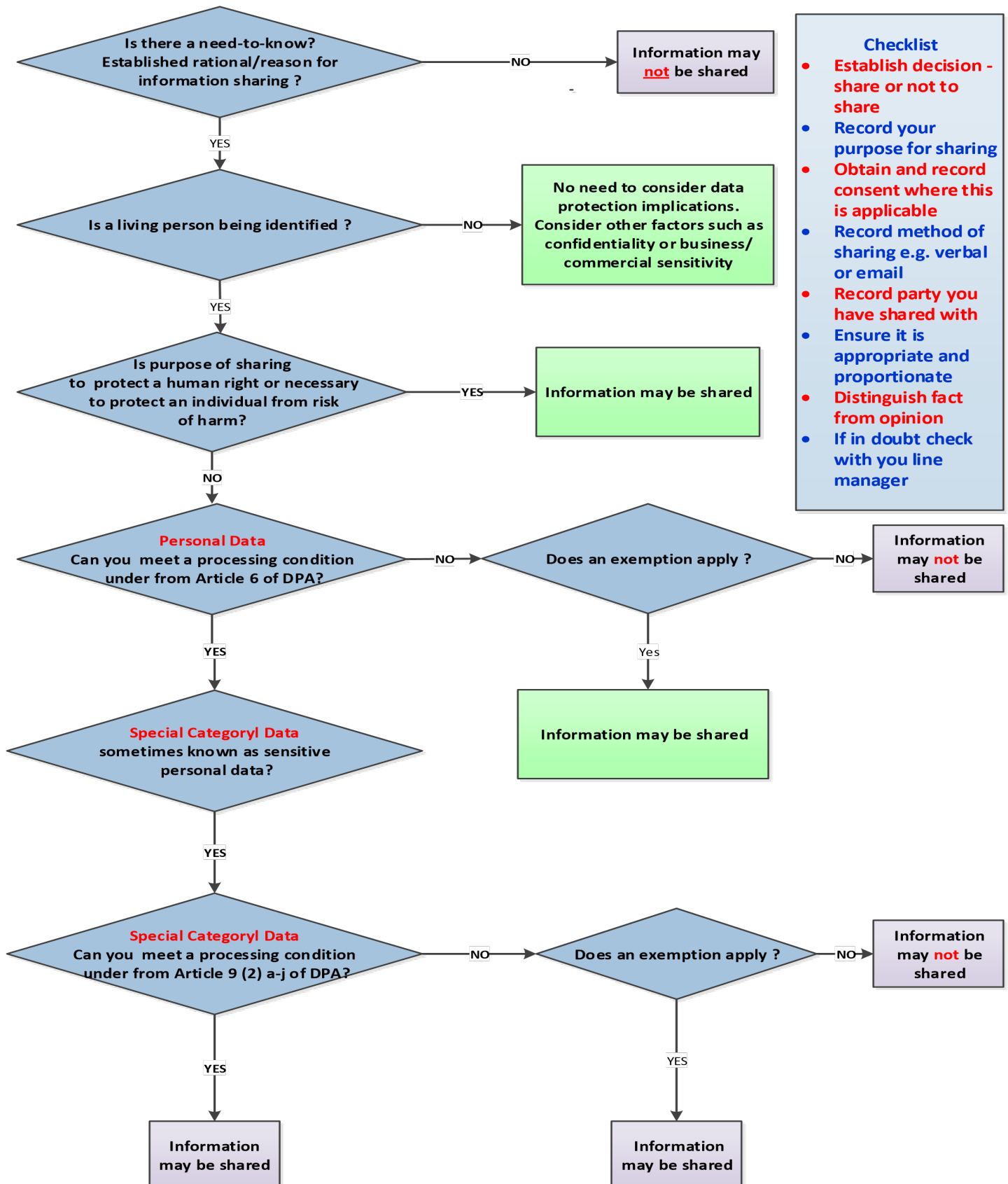
The heart of data protection is about people. The law says there are certain types of personal data that have a higher sensitivity, and where an organisation holds this data, there is a higher risk to a person's rights as a result. Therefore, this data must have a higher level of security. Much more care has to be taken when processing this type of data.

Personal	Special Category (previously sensitive)
<p><b>Personal</b> (names, addresses, contact details including business numbers and email addresses, age, gender, birth details, physical descriptions, NI number, personal owned property i.e. vehicle registration, passport number, fitness data)</p> <p><b>Family</b> (marriage, partnership or marital history, details of family &amp; other household members, habits, housing, travel details, leisure activities, membership of charitable or voluntary organisations)</p> <p><b>Employment</b> (employment &amp; career history, recruitment &amp; termination details, attendance record, health and safety records, performance appraisals, training records, security records, payroll or User ID)</p> <p><b>Financial</b> (income, salary, assets and investments, payments, credit worthiness, loans, benefits, grants, insurance details, pension info)</p> <p><b>Goods or services</b> (goods or services supplied to a person, licences issued, agreements and contracts)</p> <p><b>Expressions &amp; Opinions</b> - any expression of opinion about an individual and any indication of the intentions of the data controller or any other person in respect of the individual</p> <p><b>Digital Footprint</b> – digital identities such as avatars, usernames/handles, gamer IDs, email address from club memberships etc, login name, screen name, nickname, IP Addresses (when linked to user), Geo-tracking data, location based services), web surfing behaviour, MAC address or other host specific persistent identifier.</p>	<p>Racial or ethnic origin</p> <p>Political opinions</p> <p>Religious or other beliefs of similar nature</p> <p>Trade union membership</p> <p>Physical or mental health</p> <p>Genetic Information</p> <p>Biometric Information</p> <p>Sexual life or sexual orientation</p> <p>Criminal convictions or proceedings</p> <p>Criminal outcome &amp; sentences</p> <p>Offences (including alleged offences)</p>

## Appendix 4 – Information Sharing Checklist



### Information Sharing Checklist





<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>  <b>Held on</b>	Integration Joint Board  25 June 2025	
<b>Agenda Item</b>	15	
<b>Title</b>	IJB Complaints Annual Report 2024/25	
<b>Summary</b>  This is the Integration Joint Board's Annual Complaints Report for 2024/25. This is a mandatory reporting requirement set out by the Scottish Public Services Ombudsman.  During 2024/25 there were no complaints received in relation to the IJB however it is stipulated that organisations must publish an annual complaints performance report even in the case of a nil return.		
<b>Presented by</b>	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)	
<b>Action Required</b>  The Integration Joint Board is asked to note the report.		
<b>Directions</b> <input checked="" type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<b>Implications</b> <div> <input type="checkbox"/> Finance           <input type="checkbox"/> Risk         </div> <div> <input type="checkbox"/> Policy           <input type="checkbox"/> Legal         </div> <div> <input type="checkbox"/> Workforce           <input type="checkbox"/> Infrastructure         </div> <div> <input type="checkbox"/> Equalities           <input type="checkbox"/> Fairer Scotland Duty         </div>	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD****25 June 2025****Report by Chief Officer****IJB COMPLAINTS – ANNUAL REPORT 2024/25****PURPOSE OF REPORT**

1. This report forms the Integration Joint Board's Annual Complaints Report for 2024/25. This is a mandatory reporting requirement set out by the Scottish Public Services Ombudsman.

**RECOMMENDATION**

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

**BACKGROUND**

3. The Scottish Public Services Ombudsman Act 2002 (as amended) provides the legislative basis for the Scottish Public Services Ombudsman (SPSO) to publish the Model Complaints Handling Procedures (MCHP) for bodies under the SPSO's jurisdiction
4. The MCHP says all organisations (even in the case of low complaint numbers or nil return) must
  - report at least quarterly to their Senior Management on the KPIs and analysis of the trends and outcomes of complaints
  - publish on a quarterly basis information on complaints outcomes and actions taken to improve services, and
  - publish an annual complaints performance report on their website in line with Part 4 of the MCHP. There is no requirement for organisations to report their data to SPSO.
5. In May 2021, we made a commitment that should the Integration Joint Board receive any complaints, these would be reported to the Board at the next scheduled meeting. To date we have not received any IJB complaints.

**REPORT**

6. During 1 April 2024 – 31 March 2025 no complaints were made in relation to the Integration Joint Board.

**CONSULTATION AND PARTNERSHIP WORKING**

7. The SPSO's Improvement, Standards and Engagement team is available to work with public service providers to improve standards of complaints handling.

## **IMPLICATIONS OF THE PROPOSALS**

8. There are no implications as a result of this report

## **DIRECTIONS**

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

## **CONCLUSIONS**

10. East Renfrewshire Integration Joint Board will continue to publish quarterly reports on the website and present an annual report to the integration Joint Board in line with the mandatory reporting requirements set out by the SPSO ahead of the reporting deadline of October each year.

## **RECOMMENDATIONS**

11. The Integration Joint Board are asked to note the report.

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

Lesley Bairden, Head of Finance and Resources  
[Lesley.Bairden@eastrenfrewshire.gov.uk](mailto:Lesley.Bairden@eastrenfrewshire.gov.uk)

Pamela Gomes, Governance and Compliance Officer  
[pamela.gomes@eastrenfrewshire.gov.uk](mailto:pamela.gomes@eastrenfrewshire.gov.uk)

12 June 2025

Chief Officer, IJB: Alexis Chappell

## **BACKGROUND PAPERS**

IJB Quarterly Complaint Reports  
[https://www.eastrenfrewshire.gov.uk/media/11578/East-Renfrewshire-Integration-Joint-Board-Quarterly-Complaint-Reports-2024-25/pdf/IJB\\_Quarterly\\_Complaints\\_2021-22\\_-\\_24-25.pdf?m=1749484629593](https://www.eastrenfrewshire.gov.uk/media/11578/East-Renfrewshire-Integration-Joint-Board-Quarterly-Complaint-Reports-2024-25/pdf/IJB_Quarterly_Complaints_2021-22_-_24-25.pdf?m=1749484629593)

IJB Paper – IJB Annual Complaints Report 2023/24  
[https://www.eastrenfrewshire.gov.uk/media/10727/IJB-Item-17-26-September-2024/pdf/IJB\\_Item\\_17\\_-\\_26\\_September\\_2024.pdf?m=1726591568273](https://www.eastrenfrewshire.gov.uk/media/10727/IJB-Item-17-26-September-2024/pdf/IJB_Item_17_-_26_September_2024.pdf?m=1726591568273)

SPSO Model Complaints Handling Procedures  
<https://www.spsos.org.uk/the-model-complaints-handling-procedures>

SPSO Key Performance Indicators for Model Complaints Handling Procedures  
<https://www.spsos.org.uk/sites/spso/files/csa/SPSOKPIsMCHP.pdf>