

Date: 16 June 2025  
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**TO: ALL MEMBERS OF THE EAST RENFREWSHIRE INTEGRATION JOINT BOARD  
PERFORMANCE AND ADUIT COMMITTEE**

Dear Colleague

**EAST RENFREWSHIRE INTEGRATION JOINT BOARD  
PERFORMANCE AND AUDIT COMMITTEE  
TEAMS MEETING – WEDNESDAY 25 JUNE 2025**

You are requested to attend a meeting of the **East Renfrewshire Integration Joint Board Performance and Audit Committee** which will be held on **Wednesday 25 June 2025 at 1 p.m.** via Microsoft Teams.

The agenda of business is attached.

Yours faithfully

*Mehvish Ashraf*

**Mehvish Ashraf  
Chair, IJB Performance and Audit Committee**

Enc.

For information on how to access the virtual meeting please email  
[barry.tudhope@eastrenfrewshire.gov.uk](mailto:barry.tudhope@eastrenfrewshire.gov.uk) or [bethany.mitchell@eastrenfrewshire.gov.uk](mailto:bethany.mitchell@eastrenfrewshire.gov.uk)

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## **EAST RENFREWSHIRE INTEGRATION JOINT BOARD PERFORMANCE AND AUDIT COMMITTEE**

**Wednesday 25 June 1 p.m.  
via Microsoft Teams**

### **AGENDA**

- 1. Apologies for Absence**
- 2. Declarations of Interest**
- 3. Minute of Last Meeting Held March 2025** (copy attached, pages 3 - 8)
- 4. Matters Arising** (copy attached, pages 9 -12)
- 5. Rolling Action Log** (copy attached, pages 13 - 16)
- 6. Unaudited Annual Report and Accounts** (copy attached, pages 17 - 24)
- 7. Draft Response to Ernst & Young – Understanding management processes and arrangements** (copy attached, pages 25 - 34)
- 8. CIPFA Financial Management Code – Action Plan Update** (copy attached, pages 35 - 50)
- 9. HSCP Annual Performance Report 2024/25** (copy attached, pages 51 - 162)
- 10. HSCP Annual Delivery Plan 2025-26** (copy attached, pages 163 – 184)
- 11. Specialist Learning Disability Inpatient Services Performance Report 2024/25** (copy attached, pages 185 - 196)
- 12. Audit Update** (copy attached, pages 197 - 228)
- 13. IJB Strategic Risk Register** (copy attached, 229 - 242)

**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 HSCL (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>AGENDA ITEM No. 4</b>
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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Performance and Audit Committee
<b>Held on</b>	25 June 2025
<b>Agenda Item</b>	4
<b>Title</b>	Matters Arising
<b>Summary</b>  The purpose of this paper is to update members of the Performance and Audit Committee on progress regarding matters arising from the discussion which took place at the meeting of 26 March 2025.	
<b>Presented by</b>	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<b>Action Required</b>  Performance and Audit Committee members are asked to note the contents of the report.	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**PERFORMANCE AND AUDIT COMMITTEE**

**25 June 2025**

**Report by Chief Financial Officer**

**MATTERS ARISING**

**PURPOSE OF REPORT**

1. To update the Performance and Audit Committee on progress regarding matters arising from the discussion that took place at the meeting of 26 March 2025.

**RECOMMENDATION**

2. Performance and Audit Committee members are asked to note the contents of the report.

**REPORT**

3. There are no matters arising which are not addressed in the rolling action log or other agenda items.

**RECOMMENDATIONS**

4. Members of the Performance and Audit Committee are asked to note the contents of the report.

**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)

30 May 2025

IJB Chief Officer: Alexis Chappell

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Performance and Audit Committee
<b>Held on</b>	25 June 2025
<b>Agenda Item</b>	5
<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 meeting on 26 March 2025.	
<b>Presented by</b>	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<b>Action Required</b>  Performance and Audit Committee members are asked to note progress.	

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**ACTION LOG: Performance and Audit Committee (PAC)**

June 2025

No	Meeting Date	Agenda Item	Action	Responsible Officer	Status	Date Due / Closed	Progress / Outcome
87	26-Mar-25	Performance Update - Q3	Exception report on admissions to Accident and Emergency from Care Homes be provided to the next meeting of the Committee.	Policy, Planning and Performance Manager	OPEN	Sep-25	An exception report will be included with the next scheduled performance update to PAC in September 2025.
86	25-Sep-24	Policy Update	IJB Standing Orders to be reviewed	Democratic Services Manager	OPEN	Sep-25	This will be progressed as part of the ongoing review of all policies.
81	26-Jun-24	Strategic Risk Register	Consider narrative around key assumptions for inclusion in Strategic Risk Register	Heads of Service	OPEN	Mar-25	This is being considered as part of a wider review. A workshop took place in January and partners are reviewing risk policies.
31	24-Nov-21	Internal Audit Annual Report 2020-21 and Internal Audit Plan 2021-22	Bring details of the matter under investigation by Police Scotland to the committee at an appropriate time.	Chief Financial Officer	OPEN	Jun-22	No further update as at June 2025.

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>  <b>Held on</b>	Performance and Audit Committee  25 June 2025
<b>Agenda Item</b>	6
<b>Title</b>	Unaudited Annual Report and Accounts 2024/25
<b>Summary</b>  <p>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.</p> <p>The Chair of Performance and Audit Committee will advise the Integration Joint Board of:</p> <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>  <p>The Performance and Audit Committee is requested to:</p> <ol style="list-style-type: none"> <li>Agree the unaudited annual report and accounts and remit to the Integration Joint Board for approval</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>	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**PERFORMANCE AND AUDIT COMMITTEE**

**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 Performance and Audit Committee is requested to:
  - a) Agree the unaudited annual report and accounts and remit to the Integration Joint Board for approval
  - 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 a 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 HSCTPs 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.

## CONCLUSIONS

32. 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.
33. 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**

34. The Performance and Audit Committee is requested to:

- a) Agree the unaudited annual report and accounts and remit to the Integration Joint Board for approval
- 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

16 June 2025

Chief Officer, IJB: Alexis Chappell

## **BACKGROUND PAPERS**

IJB Paper 26.09.2024: 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)



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Performance and Audit Committee
<b>Held on</b>	25 June 2025
<b>Agenda Item</b>	7
<b>Title</b>	Ernst & Young – Understanding management processes and arrangements (draft response)
<p><b>Summary</b></p> <p>As part of their audit process Ernst &amp; Young have issued a letter to the Chair of the Performance and Audit Committee and the Chief Financial Officer: “Understanding your management processes and arrangements”. The letter is included as Appendix 1.</p> <p>A draft response has been prepared by the Chair of the Performance and Audit Committee and the Head of Finance and Resources (Chief Financial Officer). The draft response is included as Appendix 2.</p> <p>Members of this committee are asked to review the proposed response and provide any feedback or comment prior to submission of the response, which is due by 27<sup>th</sup> June 2025.</p>	
<b>Presented by</b>	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<p><b>Action Required</b></p> <p>The Performance and Audit Committee is requested to review the proposed response and provide feedback or comment prior to submission of the response, which is due by 27<sup>th</sup> June 2025.</p>	

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**Private and confidential**

Lesley Bairden  
Chief Financial Officer  
East Renfrewshire Integration Joint Board  
Eastwood Park  
Rouken Glen Road  
Glasgow  
G46 6UG

30<sup>th</sup> May 2025

Ref: RJ/GS

Direct line: 020 7951 2000

Email: [rjones9@uk.ey.com](mailto:rjones9@uk.ey.com)

Dear Lesley,

## Understanding your management processes and arrangements

Auditing standards (ISA 240) require us to formally document our understanding of your management processes and arrangements annually. Therefore, we are writing to ask that you please provide a response to the following questions.

1) What are the management processes in relation to:

- undertaking an assessment of the risk that the financial statements may be materially misstated due to fraud or error (including the nature, extent and frequency of these assessments);
- identifying and responding to risks of fraud in East Renfrewshire IJB, including any specific risks of fraud which management have identified or that have been brought to its attention, or classes of transactions, account balances, or disclosure for which a risk of fraud is likely to exist;
- communicating to employees its views on business practice and ethical behavior (for example by updating, communicating and monitoring against the IJB's code of conduct);
- encouraging employees to report their concerns about fraud; and
- communicating to the Performance and Audit Committee (i.e. those charged with governance) the processes for identifying and responding to fraud or error?

2) What are Management's views about whether there are areas within the organisation that are at risk of fraud?

3) Does Management have knowledge of any actual or suspected or alleged instances of fraud or fraudulent financial reporting?

4) Where the answer to question 3 above is 'yes', what was Management's response to the situation(s) identified?

5) Is Management satisfied that internal controls to prevent and detect fraud, including segregation of duties, exist and work effectively?

6) Are there any deficiencies in internal control?

- 7) Are you aware of any instances where controls have been overridden?
- 8) Is there is any organisational or management pressure to meet financial or operating targets?
- 9) Are there any particular areas of the accounts that are more susceptible to false entries or omissions or other forms of manipulation? Are management aware of any such manipulation having occurred?
- 10) How does management gain assurance that all relevant laws and regulations have been complied with? Have there been any instances of non-compliance during 2024/25?
- 11) Are there any actual or potential litigation or claims that would affect the financial statements?
- 12) How does Management satisfy itself that it is appropriate to adopt the going concern basis in preparing the financial statements?
- 13) In respect of related parties:
- Have there been any changes in related party relationships and transactions from the prior period?
  - What is the nature of the relationship with the identified related parties, how have these been accounted for and disclosed?
  - Have there been any transactions with related parties during the period that have been conducted outside of the IJB's normal course of business?
  - What is the purpose of material transactions entered into with related parties?

Please would you provide a response by email or letter either on behalf of management or from yourself in your capacity as Chief Financial Officer. We should be grateful if we could have your response by 27<sup>th</sup> June 2025.

Thank you for your assistance. If you have any queries in respect of this letter, please contact Grace Scanlin (Senior Manager) at [Grace.Scanlin@uk.ey.com](mailto:Grace.Scanlin@uk.ey.com).

Yours sincerely



Rob Jones  
Partner  
For and on behalf of Ernst & Young LLP  
United Kingdom

1) What are the management processes in relation to:	
<ul style="list-style-type: none"> <li>undertaking an assessment of the risk that the financial statements may be materially misstated due to fraud or error (including the nature, extent and frequency of these assessments)</li> </ul>	<p>The IJB relies on the processes and controls implemented by our partner organisations in relation to fraud and the HSCP adheres to partner policies. The IJB itself does not have a bank account - all transactions are operated through our partner's systems. As the IJB is a Section 106 body the balance sheet is held within our partner ERC ledger and account. However as assurance management considers the fraud risk with specific reference to the HSCP transactions and the associated IJB accounts. In support of this, the Performance and Audit Committee (PAC) receives update reports on internal audit work carried out in both partner organisations. The risk of material error is considered in the production of the accounts, through controls in place and through review by both internal and external auditors.</p>
<ul style="list-style-type: none"> <li>identifying and responding to risks of fraud in East Renfrewshire IJB, including any specific risks of fraud which management have identified or that have been brought to its attention, or classes of transactions, account balances, or disclosure for which a risk of fraud is likely to exist</li> </ul>	<p>Risks are identified and responded to by HSCP management. Internal audit work will include fraud risk and make recommendations for improving controls where appropriated and this may result from planned work or by request from HSCP management. Recommendations are then implemented by management and reported to PAC.</p>
<ul style="list-style-type: none"> <li>communicating to employees its view on business practice and ethical behaviour (for example by updating, communicating and monitoring against the East Renfrewshire IJB's code of conduct)</li> </ul>	<p>The HSCP follows the relevant guidance of our partner organisations. In the event of any specific concerns internal audit would be notified immediately. Staff within the HSCP are required to comply with the relevant partner policies, code of conduct, financial regulations etc. that set out expectations and responsibilities. Relevant training is available through both partner organisations. The intranet within each partner provides relevant guidance.</p>
<ul style="list-style-type: none"> <li>encouraging employees to report their concerns about fraud; and</li> </ul>	<p>The culture within the HSCP promotes openness and transparency, which in turn creates an environment where staff are able to report any concerns to their manager. The management team within the HSCP also have a very strong working relationship with our staff side colleagues. Both organisations also have whistleblowing policies and audit can also be contacted directly.</p>
<ul style="list-style-type: none"> <li>communicating to the Performance and Audit Committee (i.e. those charged with governance) the processes for identifying and responding to fraud or error?</li> </ul>	<p>Any area of high risk would be considered by Internal Audit and reported to PAC. In the event of any specific concern the Chairs of both PAC and IJB will be notified immediately.</p>

<p>2) What are Management's views about whether there are areas within the organisation that are at risk of fraud?</p>	<p>Internal control processes are in place to mitigate fraud across a range of service delivery areas and associated processes and subject to either planned or requested regular audit review. PAC receive assurances through reports to that committee along with reports taken to the IJB and seminars held throughout the year. Examples include:</p> <ul style="list-style-type: none"> <li>• Annual audit plan and in year reports</li> <li>• External audit of the annual report and accounts with associated governance and assurance statements</li> <li>• Regular strategic risk register reports</li> </ul> <p>In addition to the information reported to PAC the Chief Officer and her management team have responsibility to sign off annual governance checklists with each partner and in the event of any issues PAC would be advised.</p> <p>Where any new process or procedure is considered or introduced this will take into account all governance controls, including any risk of fraud.</p>
<p>3) Does Management have any knowledge of any actual or suspected or alleged instances of fraud or fraudulent financial reporting?</p>	<p>No; there are no actual or suspected frauds that we are aware of in 2024/25. There is an ongoing police investigation into an issue raised in a prior year and on conclusion detail will be reported.</p>
<p>4) Where the answer to question 3 above is "yes" what was Management's response to the situations(s) identified?</p>	<p>Not applicable.</p>
<p>5) Is Management satisfied that internal controls to prevent and detect fraud, including segregation of duties, exist and work effectively?</p>	<p>Yes; governance and reporting to the IJB and as required through our partner bodies is transparent and robust. PAC receives an audit progress reports to every meeting which shows all open audit recommendations; this will include any areas where internal controls could be strengthened.</p>
<p>6) Are there any deficiencies in internal control?</p>	<p>No.</p>

7) Are you aware of any instances where controls have been overridden?	No.
8) Is there any organisational or management pressure to meet financial or operating targets?	<p>PAC and the IJB are aware of the challenging financial landscape of the IJB and the financial recovery process was invoked during 2023/24. The position has improved in 2024/25, with significant progress made on savings delivery. Whilst there is an expectation across the HSCP that all staff will continue to contribute to the delivery of savings, this is unlikely to lead to any individuals falsifying accounting or other records.</p> <p>Our Financial reporting and Performance reporting throughout the year provides detail on the movements in spend since last report and trend analysis, so any operational anomalies should be identified.</p>
9) Are there any particular areas of the accounts that are more susceptible to false entries or omissions or other forms of manipulation? Are management aware of such manipulation having occurred?	No to both questions. All transactional information is subject to the controls in place through both partner organisations.
10) How does management gain assurance that all relevant laws and regulations have been complied with? Have there been any instances of non-compliance during 2024/25?	<p>Senior Management horizon scan for new and changing laws and regulations and any likely change will be at length within the management team and with respective professional peer groups and partners.</p> <p>The legal implications of IJB papers are considered, alongside any statutory duties. The IJB Standards Officer will also provide advice and guidance on any constitutional matters.</p> <p>There have been no instances of non-compliance.</p>
11) Are there any actual or potential litigation or claims that would affect the financial statements?	No.

<p>12) How does management satisfy itself that it is appropriate to adopt the going concern basis in preparing the financial statements?</p>	<p>The IJB received additional non-recurring financial support from both partners during 2023/24. Despite the challenging financial landscape the IJB set a balanced budget for 2024/25, albeit predicated on the delivery of significant savings with progress reported to the IJB. This also includes plans to over recover the required level of savings to allow us to begin to build back from recovery.</p> <p>The 2024/25 position shows the impact of significant progress in savings delivery and the Supporting People Framework is fully embedded.</p> <p>NHSGGC provided an additional £1 million in year allocation, on a non-recurring basis recognising the continued prescribing pressures. The outturn for the year has allowed us to reinstate a general reserve and whilst still in breach of our policy we are demonstrating progress.</p> <p>The Medium Term Financial Plan sets out scenarios for future years and recognises the ultimate position is dependent on the budget settlement from the Scottish Government and funding decisions taken by our partner organisations.</p> <p>As a public body we are required to provide a range of statutory services.</p>
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13) In respect of related parties:	
<ul style="list-style-type: none"> <li>Have there been any changes in related party relationships and transactions from the prior period?</li> </ul>	No.
<ul style="list-style-type: none"> <li>What is the nature and the relationship with the identified related parties, how have these been accounted for and disclosed?</li> </ul>	<p>The related parties significant to the constitution of the IJB and PAC are NHS Greater Glasgow and Clyde and East Renfrewshire Council and the constitutional documents and the Integration Scheme between those parties set out the relationships, roles and expectations.</p> <p>The transactions form part of the “everyday business” of the HSCP and both PAC and IJB receive reporting on a wide range of areas throughout the year. The annual report and accounts for the IJB also includes detail of related parties within the accounting policies and the related parties note. Similarly our partners will include the IJB within their respective annual report and accounts.</p>
<ul style="list-style-type: none"> <li>Have there been any transactions with related parties during the period that have been conducted outside of the IJB’s normal course of business?</li> </ul>	No.
<ul style="list-style-type: none"> <li>What is the purpose of material transactions entered into with related parties?</li> </ul>	The delivery of health and social care services to the residents of East Renfrewshire and to a wider population for the specialist services that we host.

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Performance and Audit Committee
<b>Held on</b>	25 June 2025
<b>Agenda Item</b>	8
<b>Title</b>	CIPFA Financial Management Code – Action Plan Update
<b>Summary</b>  To provide Performance and Audit Committee with a progress update on the CIPFA Financial Management self-assessment action plan.	
<b>Presented by</b>	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<b>Action Required</b>  The Performance and Audit Committee is asked to note and comment on the action plan update as at June 2025.	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**PERFORMANCE AND AUDIT COMMITTEE**

**25 June 2025**

**Report by Chief Financial Officer**

**CIPFA FINANCIAL MANAGEMENT CODE – ACTION PLAN UPDATE**

**PURPOSE OF REPORT**

1. The purpose of this report is to provide Performance and Audit Committee with an update on the action plan identified from the previously agreed self-assessment of the CIPFA Financial Management Code. The original report and resulting plan was last presented to this committee in June 2024.

**RECOMMENDATION**

2. The Performance and Audit Committee is asked to note the report note and comment on the action plan as at June 2025.

**BACKGROUND**

3. The CIPFA Financial Management Code is designed to support good practice in financial management and to assist local authority bodies, including Integration Joint Boards, in demonstrating their financial sustainability.
4. The detail and purpose of the report, along with the resulting action plan was reported to the Performance and Audit Committee in June 2023. It was recognised that as some of the actions are longer-term, progress would be reviewed as part of annual governance arrangements. The last progress update was reported in June 2024.

**REPORT**

5. The action plan was structured to assess against a number of questions (A to Q) and we identified five areas where we could potentially improve or enhance our performance.
6. The same approach has been taken as last year, so rather than pull out these five actions for update in isolation, the full plan has been reviewed for completeness and is included at Appendix 1.

**CONCLUSIONS**

7. The IJB is compliant with the Financial Management Code and the update against the self-assessment at Appendix 1 evidences this.

## **RECOMMENDATIONS**

8. The Performance and Audit Committee is asked to note and comment on the action plan as at June 2025.

## **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 0748

3 June 2025

Chief Officer, IJB: Alexis Chappell

## **BACKGROUND PAPERS**

PAC 26-06-2024: Item 8. CIPFA Financial Management Code – action plan update

[http://eastrenfrewshire.gov.uk/media/10454/PAC-Item-08-26-June-2024/pdf/PAC\\_Item\\_08\\_-\\_26\\_June\\_2024.pdf?m=1718729970753](http://eastrenfrewshire.gov.uk/media/10454/PAC-Item-08-26-June-2024/pdf/PAC_Item_08_-_26_June_2024.pdf?m=1718729970753)

## CIPFA Financial Management Code – Self Assessment and Action Plan – Progress Update as at 25 June 2025

FM Ref	Requirement	What we are currently doing	Areas for Development
<b>1. The responsibilities of the chief finance officer and leadership team</b>			
A	The leadership is able to demonstrate that the services provided by the IJB provide value for money	<ul style="list-style-type: none"> <li>The IJB has the following in place to ensure best value: <ul style="list-style-type: none"> <li>Regular reports to the IJB and the Performance &amp; Audit Committee (PAC) in relation to financial performance</li> <li>Quarterly performance reports to PAC show progress against the 9 national outcomes</li> <li>The IJB has a Reserves Policy and application and creation of reserves is clearly set out in finance reports.</li> <li>All reports to the IJB and / or PAC requiring decisions are clear and include, where relevant:- <ul style="list-style-type: none"> <li>Options available</li> <li>Implications for people</li> <li>Equality impacts</li> <li>Financial and legal implications</li> <li>Risk</li> <li>Results of consultations if required</li> <li>Identification of risk and mitigations</li> </ul> </li> <li>PAC receive an annual report on commissioned services</li> <li>Inspection and internal / external audit reports are routinely presented</li> <li>The Savings, Recovery and Renewal (SRR) programme capturing change activity is reported to each IJB with a focus on delivering benefits as well as savings</li> </ul> </li> <li>As part of the annual accounts audit, external Audit assess these arrangements to ensure best value is delivered for the IJB.</li> </ul>	<p>June 2024: Savings progress is reported within financial reporting and the Recovery &amp; Renewal Programme report all major change</p> <p><b>June 2025: As above, savings progress continues to be reported. The Recovery &amp; Renewal Programme will be reviewed and closure report to the IJB with any open projects transferring to the Change &amp; Improvement Programme being developed alongside the IJB new Chief Officer. This will be taken through the appropriate IJB governance.</b></p>

B	The IJB complies with the CIPFA Statement on the Role of the Chief Finance Officer (CFO) in Local Government (2016)	<ul style="list-style-type: none"> <li>• The CFO is a key member of the HSCP's Senior Management Team and is the IJB's Section 95 Officer.</li> <li>• The CFO is actively involved in all material business decisions and offers challenge and influence on decisions made. This is evidenced through the CFO's attendance and participation at key business meetings such as the IJB and PAC pre-agendas and meetings, HSCP Management meetings, Savings, Recovery and Renewal programme board, Chief Officer bi-annual performance review meetings, national CFO executive and section meetings, attendance at partner strategic and operational meetings.</li> <li>• The CFO champions the promotion and delivery of good financial management. This is reflected in the management structure within the organisation and the reporting of financial performance to all key management groups, including the Extended Senior Management Team and the Joint Staff Forum.</li> <li>• The IJB's Financial Regulations clearly outlines the role and responsibilities of the CO, CFO and all budget holders in relation to financial management.</li> <li>• The CFO is a professionally qualified accountant with significant experience as a CFO. The HSCP's finance team is suitably resourced and experienced in support of the CFO undertaking their role.</li> <li>• Our Finance &amp; Resources structure includes a Depute CFO post to support resilience and succession planning.</li> </ul>	<p>Continue development opportunities for Depute CFO and continue to build on recent Finance service structure changes to move towards a fully integrated finance team.</p> <p>June 2024: development still planned, capacity constrained in 2023/24 due to staffing changes</p> <p><b>June 2025: The Accountancy team of 5 FTE has been fully recruited, with the most recent appointment in May 2025, although workloads remain challenging. A development programme will be established and will build on previous plans.</b></p>
<b>2. Governance and financial management style</b>			
C	The leadership team demonstrates in its actions and behaviours responsibility for	<ul style="list-style-type: none"> <li>• The IJB and the HSCP management team have a clear commitment and shared vision to deliver the outcomes in our strategic plan 2022–25.</li> </ul>	<p>Continue to progress existing open audit recommendations and report new activity.</p> <p>June 2024: this is custom and practice and works well.</p>

	governance and internal control.	<ul style="list-style-type: none"> <li>• With a long standing history of integration we are have a mature and well developed approach, underpinned by appropriate policies and codes of conduct.</li> <li>• The importance of governance and internal controls is reflected in the IJB constitution, policies and reporting and in that of our partner bodies; schemes of delegation define the responsibilities for all staff members and establishes the levels at which financial management responsibilities lie in terms of decisions and approvals of spend.</li> <li>• An annual assessment of compliance with governance and internal controls is undertaken by the Chief Officer and her team for both partner bodies as part of the annual assurance for both internal and external auditors. This in turn supports the Annual Governance Statement for the IJB annual report and accounts as well as those of our partners.</li> <li>• Internal audit reviews provide assurance on a range of internal controls and all reports with any associated recommendations are reported to the Performance and Audit Committee.</li> <li>• Annually our external auditors assess our arrangements to ensure they are appropriate and operate effectively. The most recent audit concluded that there were no issues with arrangements in place.</li> </ul>	<p><b>June 2025: continues to work well, with increased NHS audit information to PAC.</b></p> <p><b>The new Strategic Plan covers the period 2025 – 2028.</b></p> <p><b>The new Chief Officer for the IJB took up post in May 2025.</b></p>
D	The IJB applies CIPFA/SOLACE "Delivering Good Governance in Local Government: Framework (2016)".	<ul style="list-style-type: none"> <li>• The IJB has adopted governance arrangements consistent where appropriate with the six principles of the CIPFA/SOLACE framework "Delivering Good Governance in Local Government Framework" or "Local Code". The system of internal control is designed to manage risks to a reasonable level based on a risk based approach.</li> <li>• The Annual Governance Statement outlines how the IJB has complied with its Local Code. The statement for 2021/22</li> </ul>	<p>Continue to review the action plan in the Annual Governance Statement and consider whether any developments could enhance presentation.</p> <p>June 2024: reviewed to support good governance</p> <p><b>June 2025: as above</b></p>

		confirmed there were no new significant governance concerns, but identified actions we would take in 2022/23. The annual report and accounts for 2022/23 updates on the progress/completion of these actions and identifies new or ongoing actions moving into 2023/24.	
E	The Financial Management style of the IJB supports financial sustainability	<ul style="list-style-type: none"> <li>• The IJB's financial management style can be described as 'enabling transformation' using the CIPFA FM Financial Management hierarchy Model.</li> <li>• Financial Sustainability is recognised as a key strategic risk within the IJB's Strategic Risk Register. The risk and mitigating actions are reviewed at every meeting of the Performance and Audit Committee.</li> <li>• The IJB has set a balanced budget each year since 2015/16 and implemented a reserves strategy to recognise and supported pressures. This has served us well however reserves are now diminishing.</li> <li>• The IJB has a framework in place to manage its financial affairs including:- <ul style="list-style-type: none"> <li>• Financial regulations and Standing Orders</li> <li>• Reserves Strategy</li> <li>• Medium Term Financial</li> <li>• Partner Schemes of Delegation</li> <li>• Financial regulations and Standing Orders of both Partner Bodies</li> </ul> </li> <li>• The Savings, Recovery and Renewal (SRR) programme captures all strategic projects and change and recognises the cross cutting nature of some savings, in particular our Supporting People programme. There is solid governance in place and the Chief Officer and her team are the programme board. This in turn supports a culture of continuous improvement</li> </ul>	<p>Recognising the challenging budget set for 2023/24, the Medium Term Financial Plan 2023/24 to 2027/28 reflects the current challenging landscape. This will be reviewed and updated as part of the 2024/25 budget setting process, if not before.</p> <p>The delivery of £7m savings in 2023/24 is fundamental to financial sustainability and progress will continue to be reported to each meeting of the IJB.</p> <p>We need to continue to develop strategic financial discussions with both partners to ensure the demographic, demand and cost pressures the IJB face are fully evidenced and communicated.</p> <p>June 2024: 2023/24 resulted in financial recovery discussions with both partners. This will continue into 2024/25 as we work to deliver the challenging savings programme as part of balancing the 2024/25 budget.</p> <p><b>June 2025: Improved position, however the financial outlook is still challenging, both locally and nationally. Significant</b></p>

		<p>and feeds into routine reporting and development including implementation of our strategic plan.</p> <ul style="list-style-type: none"> <li>• The finance and commissioning teams support all services with input into the SRR, as well as supporting everyday operational matters.</li> <li>• The CFO presents regularly to the IJB, Performance and Audit Committee, the management team, the Joint Staff Forum through scheduled meetings and seminar sessions.</li> <li>• The Medium Term Financial Plan considers the sustainability of the IJB over the medium term, including scenarios showing costs pressures and potential funding over low, medium and high scenarios. The plan provides the detail of assumptions risks and sensitivity.</li> </ul>	<p><b>progress on savings delivery was made during 2024/25.</b></p> <p>June 2024: This will also be reviewed against the Scottish Government financial plan for Health &amp; Social Care upon its publication during 2024.</p> <p><b>June 2025: The Medium Term Financial Plan has been refreshed to cover the period to 2029/30.</b></p> <p><b>We are awaiting publication of the Scottish Government medium term financial plan.</b></p>
<b>3. Medium to long term financial management</b>			
F	The IJB has carried out a credible and transparent financial resilience assessment	<ul style="list-style-type: none"> <li>• All financial monitoring reports to the IJB are prepared on a projected outturn basis, including early identification of key risks, use of reserves, savings progress and any budget virement to support clear decision making in year and to inform forward planning.</li> <li>• The Medium Term Financial Plan considers the sustainability of the IJB over the medium term, including an assessment of funding, cost and demand pressures and the risks over the medium term.</li> <li>• The Medium Term Financial Plan includes sensitivity analysis which identifies the implications if planning assumptions change and what the impact of this would be for the financial position of the partnership.</li> </ul>	<p>The unaudited annual report and accounts for 2022/23 show the diminishing reserves balance for the IJB.</p> <p>As in section E above ongoing discussion with our partners is fundamental to ensure there is full understanding of the financial situation.</p> <p>June 2024: as above detailed discussions will continue with both partners during 2024/25.</p> <p><b>June 2025: Regular discussions continue, position improved on previous year. NHSGGC provided an</b></p>

		<ul style="list-style-type: none"> <li>• The Medium Term Financial Plan describes the key issues and challenges for the IJB, with some national context, to allow us to deliver financial sustainability over the medium term (please see section E above). It also recognises the scale of the financial gap is so significant that there needs to be ongoing discussions with partner bodies in relation to funding.</li> <li>• The budget set for 2023/24 identified a number of risks in relation to the level of inflation, demand and is predicated on delivery a significant level of savings. It is difficult to see how any further saving of similar magnitude could be sustained.</li> <li>• The IJB has an established Reserves Policy which is reviewed annually.</li> </ul>	<p><b>additional in year allocation, on a non-recurring basis, recognising continued prescribing pressures.</b></p> <p>June 2024: all usable reserves were depleted as part of financial recovery. There is a tension between savings delivery, delivering services and building reserves; however the latter needs to be considered to allow us to rebuild from financial recovery.</p> <p><b>June 2025: Reserves position improved, but still in breach of policy.</b></p>
G	The IJB understands its prospects for financial sustainability in the longer term and has reported this clearly to members.	<ul style="list-style-type: none"> <li>• The IJB's Annual Budget, Annual Report and Accounts, Medium Term Financial Plan and Strategic Risk Register all reflect financial sustainability as a risk. These are subject to regular review to ensure the reported position and associated assumptions remain robust.</li> <li>• The regular revenue monitoring reporting to the IJB will flag early and changes and if significant will trigger a review of the Medium Term Financial Plan in year. The revenue monitoring reporting informs forward financial planning.</li> <li>• The information in the medium term financial plan also informs other key strategic reports and plans, such as the Strategic Plan, Annual Performance Report and Strategic Commissioning Plan</li> <li>• Seminars with the IJB, internal and external consultation on the budget and regular sessions with the management team are undertaken to support the annual budget setting process.</li> </ul>	

		<ul style="list-style-type: none"> <li>Regular discussion also takes place with our Trades Union colleagues</li> </ul>	
H	The IJB complies with the CIPFA Prudential Code for Capital Finance in Local Authorities	<ul style="list-style-type: none"> <li>This is not relevant as the IJB does not have capital programmes or borrowing powers. All assets belong to our partners.</li> </ul>	
I	The IJB has a rolling multi-year medium-term financial plan consistent with sustainable service plans.	<ul style="list-style-type: none"> <li>The IJB has a Medium Term Financial Plan which reviewed and updated each year.</li> <li>This is underpinned, is informed by and in turn informs a range of strategies such as our commissioning plan, workforce plan, accommodation strategy; all of which support delivery of the IJB's Strategic Plan.</li> <li>The Medium Term Financial Plan is prepared in conjunction with all service areas and reflects all significant demand and cost pressures being experienced both at a local and national level.</li> <li>Please see Section E above.</li> </ul>	
<b>4. The annual budget</b>			
J	The IJB complies with its statutory obligations in respect of the budget setting process.	<ul style="list-style-type: none"> <li>The IJB is fully aware of the need to set a balanced budget as established in s108 (2) of the Local Government (Scotland) Act 1973 and s93 (3) of the Local Government Finance Act 1992. The need to meet this requirement is set out within the annual budget report.</li> <li>A balanced budget was agreed by the IJB on 27 March 2023 for 2023/24.</li> </ul>	
K	The budget report includes a statement by the CFO on the robustness of the estimates and the statement on the adequacy of the	<ul style="list-style-type: none"> <li>The requirement for a CFO statement in relation to this is a specific legislative requirement in England and Wales, but not in Scotland.</li> <li>The 2023/24 Budget report includes detail on the cost pressures faced by the IJB, the available funding to offset, the associated funding gap and savings proposals to close the gap. The risks</li> </ul>	

	proposed financial reserves.	<p>and implications are clearly set out. At the IJB seminar sessions this information is discussed in greater detail.</p> <ul style="list-style-type: none"> <li>• The Medium Term Financial Plan includes sensitivity analysis which demonstrates the implications if estimates differ from assumptions and the potential impact this could have on IJB finances.</li> <li>• The IJB has a Reserves Policy which is based on CIPFA guidance and recommended practice. The IJB general reserve 0.2% is well below the agreed policy level of 2% and the history and rationale for this has been discussed at length at each annual audit.</li> </ul>	
<b>5. Stakeholder engagement and business cases</b>			
L	The IJB has engaged where appropriate with key stakeholders in developing its long-term financial strategy, medium-term financial plan and annual budget.	<ul style="list-style-type: none"> <li>• The IJB promotes consultation with a range of stakeholders, including those with lived experience and we have a well-established engagement network.</li> <li>• Comprehensive engagement with all stakeholders is standard when developing the strategic plan which determines the strategic priorities which the IJB sets out to deliver over the medium term, the strategic commissioning plan, the annual budget etc. This engagement promotes partnership working and ensures stakeholders have input on their priorities.</li> <li>• The IJB undertook a month long engagement with stakeholders when developing the 2023/24 budget, this included our partner bodies.</li> <li>• Stakeholders are well represented on the IJB and participate in all seminars.</li> <li>• In preparing the annual budget each year, the Chief Officer and Chief Financial Officer engage with both partner bodies to ensure that pressures are fully understood as well as the implications of changes to funding for services. The Chief</li> </ul>	

		Officer is a member of both partner bodies' corporate management teams.	
M	The IJB uses an appropriate documented option appraisal methodology to demonstrate the value for money of its decisions.	<ul style="list-style-type: none"> <li>As part of the annual budget process consideration is given to options for savings. This process includes a detailed assessment of impacts for service users, patients, staff as well as other operational delivery and financial risks. Where relevant this will also include a consideration of options and a recommendation in relation to the preferred option.</li> <li>The Savings, Recovery and Renewal programme uses clear and transparent project methodology to support major projects and service redesign. This includes options appraisals where relevant.</li> </ul>	
<b>6. Performance monitoring</b>			
N	The leadership team takes action using reports, enabling it to identify and correct emerging risks to its budget strategy and financial sustainability.	<ul style="list-style-type: none"> <li>The Annual Budget and Medium Term Financial Plan are prepared in conjunction with the senior management team so that all known and emerging issues and risks are captured.</li> <li>Staff communication bulletins ensure colleagues are aware of all issues and promote involvement requesting ideas for savings and how we could do things differently.</li> <li>The Strategic Risk Register for the IJB is informed by service operational risk and contingency planning. This also informs the HSCP aspects of our partners risk registers.</li> <li>Regular financial and performance reporting identify early issues and where required more detailed work will be undertaken as required.</li> <li>Significant changes such as the Supporting People Framework are regularly discussed at the senior management and extended management team and supported by a number of development and information sessions for staff.</li> </ul>	<p>Regular monitoring of the impact of the Supporting People Framework during 2023/24 is required to assess progress, impact and savings.</p> <p>June 2024: This did not work as well as we hoped in 2023/24 and increased focus is in place for 2024/25.</p> <p><b>June 2025: Significantly improved position with over achievement in non-Care at Home services on a recurring basis.</b></p> <p><b>The framework is fully embedded.</b></p> <p><b>The Care at Home shortfall has been incorporated into the service redesign and applied to the budget.</b></p>

O	The leadership team monitors the elements of its balance sheet that pose a significant risk to its financial sustainability.	<ul style="list-style-type: none"> <li>The financial reporting to the IJB includes detail on reserves (being the key element of the balance sheet) and shows the opening balance, in year use, in year additions and the projected balance along with notes on use and commitments. Any decisions on change of use or new reserves is requested to the IJB as part of financial reporting governance.</li> <li>Debtor and creditor balances are regularly reviewed.</li> </ul>	
<b>7. External Financial Reporting</b>			
P	The CFO has personal responsibility for ensuring that the statutory accounts provided to the local IJB comply with the Code of Practice on Local IJB Accounting in the United Kingdom.	<ul style="list-style-type: none"> <li>The IJB's CFO is responsible for the preparation of the annual report and accounts in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom and by the deadlines set in legislation. These responsibilities are set within the Statement of Responsibilities included in the annual accounts, which is signed by the CFO.</li> <li>The CFO and Depute CFO are the key contributors to the production of the accounts and ensure those supporting them have access to the Code of Practice and are suitably trained and professionally qualified.</li> <li>These responsibilities of the CFO are set out in statute (s95 of the Local Government (Scotland) Act 1973) are also included in the CFO's job description.</li> <li>To date the IJB has met all of its statutory reporting deadlines for the submission of draft accounts to the external auditor by 30 June each, despite significant challenges during the pandemic.</li> <li>The IJB has consistently received an unqualified opinion from the external auditor from the audit of its Annual Accounts since established in 2015/16.</li> </ul>	
Q	The presentation of the final outturn figures and variations from budget allow the leadership	<ul style="list-style-type: none"> <li>The financial monitoring reporting to the IJB is based on the projected outturn for the year. This promotes early indication of issues and / or pressures and allows informed decision making.</li> </ul>	

	<p>team to make strategic financial decisions.</p>	<ul style="list-style-type: none"> <li>• The financial monitoring report provides a variance analysis across all services and also details reasons for any significant changes in the projected outturn position for each service since that last reported.</li> <li>• The focus on the projected outturn for each service informs budget planning for the year ahead.</li> <li>• The IJB's financial outturn for the year is presented to the Performance and Audit Committee and the IJB as part of the unaudited annual report and accounts and considers any material variation from the position as last reported.</li> <li>• Information from the final outturn informs ongoing budget monitoring work for the following financial year.</li> </ul>	
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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Performance and Audit Committee
<b>Held on</b>	25 June 2025
<b>Agenda Item</b>	9
<b>Title</b>	Annual Performance Report 2024/25
<p><b>Summary</b></p> <p>This report provides members of the Performance and Audit Committee 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.</p> <p>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.</p>	
<b>Presented by</b>	Steven Reid Policy, Planning and Performance Manager
<p><b>Action Required</b></p> <p>The Performance and Audit Committee is asked to note and comment on the contents of the Annual Performance Report 2024-25.</p>	

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**EAST RENFREWSHIRE PERFORMANCE AND AUDIT COMMITTEE**

**25 JUNE 2025**

**Report by Chief Officer**

**ANNUAL PERFORMANCE REPORT 2024/25**

**PURPOSE OF REPORT**

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

**RECOMMENDATIONS**

2. The Performance and Audit Committee is asked to note and comment on the contents of the Annual Performance Report 2024-25.

**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 Criminal 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 criminal 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.

## CONCLUSIONS

20. 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.
21. 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

22. The Performance and Audit Committee is asked to note and comment on the contents of the Annual Performance Report 2024-25.

## REPORT AUTHOR AND PERSON TO CONTACT

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0141 451 0749

10 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](#)



# 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

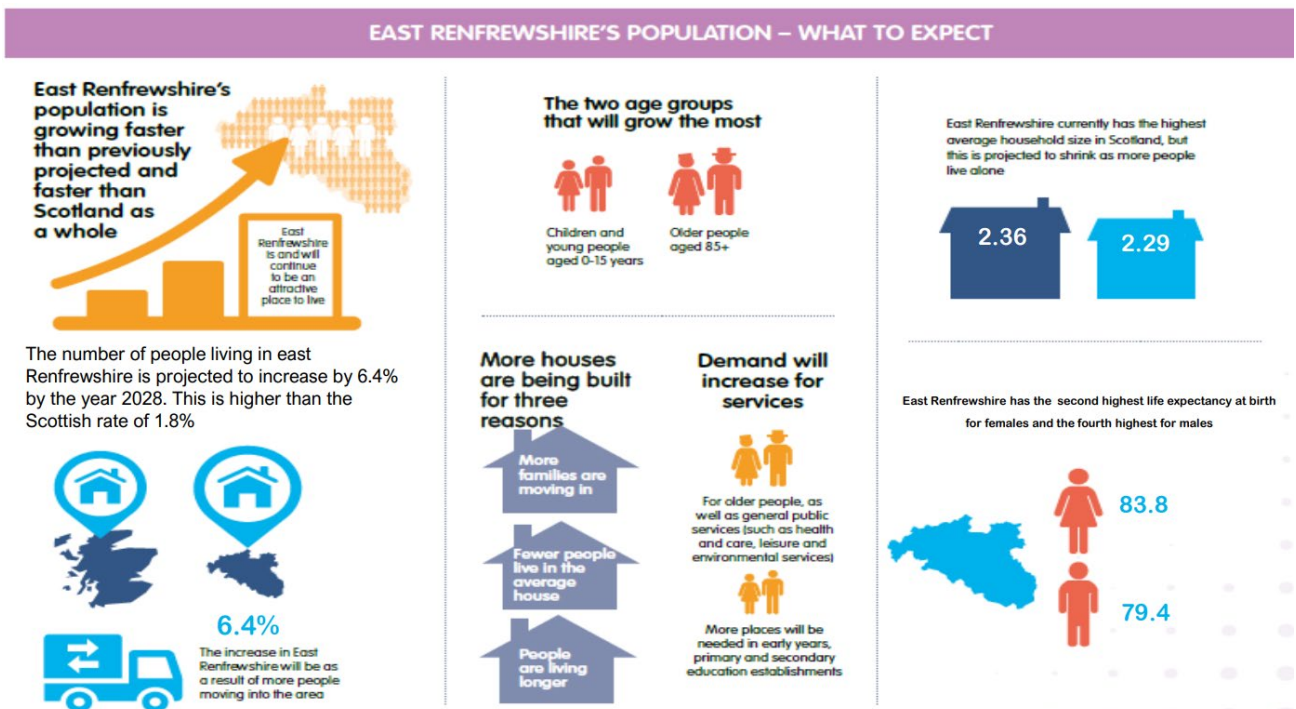
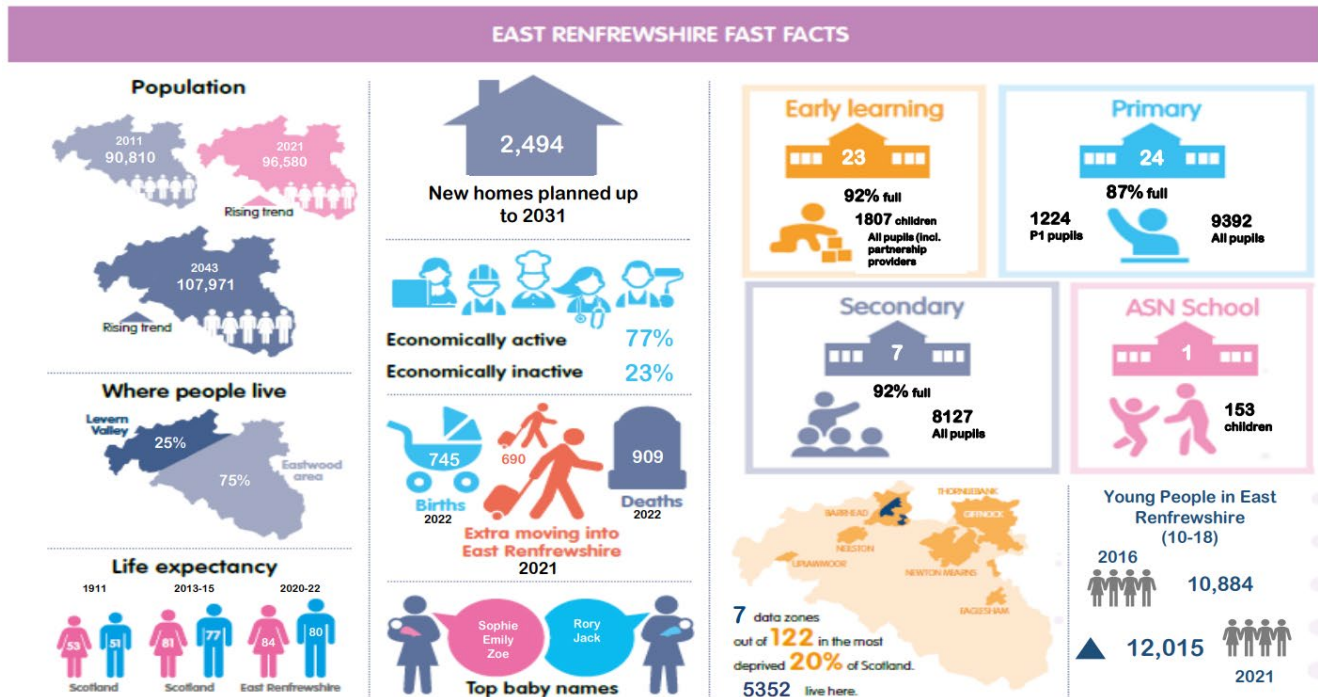
East Renfrewshire covers an area of 174 square kilometres and borders the city of Glasgow, East Ayrshire, North Ayrshire, Renfrewshire and South Lanarkshire.

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.

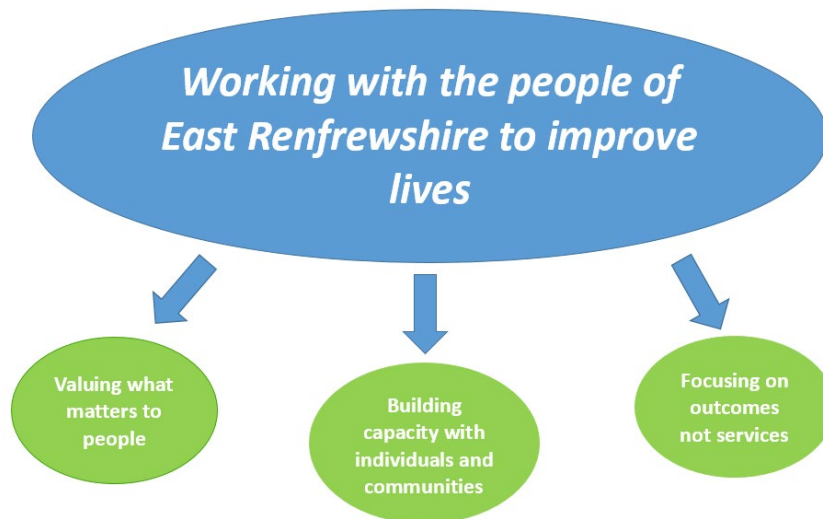
#### Our Vision

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.

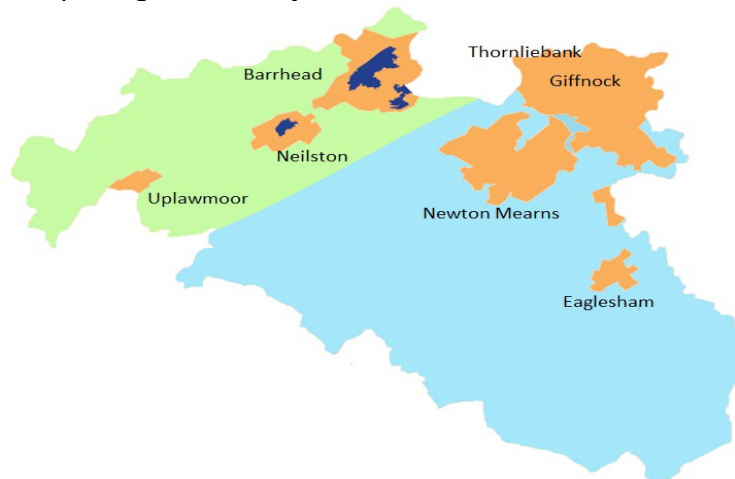
The Strategic Plan 2025-28 builds on our existing vision and priorities established in our long-term strategic planning. It also recognises the changed circumstances for the HSCP since the previous plan was developed, and intends to be open and realistic about the constraints the HSCP is working in. 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

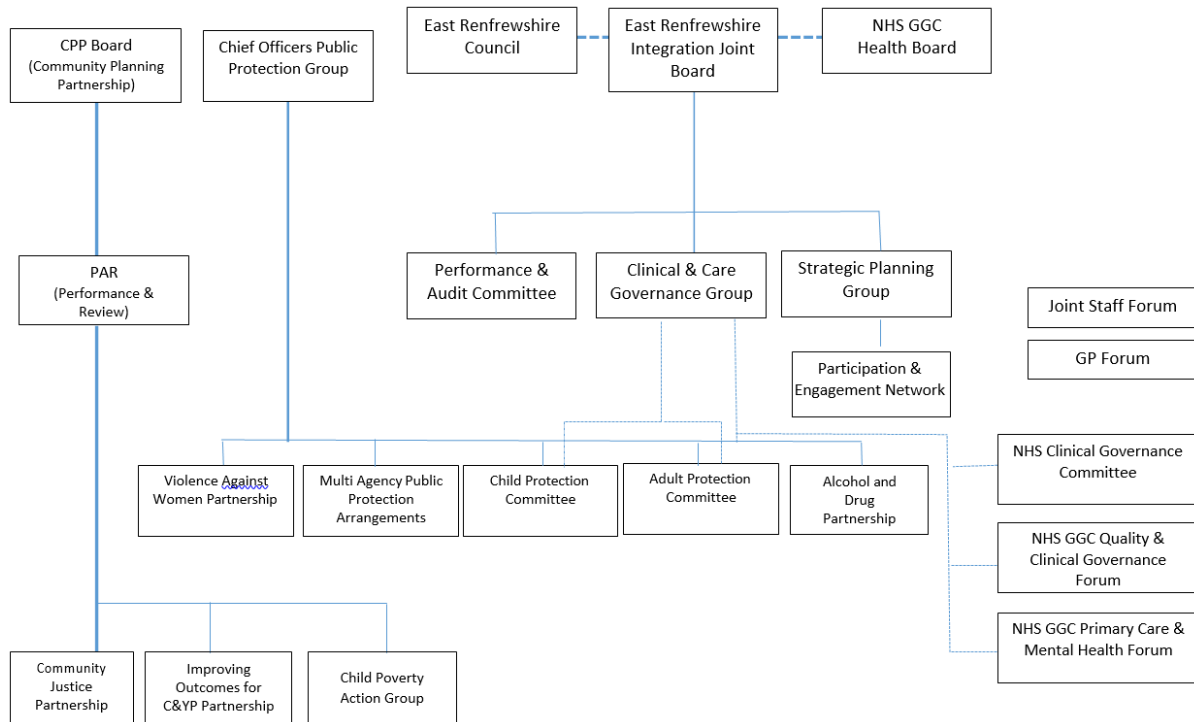
Our previous 2018-21 Strategic Plan reduced our locality planning areas from three to two localities – one for Eastwood and another for Barrhead. This allowed us to coordinate our approach with our local GP clusters while also reflecting the natural communities in East Renfrewshire.

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.

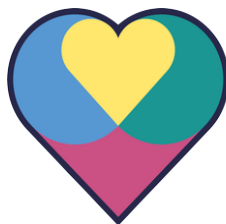
Headline performance data includes:

- 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 NHSGGC 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 NHSGGC. 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 there care plan could be completed, however 122 care plans were agreed and locked in the Macmillan system.

Macmillan like many other organisations and 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**.

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| <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 where 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.

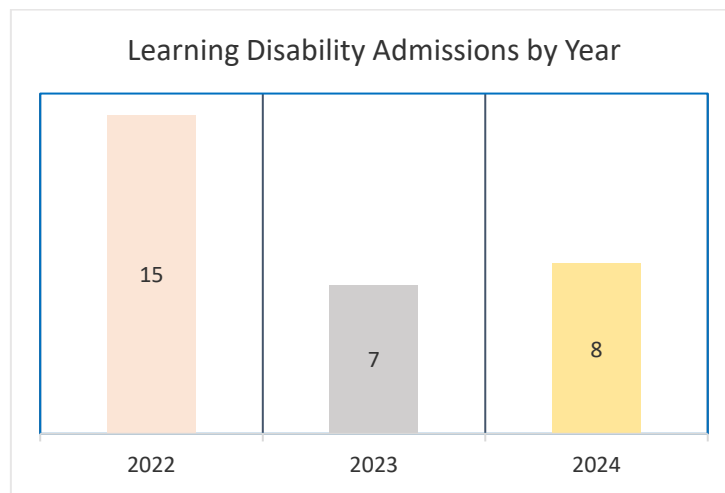
People are still more likely to be discharged within a reasonable timescale if their primary reason for admission is due to mental ill health and/or they have an established home to return to.

Establishing a new package of care and support is the primary reason for delays.

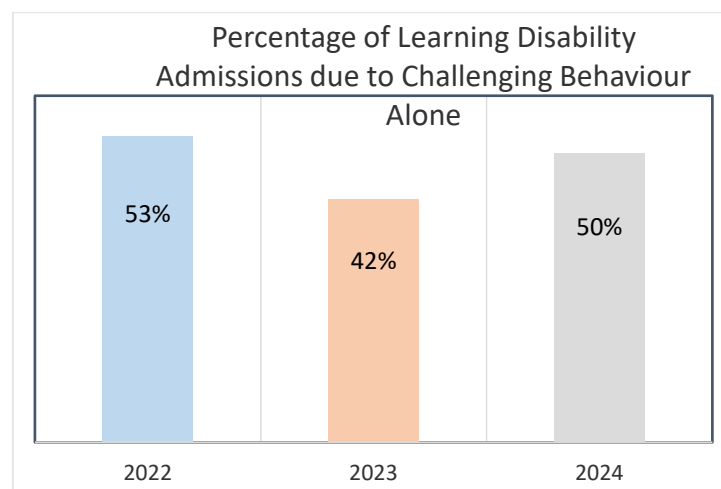
A high number of delayed discharges means we have a higher number of patients living together who do not want to be there/should not be sharing with others; and as a result there is a high level of interpersonal risks that are difficult to manage.

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

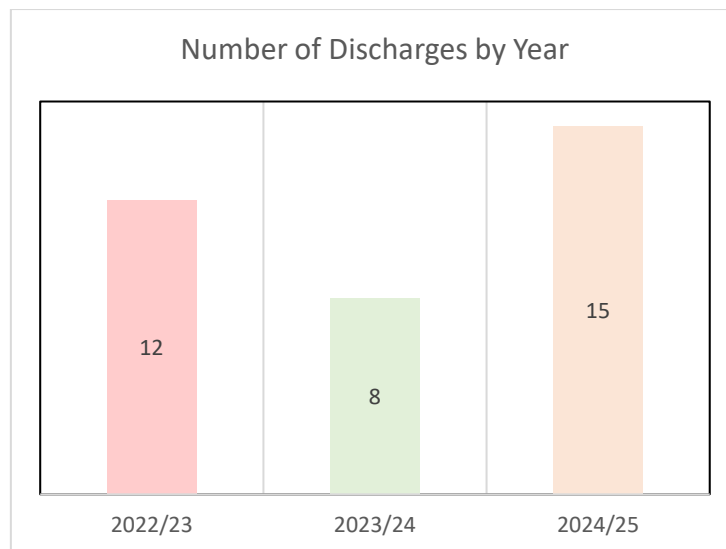


The service received 21 referrals for admission to the LD inpatient service in 2024/25, but only a total of eight people were admitted. The data indicates a slight increase in referrals, suggesting a consistent demand for the service. However, the admissions trend from 23/24 remains, with the service 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

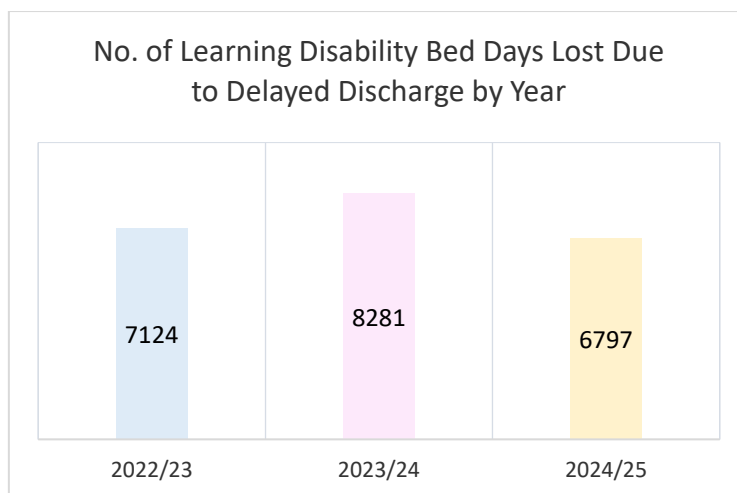


In 2024/25, a total of 15 patients were discharged from the LD inpatient service, representing a significant increase compared to previous years with eight discharges in 2023/24 and 12 in 2022/23. This marks a 53% rise from the previous year and reflects notable progress. The improvement is largely attributed 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.

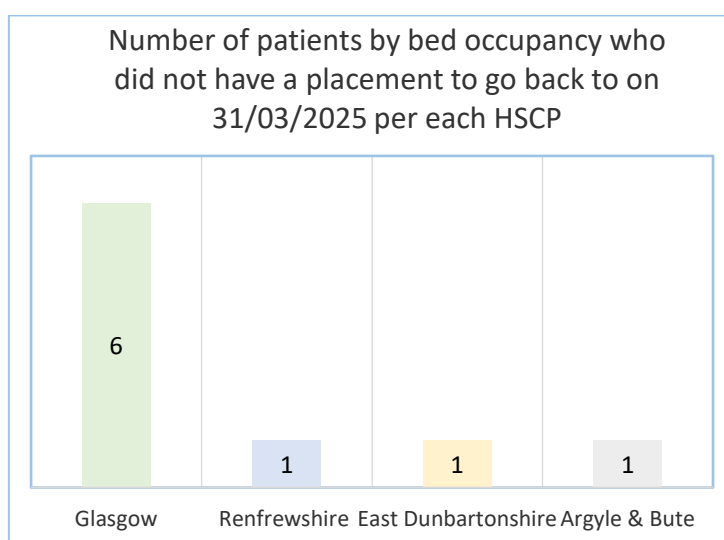
In addition to these, four long stay patients were discharged following the closure of the Netherton Unit in October 2024. All Netherton patients were temporarily transferred to Blythwood House due to delays with the completion of the new community placement. Three of the five transferred patients, and 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.

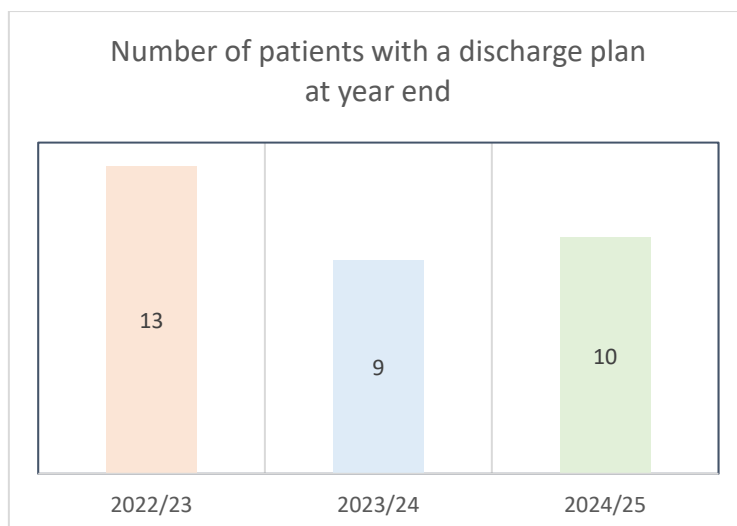
There is a correlation between the length of stay and accommodation status on admission. Of the fifteen discharges, three were returning to the home they were admitted from, with an average length of stay of 48 days. Eight had packages initiated in 2022/23 and 2023/24, three had new support packages 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.



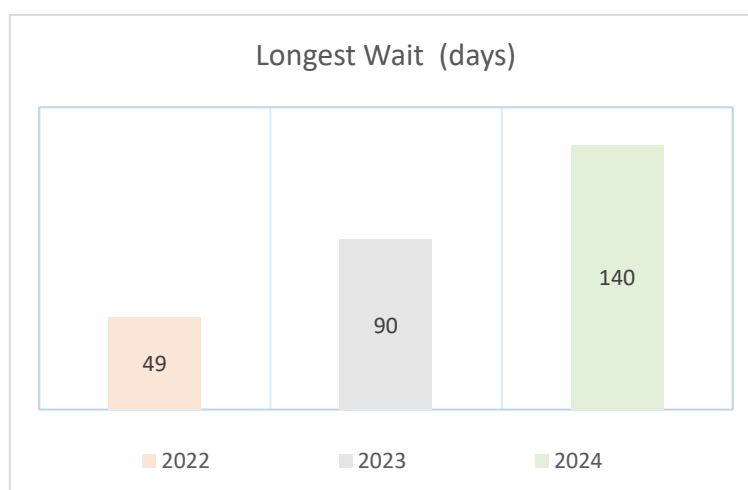
On 31<sup>st</sup> March 2025 nine patients who were ready for discharge did not have a discharge plan / community placement.



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

<b>National Health and Wellbeing Outcomes contributed to:</b>
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.

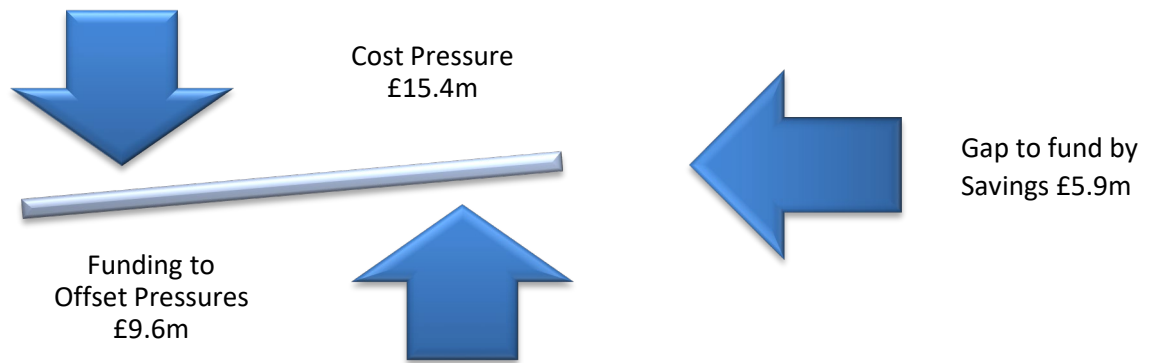
The IJB operates in a complex environment with requirements to ensure statutory obligations, legislative and policy requirements, performance targets and governance and reporting criteria are met whilst ensuring the operational oversight of the delivery of health and care services. UK and Scottish Government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

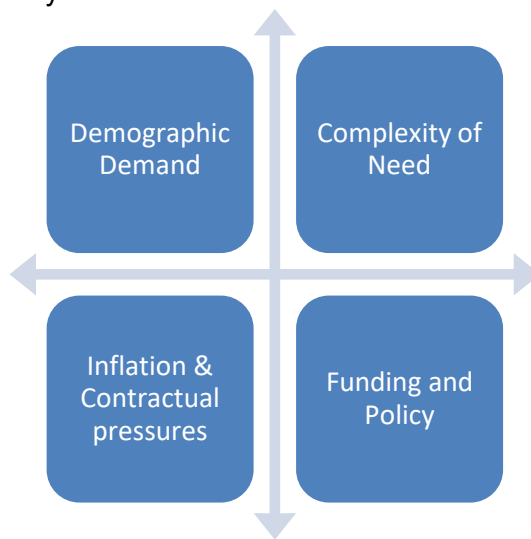
- continued delivery of savings to support financial sustainability, recognising this is at odds with a focus on prevention and the difficulty increases as the cumulative savings increase
- “doing more of the same” in identifying savings will not work, we need to review every service in detail as part 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.

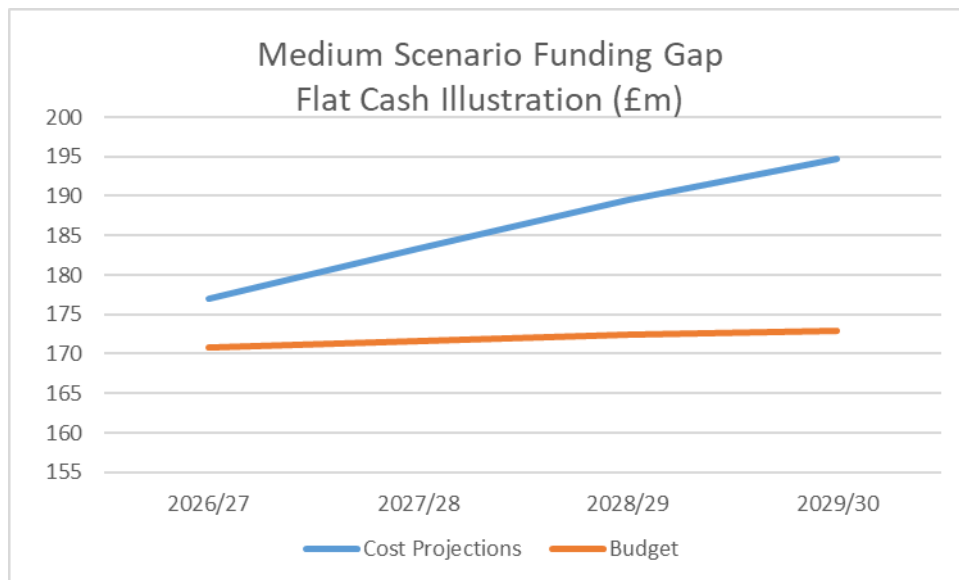
The assumptions are predicated on full and recurring delivery of the 2025/26 savings including the underlying shortfall.

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>	Performance and Audit Committee
<b>Held on</b>	25 June 2025
<b>Agenda Item</b>	10
<b>Title</b>	HSCP Annual Delivery Plan 2025-26
<b>Summary</b>  <p>The purpose of this report is to seek approval of the HSCP Annual Delivery Plan. The Plan sets out key activities to support the delivery of the new HSCP Strategic Plan 2025-28. The plan assigns lead officer responsibilities and lists the key performance indicators that will be used to measure progress towards delivery of the outcomes established in our Strategic Plan.</p>	
<b>Presented by</b>	Steven Reid, Policy, Planning and Performance Manager
<b>Action Required</b>  <p>The Performance and Audit Committee is asked to:</p> <ul style="list-style-type: none"> <li>• note and comment on the activities and performance measures given in the plan; and</li> <li>• approve the Annual Delivery Plan for 2025-26.</li> </ul>	

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**EAST RENFREWSHIRE PERFORMANCE AND AUDIT COMMITTEE**

**25 June 2025**

**Report by Chief Officer**

**EAST RENFREWSHIRE HSCP ANNUAL DELIVERY PLAN 2025-26**

**PURPOSE OF REPORT**

1. The purpose of this report is to seek approval of the HSCP Annual Delivery Plan. The Plan sets out key activities to support the delivery of the new HSCP Strategic Plan 2025-28.

**RECOMMENDATION**

2. The Performance and Audit Committee is asked to:
  - note and comment on the activities and performance measures given in the plan; and
  - agree the Annual Delivery Plan for 2025-26.

**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. 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.
4. There should be a clear recording and measurement framework so that there is an ongoing process to assess whether aims are being achieved.
5. We have developed a comprehensive new Strategic Plan for 2025/26 to 2027/28. The plan is due to received final approval at the IJB on 25 June 2025.
6. To support the operational delivery of our new strategy, we have develop the Annual Delivery Plan with the support of service managers, planning leads and third sector partners. The process has been overseen by the East Renfrewshire Strategic Planning Group (SPG) who have responsibility for directing the development and implementation of the Strategic Plan.
7. The activities and performance measures set out in the Annual Delivery Plan are the basis for future performance reporting.

## REPORT

8. The HSCP Strategic Plan 2025-28 builds on our existing vision and priorities established in previous 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. 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 three strategic outcomes established in the Strategic 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.**
10. The delivery plan is structured around these three strategic outcomes. The plan sets out key areas for service focus (and leads for each area, to be represented at the Strategic Planning Group). It sets out the priority outcomes to be delivered over the life of the Strategic Plan, and the key activities that will support these. For each service area, the plan gives a full list of performance indicators to be monitored over the next three years.
11. The updated set of performance indicators have been developed in collaboration with service managers and staff, and planning leads at the HSCP. Many of the indicators are continuing from our previous plans and are regularly reported to the Performance and Audit Committee. Some indicators have been reported elsewhere and are now being introduced to our strategic performance reporting. A small number of indicators remain in development and we will be working to confirm recording procedures and baseline data for this during 2025/26.
12. Implementation of the plan will be overseen by the SPG, with regular updates to SPG meeting from planning leads for each area of focus. Reporting for our performance indicators (along with exception reports for areas of specific interest) will continue to be presented to the Performance and Audit Committee every quarter.
13. The activities set out in the delivery plan will be reviewed annually, ahead of each financial year and presented for approval to the Performance and Audit Committee.

## CONCLUSION

14. The new Annual Delivery Plan reflects the high-level aims and ambitions for the HSCP and outlines the activities we will take as a wider partnership to meet the health and care needs of people in East Renfrewshire. The performance measure will allow for robust monitoring of our performance as we take forward delivery of the Strategic Plan.

## RECOMMENDATION

15. The Performance and Audit Committee is asked to:
  - note and comment on the activities and performance measures given in the plan; and
  - agree the Annual Delivery Plan for 2025-26.

**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)

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# East Renfrewshire HSCP Strategic Partnership Plan

## Annual Delivery Plan 2025



## HSCP 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></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>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>		

## HSCP Strategic Plan 2025-26 – Annual Delivery Plan

Strategic outcome 1: People are enabled to live healthy and fulfilling lives				
Delivery area: Supporting children, young people and their families to improve mental and emotional wellbeing				
Leads for priority: Jen McKean / Arlene Cassidy				
Priority outcome	Key activity	Timescale	Lead responsibility	Performance measures
Our most vulnerable children, young people and families are protected	Signs of Safety approach to keeping children safe rolled out across the local children's services partnership.	April 26	Jen McKean / Arlene Cassidy	% of children with child protection plans assessed as having an increase in their level of safety
	Local partners will collaborate with young people to design and deliver diversionary programmes and opportunities that promote inclusion, responsibility, and improve wellbeing.	April 26	Jen McKean / Arlene Cassidy	
	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.	April 26	Jen McKean / Arlene Cassidy	
Children and young people with complex needs are supported to overcome barriers to inclusion at home, school, and communities	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.	April 26	Jen McKean / Arlene Cassidy	% Looked After Children with more than one placement within the last year (Aug-Jul).
	Arrangements for young people with complex needs to achieve and sustain a positive transition into young adulthood will be strengthened to ensure the experience is improved and the outcome in line with young people and families expectations.	April 26	Jen McKean / Arlene Cassidy	% of children looked after away from home who experience 3 or more placement moves
Our Corporate Parenting responsibilities to our looked after and care experienced children and young people are delivered by fully implementing The Promise	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.	April 26	Jen McKean / Arlene Cassidy	% Child Protection Re-Registrations within 18 months
	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.	April 26	Jen McKean / Arlene Cassidy	Balance of Care for looked after children: % of children being looked after in the Community
	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.	April 26	Jen McKean / Arlene Cassidy	Children accessing Healthier Minds Service reporting improvements in their mental wellbeing

We respond to the mental and emotional wellbeing, and physical health needs of children and young people	Improve access to and awareness of the range of mental health supports available, to increase uptake and improve wellbeing.	April 26	Jen McKean / Frankie Robertson	% of individuals on the HV/FNP caseload where an initial GIRFEC assessment to allocate a core or additional health plan indicator has been complete within 56 days of birth.  % children and young people offered an assessment of their health and wellbeing needs within 28 days of the referral being received
	Promote the Healthier Minds Resource website for children, families and partner agencies to increase knowledge and skills, and enhance support strategies.	April 26	Frankie Robertson	
	Collaborative work with partner agencies to focus on addressing speech, language and communication concerns in order to decrease the number.	April 26	Morag Ferguson	

Strategic outcome 1: People are enabled to live healthy and fulfilling lives				
Delivery area: Supporting people to maintain their independence at home and in their local community				
Leads for priority: Craig Menzies / Ruth Gallagher				
Priority outcome	Key activity	Timescale	Lead responsibility	Performance measures
People are better able to find good information and access a range of activities and supports	Promote the range of local opportunities and supports available through visible points of access including the Community Hub, Talking Points and SDS Forum.	April 26	Craig Menzies	Number of people engaged through Talking Points events and support
	Promote better collaboration and knowledge between staff and organisations through local networks.	April 26	Craig Menzies / Ruth Gallagher	Referrals to preventative support through Talking Point engagement
	Support various link worker approaches, e.g. through GP practices, supporting dementia, Improving the Cancel Journey (ICJ).	April 26	Craig Menzies	
Individuals and families are better able to self-manage health and wellbeing, and long-term conditions	Expand and promote the uptake of digital solutions for health management and better health and wellbeing – through development of options and wider awareness.	April 26	Lee McLaughlin	No. telecare referrals/digital options
	Promote better 'future proofing' such as Future Care Planning, early establishment of Power of Attorney.	April 26	Lynne Siddiqui	Positive outcomes for individuals supported

The people we work with have choice and control over their lives and the support they receive	People with dementia and their families are better supported through the delivery of the East Renfrewshire Dementia Action Plan.	April 26	Craig Menzies	through link worker interventions
	There is a sustained focus on promoting positive health behaviours.	April 26	Gillian Phillips	% people referred for dementia care support
	Patients prescribed medicines are supported to manage their medicines appropriately.	April 26	Susan Galbraith	% of people whose care need has reduced following reablement / rehabilitation
	Ensure that the principles and opportunities of Self-directed Support continue to be promoted	April 26	Noleen McCormick	
	As a partnership, establish greater choice and innovation by developing the range of local opportunities and types of support	April 26	Ruth Gallagher / Margaret Phelps	Number of people self-directing their care through receiving direct payments and other forms of self-directed support.
	Work with housing providers to ensure housing needs are met and consider future housing opportunities	April 26	Margaret Phelps / Siobhan Ferrie	
	Work in partnership to support the delivery of the Local Housing Strategy (LHS), particularly activities under the priority "Homes that Meet a Lifetime of Needs, Supporting Residents to Live Independently".	April 26	Margaret Phelps / Siobhan Ferrie / Steven Reid	<p>Direct payments spend on adults 18+ as a % of total social work spend on adults 18+</p> <p>Percentage of people reporting 'living where you want to live' needs fully met. (Talking Points PI)</p> <p>% of people aged 65+ with intensive needs receiving care at home</p> <p>Percentage of people aged 65+ who live in housing rather than a care home or hospital</p>

<b>Strategic outcome 1: People are enabled to live healthy and fulfilling lives</b>				
<b>Delivery area: Supporting better mental health and wellbeing and reducing harm from alcohol and drugs</b>				
<b>Leads for priority: Tom Kelly / Tracy Butler / 3<sup>rd</sup> sector rep</b>				
<b>Priority outcome</b>	<b>Key activity</b>	<b>Timescale</b>	<b>Lead responsibility</b>	<b>Performance measures</b>
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	Support people to self-manage the impact that mental ill health has on their life.	<i>April 26</i>	<i>Sheena Smith / Tracy Butler / Claire Blair</i>	% of people waiting no longer than 18 weeks for access to psychological therapies  Mental health hospital admissions (standardised rate per 1,000 population)
	Enhance access to mental health and recovery services	<i>April 26</i>		
	Ensure people with complex mental health conditions and substance use harms are fully involved in the design and delivery of their own care plans.	<i>April 26</i>		
The risks and harms caused by alcohol and drugs are reduced for people, their families and wider communities	Develop the provision of peer support within services	<i>April 26</i>	<i>Tom Kelly / Sheena Smith</i>	% of people waiting no longer than three weeks from referral to alcohol / drug treatment  % of service users on caseload moving from treatment to recovery service ( <i>n.b. new reporting method for this PI</i> )
	Grow the recovery community, including the design and implementation of a recovery hub.	<i>April 26</i>		
	Ensure whole family support and recovery by working jointly across Alcohol and Drugs Recovery Service, children and families social work and third sector partners.	<i>April 26</i>		
	Continuing to deliver rapid access to alcohol and drugs services and enhance the assertive outreach approach for people at high risk of harm.	<i>April 26</i>		
Wellbeing is enhanced through a strong partnership approach to prevention and early intervention	Work with our communities to promote positive mental health and wellbeing.	<i>April 26</i>	<i>Tracy Butler / Claire Blair</i>	Alcohol brief interventions delivered  Alcohol-related hospital admissions
	Support and promote mental health and wellbeing initiatives delivered through third sector and community-led activity.	<i>April 26</i>	<i>Ruth Gallagher / Gillian Phillips</i>	
Staff and volunteers have the skills, knowledge and resilience to support individuals and communities	Maximise opportunities for skills development in relation to mental health, recovery and suicide awareness and prevention across services and the wider partnership.	<i>April 26</i>	<i>Tom Kelly / Sheena Smith / Claire Blair</i>	
	Ensure effective and efficient frontline staffing and service design across mental health and recovery to ensure fast, appropriate access to treatment.	<i>April 26</i>		

Create a Suicide Safe East Renfrewshire, free of stigma through awareness raising, education and community based partnership working.	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	April 26	Claire Blair	MAT standards RAG status  Positive outcomes for individuals receiving peer support
Mental health supports and services are accessible and inclusive of the needs of people with relevant protected characteristics ( <b>Equality outcome</b> )	Identify potential gaps in mental health and wellbeing interventions relevant to particular protected characteristics	April 26 ongoing	Sheena Smith / Claire Blair	Suicide prevention measures
	Increase visibility and promotion of mental health and wellbeing supports within particular equality groups through grassroots engagement	April 26 ongoing	Ruth Gallagher / Gillian Phillips	Staff who have completed appropriate modules in trauma skills, safety and stabilization ADRS
	Ensure there is appropriate focus on groups with protected characteristics in mental health and trauma awareness training.	April 26 ongoing	Tom Kelly / Sheena Smith / Claire Blair	

Strategic outcome 1: People are enabled to live healthy and fulfilling lives				
Delivery area: Supporting people who care for someone, ensuring they are able to exercise choice and control				
Leads for priority: Mark Mulhern / Lorraine Nelson				
Priority outcome	Key activity	Timescale	Lead responsibility	Performance measures
Carers are identified at the earliest opportunity and are offered support in their own right.	Identify carers at an earlier stage in their caring role.	April 26	Mark Mulhern / Lorraine Nelson	Percentage of carers who feel supported to continue in their caring role. (NI8)
	Increase awareness of carers, their rights and the impact of caring.	April 26		
Carers can easily access the advice, information and support they need at the time they need it.	Ensure people caring for someone living in East Renfrewshire know where to go to find up to date advice, information and the right support.	April 26	Mark Mulhern / Lorraine Nelson	Carers supported to continue in their caring role (ACSP recording – engaged through Carers Centre/HSCP)
Improve the process and uptake of Adult Carer Support Plans	Support carers to identify and achieve the outcomes that matter to them (through the promotion of adult carers support plans).	April 26	Mark Mulhern / Lorraine Nelson	
Carers get a break from and are able to maintain their own health and wellbeing	Increase awareness of the different options available to carers for short breaks and promote opportunities to increase these options.	April 26	Mark Mulhern / Lorraine Nelson	

We will work with partners to mitigate any negative impact caring has on carers' finances.	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.	April 26	Mark Mulhern / Lorraine Nelson	People reporting 'quality of life for carers' needs fully met (%) (Talking Points PI)
Unpaid carers are recognised and valued as equal partners in care and involved in decision making relating to their caring role.	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.	April 26	Mark Mulhern / Lorraine Nelson	Number of Adult Carer Support Plans – interim and full (ACSP)
Staff who are carers are supported in the workplace	Deliver Carers Strategy actions including peer support sessions, awareness raising, promotion of flexible work and carer leave policies.	April 26	Mark Mulhern / Lorraine Nelson	% of carers accessing support for short breaks (baseline to be established 25/26)
The needs of unpaid carers with protected characteristics are understood and support is accessible and person-centred ( <b>Equality outcome</b> )	Improve local data collection in relation to caring responsibilities and the protected characteristics	April 26	Mark Mulhern / Lorraine Nelson	Uptake of supports/services by people with specific protected characteristics (equalities monitoring)  Participation in Carers Centre information and awareness sessions
	Deliver programme of awareness raising and information sessions - gender, disability, ethnicity and sexual orientation.	April 26		
	Development of support to ethnic minority carers	April 26 ongoing		
	Ensure Adult Carer Support Plan (ACSP) process reflects needs of carers with protected characteristics	April 26		

<b>Strategic outcome 1: People are enabled to live healthy and fulfilling lives</b>				
<b>Delivery area: Supporting staff across the partnership to strengthen resilience and wellbeing</b>				
<b>Leads for priority: Louise Brown / Julie Tomlinson</b>				
<b>Priority outcome</b>	<b>Key activity</b>	<b>Timescale</b>	<b>Lead responsibility</b>	<b>Performance measures</b>
Staff have access to resources and information that can improve their wellbeing	Ensure that all staff have access to universal information with regard to health and wellbeing across the partnership's services.	April 26	Louise Brown / Julie Tomlinson	iMatter feedback from staff, including: "My manager cares about my health and well-being"
Staff feel connected to their team or service and we embed a health and wellbeing culture across the partnership	Develop leadership competencies across management in order to focus on resilience across the partnership.	April 26	Louise Brown/ Catriona Reid	"I am given the time and resources to support my learning growth"
	Ensure regular wellbeing conversations with staff and teams.	April 26		

Opportunities are promoted for staff to take part in physical activity, rest and relaxation	Promote relaxation and physical activity opportunities across the partnership	April 26	Claire Blair	"I feel involved in decisions in relation to my job"  No. of HWB bulletins  Activities offered to staff
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Strategic outcome 2: Our communities are resilient and there are better opportunities for health & wellbeing				
Delivery area: Strengthening links with communities and 3rd sector supports				
Leads for priority: Ruth Gallagher / Craig Menzies				
Priority outcome	Key activity	Timescale	Lead responsibility	Performance measures
Gaps in community resources for health and wellbeing are identified and addressed	Partners work together to map and understand local support and identify gaps.	April 26	Ruth Gallagher / Craig Menzies	Number of people engaged through Talking Points events and support
	Community-based groups are supported to strengthen their response to address identified gaps in support.	April 26	Ruth Gallagher / Craig Menzies	Number of organisations supported to access funding opportunities via Vol Action
	Work in partnership to build the capacity of community organisations, groups and individuals to deliver their own solutions.	April 26		
Residents are clear on the role of the HSCP, statutory providers and the support available from third/community sector organisations	The partnership communicates its holistic, 'tiered' approach to help people find support that is appropriate to different levels of need.	April 26	Ruth Gallagher / Craig Menzies	% Residents engaged in volunteering & community groups (GGC NHS survey)
We are a genuinely 'listening' partnership with ongoing, transparent engagement.	Continue to develop the scope and activities of our Participation and Engagement Network (PEN), involving more views from people with lived experience.	April 26	Craig Menzies	Proportion aged 65+ belonging to Social Clubs, Associations, Church Groups or Similar (GGC NHS Survey)
	Introduction of organisation wide 'planning with people' guidance, which will ensure appropriate governance around engagement activity	April 26		
There is equitable access to information and meaningful participation for all ( <b>Equality outcome</b> )	Take a more pro-active and consistent approach to engagement aligned to decision-making	April 26 ongoing	Craig Menzies	'I feel supported to get involved in public life' rating (Citizens Panel)
	Enhance inclusive and accessible communications, taking steps to meet specific needs	April 26 ongoing		

	Increase employee awareness of the needs of different minority groups through training, community engagement and a robust equality impact assessment process.	<i>April 26 ongoing</i>		Rating of communication with ERC/HSCP (Citizens Panel)
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<b>Strategic outcome 2: Our communities are resilient and there are better opportunities for health &amp; wellbeing</b>				
<b>Delivery area: Supporting individuals and communities to tackle health inequalities and improve life chances</b>				
<b>Leads for priority: Gillian Phillips / Julie Breslin</b>				
<b>Priority outcome</b>	<b>Key activity</b>	<b>Timescale</b>	<b>Lead responsibility</b>	<b>Performance measures</b>
Health inequalities will be reduced by working with communities and through co-produced targeted interventions	Deliver tailored health improvement programmes and activities in communities with greater health inequalities.	<i>April 26</i>	<i>Gillian Phillips</i>	NI-1: Percentage of adults able to look after their health very well or quite well
	Work to ensure people in our most disadvantaged community are able to access digital opportunities that support independence and wellbeing.	<i>April 26</i>	<i>Gillian Phillips / Julie Breslin</i>	
	Continue to support local activity to tackle Child Poverty and mitigate its effects.	<i>April 26</i>	<i>Gillian Phillips / Julie Breslin</i>	NI-11: Premature mortality rate per 100,000 persons  Male life expectancy at birth in 20% most deprived communities
	Develop and support infant feeding groups across East Renfrewshire in collaboration with partner agencies.	<i>April 26</i>	<i>Morag Ferguson</i>	
Activity to address health inequalities is informed by data, intelligence and the experiences of our communities	We use Health and Wellbeing Survey data to direct our targeted work in local neighbourhoods to address health inequalities.	<i>April 26</i>	<i>Gillian Phillips</i>	Female life expectancy at birth in 20% most deprived communities
	Community involvement in service development is sustained (through approaches like Recovery Hub).	<i>April 26</i>	<i>Craig Menzies</i>	
	The needs of individuals and groups are identified early – before crisis.	<i>April 26</i>	<i>Gillian Phillips</i>	
People understand their own responsibility for health and wellbeing.	There is a sustained focus on encouraging positive health behaviours (reflecting the national public health priorities).	<i>April 26</i>	<i>Gillian Phillips</i>	Breastfeeding at 6-8 weeks in 20% most deprived SIMD data zones.
	Promote information that raises awareness of self-management and self-care.	<i>April 26</i>		% of 65+ who meet the Target of 150 Minutes of Exercise Per Week (GGCNHS Survey)

				<p>Healthy weight - % of P1 children at risk of overweight and obesity</p> <p>Smoking cessation –No of smoking quits in the 40% most deprived SIMD areas at 12 weeks</p> <p>Breast cancer screening - % uptake of eligible women (aged 50 -70)</p> <p>Bowel cancer screening - % uptake in SIMD 1 &amp; 2 areas</p> <p>Cervical cancer screening - % uptake of cervical screening programme</p>
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Strategic outcome 2: Our communities are resilient and there are better opportunities for health & wellbeing				
Delivery area: Supporting people's healthcare needs by providing support in the right way, by the right person at the right time				
Leads for priority: Lynne Siddiqui / Claire Fisher				
Priority outcome	Key activity	Timescale	Lead responsibility	Performance measures for development and closer alignment to outcomes/activities
Early intervention and prevention of admission to hospital to better support people in the community	Continue to develop our community pathways to reduce patient conveyance to Emergency Department (ED) and manage individuals within the community; when appropriate	April 26	Lynne Siddiqui	No. of A & E Attendances
	Develop pathways for individuals diagnosed and living with long-term conditions to improve self-management and support them within the community	April 26		<p>Number of Emergency Admissions</p> <p>A &amp; E Attendances from Care Homes</p>

	Focused 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	April 26	Susan Galbraith	Emergency Admissions from Care Homes
	Optimise the use of community beds for proactive assessment, reablement and rehabilitation	April 26		Occupied Bed Days (Adult – non-elective)
	Further develop and deliver a person-centred approach to Future Care Planning	April 26		People waiting more than 3 days to be discharged from hospital
	Polypharmacy Medication Reviews by pharmacists to ensure prescribed medicines are taken safely and are effective.	April 26		
Improved hospital discharge and better support for people to transfer from acute care to community supports	Collaborative working including multi-disciplinary team (MDT) weekly huddle with hospitals to support discharge planning for all East Renfrewshire inpatients	April 26	Lynne Siddiqui	Bed days lost to delayed discharge
	Hospital to Home Social Work in-reach across to all acute sites for complex cases to support early discharge	April 26		% of last six months of life spent in community setting
	Daily reporting, monitoring and review of delays	April 26		Number of clients supported into intermediate care
	Bonnyton unit available for interim care although Home First approach with community rehabilitation/ reablement input preferred pathway where appropriate.	April 26		
	Medication Support Service to support patients with medicines compliance issues and medicines changes on hospital discharge	April 26	Susan Galbraith	
	Pharmacy Service undertakes medicines reconciliation after hospital discharge.	April 26		
	Pharmacy Service processes medicine requests on clinic letters.	April 26		
Resources are utilised optimally and waste is minimised, ensuring best value is achieved.	HSCP-managed Pharmacy service promotes safe, effective and cost-effective prescribing. Realistic medicines principles are applied.	April 26	Susan Galbraith	Number of polypharmacy reviews completed
	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.	April 26		
	Support provided in GP practices when medicine shortages occur, products are discontinued, and when there are product recalls.	April 26	Susan Galbraith	

	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.	April 26	Susan Galbraith	
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Strategic outcome 2: Our communities are resilient and there are better opportunities for health & wellbeing				
Delivery area: Supporting effective community justice pathways that support people to stop offending and rebuild lives				
Leads for priority: Craig Stevenson / Janice Thompson				
Priority outcome	Key activity	Timescale	Lead responsibility	Performance measures
Optimise the use of diversion and intervention at the earliest opportunity	Use appropriate risk assessment tools to identify need and reduce the risk of further offending.	April 26	Craig Stevenson	% of people reporting community payback order helped to reduce their offending
	Deliver accredited programmes aimed at reducing reoffending	April 26		
Ensure that robust and high quality community interventions and public protection arrangements are available	Deliver multi-agency public protection arrangements with police, health and prisons which assess and manage sex offenders, serious and violent offenders	April 26	Craig Stevenson	% of people completing unpaid work requirements  % of unpaid work placements commencing within 7 days where no delay has occurred in receiving Order
	Enhance skills and knowledge in trauma informed practice across justice services	April 26		
	Increase effective use of structured deferred sentence, bail supervision electronic monitoring	April 26		
Ensure that services are accessible and available to address the needs of individuals accused or convicted of an offence	Deliver a whole systems approach to diverting both young people and women from custody	April 26	Craig Stevenson	% of unpaid work placement completions within Court timescale.  Positive employability and volunteering outcomes for people with convictions
	Ensure people subject to statutory and voluntary supervision including licence have early access to community mental health, alcohol and drug recovery services	April 26		
	Working with local partners to ensure a range of beneficial unpaid work placements are taken up	April 26		
	Actively participate in the East Renfrewshire Employability Partnership to develop pathway and employability support	April 26		

Strategic outcome 3: People are safe and protected				
Leads for priority: Raymond Prior / Robert Price / Janice Thomson				
Priority outcome	Key activity	Timescale	Lead responsibility	Performance measures
Individuals and their carers are active participants in shaping their support and the way in which Adult Support and Protection (ASP) activity is undertaken in East Renfrewshire.	We will ensure that the views of adults at risk, their families and carers are heard and help shape the way we deliver services.	April 26	Raymond Prior / Robert Price	<p>People agreed to be at risk of harm and requiring a protection plan have one in place</p> <p>% people supported where advocacy has been considered</p> <p>Number of HSCP staff supported with ASP training and awareness sessions</p> <p>% people feeling safer following ASP support (reporting on new client system to be developed 25/26)</p> <p>Achievement of ASP prescribed timescales (improved reporting on new client system to be developed 25/26)</p>
	We will ensure that adults are offered independent advocacy at the earliest opportunity, in the way that is most appropriate for them.	April 26		
	We will make best use of all our opportunities for the prevention and identification of harm	April 26		
	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	April 26		
	We will continue to develop awareness of ASP with our partners, providers and the public.	April 26		
	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.	April 26		
	We will ensure that adult's strengths, assets and trauma contribute to our understanding of risk and their circumstances.	April 26		
	We will continue to learn and improve each time we carry out a Large Scale Investigation.	April 26		
	We will take steps to ensure the full involvement of all key partners in relevant aspects of adult support and protection practice going forward.	April 26		
	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.	April 26		

Domestic abuse survivors are protected from further harm and abuse. <b>(Equality outcome)</b>	Provide domestic abuse support services for women and children.	<i>April 26</i>	<i>Janice Thomson</i>	% Change in women's domestic abuse outcomes % change in children's domestic abuse outcomes  Participation in domestic abuse training and programmes  Number of referrals to domestic abuse support services
	Deliver awareness raising campaigns on gender-based violence, and ensure women are aware of the referral pathways and supports available	<i>April 26</i>		
	Provide domestic abuse training to all staff.	<i>April 26</i>		
	Make domestic abuse resource tools available to all staff.	<i>April 26</i>		
	Ensure staff are aware of the referral pathways and supports available	<i>April 26</i>		
	Implement a domestic abuse perpetrator programme and implement gender-based violence prevention programme in schools.	<i>April 26</i>		
Children are kept safe in their families and communities.	Deliver the commitments in the East Renfrewshire Child Protection Committee Business Improvement Plan 2025-2028	<i>April 26</i>	<i>Jen McKean</i>	Vaccination update rates
The health of East Renfrewshire's population is protected from major incidents and other threats	Deliver health protection measures including successful uptake of locally-delivered vaccination programmes.	<i>April 26</i>	<i>Julie Tomlinson</i>	

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>  <b>Held on</b>	Performance and Audit Committee  25 June 2025
<b>Agenda Item</b>	11
<b>Title</b>	Specialist Learning Disability Inpatient Services Performance Report 2024/25
<b>Summary</b>  This paper provides the Performance and Audit Committee with data on the performance of Specialist Learning Disability Inpatient Services, with a particular focus on admission and discharge activity throughout 2024/25. The aim is to ensure visibility of the key issues for patients as well as highlighting areas for improvement.	
<b>Presented by</b>	Tom Kelly, Head of Adult Services: Learning Disability and Recovery
<b>Action Required</b>  Performance and Audit Committee are asked to note and comment on the report.	

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**EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP**

**PERFORMANCE AND AUDIT COMMITTEE**

**25 June 2025**

**Report by Chief Officer**

**SPECIALIST LEARNING DISABILITY IN PATIENT SERVICES**  
**PERFORMANCE REPORT 2024/25**

**PURPOSE OF REPORT**

1. The purpose of this paper is to provide data on the performance of Specialist Learning Disability Inpatient Services with a particular focus on admission and discharge activity throughout 2024/25. The aim is to ensure visibility of the key issues for patients as well as highlighting areas for improvement

**RECOMMENDATION**

2. Performance and Audit Committee are asked to note and comment on the report.

**BACKGROUND**

3. This report focuses on activity relating to our assessment and treatment services (Blythswood House and Claythorn House) which have 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 NHS GGC boundary and three of which are provided via service level agreements in areas outwith NHS GGC.
4. The data in this report has been collected from our bed management system, EMIS and TrakCare. There are some limitations in the data provided due to the inclusion of patients admitted in the previous years but not yet discharged.

**REPORT**

**Key Messages**

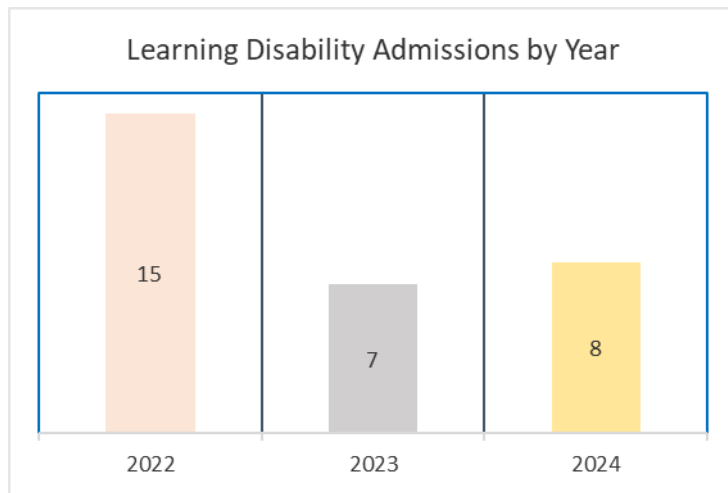
5. The number of admissions increased by one in 2024/25, but overall figures remain just under 50% of the 2022/23 total. This trend is largely due to a significant drop in discharges from 15 in 2022/23 to just 7 in 2023/24.
6. Progress has been made in reducing delayed discharges this year with a total 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.

7. 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.
8. Establishing a new package of care and support is the primary reason for delays.
9. 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.
10. 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 a positive step to improve a person's quality of life.

### **Overview of Activity in 2024/25**

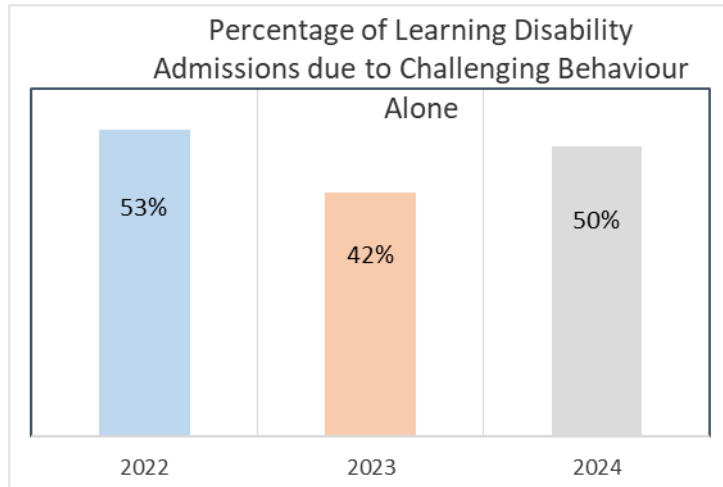
#### **Admissions**



11. 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.

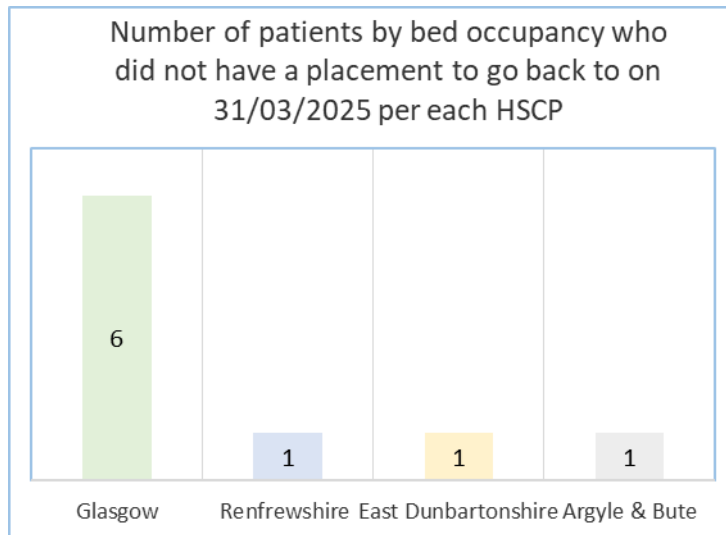
### Reason for LD Admissions

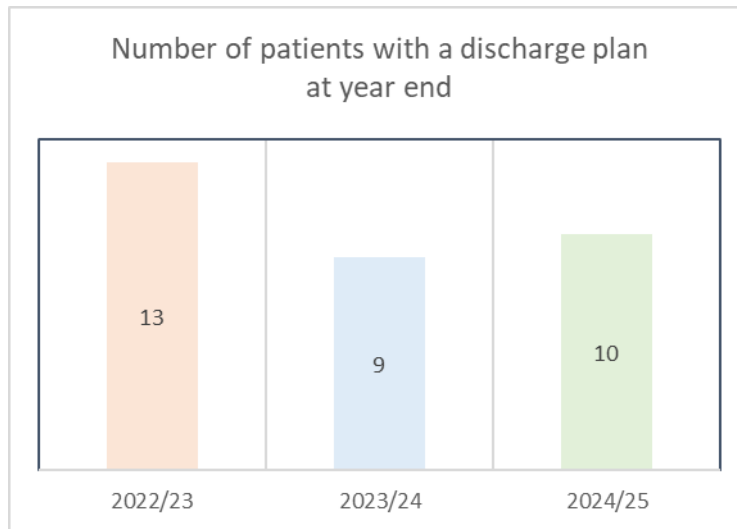
12. In 2024/25, 50% of admissions were due to long-standing challenging behaviour (four out of eight), compared to 42% in 2023 and 53% in 2022. Most admissions for behaviours that challenge are linked to instability in community support, with staffing and recruitment issues in the Third Sector being a key factor



### Number of patients without a discharge placement in LD Beds

13. On 31/03/2025 nine patients who were ready for discharge did not have a discharge plan / community placement.

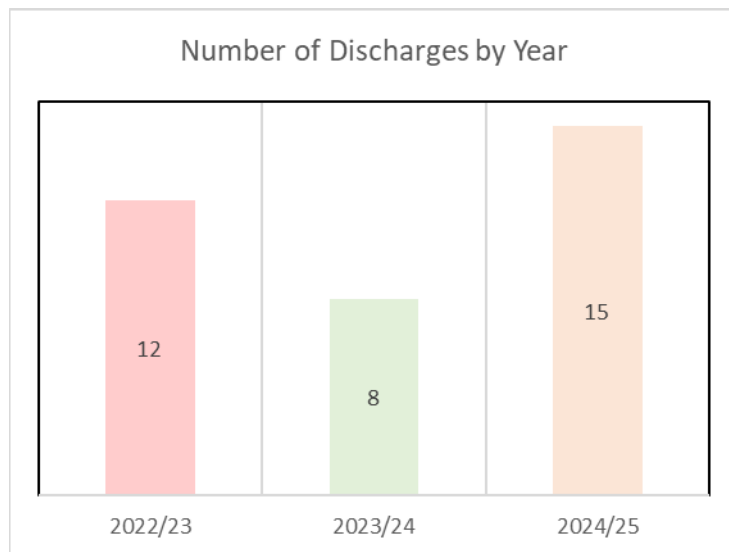


Patients with a discharge plan in LD beds

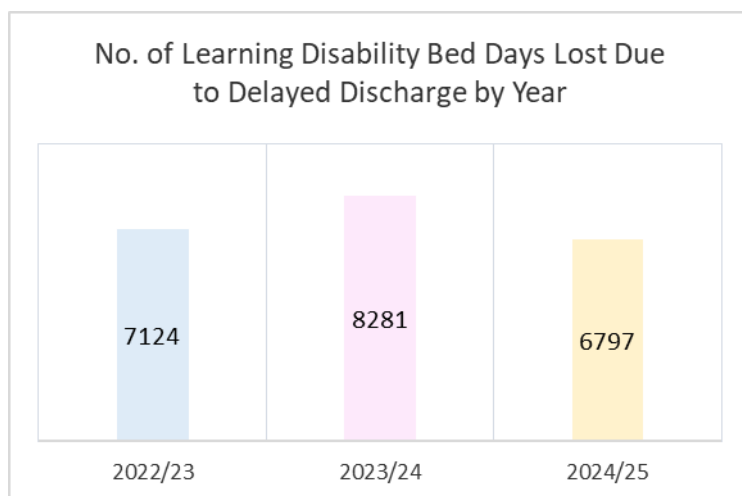
14. As of 31<sup>st</sup> March 2025, 10 out of 19 patients (53%) in LD inpatient services had an active discharge plan, showing slight improvement from 9 out of 26 (35%) in 2024. Despite this small progress, unacceptable delays in discharge remain a persistent issue, particularly for patients with longer hospital stays.
15. 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.
16. 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.

### Number of discharges & length of stay

17. 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.



18. 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.
19. Overall the average length of stay counting all assessment & treatment LD patients discharged during 2024/25 was 145 days with a range between 0 – 358 days.
20. 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.

LD Bed days lost

21. 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.

HSCP Bed Activity in 2024/25

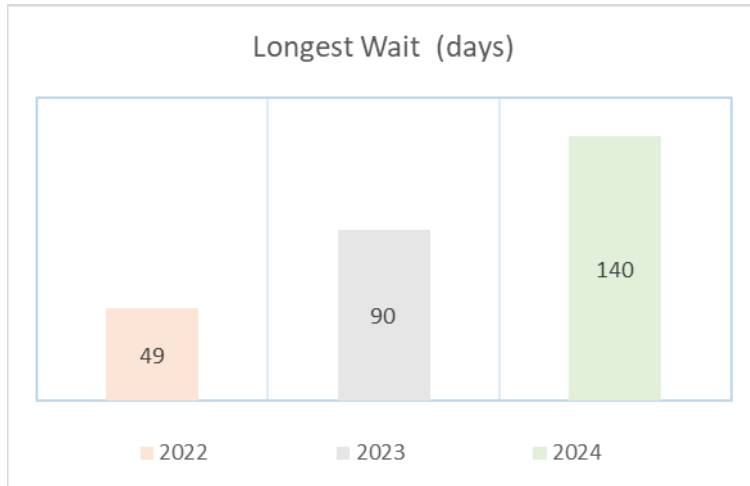
HSCP	Admissions to LD Beds	Discharges from LD Beds	Admissions to MH Beds	Discharges from MH Beds
East Dunbartonshire	3 (2 via MH bed)	0	1	2
East Renfrewshire	0	0	0	0
Glasgow	3 (2 via MH bed)	12	8	8
Inverclyde	1	0	1	2
Lanarkshire	1	0	0	0
Renfrewshire	0	3	0	0
West Dunbartonshire	0	0	3	3
Argyll & Bute	0	0	1	1
<b>Total</b>	<b>8</b>	<b>15</b>	<b>14</b>	<b>16</b>

LD Beds days lost by HSCP

HSCP	Bed days lost 22/23	Bed days lost 23/24	Bed days lost 24/25
East Dunbartonshire	0	1	181
East Renfrewshire	0	167	0
Glasgow	6293	5995	4579
Inverclyde	0	133	46
Lanarkshire	0	0	0
Renfrewshire	831	1465	1261
West Dunbartonshire	0	366	365
Argyll & Bute	0	143	365
<b>TOTAL</b>	<b>7124</b>	<b>8281</b>	<b>6797</b>

### LD Waiting Times

22. The longest wait for admission to a learning disability inpatient bed was 140 days.



23. 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.

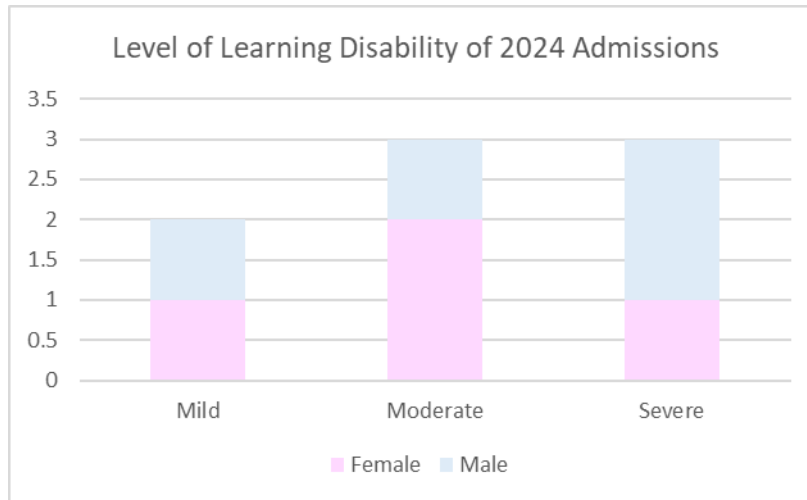
### Mental Health Adult Services Admissions (with no LD bed transfer)

24. The LD service is aware of 13 people open to community learning disability services who were admitted to a mental health bed during 2024/25 and were not subsequently transferred to an LD bed. One of these people had two admissions with the total number of mental health admissions not subsequently transferred to an LD bed at 14 for 2024/25.
25. Six of these patients were referred to the LD inpatient service. One patient remains in a mental health ward awaiting transfer to an LD bed and the other 5 were discharged directly from mental health. The remaining eight patients were assessed as having their mental health needs appropriately met within the mental health service and not in need of specialist LD inpatient care, and have since been discharged.
26. The average length of stay for LD patients discharged from a mental health bed during 2024/25 was 98 days with a range of 0 – 408 days.

Discharges 2024/25	AVERAGE LENGTH OF STAY (days)	RANGE OF LENGTH OF STAY (days)	AVERAGE LENGTH OF STAY if returning home	AVERAGE LENGTH OF STAY if discharged to new placement
LD patients in MH service	98	0 - 408	39	161
LD inpatients	145	0 - 358	48	567

### 5. Level of learning disability

27. Of the eight people admitted to LD inpatient services the level of learning disability was predominantly moderate and severe / profound learning disability, this is consistent with the pattern of admissions since 2023.



## CONCLUSIONS

28. The Community Living Change Fund which was allocated for use over a three year period (2021 – 2024), has now concluded. The fund supported the redesign of services for people with complex needs including learning disabilities and autism, and for people who have enduring mental health problems. The achievements of the fund laid important groundwork for continued improvements; the admission and discharge data indicates that whilst some improvement has already been achieved, further work is needed to reduce prolonged delays in hospital for those in need of a new community placement.
29. In 2024/25, two HSCPs demonstrated a shift in admissions to the SLDS inpatient service. Renfrewshire HSCP recorded no admissions to the service, the first this has occurred since 2019. Historically the service has seen an average of approximately three admissions per year. In contrast, East Dunbartonshire HSCP recorded three admissions to the SLDS inpatient service in 2024/25, the highest number since 2019. Admissions have gradually increased over the period, rising from zero between 2019 and 2021, to one admission per year in 2022 and 2023.
30. NHS GGC has successfully closed its final remaining long stay unit, with all remaining patients now discharged. This marks a significant milestone in the SLDS Inpatient redesign and was a key objective of the Community Living Change Fund.
31. A collaborative approach across HSCPs in order to ensure local objectives align and shape the future design of both community and inpatient services is in place.

32. Our LD Programme Board and both the Multi-Agency Collaborative Commissioning Group will continue to lead the development of responsive community based support, with the aim of reducing inappropriate hospital admissions and delayed discharges. Commissioners from each HSCP are actively working to identify opportunities for joint working across NHS GGC.
33. Performance across 2024/25 has demonstrated measurable improvement, with an increase in discharges from the LD inpatient service. However, persistent delays remain a significant operational challenge, limiting our ability to admit directly when there is a need for assessment and treatment. Notably, admissions increased slightly this year, with one additional patient compared to 2023/24. A waiting list is currently in place and all new admissions are dependent on timely discharges.
34. Lack of suitable accommodation and tailored support packages continue to be a key factor contributing to prolonged delays in hospital. The data has again shown that patients admitted to a mental health ward are discharged to a new placement significantly sooner than those admitted to the LD inpatient service.
35. Some provider organisations have reported improvements in recruitment, however instability within community supports services remain a concern, particularly for young adults with learning disability and autism. High staff turnover has a negative impact, as consistency of care and support is essential.
36. The Dynamic Support Register is a key component of the Coming Home Implementation Report. This allows HSCPs to identify and monitor people with learning disabilities who are at risk of hospital admission, placement breakdown and inappropriate out of area placements. The register allows HSCPs to improve their ability to plan proactively, coordinate support more effectively and intervene to prevent crisis.
37. As part of the ongoing inpatient service redesign, we continue to prioritise the development of effective alternatives to hospital admission. In 2024/25, the service successfully piloted an outreach model, delivering targeted community based support that resulted in positive patient outcome and avoided the need for hospital admission. Building on this success, an operational policy has been developed to formalise the outreach approach, including partial admissions and intensive discharge support.
38. The vision for learning disability inpatient services:

***‘We believe that people with learning disabilities should be given the right support so that they can live fulfilling lives in the community. This support should always be person centred, preventative, flexible and responsive. People should only be admitted to inpatient assessment and treatment services when there is a clear clinical need which will benefit from hospital based therapeutic intervention. Challenging behaviour, with no identified clinical need, is not an appropriate reason to admit people to inpatient assessment and treatment services.’***

## RECOMMENDATIONS

39. Performance and Audit Committee are asked to note and comment on the report.

**REPORT AUTHOR AND PERSON TO CONTACT**

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May 2025

Chief Officer, IJB: Alexis Chappell

**BACKGROUND PAPERS**

PAC Paper – 26 June 2024  
[https://www.eastrenfrewshire.gov.uk/media/10456/PAC-Item-10-26-June-2024/pdf/PAC\\_Item\\_10\\_-\\_26\\_June\\_2024.pdf?m=1718729971563](https://www.eastrenfrewshire.gov.uk/media/10456/PAC-Item-10-26-June-2024/pdf/PAC_Item_10_-_26_June_2024.pdf?m=1718729971563)



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Performance and Audit Committee
<b>Held on</b>	25 June 2025
<b>Agenda Item</b>	12
<b>Title</b>	Audit Update
<p><b>Summary</b></p> <p>This report provides Performance and Audit Committee with an update on:-</p> <ul style="list-style-type: none"> <li>Any new audit activity relating to the Integration Joint Board since last reported to Performance and Audit Committee in March 2025</li> <li>Any new audit activity relating to the Health and Social Care Partnership since last reported to Performance and Audit Committee in March 2025</li> <li>A summary of all open audit recommendations</li> </ul>	
<b>Presented by</b>	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<p><b>Action Required</b></p> <p>Performance and Audit Committee are asked to note and comment on the report.</p>	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD****PERFORMANCE AND AUDIT COMMITTEE****25 June 2025****Report by Chief Financial Officer****AUDIT UPDATE****PURPOSE OF REPORT**

1. This report provides Performance and Audit Committee with an update on:
  - Any new audit activity relating to the Integration Joint Board since last reported to Performance and Audit Committee in March 2025
  - Any new audit activity relating to the Health and Social Care Partnership since last reported to Performance and Audit Committee in March 2025
  - A summary of all open audit recommendations

**RECOMMENDATION**

2. Performance and Audit Committee are asked to note and comment on the report.

**BACKGROUND**

3. As agreed at the Performance and Audit Committee in June 2021 we continue to submit audit update reports to all meetings, including any new audit reports along with an overview of audit activity undertaken and an update on recommendations.
4. Audit activity for the HSCP is provided in full and includes current open audit actions across the HSCP and also where a Health Board or Council wide recommendation impacts on the HSCP. Specific actions from IJB audits are also detailed.
5. East Renfrewshire Council's Chief Internal Auditor undertakes the internal audit role for the Integration Joint Board. Ernst & Young also undertake an audit of the IJB Annual Report and Accounts and produce an action plan should they have any recommendations. East Renfrewshire Council's internal audit assign the following risk ratings to their findings:

<b>High</b>	<ul style="list-style-type: none"> <li>• Key controls absent, not being operated as designed or could be improved and could impact on the organisation as a whole.</li> <li>• Corrective action must be taken and should start immediately.</li> </ul>
<b>Medium</b>	<ul style="list-style-type: none"> <li>• There are areas of control weakness which may be individually significant controls but unlikely to affect the organisation as a whole.</li> <li>• Corrective action should be taken within a reasonable timescale.</li> </ul>
<b>Low</b>	<ul style="list-style-type: none"> <li>• Area is generally well controlled or minor control improvements needed.</li> <li>• Lower level controls absent, not being operated as designed or could be improved</li> </ul>

<b>Efficiency</b>	<ul style="list-style-type: none"> <li>These recommendations are made for the purposes of improving efficiency, digitalisation or reducing duplication of effort to separately identify them from recommendations which are more compliance based or good practice.</li> </ul>
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6. NHSGGC internal audit function is undertaken by Azets. They assign the following risk ratings to their findings:

<b>4</b>	• Very high risk exposure - major concerns requiring immediate senior management attention.
<b>3</b>	• High risk exposure - absence / failure of key controls.
<b>2</b>	• Moderate risk exposure - controls not working effectively and efficiently.
<b>1</b>	• Limited risk exposure - controls are working effectively but could be strengthened.

## REPORT

### **Audit Activity relating to the Integration Joint Board Audit (Appendix 1)**

7. No new audit activity relating specifically to the Integration Joint Board has been undertaken.

### **East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership (Appendix 2)**

8. Since last reported, 2 new audit reports have been issued:-
- Follow-up of HSCP Audits (MB/1233/FM - issued 10 June 2025)
  - Follow-up Ordering and Certification (MB/1221/FM - issued 17 March 2025)

#### Follow up of HSCP Audits

9. This is the latest follow-up work by Internal Audit which supersedes the following previously reported audits:-
- Audit of Direct Payments (MB/1171/FM – issued February 2023)
  - Follow Up of HSCP Audits (MB/1204/FM issued May 2024)
  - Audit of St Andrews House (MB/1215/NS issued September 2024)
10. A copy of this audit report is included at Appendix 2A. There are 2 recommendations from this follow-up work. The HSCP response is yet to be submitted as the report was issued at the time of writing.

#### Follow up of ordering and certification

11. The Chief Internal Auditor gave an update to the March meeting of the Committee that this audit had been completed and would be reported in June. This is a Council wide audit with a total of 3 recommendations, 2 of which are applicable to the HSCP.
12. A copy of the audit report is included at Appendix 2B along with the response to the recommendations impacting the HSCP.
13. This audit report supersedes the previously reported ordering and certification audit.

### Recommendations from previous audits (Appendices 2B-2H)

14. At the March 2025 meeting, a total of 47 recommendations were reported. As a result of follow-up work noted above, 19 recommendations have been removed and 4 added.
15. This means we now have 32 recommendations in total; 7 open and 25 which are considered closed and awaiting verification.
16. The table below summarises the total number of recommendations impacting on the HSCP which are either open or yet to be verified by internal audit. Further detail is included in the relevant appendix along with changes since last reported in each 'status' section.

Audit Report and Appendix		No. changed to considered closed since last reported	Recommendations		
			Total no. for HSCP	HSCP consider closed (awaiting verification)	Total open
Follow up of HSCP Audits	2A	(new)	2	0	2
Follow up of Ordering and Certification	2B	(new)	2	0	2
Bonnyton House	2C	3	17	16	1
Accounts Payable	2D	n/a	4	4	0
Accounts Receivable	2E	0	3	1	2
Application Audit of Payroll	2F	n/a	4	4	0
<b>TOTAL</b>			<b>32</b>	<b>25</b>	<b>7</b>

### NHS Internal Audit Activity relating to the Health and Social Care Partnership (Appendix 3)

17. A report has been provided by the Chief Internal Audit, which is included at Appendix 3.

## CONCLUSIONS

18. We will continue to report on all open audit recommendations relating to both the IJB and HSCP to provide assurance of control and enable oversight of previous audits and demonstrate progress.

## RECOMMENDATIONS

19. Performance and Audit Committee are asked to note and comment on the report.

## REPORT AUTHOR AND PERSON TO CONTACT

Lesley Bairden, Chief Financial Officer  
[Lesley.Bairden@eastrenfrewshire.gov.uk](mailto:Lesley.Bairden@eastrenfrewshire.gov.uk)  
 11 June 2025

Chief Officer, IJB: Alexis Chappell

## BACKGROUND PAPERS

PAC 26.03.2025 – Audit Update: [https://www.eastrenfrewshire.gov.uk/media/11321/PAC-Item-13-26-March-2025/pdf/PAC\\_Item\\_13\\_-\\_26\\_March\\_2025.pdf?m=1742402062057](https://www.eastrenfrewshire.gov.uk/media/11321/PAC-Item-13-26-March-2025/pdf/PAC_Item_13_-_26_March_2025.pdf?m=1742402062057)

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<b>Appendix</b>	1A
<b>Title</b>	Ernst & Young 2023/24 Action Plan
<b>Type</b>	Internal Audit Activity relating to the Integration Joint Board
<b>Status</b>	First presented to PAC November 2024  No changes since last reported March 2025

No	Finding / Risk	Grade	Recommendation	Management Response	Responsible Officer	Timing	Comments
1	<b>Financially sustainable planning</b>						
	<p>The IJB's General Reserves were exhausted during 2023/24 and earmarked reserves have fallen to an unsustainable position. The scale of the financial volatility facing the IJB, including, prescribing and pay inflation, and the difficulty of delivering savings due to the complexity of service user requirements mean that adequate general reserves are essential to manage the level of risk.</p> <p>There is a risk that financial recovery measures will be necessary in 2024/25 to deliver financial balance.</p>	Grade 1	The IJB must develop a realistic and sustainable financial plan that balances the risk associated with savings and supports the rebuilding of reserves in the medium term.	<p>The budget agreed for 2024/25 included an over recovery target for savings to allow for forward planning including rebuilding of reserves.</p> <p>The tension between delivering savings and building reserves, particularly in the current climate is recognised.</p>	Chief Financial Officer	31 March 2025	This will continue to be reviewed as part of revenue budget monitoring.

## Classification of recommendations

Grade 1: Key risks and / or significant deficiencies which are critical to the achievement of strategic objectives. Consequently management needs to address and seek resolution urgently.

Grade 2: Risks or potential weaknesses which impact on individual objectives, or impact the operation of a single process, and so require prompt but not immediate action by management.

Grade 3: Less significant issues and / or areas for improvement which we consider merit attention but do not require to be prioritised by management.

<b>Appendix</b>	2A
<b>Title</b>	Follow-up of HSCP Audits MB/1233/FM
<b>Type</b>	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
<b>Status</b>	New First presented to PAC June 2025

**REPORT ON FOLLOW-UP OF HSCP AUDITS**

<b><u>Contents</u></b>	<b><u>Page No</u></b>
Introduction	1
Scope	1
General Conclusion	1
Previous Findings and Recommendations Not Implemented	1-2
Action Plan	3

Chief Auditor  
MB/1233/FM  
10 June 2025  
(reply due 11 July 2025)

## REPORT ON FOLLOW-UP OF HSCP AUDITS

### 1. INTRODUCTION

As part of the 2024/25 audit plan, a follow-up audit of three previous reports issued to HSCP was carried out.

### 2. SCOPE

The scope of the audit was to ensure that all of the recommendations which were accepted in the departmental responses had been implemented in the timescales stated. The following reports were included in the audit:

Name of audit	Number of Recommendations original	Number of Recommendations to be revisited.
Audit of Direct Payments (MB/1171/FM – issued February 2023)	3	-
Follow Up of HSCP Audits (MB/1204/FM issued May 2024)	8	5
Audit of St Andrews House (MB/1215/NS issued September 2024)	4	1
<b>Total</b>	<b>15</b>	<b>6</b>

### 3. GENERAL CONCLUSION

Follow-up checks carried out during the audit showed that efforts had been made to implement most of the recommendations. Four of the recommendations that had not been fully implemented but as the move to MOSAIC is imminent it was considered appropriate to revisit these at a later date without including the recommendations again.

### PREVIOUS RECOMMENDATIONS NOT IMPLEMENTED

#### 4 Follow-up of HSCP Audits (MB/1204/FM)

##### 4.1 Vary Reports

It was originally recommended that operational managers take action to ensure that varies processed are appropriate to the client and that service agreements reflect clients' needs accurately. In addition, it was recommended that operational managers should also prioritise the checking of vary reports to approve all varies processed and to take action to update service agreements where appropriate. At the time of the previous follow up audit, whilst a report had been developed, operational managers did not find them to be user friendly so it was recommended that a report showing varies to cost should be developed and quarterly meetings set up to confirm that varies had been actioned.

Audit were advised at the time of the last follow-up that the Supporting People Framework and associated reviews had taken priority but upon completion of the reviews, the report would be a routine part of monitoring. It was expected that reports would be issued on a monthly basis starting in August 2024 but this is still not in place. It is noted that the new finance module in MOSAIC, which will commence in October 2025, is expected to eliminate the vary process. As such, no recommendations are made at this time but audit will revisit this area in due course to establish if the two recommendations previously made have been superseded or implemented.

## 4.2 Matching Invoices

It was previously recommended that a review of the uprating process for non-framework service agreements should take place. Audit were advised that the process for uprating non-framework service agreements was revised in February 2024.

It was also previously recommended that housekeeping checks should be implemented to ensure that all of the adjustments processed that are intended to be offset at a later date are actually matched up and cleared. Audit were advised that there is now a monthly housekeeping process in place and that the vast majority of varies are downwards so there is no offset as the amount paid is lower than the committed value.

As noted above, it is expected that the move to MOSAIC will eliminate the need for varies. As MOSAIC is expected to be operational by October 2025, no recommendations are made at this time and audit will revisit this area in due course to establish if the two recommendations previously made have been superseded or implemented..

## 4.3 Play-schemes Policy

It was previously noted by Audit that clients with unpaid debt from previous play-schemes were still being allocated a place on future play-schemes despite having overdue debt. Audit were advised that a review of the above policy was pending and that the charging policy and redesign of the service were to be considered during this review.

The Senior Manager Community Children's Services advised that due to the introduction of the Supporting People Framework, the Play-schemes review has not yet been finalised but the review board has been set up and there is regular communication with MART, Finance and Inclusive Support services.

### **Recommendations**

**4.3.1 Audit should be advised when the review of the policy is complete and a copy of the revised policy should be provided.**

## 5 St Andrews House (MB/1215/NS)

### 5.1 Supporting Documentation for Sickness Absence

A sample of three recent absences for employees based at St Andrews House were selected and documentation reviewed to ensure that the correct versions of the absence forms were being used. In one of these cases the employee was still absent and therefore the paperwork was not yet complete. In the other two cases the Return to Work (RTW) forms had not been uploaded to iTrent but they were obtained from the employees line managers. In both of these cases it was noted that the RTW form used was not the most recent version.

### **Recommendations**

**5.1.1 Line managers responsible for monitoring absence should be instructed to ensure that they are using the current RTW form which is available on the Council Intranet.**

Chief Auditor  
10 June 2025

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.1.1	Audit should be advised when the review of the policy is complete and a copy of the revised policy should be provided.				New Audit - response to be finalised
5.1.1	Line managers responsible for monitoring absence should be instructed to ensure that they are using the current RTW form which is available on the Council Intranet.				New Audit - response to be finalised

<b>Appendix</b>	2B
<b>Title</b>	Follow up of Ordering and Certification MB/1221/FM
<b>Type</b>	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
<b>Status</b>	New First presented to PAC June 2025

**REPORT ON FOLLOW-UP OF ORDERING &  
CERTIFICATION**

<b><u>Contents</u></b>	<b><u>Page No</u></b>
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Chief Auditor  
MB/1221/FM  
17 March 2025  
(reply due 18 April 2025)

## REPORT ON FOLLOW-UP OF ORDERING & CERTIFICATION

### 1. INTRODUCTION

As part of the 2024/25 audit plan, a follow-up audit of the Ordering & Certification audit was carried out.

### 2. SCOPE

The scope of the audit was to ensure that all of the recommendations which were accepted in the departmental responses had been implemented in the timescales stated. In total twelve recommendations were made, and all were accepted for implementation.

### 3. GENERAL CONCLUSION

Follow-up checks carried out during the audit showed that good efforts had been made to implement most of the recommendations, with only two recommendations that still require to be addressed. There is also one new recommendation based on testing carried out as part of this audit.

## PREVIOUS RECOMMENDATIONS NOT IMPLEMENTED

### 4.1 Use of Approved Suppliers and Best Value

It was previously recommended that Directors were to remind employees with responsibility for ordering that approved suppliers must be used. A sample of fifteen orders (three per department) were selected and reviewed to ascertain if this recommendation had been carried out for the orders sampled. ]

It was found that in two cases the supplier used was not an approved supplier. In one of these cases an approved supplier for this type of order did not exist. As such, the department should have obtained three individual quotes from suppliers before proceeding with the order (£460) to ensure that they could demonstrate best value was achieved. It was found that in the other case, which was for the purchase of uniforms for Homecare, an approved supplier was in existence but had not been used by the department.

Department	Approved Supplier	Not Approved Supplier
Education	2	1
Environment	3	-
HSCP	2	1
Chief Executives	3	-
BOP	3	-
<b>Total</b>	<b>13</b>	<b>2</b>

### Recommendation

**4.1.1 \*NEW\* Employees with responsibility for ordering must be reminded that where an approved supplier does not exist, they should obtain at least three individual quotes to demonstrate that best value is being achieved.**

**Action By: Director of Education**

**4.1.2 Employees with responsibility for ordering must ensure that approved suppliers are being used where available.**

**Action By: Chief Officer of HSCP**

#### 4.2 Contract References

It was recommended at the time of the original audit that employees with responsibility for ordering should ensure that the appropriate reference is added to the order to evidence that a contract is being used for the purchases. A sample of fifteen orders (three per department) were selected and reviewed to ascertain if the recommendation had been implemented.

In only 5 cases in the sample a reference was noted on the PO (purchase order) to indicate how the supplier had been selected. This was despite evidence being provided that officers in departments had been advised to do this. For example, Audit obtained sight of an email issued by the Principal Business Intelligence Officer (Environment) during April 2023 instructing employees with responsibility for ordering to ensure that the appropriate reference is added to the order.

Department	Reference on PO	No Reference
Education	1	2
Environment	0	3
HSCP	0	3
Chief Executives	2	1
BOP	2	1
<b>Total</b>	<b>5</b>	<b>10</b>

#### Recommendations

**4.2.1 Employees with responsibility for ordering must ensure that the appropriate reference is added to the order to evidence that a contract is being used for the purchases.**

**Action By: All Directors**

Chief Auditor  
17 March 2025

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.1.2 (Med0)	Employees with responsibility for ordering must ensure that approved suppliers are being used where available.	A communication will be issued and we will review the orders identified in the sample to allow us to determine whether any targeted work is required with a particular staff group.	31-May-25	Open	A reminder has been issued to staff with responsibility for ordering. Further work to understand why particular suppliers had been selected will be undertaken.
4.2.1 (Med)	Employees with responsibility for ordering must ensure that the appropriate reference is added to the order to evidence that a contract is being used for the purchases.	As above	31-May-25	Open	As above

<b>Appendix</b>	2C
<b>Title</b>	Bonnyton House
<b>Type</b>	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
<b>Status</b>	<p>First presented to PAC March 2025</p> <p>Changes since last reported March 2025:-</p> <ul style="list-style-type: none"> <li>- 4.9.3 now considered closed</li> <li>- 4.9.4 now considered closed</li> <li>- 4.9.5 now considered closed</li> </ul>

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.1.1 (Med)	The employee withdrawing cash from bank accounts for the location must lodge monies in safe and update the appropriate record promptly in person to maintain chain of custody of funds. (petty cash, amenity fund, corporate appointeeship account).	New processes now in place.	31-Dec-24	Considered closed (pending verification)	Actioned
4.2.1 (Low)	Input VAT should only be claimed where an item is applicable to VAT and supported by a valid VAT receipt.	Actioned, with reminders on process.	31-Dec-24	Considered closed (pending verification)	Actioned
4.3.1 (Low)	Staff at location should be reminded the individual item limit for petty cash is £25 and that petty cash is for minor items of expenditure only.	All staff involved have been informed and aware of the process. Regular checks will take place by management.	31-Dec-24	Considered closed (pending verification)	Complete
4.3.2 (Low)	Staff at location to be advised receipts must not be split to avoid breaching the petty cash limit set for individual items of expenditure.	All staff involved have been informed and aware of the process. Regular checks will take place by management.	31-Dec-24	Considered closed (pending verification)	Complete
4.4.1 (Low)	Appropriate action must be taken on highlighted suppliers as identified by the 2023/24 Procurement spend review before any future orders are placed with those suppliers.	The correct procurement process is being followed.	31-Dec-24	Considered closed (pending verification)	Complete
4.5.1 (Low)	HSCP to take appropriate action to close dormant bank account Bonnyton House Sensory Fund ending 2569.	Account to be closed.	31-Jan-25	Considered closed (pending verification)	Bank account was closed in 2024.

4.5.2 (Med)	Two employees should be involved in banking where possible and consideration given to restricting amounts of cash to be carried if only one person is involved.	Staff are aware of the importance of two employees being involved in banking of monies.	01-Dec-24	Considered closed (pending verification)	Complete
4.6.1 (Low)	Management must ensure that all paperwork required by the Maximising Attendance guidance is completed accurately and uploaded to Itrent promptly as evidence of compliance.	Staff attended training and this task is now being undertaken in the Care Home	01-Dec-24	Considered closed (pending verification)	Complete
4.7.1 (Med)	Client recipient's name must be included on income receipts when issuing duplicate receipts and any void receipts marked as such.	All staff involved have been informed and aware of the process.	01-Dec-24	Considered closed (pending verification)	Complete
4.7.2 (Med)	Receipt number should be recorded on CL2 client savings record.	Full review was undertaken with spot checks now in place to ensure that this is being carried out.	01-Dec-24	Considered closed (pending verification)	Complete
4.7.3 (Low)	Only one receipt book for client receipts should be in use at any one time.	All staff involved have been informed and aware of the process.	01-Dec-24	Considered closed (pending verification)	Complete
4.9.1 (Med)	A process for recording and returning cash held on behalf of deceased persons and/or prior clients must be established and documented.	Analysis is ongoing and a process in place for maintaining this going forward.	01-Dec-24	Considered closed (pending verification)	Complete

4.9.2 (Low)	A process for recording personal items found which relate to prior clients and/or deceased persons should be established and documented.	Process to be completed.	31-Jan-25	Considered closed (pending verification)	Personal items have been returned to clients/clients family as appropriate.
4.9.3 (High)	An analysis of bank account ending 2724 (SW Corp Appoint'ship) to be undertaken to identify balance by client and analysis maintained on an on-going basis going forward.	CL2 forms have all been audited and new processes are in place. Account review is currently ongoing.	31-Jan-25	Considered closed (pending verification)	Analysis completed May 2025
4.9.4 (Low)	HSCP need to take appropriate action to safeguard existing monies and jewellery relating to deceased and/or prior clients until a process is established.	Audit and review has taken place and family members have been contacted where appropriate.	31-Jan-25	Considered closed (pending verification)	Complete
4.9.5 (Low)	Where possible, a review of CL2 forms for deceased and/or prior clients from 2020 to date should be undertaken to ascertain all monies were appropriately accounted for.	CL2 forms been audited and deceased residents monies are being dealt with in the appropriate manner - Legal team have been contacted	31-Jan-25	Considered closed (pending verification)	Audit has been completed
4.10.1 (Low)	All laptops, desktops and mobile phones to be accurately reflected on inventory; with asset number and serial numbers recorded for all appropriate items	Existing inventory being reviewed	31-Jan-25	Open	Review of current year inventory ongoing.

<b>Appendix</b>	2D
<b>Title</b>	Audit of Accounts Payable MB/1216/IM
<b>Type</b>	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
<b>Status</b>	First reported to PAC September 2024  No changes since last reported to PAC November 2024 All recommendations considered closed

Ref/Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.3.1 (Med)	Goods receipts should only be input at the appropriate level in relation to the actual goods received.	A reminder will be issued to Business Support staff	31-Oct-24	Considered closed (pending verification)	Communication issued to business support staff
4.3.3 (Med)	Following invoice authorisation, the order should be checked and if no more spend is expected against the order, it should be forced complete, including forcing the Goods Receipt complete if necessary to remove this accrual from the ledger.	A reminder will be issued to Business Support staff	31-Oct-24	Considered closed (pending verification)	as above
4.4.2 (Low)	Staff should be reminded if an Eform is started on Integra but then subsequently not used, these should be cancelled on the system.	A reminder will be issued to Business Support staff	31-Oct-24	Considered closed (pending verification)	as above
4.6.1 (Low)	An appropriate expense head should be used at all times in order to easily identify expenditure. If one is not available, consideration should be given to creating a new one to properly reflect the nature of the spend incurred and if in any doubt, the Finance Business Partner should be contacted for advice.	A reminder will be issued to Business Support staff	31-Oct-24	Considered closed (pending verification)	as above

<b>Appendix</b>	2E
<b>Title</b>	Audit of Accounts Receivable MB/1212/IM
<b>Type</b>	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
<b>Status</b>	First reported to PAC September 2024  No changes since last reported March 2025

Ref/Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.1.1 (High)	Directors must ensure that they have appropriate processes in place to notify Payroll immediately as soon as they are aware that an employee they are responsible for will be leaving the Council to ensure unnecessary payroll related debt is not incurred.	A reminder will be sent to managers. Further commas to be included in the staff bulletin along with the reminders from the payroll audit.	30 Sep 2024 31 Dec 2024	Considered closed (pending verification)	Reminder included in managers bulletin
4.7.4 (Med)	Departments must ensure that invoices are raised in advance of the service being provided where possible to minimise the risk of bad debts.	The HSCP has an agreed process in place with the debtors team. We will review this to identify whether any change may improve this and will also inform any changes to process from the implementation of the finance module within Mosaic. In relation to services for care it is not appropriate to raise invoices in advance.	31-Dec-24	Open	
4.7.5 (Med)	Improved communication and joint ownership of the debt recovery process between accounts receivable and departments needs to be established to aid income recovery. Departments should make consistent use of reports available to monitor outstanding debt	As above	31-Dec-24	Open	

<b>Appendix</b>	2F
<b>Title</b>	Application Audit of Payroll MB/1201/FM
<b>Type</b>	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
<b>Status</b>	First reported to PAC September 2024  No changes since last reported to PAC March 2025 All recommendations considered closed

Ref/Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
5.1.1 (Med)	Directors must ensure that line managers are aware that plain time overtime must be used instead of additional basic for full time employees.	A communication was issued to managers on 16th August 2024 and a further reminder will be scheduled in the staff bulletin. Managers of individuals identified in the sample will be contacted directly. We will work with HR and payroll colleagues where any specific action is needed.	31-Dec-24	Considered closed (pending verification)	Managers of the employees identified in the sample have been contacted separately to ensure they are aware of correct process. A reminder has been included in the staff bulletin and compliance messaged added to iTrent, the HR system, which requires staff to read and accept.
5.1.2 (Med)	Directors must ensure that line managers reject overtime claims for time and a half if 37 hours have not been worked by the employee that week.	As above	31-Dec-24	Considered closed (pending verification)	As above
5.2.1 (Low)	Directors must ensure that line managers are aware that they should only approve payment of double time overtime for hours worked on a public holiday. There should be no exceptions to this policy.	As above	31-Dec-24	Considered closed (pending verification)	As above
5.3.1 (Low)	Line managers must ensure that where an employee at grade 10 or above is claiming overtime that the claim is authorised by an employee at grade 18 or above. Consideration must also be given to whether an overtime payment is appropriate or whether time off in lieu at plain time is more appropriate.	As above	31-Dec-24	Considered closed (pending verification)	As above

**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**PERFORMANCE AND AUDIT COMMITTEE**

**25 June 2025**

**Report by Chief Auditor**

**NHSGGC INTERNAL AUDIT PROGRESS REPORT 2024/25**

**PURPOSE OF REPORT**

1. To provide summary details of the audits completed by the NHS Greater Glasgow and Clyde (NHSGGC) internal auditors during 2024/25. The internal audit service is currently provided by Azets.

**BACKGROUND**

2. The East Renfrewshire Integration Joint Board directs both East Renfrewshire Council and NHSGGC to deliver services on its behalf to enable it to deliver on its strategic plan.

3. Both East Renfrewshire Council and NHSGGC have internal audit functions which conduct audits across their organisations and report the findings of these to their respective audit committees.

**NHSGGC INTERNAL AUDIT ACTIVITY TO NOVEMBER 2024**

4. The reports in appendix A provide a summary to the Performance and Audit Committee of the internal audit activity undertaken within the NHSGGC received since the last meeting.

5. Details of two reports were received, both were classified as needing minor improvement.

**RECOMMENDATION**

6. The Committee is asked to:

(a) Note the contents of the report.

M Blair, Chief Auditor  
7 April 2025

### **NHSGGC INTERNAL AUDIT PROGRESS REPORT 2024/25**

#### **1. Reports Issued**

Details of two audits from the 2024/25 audit plan has been provided by the NHSGGC internal auditors as summarised below.

Review	Overall audit rating (Note 1)	No. of issues per grading (Note 2)			
		4	3	2	1
Waiting List Management – Mental Health	Minor Improvement required	0	1	4	0
eHealth Project and Programme Management	Minor Improvement required	0	0	5	0

#### **2. Waiting List Management – Mental Health**

This report covered waiting lists within both Psychological Therapy and Drug and Alcohol teams. The Local Delivery Plan (LDP) standard for psychological therapies is that 90% of patients should commence therapy based treatment within 18 weeks of referral. The LDP for drug and alcohol treatment is that 90% of patients should wait no longer than 3 weeks from referral to treatment that supports recovery. The standards

Generally it was concluded that there were robust systems in place to contribute to effective management of waiting lists. There were five areas of weakness identified in total, four for Alcohol and Drug Recovery Services (ADRS) and one for Psychological Therapy (PT), all of which were accepted by management.

- The grade 3 recommendation was around the need for better management information on how waiting lists are managed locally within each HSCP with tracking/results reported centrally of the aggregate position on waiting lists across the NHSGGC. (ADRS)
- Two of the grade 2 recommendations related to improving the accuracy of patient records, (ADRS & PT)
- A further two grade 2 recommendations were in relation to the need for a universal policy or guidance to be used across all HSCPs to ensure a consistent approach and expansion of current reporting to include scrutiny of outpatient/community based waiting times, primarily managed at HSCP level. (ADRS)

#### **3. eHealth Project and Programme Management**

This report covered the Project Management arrangements around the implementation of the Digital Clinical Notes (DCN) programme – an initiative to replace, over time, traditional clinical notes with a central workspace for digital note taking in Hospitals. This is a substantial business change project and effective management and governance is essential to ensure continuity in safe healthcare. Financial constraints have required a phased approach and the review has focussed on the effectiveness of project and programme governance in the first phase of implementation.

Generally it was concluded that there were some effective controls in place for the DCN programme with established governance arrangements reporting to the Digital Programme Board and there are good processes in place around programme planning and resource management. There were five areas of weakness identified, all of which were grade 2 recommendations and all were accepted by management.

- It is recommended as each tranche of the project moves forward, new business cases should be developed clarifying objectives and what is in and out of scope, detail on all

expected benefits with baseline positions from which to measure benefits realisation should be included and new Project initiation documents should be developed.

- In terms of overall governance, Risks, Assumptions, Issues and Decisions log should be updated regularly to reflect current position and that a change management policy or procedure is put in place. Managers should also be reminded of the importance of attending DCN board meetings.

**Note 1** - The overall audit report rating is based on the following table:

<i>Immediate major improvement required</i>	<i>Controls evaluated are not adequate, appropriate, or effective to provide reasonable assurance that risks are being managed and objectives should be met.</i>
<i>Substantial improvement required</i>	<i>Numerous specific control weaknesses were noted. Controls evaluated are unlikely to provide reasonable assurance that risks are being managed and objectives should be met</i>
<i>Minor improvement required</i>	<i>A few specific control weaknesses were noted; generally however, controls evaluated are adequate, appropriate and effective to provide reasonable assurance that risks are being managed and objectives should be met.</i>
<i>Effective</i>	<i>Controls evaluated are adequate, appropriate, and effective to provide reasonable assurance that risks are being managed and objectives should be met.</i>

**Note 2** - Issues within these reports are graded on the following basis.

<i>4</i>	<i>Very high risk exposure – major concerns requiring immediate senior management attention that create fundamental risks within the organisation</i>
<i>3</i>	<i>High risk exposure – absence/failure of key controls that create significant risks within the organisation</i>
<i>2</i>	<i>Moderate risk exposure – controls not working effectively and efficiently and may create moderate risks within the organisation</i>
<i>1</i>	<i>Limited risk exposure – controls are working effectively but could be strengthened to prevent the creation of minor risks or address general house-keeping issues.</i>

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<b>Meeting of East Renfrewshire Integration Joint Board</b>	Performance and Audit Committee
<b>Held on</b>	25 June 2025
<b>Agenda Item</b>	13
<b>Title</b>	IJB Strategic Risk Register
<p><b>Summary</b></p> <p>This report provides the Performance and Audit Committee with an update on the IJB Strategic Risk Register.</p>	
<b>Presented by</b>	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<p><b>Action Required</b></p> <p>Performance and Audit Committee is asked to note and comment on the IJB Strategic Risk Register.</p>	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD****PERFORMANCE AND AUDIT COMMITTEE****25 June 2025****Report by Chief Financial Officer****IJB STRATEGIC RISK REGISTER UPDATE****PURPOSE OF REPORT**

1. This report provides the Performance and Audit Committee with an update on the IJB Strategic Risk Register.

**RECOMMENDATION**

2. Performance and Audit Committee is asked to note and comment on the IJB Strategic Risk Register.

**BACKGROUND**

3. In accordance with the agreed monitoring policy this report provides the Performance and Audit Committee with an update on the strategic risk register.
4. Good practice in the area of risk management suggest that a risk register should contain between six to eight of the most significant risk to make it a useful working document.
5. The risk register uses a simple, clear and effective 4 x 4 likelihood and severity risk matrix as shown below.

<b>Likelihood</b>	<b>Score</b>								
Certain	<b>4</b>	Low (Green)		Medium (Yellow)		High (Red)		High (Red)	
Likely / probable	<b>3</b>	Low (Green)		Medium (Yellow)		Medium (Yellow)		High (Red)	
Possible / could happen	<b>2</b>	Low (Green)		Low (Green)		Medium (Yellow)		Medium (Yellow)	
Unlikely	<b>1</b>	Low (Green)		Low (Green)		Low (Green)		Low (Green)	
<b>Impact</b>		<b>Minor</b>	<b>1</b>	<b>Significant</b>	<b>2</b>	<b>Serious</b>	<b>3</b>	<b>Major</b>	<b>4</b>

6. In normal circumstances the policy states the tolerance for risk is as follows:

<b>Risk Score</b>	<b>Overall rating</b>
11-16	High/Red/Unacceptable
5-10	Medium/Yellow/Tolerable
1-4	Low/Green/Acceptable

## REPORT

7. The Strategic Risk Register is a 'live' document; the latest version is attached at Appendix 1.
8. The Strategic Risk Register was reported to the last meeting of the Performance and Audit Committee which took place on 26 March 2025. Since last reported there has been little change to the risk register, however risk control measures have been reviewed and updated to reflect any proposed mitigation which has been completed, or where the expected date for completion has been extended.
9. As previously noted, both partners are currently reviewing their risk policies and guidance therefore the review of the IJB policy has been delayed to ensure that it follows our partner processes. A workshop is being organised by the Council for elected members in October and invitations have also been extended to the IJB NHS non-execs.
10. In addition, members are asked to note the following:-
  - No new risks have been added
  - No risks have been removed
  - No risk scores have changed
  - One risk remains red post mitigation (Financial Sustainability)

### Increase in frail older population (7)

11. Given the pressure on services and the move to substantial/critical, we are linking with East Renfrewshire's Community Planning Partnership to explore community based services that support people to live and age well.

### Workforce planning and change (8)

12. Although we have not increased the current score, we are experiencing significant issues within Adult Mental Health as we have no permanent consultants in post and are using locum staff. Although this is an issue across the board, East Renfrewshire are presently seeing the acute effect of the shortages. Our recruitment efforts are ongoing.

### Care at Home Service (11)

13. A significant amount of work has been undertaken to complete the service redesign. Now that the structure is in place, the priority will be to embed the practiced model

### Business Continuity, Covid-19 and Recovery (13)

14. All business impact assessments have now been transferred to the new template and shared with Civil Contingencies Service therefore this action has now been removed. Annual reviews will begin in October 2025.
15. The go live date for Mosaic has been extended to 20 October 2025.

### **Post Mitigation - Red and Significant Risks Exception Report**

16. Risks which score between 11-16 and rated as High/Red/Unacceptable and those which the Health and Social Care Partnership Management Team considers significant, following mitigation, should be brought to attention of the Performance and Audit Committee by an 'exception report'.

### **Financial Sustainability**

17. Although 2024/25 showed a slight improvement, the longer term financial outlook remains a significant risk that the HSCP could become unsustainable due to any of the following causes:
- Unable to deliver required savings on a recurring basis
  - Unable to remain within operational budget as a result of demand and capacity pressures
  - Unable to influence future funding to recognise demographic and other pressures, or realise future efficiencies and savings
  - Implications from hosted services should current arrangements change
  - Prescribing volatility
  - Diminished reserves limit flexibility
18. Discussions with both partners remain ongoing, not only recognising the audit recommendation around financial sustainability but also to focus on financial recovery following the non-recurring support for 2023/24 and 2024/25.

### **RECOMMENDATIONS**

19. Performance and Audit Committee is asked to note and comment on the IJB Strategic Risk Register.

### **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

10 June 2025

Chief Officer, IJB: Alexis Chappell

### **BACKGROUND PAPERS**

PAC Paper: March 2025: IJB Strategic Risk Register Update  
[https://www.eastrenfrewshire.gov.uk/media/11322/PAC-Item-14-26-March-2025/pdf/PAC\\_Item\\_14\\_-\\_26\\_March\\_2025.pdf?m=1742402062627](https://www.eastrenfrewshire.gov.uk/media/11322/PAC-Item-14-26-March-2025/pdf/PAC_Item_14_-_26_March_2025.pdf?m=1742402062627)

IJB Paper: January 2020: IJB Risk Management Policy and Strategy  
[https://www.eastrenfrewshire.gov.uk/media/1436/Integration-Joint-Board-Item-14-29-January-2020/pdf/Integration\\_Joint\\_Board\\_Item\\_14\\_-\\_29\\_January\\_2020.pdf?m=637284294607930000](https://www.eastrenfrewshire.gov.uk/media/1436/Integration-Joint-Board-Item-14-29-January-2020/pdf/Integration_Joint_Board_Item_14_-_29_January_2020.pdf?m=637284294607930000)

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## STRATEGIC RISK REGISTER

DATE ORIGINATED: 09.11.2015

DATE LAST REVIEWED: 10.06.2025

ERC Ref	No.	Risk Status S/C/N (Same, Changed, New)	Risk (Threat/Opportunity to achievement of business objective)- include the consequence of the risk in this description)	Risk Control Measures currently in Place (need to be SMART e.g. detail of what type of training took place with dates in evidence column)	Assessment of Risk (As it is now)			Proposed Risk Control Measures (should be SMART with detail included)	Completion date for proposed Risk Control Measure	Assessment of Residual Risk (with proposed control measures implemented)			Risk Owner
					Risk Score	Overall rating				Likelihood (probability) L	Impact (Severity) I	Risk Score (LxI) LxI	
					11-16	HIGH							
					5-10	MEDIUM							
					1-4	LOW							
n/a	1	C	<b>Death or significant harm to vulnerable individual</b>										
			Risk of death or significant harm to a service user/ patient as a result of HSCP actions or omissions.  Consequences could include: - Loss of life or long term damage and impact on service user & family. - Possible perception of failure of care. - Poor workforce morale. - Reputational damage.	Supporting People Framework (eligibility criteria) in place. Social work and nursing professional leadership in place Operate within Clinical and Care Governance Framework ASP Quality Assurance Framework implemented Quality assurance of Adult Service Improvement Plans Senior Management rota for chairing ASP implemented Continual audit against compliance of MHO standards Professional supervision policy adopted for social work and social care staff. Review of rising demands and pressure points across health and care services. Rolling training programme. Modified Universal pathway is in place to increase capacity within the HV team to manage caseloads and HV weekly	3	3	9	Implementation of the Supporting People Framework action plan which takes account of the various work required with all stakeholders, and monitors operational delivery risk  Implement ASP improvement plan 2025-27  Robust caseload management process will be prioritised 4 weekly, along with clinical supervision and child protection supervision to manage risk and ensure oversight of all caseloads	Ongoing  31/03/2027  Ongoing	2	3	6	Head of Adult Services / Chief Social Work Officer

				staffing safety huddle in place to manage risk. 2023-25 ASP Improvement Plan implemented.		236							
n/a	2	S	Scottish Child Abuse Inquiry										
			Children accommodated by East Renfrewshire Council and legacy areas from 1930 may have been the victims of historical abuse whilst in foster care or long-term hospital care  Possible increase in demand of access to records and potential claims against the Council as Inquiry work progresses	Adult Protection and Child Protection Committees sighted on issues.  Final s21 submission made to the Inquiry in July 2020 in relation to the foster care case study. Further information submitted in Jan-22.  Key learning from S21 work shared with managers  Identified leads in HSCP working alongside legal services to manage the progress of any allegations/claims made.  Chief Officer and Head of Service supporting NHSGGC Board in connection with Lennox Castle	3	3	9			3	3	9	Chief Social Work Officer
n/a	3	C	Child Protection, Adult protection and Multi-Agency Public Protection Arrangements										
			Inconsistent assessment and application of the public protection agenda (Child Protection, Adult Protection and MAPPA (Multi-Agency Public Protection Arrangements)) may result in risk of children or vulnerable adults being harmed and lead to non-compliance with legislative standards.	The operation of Child Protection Committee (CPC), Adult Protection Committee (APC) and MAPPA meetings deal with strategic and practice issues.  "Safe Together" model implemented in HSCP and rolled out across Council  Regular reporting to COPP in place for adult, children and high risk offenders.  Training programme reviewed and monthly ASP audits in place 2023-25 ASP Improvement Plan implemented	2	4	8	Implement ASP improvement plan 2025-27	31/03/2027	1	4	4	Chief Social Work Officer

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	4	C	Financial Sustainability										
			<p>Risk of being unsustainable due to one of the following causes:</p> <p>1) Unable to deliver in full the existing savings and achieve new savings to deliver a balanced budget and/or unable to meet demand pressures for statutory services.</p> <p>2) Unable to influence future funding to recognise demographic and other pressures.</p> <p>3) Unable to meet financial pressures within prescribing, including influence of GP prescribers, including demographic changes, economic and distribution factors.</p> <p>4) Financial Impacts relating to Brexit and wider economic issues or government led changes such as national insurance rates. Financial risks relate to staffing, purchase of care, drugs, equipment, consumables and food and utilities/other inflation.</p> <p>5) Financial risks relating to longer term financial impact of Covid-19 which remains unclear.</p> <p>6) Complexity of funding sources with some allocations late in the year and some instability from non-recurring funding.</p> <p>7) Diminished earmarked reserves meaning there is no flexibility to allow us to deal with prescribing and other cost volatility in any one year. We are in breach of our reserves policy.</p>	<p>Regular financial advice and reporting provided to the IJB, including seminars, monitoring, savings progress and operational cost pressures. This ensures the IJB is aware of current issues.</p> <p>The regular budget updates and medium term financial plan (latest revision June 2025) set out funding pressures and scenarios. The HSCP is involved in various financial discussions with partners in relation to funding and budget contributions.</p> <p>A local network and the National CFO Section meeting provide a discussion and decision making forum for wider issues impacting on partnerships, including areas such as prescribing, hosted services, savings challenges and cost pressures.</p> <p>Review of hosted services is ongoing as part of a review of the integration schemes across NHS GGC.</p> <p>Ongoing monitoring of wider economic factors and inflation impacts.</p>	3	4	12	<p>Monitor and review hosted service arrangements – ongoing and longer term.</p> <p>Refresh Medium Term Financial Plan for any significant changes (annually as a minimum)</p> <p>Continue discussions with both partners in relation to funding and financial performance and service outcomes and focus on savings delivery.</p> <p>Develop and implement prescribing action plan for 2025/26</p>	<p>31/03/2026</p> <p>30/06/2026</p> <p>Ongoing</p> <p>31/03/2026</p>	3	4	12	Chief Financial Officer

n/a	5	S	Failure of a Provider										
			<p>Risk of failure of a key care provider, including care home, care at home and other care providers due to significant care concerns financial instability, contractual status, staff recruitment and retention difficulties.</p> <p>Consequences could include:</p> <ul style="list-style-type: none"><li>- disruption to service delivery</li><li>- requirement to implement contingency plans</li><li>- impact on individuals and families with potential disruption to care arrangements</li></ul>	<p>Care Home assurance group meets weekly.</p> <p>Care homes reporting key information which is reviewed by the care home assurance group to allow management of risk and support.</p> <p>We work with the Care Inspectorate and third sector to ensure robust action plans for improvement are in place.</p> <p>Robust internal processes under ASP/Contract Monitoring and multi-agency procedures to focus on improvement and recovery.</p> <p>Where unavoidable we work with providers at risk to agree phased and managed approach to supporting service users, residents to access alternative safe care. .</p> <p>Work with Scottish Government, Scotland Excel and Cosla on care home market. National Care Home Contract under negotiation</p> <p>We will work with the Scottish Government as part of national contingency planning in the event that providers indicate intention to withdraw from the national care home contract in the future</p> <p>Scotland Excel framework provides larger provider base to mitigate risk.</p> <p>Care Home Collaborative provides range of support to care homes within Greater Glasgow and Clyde e.g. nursing, infection control support.</p> <p>Daily safeguarding as part of LSI into Establishment E</p> <p>Revised strategic Commissioning plan developed (approved by IJB August 2023 and monitored through Strategic Planning Group)</p>	3	4	12	Increased monitoring by Commissioning and Contracts service and/or respective Heads of Service	Ongoing	3	3	9	Chief Financial Officer / Heads of Service

	6	C	Access to Primary Care										
			Insufficient primary care practice list capacity (Due to accommodation challenges, new housing developments and increasing population)	NHSGGC Strategy for Primary Care launched 2024  Local HSCP accommodation strategy	3	3	9	Work with planning colleagues provide data to assist with LDP3 which includes developer contributions to mitigate for new housing and care home developments.	Ongoing	3	2	6	Clinical Director
								Support GPs in practices most likely to be impacted by rise in new registrations due to new housing development to agree short term measures and discuss and longer term options to increase capacity.	Ongoing				
								Working with NHSGGC to support GP practice sustainability	Ongoing				
						Reallocation of Greenlaw patients to alternative practices	31/07/2025						
5.1	7	S	Increase in frail older population										
			Increase in frail older people, particularly very old, due to demographic changes leads to an over demand on certain services and failure to meet legislation, overspend and negative publicity.	Outcome Delivery Plan (ODP) and HSCP strategic plans build on foundation of wider council prevention and early intervention strategy for older people.  Unscheduled Care Delivery Plan approved by IJB in March-22.  Annual budget setting takes account of demographic pressures, however any increase in demand need to be funded within existing resources.  New front door model manages level of demand launched Summer 22 making significant positive impact on waiting list for assessment  Talking Points diverting people to community resources and building own assets.  Project to support Care at Home redesign now live	4	3	12	Implementation of the Supporting People Framework action plan which takes account of the various work required with all stakeholders, and monitors operational delivery risk	Ongoing	3	3	9	Chief Officer HSCP
Link with Community Planning Partnership to explore community based services that support people to live and age well	31/12/2025												

				Supporting people framework implemented April 23 Monitoring includes analysis of waiting lists, admissions and incidents.  Completed review of equipment requests – management oversight and monitoring in place		240							
8	S	Workforce Planning and Change											
		Lack of appropriately skilled workforce due to combination of turnover recruitment market, funding and resilience.  Risk of further reduction in workforce capacity due to factors such as morale, burnout, industrial action and covid	Workforce planning group in place and includes 3 <sup>rd</sup> / independent sector reps  HSCP management team actively review all requests to recruit in line with our workforce plan  Overarching workforce workstream in our recovery plan (as we have had some capacity issues resulting from Covid-19 and our response to the emergency).  Savings, Recovery and Renewal Programme monitors spend and efficiencies  HSCP 3 year Workforce Plan developed  Working with professional leads and MH Clinical Directors to explore medium and longer term cover. In addition re-advertising vacant posts and close monitoring.  HSCP Staff Wellbeing programme in place  Business Continuity plans support critical service prioritisation where required and cover a range of events including possible industrial action.  Interim MH workforce plan developed August 2023	3	3	9	Workforce Plan 2025-28 to be developed  Strengthen reporting arrangements around all professional registrations.	30/04/2025		2	3	6	Chief Officer HSCP

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2.2	10	S	Increase in children & adults with additional support needs											
			Increase in the number of children and adults with additional support requirements leading to a rise in demand which impacts on our ability to provide services	Transitions service and strategy in place Transitions is also included in R&R Programme Analysis of demographic changes and increased financial forecasting is enabling us to plan more effectively.  Education Resource Group manage specialist resources and admission to specialist provision.  Resource Allocation Group (RAG) strengthened membership to include educational psychologist and occupational therapist.  Supporting People Framework (eligibility criteria) developed and approved by IJB 29.03.2023. (Eligibility threshold increased to substantial/critical – Nov 2023)	3	3	9	Implementation of the Supporting People Framework action plan which takes account of the various work required with all stakeholders, and monitors operational delivery risk	Ongoing		3	2	6	Chief Officer HSCP

n/a	11	C	In-House Care at Home Service											
			Inability to deliver services to a level that meet current demand and /or meet all statutory requirements	Increased resource to support robust absence management.  Scheduling system (Total Mobile) in place  Work patterns realigned to maximise efficiencies.  Programme Board in place to provide oversight of planned care at home redesign	3	4	12	Complete implementation of new practice model in line with organisational change  Complete implementation of the in-house structural redesign  Implement local framework for externally purchased care	31/06/2025  31/06/2025  01/08/2025		2	4	8	Chief Officer HSCP

	13	C	BUSINESS CONTINUITY, COVID19 & RECOVERY										
			<p>The significant impact of an emergency crisis on our workforce, supply chain, demand for and availability of services, delayed discharge targets, IT, accommodation, and resultant impact on financial and service planning.</p>	<p>Business Continuity and Operational Recovery Plans are in place and are reviewed by senior management regularly.</p> <p>HSCP represented at local and national groups as well as integral part of our partners (ERC &amp; NHSGGC) response and recovery.</p> <p>Increased communication and intelligence sharing with partners other statutory bodies implemented.</p> <p>Ongoing engagement and reporting with partner providers including Care Homes.</p> <p>Accommodation group oversees strategy and demand, both planned and unplanned ensuring continued service delivery, both day to day and in the event of an emergency.</p> <p>Annual assurance statement to IJB as Category 1 responder.</p> <p>Sufficient staff trained as incident loggists in the event of emergency</p> <p>Well established covid procedures are in place and can be escalated if necessary.</p> <p>Process in place with partner ICT colleagues to address issues as required.</p> <p>Business Impact Assessments reviewed</p>	3	3	9	<p>Identify additional staff to be trained to ensure sufficient trained Incident Officers and rest centre managers</p> <p>Go live of the new Case Recording System (Mosaic) (Cloud based)</p>	<p>31/07/2025</p> <p>20/10/2025</p>	2	3	6	All Heads of Service