

Date: 31 July 2020  
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**TO: MEMBERS OF THE EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

Dear Colleague

**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

A meeting of the East Renfrewshire Integration Joint Board will be held on **Wednesday 12 August 2020 at 10.00 am.**

**Please note this is a virtual meeting**

The agenda of business is attached.

Yours faithfully

**Councillor Caroline Bamforth**

Chair

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD  
WEDNESDAY, 12 AUGUST AT 10.00am**

**AGENDA**

- 1. Apologies for absence.**
- 2. Declarations of Interest.**
- 3. Minutes of meeting held on 24 June 2020 (copy attached, pages 5 - 14).**
- 4. Matters Arising (copy attached, pages 15 - 18).**
- 5. Rolling Action Log (copy attached, pages 19 - 22).**
- 6. East Renfrewshire Family Wellbeing Service – Children 1<sup>st</sup> Annual Report (copy attached, pages 23 - 48).**
- 7. Local Child Poverty Action Annual Report (copy attached, pages 49 - 92).**
- 8. Recovery Update (copy attached).**
- 9. Care at Home Presentation.**
- 10. Revenue Budget Monitoring Report (copy attached).**
- 11. IJB Risk Register Annual Report (copy attached).**
- 12. Amendment to Meetings Calendar and Appointment to Performance and Audit Committee (copy attached, pages 93 - 98).**
- 13. Date of Next Meeting: Wednesday 23 September 2020 at 10.30am.**

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**Minute of Meeting of the  
East Renfrewshire  
Integration Joint Board  
held at 10.00 am on 24 June 2020**

**PRESENT**

Anne-Marie Monaghan	NHS Greater Glasgow and Clyde Board (Chair)
Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
Councillor Caroline Bamforth	East Renfrewshire Council (Vice-Chair)
Susan Brimelow	NHS Greater Glasgow and Clyde Board
Councillor Tony Buchanan	East Renfrewshire Council
Dr Claire Fisher	Clinical Director
Anne Marie Kennedy	Third Sector representative
Heather Malloy	Scottish Care representative
Dr Deirdre McCormick	Chief Nurse
Andrew McCready	Staff Side representative (NHS)
Geoff Mohamed	Carers' representative
Julie Murray	Chief Officer – IJB
Councillor Paul O'Kane	East Renfrewshire Council
Kate Rocks	Head of Public Protection and Children's Services (Chief Social Work Officer)
Councillor Jim Swift	East Renfrewshire Council
Flavia Tudoreanu	NHS Greater Glasgow and Clyde Board

**IN ATTENDANCE**

Michelle Blair	Chief Auditor, East Renfrewshire Council
John Cornett	Audit Scotland
Eamonn Daly	Democratic Services Manager, East Renfrewshire Council
Aimee Macdonald	Audit Scotland
Candy Millard	Head of Adult Health and Social Care Localities
Steven Reid	Policy, Planning and Performance Manager

**APOLOGIES FOR ABSENCE**

Dr Angela Campbell	Consultant Physician in Medicine for the Elderly
John Matthews	NHS Greater Glasgow and Clyde Board
Ian Smith	Staff Side representative (ERC)

**INTRODUCTORY REMARKS**

1. Prior to the start of the meeting, Ms Monaghan extended the thanks of the Board to the leadership team and staff in the HSCP for their efforts in dealing with the impact of the COVID-19 pandemic. She suggested it was important to remember those who had sadly died as a result of the virus and to recognise the impact this had on friends and family members.

She explained that much of the focus of the meeting would be on the financial impact of dealing with the pandemic and she highlighted that the financial stability of the HSCP underpinned the work it was able to carry out.

Ms Monaghan also welcomed Dr Claire Fisher, recently appointed as Clinical Director, to her first meeting of the Board.

## **DECLARATIONS OF INTEREST**

2. There were no declarations of interest intimated.

## **MINUTES OF PREVIOUS MEETINGS**

3. The Board considered the Minutes of the meeting held on 29 January and 18 March 2020.

The Chief Officer referred to the weekly updates on activity that had been provided to the Board. As Board meeting arrangements recommenced it was now proposed to stop producing these but the Board would be advised of any matters of significance if necessary.

The Chief Officer also reported that a new Head of Recovery and Intensive Services had been appointed.

The Board approved the Minutes.

## **EAST RENFREWSHIRE HSCP RESPONSE TO COVID-19**

4. The Board took up consideration of a report by the Chief Officer providing an overview of the work of the HSCP and partners to date in responding to the COVID-19 pandemic.

Having referred to the onset of the pandemic and the Board's decision on 18 March to grant extended delegated powers to the Chief Officer, the report outlined the steps taken to alleviate pressure on Acute NHS services. It was noted that despite the significant challenges, delayed discharges in East Renfrewshire remained low.

The report then set out details of activity across a range of services either provided by or supported by the HSCP.

Details of the responses of GP practices to tackling the outbreak were set out, including the development of new patient pathways and increased use of technology to allow patients to be dealt with remotely. The challenges that had been faced by pharmacies and how these were addressed were also explained.

Comprehensive information was then provided on the support arrangements that had been put in place across services for different client groups including vulnerable people; vulnerable children and families; families with children with complex needs; unpaid carers; care homes and mental health and wellbeing services for children and young people.

Details of the arrangements that had been put in place for testing and assessment were also provided, reference being made in particular to the testing arrangements relative to care homes. It was also noted that due to a fall in demand, the Community Assessment Centre set up in Eastwood Health and Care Centre had been decommissioned.

**NOT YET ENDORSED AS A CORRECT RECORD**

Information was also provided on the arrangements in place for the control and distribution of personal protective equipment (PPE) it being noted that the HSCP was responsible for the distribution of PPE to external providers including personal assistants and unpaid carers.

The report also outlined some of the collaborative working that had been taking place between the HSCP and other agencies and noted that all costs related to the HSCP response to the pandemic were being tracked.

The report concluded by reminding the Board of the frontline nature of work undertaken by HSCP staff supporting vulnerable residents at home and in residential settings. Despite significant staffing constraints due to the virus, staff teams had established and adapted to new ways of working and had continued to maintain and deliver safe and effective services to local residents. Across services innovative approaches had been taken and provision adapted to focus on the most vulnerable residents during the emergency phase of the crisis.

Having heard the Head of Adult Health and Social Care Localities comment further on the report, referring in particular to the initial response and ongoing commitment of staff in responding to the pandemic, the Board noted the report.

**EAST RENFREWSHIRE HSCP COVID-19 RECOVERY PLAN**

5. The Board took up consideration of a report by the Chief Officer regarding the HSCP's approach to the transitional, post-emergency phase of the COVID-19 pandemic.

The plan, a copy of which accompanied the report, set out the key principles and priorities for the recovery period and outlined the wide-reaching planning approach and the arrangements being put in place to oversee recovery.

It explained that recovery activity would follow a phased approach in line with the phased relaxation of lockdown outlined by the Scottish Government. With the situation changing week to week, requiring close monitoring particularly in relation to further waves of infection potentially characterised by local outbreaks, it stressed the importance of a local approach to recovery recognising the need for flexibility and the ability to respond quickly to change.

The plan then summarised the response to the pandemic to date, noting that this had been tailored within client groups to meet the specific needs of communities and respond to specific challenges posed within services. It explained the challenges of moving from the current position to a return to the more "normal" planned provision of services. This would include looking at the way that services were delivered pre-pandemic and identifying how to re-establish areas of work that had been put on hold or significantly reduced. Alternative methods of service delivery during the pandemic would also be reviewed to ensure new approaches that had worked well would be retained and developed.

Having commented on some of the uncertainties that existed and their impact on recovery planning, the report then set out in detail the recovery principles to be adopted, how the learning from dealing with the pandemic would be built into recovery planning, and how where possible existing structures would be used for the ongoing development of the plan. It was noted that a Recovery Planning Working Group comprising multi-service and staff representatives would support the recovery process.

The Policy, Planning and Performance Manager was heard further on the report in the course of which he explained that the recovery plan would be subject to ongoing review.

Welcoming the detailed nature of the Plan, Ms Tudoreanu questioned if it was clear what impact if any there had been on stopping some services during the response to the pandemic. She also questioned what steps would be taken in the event of a resurgence of the virus.

In reply, the Chief Officer referred to the earlier report where it had been made clear that most services had continued, sometimes in a different form, and care at home was only stopped in agreement with families.

She did acknowledge that many members of the public may have felt uncomfortable accessing primary care services during the pandemic and that this would be discussed further with primary care colleagues.

In respect of a resurgence of the virus, she explained that it was important that services remained as flexible as possible and that service contingency would be factored in to service plans.

Councillor Swift enquired about dental services and expressed concerns regarding levels of mental health support, particularly in respect of young people. In response Mr McCready gave a comprehensive explanation of the dental provision that had been available throughout the pandemic and plans for the resumption of services in local surgeries.

In respect of mental health services the Head of Public Protection and Children's Services outlined some of the work that had been taking place, particularly the collaborative work with the Family Wellbeing Service. She also referred to the work taking place in respect of school counselling services and explained that work was ongoing with the Education Department to embed counselling staff in schools. She further reported that because of the development of tier two mental health services in East Renfrewshire it was well placed to deal with the associated challenges.

Ms Monaghan having welcomed the reassurances given, Mrs Kennedy also welcomed the report but reminded the Board of the important role to be played by the third sector who were keen to engage with the HSCP in the development of plans.

In reply the Chief Officer acknowledged the contribution made by the third sector. She suggested that one of the lessons to come from the pandemic was the importance of maximising the role of the third sector and community groups. In addition the Chief Financial Officer confirmed that third sector representatives would be invited to participate in the Partner Organisations workstream.

Recognising and acknowledging the work of the third sector, Councillor Bamforth questioned the impact of the pandemic on the programme for recruiting care at home staff. In reply the Chief Officer reminded the Board that the programme had started prior the pandemic and that the recruitment of staff had not been significantly impacted.

The Board noted the report.

## **CLINICAL AND CARE GOVERNANCE UPDATE**

**6.** The Board considered a report by the Chief Nurse providing an overview of how the HSCP was maintaining responsibility for monitoring and improving the quality of health and social care during its response to the COVID-19 pandemic.

The report explained that given the ongoing pressures presented in managing the challenge of COVID-19, it had not been possible to maintain the normal range of clinical and care governance functions. The NHS Strategic Executive Group had approved adaptations to the arrangements for governance of healthcare quality and this had included suspension of the strategically supported Quality Improvement programmes, and revisions to processes for clinical guidelines, audit and clinical incident management. Many of these arrangements were now restarting with meetings of the NHS Acute, Partnership and Board Clinical Governance



**NOT YET ENDORSED AS A CORRECT RECORD**

Forums being reconvened. It was noted that the Acute Clinical Governance Forum met virtually on Monday 8th June; the Primary Care and Community Clinical Forum met virtually on 17th June; with plans in place for the Board Clinical Governance Forum to meet virtually.

It was further explained that whilst there had been a temporary suspension of some local clinical and care governance meetings, the legal duty of quality and the requirement to maintain health and care quality continued to be standing obligations. As a result, where local arrangements could not be sustained, operational oversight of healthcare quality and clinical governance had been maintained by embedding essential functions in the local management arrangements. Details of the mechanisms in place to support operational oversight at service level were outlined.

Having set out the monitoring arrangements in place in relation to care homes as well as listing the various meetings that had taken place, the report provided details of the arrangements in place for the re-establishment of all clinical and care governance groups.

In conclusion the report explained that the Annual Report for Clinical and Care Governance reflected the work of the Clinical and Care Governance Group and preparations to develop and submit the report to the NHSGGC Clinical and Care Governance Forum had been paused due to the current crisis. It was anticipated that the annual report would continue to be required and a draft report had been prepared for circulation to relevant colleagues for their contribution. The annual report would be presented to the next meeting of the Board.

Welcoming the report, Mrs Brimelow referred to a Scottish Government directive for health boards to establish Ethical Advice Support Groups and enquired if HSCPs had been involved in this. She also commented on ethical issues in Acute Services referring in particular to decisions in relation to the provision of ventilators if demand outstripped supply, and enquired if there had been any such challenges locally. Mrs Brimelow also enquired whether there had been any problems in relation to infection control and increases in infection/cross-infection.

Responding to Mrs Brimelow, the Chief Nurse acknowledged the work of Boards in relation to ethical issues it being noted that the Chief Officer had not been involved in any discussions that had taken place. The Chief Nurse also confirmed that there had been no decisions locally in respect of ethical issues such as those referred to by Mrs Brimelow. Finally, she confirmed that there had been no higher levels of infection and that the existing control mechanisms were adequate.

Thanking the Chief Nurse for the information, Mrs Brimelow suggested that one of the main issues to have come to light during the treatment of people with the virus had been around informed consent. It was anticipated that more information on this matter would become available.

The Board noted the report.

**AUDIT SCOTLAND ANNUAL AUDIT PLAN 2019/20**

7. The Board took up consideration of Audit Scotland's Annual Audit Plan for 2019/20. It was explained that the plan had been scheduled to be considered at the March meeting of the Performance and Audit Committee. However that meeting had been cancelled due to the onset of the COVID-19 pandemic.

Introducing the plan Mr Cornett reminded the Board that it had been written pre-COVID and so made no reference to COVID-related issues. However the plan would be undertaken in the current environment and so COVID-related matters would impact on any of the audits being carried out.

**10**  
**NOT YET ENDORSED AS A CORRECT RECORD**

Thereafter Ms Macdonald was heard further on the proposed plan, explaining the audit approach and highlighting a number of key areas.

Responding to a question from Councillor Swift on Audit Scotland's views on whether or not the IJB would be able to close the £3.6 million funding gap, Mr Cornett referred to earlier discussions about response to the pandemic and subsequent recovery activity including new working methods. He explained it would take some time for the financial impact to work through suggesting it would be 6-12 months before the picture became clearer.

In support the Chief Financial Officer explained that COVID-related costs were being considered in great detail with one of the main issues being the impact on the 2020/21 savings plan. She emphasised that the question of additional costs and impact on delivery of savings was a national issue and that challenges to be addressed would be reflected in the regular financial monitoring reports brought to the Board.

Councillor Buchanan referred to the significant efforts by staff over the preceding 3 months particularly those delivering front line services. He commented on the current and ongoing financial impact of the pandemic and the importance of highlighting this and the need for adequate funding to both the UK and Scottish Governments.

The Board agreed the 2019/20 Annual Audit Plan.

### **UNAUDITED ANNUAL REPORT AND ACCOUNTS 2019/20**

**8.** The Board considered a report by the Chief Financial Officer providing an overview of the unaudited report and accounts for the IJB covering the period 1 April 2019 to 31 March 2020, as well as outlining legislative requirements and key stages associated with the approval of the annual report and accounts.

Having referred to the establishment of IJBs and the requirements, in accordance with Section 106 of the Local Government (Scotland) Act 1973, for annual accounts to be prepared in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom, and also to additional guidance produced by the Local Authority (Scotland) Accounts Advisory Committee, the report set out an overview of the process for the preparation and approval of the IJB's annual report and accounts.

The report highlighted the main key messages. There was a year-end overspend of £0.185 million. This was 0.15% of the annual revenue budget and was broadly in line with the position reported through regular budget monitoring, and was funded as planned from reserves. Drawing from reserves was expected as it had been recognised it would not be possible to achieve all savings required during the year as the individual budget approach would take many months to implement; there was insufficient capacity to work on the digital savings programme; and part-year savings had been achieved from the second phase of the structure review.

Having set out the main variances to the budget, the report explained that £1.763 million of reserves had been used in-year with £1.032 million invested into earmarked reserves.

The report also proposed that in addition to school counselling £0.311 million 2 further new reserves totalling £0.201 million be created, with the amounts and reasons for each of the reserves being outlined. An increase in the existing District Nursing reserve from £0.039 million to £0.1 million to support capacity and training was also proposed.

It was noted that normally the draft report and accounts would have been considered by the Performance & Audit Committee prior to the meeting. However due to the suspension of

normal arrangements this had not been possible and the report and accounts were being submitted directly to the Board for consideration.

The Chief Financial Officer was heard further on the report. Having noted that the management commentary contained in the report set out the main messages and referred to the response to COVID-19 and associated steps to recovery, she explained that whilst performance achievements had been reported in the same format as in previous years, in agreement with audit colleagues this section would be amended to reflect the way in which performance was reported during the year. Some further presentational changes were outlined.

The Chief Financial Officer also highlighted that the final revenue overspend of £0.185 million was less than the £0.479 million forecast in January 2020. This higher amount was due to the prudent view that had been taken on winter costs.

Reference was also made to the impact of COVID-19 on longer-term plans, the Chief Financial Officer explaining that she would revise the Medium-Term Financial Plan when this became clearer.

In conclusion, the Chief Financial Officer acknowledged the work of her Finance Team in producing the report and accounts in challenging circumstances.

Having heard Ms Monaghan and Councillor Swift congratulate the Chief Financial Officer and her team for preparing the report and accounts and for their strong financial stewardship, the Board:-

- (a) approved the unaudited annual report and accounts
- (b) approved the creation of the new reserves and the proposed reserves allocations;
- (c) noted that the annual report and accounts was subject to review; and
- (d) agreed to receive the annual report and accounts in September, subject to any recommendations made by the external auditor and/or the Performance and Audit Committee.

## REVENUE BUDGET MONITORING REPORT 2020/21

9. The Board took up consideration of a report by the Chief Financial Officer providing details of the projected outturn position of the 2020/21 revenue budget as at 31 May 2020.

It was explained that the report was being submitted earlier than normal in the reporting cycle. However given the current situation around COVID-19 and associated financial uncertainty, it had been considered important for the Board to have early sight of the financial position and be able to take some assurance from the work taking place.

The report further explained that HSCP costs related to COVID-19 activity were reported to the Scottish Government via NHS Greater Glasgow and Clyde, as health boards were the leads on this reporting. Detailed estimated and actual costs across a number of categories were provided including; staffing additional hours and absence cover for both the HSCP and our partner providers, sustainability of our partner providers, PPE (personal protective equipment) and other equipment, unachievable savings and prescribing impacts.

It was noted that costs were c£9 million for the 13 months from March 2020 to March 2021. These costs included many assumptions and scenarios that were estimated at the start of the

emergency response and continued to be revised whilst moving toward what the 'new normal' may look like. These costs would change as there was a move from high level assumptions to more refined estimates as activity became clearer, and through to actual costs incurred. Financial impacts and implications would be reported to the IJB throughout the year. The current estimated costs were included in the overall financial position with the bottom line being a nil impact as the current planning assumption was that all costs would be fully funded by the Scottish Government. The sustainability costs supporting the social care market were supported nationally by an agreed set of principles. Clearly there was a risk should there be any change from all costs being funded in full.

Thereafter it was reported that against a full year budget of £125.6 million there was a projected overspend of £0.640 million (0.5%), with details of the projected overspend being provided.

Comment was made on the main projected variances, it being noted that at these would be subject to change as the year progressed.

It was clarified that the overspend would be funded from the budget savings reserve as required; that the reserves position was still subject to audit and spending plans against reserves would be refined throughout the year; and that the provision 2019/20 outturn overspend of £0.185 million was an improvement from the projected overspend of £0.479 million based on expected costs as at January 2020.

The report also highlighted that the capacity to deliver the savings agreed as part of the 2020/21 budget had been impacted by the pandemic. Progress on savings delivery along with any implications from the recovery programme would be reported throughout the year.

Having explained that the medium-term financial plan would be reviewed once COVID-19 related implications became clearer and that the Scottish Government had recently confirmed additional funding to meet the costs of Fair Work Practices with the HSCP's share of this funding (£157k) offsetting some of the cost pressures of the 3.3% uplift agreed for 2020/21, the report listed a series of potential risks that could impact current and future budget provision.

Commenting further the Chief Financial Officer confirmed that in the event it became apparent that there was to be a shortfall in COVID-related funding she would advise the Board as there may be a need to consider mitigating action.

The Board noted the report.

## **POSTPONED PUBLICATION OF 2019/20 ANNUAL PERFORMANCE REPORT**

**10.** The Board considered a report by the Chief Officer advising that the publication of the 2019/20 Annual Performance report had been postponed.

It was explained that The Public Bodies (Joint Working) (Scotland) Act 2014 required 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 required publication of the report within 4 months of the end of the financial year being reported on, therefore by 31 July each year.

In recognition of the exceptional requirements being placed on public bodies as they responded to the COVID-19 outbreak, the Coronavirus (Scotland) Act 2020 made a number of temporary changes to statutory reporting and publication requirements (as well as Freedom of Information requests). This gave public authorities the temporary power to postpone

publishing reports if they were of the view that continuing with report preparation would impede their ability to take effective action in response to the coronavirus pandemic.

The Chief Officer had agreed to delay the publication date for the Annual Performance Report until 30 September as the staff who would have been involved in the preparation of the report had been heavily engaged in supporting the COVID-19 pandemic response.

A draft of the report would be presented to the Board at its meeting on 23 September for approval. Subject to approval, the report would be published on the website by 30 September and promoted through media channels. Public notification of the rescheduling of the report on would be posted on the website before the original publication date of 31 July. This approach was in line with most other IJBs in Scotland.

The Board noted the report.

### **DRAFT UNSCHEDULED CARE STRATEGIC COMMISSIONING PLAN**

11. The Board took up consideration of a report by the Chief Officer on progress in developing the strategic commissioning plan for unscheduled care.

By way of background, the report explained that in partnership with the NHS Board and the Acute Services Division work had been undertaken by all 6 HSCPs within the Greater Glasgow and Clyde area to develop a system-wide strategic commissioning plan. The draft plan, a copy of which accompanied the report, built on the NHSGGC Board-wide Unscheduled Care Improvement Programme and was integral to the Board-wide Moving Forward Together programme.

The report explained that the purpose of the plan was to outline how it was planned to respond to the continuing pressures on health and social care services in GG&C and meet future demand. The draft explained that with an ageing population, and changes in how, and when, people chose to access services, change was required.

It was reported that simply providing more of what existed at present was not sustainable within existing resources, nor did it match the longer-term ambition of providing care closer to where patients lived, reducing the reliance on hospitals. The direction of travel was to meet people's needs in community settings with primary care as the cornerstone of the health and social care system.

It was further explained that the draft plan outlined how it was planned to support people better in the community, and develop alternatives to hospital care so that the over-reliance on unscheduled care services could be safely reduced.

Details of the delivery of an integrated system of health and social care services which would better meet patients' needs were also included in the plan. While this was a strategic plan outlining improvements for patients to be implemented over the next five years, it also included some immediate actions that could be delivered in the short term in response to current imperatives.

The report clarified that the programme outlined in the plan focussed on 3 key themes, details of which were listed, and was based on evidence of what worked and an estimate of patient needs in Greater Glasgow and Clyde.

Having explained that the changes proposed would not take effect immediately or all at the same time but should be fully implemented by 2022/23, the report highlighted some key examples of things that had worked well during the pandemic and that which subject to further testing could be included in the unscheduled care plan.

**NOT YET ENDORSED AS A CORRECT RECORD**

The report then set out the key next steps in taking the plan forward. This included details of how engagement on the draft plan would take place and the need for further work on the financial framework and key impact measures.

The Head of Adult Health and Social Care Localities was heard further on the report. She highlighted that COVID-19 had delayed progress but there was now an opportunity to reflect on the impact the pandemic had and to look at what changes could be made for the future.

The Chief Officer reported that a special Board-wide team comprising staff from Acute Services and HSCPs had been established to take the plan forward with Kim Campbell, the HSCP's Localities Improvement Manager, having been seconded to the team.

The Board:-

- (a) approved the draft commissioning plan for unscheduled care attached; and
- (b) noted the further work underway to finalise the plan, including the planned engagement process; and that the Board would receive a further update with a finalised plan.

**CALENDAR OF MEETINGS 2021**

**12.** The Board considered and approved a report by the Chief Officer with proposed meeting dates for 2021.

**DATE OF NEXT MEETING.**

**13.** It was noted that the next meeting of the Integration Joint Board would be held on Wednesday 12 August 2020 at 10.00 am.

**CLOSING REMARKS**

**14.** Ms Monaghan reported that in terms of the Integration Scheme her term of office as Chair of the IJB had ended and Councillor Bamforth would take over as Chair. She indicated that her time as Chair had been very enjoyable and she appreciated the support she had received from colleagues.

The Chief Officer thanked Ms Monaghan for her work during her period as Chair and looked forward to her taking over from Councillor Bamforth as Chair of the Performance and Audit Committee.

CHAIR



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	12 August 2020
<b>Agenda Item</b>	4
<b>Title</b>	Matters Arising
<b>Summary</b>	
<p>The purpose of this paper is to update IJB members on progress regarding matters arising from the discussion which took place at the meeting of 24 June 2020.</p>	
<b>Presented by</b>	Julie Murray, Chief Officer
<b>Action Required</b>	
<p>Integration Joint Board members are asked to note the contents of the report.</p>	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**12 August 2020**

**Report by Chief Officer**

**MATTERS ARISING**

**PURPOSE OF REPORT**

1. To update the Integration Joint Board on progress regarding matters arising from the discussion that took place at the meeting of 24 June 2020.

**RECOMMENDATION**

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

**REPORT**

**Clinical and Care Governance Update**

3. At the June meeting it was agreed the Clinical and Care Governance Annual Report would be submitted in August, however this has been deferred to the September IJB to allow the report to be presented to the Clinical and Care Governance Group first.

**Unaudited Annual Report and Accounts 2019/20**

4. The reserves are in place for 2020/21 subject to the approval of the annual reported annual report and accounts will be submitted to the Performance & Audit Committee and the Integration Joint Board in September.

**Draft Unscheduled Care Strategic Commissioning Plan**

5. It is anticipated that the final plan will be presented to the IJB in September.

**RECOMMENDATIONS**

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

**REPORT AUTHOR AND PERSON TO CONTACT**

Julie Murray, Chief Officer  
[Julie.Murray@eastrenfrewshire.gov.uk](mailto:Julie.Murray@eastrenfrewshire.gov.uk)

July 2020

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	12 August 2020
<b>Agenda Item</b>	5
<b>Title</b>	Rolling Action Log
<p><b>Summary</b></p> <p>The attached rolling action log details all open actions, and those which have been completed since the last meeting on 24 June 2020.</p> <p>Two historic actions have also been closed:</p> <p><u>170 – Regional Planning</u> Should Regional Planning become a live topic, an update will be presented to the IJB as appropriate.</p> <p><u>131 – Code of Conduct Seminar</u> IJB members receive regular updates from the Standards Commission. Should any IJB members have any issues they wish to clarify in relation to the Code of Conduct or Declarations of Interest, the Democratic Services Manager would be happy to discuss this with them on an individual basis.</p>	
<b>Presented by</b>	Julie Murray, Chief Officer
<p><b>Action Required</b></p> <p>Integration Joint Board members are asked to note progress.</p>	

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## ACTION LOG: Integration Joint Board (IJB)

August 2020

Action No	Date	Item No	Item Name	Action	Responsible Officer	Status	Due / Closed	Progress Update /Outcome
290	24-Jun-20	6	Clinical and Care Governance Update	Submit the Clinical and Care Governance Annual Report to the August IJB meeting	CN	OPEN	23.09.20	Deferred - scheduled for September IJB
289	24-Jun-20	8	Unaudited Annual Report and Accounts 2019/20	Establish the reserves and submit the audited accounts to the Performance & Audit Committee and the IJB in September	CFO	OPEN	23.09.20	Scheduled for September PAC
288	24-Jun-20	10	Postponed Publication of 2019/20 Annual Performance Report	Submit the report to the September meeting of the IJB to enable publication of the report by 30 September	CFO	OPEN	23.09.20	Scheduled for September IJB
287	24-Jun-20	11	Draft Unscheduled Care Strategic Commissioning Plan	The Board approved the draft plan and noted further work underway to finalise the plan, including the planned engagement process. Make arrangements to finalise the plan as outlined and submit a final version to a future meeting.	HAHSL	OPEN	25/11/2020	Provisionally scheduled for November IJB
286	24-Jun-20	12	Calendar of Meetings 2021	The meeting dates were approved. Make the necessary arrangements to book the meeting rooms, and update the web as appropriate.	DSM	OPEN	12.08.20	Dates agreed. However some changes may be required due to clashes with Glasgow IJB
285	18-Mar-20	6	Budget 20/21	Make the necessary arrangements to proceed on the basis as agreed - the Board:- (a) Accepted the budget contribution of £51.313 million from East Renfrewshire Council; (b) Approved the £0.606 million for Community Justice expenditure funded by grant via East Renfrewshire Council; (c) Approved the delegated budget for aids and adaptations of £0.550 million (d) Accepted the indicative budget contribution of £72.135 million from NHS Greater Glasgow and Clyde; (e) Accepted the indicative set aside budget contribution of £31.674 million from NHS Greater Glasgow and Clyde; and (e) Agreed that Directions are issued to East Renfrewshire Council and NHSGGC confirming the acceptance of the budget, caveated for amendment following the outcome of the UK budget announcement.	CFO	OPEN	24.06.20	
284	18-Mar-20	12	Delegated Authority for Chief Officer	It was agreed that delegated authority be granted to the Chief Officer for the foreseeable future to take all operational decisions that would normally require Board approval, subject to consultation with the Chair and Vice-Chair	CO	CLOSED	18/03/2020	Noted
282	29-Jan-20	4	Minute of meeting of IJB of 27 November 2019.	Provide information to a future meeting on levels of CAMHS access compared to other IJBs.	CO	OPEN	24/06/2020	Deferred paper scheduled for June to November due to Covid-19
279	29-Jan-20	5	Rolling Action Log	In the paper to be submitted to a future meeting in respect of Individual Budget Update (242) take account of the technical developments being introduced such as new technical substitutes for sleepovers, which will impact on individual budgets.	HAHSL	OPEN	25/11/2020	March IJB paper on Implementation of Budget Calculator and SDS available online . Overnight Support was scheduled for April but has been deferred to November due to Covid-19
274	29/01/2020	12	Care at Home Improvement and Redesign Programme – Update	Submit a paper to a future meeting on delayed discharges – numbers; reasons for delay; strategies used for keeping people out of hospital; primary/secondary diagnoses etc	HAHSL	CLOSED	25/11/2020	This is included in the UCC updates
271	27/11/2019	9	Care at Home Improvement and Redesign Programme	Continue to submit progress reports to each meeting until further notice.	CO	OPEN	ONGOING	Presentation scheduled for August IJB meeting
263	25/09/2019	8	Chief Social Work Officer's Annual Report	Submit a report to a future meeting on how the use of data in Children's Services has led to service improvements.	CSWO	OPEN	29/04/2020	Deferred to due to Covid-19.
262	25/09/2019	9	Clinical & Care Governance Annual Report	Collate and circulate information in relation to the reduction in the number of GP appointments required as a result of the introduction of new working practices and initiatives such as the Tier 2 pilot.	CSWO	CLOSED	24/06/2020	Family Wellbeing Service - Children 1st Annual Report on August IJB Agenda

244	26/06/2019	10	Financial Framework for the 5-Year Adult Mental Health Services Strategy in GGC	Submit a progress report in due course.	CFO	OPEN	TBC	Added to forward planer - Timing of progress report will be dependant on system wide programme and agreement of all six HSCPs within Greater Glasgow and Clyde
242	26/06/2019	11	Individual Budget Update	Submit a progress report to a future meeting.	CFO	CLOSED	18.03.20	<a href="#">Implementation of Individual Budget Calendar and SDS on March IJB agenda - paper available online</a>
232	01/05/2019	8	East Renfrewshire's Corporate Parenting Plan 2016-18 – Year 2 Progress Report	The Board also recognised the value of engaging with young people and recommended that this method be used as an exemplar for engagement by other services. Submit a report on engagement strategies to a future meeting.	HAHSL/CSWO	OPEN	25/11/2020	This will be included in Participation and Engagement strategy - A presentation was delivered to IJB in Jan 2020. The follow up paper scheduled for April 2020 has been deferred to November
170	27/06/2018	11	Regional Planning	Note this item was deferred to the August meeting of the IJB	HAHSL	CLOSED 29.07.2020	TBC	Awaiting updated regional report from the regional planning partnership and will share when available.
131	29/11/2017	14	Appointment of Standards Officer	Make a presentation on Code of Conduct to a future seminar	DSM	CLOSED 29.07.2020	13/05/2020	Should any members of the board have any issues they wish to clarify they can contact DSM to discuss on a 1:1 basis

Abbreviations

CCGC	Clinical and Care Governance Committee	BSM	Business Support Manager	DSM	Democratic Service Manager
IJB	Integration Joint Board	CD	Clinical Director	GCO	Governance and Compliance Officer
PAC	Performance and Audit Committee	CO	Chief Officer	HAHSL	Head of Adult Health and Social Care Localities
		CFO	Chief Finance Officer	SPPPO	Senior Policy, Planning & Performance Officer
		CN	Chief Nurse		
		CSWO	Chief Social Work Officer		



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board	
<b>Held on</b>	12 August 2020	
<b>Agenda Item</b>	6	
<b>Title</b>	Family Wellbeing Service Annual Report 2019-20	
<b>Summary</b>		
<p>The Family Wellbeing Service Annual Report 2019-20 relates to the delivery and expansion of the service to support children and young people who present with a range of significant mental and emotional wellbeing concerns.</p>		
<b>Presented by</b>	Fiona McBride, Assistant Director - Children 1 <sup>st</sup>	
<b>Action Required</b>		
<p>The Integration Joint Board is asked to note:</p> <ul style="list-style-type: none"> <li>▪ the content of the Family Wellbeing Service Annual Report 2019-20</li> <li>▪ the increasing numbers of children and families accessing the service during that period and the positive progress made against the agreed success criteria</li> <li>▪ the further expansion and upscale activity undertaken</li> <li>▪ the service's response to the Covid19 pandemic</li> </ul>		
<b>Directions</b>		<b>Implications</b>
<input checked="" type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC		<input checked="" type="checkbox"/> Finance <input type="checkbox"/> Policy <input checked="" type="checkbox"/> Workforce <input checked="" type="checkbox"/> Equalities <input type="checkbox"/> Risk <input type="checkbox"/> Legal <input checked="" type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**12 AUGUST 2020**

**REPORT BY HEAD OF PUBLIC PROTECTION AND CHILDREN'S SERVICES**

**FAMILY WELLBEING SERVICE ANNUAL REPORT 2019-20**

**PURPOSE OF REPORT**

1. This Family Wellbeing Service Annual Report 2019-20 relates to the delivery and expansion of the Family Wellbeing Service to support children and young people who present with a range of significant mental and emotional wellbeing concerns. From September 2017 the service had been delivered by Children 1<sup>st</sup> as a two year pilot originally taking direct referrals from two predetermined GP practices. During Year 2 the service expanded to six GP Practices, and from June 2019 with increased investment from HSCP and the Robertson Trust the service began a phased implementation across the remaining East Renfrewshire GP Practices. This report will provide details of:
  - the activity and impact of the service during 2019-20
  - the progress made to expand and upscale to all GP Practices in East Renfrewshire
  - how the service has responded to the Covid19 pandemic and its plans for full service recovery

**RECOMMENDATION**

2. IJB are asked to note:
  - the content of the Family Wellbeing Service Annual Report 2019-20
  - the increasing numbers of children and families accessing the service during that period and the positive progress made against the agreed success criteria
  - the further expansion and upscale activity undertaken
  - the service's response to the Covid19 pandemic

**REPORT**

3. The Family Wellbeing Service Annual Report for 2019-20 is attached. The report contains a description of the activity undertaken during the development stage from June to December 2019. During this time the staff structure and complement was completed and 12 GP practices were incorporated into the programmes referral process. On 1 December 2019 the service moved in to the two year delivery phase with the key aim of upscaling to include all GP practices in East Renfrewshire.
4. The expectation was that all practices by the end of 2019 would take up the service offer however at the time of writing this report there are three who have not done so despite the considerable efforts of the service management to actively encourage their involvement. The HSCP Clinical Director has been informed and will communicate with the three practices to agree a way forward.
5. The funding model is based on delivery against a set of success criteria agreed by the three partners. The annual report largely demonstrates that these are being achieved as the service has exceeded the target for number of children and families they are working with as well as their initial referral response rates. A key indicator is the effectiveness of

the service and this is being measured by whether children present again at their GP with wellbeing concerns post Family Wellbeing Service engagement. Progress with this measure will become more apparent as children appropriately exit the service and post service data is collected and analysed.

- Children 1<sup>st</sup> has continued to provide high quality emotional and practical support to children and families throughout the Covid-19 lockdown. The Family Wellbeing Service team have responded to the changing context, working in close partnership with a range of community projects and local services by offering the following supports to families:

## CONSULTATION AND PARTNERSHIP WORKING

- Children 1st have built in processes to frequently capture feedback from users of the service. This in turn allows the service to consider what is working and what needs improved. In addition Children 1st have been working with the Scottish Recovery Network (SRN) and East Renfrewshire HSCP to develop an external evaluation model to capture the impact of Family Wellbeing Service with former recipients of the service.
- This programme is a partnership between East Renfrewshire HSCP, the Robertson Trust, local GP Practices, and Children 1<sup>st</sup> to provide a targeted service intervention. The implementation of this partnership is governed by a Programme Board, with senior managers from each partner organisation, which has overall control and responsibility for the project. Operational responsibility is devolved to an Operational Group which will oversee the day-to-day delivery of the service. Other local partners include Education/Schools and Psychological Services. Children 1<sup>st</sup> now attend the Improving Outcomes for Children and Young People Partnership which is the key multi agency planning forum for children's services in East Renfrewshire. The Robertson Trust have commissioned Iconic Consultants to carry out evaluation of the social bridging finance model.

## IMPLICATIONS

### Finance

#### East Renfrewshire Family Wellbeing Service - Investment Budget 2019-2022

Expenditure	Year 1	Year 2	Year 3	
Investment from HSCP	£320,000	£320,000	£320,000	£960,000
Investment from The Robertson Trust	£350,677	£339,864	£353,815	£1,044,355
<b>Total</b>	<b>£670,677</b>	<b>£659,864</b>	<b>£673,815</b>	<b>£2,004,355</b>

### Workforce

- The complement of staff required to deliver the programme is complete and is outlined within the body of the report.

### Infrastructure

- In January 2020 the team moved into newly refurbished family friendly premises in Giffnock but have retained space in Eastwood Health and Care Centre to ensure full accessibility for families when necessary.

## Equalities

11. The service is recording and monitoring referrals and take up in relation to age, gender, ethnicity, disability, and sexual orientation, to ensure it is fully accessible to eligible children and families residing within East Renfrewshire. This can be seen within the body of the report.

## **DIRECTIONS**

12. There are no directions arising from this report.

## **CONCLUSIONS**

13. In 2019 HSCP Children and Families and Children 1<sup>st</sup>, were successful in securing significant investment from The Robertson Trust to continue, and to expand the delivery of the Family Wellbeing Service. This new funding was approved as a Social Bridging Finance partnership contract between the three partners – East Renfrewshire HSCP, Children 1<sup>st</sup>, and The Robertson Trust. The new funding partnership began on 1 June 2019. The Family Wellbeing Service Annual Report details the service activity over 2019 – 2020 and outlines how the service has performed against the agreed success criteria indicators. The report also provides a comprehensive update on the service's response to the Covid19 pandemic and how it has continued to deliver during this difficult period for children and families.

## **RECOMMENDATION**

14. IJB are asked to note:
  - the content of the Family Wellbeing Service Annual Report 2019-20
  - the increasing numbers of children and families accessing the service during that period and the positive progress made against the agreed success criteria
  - the further expansion and upscale activity undertaken
  - the service's response to the Covid19 pandemic

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

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0141 451 0755

13 July 2020

Chief Officer, IJB: Julie Murray

## **BACKGROUND PAPERS**

[27.11.2019 – Item 8: Family Wellbeing Service Annual Report 2018-19](#)

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# East Renfrewshire Family Wellbeing Service

Annual Report  
1<sup>st</sup> June 2019 – 31<sup>st</sup> May 2020



## East Renfrewshire Family Wellbeing Service

Annual Report  
1<sup>st</sup> June 2019 – 31<sup>st</sup> May 2020

### **Background**

In September 2017, Children 1st and East Renfrewshire's Health & Social Care partnership (HSCP) developed a one year pilot service called the Family Wellbeing Service to offer early help for children and families who are experiencing emotional distress. The pilot was a success, exceeding service outcomes which resulted in improved emotional wellbeing in children, young people and families. The pilot phase ended in August 2018, however at that time HSCP agreed a further one year funding to partially extend the service to six GP practices.

In 2018 East Renfrewshire HSCP and Children 1st entered into discussions with The Robertson Trust to determine the suitability of their Social Bridging Finance (SBF) model for investing in the East Renfrewshire Family Wellbeing Service programme. The purpose of additional investment was to develop the expansion of the service to reach even more children and families in East Renfrewshire. For the second year of delivery the service has been extended to work with six GP practices however the new funding further increased this to up to all GP practices in East Renfrewshire over the three years of the project. This took place through a phased scale-up with an initial six month development stage to ensure any learning and reflections are fully incorporated into the delivery of the service.

The six month development phase commenced on 1 June 2019. On 1 December 2019 the service moved in to the two year delivery phase of the service. The purpose of this report is to provide an overview of progress, challenges, learning and impact during this reporting period.

### **Service Expansion and Development**

During this first year of service development and delivery we have successfully recruited our full staff team of:

- 1.6FTE Service Managers
- 2.0FTE Team Leaders
- 9.5FTE Project Workers
- 1.0FTE Community Engagement and Volunteer Development Project Worker
- 1.0FTE Administrator

In January 2020 the team moved into our newly refurbished family friendly premises in Giffnock. We have retained space in Eastwood Health and Care Centre to ensure full accessibility for families and in recognition of the positive relationships which have been fostered with us having a presence in EHCC.



During the reporting period, the Family Wellbeing Service expanded provision from 6 to 12 GP practices across East Renfrewshire. There have been challenges in engaging with 3 remaining GP practices, however we are working in partnership with the new Clinical Director to support them to engage with the service.

### **Coronavirus and Lockdown**

Children 1<sup>st</sup> has continued to provide high quality emotional and practical support to children and families throughout lockdown. The Family Wellbeing Service team have responded to the changing context, working in close partnership with a range of community projects and local services by offering the following supports to families:

#### *Emotional Support*

- Text communication with parents and with children/young people – the frequency of this ranges from several times a week to the family using text to connect with staff when they need additional support.
- Phone support calls with parents and with children/young people, which can last for an hour or more. We have a number of families whom, due to high levels of distress being experienced as a result of covid-19 and lockdown measures, we are calling several times a week to offer support.
- Video calls with parents, children and families. This is a newer way for us to connect with families. Many have been open to using technology to enable virtual face to face support.
- Virtual group offer of support. We have been able to continue facilitating our girl's group via group video call. This has been embraced by both the girls and the staff. It has been a critical support for the girls who were all experiencing anxiety and social isolation prior to lockdown. We have also offered our parents walking (not a walking) group in which group members have taken their device into the garden with them and participated in the group via video call.
- We have provided families with mini-kitbags to help support connection, emotional wellbeing and communication

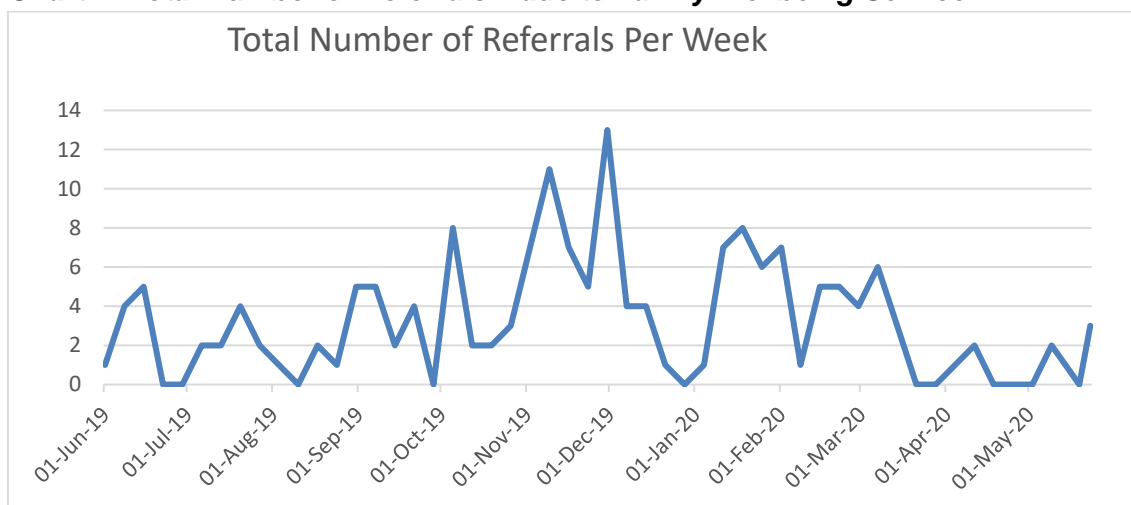
### Practical Support

- Home Learning Resources and activities for children/young people: families have been either emailed or posted out resources and information which they felt would be helpful to have to support their children being in lockdown.
- Money Advice – we have connected families with Children 1<sup>st</sup> Money Advice workers and East Renfrewshire's Money Advice and Rights Team (MART) for financial advice and support.
- In partnership with MART, East Renfrewshire Food Bank and a local Morrisons store, we are providing support to a number of families to access food for their family, for some families this has included our team collecting and delivering the food parcels to the families. Staff are doing this 2-3 times a week, dependant on need.
- When required, in partnership with both East Renfrewshire HSCP and/or Aberlour Urgent Assistance Fund we have provided families with financial support for fuel and emergency food.
- We have provided devices with data for a number of our families who did not have access to a device for home learning and/or connecting with their family/friends.
- We have provided families with arts, crafts and stationary supplies where this has been needed to enable families to engage in home learning and to promote their own wellbeing whilst in lockdown.

### Support to Families in East Renfrewshire

**Chart 1** below provides an overview of the demand on the service by number of referrals made to the service per week. It highlights that the Family Wellbeing Service has continued to receive referrals from GP's throughout lockdown, although at a lower rate than before. This is likely to be as a result of a reluctance to attend GP practices for fear of infection or of "bothering the NHS" during the coronavirus pandemic. We know that the lockdown and worries about the global pandemic is impacting on emotional health and wellbeing and we expect that demand on the service with increase as we transition out of lockdown.

**Chart 1: Total Number of Referrals Made to Family Wellbeing Service**





**Table 1** below highlights the numbers of referrals made to the service by GP practice during the reporting period. As outlined above we have experienced difficulties engaging with 3 GP practices, despite numerous attempts to connect. This remains a priority for both Children 1<sup>st</sup> and HSCP to ensure the service is accessible to all children and families in East Renfrewshire.

**Table 1: Referrals to Family Wellbeing Service by GP Practice**

	<b>GP Practices</b>	<b>Number of Referrals 1 June 2019 – 31 May 2020</b>
<b>Year 1 Pilot Practices</b>	GP Practice 1	26
	GP Practice 2	18
<b>GP's added during Year 2 Scale Up</b>	GP Practice 3	12
	GP Practice 4	9
	GP Practice 5	10
	GP Practice 6	22
<b>GP's added during HSCP, Children1st and Robertson Trust Scale up</b>	GP Practice 7	20
	GP Practice 8	17
	GP Practice 9	18
	GP Practice 10	8
	GP Practice 11	5
	GP Practice 12	0*
	GP Practice 13	GP's not yet connected with service
	GP Practice 14	
GP Practice 15		
<b>Total number of GP referrals:</b>		<b>165</b>
<b>Total number of children:</b>		<b>166**</b>

\*Whilst GP Practice 12 did not refer during the reporting period, they were engaged by the service and able to make referrals to the service from 26 February 2020.

\*\*This number includes 1 child who was previously supported via school contract. This ended but family were still in need of support. Transferred over to core service – not included in GP referral numbers.

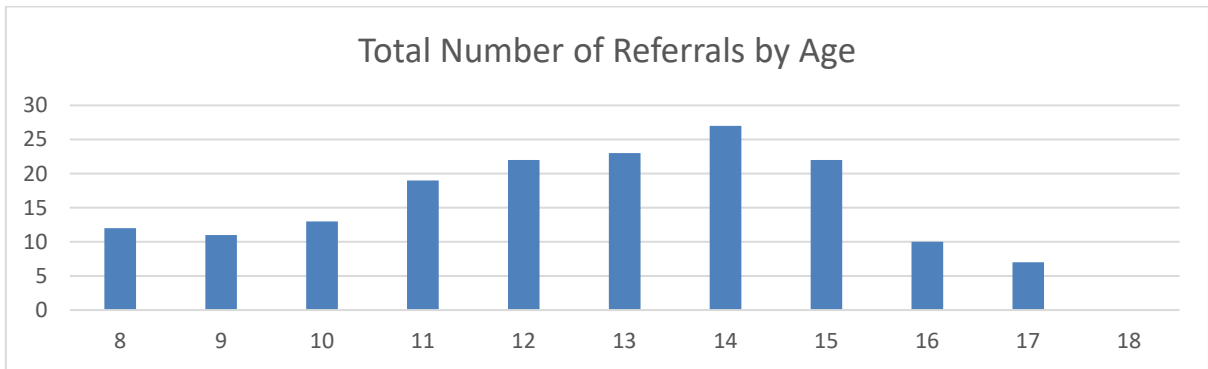
### **Demographics of children and young people referred during reporting period**

This section provides data on the **166** children and young people referred to the service during this reporting period. This includes the information about the child who we supported in a previous school contract that we transferred over to Family Wellbeing Service due to ongoing need for support.

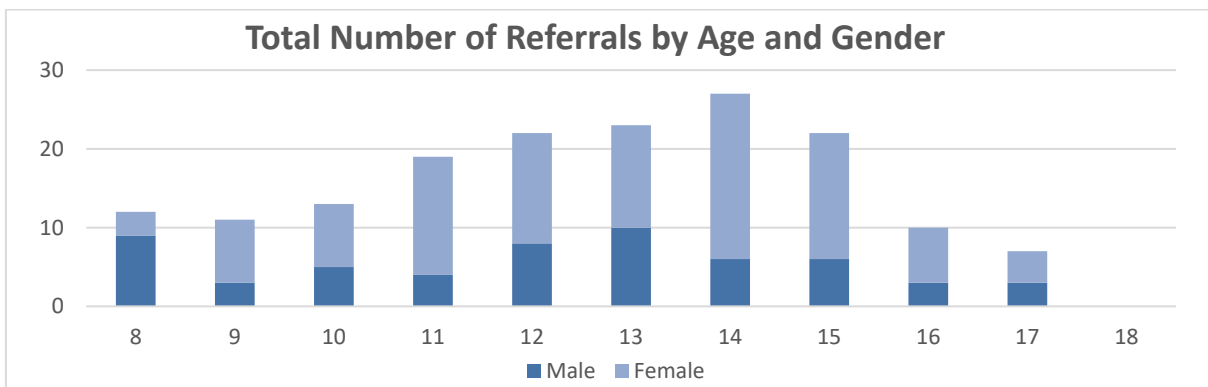
**Table 2: Age Range of Children/Young People Referred**

Age when Referred to Family Wellbeing Service	Total
8-11	55
12-15	94
16 +	17

**Chart 2: Age when Referred to Family Wellbeing Service**



**Chart 3: Breakdown of Referrals by Age and Gender**



**Table 3: Gender Identity of Children/Young People Referred**

Gender Identity	Total
Female	109
Male	57
Transgender	0

**Table 4: Ethnicity of Children/Young People Referred**

<b>Ethnicity*</b>	<b>Total</b>
Asian, Asian Scottish, Asian British	5 (3%)
Black, Black Scottish, Black British	0
Mixed	1 (1%)
White British, Scottish, Irish	60 (36%)
White European	0
Other	0
Not known or not disclosed	100 (60%)

\*The categories for ethnicity have been defined in line with Children 1st's information management system.

**Table 5: Known Disabilities of Children/Young People Referred**

<b>Disability</b>	<b>Total</b>
Additional communication needs	1 (1%)
Learning disabilities \ difficulties	2 (1%)
Autistic spectrum disorder*	12 (7%)
Dyslexia	5 (3%)
Child affected by others disability	3 (2%)
None/Not known	143 (86%)

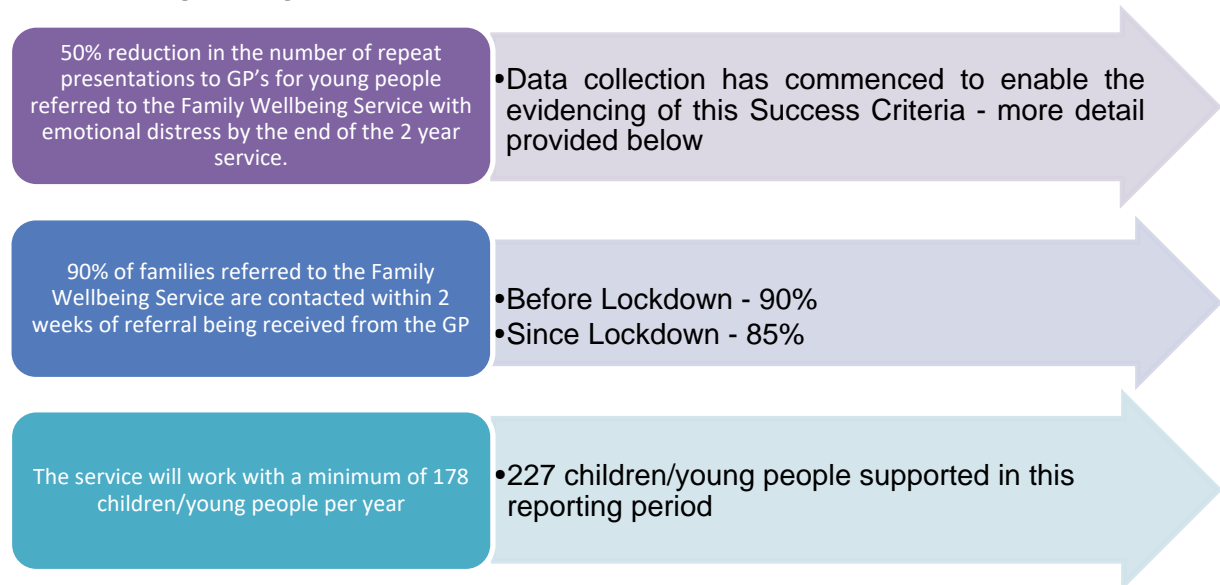
\*For more information on number of families affected by Autism Spectrum Disorder (ASD) please see Table 9

**Table 6: Education/Employment Status of Children/Young People Referred**

<b>Education/Employment</b>	<b>Total</b>
East Renfrewshire Primary Schools	35
East Renfrewshire Secondary Schools	90
Home Schooled	1
Independent Schools	0
Glasgow Primary School	1
Ayrshire Primary School	1
Attends college/university	2
Full time employment	1
Unemployed	0
Unknown	35

**Service Activity: 1<sup>st</sup> June 2019 – 31<sup>st</sup> May 2020**

Children 1st, East Renfrewshire HSCP and The Robertson Trust have agreed that the Family Wellbeing Service will deliver against agreed Success Criteria and Impact Criteria across the duration of our partnership together.

**Chart 4: Progress against Success Criteria****Analysis of Progress against Success Criteria:****Success Criterion 1**

Beginning on 1st June 2019, the Family Wellbeing Service team have been collecting baseline data directly from the referring GP at the time of referral. Follow up data is collected from GP's by Family Wellbeing Service at 6 months post referral; at point of closing and at 6 months post closure. This process is ongoing however we have experienced some challenges in collecting this follow up data from GPs, partly due to covid-19 lockdown and the resultant pressure on GP practices. We have discussed solutions to these challenges with partners and the Clinical Director, and have agreed to continue to request follow up data from GPs, as well as speak to families to gather information on whether they have had to return to the GP in relation to emotional distress within the data collection period. We will aggregate all available data in order to report against this success criteria.

**Table 7: Baseline data for Success Criterion 1**

<b>Number of GP Presentations relating to Emotional Distress</b>	<b>Number of Children/ Young People</b>	<b>Comments</b>
0	1	The family was supported via school contract. This ended but family were still in need of support. Transferred over to Family Wellbeing Service.
1	104	
2	27	
3	9	
4	12	
5	1	
6	2	
7	0	
8	1	
No data available (1)	9	This is where the family were referred after 1 June and we have not gathered the baseline data during the referral call. We aim to get the during data collection follow up.
No data available (2)	61	This is the number of families who were referred to the service prior to 1 June 2020 and we don't have baseline data for.

**Success Criterion 2**

On 5th March 2020 we were pleased to report to our partners that we were, at that time, achieving our 90% target of contacting families within 2 weeks of referral being received from GP.

The impact of coronavirus/lockdown shortly after this meant that we had to rapidly respond to this crisis; adapting and augmenting our service to enable the team to continue to provide children and families with the support they needed. Alongside this we have also had to ensure the physical and emotional wellbeing and safety of our team. This meant that during the initial weeks of responding and adapting to the impact of lockdown there were 10 families we were not able to fulfil our two week commitment with. The longest of these was 19 days over the 2 week commitment, the shortest was 6 days and the average was 12 days.

**Success Criterion 3**

Of the 227 children/young people supported in the period:

- 174\* are engaged in support at report end date
- 26 completed support during reporting period

\*2 families who had completed support with us during this period, have reconnected directly with the service again during this period. They did not return to their GP for referral. 1 young person returned looking for group support and is now attending our girls group enabling her to access peer and group support in relation to anxiety and isolation at school. Another young person reconnected with the service during lockdown due to heightened anxieties related to the pandemic. This family has been receiving individual family supports.

An additional 27 children/young people were referred however support did not progress to a workplan for the following reasons:

**Table 8: Families who never Progressed to Workplan**

Reason for not progressing to workplan	Number
Family not responding to repeated attempts to contact them	9
Family not ready for Family Wellbeing Service offer of support	2
Family in better place/no longer needing support	13*
Young person did not want support/parent pursued support	3

\*The families who didn't proceed to a workplan because they were in a better place or no longer needed our support told us that:

- Their experience at their initial GP appointment supported things to improve.
- There has been a change in personal circumstances.
- The quality of the initial supportive call(s) from the Family Wellbeing Service have been all that the family have needed.

### Impact Criteria

The co-production of the Family Wellbeing Service has enabled us to develop a shared vision of offering families help and support which is underpinned by systemic approaches to make sense of distress, adversity and disconnection in relationships together with families. Through our relationships with families in East Renfrewshire it is hoped that we positively impact whole family emotional wellbeing and relational connection.

**Table 9: Impact of Support provided by Family Wellbeing Service**

<b>Impact Criteria</b>	<b>Families where support is on-going</b>	<b>Families who have completed support</b>
<b>75%</b> children and young people feel calmer and are less anxious	60% - experiencing improvement 16% - experiencing no change at present 2% - things are feeling worse (has been since lockdown) 22% - still to be reviewed	<b>92%</b> - experienced improvement 8% - experienced no change
<b>75%</b> parents were better able to understand and support their children emotional wellbeing	62% - experiencing improvement 14% - experiencing no change at present 24% - still to be reviewed	<b>89%</b> - experienced improvement 11% - experienced no change
<b>75%</b> family members are better able to communicate	56% - experiencing improvement 11% - experiencing no change at present 33% - still to be reviewed	<b>93%</b> - experienced improvement 7% - experienced no change
<b>75%</b> of families have increased emotional warmth within their family	38% - experiencing improvement 14% - experiencing no change at present 48% - still to be reviewed	<b>91%</b> - experienced improvement 9% - experienced no change
<b>75%</b> of children, young people and families are able to cope better with stressful events and change	52% - experiencing improvement 17% - experiencing no change at present 2% - things are feeling worse (has been since lockdown) 29% - still to be reviewed	<b>88%</b> - experienced improvement 12% - experienced no change

For those families who had completed support and had experienced no change in wellbeing and relationships; they described feeling that they found it difficult to engage with support; that they would prefer not to have professionals involved in their life and for one family the parents' strained relationship made it really difficult for any family members to engage with support.

The impact of this on the young person meant that social work became involved due to concerns about the safety of the young person and others in the community.

### Feedback from Families

Alongside the impact data, feedback from families further brings to life the impact of the support provided by the Family Wellbeing Service team. We ask families for feedback on a regular basis; recently families provided us with their experiences of the service:

#### *Has support from the Family Wellbeing Service been helpful?*

*"I know that I fit in here, can have a laugh and talk about similar issues"*

*Parent*

*"I wouldn't be where I am now if I hadn't come here"*

*18yr old*

*"Yes, having someone to talk to and who listens"*

*10yr old*

*Yes, definitely. It was important for me that we took the time to get to know each other before I was ready to talk about how I feel"*

*15yr old*

*"When I first met my worker we went for a walk. It felt informal and it helped me feel safe and relaxed. We are now meeting in my home where I feel most comfortable. The service helps build a lot of confidence... it is easy to open up after a while"*

*15yr old*

*"Yes, 100%. I don't know where we would be without the service."*

*They are the first to really help and support us after everything we have been through"*

*Parent*



**What if we had not been here to support you?**

*"Dread to think what would have happened if we hadn't had the constant support and reassurance from Lucy"*  
Family

*I doubt myself all the time – it's good to be outside, nature is bigger than me"*  
Parent

*"My mum would still shout and moan all the time"*  
10yr old

*"I forget who I am sometimes, I am a person, as well as a mum, wife and someone living with poor mental health"*  
Parent

*"If it wasn't for Family Wellbeing Service I'd have started self-harming"*  
18yr old

*"things would be a lot worse than they were in the summer. I would probably have stopped talking to my parents completely. I wouldn't speak to counsellors at my school about how I felt either because I didn't enjoy speaking to them at all"*  
15yr old

**Do you have any suggestions for improvements/changes to the service we offer?**

*"No. It's needed more because I have friends who have gone to other services and it's not worked for them"*  
18yr old

*"No"*  
Family

*I cannot fault this service at all and give them the credit they truly deserve. We really would be lost without this service"*  
Parent

*"No"*  
10yr old

*I don't think there is anything. I have not had anything negative come from it at all. I would be interested in attending 15+ group to build my confidence further"*  
15yr old

**Has anything changed/improved for you and your family?**

*"My confidence improved a lot since we started meeting in the summer. Recently I have been able to have conversations with people without becoming upset or anxious"*

*15yr old*

*"My mum says I am a changed person – they noticed how much Hannah helped"*

*18yr old*

*Yes, I'm a lot closer to my mum"*

*10yr old*

*"We have found a huge benefit to our family with the help we have received"*

*Family*

*"Yes, my son has built up a positive relationship with Paddy, and because of the work Paddy does, my son is a lot better with being able to talk about his feelings. Having a positive relationship with a male is helping him not to be as nervous around men in general. Also, the support for myself, to help support my kids"*

*Parent*

*"I am now more able to understand how anxiety affects me and manage panic and overwhelming feelings better when things get tough.*

*Through conversations with my worker, as well as family sessions my family are starting to understand me better, they speak to me more and they are more aware of what they can do to help"*

*15yr old*

*The months before coming here are a blur... I can't remember much of what happened"*

*18yr old*

*Reflections on coming along to our Girls Group – shared with us by one of the girls:*

### ***Before and when I arrived...***

“I feel so nervous to go what if the new workers don't like me, what if I don't fit in with the other girls. What if I don't enjoy anything we do.

OK I am here, and I am scared, the workers seem nice and I quite like the games we play. I also love the idea we get to decide what to do and are comfy with.”

### ***...Now***

“I really really like girls' group and am so glad I get to be a part of it I feel so comfy and relaxed especially in the new place. Maggie, Lucy and all the workers are so nice, easy to talk to and very understanding. I love all the activities we do including Lush, Jenga, Drama and photography. I really do hope I get to stay for longer as I feel comfort in knowing there are other girls just like me who I am close friends with and can talk/relate to them, people I wouldn't have met without girls group and for that I am so thankful.”

**Table 10** below highlights the range of difficulties and challenges in relation to the emotional wellbeing and relationships experienced by children, young people and families being supported by the service. This breakdown of presenting issues does not only relate to referral information but also to the emerging and developing stories of the families as the Family Wellbeing Service has begun to build relationships and gain the trust of children/young people and in most cases, their family.

**Table 10: Difficulties and Challenges experienced by children/young people**

Experience of Child/Young Person	% of children/young people*
Anxiety	71
Low Mood	63
Social Isolation	34
Self Harm	23
Loss and bereavement	64
Relationship breakdown/difficulties - family	57
Relationship breakdown / difficulties - friends	43
Feelings expressed as anger	25
Difficulty in managing emotions	78
Victim of sexual violence (peer)	2
Parents lack of ability to meet children's emotional needs	46
Negative impact of parent's own difficulties or adversity	52
Removed from birth parent(s) care due to abuse/neglect	3
Domestic Abuse (historical or current)	20
Sexual Abuse (of child - historical or current)	0
Parental Substance Misuse (historical or current)	8
Parental Mental Health Difficulties (historical or current)	40
<b>School Related Issues</b>	
Pressure to achieve	32
Elective attendance eg arrive late to school, leave early, misses class	25
Emotional distress viewed as a behavioural problem	14
Has experienced bullying	34

\*Some children/young people will experience a number of challenges, therefore total will not = 100%

As can be concluded from Table 10 above, the nature of the difficulties and challenges faced by children and young people are complex and often originate within relationships with family, peers, and school. The Family Wellbeing Service recognises the vital role of working with whole families in addressing these difficulties and challenges.

As a result of the complex nature of challenges faced by the children and young people accessing the service and the support offered to whole families, the duration of the support to families varies according to their needs. Table 12 below highlights the length of support given to families during the reporting period. The data is based on families who were:

- Open before 1 June 2019 and continued to receive support into this reporting period
- Open before 1 June 2019 and closed during reporting period
- Opened and closed during reporting period
- Opened during reporting period and remained open beyond reporting period

**Table 12: Duration of Service per child/young person/family**

Families who completed Support during reporting period		Families being supported at reporting end date	
Duration of Support	Total Number of Families	Duration of Support	Total Number of Families
12+ months	13	12+ months	36
9-12 months	3	9-12 months	17
6-9 months	6	6-9 months	44
<6 months	4	<6 months	77
	Total = 26		Total = 174

### Group Support

In addition to the support provided to individual children, young people and their families, the service has offered a range of group supports for families. These have included:

- Drop In Group for Children/Young People
- Walking Group for Parents
- Art Drop In for Parents
- Girls Group for 11-14 years olds

During lockdown we have continued to offer group supports to our families using video conferencing facilities. We are currently developing summer groups for our Primary 7's who are transitioning to High School in August 2020 and a parent and child Art Group.

As we move out of lockdown we are keen to continue with the development of more group supports as well as continuing to develop our links within the local community. We have recruited a Project Worker with a specific remit to develop both group and community

engagement activities, and to recruit, train and support volunteers in order to further enhance the quality of the service and increase reach.

### **Volunteer Recruitment, Training and Development**

Earlier this year we successfully recruited 6 volunteers to our volunteer training programme. Lockdown meant that we had to pause our training however, our intention is to recommence the training over the summer holidays, using video conferencing if social distancing does not enable face to face training. Running alongside this we intend to launch another recruitment drive with a view to further expanding our team of volunteers for the service. It is our intention for volunteers to provide befriending supports, support the development and delivery of our group support offer and to support and enhance overall service delivery.

### **Participation of Children, Young People and Families**

#### ***Involvement in Recruitment***

Throughout the past year the service has engaged with young people to actively contribute to the recruitment of new staff. Children and young people have provided specific questions which have been included in interviews for roles such as Project Worker and Team Leader across our entire East Renfrewshire Services. In addition to this, young people have also been represented on the interview panel and helped make final decisions. Feedback from candidates have remarked on the importance of having the voice of children and young people in this process, demonstrating the values and ethos of the service at the earliest possible stage for potential employees.

#### ***Influencing Policy Landscape***

More recently a number of our parents and children have contributed to the work our Children 1<sup>st</sup> Policy Team is doing with Scottish Government Covid Education Recovery Group.

Families have shared their own feelings, worries and experiences of the impact of the pandemic, lockdown and the transitioning out of lockdown. Their experiences/comments have been shared verbally and in writing to the Scottish Government.

## Sharing Learning from the Service

During 2019, Children 1<sup>st</sup> and East Renfrewshire HSCP worked in partnership with the Scottish Recovery Network (SRN) to produce a small-scale evaluation of the initial pilot period of the service, which was presented to IJB in previous Annual Report. This evaluation was jointly presented by SRN and Children 1<sup>st</sup> at the University of Stirling's Conference, 'Children and Young People's Mental Health and Wellbeing' in September 2019, and also at the European Conference on Mental Health in Belfast in October 2019.

In addition to this, learning from the East Renfrewshire Family Wellbeing Service has supported Children 1<sup>st</sup> to influence national thinking and policy development, particularly in relation to family support and Mental Health and Wellbeing. Our Chief Executive, Mary Glasgow, has participated in the Mental Health task force sub-group on supporting families and has influenced thinking toward a more holistic non-clinical approach to emotional wellbeing, as well as chairing the Social Work Scotland National Group on Early Help and Family Support. She has also actively participated in the Victims Task Force to bring the voice of children who are victims and witnesses and raise the profile of recovery needs and connection to CAMHS challenges. During Covid-19 pandemic Children 1<sup>st</sup> have also shared with the Scottish Government the ways in which early help and family support can help tackle some of the challenging issues that have emerged or come to light for families.

We have also used learning and feedback from families in East Renfrewshire to support development toward Barnahus and the Children's House for Healing pilot in North Strathclyde, for example using our premises in Giffnock as interview space for Joint Investigative Interviews and informing development of National Standards.

## Service Governance

The service is governed through a partnership between Children 1<sup>st</sup>, East Renfrewshire Health and Social Care Partnership, and The Robertson Trust. The implementation of this partnership is monitored by the Project Board, which has overall control and responsibility for the project and is attended by senior managers from each partner organisation. Operational governance responsibility is devolved to the Operational Group which monitors progress against success and impact criteria, promotes multi-agency collaboration and identifies challenges and ways to overcome them.

**Table 13: East Renfrewshire Family Wellbeing Service - Investment Budget 2019-2022**

Expenditure	Year 1	Year 2	Year 3	
Investment from HSCP	£320,000	£320,000	£320,000	£960,000
Investment from The Robertson Trust	£350,677	£339,864	£353,815	£1,044,355
<b>Total</b>	<b>£670,677</b>	<b>£659,864</b>	<b>£673,815</b>	<b>£2,004,355</b>

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board	
<b>Held on</b>	12 August 2020	
<b>Agenda Item</b>	7	
<b>Title</b>	Local Child Poverty Action Report: Year 2	
<b>Summary</b>		
<p>This report provides members of the Integration Joint Board with an overview of the statutory duty placed on health boards and local authorities to work together to develop, produce and deliver Local Child Poverty Action Reports (LCPARs). This is the second annual LCPAR which provides a profile of child poverty in East Renfrewshire plus details of both previous and planned actions to tackle the drivers of poverty</p>		
<b>Presented by</b>	Julie Murray, Chief Officer	
<b>Action Required</b>		
<p>The Integration Joint Board is asked to approve and publish the Child Poverty Action Report to meet the requirements of the Child Poverty Act 2017.</p>		
<b>Directions</b>	<b>Implications</b>	
<input checked="" type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<input type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Workforce <input checked="" type="checkbox"/> Equalities <input type="checkbox"/> Risk <input type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input checked="" type="checkbox"/> Fairer Scotland Duty	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**12 August 2020**

**Report by Chief Officer**

**LOCAL CHILD POVERTY ACTION REPORT**

**PURPOSE OF REPORT**

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

**RECOMMENDATION**

2. The Integration Joint Board is asked to approve and publish the Child Poverty Action Report to meet the requirements of the Child Poverty Act 2017.

**BACKGROUND**

3. The Child Poverty (Scotland) Act 2017 sets out ambitious targets for the Scottish Government to significantly reduce child poverty in Scotland by 2030. The Act also places a duty on health boards and local authorities to work together to develop, produce and deliver Local Child Poverty Action Reports (LCPARs). The reports are expected to represent a 'step change' in action to address child poverty locally, both describing the current excellent work underway in many areas and outlining plans for new and innovative efforts to tackle child poverty.
4. Tackling child poverty is a goal which is shared by both spheres of government; it cannot be solved by national or local government alone. This report should offer an opportunity to deliver a real focus in our approach to tackling child poverty. This focus will help identify more effective ways of working - for example to reflect on local governance arrangements, to build and strengthen local partnerships, utilise available data and evidence to identify and drive solutions and to involve communities in planning and delivering sustainable responses.
5. Our first LCPAR was published in June 2019 and the Year 2 report was anticipated to be published in June 2020. However due to the Covid-19 pandemic, there has been a delay with this. The Act requires that LCPARs are produced 'as soon as reasonably practicable after the end of each reporting year'. In May 2020 the Scottish Government and COSLA issued guidance which stated "*We recognise that local governance arrangements may be suspended or focused on other action, and that your officials may be redeployed to other activities, and so a delay to publication is most likely necessary*". The report focuses on actions taken between April 2019 and March 2020, which are mainly pre-Covid. Future action planning included is high-level at this point as we continue to develop and build on recovery and renewal plans.
6. In Year 1, NHSGGC produced a separate Local Child Poverty Action Report and added each of the 6 associated Local Authority Reports. In Year 2 the Board have taken the decision not to have a separate report but instead to work to contribute to the Local Authority reports.

## REPORT

7. The Council and its community planning partners are committed to addressing the issue of child poverty in East Renfrewshire. It is seen as integral to achieving the vision set out in our Community Plan to create an “attractive thriving place to grow up, work, visit, raise a family and enjoy later life”. In relation to early years and vulnerable young people, we want to ensure “all children in East Renfrewshire experience a stable and secure childhood and succeed”. The Community Plan contains our Local Outcome Improvement Plan priorities which focus on reducing inequality across groups and communities in East Renfrewshire.
8. The Children’s Services Plan “Getting it right with you” is one of the main delivery vehicles for the achievement of the children and young people’s outcomes within the Local Outcome Improvement Plan. This includes a focus on reducing inequalities and the impact of them on children and families especially those residing in our more deprived communities.
9. In order to meet the requirements under the legislation, the local authority and health boards are required to jointly demonstrate the actions being taken to address the drivers of poverty. These are identified by the Scottish Government as;
  - Increased income from employment
  - Increased income from social security and benefits in kind
  - Reduced cost of living for families
10. There are some key success noted in the report:
  - Parental Employability Support Funding from Scottish Government has allowed the Local Employability Partnership to design an employability programme specifically focussed on low-income in-work parents. The programme will also provide financial wellbeing support, childcare advice, training and other support to support parents to increase their household income
  - Over 700 successful Best Start Grants payments to parents in East Renfrewshire, which equates to over £222,000 of payments
  - A successful pilot ‘Grab and Go’ breakfast initiative at Barrhead High School which saw free breakfasts provided to all pupils
11. There are some key areas for future development:
  - Continued work towards real Living Wage Accredited status for both East Renfrewshire Council and NHSGGC.
  - Further awareness raising of available social security and benefits available to parents and to frontline staff working with parents in order to maximise uptake of all entitlements
  - Establish a partnership approach to a sustainable community-led response to food poverty
12. It is important to acknowledge that at the time of producing this report, we are still responding to the Covid-19 pandemic. Whilst this has had limited impact on the work in this 2019/2020 report, it is and will have significant impact on the profile of child poverty moving forward. Our action planning for 2020/2021 has factored this in as much as we are able at this stage, with further development to come and tackling poverty and inequalities will be at the heart of our local recovery and renewal plans.

## CONSULTATION AND PARTNERSHIP WORKING

13. The Child Poverty Oversight Group has responsibility for driving the actions and has identified a lead for each of the three areas recognised as the drivers of poverty. Context and evidence of actions which impact on one or more of these drivers was gathered from a range of partners from across the CPP as well as with colleagues at NHS Greater Glasgow and Clyde.

## IMPLICATIONS OF THE PROPOSALS

### Finance

14. There has been no specific monetary resource allocated to this plan; all current action is delivered within existing, mainstream budgets

### Equalities

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

### Fairer Scotland Duty

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

## DIRECTIONS

17. There are no directions arising from this report

## CONCLUSIONS

18. This report details the actions taken during 2019-2020 to support families in, or at risk of poverty and the intended 2020-2021 actions. However we recognise that there will be challenging times ahead and Covid-19 is likely to have an impact on profile of poverty, including child poverty, in future. Poverty should be considered within all Covid-19 recovery and renewal planning and actions taken will be reflected in the next annual Local Child Poverty Action Report.

## RECOMMENDATIONS

19. The Integration Joint Board is recommended to approve and publish the Child Poverty Action Report to meet the requirements of the Child Poverty Act 2017.

## REPORT AUTHOR AND PERSON TO CONTACT

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July 2020

## BACKGROUND PAPERS

IJB Paper – 26.06.2019 – Local Child Poverty Action

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EAST RENFREWSHIRE LOCAL CHILD  
POVERTY ACTION REPORT:  
2019-2020  
(YEAR 2)

## Introduction

Whilst East Renfrewshire has some of the lowest levels of child poverty in Scotland, it is estimated there are still around 3,600 of our children and young people living in low income families; that is 16% of all children and young people living in the area.

We want all children in East Renfrewshire to experience a stable and secure childhood and succeed. In order to do this we need to both tackle the root causes of poverty and reduce the impact of poverty. The purpose of this report is to outline what we are currently doing, and what we are planning to do, across East Renfrewshire to tackle the drivers of poverty.

During this year, we have engaged with a range of families with lived experience of poverty and their views and opinions have shaped the focus of the actions we have taken and have planned for future. We have also taken steps to improve the level and quality of data we collect and to identify measures to show progress. We are keen that this report reflects these changes.

It is important to acknowledge that at the time of producing this report, we are still responding to the Covid-19 pandemic. Whilst this has had limited impact on the work in 2019/2020, it is and will have significant impact on the profile of child poverty moving forward. Our action planning for 2020/2021 has factored this in as much as we are able at this stage, with further development to come and tackling poverty and inequalities are at the heart of our local recovery and renewal plans.

We intend to continue to bring challenge and change in relation to tackling child poverty with actions being directed by good data and strong lived experience feedback. We will consider new and emerging data through a post-Covid-19 lens and we will utilise different methods of engagement where possible.

We should acknowledge the positive work across East Renfrewshire and the current low levels of child poverty compared to Scotland as a whole and other local authority areas, however we must not be complacent and must continue to strive to reduce child poverty. Covid-19 has brought some of this work into sharp focus and we may see changes in child poverty levels, however it has also brought positive impacts too in the response from communities to help and care for those in need. We hope to nurture and develop this positivity in the continued support to the most vulnerable in our area.

CPP Chair signature



## Context

The Scottish Government's first Child Poverty Delivery Plan 2018-22, [Every Child, Every Chance](#), was produced in response to the Child Poverty (Scotland) Act 2017. The Act places a duty on local authorities and health boards to work together to report annually on what we are doing to tackle child poverty with a sharp focus on the three key drivers of poverty:

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

**Income from employment** includes bringing better jobs to the area, encouraging the payment of the Living Wage across the local area, providing in-work support and offering employment support programmes.

**Income from social security** includes maximising uptake of benefits, automating systems where possible to maximise access to benefit, and improving access to information and advice about benefits.

**Reduced costs of living** includes increasing availability of affordable housing, providing advice on how to minimise costs for energy and food, working to reduce the cost of the school day, supporting childcare provision (including increasing uptake of offering to eligible 2 year olds) and exploring cost effective transport opportunities.

The national delivery plan also identifies a number of priority groups where there is strong evidence that the risk of poverty is higher, specifically:

- Lone parents
- Families where a member of the household is disabled
- Families with 3 or more children
- Minority ethnic families
- Families where the youngest child is under 1
- Mothers aged under 25

Where possible, actions to tackle the drivers of poverty should give particular consideration to these priority groups.

The first [East Renfrewshire Local Child Poverty Action Report](#) was published in June 2019. This is the second annual report and, as such, the details of this report relate to actions taken during the period April 2019 – March 2020 and are prior to the outbreak of Covid-19. The report also outlines the actions planned for 2020-2021 however it is important to note that at the time of writing this report, many of our community planning partners are still actively responding to the crisis and are at differing stages of recovery and renewal. Therefore the future actions included are subject to change, and we anticipate new actions will be developed and implemented during the lifespan of this report.

Joint long term objectives for Corporate, Acute and Local Authority child poverty work are being developed between NHS Greater Glasgow and Clyde and the 6 associated Local Authorities, including

East Renfrewshire. The NHSGGC Child Poverty Leads Network group is working towards high level objectives which will be reviewed on a regular basis (see Annex 3 for details).

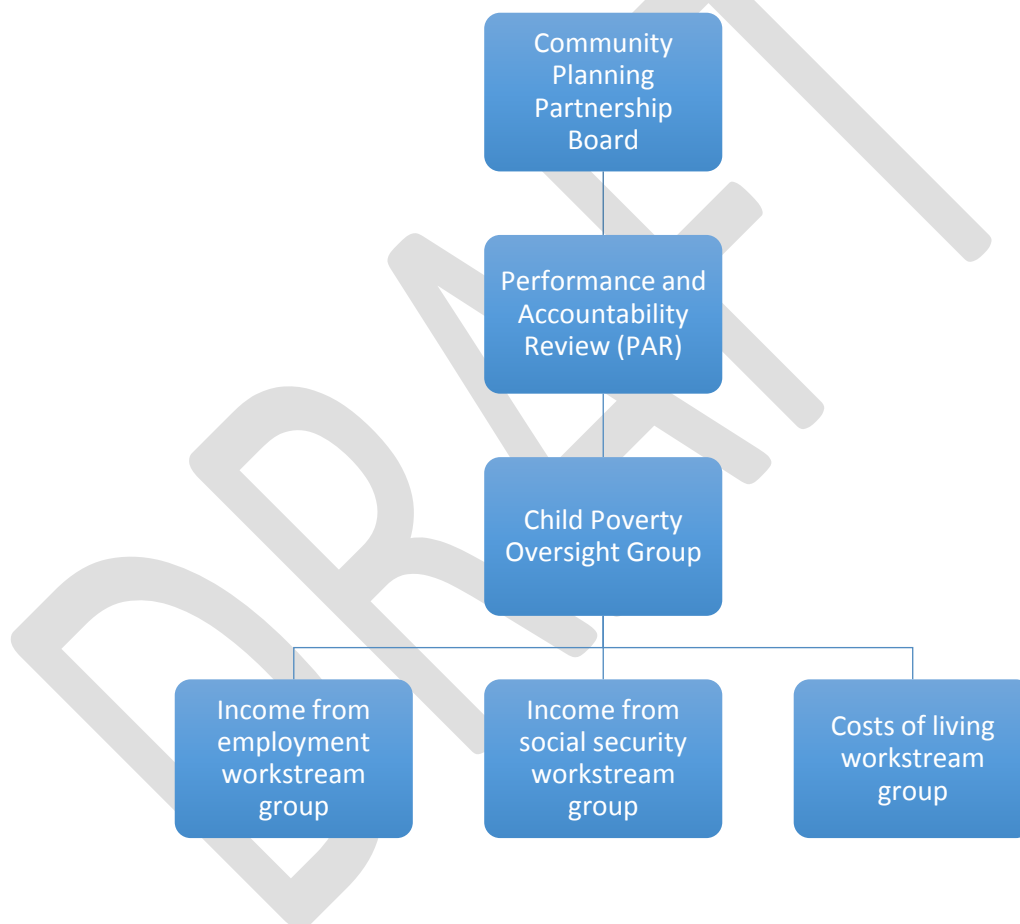
In East Renfrewshire, we continue to be committed to addressing the issue of child poverty. It is seen as integral to achieving the vision set out in our Community Plan to create an “attractive thriving place to grow up, work, visit, raise a family and enjoy later life”. The Community Plan contains our Local Outcome Improvement Plan priorities which are focused on reducing inequality across groups and communities in East Renfrewshire. Our locality planning approach also seeks to reduce the inequalities in outcomes between deprived communities and the rest of East Renfrewshire; this is more pertinent now than ever given our renewed focus on recovery of our services and building back better.

DRAFT

## Notable changes since Year 1 report

### Governance

Further to the publication of the Year 1 LCPAR, we have established a Child Poverty Oversight Group who report into the Community Planning Partnership structure. The oversight group has responsibility for creating a strategic environment which cultivates step-change in relation to tackling child poverty. The oversight group is jointly chaired by the council's Deputy Chief Executive and the Health and Social Care Partnership Chief Officer, and includes senior representatives from Education, HSCP, Employability, Money Advice and Environment Services. NHS colleagues will join this group during 2020. The oversight group includes three Workstream Leads who each manage a workstream group aligned to the each of the drivers of poverty. The workstream groups develop and deliver on critical activities to encourage step-change and identify critical indicators to measure progress.



### Lived Experience








We were keen to ensure that our year 2 report benefited from better involvement of people with direct lived experience of poverty. Throughout 2019/2020, we have engaged with those with lived experience in a number of ways including through our Champions Board (group of care experienced young people), our Healing Together Group (a Social Work led support group) and independently led focus groups with parents within one of our Locality Planning areas. The feedback from these has been shared with the Child Poverty oversight group, including the Workstream Leads, who have used this to help shape agendas. NHS GGC has consulted with staff who have had money worries and the findings from this will be shared with the oversight group in 2020.

## The Impacts of the COVID19 Pandemic on our Plan for 2020/21

The purpose of this report is to report on actions taken during 2019/2020, and to provide an indication of actions planned for 2020/2021. It would be unwise in the current climate of Covid-19 to suggest that this report will provide a true picture of the planned actions going forward. At the time of writing (June 2020) we are still responding to the ongoing crisis and managing immediate and emerging needs, with families in or close to poverty very much at the forefront of our response. Recovery and renewal planning is underway but still in the early stages for many services and will be subject to continual change. We are acutely aware of the potential serious impacts of Covid-19 for those with less financial resilience and those already living in or close to poverty. We recognise that there will be medium and longer term impacts on many families; we will engage with national and local interventions, guidance and other information to try to best manage the impact in a way which reduces the risk of causing long term damage to children.

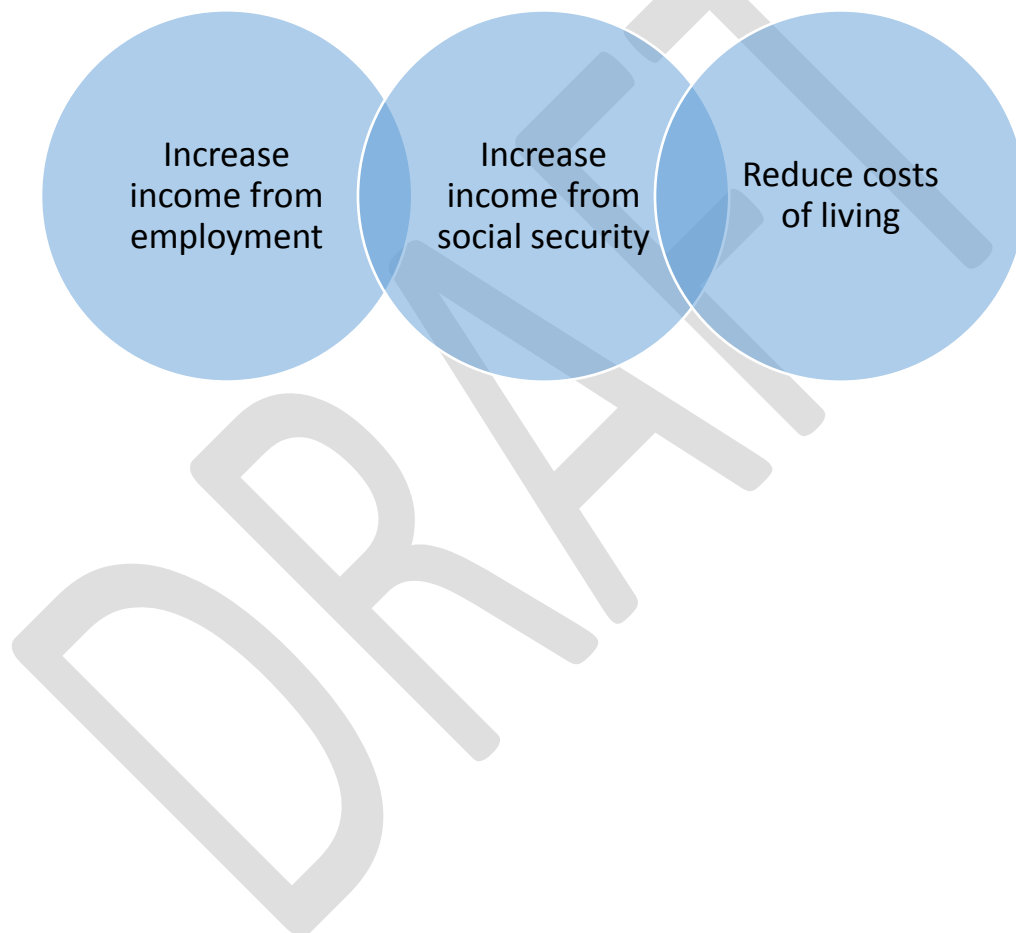
### Measures of progress

Whilst the overall level of child poverty will continue to provide a high level view of the profile of the area, we intend to monitor progress at a local level through a number of critical indicators relating to the three drivers of poverty. These are as follows:

Indicator	Measure and source	Current data	Intended direction of travel
<b>OVERALL</b>			
Children living in poverty	%age of children living in poverty (after housing costs) in East Renfrewshire: End Child Poverty 2019	16%	
<b>INCOME FROM EMPLOYMENT</b>			
Real Living Wage employers in East Renfrewshire	Number of real Living Wage accredited employers: Living Wage Scotland 2020	11	
Working age unemployment level	%age of economically inactive residents who want a job: NOMIS Jan-Dec 2019	18.1%	
Children and young people participation level	%age of 16-19 year olds participating in learning, training or employment: SDS Annual Participation Measure Report 2019	96.9%	
<b>INCOME FROM SOCIAL SECURITY AND INCOME MAXIMISATION</b>			
Children in out-of-work households	Number of children (0-18) living in Out-of-Work benefit claimant households: DWP 2017	1,430	
Free School Meal uptake at Primary School	%age uptake of free school meals at primary school (P1-P7): School healthy living survey 2019	87.9%	
Access to financial wellbeing advice in East Renfrewshire	Number of families accessing financial wellbeing advice: Local data	TBC	

COSTS OF LIVING			
Fuel poverty	Fuel poverty (all households): Scottish House Condition Survey (SHCS) 2018	16%	↓
Uptake of funded early learning and childcare entitlement	%age of 3 & 4 year olds registered for funded early learning and childcare at local authority and partnership centres, September 2019: Scottish Government Schools Statistics	93%	↑

The success of specific activities and actions will also be monitored at the appropriate level, as detailed within the 'future action' sections of each of the chapters.



## The format of our report

This report starts with a profile of East Renfrewshire highlighting key data which has been used to shape the plan.

We have organised the core of our report into three chapters looking at each of the three key poverty drivers:

- Income from employment
- Income from social security
- Costs of living

For each we have outlined our progress and achievements in 2019/20 including case studies where relevant to evidence the real impacts for families. We have also shared what we have learned from listening to families with lived experience of poverty although we are still building on this work.

We then present our plans for further action over the year ahead (2020-21).

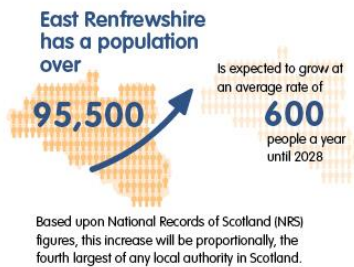
## PROFILE OF EAST RENFREWSHIRE

Our analysis of the available datasets identifies the scale of child poverty in East Renfrewshire, compared to the benchmarking authorities, and Scotland as a whole. The data profile looks at differences in East Renfrewshire communities. We fully expect this profile to change as data relating to the period from when the pandemic struck becomes available and we will be monitoring this very closely over the coming months.

### GENERAL

East Renfrewshire has a proportionately large population of children living in the area and a proportionately low level of child poverty in comparison to the national average. However, there is disparity in levels of poverty across the authority; varying from around one in twenty children living in poverty in the more affluent areas, to almost one in three in the less affluent areas.

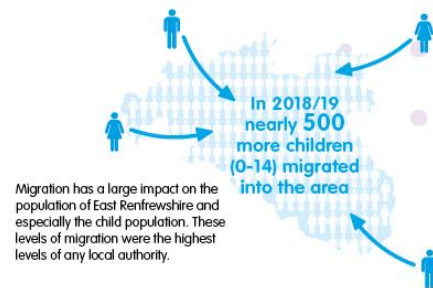
**East Renfrewshire has the highest proportion of children in any local authority in Scotland. And this is expected to grow**



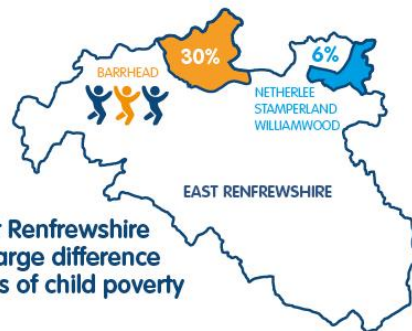
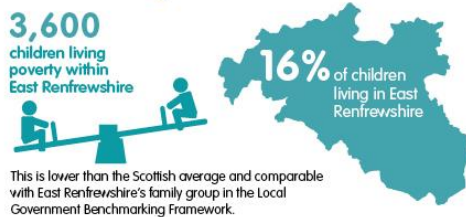
There are 19,525 individuals aged between 0 and 15, this is the highest proportion of children in any local authority in Scotland.



**One in every five people living in East Renfrewshire is a child**



**The proportion of children living in poverty in East Renfrewshire is lower than the Scottish average, and comparable with the family group of Local Government Benchmarking Framework**

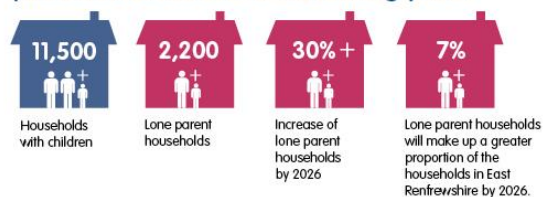


**There are fewer young mothers in East Renfrewshire than the Scottish average**

There were 58 children born in 2018 to mothers who were under the age of 25, this accounted for 7% of all births in East Renfrewshire. This was the lowest rate amongst the LGBF group authorities, along with being lower than the Scottish Average of 17%.



**The number of lone parent households is predicted to increase in the coming years**





INCOME FROM EMPLOYMENT

Generally, residents of East Renfrewshire are economically active, with low unemployment rates and low proportion of workless households. Many living in the area are high earners but they are often travelling outwith the local authority to earn. The main local employment is in the retail and service industry, which is reflected in the average pay for those working in East Renfrewshire.

**Unemployment rates and the proportion of workless households are lower in East Renfrewshire than the Scottish average, however we are already seeing a rise in the rate since COVID with further increases anticipated.**



There are around 57,000 individuals in East Renfrewshire of working age and 75% of these individuals are economically active



Black and Minority Ethnic groups are less likely to be economically active than East Renfrewshire as a whole, at 71%, but this is higher than the Scottish rate of 64%.

The most recent published unemployment data shows that there are 1,200 people who are unemployed who are of working age, which is the lowest rate of the LGBF groups. There is no reliable data available to identify how many of these households have children living in them, however the Scottish figure is 11.6% and it is assumed that the rate in East Renfrewshire is significantly lower than the Scottish average.

The percentage of workless households is lower than the Scottish average however, over a third of children in East Renfrewshire come from mixed households.

Local knowledge suggests this could be due to a common family dynamic of one high-earner parent and one stay-at-home parent, however there is no data available to evidence this. This type of household could be particularly vulnerable to poverty should their circumstances change, for example a relationship breakdown or loss of employment. This is particularly important in the current climate.



East Renfrewshire residents receive the highest average weekly full time pay in Scotland. However, residents are unlikely to be employed locally as those working in East Renfrewshire have the lowest weekly pay in the benchmarking group, with many workers earning less than the living wage.

Average weekly full time pay of residents in East Renfrewshire, the highest in Scotland **£788**

The average part time pay for residents is £250, which is also the highest in Scotland **£250**

However, we recognise that these residents are not employed locally as compared to the other LGBF groups, East Renfrewshire ranks as having the lowest weekly pay for both full time and part time workers.

The average weekly pay for those working within the authority for full time workers **£492**

The average weekly pay for those working within the authority for part time workers **£165**

Further, 26% of employees over 18 earn less than the living wage in East Renfrewshire, this is the lowest rate against the LGBF local authorities and is also higher than the Scottish average of 16.9%.

There are only 3,700 individuals in East Renfrewshire who have no formal qualifications



This is lower than the Scottish average of 9.8% and is the seventh lowest rate in Scotland.

INCOME FROM SOCIAL SECURITY AND BENEFITS IN KIND

East Renfrewshire residents are less likely than the Scottish average to receive income from social security and benefits



Of these, 880 children are in families where there is a lone parent.



This rate in East Renfrewshire (3.3%) is lower than the Scottish average of 5.4% and 330 of these claimants were between the ages of 16 and 24.



Which equates to 65% of all children in East Renfrewshire however this is the lowest proportion of all Scottish local authorities.



Within East Renfrewshire 7.6% of all primary pupils from P4 to P7 were registered for free school meals, this increased from 7.4% in 2016 and is lower than the Scottish average of 17.1%.



In secondary schools 7.2% of pupils are registered for free school meals, which is, again, lower than the Scottish average of 14.4%, this figure has reduced steadily every year since 2012 when 9.8% of pupils were receiving free school meals.



East Renfrewshire has a £100 school uniform grant which parents/carers can apply for

We have an automated system to issue this grant each subsequent year without having to reapply. In East Renfrewshire 430 young people receive an Education Maintenance Allowances, across Scotland over 31,000 receive an EMA.



## COSTS OF LIVING



Average house prices, average local authority rent and average council tax paid are all comparatively high.

The average house price in East Renfrewshire in 2020 is £215,203 which is the third highest of Scotland's local authorities

This figure has decreased by 2.7% since 2019. Even though the figure dropped from the previous year, the average house price was still the third highest of Scotland's local authorities behind the City of Edinburgh and East Lothian, with the average house price there being £272,544 and £225,653 respectively.



This average is affected by the proportion of larger properties within the housing stock in the area. Anecdotally, we are aware of a high private rental market across the authority, with associated high weekly costs. However, there is no data available at a local level to evidence this as private rent statistics are broken down into Broad Rental Market Areas, with East Renfrewshire being part of Greater Glasgow.



The Active Schools programme delivered over 7,200 activity sessions in the 2018/19 academic year involving 8,200 individual children in East Renfrewshire. The number of sessions and the number of participants has increased compared to those observed in the previous three academic years.

£45.50 for a 3 month class



There are a wide range of activities available to children in East Renfrewshire. On average art, drama and sports activities, run by East Renfrewshire Culture & Leisure, cost £45.50 for a three month class and there are classes that are paid for on arrival, which cost between £3.15 and £5. On average there is a 30% discount in these prices for concessions. There are also a wide range of more expensive privately run activities, and we believe this to be a thriving market, however there is no available data to evidence this.

East Renfrewshire  
**COMMUNITIES**  
**TOGETHER**  
Stronger & fairer communities

## Chapter 1: Income from employment

### Workstream group

The East Renfrewshire Local Employability Partnership (LEP) is leading on this workstream and includes representatives from East Renfrewshire Council's Work EastRen team, Skills Development Scotland, Education including Adult Learning, Scottish Enterprise, Mental Health services, Department for Work and Pensions and East Renfrewshire Chamber of Commerce.

### Lived experience feedback

Employment related issues were at the forefront of the lived experience engagement. Parents of low income families described a number different barriers to employment; either to working at all, working increased hours or changing jobs. These barriers included;

- **Parental mental health issues which prevented seeking or sustaining employment.** Post-natal depression was cited as a reason for some parents/carers who had previously been employed not returning after having children
- **Lack of appropriate childcare.** This included cost which is addressed in more detail in Chapter 3. It also included accessibility and flexibility. Some parents described difficulties in finding childcare near to their child's school, or which opened early enough to allow them to drop their child off and then travel to work before their start time, and the same again in terms of late opening at the end of the day. Others mentioned problems with waiting lists to get the days/times they needed at after school care.
- **Loss of benefit entitlement.** Some noted that by increasing their earnings from employment (by taking a promotion or working additional hours) could result in them actually being financially worse off as they could lose their entitlement to certain benefits, including free school meals, school uniform grant. Considering this along with additional childcare costs meant that some felt employment may leave them financially worse-off.

Money worries have been shown to be an issue in the NHS GGC staff population. A range of circumstances were stated as the principal causes of money worries, with no demographic or pay grade differences. The causes fell into three main areas:

- **Work:** Seen as an issue of not earning enough to cover household costs, with no scope to save and often exacerbated by specific issues.
- **Relationships:** Causing issues like being left with a partner's debts or coping as a single income earner.
- **Spending money that was not there:** Coping with unexpected one-off bills or an increase in money owed and eventually becoming too much.

During 2019/2020 the Community Planning Partners across East Renfrewshire have taken action to increase income from employment. This includes;

### Bringing better jobs to the area

Through our City Deal Community Benefits programme, we have brought 10 new jobs including 2 new apprenticeships to East Renfrewshire. In addition 3 foundation apprenticeships were supported and 66 skills and training opportunities were created with low income families as a key target

group. Companies have also donated the equivalent of £18,000 of their time and resources to community projects such as the Dunterlie Food Share initiative. This has been achieved in partnership with the City Deal team and contractors delivering over 30 contracts. Between April 2019 and March 2020, the Glasgow City Deal Community Benefits framework was reviewed and will now offer new incentives to encourage companies to support and employ people in priority groups. Going forward, East Renfrewshire Council will exploit its potential as a large employing organisation and procurer of goods and services to maximise income through employment for low income families.

A number of individuals have been supported through the Modern Apprenticeship programme and the Family Firm programme (which offers employment support to Care Experience Young People):

- 19 Modern Apprentices were recruited including 2 lone parents
- 8 Care Experienced Young People have participated a traineeship programme and 1 has progressed to a permanent role within the council Environment Department
- Several Family Firm clients have been supported into employment through the Regional Employability Incentive Programme and our Community Benefits contracts.

East Renfrewshire employability partners have hosted 3 jobs fairs during 2019/20. These included local employers in various sectors including care providers, hospitality and retailers. Approximately 300 people attended these events with over 25 people securing employment. These events were promoted to all partners in the local authority area including Families First, local schools and nurseries and community groups.

#### **Case Study**

***“I’d encourage others to try and learn new skills, push yourself because it is worth it in the end”***

Leanne had not worked for ten years before she attended Work EastRen Specialise in Security training course. She had studied at college during that time but as a busy mum of four she decided to focus on bringing up her children. This year her youngest child reached school age and Leanne began to look for a job. She wanted to learn new skills and train for a career rather than just taking any job.

#### **The Course**

She saw a post about the Specialise in Security course on Work EastRen’s Facebook page. She registered her interest to attend an information session about the course which was being held locally. She went along and learnt that the course involved developing her personal skills as well as gaining a recognised industry qualification - the SIA licence. The course also had strong links with employers and the potential to secure a job at the end. The course appealed to her, so she applied for a position and was pleased to be accepted onto the course.

#### **The Outcome**

The first week of the course focused on developing her employability skills, and the second week was related to security industry training. She particularly enjoyed being part of a group for the course.

On completion of the course and on being awarded an SIA door security license, Leanne has started a new job as a security guard in a retail store. The support provided by Work EastRen has helped her to feel more confident about having the right skills to do the job well. Her employer has also been supportive in offering her fixed shifts which allows her to balance her new job with childcare.

Leanne said of the support she received *“I’d encourage others to try and learn new skills, push yourself because it is worth it in the end”*.

In March, the Council’s Economic Development team administered several business support programmes on behalf of the Scottish Government. These grants were aimed at helping keep companies in business so that they can recover - protecting jobs, preventing business closure and promoting economic recovery. This Fund was part of a suite of measures designed to support businesses experiencing hardship as a result of COVID-19. The team also administered the Newly Self-Employed Hardship Fund. The purpose of this fund was to provide hardship relief to newly self-employed individuals who were not been able to access support through other schemes.

There has been a significant increase in local residents seeking employment support due to Covid-19. Work EastRen is currently carrying out a survey to local residents to determine what future support is required to assist people back into the labour market.

### Encouraging the payment of the Living Wage across the local area

East Renfrewshire Council continues to work towards becoming a Living Wage accredited employer. Currently East Renfrewshire Council pays the Scottish Local Government Living Wage as a non-consolidated supplement, and have shared a proposal with the trade unions for a model to consolidate this pay rate. East Renfrewshire Council have arranged for an independent consultancy to undertake a full equality impact assessment of the proposed model. Once this is completed the council will review the analysis and agree any further steps with Trade Unions, with a view to gaining accreditation in 2021.

The Council’s Economic Development team, Business Gateway East Renfrewshire and local employability partners continue to encourage local employers to adopt Fair Work practices. Business development grant application to the council require applicants to demonstrate how they have adopted Fair Work practices. The Work EastRen team do not advertise or put forward any clients for any zero hour contracts and work with clients to access living wage jobs.

### Providing in-work support

Through the Parental Employability Support Fund (PESF) East Renfrewshire Council has been allocated Scottish Government budget to support parents in employment and at risk of in-work poverty. In partnership with Department for Work and Pensions, Skills Development Scotland and the Third Sector Interface, ERC has developed a model which focuses exclusively on providing in-work support. This will address all barriers to work including lack of skills, experience, health support, money advice and childcare access. A full-time Parental Employability Support Officer has been recruited and will focus on promoting and providing this programme to parents in the priority groups.

### Offering employment support programmes

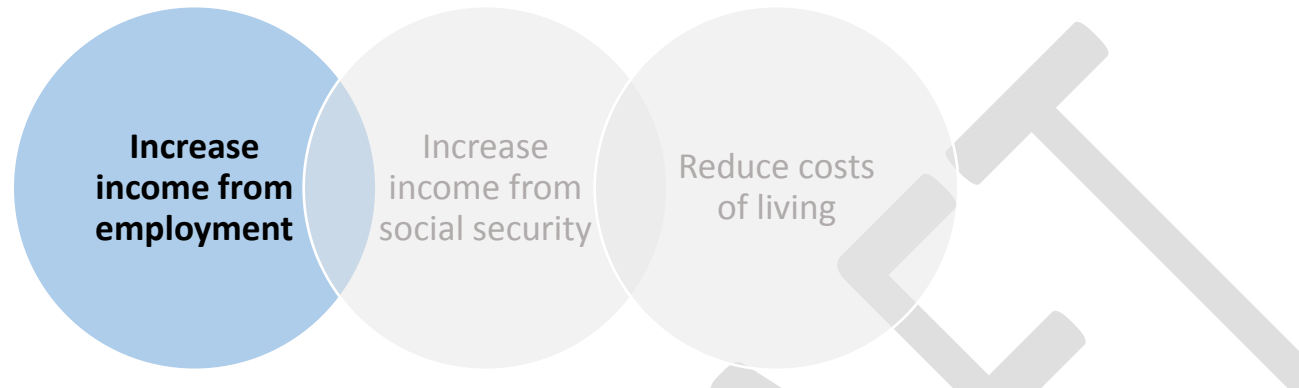
The Local Employability Partners across East Renfrewshire continue to provide employment support programmes across the local authority area.

- In 2019/20 Skills Development Scotland started 311 Modern Apprenticeships in East Renfrewshire

- Between April 2019 and March 2020, Work East Ren supported 26 individuals from priority groups deemed most at risk of poverty into employment or to progress in employment

DRAFT

## Future Actions 2020-2021



These actions are as accurate as possible at the time of writing. However, it is important to remember that actions will be subject to review as community planning partners further establish their recovery and renewal plans and once the impact of Covid-19 on the economy, jobs and income is more fully understood and priorities ahead are reshaped.

<p><b>Change required:</b> East Renfrewshire Council utilising it's position as a large employing organisation and procurer of goods and services to maximise income through employment for low income families.</p>	<p><b>What we will do:</b> ERC will undertake a review of procurement and community benefit processes to maximise focus and contribution to fair work and tackling child poverty.  <b>Lead:</b> Procurement and Economic Development  <b>Resources:</b> Within existing resources  <b>Target Groups:</b> Low income families</p>	<p><b>How we will measure progress:</b>          Process established to record and report the number and proportion of Community Benefits which will positively impact on low income families.</p>
	<p><b>What we will do:</b> Make mandatory requirement that successful bidders for Council contracts pay the real Living wage  <b>Lead:</b> Procurement  <b>Resources:</b> Within existing resources  <b>Target Groups:</b> Low income families</p>	<p><b>How we will measure progress:</b>          Process established to record and report on contracts within which Fair work measures including payment of the real Living Wage are promoted.           Process established to record and report Proportion of trade spend to employers paying the real Living Wage.</p>

<p><b>Change required:</b> Encouraging more local businesses to become real Living Wage accredited</p>	<p><b>What we will do:</b> Establish the East Renfrewshire Living Wage Action Group to encourage and support new and existing employers, including NHS GGC, to work towards real Living Wage accreditation.  <b>Lead:</b> Local Employability Partnership  <b>Resources:</b> Within existing resources  <b>Target Groups:</b> Low income families</p>	<p><b>How we will measure progress:</b>  Increased number of accredited real Living Wage employers.   Increased number of local employers working towards real Living Wage accreditation.</p>
<p><b>Change required:</b> Increased support for in-work parents to remain active in the workplace, train and gain progression</p>	<p><b>What we will do:</b> Implement the East Renfrewshire local model of the Parental Employability Support programme  <b>Lead:</b> Work East Ren and delivered in partnership with Money Advice and Education Department.  <b>Resources:</b> £66,000 PES per annum plus £26,000 PES Boost. To support: 1 FTE Employability Officer and 0.5 FTE Money Advice Officer, dedicated vocational training budget  <b>Target Groups:</b> Lone parents, person with a disability, 3+ children, ethnic minorities, youngest child &lt;1, parents aged &lt;25</p>	<p><b>How we will measure progress:</b>  No. of participants achieving qualification, increasing skills   No. of participants achieving an increase in income   No. of employed participants gaining new employment or self-employment   No. of participants sustaining employment or self-employment 13/26/52 weeks after new employment start date</p>
<p><b>Change required:</b> Improved availability, access to and uptake of good quality in-work support programmes being delivered in East Renfrewshire</p>	<p><b>What we will do:</b> Mapping of existing in-work support programmes currently being delivered in East Renfrewshire. Review of these programmes and evaluation of their quality and uptake.  <b>Lead:</b> Local Employability Partnership  <b>Resources:</b> Within existing resources  <b>Target Groups:</b> Women, lone parents, person with a disability, 3+ children, ethnic minorities, youngest child &lt;1, parents aged &lt;25</p>	<p><b>How we will measure progress:</b>  Review of existing in-work support programmes being delivered in East Renfrewshire complete</p>
	<p><b>What we will do:</b> Promotion of in-work support programmes to low income families particular those 'hardest to reach', through a range of engagement methods.  <b>Lead:</b> Local Employability Partnership  <b>Resources:</b> Within existing resources  <b>Target Groups:</b> Women, lone parents, person with a disability, 3+ children, ethnic minorities, youngest child &lt;1, parents aged &lt;25</p>	<p><b>How we will measure progress:</b>  Increased engagement with hardest to reach</p>

## Chapter 2: Income from Social Security

### Workstream Group

The East Renfrewshire Social Security working group is leading on this workstream. This is a partnership group with representatives from the council Revenues and Benefits department, the Money Advice and Rights Team, Department for Work and Pensions/Job Centre Plus, Social Security Scotland Agency, Citizens Advise Bureau and a local Housing Association.

### Lived experience

Through the engagement work with those with lived experience of poverty, there was little discussion about social security and benefits explicitly. This was discussed in reference to a potential barrier to entering employment. For example, an increase in earnings could lead to a reduction in benefit entitlement. Several of the parents we spoke with had made use of the Money Advice and Rights Team for advice and support around benefit entitlement or income maximisation. This was described as a positive and useful experience. A smaller number of parents were not aware of this type of available support and requested contact details for the service.

During 2019/2020 the Community Planning Partners across East Renfrewshire have taken action to increase income from social security, including;

### Maximising uptake of benefits

The Social Security Scotland Agency (SSSA) has widely promoted the introduction of the Best Start Grant including directly to each new parent registering a birth through the council registration service. Information has also been shared with staff in Maternity services and quality improvement work has been initiated to increase referral. During 2019/2020, there were 775 successful Best Start Grants in East Renfrewshire, which equates to over £222,000 of payments.

Over 2,000 clients have been supported by the Money Advice and Rights Team to make a total financial gain in excess of £6 million. This includes:

Group	Number of clients	Financial gain
Child under 1 in household	43	£26,863.32
Household with a disability	1,730	£5,167,392.79
Lone Parent	260	£478,456.59
Minority Ethnic Household	59	£197,258.17
Three or more children household	84	£168,607.01

Work has continued within Maternity services to increase referrals to Financial Inclusion services. As part of the Special Needs in Pregnancy service, FI service direct access pathways have been set up to prevent sanctions and issues of conditionality for women.

### Automation of systems and processes

The Council Housing Team introduced a new direct referral process to the Money Advice and Rights Team (MART) for any tenant in arrears. MART work with these families to support new social security



applications as well as provide income maximisation advice and then work jointly with the Housing Team to support the families as required.

All families in receipt of Free School Meals and clothing grants are issued with an annual letter to confirm entitlement. In 2019-2020 these letters were updated to include details about Best Start Grant entitlement to reach all potential applicants.

All parents registering a birth with the Registration Service during 2019-2020 were advised about potential social security entitlements and provided with information leaflets relating to the Social Security Scotland Agency, Money Advice and Rights Team and the Citizen's Advice Bureau.

### Improving access to information and advice about benefits and income maximisation

Over 120 frontline staff across the Community Planning Partner organisations attended poverty awareness training in 2019/2020. This training was run jointly by the Money Advice and Rights Team, Citizens Advice Bureau, Work East Ren and Social Security Scotland. In addition, specific benefit training was delivered to Health Visitors, School Nurses and the Family Nurse Partnership. The purpose of the training was to better inform frontline staff about the support available and the referral pathways for the families they work with. 91% of those who attended the training indicated that they were now more likely to make referrals to one of the support agencies.

One Health Visitor commented *"I am now likely to refer a number of clients to each of these services, working with people experiencing financial difficulties is a daily occurrence for me, and now I will be encouraging clients to get in touch with the services"*

During 2019-202, community planning partners have jointly communicated directly with parents through a number of campaigns:

- A work and benefits themed week with a focus on training and education with Talking Points, which are events run by the HSCP and Voluntary Organisations for residents to get information, advice and support about their health and wellbeing. This resulted on onward referrals and case working for 22 individuals
- Posters, leaflets and social media promotion in schools and early years centres around the potential financial impacts of Christmas and the associated festive period and encouraging anyone with concerns to make contact for support
- A Housing campaign focussed on 'Pay Rent First' which included social security and income maximisation signposting
- Promotion of the Young Carers information to all schools and early years centres along with the offer of joint interviews in partnership with East Renfrewshire Carers Centre

There has also been work within Education settings to directly provide benefits and income maximisation support to staff, parents and children and young people. In particular, the Money Advice and Rights Team worked intensively within one specific primary school. They attended the Primary 1 inductions and parent's evenings to speak to parents, as well as providing staff training around the signs of poverty and referral pathways, and pupil training to Primary 4-7 children around budgeting skills

Specific, targeted budgeting and income maximisation support was offered to those within the high risk groups. During 2019-2020 this included:

- A high school Parenting Class consisting of a group of pupils identified as potentially at risk of becoming young parents
- 23 attendees of a Young Mums and Prenatal group

- 42 attendees at the Inclusive Support Team's ASN holiday programme. As a result, 29 families were given a fee waiver for this holiday programme

**Case Study**

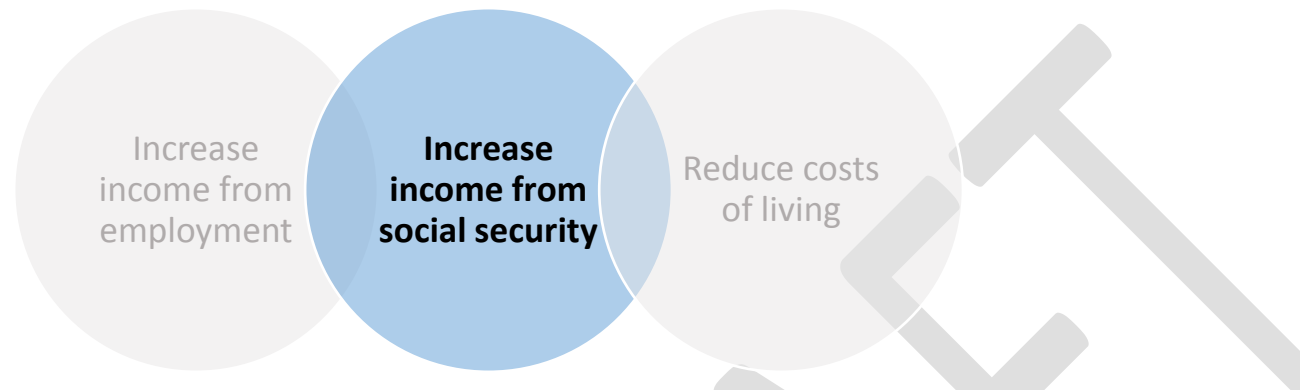
Jane approached Money Advice and Rights Team for income maximisation and a financial assessment (FA) in relation to sending her son to the ASN summer holiday activity programme. Jane, a single parent, was off work sick and with the reduction in income was worried about paying the daily fee. Jane was supported in making a claim to Universal Credit and as a result she was £74 per week better off and also was given a fee waiver for the ASN programme.

Acute Financial Inclusion (FI) services support families from across NHSGGC including East Renfrewshire. The Special Needs In Pregnancy's FI service, the Children's Hospital and the adult acute FI services all provide direct support and advice about welfare benefits and provide support to apply for and access eligible benefits, debt advice and help with energy issues. The SNIP's FI service also has a vital advocacy support element.

NHS colleagues have continued partnership working with both the DWP and Social Security Scotland. NHS GGC are developing a pilot with DWP at the QEUH to embed partnership working with DWP who will, when safe to do so, be co-located to work closely with Support and Information Services and with patients directly. This will initially support benefit issues e.g. access to Universal Credit account while in hospital.

In March, as the Covid-19 pandemic took hold, our local money advice services started to experience a steady increase in requests for financial wellbeing support including welfare advice from families. Although the activity and impacts will be reported in next year's LCPAR it is important to reflect the significant local efforts made to maximise benefits and help families finding themselves near or in financial crisis and do this effectively via the phone and online.

## Future Actions 2020-2021



These actions are as accurate as possible at the time of writing. However, it is important to remember that actions will be subject to review as community planning partners further establish their recovery and renewal plans and once the impact of Covid-19 is more fully understood and priorities ahead are reshaped. Maximising income from benefits and entitlement will be key to mitigate impacts of anticipated rises in unemployment and under employment.

<p><b>Change required:</b> All parents involved in the Parental Employability Support fund are supported to calculate and understand any impacts on benefit entitlement</p>	<p><b>What we will do:</b> Provision of budgeting advice and better-off calculations to all parents involved in the Parental Employability Support programme (as detailed in previous chapter)  <b>Lead:</b> Money Advice and Rights Team  <b>Resources:</b> 0.5 FTE officer post  <b>Target Groups:</b> Low income in-work parents and those close to the labour market</p>	<p><b>How we will measure progress:</b>            Number of PES parents supported             £ income maximised</p>
<p><b>Change required:</b> Improved parental access to benefits and income maximisation information and advice</p>	<p><b>What we will do:</b> Further relevant promotional work within education settings at key stages (such as starting nursery, primary school and secondary school) and also at key points on the educational calendar (such as holiday and festive periods)            Further promotion of available support to local community groups, third sector organisations and faith based groups; both to provide staff/volunteer training and to communicate directly with parents engaged with their service</p>	<p><b>How we will measure progress:</b>            Increased number of families accessing financial wellbeing advice             Increased family referral from education staff             Increased family referral from third sector partners</p>

	<p>Further quality improvement work within Maternity services to increase uptake of Best Start and referral to financial inclusion services</p> <p>Quality improvement work within the Universal Pathway to increase awareness and referral</p> <p>Communication plan agreed to promote information and support more widely to all residents, including parents</p> <p><b>Lead:</b> Workstream group, supported by Communications Team</p> <p><b>Resources:</b> Within existing resources</p> <p><b>Target Groups:</b> All low income families</p>	<p>Increased referral from maternity services</p> <p>Increased referral from health visiting services</p>
<p><b>Change required:</b> Improved poverty awareness and use of referral processes within frontline staff</p>	<p><b>What we will do:</b> Continued delivery of poverty training to frontline staff and specific training developed and delivered to Education Cluster/Pastoral care meetings</p> <p><b>Lead:</b> MART, CAB, SSSA and Work East Ren</p> <p><b>Resources:</b> Within existing resources</p> <p><b>Target Groups:</b> Frontline staff with a view to reaching all priority groups</p>	<p><b>How we will measure progress:</b></p> <p>Increased poverty awareness and use of referral processes by frontline staff</p> <p>Increased number of families accessing financial wellbeing advice</p>
<p><b>Change required:</b> Increased financial wellbeing support capacity to meet anticipated increased resident demand following the COVID19 pandemic</p>	<p><b>What we will do:</b> Recruitment of additional temporary staff to support the Money Advice and Rights Team</p> <p><b>Lead:</b> Money Advice and Rights Team</p> <p><b>Resources:</b> One FTE Income maximisation officer and 1 FTE clerical support officer for 1 year. Budget sourced from Covid-19 funding</p> <p><b>Target Groups:</b> All East Renfrewshire residents with emphasis on the priority groups</p>	<p><b>How we will measure progress:</b></p> <p>Number of low income families supported</p> <p>£ Income maximised</p>

## Chapter 3: Costs of Living

### Workstream group details

The Costs of Living group was newly formed to support this identified area of need as there was no existing 'natural home' for it. The group membership includes several East Renfrewshire Council departments including Economic Development, Housing Services, Education Department and Early Years Services. The group also includes members from partner organisations including Citizens' Advice Bureau, Home Energy Scotland and Citrus Energy.

### Lived experience feedback

Engagement with those with lived experience of poverty highlighted a number of issues and concerns around the costs of living.

**Housing-related costs posed** an issue for many parents. The cost of rent itself was not the issue as most were claiming Universal Credit which covered the cost of their rent. However, they did raise the issues of **financial pressures focused around 'one off' big spends** on items such as furniture or white goods and around managing household bills.

**The Cost of the School Day** was raised as a concern by both parents and young people. Specifically, issues focused on:

- **School uniform costs.** It was acknowledged that this was a high expense on an annual basis. Many were aware of the availability of the school uniform grant, and some were aware of the Back to School Bank, and some were aware of upcycling/swap shop type initiatives within individual schools. However there was further discussion about the expense associated with replacing items throughout the year as items get damaged, lost or grown out of. There was also mention of the need for 'additional items' such as outdoor PE kit or gym trainers which are left in school (and therefore a spare set needed for home / extra-curricular activities). Parents and young people also mentioned the higher costs associated with school-branded items (with logos/embroidery) and alterations to uniform in the senior school (such as braiding on blazers, senior skirts etc).
- Young people mentioned **the cost of food within schools.** They discussed issues around free school meal entitlement not covering both breakfast and lunch. They welcomed free breakfast bar type provisions which have been set up in some local schools and would like to see all schools take the same approach. There was also discussion around the mark-up on food and snacks in school compared to cheaper, less healthy alternatives outside schools.
- The discussion around cost of the school day was mainly related to parents/carers who are working but on lower incomes and therefore not entitled to free or subsidised places/meals/uniforms etc.

**The cost of childcare** was reference by many parents, specifically as a barrier to employment:

- The cost for childcare was often disproportionate to the additional earnings from the increased hours. This was mainly described in relation to school aged children where options are limited to private providers who are expensive. One respondent in particular, who was a lone parent with no family or support network nearby, suggested it would cost around twice

as much for after-school care as she would gain in additional earnings. Therefore she felt forced to work in a low paid, zero-hours job as she could work during school hours only.

During 2019/2020 the Community Planning Partners across East Renfrewshire have taken action to reduce the costs of living, including;

#### Increasing availability of affordable housing

The Council's Housing Department are undertaking an ambitious new build programme 2018-2024 which aims to build 362 new units overall in Barrhead, Newton Mearns, Maidenhill and Malletsheugh. To date 45 units have been completed and 23 of these are aimed specifically at families with a further 206 family homes to be developed. The Housing Department will continue to target the affordable housing to particular vulnerable individuals or groups.

#### Minimising costs for energy and food

During 2019-2020, the community-led Food Share project continued to provide food parcels to residents within the Dunterlie locality planning area. Using money awarded through Participatory Budgeting, the group provided an average of 30 bags of food per week to local residents in need. The volunteers running this provision advise that a small proportion of the regular attendees were known to be parents, however there is no data available to demonstrate this. A second Food Share project was established in another locality planning areas, Thornliebank, in January 2020 using Scottish Government budget to offset the potential increased demand as a result of Brexit. This service was monthly and provided around 40 bags of food per month to local residents. Anecdotally, a large proportion of these were families however there is a lack of data to demonstrate this. Both Food Share projects were stopped before the end of March 2020 due to Covid-19 and it is unknown at this point if either/both will resume.

At the same point the local humanitarian response to COVID-19 was developed and began to offer a range of supports to vulnerable households – both those financially vulnerable and those isolating. From March, around 1,000 families (approximately 1,350 children) eligible for free school meals began to receive a weekly home delivery of food to provide 5 days of lunches per child. In addition, over 200 financially vulnerable households, began to receive weekly food parcels home delivered from a food hub established by ERC with the support of volunteers. These families also received advice and support required to maximise benefits and were referred for fuel vouchers if required.

Complimenting this support, families in need of shopping and prescription deliveries and welfare calls sought support from a Community Hub established by Voluntary Action East Renfrewshire in partnership with a wide range of community organisations, East Renfrewshire Council and the Health and Social Care Partnership. This would not have been possible without the support of hundreds of local volunteers.

#### Working to reduce the cost of the school day

During 2019-20 Barrhead High School piloted a breakfast 'Grab n Go' initiative following engagement with Glasgow University on evidence-based interventions to support raising attainment. Free breakfasts of toast and fruit were made available to all pupils in partnership with Greggs and supported by PSA training. Focus groups with young people provided positive feedback with pupils across all stages and demographic groups reporting that they now ate breakfast whereas they didn't

before. Additionally, the school noted a positive impact not only on identified young people but also on the health and wellbeing of the wider school population. The school intends to continue with this initiative when in-school learning resumes in August 2020.

East Renfrewshire Education Department has continued to guide schools to use the Standards and Quality report to include an evaluation of the impact of actions, including the use of Pupil Equity Funding (PEF), to improve excellence and equity. The Education Department also incorporated national advice into its PEF guidance and asked schools for 2020-21 to consider actions to reduce the cost of the school day and include these within their Recovery/School Improvement Plan (or PEF Plan where this is separate). This will be complimented by training for school Equalities Coordinators and an information session for Parent Council representatives. These were postponed as a result of Covid-19 school closures but will be resumed in session 2020-21.

### Increased uptake of funded early learning and childcare entitlement

During 2019-2020 East Renfrewshire Early Years Services has worked to deliver the expansion of free early learning and childcare from 600 to 1140 hours for every 3 and 4 year old and entitled 2 year old children. This included:

- An increased number of ELC places with the introduction of nursery classes at St Cadoc's Primary School and the new Maidenhill Primary School
- An extended number of ELC funded providers to include childminders
- Continued provision of additional hours of ELC (wraparound) care at the lowest hourly rate across the country (£2.25)
- Provision of free ELC to all 2 year olds living in SIMD areas 1 and 2 on application
- Provision of 1140 hours of ELC as part of our "early adopters" programme for key equity groups, including children living in poverty

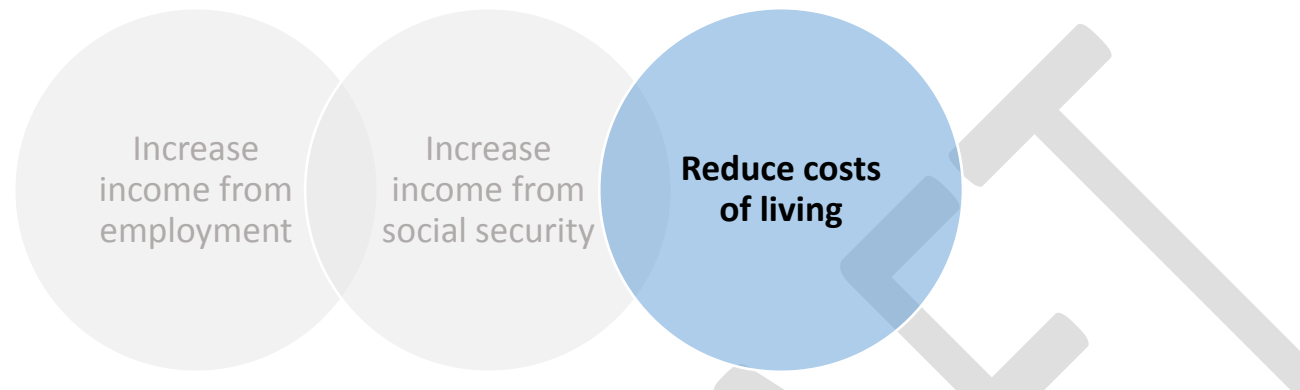
This national and local programme has been impacted by COVID-19 and Scottish Government has taken the decision to delay the implementation until August 2021. However, East Renfrewshire Council has taken steps to deliver 1140 hours to all eligible children from August 2020, so reducing the costs of childcare.

### Exploring cost effective transport opportunities

During 2019-2020 we undertook two transport studies with the aim of explaining how we will make East Renfrewshire's transport links more accessible, attractive and seamless. The studies identified evidence of transport poverty through the use of heat maps and by comparing the costs of transport on the west and east side of the authority; the cost and availability of public transport was higher in the least affluent areas.

Currently, the focus of transport is on a local response to make moving around as safe as possible as a result of Covid-19. However, when it is feasible the findings from the transport studies will be incorporated into the local transport strategy and a series of actions will be developed into a local delivery plan.

## Future Actions 2020-21



These actions are as accurate as possible at the time of writing. However, it is important to remember that actions will be subject to review as community planning partners further establish their recovery and renewal plans and once the impact of Covid-19 is more fully understood and priorities ahead are reshaped.

<p><b>Change required:</b> Increased support to tackle food poverty</p>	<p><b>What we will do:</b> Provision of food to families via Food Hub; Education and community supports Establish a partnership group to develop a sustainable community led approach to tackling food poverty <b>Lead:</b> Voluntary Action East Renfrewshire <b>Resources:</b> Within existing resources <b>Target Groups:</b> Low income families</p>	<p><b>How we will measure progress:</b> No of families receiving weekly food deliveries (to Sept 20).  Action plan developed  No of families supported</p>
<p><b>Change required:</b> Increased provision of affordable housing options to vulnerable groups</p>	<p><b>What we will do:</b> Work with local Housing Associations to consider their allocation policy in line with the priority groups <b>Lead:</b> Housing Department and local Housing Associations <b>Resources:</b> Within existing resources <b>Target Groups:</b> Low income families</p>	<p><b>How we will measure progress:</b> Increase in the number of vulnerable families accessing affordable housing provision</p>



<p><b>Change required:</b> Reduced energy costs for vulnerable residents</p>	<p><b>What we will do:</b> Development of advice and guides to support those struggling to manage the costs of their household fuel Increase access to advice about tackling fuel poverty to those accessing NHS services (in partnership with Home Energy Scotland) <b>Lead:</b> Housing and Economic Development <b>Resources:</b> Within existing resources <b>Target Groups:</b> Workless households, low income households, lone parents</p>	<p><b>How we will measure progress:</b> Number of people receiving energy advice  Increase in the number of people with affordable household fuel costs</p>
<p><b>Change required:</b> Reduced cost to families of school attendance and participation</p>	<p><b>What we will do:</b> Pupil Equity Funding guidance to encourage inclusion of planned actions to reduce cost of the school day (April 2020) PEF Reporting guidance for session 2021-22 to encourage reporting on impact of interventions to reduce CoSD Planned training and information session for school equalities coordinators on CoSD during 2020-21 to include input from MART and discussion of clothing grant and dressing for excellence policy <b>Lead:</b> Education Department <b>Resources:</b> School PEF awards <b>Target Groups:</b> Families in receipt of Free School Meals, other groups of children and young people identified by schools as experiencing poverty-related inequality</p>	<p><b>How we will measure progress:</b> Preparation of proposed audit of Cost of the School Day</p>
<p><b>Change required:</b></p>	<p><b>What we will do:</b> Deliver 1140 hours of Early Learning and Childcare to all 3 and 4 year olds from August 2020 Identify uptake levels in SIMD 1 and 2 areas and consider targeted promotion to particular families or in particular areas as required <b>Lead:</b> Education Department <b>Resources:</b> Within existing resources <b>Target Groups:</b> Low income families</p>	<p><b>How we will measure progress:</b> Increased uptake ELC places in SIMD 1 and 2 areas</p>
<p><b>Change required:</b> Reduced cost to families of the pregnancy pathway</p>	<p><b>What we will do:</b> Work in partnership to look at how the cost of attending services during family can be reduced and how families can be supported to reduced costs of purchasing items for a new baby from the learning within this report. <b>Lead:</b> NHS GGC</p>	<p><b>How we will measure progress:</b> Reduced costs to families during pregnancy</p>

	<b>Resources:</b> Within existing resources <b>Target groups:</b> Children <1, other groups	
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## Child poverty mitigating actions

It should be noted that this report outlines the changes to tackle the three drivers of poverty and therefore reduce the level of child poverty in East Renfrewshire. In addition to this, we recognise the importance of additional actions to mitigate the impact of child poverty. The wider Children's Services planning landscape includes a range of such actions, including under the Children and Young People's Plan 2020-2023 which includes a priority to increase social and economic opportunities.

There are lots of positive examples during 2019-2020, including:

### Targeting Pupil Equity Funding to raise the achievement at attainment of children affected by poverty

PEF interventions are varied and wide-ranging but have included:

- Additional staff to provide focused support for individuals or groups of pupils in literacy, numeracy and health and wellbeing. This included a particular focus on interventions and recovery programmes for those who may have gaps in their learning for example Reading Recovery
- Supplementary resources to support literacy, numeracy and health and wellbeing including digital resources
- Promoted posts with staff undertaking work linked to tracking attainment or specific interventions. This includes the monitoring and tracking of progress for pupils, ensuring that pupils receive the support they need and undertaking evaluations to ensure that interventions are effective
- Additional staffing to further develop engagement with parents/carers
- Targeted pre-school morning clubs, study clubs and homework clubs
- Professional development for teachers to build on and improve pedagogical approaches in the classroom
- Continuous professional learning for staff, for example, approaches to teaching reading skills or use of 'Kitbag' to support mental health and wellbeing
- Support for pupils to attend extra-curricular activities such as music or sports events

### Targeting health and wellbeing services to the children most likely to be affected by poverty

This includes childsmile home visits offered to all families with newborn children, living in SIMD areas 1 and 2, to provide information on key oral health messages, provision of toothbrushing supplies and support to register and access dental treatment. Through the universal pathway health visiting supports families in a person centered way focusing on family strengths. Additional support will be initiated as required and including routine enquiry about family finances and money worries.

### Raising awareness with staff to ensure they are able to identify signs of child poverty and are well informed about referral pathways

Team box talks were delivered to all Health Visitors and School Nurses. In addition, briefings on poverty and support provisions were offered to provide to all Health and Social Care Partnership Children and families teams.

## Conclusion

East Renfrewshire Community Planning Partnership has continued to keep a strong focus on child poverty and our role in both prevention and mitigation actions. Building on the Year 1 Local Child Poverty Action Report, we have actively engaged with those with lived experience of poverty to inform and drive the required step-change in our area. Further, we have sought to increase the level and quality of data we collect to best identify the priority target groups.

As previously acknowledged, planning of any future actions at this point is challenging under the current climate. At this point, we are not fully aware of what impact Covid-19 will have on the profile of poverty and demand for services other than an expectation that these will increase. We are currently working to establish a data dashboard which will help the Community Planning Partnership to understand the local impact of Covid-19 including the impact it is having on poverty.

Early findings from this work show an increase of 45% in demand for financial assistance, an increase in applications for crisis welfare grants of 93%, and an increase in claims for Council Tax Reduction and Housing Benefit changes of 40%.

The impacts on the economy and labour market are also significant and highlight the challenges ahead. From February to May 2020, the monthly claimant count figure has increased by 142%, equivalent to 4% of the working age population in May compared to 1.7% in February. This is the third highest rate of increase in Scotland.

Up until the first week in July 2020 £8.925m had been paid out in business grants to 766 local businesses and £170,000 in self-employed hardship funds to 85 claimants.

This and other relevant data will support decision making and the areas of focus for recovery and renewal responses.

In the early crisis response stage of Covid-19, we established a Community Planning Partnership Humanitarian Response working group. This group provided, and continues to provide, support to a large number of vulnerable residents across East Renfrewshire as detailed in the Cost of Living chapter. We are proud of our local humanitarian aid approach which has had supporting vulnerable families at the heart of it. As we move to recovery and renewal work, we intend to continue this strong partnership approach and use the positive lessons learned to help us build back better.

Child Poverty will remain a priority in East Renfrewshire and we will continue to monitor and drive step-change to response the immediate, medium and longer term needs of families in our area.

## Annex 1: Full profile of East Renfrewshire

Our analysis of the available datasets identifies the scale of child poverty in East Renfrewshire, compared to the benchmarking authorities, and Scotland as a whole. The data profile looks at differences in East Renfrewshire communities. We fully expect this profile to change as data relating to the period from when the pandemic struck becomes available and we will be monitoring this very closely over the coming months.

### General

East Renfrewshire has a proportionately large population of children living in the area and a proportionately low level of child poverty in comparison to the national average. However, there is disparity in levels of poverty across the authority; varying from around one in twenty children living in poverty in the more affluent areas, to almost one in three in the less affluent areas.

**East Renfrewshire has the highest proportion of children in any local authority in Scotland. And this is expected to grow**

East Renfrewshire has a population over 95,500<sup>1</sup> and this is continually growing and is expected to grow at an average rate of around 600 people a year until 2028<sup>2</sup>. Based upon National Records of Scotland (NRS) figures, this increase will be proportionally, the fourth largest of any local authority in Scotland.

There are 19,525 individuals aged between 0 and 15, this is the highest proportion of children in any local authority in Scotland. One in every five people living in East Renfrewshire is a child.

Migration has a large impact on the population of East Renfrewshire and especially the child population. In 2018/19 nearly 500 more children (0-14) migrated into the area than left<sup>3</sup>, further adding to the number of children in the population. These levels of migration were the highest levels of any local authority.

**The proportion of children living in poverty in East Renfrewshire is lower than the Scottish average, and comparable with the family group of Local Government Benchmarking Framework.**

There are around 3,600 children living poverty within East Renfrewshire. This amounts to 16% of children living in East Renfrewshire<sup>4</sup>. This is lower than the Scottish average and comparable with East Renfrewshire's family group in the Local Government Benchmarking Framework<sup>5</sup>.

<sup>1</sup> ONS mid-year population estimates

<sup>2</sup> NRS 2016-based Population Projections by Council Area in Scotland

<sup>3</sup> NRS Total Migration to or from Scotland

<sup>4</sup> End Child Poverty 2019

<sup>5</sup> These are local authorities that have similar characteristics, having similar levels of relative deprivation and affluence. These authorities are paired together for comparison over areas such as children, social work and housing.

**There are fewer young mothers in East Renfrewshire than the Scottish average**

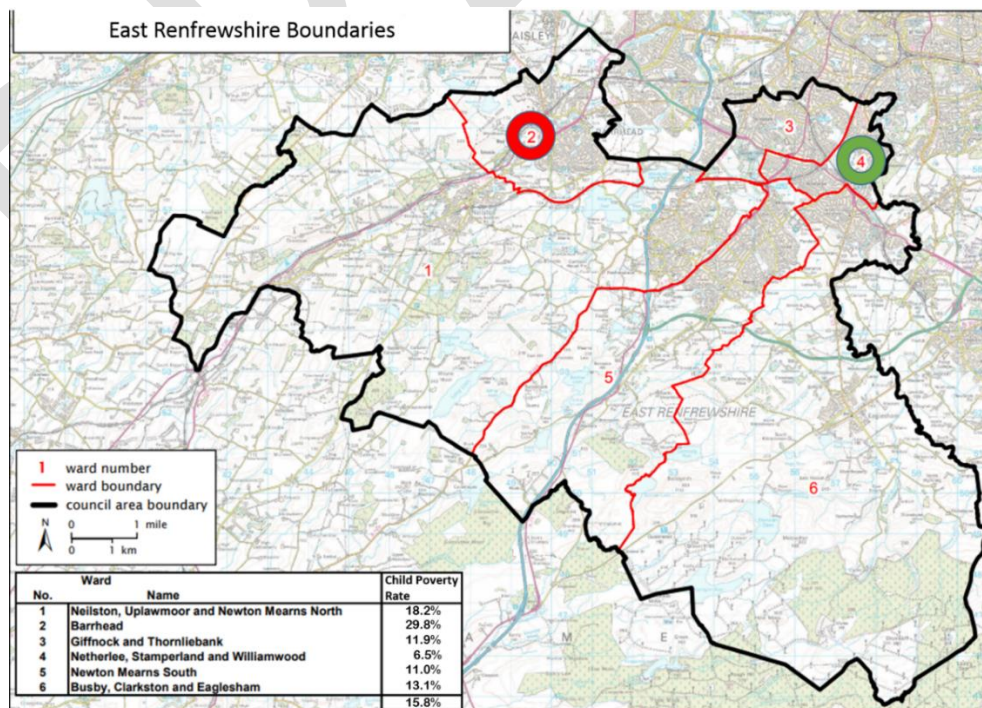
There were 58 children born in 2018 to mothers who were under the age of 25, this accounted for 7% of all births in East Renfrewshire. This was the lowest rate amongst the LGBF group authorities, along with being lower than the Scottish Average of 17%<sup>6</sup>

**The number of lone parent households is predicted to increase in the coming years**

Within East Renfrewshire there are over 11,500 households with children. Around 2,200 of these are lone parent households, a priority group highlighted by the Child Poverty Act as being at greater risk of poverty. It is projected that there will be over a 30% increase in the number of lone parent households 2026<sup>7</sup>, which is much higher than the average Scottish increase. It is projected that lone parent households will make up a greater proportion of the households in East Renfrewshire by 2026 growing to 7%.

**Within East Renfrewshire there is a large difference in the levels of child poverty by area**

Within East Renfrewshire there is a large difference in the levels of child poverty depending on the area. Barrhead ward has the highest rates of child population living in poverty; almost one in three(30%). Netherlee, Stamperland and Williamwood has the lowest rate at 6%.<sup>8</sup>



<sup>6</sup> NRS Vital Events – Births

<sup>7</sup> NRS Household projections for Scotland, 2016-2041

<sup>8</sup> End Child Poverty 2019

## Income from employment

Generally, residents of East Renfrewshire are economically active, with low unemployment rates and low proportion of workless households. Many living in the area are high earners but they are often travelling outwith the local authority to earn. The main local employment is in the retail and service industry, which is reflected in the average pay for those working in East Renfrewshire.

**Unemployment rates and the proportion of workless households are lower in East Renfrewshire than the Scottish average, however we are already seeing a rise in the rate since COVID with further increases anticipated.**

There are around 57,000 individuals in East Renfrewshire of working age and 75% of these individuals are economically active. Black and Minority Ethnic groups are less likely to be economically active than East Renfrewshire as a whole, at 71%, but this is higher than the Scottish rate of 64%<sup>9</sup>.

The most recent published unemployment data shows that there are 1,200 people who are unemployed who are of working age, which is the lowest rate of the LGBF groups. There is no reliable data available to identify how many of these households have children living in them, however the Scottish figure is 11.6%<sup>10</sup> and it is assumed that the rate in East Renfrewshire is significantly lower than the Scottish average. The percentage of workless households is lower than the Scottish average however, over a third of children in East Renfrewshire come from mixed households (where a household contains at least one person aged 16 to 64, where at least one person aged 16 and over is in employment and at least one other is either unemployed or inactive), the second highest rate in Scotland<sup>11</sup>. Local knowledge suggests this could be due to a common family dynamic of one high-earner parent and one stay-at-home parent, however there is no data available to evidence this. This type of household could be particularly vulnerable to poverty should their circumstances change, for example a relationship breakdown or loss of employment. This is particularly important in the current climate.

The average weekly full time pay of residents in East Renfrewshire is £788, the highest in Scotland,

**East Renfrewshire residents receive the highest average weekly full time pay in Scotland. However, residents are unlikely to be employed locally as those working in East Renfrewshire have the lowest weekly pay in the benchmarking group, with many workers earning less than the living wage.**

and the average part time pay for residents is £250, which is also the highest in Scotland. However, we recognise that these residents are not employed locally as compared to the other LGBF groups, East Renfrewshire ranks as having the lowest weekly pay for both full time and part time workers. The average weekly pay for those working within the authority for full time workers is £492 and for part time workers is £165.<sup>12</sup> Further, 26% of employees over 18 earn less than the living wage in East Renfrewshire, this is the lowest rate against the LGBF local authorities and is also higher than the Scottish average of 16.9%<sup>13</sup>.

<sup>9</sup> ONS Annual Population Survey

<sup>10</sup> ONS Annual Population Survey

<sup>11</sup> ONS Annual Population Survey

<sup>12</sup> Annual Survey of Hours and Earnings 2019

<sup>13</sup> Annual Survey of Hours and Earnings Scotland, 2019



There are 3,700 individuals in East Renfrewshire who have no formal qualifications, this translates to 6.4% of the working age population. This is lower than the Scottish average of 9.8% and is the seventh lowest rate in Scotland<sup>14</sup>.

### Income from social security and benefits in kind

**East Renfrewshire residents are less likely than the Scottish average to receive income from social security and benefits. However, it is believed that this figure has increased as a result of Covid-19 as local suggests that in May 2020 there were 2,300 individuals claiming benefits.**

There are 2,096 children in low income families within East Renfrewshire. Of these, 880 children are in families where there is a lone parent<sup>15</sup>. Nearly 1900 individuals are claiming for out-of-work benefits, this rate in East Renfrewshire (3.3%) is lower than the Scottish average of 5.4%<sup>16</sup> and 330 of these claimants were between the ages of 16 and 24. Overall, there are 15,645 children in families that are registered for child benefit, which equates to 65% of all children in East Renfrewshire however this is the lowest proportion of all Scottish local authorities<sup>17</sup>.

Within East Renfrewshire 7.6% of all primary pupils from P4 to P7 were registered for free school meals, this increased from 7.4% in 2016 and is lower than the Scottish average of 17.1%. In secondary schools 7.2% of pupils are registered for free school meals, which is, again, lower than the Scottish average of 14.4%, this figure has reduced steadily every year since 2012 when 9.8% of pupils were receiving free school meals<sup>18</sup>.

East Renfrewshire has a £100 school uniform grant which parents/carers can apply for. We have an automated system to issue this grant each subsequent year without having to reapply. In East Renfrewshire 430 young people receive an Education Maintenance Allowances, across Scotland over 31,000 receive an EMA<sup>19</sup>.

### Costs of living

**The costs of living in East Renfrewshire are higher than average, particularly in relation to housing costs. Average house prices, average local authority rent and average council tax paid are all comparatively high.**

The average house price in East Renfrewshire in 2020 has decreased by 2.7% since 2019 to £215,203. Even though the figure dropped from the previous year, the average house price was still the third highest of Scotland's local authorities behind the City of Edinburgh and East Lothian, with the average house price there being £272,544 and £225,653 respectively<sup>20</sup>.

<sup>14</sup> ONS Annual Population Survey

<sup>15</sup> DWP Households Below Average Income, 2019

<sup>16</sup> ONS Claimant Count April 2020

<sup>17</sup> HMRC Child Benefit Statistics, 2019

<sup>18</sup> Scottish Government School Meal Census, 2018

<sup>19</sup> Scottish Government, Education maintenance allowances

<sup>20</sup> UK House Price Index Scotland, January 2020



The average weekly local authority rent for a property in East Renfrewshire is £75.42, which is the 8th highest weekly rent for a Scottish local authority<sup>21</sup>. This average is affected by the proportion of larger properties within the housing stock in the area. Anecdotally, we are aware of a high private rental market across the authority, with associated high weekly costs. However, there is no data available at a local level to evidence this as private rent statistics are broken down into Broad Rental Market Areas, with East Renfrewshire being part of Greater Glasgow.

There are a wide range of activities available to children in East Renfrewshire. On average art, drama and sports activities, run by East Renfrewshire Culture & Leisure, cost £45.50 for a three month class and there are classes that are paid for on arrival, which cost between £3.15 and £5<sup>22</sup>. On average there is a 30% discount in these prices for concessions. There are also a wide range of more expensive privately run activities, and we believe this to be a thriving market, however there is no available data to evidence this.

The Active Schools programme delivered over 7,200 activity sessions in the 2018/19 academic year involving 8,200 individual children in East Renfrewshire<sup>23</sup>. The number of sessions and the number of participants has increased compared to those observed in the previous three academic years.

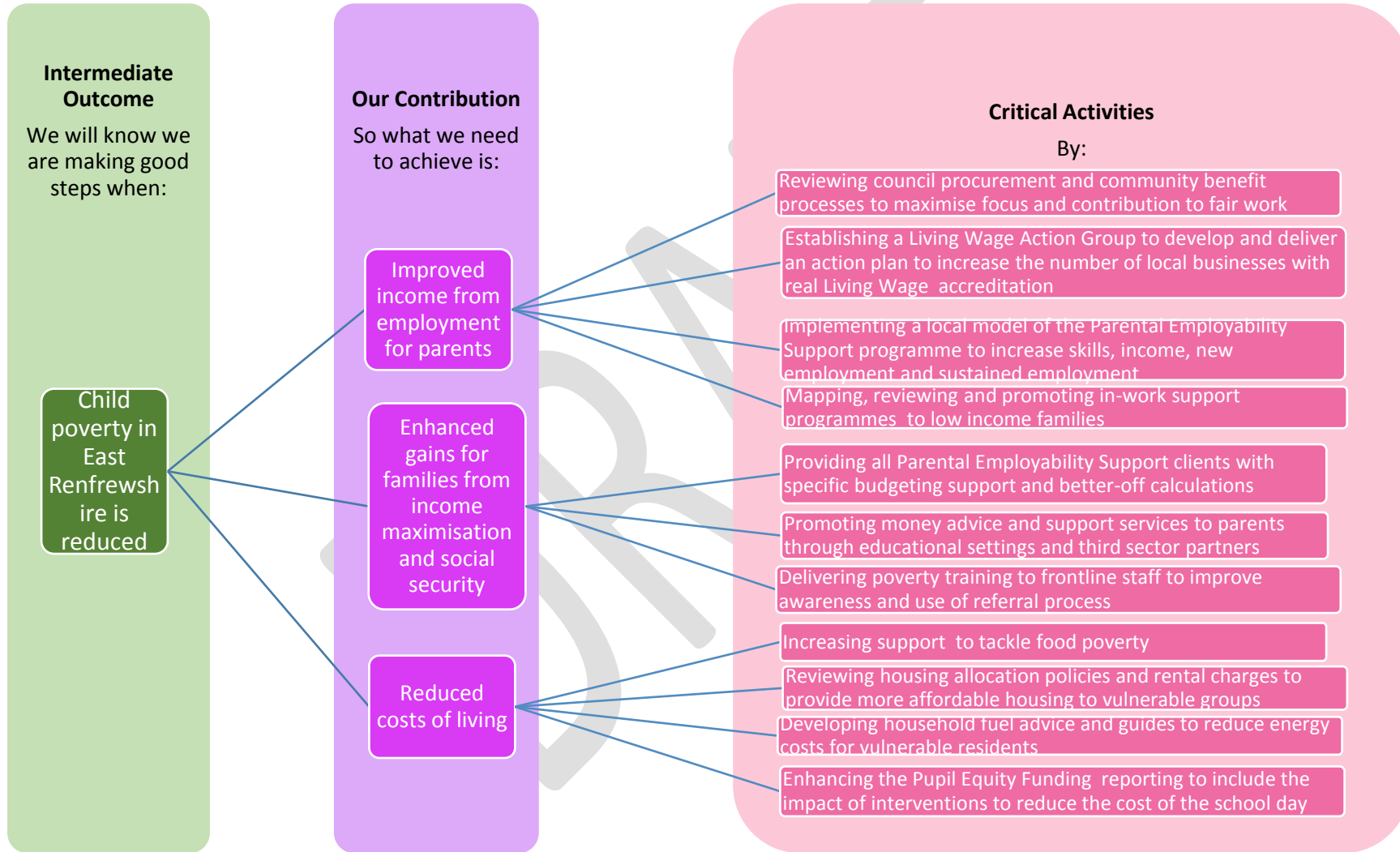
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<sup>21</sup> Housing Revenue Account Statistics 2018-2019

<sup>22</sup> East Renfrewshire Culture and Leisure

<sup>23</sup> Local Authority Active Schools data 2018-2019.

Annex 2: Future Actions 2020-2021



## Annex 3: Agreed long term objectives for NHSGGC and associated local authorities

NHSGGC and the 6 associated Local Authorities have agreed the following high level approaches:

### 1. Role as an employer

- Increase family friendly working approaches
- Attaining and maintaining Living Wage Employer Accreditation
- Parents as a priority group for interventions with staff who have money and debt worries
- Parents as a priority group in our Employment and Health approach
- Parents as a priority group for recruitment initiatives
- Child poverty a feature, as appropriate of Learning and Education programmes
- Child poverty outcomes in community benefit clauses

### 2. Role as a service provider (Children and Families Settings)

- Ensure every opportunity is used to maximise income and reduce outgoings
- Develop innovative co-location models (e.g. with Social Security Services Scotland, Department of Work and Pensions)
- Ensure engagement with people with lived experience of child poverty to inform planning and review
- Analysis, where possible, of reach of interventions by Child Poverty Act priority groups (i.e. children of lone and/or young parents, children with disabilities and/or children of parents with a disability and black and minority ethnic children and also kinship carers)

### 3. Role as a partner

- Leadership on child poverty at Community Planning Partnership Boards
- Influencing, from local and regional perspectives, key national partners (e.g. SSS, DWP, Health Scotland)
- Influencing, from a child poverty perspective, housing policy
- Influencing, from a child poverty perspective, transport policy

In addition, NHSGGC will -

- Ensure child poverty is comprehensively addressed in the Children and Families Universal Pathway
- Develop child poverty, as appropriate, as a 'golden thread' in Acute health improvement programmes
- Provide public health data for use in Acute and CPP areas

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**AGENDA ITEM No.8**

<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>  <b>Held on</b>	Integration Joint Board  12 August 2020	
<b>Agenda Item</b>	8	
<b>Title</b>	East Renfrewshire HSCP Update on Recovery Activity Following the COVID-19 Pandemic	
<b>Summary</b>  This report provides the Integration Joint Board with an update on East Renfrewshire HSCP's recovery planning and remobilisation of services, following the emergency phase of the COVID-19 pandemic.  The HSCP has developed and implemented an Operational Recovery Plan, supported by a number of overarching workstreams, with weekly review and reporting in place.		
<b>Presented by</b>	Steven Reid, Policy, Planning and Performance Manager	
<b>Action Required</b>  The Integration Joint Board is asked to note and comment on this report		
<b>Directions</b> <input checked="" type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<b>Implications</b> <input checked="" type="checkbox"/> Finance <input type="checkbox"/> Policy <input checked="" type="checkbox"/> Workforce <input type="checkbox"/> Equalities <input checked="" type="checkbox"/> Risk <input type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty	

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# **EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**12 August 2020**

**Report by Chief Officer**

## **EAST RENFREWSHIRE HSCP UPDATE ON RECOVERY ACTIVITY FOLLOWING THE COVID-19 PANDEMIC**

### **PURPOSE OF REPORT**

1. This report provides the Integration Joint Board with an update on East Renfrewshire HSCP's recovery planning and remobilisation of services following the emergency phase of the COVID-19 pandemic.
2. The HSCP has developed and implemented an Operational Recovery Plan for which weekly review and reporting is in place. As last reported to the IJB our operational recovery is supported by eight overarching workstreams.

### **RECOMMENDATION**

3. The Integration Joint Board is asked to note and comment on this report.

### **BACKGROUND**

4. The World Health Organisation (WHO) declared the Coronavirus disease (COVID-19) a global pandemic on 11 March 2020. In light of the emerging COVID-19 situation delegated authority to the Chief Officer was agreed by the IJB at its meeting on 18 March 2020. As infection rates increased the UK entered a period of lockdown on 23 March 2020.
5. Our response to the pandemic was tailored within client groups to meet the specific needs of communities and respond to specific challenges posed within these services as presented to the IJB on 24 June 2020.
6. As the rate of infection has reduced and the Scottish Government has established its phased easing of the lockdown restrictions, the HSCP established our planned approach to delivering services beyond the emergency phase and through a transitional recovery phase. This is seeing a gradual remobilisation of services and phased return to more 'normal' models of day-to-day provision. Through this recovery planning process, services have set out the practical steps they need to take to move from crisis provision to full provision while seeking to capture positive learning from the pandemic and where appropriate redesign services with better ways of working and new models for delivery.
7. The Covid-19 Recovery Plan, presented to the IJB on 24 June, set out the key principles that we would work to during the recovery phase. The Recovery Planning Steering Group is overseeing activity and the eight thematic workstreams to support decision-making in relation to cross-cutting issues such as accommodation, workforce issues, PPE and ICT requirements going forward. Services have developed and continue to review their own recovery plans setting out local milestones and these have been collated into an HSCP-wide Operational Recovery Plan.

8. The Operational Recovery Plan is being closely monitored and updated by service leads on a weekly basis. Key elements of the plan are reported to the HSCP Recovery Planning Steering Group which continues to meet weekly.

## REPORT

9. The report sets out a summary position statement for each service including an assessment of the percentage that the service is operating at and also identifies those areas that have still to restart.
10. The report also provides a position statement on the eight supporting workstreams and all activity and progress is a snapshot position as at the end of July. The IJB should note that this also informs our recovery reporting within the HSCP and also informs our partners.
11. A summary of the Operational Recovery Plan is shown below:

### Adult Health and Social Care Localities

% SERVICE OPERATIONAL	SERVICE ACTIVITY SUMMARY POSITION	SERVICE ACTIVITY NOT YET RESTARTED
<b>Social Work Locality Teams</b>		
90%	<ul style="list-style-type: none"> <li>- Undertaking assessments/reviews</li> <li>- Home visits being conducted when required, and for the more vulnerable clients</li> </ul>	<ul style="list-style-type: none"> <li>- Routine home visits not taking place (replaced with telephone contact)</li> <li>- Staff not working from base due to Government advice and restricted space as a result of social distancing.</li> </ul>
<b>Initial Contact Team</b>		
75%	<ul style="list-style-type: none"> <li>- Team prioritising emergency cases (those that would result in a care home or hospital admission if not dealt with) and completing full assessments for people for whom emergency services were put in place during the peak of the pandemic.</li> </ul>	<ul style="list-style-type: none"> <li>- Much of the previous preventative work undertaken through Talking Points is on hold due to Covid-19 restrictions (early discussions have started on reintroduction of the service).</li> </ul>
<b>Learning Disability Team</b>		
75%	<ul style="list-style-type: none"> <li>- All clinical/medical appointments continuing</li> <li>- MDT fully operational</li> <li>- Statutory SW operations</li> <li>- Shielding list/vulnerable client check calls (triangulated between health and SW cohorts and day services)</li> </ul>	<ul style="list-style-type: none"> <li>- Planning days (with regards to comprehensive SW assessments)</li> <li>- Transitional planning for individuals moving to their own homes</li> <li>- Non urgent appointments</li> <li>- Multi-agency group work</li> <li>- Training for providers/clients that can't effectively be engaged via video conferencing.</li> </ul>



<b>Older People's Mental Health Team</b>		
<b>50%</b>	<ul style="list-style-type: none"> <li>- Urgent referrals (continued to be seen throughout the pandemic)</li> <li>- Continued telephone contact with all patients on caseloads</li> <li>- Face to face appointments for individuals with complex mental health issues</li> <li>- Psychology utilising Attend Anywhere and in contact with patients identified as being in red category.</li> <li>- Care Home Liaison Nurses aligned to care home assurance and support activity.</li> </ul>	<ul style="list-style-type: none"> <li>- Routine medical outpatient clinics</li> <li>- Routine memory review clinics</li> <li>- Initial memory assessments that require face to face intervention</li> <li>- Occupational Therapy functional assessments</li> <li>- Cognitive Enhancer medication trials</li> <li>- Routine Care Home Liaison Nurse Led Service</li> <li>- Routine outpatient psychology clinics</li> <li>- All group work.</li> </ul>
<b>Community Rehabilitation and Rapid Access</b>		
<b>60%</b>	<ul style="list-style-type: none"> <li>- Continuing assessment and ongoing input for all urgent referrals</li> <li>- Service has taken on additional responsibilities for respiratory rehabilitation and face mask fitting.</li> </ul>	<ul style="list-style-type: none"> <li>- Routine referrals - assessment and rehabilitation input</li> <li>- OT major adaptations</li> </ul>
<b>Hospital to Home</b>		
<b>90%</b>	<ul style="list-style-type: none"> <li>- All aspects of service activity are ongoing with restricted contact an ongoing challenge.</li> <li>- Risk assessment work ongoing at local and national levels on safe return to full patient assessment.</li> </ul>	<ul style="list-style-type: none"> <li>- Face to face contact with individuals and carers, particularly in hospitals.</li> </ul>
<b>Community Nursing</b>		
<b>90%</b>	<ul style="list-style-type: none"> <li>- Essential Community Nursing services (have been maintained from outset in keeping with national and local NHS GGC guidance)</li> <li>- Operational 7 days per week</li> </ul>	<ul style="list-style-type: none"> <li>- Diabetes nursing community clinics (planning is progressing to re commence August/Sept at 30%)</li> <li>- Community Treatment Assessment Centre/Treatment Rooms (planning is progressing for implementation and testing in both Barrhead and Eastwood Health and Care Centres)</li> </ul>
<b>Day Services</b>		
<b>10%</b>	<ul style="list-style-type: none"> <li>- Some learning disability outreach on limited basis</li> <li>- Older people's staff redeployed to support care at home and Bonnyton</li> <li>- Currently reviewing service users with view to gradually introducing reshaped day supports on a priority basis</li> </ul>	<ul style="list-style-type: none"> <li>- Building based support</li> </ul>

<b>Primary Care Improvement Plan (PCIP)</b>		
<b>90%</b>	<ul style="list-style-type: none"> <li>- Vaccination Transformation Programme, Pharmacotherapy, Community Link Worker's, Advanced Nurse Practitioners, MSK Advanced Physios are fully operational through a mixed model of practice based, remote and home working.</li> <li>- Community Treatment Assessment Centre/Community Healthcare Assistant is only operational across 10 GP Practices due to staff sickness absence.</li> </ul>	<ul style="list-style-type: none"> <li>- Community Treatment Assessment Centre/Treatment Rooms (planning is progressing for implementation and testing in both Barrhead and Eastwood Health and Care Centres)</li> </ul>
<b>Pharmacy Service</b>		
<b>90%</b>	<ul style="list-style-type: none"> <li>- Pharmacotherapy Service continues to be delivered as detailed within the GP contract. This may continue to be delivered via a mixed model (within practices in part and remotely in part).</li> <li>- Proposal to develop a Pharmacotherapy Hub will be presented to the next PCIP steering group in September.</li> <li>- Support for care homes continues.</li> </ul>	<ul style="list-style-type: none"> <li>- Face to face clinics e.g. hypertension, asthma reviews</li> <li>- Polypharmacy Reviews - GGC Prescribing initiative</li> </ul>
<b>Medication Support Service</b>		
<b>90%</b>	<ul style="list-style-type: none"> <li>- The service has continued to take referrals through all pathways as normal with staff mainly working from home. Referrals have been dealt with as before with the exception of home visits. Attend anywhere is untested with patients as yet.</li> </ul>	<ul style="list-style-type: none"> <li>- Home Visits</li> </ul>

## Recovery and Intensive Services

% SERVICE OPERATIONAL	SERVICE ACTIVITY SUMMARY POSITION	SERVICE ACTIVITY NOT YET RESTARTED
<b>Care at Home / TEC</b>		
<b>85%</b>	<ul style="list-style-type: none"> <li>- Care at Home services continue to be provided to vulnerable residents, operating from a single base.</li> <li>- Wellbeing calls continued through crisis for households with lower priority.</li> <li>- Increasing face-to-face contact as restrictions ease.</li> <li>- Telecare fully operational at Thornliebank Depot base</li> <li>- Re-establishment of home visits for complex telecare assessments (where assessed as safe to do so)</li> </ul>	<ul style="list-style-type: none"> <li>- Some review/assessment activity (development of blended approach to review activity to be defined on a risk based approach).</li> <li>- Review of services stepped down due to Covid-19 (working on re-establishment of visits to facilitate care at home planning and reviews).</li> <li>- Home visits for initial and annual telecare reviews (these are being undertaken by telephone in the meantime)</li> </ul>
<b>MHO Team</b>		
<b>80%</b>	<ul style="list-style-type: none"> <li>- Referrals have continued to be processed, treated as urgent with immediate response through the Duty MHO and Backup system with casework subsequently allocated and prioritised accordingly.</li> <li>- Engaging with clients and their families via telephone / virtual, with face to face where specifically required. Remote working continues. Social work care management cases continue to be allocated &amp; responded by the MHT as was the case prior to Covid-19 context with combination of remote and face to face where required.</li> <li>- AWI work continues (case conferences, welfare reports etc) using virtual meetings</li> </ul>	<ul style="list-style-type: none"> <li>- Court sessions - dependent on the recovery planning by the courts (outwith control of HSCP)</li> </ul>
<b>Bonnyton House Care Home</b>		
<b>45%</b>	<ul style="list-style-type: none"> <li>- Service continues with increase in vacancies due to Covid-19.</li> <li>- Recommencing visiting (good progress made on reintroduction of safe resident contact/visiting arrangements and roll out of technology contact options).</li> <li>- Building refurbishment is in the final stage with a planned return scheduled for mid to end September 2020.</li> <li>- Working with staff to set up a sanctuary room to provide space and time for reflection given the trauma experienced by the staff residents and families.</li> </ul>	<ul style="list-style-type: none"> <li>- New admissions once renovations/upgrade completed</li> </ul>

<b>Adult Mental Health Team</b>		
<b>90%</b>	<ul style="list-style-type: none"> <li>- CPN and OT referrals being allocated and assessments carried out (over telephone and Attend Anywhere).</li> <li>- Working to waiting time standards (e.g. routine referrals within 4 weeks).</li> <li>- Duty clinics (continued throughout)</li> <li>- Essential clinics for depot medications and blood monitoring (continued throughout).</li> <li>- Caseloads screening and prioritisation - patient contact continues by telephone/ Attend Anywhere.</li> <li>- Face to face assessments have been offered where clinically indicated (more patients are now requesting this)</li> <li>- Multi-disciplinary team meetings taking place regularly on Teams.</li> <li>- Medical Team have continued to treat caseload. (note that decision making is at NHSGGC level, not local)</li> <li>- Psychology team continuing by telephone / Attend Anywhere; will resume face to face contact once guidance on this changes.</li> <li>- Therapy undertaken remotely.</li> <li>- Care programming meetings have resumed, which are co-ordinated centrally within GGC.</li> </ul>	<ul style="list-style-type: none"> <li>- Routine face to face treatment and care (other than clinics)</li> </ul>
<b>Primary Care Mental Health Team</b>		
<b>80%</b>	<ul style="list-style-type: none"> <li>- Rapid roll-out of Attend Anywhere in April with majority 1:1 appointments currently by telephone or Attend Anywhere.</li> <li>- Looking at potential for virtual group work.</li> </ul>	<ul style="list-style-type: none"> <li>- Resume face to face 1:1 appointments for those who require;</li> <li>- Face to face groups</li> </ul>
<b>Community Addictions Team</b>		
<b>75%</b>	<ul style="list-style-type: none"> <li>- All referrals being allocated.</li> <li>- Routine referral assessments (alcohol and drugs).</li> <li>- Opiate Replacement Therapy (ORT) provision ongoing under revised arrangements.</li> <li>- Ongoing treatment and care of caseload, psycho-social interventions, etc. face to face engagement increasing.</li> <li>- Home visits for high risk individuals / concerns / vulnerable adults.</li> <li>- Psychology and psychiatry appointments continuing weekly by phone.</li> <li>- Psychology at St Andrew's House reinstated 13 July.</li> <li>- Alcohol detox services (hospital – Kershaw Unit now accepting more routine referrals and community home detox considered on case-by-case basis)</li> </ul>	<ul style="list-style-type: none"> <li>- Mutual aid and relaxation groups.</li> <li>- Alcohol groups.</li> <li>- MDT (plan to start via Microsoft Teams week beginning 10<sup>th</sup> August 2020 due to Consultant availability)</li> <li>- Routine Duty Assessment Process to be introduced. ORT Clinic Process – new guidelines to be agreed for service moving forward.</li> </ul>

## Public Protection and Children's Services

% SERVICE OPERATIONAL	SERVICE ACTIVITY SUMMARY POSITION	SERVICE ACTIVITY NOT YET RESTARTED
<b>Children's social work services</b>		
90%	Majority of SW services continuing including <ul style="list-style-type: none"> <li>- home visiting</li> <li>- assessments</li> <li>- child protection</li> <li>- corporate parenting activity</li> <li>- regulated care services</li> <li>- fostering/adoption/kinship care</li> </ul>	<ul style="list-style-type: none"> <li>- Group based support for parents and children (with the exception of outdoor summer programme activity)</li> <li>- Training (where face to face necessary)</li> <li>- SW Student placements</li> <li>- Joint Activities with SupER Kids (e.g. Glee) (all previous capacity currently supporting IMS Education Hub)</li> </ul>
<b>Children and Families Nursing</b>		
80%	<ul style="list-style-type: none"> <li>- Delivering required visits in line with national and local NHSGGC guidance (except anti-natal contacts which have not been implemented within GGC) and use of pro forma to support any alternative delivery model.</li> <li>- Use of Attend Anywhere and Near Me as an alternative for face to face contact.</li> <li>- PoPP, Parenting interventions for high risk families, breast feeding support and Childsmile continue through blended approaches.</li> <li>- Contact with GP practices – adapted. Childhood Immunisation programmes continuing.</li> <li>- Vitual Baby Café</li> <li>- Revalidation for Unicef gold achieved</li> <li>- Working from both bases at Eastwood and Barrhead Health and Care Centre</li> </ul>	<ul style="list-style-type: none"> <li>- Routine Parenting Interventions face to face</li> <li>- Baby Café / Breast Feeding support group</li> <li>- Contact with GP practices – face to face; Bookbug resource dissemination (awaiting resource)</li> <li>- P1 and P7 Health screening.</li> <li>- Anti-natal visits</li> </ul>
<b>C&amp;F Inclusive Support Team</b>		
95%	<ul style="list-style-type: none"> <li>- Service working at full capacity to support Education ASN Hub over the summer period (replacing the normal holiday programme).</li> <li>- Community supports / weekend supports have recommenced on a small scale.</li> </ul>	<ul style="list-style-type: none"> <li>- Full scale community and weekend supports with reintroduction of normal term time activity.</li> </ul>

<b>Health Improvement</b>		
<b>70%</b>	<ul style="list-style-type: none"> <li>- All staff returned from Covid-19 Assessment Centre as of 1st June 2020.</li> <li>- Sharing learning and updates with team members realigned during lockdown.</li> <li>- Social work summer program recovery inputs.</li> <li>- Development of the new health and wellbeing section of the Champions Board website.</li> <li>- Review of training provisions for suitability and adaptability to online format.</li> <li>- Re-establishing links with key partners.</li> <li>- Virtual Support for Breastfeeding Café.</li> </ul>	<ul style="list-style-type: none"> <li>- Child Smile - Monitoring of program in early years establishments. Toothbrush Training and Oral Health Assessment Tool links; Quarterly OHAT meetings to recommence</li> <li>- Weigh to Go – Service delivery by partners in Barrhead &amp; Eastwood Health centres.</li> <li>- Wider community Breast Feeding supports, monitoring and accreditation work and MINF (Maternal and Infant Nutrition Framework) links</li> </ul>
<b>CAMHS</b>		
<b>70%</b>	<ul style="list-style-type: none"> <li>- Service activity continues, young people seen by Attend Anywhere, emergencies and home visits have taken place with appropriate PPE. Sourcing of room availability with 2 meter safe space remains challenging.</li> </ul>	<ul style="list-style-type: none"> <li>- Medication clinics</li> <li>- Physical observations</li> <li>- Inter-agency meetings</li> <li>- All staff back into buildings</li> <li>- Group work</li> <li>- Routine assessments.</li> </ul>
<b>Speech and Language Therapy</b>		
<b>50%</b>	<ul style="list-style-type: none"> <li>- SLT services have maintained emergency presence in Barrhead HCC.</li> <li>- Referral, triage and waiting list management have continued for SLT and Autism Diagnostic Service.</li> <li>- Telephone and Near Me consultations undertaken for SLT and ASD services by clinicians.</li> </ul>	<ul style="list-style-type: none"> <li>- Face to face consultation where Near Me is neither appropriate nor possible for triage, assessment and treatment</li> <li>- ASD clinical assessment (2 clinicians) and feedback. (Some assessments can be carried out virtually)</li> <li>- Parenting Programmes e.g. Hanen, Cygnet</li> <li>- In school / nursery consultation</li> <li>- Observation/assessment and delivery of coaching and direct modelling with staff</li> <li>- Home based assessment/ intervention</li> <li>- Training and mentoring.</li> </ul>
<b>Learning and Development</b>		
<b>60%</b>	<ul style="list-style-type: none"> <li>- Virtual training and limited face to face for essential work is taking place.</li> <li>- Current programmes have been revised to allow for social distancing requirements.</li> </ul>	<ul style="list-style-type: none"> <li>- SVQ, large scale events, reduced training programme, practice teaching</li> <li>- Essential induction training now up and running and progressing well</li> </ul>

<b>Criminal Justice</b>		
<b>50%</b>	<ul style="list-style-type: none"> <li>- Client supervision continues albeit limited to monitoring</li> <li>- MAPPA level 1 meetings with police (teleconference)</li> <li>- MAPPA audit</li> <li>- Client quarterly reviews (client not attending)</li> <li>- Prison visits/reviews</li> <li>- Court reports/home background reports.</li> </ul>	<ul style="list-style-type: none"> <li>- Unpaid work</li> <li>- Group work</li> <li>- Reviews with client attending</li> <li>- Joint home visits - unannounced/ announced with police</li> <li>- Joint Risk assessments with police</li> <li>- Face to face direct intervention/ casework with clients.</li> <li>- Service specific premises (work ongoing to reopen as part of accommodation workstream)</li> </ul>

## 12. Finance and Resources

<b>% SERVICE OPERATIONAL</b>	<b>SERVICE ACTIVITY SUMMARY POSITION</b>	<b>SERVICE ACTIVITY NOT YET RESTARTED</b>
<b>Finance</b>		
95%	<ul style="list-style-type: none"> <li>- Day to day activity underway as normal, however some annual reviews have been postponed.</li> <li>- Year end audit / budget setting made more challenging by vacancies.</li> </ul>	<ul style="list-style-type: none"> <li>- Financial reassessments (were scheduled for April – June)</li> </ul>
<b>Commissioning</b>		
95%	<ul style="list-style-type: none"> <li>- Commissioning services and staff been fully available as a function throughout the crisis period.</li> <li>- Continuing focus on support to care homes and partner providers during the pandemic.</li> </ul>	
<b>Governance &amp; Systems (Business Support; Info Systems; Facilities)</b>		
<b>80%</b>	<ul style="list-style-type: none"> <li>- Answering of phone calls from public and other services</li> <li>- Arranging and minutes of statutory meetings</li> <li>- Client monies</li> <li>- Updating of key systems including CareFirst, CM2000, SCI gateway.</li> <li>- Buildings open and adhering to social distancing guidance</li> </ul>	<ul style="list-style-type: none"> <li>- Staff presence at all clinical receptions has not been required, this will need to be reviewed as services enter recovery phase</li> </ul>

13. The summary position for our eight thematic work streams to support recovery is shown below:

<b>WORKSTREAM</b>	<b>UPDATE/COMMENTS</b>	<b>OVERALL % COMPLETION</b>
<b>Governance</b>	<ul style="list-style-type: none"> <li>- Most Governance recovery actions/tasks complete</li> <li>- Some ongoing work now progressing on the Communications Plan and in ensuring that all interdependencies are captured, recorded and acted on accordingly</li> </ul>	<b>81%</b>
<b>Accommodation</b>	<ul style="list-style-type: none"> <li>- We are reintroducing our services to our buildings in line with social distancing</li> <li>- Clinical zone capacity has been scoped</li> <li>- Separate project being set up to manage winter flu vaccination programme including accommodation arrangements</li> </ul>	<b>75%</b>
<b>Workforce</b>	<ul style="list-style-type: none"> <li>- Staff Governance Plan 2020/21 progressing well - plan will be presented to the next JSF for approval</li> <li>- Next Health &amp; Wellbeing Newsletter being developed</li> </ul>	<b>39%</b>
<b>Partner Organisations</b>	<ul style="list-style-type: none"> <li>- Meeting arranged with Scottish Government on Strategic Planning and Review (3 August 2020)</li> <li>- Update provided to Steering Group on Engagement and Participation Strategy</li> </ul>	<b>25%</b>
<b>ICT Requirements</b>	<ul style="list-style-type: none"> <li>- 79% of ERC workforce upgraded to Windows10</li> <li>- Agreed structure for new HSCP distribution lists with IT and work begun on development</li> <li>- Commencing roll-out of mobile phone replacement for those who do not currently have email capability</li> </ul>	<b>41%</b>
<b>PPE</b>	<ul style="list-style-type: none"> <li>- PPE Hub to remain at EHCC as agreed by DMT.</li> <li>- HSCP centralised PPE ordering model continuing</li> </ul>	<b>58%</b>
<b>Change Programme</b>	<ul style="list-style-type: none"> <li>- Change Programme proposed timescale prepared to begin to reinstate</li> </ul>	<b>43%</b>
<b>Ongoing COVID-19 Response</b>	<ul style="list-style-type: none"> <li>- Weekly review of operational recovery plans informs internal reporting</li> </ul>	<b>49%</b>

## **CONSULTATION AND PARTNERSHIP WORKING**

14. Staff partnership colleagues are part of the HSCP Recovery Steering Group which is overseeing the operational recovery plan.
15. The HSCP continues to link to the Council's Resilience Management Team (CRMT) and Greater Glasgow and Clyde tactical group in addition to regular Greater Glasgow and Clyde and National Chief Officer meetings. Both Chief Social Work Officer and Chief Financial Officer meetings continue to take place.

## **IMPLICATIONS OF THE PROPOSALS**

### Finance

16. The HSCP finance team continue to monitor all costs associated with the HSCP Covid-19 response and recovery.



## Workforce

17. Any specific workforce implications identified through the programme will be reported as required.

## Risk

18. The HSCP continues to monitor the risk implications from the Covid-19 response and recovery.

## **DIRECTIONS**

19. There are no directions arising from this report.

## **CONCLUSIONS**

20. There is a significant amount of work taking place to ensure we can continue to safely provide essential services, as we have done throughout the crisis, whilst introducing more services back towards “normal” operation. We are taking into account lessons learned from our response so far and also using this to inform our recovery as this too will help inform how we shape and deliver services moving forward.
21. It is recognised that the recovery phase and the return to planned day to day arrangements is unlikely to be straightforward or predictable, given the continuing requirement for social distancing and public health controls. Some aspects of recovery planning will be possible through planned steps, but often these will be dependent on policy decisions that are not yet known. In addition, there remains the potential for further waves of Covid-19 infection which may mean we are required to ‘step back’ to restrictions seen in previous phases. Our approach continues to stress flexibility and the need to adapt quickly to changing circumstance.

## **RECOMMENDATIONS**

22. The Integration Joint Board is asked to note and comment on this report.

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

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Chief Officer, IJB: Julie Murray

## **BACKGROUND PAPERS**

IJB Paper - 24 June 2020: East Renfrewshire HSCP Response to COVID-19  
[https://www.eastrenfrewshire.gov.uk/media/1398/Integration-Joint-Board-Item-04-24-June-2020/pdf/Integration\\_Joint\\_Board\\_Item\\_04\\_-\\_24\\_June\\_2020.pdf?m=63728422771440000](https://www.eastrenfrewshire.gov.uk/media/1398/Integration-Joint-Board-Item-04-24-June-2020/pdf/Integration_Joint_Board_Item_04_-_24_June_2020.pdf?m=63728422771440000)

IJB Paper - 24 June 2020: East Renfrewshire HSCP COVID-19 Recovery Plan  
[https://www.eastrenfrewshire.gov.uk/media/1399/Integration-Joint-Board-Item-05-24-June-2020/pdf/Integration\\_Joint\\_Board\\_Item\\_05\\_-\\_24\\_June\\_2020.pdf?m=63728422772083000](https://www.eastrenfrewshire.gov.uk/media/1399/Integration-Joint-Board-Item-05-24-June-2020/pdf/Integration_Joint_Board_Item_05_-_24_June_2020.pdf?m=63728422772083000)

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board	
<b>Held on</b>	12 August 2020	
<b>Agenda Item</b>	10	
<b>Title</b>	Revenue Budget Monitoring Report 2020/21; position as at 30 June 2020	
<b>Summary</b>		
To provide the Integration Joint Board with financial monitoring information in relation to the revenue budget, as part of the agreed financial governance arrangements.		
<b>Presented by</b>	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)	
<b>Action Required</b>		
The Integration Joint Board is asked to note the projected outturn for the 2020/21 revenue budget.		
<b>Directions</b>	<b>Implications</b>	
<input type="checkbox"/> No Directions Required	<input checked="" type="checkbox"/> Finance	<input checked="" type="checkbox"/> Risk
<input type="checkbox"/> Directions to East Renfrewshire Council (ERC)	<input type="checkbox"/> Policy	<input type="checkbox"/> Legal
<input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)	<input type="checkbox"/> Workforce	<input type="checkbox"/> Infrastructure
<input checked="" type="checkbox"/> Directions to both ERC and NHSGGC	<input type="checkbox"/> Equalities	<input type="checkbox"/> Fairer Scotland Duty

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# **EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**12 August 2020**

**Report by Chief Financial Officer**

## **REVENUE BUDGET MONITORING REPORT**

### **PURPOSE OF REPORT**

1. To advise the Integration Joint Board of the projected outturn position of the 2020/21 revenue budget. This projection is based on information as at 30 June 2020.

### **RECOMMENDATIONS**

2. The Integration Joint Board is asked to note the projected outturn for the 2020/21 revenue budget.

### **BACKGROUND**

3. This report forms part of the regular reporting cycle for ensuring that the HSCP financial governance arrangements are maintained. This is the second report for the financial year 2020/21 and it is still relatively early in the financial year; projected costs against budget will continue to be refined as the year progresses.
4. The HSCP costs related to COVID-19 activity are reported to the Scottish Government via NHS Greater Glasgow and Clyde as the health boards are the leads on this reporting. The HSCP provides detailed estimated and actual costs across a number of categories including; staffing additional hours and absence cover for both the HSCP and our partner providers, sustainability of our partner providers, PPE (personal protective equipment) and other equipment, unachievable savings and prescribing impacts.
5. The costs included in the 2020/21 revenue budget are c£9 million and are reviewed on a monthly basis. There is no doubt that these costs will change as we move from high level assumptions, to more refined estimates as activity becomes clearer and through to actual costs incurred; the financial impacts and implications will continue to be reported to the IJB throughout the year.
6. The current estimated costs are included in our overall financial position and the bottom line is a nil impact as the current planning assumption is that all costs will be fully funded. The sustainability costs supporting the social care market are supported nationally by an agreed set of principles. Clearly there is a risk to the IJB if these costs are not funded in full.
7. The HSCP share of the £50 million allocated to date is £0.886 million and we have received a further £0.157m to contribute to the costs of fair work practices. Another tranche of funding, up to £50m, was announced on 3 August 2020 and our allocation will be confirmed in due course.

## REPORT

8. The consolidated budget for 2020/21, and projected outturn position is reported in detail at Appendix 1. This shows a potential projected overspend of £0.238 million against a full year budget of £125.8 million (0.19%).
9. This is a reduction in projected costs of £0.402 million since the very early projection based on the period 2 position to 31 May and the movement is a result of refining staffing and care package cost projections.
10. The IJB will note that the current year savings are included within the COVID-19 cost pressures given the lack of capacity to progress; it is important to our ongoing sustainability that we can commence work on savings delivery as we move towards recovery to ensure we start 2021/22 in a balanced position. As part of our recovery work our Change Programme will recommence and the project to support the redesign of overnight support along with establishing a working group to review the individual budget calculator are key to delivering our current year savings.
11. The consolidated budget and associated financial direction to our partners is detailed at Appendix 4. This is reported to each Integration Joint Board and reflects in year revisions to our funding contributions and associated directions.
12. The main projected variances are set out below and also show the movement since last reported. The projected costs are based on known care commitments, vacant posts and other supporting information as at 30 June 2020.
13. **Children & Families Public Protection £386k underspend;** The projected underspend is due mainly to the current level of staff turnover and the current expected costs of care packages; this is a further underspend of £207k.
14. **Adult Localities £133k underspend;** This reflects the current committed costs of care packages and staff turnover; this a reduction in projected costs of £397k mainly due to refinement of care costs expected for the year and some reallocation of cot to intensive services.
15. **Intensive Services £882k overspend;** The main cost pressure remains within Care at Home (both purchased and the in-house service) which is offset in part by staff turnover within day services; the cost increase of £359k reflects revised income projections and increased care costs. Detailed monitoring of Care at Home will take place throughout the year and it is expected that some costs may reduce as a result of recent recruitment.
16. **Recovery Services Mental Health & Addictions £11k overspend;** This reflects the current expected cost of care packages and staff turnover; an increase in costs of £33k.
17. **Prescribing Nil Variance;** The costs assumed to relate to COVID-19 are assumed fully funded. The costs associated with prescribing are being analysed in detail on a monthly basis and future reports will include more detail, there is usually a two to three month time lag in the consolidation of data.
18. The prescribing volumes show that in April 254k items were prescribed and in May this reduced to 233k items, however a number of drugs are in short supply and there have been price increases. A template is being finalised for prescribing reporting for IJBs and I would hope to include this in future reports.

19. **Finance & Resources £116k underspend;** this budget meets the cost of a number HSCP wide costs, including recharges for prior year pension costs and a prudent projection is included; the reduction in costs of £190k reflects turnover not reported at period 2.
20. **Primary Care Improvement Plan and Mental Health Action 15;** The usual financial monitoring appendices for these areas will be included in future reports as routine reporting is re-established for these funds. The IJB can take assurance that costs related to these functions are part of ring-fenced funding.
21. The current projected revenue budget overspend of £0.238 million will be funded from our budget savings reserve as required.
22. The reserves position is reported at Appendix 5 and is subject to audit, therefore provisional. The spending plans against reserves will be refined as we move through the year. There may be some slippage in projects as a result of capacity during the COVID-19 response.

## IMPLICATIONS OF THE PROPOSALS

### Finance

23. The savings agreed by the IJB as part of the budget set in March 2020 are set out at Appendix 6. Our capacity to deliver these savings in year is significantly impacted as we work through COVID-19. Progress on savings delivery along with any implications from our recovery programme will be reported to the IJB during the year.
24. Once the implications from COVID-19 are clearer our Medium-Term Financial plan will be reviewed.
25. The COVID-19 funding received to date £1.043 million with a further £25k expected to support the Chief Social Work Officers within each HSCP. A further funding announcement of up to £50 million was announced by the Scottish Government on 3 August.
26. We have made sustainability payments to our partner providers, in line with nationally agreed principles and we continue to review requests for additional costs incurred.

### Risk

27. The significant risk to the IJB is that all COVID-19 related costs are not funded in full. Our current cost estimate through to March 2021 is £9 million. The funding to date is just over £1 million and could around £2 million if our share of the new funding announced is similar to tranche 1.
28. There are several further risks which could impact on the current and future budget position; including:
  - Maintaining capacity to deliver our services
  - Achieving all existing savings on a recurring basis
  - The impact of COVID-19 on our partner providers and the care service market
  - Prescribing costs exceeding budget and reserve
  - Observation and Out of Area costs within Learning Disability Specialist Services
  - Brexit implications

## **DIRECTIONS**

29. The running budget reconciliation which forms part of financial directions to our partners is included at Appendix 4.
30. The report reflects a projected breakeven position after the potential contribution of £0.238 million from reserves for the year to 31 March 2020.

## **CONSULTATION AND PARTNERSHIP WORKING**

31. The Chief Financial Officer has consulted with our partners.
32. This revenue budget reflects the consolidation of funding from both East Renfrewshire Council and NHS Greater Glasgow and Clyde. The HSCP operates under the Financial Regulations as approved by the Performance and Audit Committee on 18 December 2015 and reviewed March 2020.

## **CONCLUSIONS**

33. Appendix 1 reports a potential projected overspend of £0.238 million for the year to 31 March 2021 being funded from reserves, as required. This is subject to all COVID-19 costs being fully funded. There is some discussion ongoing regarding the presentation of COVID-19 costs versus income expected; the presentation of the next report may be revised if required.

## **RECOMMENDATIONS**

34. The Integration Joint Board is asked to note the early indication of the projected outturn position of the 2020/21 revenue budget.

## **REPORT AUTHOR**

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

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0141 451 0749

3 August 2020

Chief Officer, IJB: Julie Murray

## **BACKGROUND PAPERS**

IJB 24.06.2020 – Revenue Budget Monitoring Report

[https://www.eastrenfrewshire.gov.uk/media/1403/Integration-Joint-Board-Item-09-24-June-2020/pdf/Integration\\_Joint\\_Board\\_Item\\_09\\_-\\_24\\_June\\_2020.pdf?m=637284227752900000](https://www.eastrenfrewshire.gov.uk/media/1403/Integration-Joint-Board-Item-09-24-June-2020/pdf/Integration_Joint_Board_Item_09_-_24_June_2020.pdf?m=637284227752900000)

IJB 18.03.2020 – Revenue Budget Monitoring Report

[https://www.eastrenfrewshire.gov.uk/media/1415/Integration-Joint-Board-Item-07-18-March-2020/pdf/Integration\\_Joint\\_Board\\_Item\\_07\\_-\\_18\\_March\\_2020.pdf?m=637284278222670000](https://www.eastrenfrewshire.gov.uk/media/1415/Integration-Joint-Board-Item-07-18-March-2020/pdf/Integration_Joint_Board_Item_07_-_18_March_2020.pdf?m=637284278222670000)

IJB 29.01.2020 – Revenue Budget Monitoring Report

[https://www.eastrenfrewshire.gov.uk/media/1437/Integration-Joint-Board-Item-15-29-January-2020/pdf/Integration\\_Joint\\_Board\\_Item\\_15\\_-\\_29\\_January\\_2020.pdf?m=637284294613870000](https://www.eastrenfrewshire.gov.uk/media/1437/Integration-Joint-Board-Item-15-29-January-2020/pdf/Integration_Joint_Board_Item_15_-_29_January_2020.pdf?m=637284294613870000)



## Consolidated Monitoring Report

## Projected Outturn Position to 31st March 2021

Objective Analysis	Full Year			
	Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Public Protection - Children & Families	12,511,000	12,125,000	386,000	3.09%
Public Protection - Criminal Justice	9,000	9,000	-	0.00%
Adult Localities Services				
Older People	19,103,000	19,196,000	(93,000)	(0.49%)
Physical & Sensory Disability	5,296,000	5,322,000	(26,000)	(0.49%)
Learning Disability - Community	13,860,000	13,608,000	252,000	1.82%
Learning Disability - Inpatients	8,432,000	8,412,000	20,000	0.24%
Augmentative and Alternative Communication	71,000	71,000	0	0.00%
Intensive Services	10,643,000	11,525,000	(882,000)	(8.29%)
Recovery Services - Mental Health	4,726,000	4,762,000	(36,000)	(0.76%)
Recovery Services - Addictions	1,503,000	1,478,000	25,000	1.66%
Family Health Services	24,110,000	24,110,000	0	0.00%
Prescribing	16,049,000	16,049,000	0	0.00%
Planning & Health Improvement	171,000	171,000	0	0.00%
Finance & Resources	9,283,000	9,167,000	116,000	1.25%
<b>Net Expenditure</b>	<b>125,767,000</b>	<b>126,005,000</b>	<b>(238,000)</b>	<b>(0.19%)</b>
<b>Contribution to / (from) Reserve</b>	<b>-</b>	<b>(238,000)</b>	<b>238,000</b>	<b>-</b>
<b>Net Expenditure</b>	<b>125,767,000</b>	<b>125,767,000</b>	<b>-</b>	<b>-</b>

Figures quoted as at 30 June 2020

<b>Net Contribution To / (From) Reserves</b>	<b>£</b> <b>(238,000)</b>
Analysed by Partner; NHS	224,000
Council	<u>(462,000)</u>
<b>Net Contribution To / (From) Reserves</b>	<b><u>(238,000)</u></b>

## Additional information - Adult Localities

Objective Analysis	Full Year			
	Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Localities Services - Barrhead	15,083,000	13,949,000	1,134,000	7.52%
Localities Services - Eastwood	23,176,000	24,177,000	(1,001,000)	(4.32%)
<b>Net Expenditure</b>	<b>38,259,000</b>	<b>38,126,000</b>	<b>133,000</b>	<b>0.35%</b>

## Council Monitoring Report

## Projected Outturn Position to 31st March 2021

Subjective Analysis	Full Year			
	Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Employee Costs	23,025,000	22,903,000	122,000	0.53%
Property Costs	944,000	966,000	(22,000)	(2.33%)
Supplies & Services	1,880,000	2,430,000	(550,000)	(29.26%)
Transport Costs	230,000	210,000	20,000	8.70%
Third Party Payments	38,933,000	45,676,000	(6,743,000)	(17.32%)
Support Services	2,354,000	2,354,000	-	0.00%
Income	(16,053,000)	(22,764,000)	6,711,000	(41.81%)
<b>Net Expenditure</b>	<b>51,313,000</b>	<b>51,775,000</b>	<b>(462,000)</b>	<b>(0.90%)</b>

<b>Contribution to / (from) Reserve</b>	-	<b>(462,000)</b>	<b>462,000</b>	-
<b>Net Expenditure</b>	<b>51,313,000</b>	<b>51,313,000</b>	-	-

Objective Analysis	Full Year			
	Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Public Protection - Children & Families	9,615,000	9,289,000	326,000	3.39%
Public Protection - Criminal Justice	9,000	9,000	-	0.00%
Adult Localities Services			-	
Older People	11,665,000	11,776,000	(111,000)	(0.95%)
Physical & Sensory Disability	4,708,000	4,734,000	(26,000)	(0.55%)
Learning Disability	8,145,000	7,948,000	197,000	2.42%
Intensive Services	9,669,000	10,551,000	(882,000)	(9.12%)
Recovery Services - Mental Health	1,547,000	1,703,000	(156,000)	(10.08%)
Recovery Services - Addictions	300,000	280,000	20,000	6.67%
Finance & Resources	5,655,000	5,485,000	170,000	3.01%
<b>Net Expenditure</b>	<b>51,313,000</b>	<b>51,775,000</b>	<b>(462,000)</b>	<b>(0.90%)</b>

<b>Contribution to / (from) Reserve</b>	-	<b>(462,000)</b>	<b>462,000</b>	
<b>Net Expenditure</b>	<b>51,313,000</b>	<b>51,313,000</b>	-	

## Notes

1 Figures quoted as at 30 June 2020

2 The projected underspend / (overspend) will be taken to/(from) reserves at year end.

3 Contribution To Reserves is made up of the following transfer;

Contribution from In Year Pressures Reserve	£ <u>(462,000)</u>
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## 4 Additional information - Adult Localities

Objective Analysis	Full Year			
	Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Localities Services - Barrhead	8,523,000	7,453,000	1,070,000	12.55%
Localities Services - Eastwood	15,995,000	17,005,000	(1,010,000)	(6.31%)
<b>Net Expenditure</b>	<b>24,518,000</b>	<b>24,458,000</b>	<b>60,000</b>	<b>(0.24%)</b>

## NHS Monitoring Report

## Projected Outturn Position to 31st March 2021

Subjective Analysis	Full Year			
	Full Year Budget	Projected Outturn	Variance (Over) / Under	Variance (Over) / Under
	£	£	£	%
Employee Costs	19,513,000	20,394,000	(881,000)	(4.51%)
Non-pay Expenditure	48,366,000	48,776,000	(410,000)	(0.85%)
Resource Transfer/Social Care Fund	10,896,000	10,896,000	-	0.00%
Income	(4,321,000)	(5,836,000)	1,515,000	(35.06%)
<b>Net Expenditure</b>	<b>74,454,000</b>	<b>74,230,000</b>	<b>224,000</b>	<b>0.30%</b>

<b>Contribution to / (from) Reserve</b>	-	<b>224,000</b>	<b>(224,000)</b>	-
<b>Net Expenditure</b>	<b>74,454,000</b>	<b>74,454,000</b>	-	-

Objective Analysis	Full Year			
	Full Year Budget	Projected Outturn	Variance (Over) / Under	Variance (Over) / Under
	£	£	£	%
Childrens Services	2,800,000	2,740,000	60,000	2.14%
Adult Community Services	4,241,000	4,223,000	18,000	0.42%
Learning Disability - Community	1,070,000	1,015,000	55,000	5.14%
Learning Disability - Inpatient	8,432,000	8,412,000	20,000	0.24%
Augmentative and Alternative Communication	71,000	71,000	-	0.00%
Family Health Services	24,110,000	24,110,000	-	0.00%
Prescribing	16,049,000	16,049,000	-	0.00%
Recovery Services - Mental Health	2,441,000	2,321,000	120,000	4.92%
Recovery Services - Addictions	713,000	708,000	5,000	0.70%
Planning & Health Improvement	171,000	171,000	-	0.00%
Finance & Resources	3,254,000	3,308,000	(54,000)	(1.66%)
Resource Transfer	11,102,000	11,102,000	-	0.00%
<b>Net Expenditure</b>	<b>74,454,000</b>	<b>74,230,000</b>	<b>224,000</b>	<b>0.30%</b>

<b>Contribution to / (from) Reserve</b>	-	<b>224,000</b>	<b>(224,000)</b>	<b>0.00%</b>
<b>Net Expenditure</b>	<b>74,454,000</b>	<b>74,454,000</b>	-	<b>0.00%</b>

## Notes

1 Figures quoted as at 30 June 2020

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

	£
Public Protection - Children & Families	96,000
Adult Localities Services	
Older People	3,197,000
Physical & Sensory Disability	588,000
Learning Disability	4,645,000
Intensive Services	974,000
Recovery Services - Mental Health	738,000
Recovery Services - Addictions	490,000
Finance & Resources	374,000
	<u>11,102,000</u>

Localities Services - Barrhead	4,785,000
Localities Services - Eastwood	3,645,000

3 Total Contribution to / (from) Reserves

£  
224,000

4 Additional information - Adult Localities

Objective Analysis	Full Year			
	Full Year Budget	Projected Outturn	Variance (Over) / Under	Variance (Over) / Under
	£	£	£	%
Localities Services - Barrhead	1,775,000	1,711,000	64,000	3.61%
Localities Services - Eastwood	3,536,000	3,527,000	9,000	0.25%
<b>Net Expenditure</b>	<b>5,311,000</b>	<b>5,238,000</b>	<b>73,000</b>	<b>1.37%</b>

**East Renfrewshire HSCP - Revenue Budget Monitoring 2019/20  
Budget Reconciliation & Directions**

**Appendix 4**

	<b>NHS £000</b>	<b>ERC £000</b>	<b>IJB £000</b>	<b>Total £000</b>
Funding Sources to the IJB				
1 Original Revenue Budget Contributions	72,135	51,313		123,448
Criminal Justice Grant Funded Expenditure		606		606
Criminal Justice Grant		(606)		(606)
FHS / GMS budget adjustments	1,147			1,147
Adjustments to opening recurring budget	129			129
Covid-19 Funding	886			886
Covid-19 Fair Work Funding	157			157
	<b>74,454</b>	<b>51,313</b>	<b>-</b>	<b>125,767</b>
Funding Outwith Revenue Contribution				
1 Housing Aids & Adaptations *		550		550
Set Aside Budget	31,674			31,674
<b>Total IJB Resources</b>	<b>106,128</b>	<b>51,863</b>	<b>-</b>	<b>157,991</b>
Directions to Partners				
Revenue Budget	74,454	51,313	-	125,767
Criminal Justice Grant Funded Expenditure		606		606
Criminal Justice Grant		(606)		(606)
2 Resource Transfer	(12,012)	12,012		0
Social Care Fund	(5,132)	5,132		0
Carers Information	58	(58)		0
	<b>57,368</b>	<b>68,399</b>	<b>-</b>	<b>125,767</b>
Housing Aids & Adaptations *		550		550
Set Aside Budget	31,674			31,674
	<b>89,042</b>	<b>68,949</b>	<b>-</b>	<b>157,991</b>

\* includes capital spend

1 Subject to final budget confirmation following UK budget and associated partner approval

2 Adjusted to show allocation of COVID funding received through NHSGGC contribution

Earmarked Reserves	Reserve Carry Forward to 2020/21*	2020/21 Projected spend	Projected balance 31/03/21	comment
	£	£	£	
<b>Scottish Government Funding</b>				
Mental Health - Action 15	0		0	
Alcohol & Drugs Partnership	83,000	83,000	0	Assume applied in year
Speech & Language Therapy			0	Applied in year
Barrhead Health & Care Centre			0	Applied in year
Primary Care Improvement	102,000	102,000	0	Assume applied in year
Primary Care Transition Fund	68,000	68,000	0	Assume applied in year
GP Premises Fund	78,000	78,000	0	Assume applied in year
<b>Scottish Government Funding</b>	<b>331,000</b>	<b>331,000</b>	<b>0</b>	
<b>Bridging Finance</b>				
Budget Savings Reserve	907,000	238,000	669,000	Assume £238k needed to meet projected overspend
In Year Pressures Reserve	271,000		271,000	To support Bonnyton House decant as required
Prescribing	222,000		222,000	To smooth prescribing pressures
<b>Bridging Finance</b>	<b>1,400,000</b>	<b>238,000</b>	<b>1,162,000</b>	
<b>Children &amp; Families</b>				
Residential Accommodation	460,000		460,000	To smooth the impact of high cost residential placements
Health Visitors	100,000	100,000	0	To support capacity and training
Home & Belonging	100,000	100,000	0	Assume applied in year, may be some slippage due to COVID
School Counselling	311,000	311,000	0	Assume applied in year, may be some slippage due to COVID
Continuing Care / Child Healthy Weight	50,000	50,000	0	Assume applied in year, may be some slippage due to COVID
<b>Children &amp; Families</b>	<b>1,021,000</b>	<b>561,000</b>	<b>460,000</b>	
<b>Transitional Funding</b>				
Learning Disability Specialist Services	1,039,000	50,000	989,000	To support redesign and use determined by community placement by other HSCPs. Will fund Challenging Behaviour Manager post for 2 years
<b>Total Transitional Funding</b>	<b>1,039,000</b>	<b>50,000</b>	<b>989,000</b>	
<b>Projects</b>				
District Nursing	100,000	100,000	0	To support capacity and training
Augmentative & Alternative Communication	101,000		101,000	As required to meet specialist equipment needs
<b>Projects</b>	<b>201,000</b>	<b>100,000</b>	<b>101,000</b>	
<b>Repairs &amp; Renewals</b>				
Repairs, Furniture and Specialist Equipment	100,000	30,000	70,000	Environmental works approved by IJB in 2019/20, delayed
<b>Repairs &amp; Renewals</b>	<b>100,000</b>	<b>30,000</b>	<b>70,000</b>	
<b>Capacity</b>				
Partnership Strategic Framework	150,000	50,000	100,000	To fund post. Timing of other use being reviewed
Organisational Learning & Development	92,000		92,000	Timing of use being reviewed
<b>Capacity</b>	<b>242,000</b>	<b>50,000</b>	<b>192,000</b>	
<b>Total All Earmarked Reserves</b>	<b>4,334,000</b>	<b>1,360,000</b>	<b>2,974,000</b>	
<b>General Reserves</b>				
East Renfrewshire Council	109,200	0	109,200	
NHSGCC	163,000	0	163,000	
<b>Total General Reserves</b>	<b>272,200</b>	<b>0</b>	<b>272,200</b>	
<b>Grand Total All Reserves</b>	<b>4,606,200</b>	<b>1,360,000</b>	<b>3,246,200</b>	

\* Provisional; subject to Audit

East Renfrewshire HSCP - Revenue Budget Monitoring 2020/21

Appendix 6

Analysis of Savings Delivery

Saving	Approved Saving 2020/21 Budget £	Projected Saving 2020/21 £	Comments
New savings to meet Social Care Pressures			
Adult Care packages	100	100	Reflected cost profile
Interim Income	100	100	Based on expected achievable income
Inflation revision	160	160	Saving expected from actual v's planned cost pressure
Discretionary spend moratorium	120	120	Saving assumed achieved. Review ongoing
Digital Efficiencies	250	250	Carried over from 2019/20, part of change programme
Individual Budget Calculator	1,664	1,664	Saving to be applied to all non residential care budgets
<b>Sub Total</b>	<b>2,394</b>	<b>2,394</b>	
New savings to meet NHS Pressures			
Non Pay Inflation	28	28	Saving assumed achieved. Review ongoing
LD Redesign - Non Recurring	100	100	Saving assumed achieved. Non Recurring in 2020/21.
<b>Sub Total</b>	<b>128</b>	<b>128</b>	
<b>Total HSCP Saving Challenge</b>	<b>2,522</b>	<b>2,522</b>	

Note; capacity to deliver savings impacted by COVID response.

**AGENDA ITEM No.11**

<b>Meeting of East Renfrewshire Integration Joint Board</b>	Integration Joint Board
<b>Held on</b>	12 August 2020
<b>Agenda Item</b>	11
<b>Title</b>	IJB Strategic Risk Register Annual Update 2020
<b>Summary</b>  This report provides the Integration Joint Board with the annual update on the IJB Strategic Risk Register.  The risk register is reported to all Performance and Audit Committee meetings.	
<b>Presented by</b>	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<b>Action Required</b>  The Integration Joint Board is asked to note and comment on the IJB Strategic Risk Register.	

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# EAST RENFREWSHIRE INTEGRATION JOINT BOARD

12 August 2020

## Report by Chief Financial Officer

### IJB STRATEGIC RISK REGISTER ANNUAL UPDATE

#### **PURPOSE OF REPORT**

1. This report provides the Integration Joint Board with an update on the IJB Strategic Risk Register.

#### **RECOMMENDATION**

2. The Integration Joint Board is asked to note and comment on the IJB Strategic Risk Register.

#### **BACKGROUND**

3. 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. The risk register uses a simple, clear and effective 4 x 4 likelihood and severity risk matrix as shown below.

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

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

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

## REPORT

5. The Performance and Audit Committee receive updates on the IJB Strategic Risk Register at each meeting. Any additions, deletions and changes to the register are reported to the Performance and Audit Committee detailing the reason for each change. A brief summary of the main changes are included in this report, however the full audit trail is detailed in the individual Performance and Audit Committee reports which are available online.
6. The IJB Strategic Risk Register was last presented to the Performance and Audit Committee in November 2019, as our Performance and Audit Committee meetings scheduled for March and June 2020 were suspended due to Covid-19.
7. Since the 2019 annual update, the Risk Policy and Strategy has been reviewed. The revised policy was approved by the endorsed by the Integration Joint Board in January 2020.
8. As part of the planned audit work for the Integration Joint Board, a review of risk management was carried out and a report detailing the recommendations and our response which was originally due to be presented to the Performance and Audit Committee in March will now be presented to the September meeting.

### Summary of main changes

Since last reported to the Integration Joint Board in August 2019:-

- All risk control measures have been reviewed and updated where necessary
- All risk scores have been reviewed with changes made to 2 risks;
  - *In-house Care at Home Service*: Reduced following the significant investment and improvement work undertaken by the service
  - *Scottish Child Abuse Inquiry*: Increased as the likelihood of identifying children who have been the victims of abuse is certain.
- Three risks have been added
  - *Failures within IT System*
  - *Covid-19 and Recovery*
  - *Analogue to Digital Switchover*
- No risks have been removed

### Red and significant risks

9. Risks which score between 11-16 and rated as High/Red/Unacceptable post-mitigation and those which the Health and Social Care Partnership Management Team considers significant are brought to the attention of the Performance and Audit Committee by an 'exception report'. There are two risk which are currently red post-mitigation:-

### Scottish Child Abuse Inquiry

10. Despite any proposed risk control measures, the score remains the same due to the historical nature of this risk. It should be noted that we have responded to the Section 21 notice however the Inquiry have stated that they may come back to us seeking further information – to mitigate this we have gone as far as we could with available records. There could be increased interest in subject access requests and possible enquiries/claims against the Council as a result of this work and national interest.

## Financial Sustainability

11. Financial Sustainability remains a high/red risk as last reported. This is still considered red post-mitigation reflecting the current economic climate, COVID uncertainty and potential Brexit implications.

## **CONCLUSIONS**

12. The Integration Joint Board will continue to receive an annual update on the IJB Strategic Risk Register. In future, this will be to the September meetings of the IJB in order to bring reporting in line with Performance and Audit Committee.

## **RECOMMENDATIONS**

13. The Integration Joint Board is asked to note and comment on the IJB Strategic Risk Register.

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

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July 2020

Chief Officer, IJB: Julie Murray

## **BACKGROUND PAPERS**

IJB Paper: 29.01.2020: 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)

PAC Paper: November 2019 - Strategic Risk Register Update

PAC Paper: September 2019 - Strategic Risk Register Update

PAC Paper: June 2019 - Strategic Risk Register Update

IJB Paper: August 2019 IJB Strategic Risk Register – Annual Update

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**STRATEGIC RISK REGISTER**

**DATE ORIGINATED: 09.11.2015**

**DATE REVIEWED: 22.07.2020**

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) Lxl		Likelihood (probability) L	Impact (Severity) I	Risk Score (LxI) Lxl
					11-16	HIGH										
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.  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	New Head of Recovery and Intensive Services taken on role of professional lead for social work practice within adult services.  ASP Improvement Plan in place.  Interim ASP Team set up to manage referrals and investigations during Covid-19.  Implemented revised procedures in line with coronavirus legislation  Regular reporting to COPP  HSCP training programme revised – focus on management oversight, partnership working and risk assessment.	<b>3</b>	<b>4</b>	<b>12</b>	Revise Quality assurance framework for ASP activity (being considered by APC)  Undertake evaluation of interim ASP team model to inform future model  Commence implement revised ASP procedures once ratified by ASP  Develop new schedule for performance reporting for adult services by  Prepare for forthcoming ASP inspections – Dec 2020  Senior Manager rota for chairing ASP to be implemented  Implement new risk management framework	31.08.2020  30.09.2020  01. 01.2020  31.12.2020  31.10.2020  31.02.2021  31/08/2020	<b>2</b>	<b>4</b>	<b>8</b>	Head of Adult Health and Social Care Localities / Chief Social Work Officer			

				<p>Rolling programme for refresher training for Council Officers and frontline managers</p> <p>Statutory inspection reports continue to highlight good practice and areas for improvement</p> <p>Self-evaluation and audit activity being undertaken by Lead Officer: Policy and Practice Development</p> <p>Revised structure of Council officer and managers forums</p> <p>Increased frequency of APC. Improved reporting schedule from sub-committees</p> <p>Single agency audit completed September 2019</p> <p>New quality assurance measures for monitoring ASP activity in registered services</p> <p>New Service Manager ASP commenced in post May 2020</p> <p>Professional supervision policy in place</p>			<p>(Signs of Safety) across adult services</p> <p>Implement new procedures (currently being devised) in relation to ASP, AWI and LSI (following approval at APC)</p> <p>Devise new screening tool for waiting lists</p> <p>Recruit external consultants to support improvement programme</p> <p>Lead Officer: Policy and Practice Development (Adult Services) undertaking self-evaluation and audit activity</p>	<p>31/10/2020</p> <p>31/10/2020</p> <p>ONGOING</p>			
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4.4	2	C	<b>Scottish Child Abuse Inquiry</b>								
			<p>Children accommodated by East Renfrewshire Council and legacy areas from 1930 may have been the victims of historical abuse whilst in foster care.</p> <p>Capacity to meet the demands of the S21 notice and the possibly increased demand of access to records and potential claims against the Council as Inquiry work progresses</p>	<p>Adult Protection Committee and Child Protection Committee have been sighted on these issues.</p> <p>Clear process for managing historical cases and protocol in place with Legal Services.</p> <p>Work completed to date on S21 notice as far as possible (likely to be further requests from enquiry team)</p> <p>Identified leads in HSCP working alongside legal services to manage the progress of any allegations/claims made</p>	4	3	12	<p>Debriefing session to take place for children's managers to identify key learning from this work and any implications for future staff briefings/ training etc.</p>	30.09.2020	4	3
4.1	3	C	<b>Child Protection, Adult protection and Multi-Agency Public Protection Arrangements</b>								
			<p>Inconsistent assessment and application of the public protection agenda (Child Protection, Adult Protection and Multi-Agency Public Protection Arrangements- MAPPAs) may result in risk of children or vulnerable adults being harmed and lead to non-compliance with legislative standards.</p>	<p>The operation of Child Protection Committee (CPC), Adult Protection Committee (APC) and MAPPAs meetings deal with strategic and practice issues.</p> <p>Service Manager ASP has responsibility for chairing Case Conferences and leading on self evaluation and audit activity.</p> <p>Risk assessment integral part of the assessment process</p> <p>Interim APC Chair in place</p> <p>New Service Manager ASP commenced in post May-2020</p> <p>Council officer and managers forums established</p>	2	4	8	<p>Develop new schedule for performance reporting for adult services.</p> <p>Review Quality assurance framework for ASP activity annually.</p> <p>Engagement with social workers not yet vetted to NPPV status. Increase in vetting coverage for criminal justice has improved but focus engagement consulting with non-vetted Social Workers for NPP status.</p> <p>Introduce rolling review of PVGs on 3 yearly basis. Consistent with Care Inspectorate regulations</p>	<p>13/11/2020</p> <p>31/10/2020</p> <p>31/12/2020</p> <p>31/03/2020</p>	1	4

			<p>Rolling programme of All front line managers provided with refresher training concerning statutory compliance.</p> <p>Partnership working is at an advanced stage with Police Scotland, NHS, Scottish Prison Service and other statutory partners.</p> <p>Job descriptions for statutory criminal justice social work posts in East Renfrewshire have been amended and candidates are required to be eligible to achieve NPPV (Non Police Personal Vetting) level 2 vetting status.</p> <p>Quarterly external audit of MAPPA cases in place.</p> <p>Multi Agency Risk Assessment Conference (MARAC) fully operational (05.03.19)</p> <p>"Safe Together" model implemented.</p> <p>PVG (Protecting Vulnerable Groups) scheme in place</p> <p>Increased communication and intelligence sharing with other statutory bodies implemented during Covid-19</p> <p>New Head of Recovery and Intensive Services taken on role of professional lead for social work practice within adult services.</p> <p>Data report and outcome report for children's services completed (COPP - May 2020)</p>			Strengthen reporting arrangements around SSSC registrations	31.03.2021			
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4	S	<b>Financial Sustainability</b>													
<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.</p> <p>2) Unable to influence future funding to recognise demographic and other pressures, or realise future efficiencies &amp; savings</p> <p>3) Implications of cessation of prescribing risk share and changes from hosted services funding structure.</p> <p>4) Financial Impacts relating to Brexit and other wider economic issues. Financial risks relate to staffing, purchase of care, drugs, equipment, consumables and food.</p> <p>5) Financial risks relating to COVID 19 There is a significant financial implication to the IJB if the costs of the response to the crisis are not fully funded. There may be longer term implications that may have financial impact.</p>		<p>The CFO provides regular financial advice and reporting to IJB, including savings progress</p> <p>Budget seminars are held with IJB Members</p> <p>The regular budget updates and medium term financial plan set out funding pressures and scenarios. The HSCP is involved in the budget setting process with each of our partners and tri-partite discussions take place with Partner engagement included in Strategic Improvement Action Plan</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 prescribing and hosted services.</p> <p>The use of earmarked reserves allows us to deal with prescribing volatility in any one year.</p> <p>Review of hosted services is ongoing and this is a longer term review across all six HSCPs within NHSGCC.</p> <p>Planning for Brexit implications taking place at both national and local levels.</p> <p>Covid-19 cost monitoring takes place monthly and informs our revenue reporting as well as reporting to the Scottish Government through NHSGCC</p>	3	4	12	<p>Conclude review of hosted service arrangements (indicative date)</p> <p>Plan for the 2021/22 budget</p> <p>Review and revise the medium term financial plan</p> <p>Continue to develop the tri-partite financial planning discussions with partners.</p> <p>Detailed financial planning and monitoring on COVID 19 is in place and costs are considered by the Scottish Government as part of the NHSGCC response.</p>	31/03/2021	31/03/2021	31/03/2021	31/13/2021	31/03/2021	3	4	12	Chief Financial Officer

5.2	5	C	<b>Failure of a Provider</b>									
			<p>Risk of failure of a key care provider, including care home, care at home and other care providers due to financial instability or significant care concerns. 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>We work with the Care Inspectorate to ensure robust action plans for improvement are in place</p> <p>Work with Scottish Government, Scotland Excel and Cosla on care home market.</p> <p>Consideration of balance of market share across external market providers</p> <p>Company Credit Health Checks undertaken</p> <p>Independent learning review concluded – action plan developed following recommendations and plan to disseminate learning agreed.</p>	4	3	12	<p>Implement learning from independent review of recent provider failure</p> <p>Work with providers at risk to agree phased and managed approach to closure if required</p>	31/10/2020	Ongoing	3	3
	6	C	<b>Access to Primary Care</b>									
			<p>Insufficient primary care practice list capacity due to increased population size. This is a result of new housing developments which include family housing, increasing the number of children in the area and specific developments for older people.</p> <p>Inability to recruit/cover posts resulting in poor access for local residents.</p>	<p>Stage 2 bid submitted for Newton Mearns hub as part of the GGC capital prioritisation process. Awaiting feedback</p> <p>Primary Care Improvement Plan agreed by IJB</p> <p>Local practices are supported to manage list size by encouraging patients from out with the practice's contracted catchment area to register with a GP more local to them.</p> <p>Work with practices to maximise premises capacity to enable them to extend primary care team</p> <p>Back scanning completed for practices to ensure all East Renfrewshire practices notes are scanned to free up space.</p>	3	3	9	<p>Work with planning department to consider impact and mitigation for new housing developments</p> <p>Meet regularly with 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.</p> <p>Within clusters explore space availability within practices to support the extending Primary Care team as outlined in the PCIP.</p>	Ongoing	Ongoing	Ongoing	3

5.1	7	C	<b>Increase in Older population</b>									
			<p>Increase in 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.</p>	<p>Scottish Government providing additional resources for Health and Social Care with emphasis on managing demographic pressures.</p> <p>Outcome Delivery Plan (ODP) and HSCP strategic plans build on foundation of wider council prevention and early intervention strategy for older people.</p> <p>Agile working for HSCP employees improved efficiency.</p> <p>Annual budget setting takes account of demographic projections.</p> <p>Partnership with various professional agencies and community/public to support hospital admission avoidance and safe hospital discharge for older people.</p> <p>Rollout of Talking Points commenced May 19</p>	4	4	16	<p>Conclude redesign work focusing on rehabilitation and frailty pathways</p> <p>Further rollout of Talking Points as part of Community Led Support programme diverting people to community resources and building own assets.</p> <p>Continue Council funding for demographic cost pressures</p> <p>Unscheduled Care Action Group to take forward agreed unscheduled care commissioning programme of activity - Financial Framework to be agreed.</p>	31/03/2021	Ongoing	Ongoing	4
8		C	<b>Workforce Planning and Change</b>									
			<p>Lack of appropriately skilled workforce due to the combination of loss of experience from retirement of ageing workforce and changes to registration and job requirements leads to a reduction in service levels and inability to deliver redesigns in line with Strategic Plan requirements. Use of temporary contracts as mitigation for financial</p>	<p>2019/20 workforce plan update complete.</p> <p>All intensive services staff made permanent (late 2019).</p> <p>Workforce planning group established (although on hold due to Covid-19)</p> <p>HSCP management team actively review of all request to recruit.</p> <p>Overarching workforce workstream in our recovery plan (as we have had some capacity issues resulting from</p>	3	4	12	<p>Develop Workforce Statement/Workforce Plan as required (<i>recent discussion paper from SG indicates the Workforce Plan for 2020-23 will be replaced by a short workforce template for 20/21 and 3 year plan postponed to March 2022 – 25.</i>)</p> <p>Restart Workforce Planning Group following receipt of SG guidance</p>	DATE TBA PENDING SG ADVICE	DATE TBA PENDING SG ADVICE	2	4

			uncertainty impacts on ability to recruit and retain staff.	Covid-19 and our response to the emergency).				<p>Improve partnership workforce planning working with providers in line with developing strategic commissioning plan</p> <p>Develop workforce information to include data on staff with long term health conditions to better understand the impact of covid-19 on service delivery</p> <p>Continue to provide personalised supports to the workforce in relation to trauma experienced during covid-19</p>	31/03/2021					
									Ongoing					
									Ongoing					
<b>2.2</b>	<b>10</b>	<b>C</b>	<b>Increase in children &amp; adults with additional support needs</b>											
			Increase in the number of children and adults with additional support requirements leading to a rise in demand on services.	<p>Appointed Advanced Practitioner to improve practice across adult and children services in preparing young people with additional support needs for adulthood</p> <p>Analysis of demographic changes. Increased financial forecasting.</p> <p>Children's Services redesign implemented</p> <p>Inclusive Support redesign completed and implemented (April 2019)</p> <p>Education Resource Group to manage specialist resources and admission to specialist provision</p> <p>Phase 1 Fit for the Future Redesign implemented</p> <p>The Resource Allocation Group (RAG) has strengthened its membership to include an educational psychologist and occupational therapist</p>					<p>HSCP/Education to meet to look at strengthening transition arrangements</p> <p>Council continues to contribute to funding to demographic cost pressures</p>	31/10/2020				
					<b>4</b>	<b>3</b>	<b>12</b>		Ongoing		<b>4</b>	<b>2</b>	<b>8</b>	Chief Officer HSCP

5.3	11	C	<b>In-House Care at Home Service</b>										
			<p>Significant pressures and lack of service capacity (vacancies and absence) impacts on service delivery and quality standards</p> <p>Impact on service users and carers</p> <p>Reputational risk to HSCP and Council</p> <p>Risk of enforcement action should we fail to meet the Care Inspectorate requirements</p>	<p>Ongoing transfer of some packages to external providers to ensure capacity</p> <p>Increased resource to support robust absence management</p> <p>Recruitment campaign complete - additional care at home staff recruited.</p> <p>Medication policy in place</p> <p>Medication management training embedded in rolling training programme</p> <p>Oversight Board chaired by Chief Executive established.</p> <p>Improvement Task Force overseeing phase 2 of improvement activity re-established</p> <p>Regular updates being provided to CI</p> <p>Performance management of reviewing activity in place through weekly reporting</p> <p>Co-location during Covid-19 to Care at Home Hub has had Positive impact on relationships and performance</p> <p>Embedded full time Pharmacy resource within the service (Jul-20)</p>	3	4	12	<p>Increase level of quality assurance.</p> <p>Roll out medication management training to remaining staff.</p> <p>New permanent Registered Manager to commence in post</p> <p>Arrangements for singular base for Care at Home to be agreed (and allow for resolution of longstanding telecommunication issues for the service)</p> <p>Re-mobilise the service redesign activity</p>	<p>01.09.2020</p> <p>31.11.2020</p> <p>10.08.2020</p> <p>31.08.2020</p> <p>31.08.2020</p>	2	3	6	Chief Officer HSCP
		N	<b>Failures within IT System</b>										
			<p>Critical information not been received due to failures in IT system</p> <p>Emails from outside the East Renfrewshire domain have been blocked or receipt failed due to ERC and</p>	<p>Specific email addresses can be added to whitelist if required</p> <p>Emails can be manually released</p> <p>Phase 1 of ICT Clearswift Review (looking at setup of rules and configuration within the email gateway solution) concluded 14.4.20 with changes to rules that should reduce</p>	3	2	6	<p>Undertake analysis of referral source and destination mapping, to ensure information can be shared with ICT mailboxes and specific senders / emails prioritised, should an issue arise</p>	<p>31.10.2020</p>	2	2	4	IT Business Partner

			3rd party technical system issues.	some of the technical complexity with regards to email blocking.				Conclusion of ICT Clearswift Review (Phase 2) on the Clearswift Gateway. infrastructure	TBC				
		<b>N</b>	<b>COVID19 &amp; RECOVERY</b>										
			Emergence of a pandemic disease with potential to significantly impact our workforce, supply chain, demand for and availability of services, IT, accommodation, and resultant impact on financial and service planning.	<p>Business Continuity and Operational Recovery Plans are in place.</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>Weekly care home staff testing and surveillance testing if residents with daily calls to oversee.</p> <p>Resilience Management Team established (currently stood down) although regular sit rep reporting remains in place</p> <p>Agile working capability for majority of staff</p> <p>Recovery Steering Group established with 7 key workstreams; Governance, Accommodation, Workforce, Partner Organisations, IT, PPE and Change Programme</p> <p>Interim ASP Team established and core group of staff identified to oversee CP and MAPPA statutory functions.</p> <p>Risk assessment and shielding pathways and procedures in place to identify and support our most vulnerable people</p> <p>Increased awareness raising/ campaigns for vulnerable groups</p>				<p>Further scoping of accommodation and resource requirements in relation to adult vaccinations over the winter period.</p> <p>Reintroduction of services as outlined in Operational Recovery Plan linked to the Scottish Government Routemap. This includes planned changes to accommodation and activity supported by recovery plans.</p> <p>Regular sit rep reporting identifies changes in response and recovery and identifies escalations.</p> <p>Weekly recovery meeting to review progress.</p> <p>SMT focus on recovery</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>				
					<b>4</b>	<b>3</b>	<b>12</b>			<b>3</b>	<b>3</b>	<b>9</b>	

			<p>Increased communication and intelligence sharing with partners other statutory bodies implemented.</p> <p>Ongoing engagement and reporting with partner providers including supporting Care Homes.</p> <p>Revised Initial Contact Team procedures to alleviate pressures at 'front door'.</p> <p>Redeployment of staff to support critical functions.</p> <p>Infection control procedures and arrangements for PPE in place. PPE Lead linking with local partner groups and national Hub working group.</p> <p>Monthly Covid-19 cost monitoring informs our revenue reporting as well as reporting to the Scottish Government through NHSGCC</p> <p>All operating procedures and accommodation for Community Assessment Centre (currently closed) but clinical space being maintained.</p>									
		<b>N</b>	<b>ANALOGUE TO DIGITAL SWITCHOVER</b>									
			<p>Vulnerable adults left without access to Telecare as a means of support due to accelerated switch from analogue to digital phone lines and associated financial implications.</p>	<p>Programme board established and programme team currently being recruited to take forward the transition to analogue to digital</p> <p>HSCP representation on programme board</p> <p>Analogue to digital implementation plan</p>	<b>3</b>	<b>3</b>	<b>9</b>	<p>Programme board to ensure a functional central system capable of handling digital technology is implemented in suitable timeframe.</p> <p>There is a Capital Project with our partner East Renfrewshire Council to manage replacement of analogue devices and peripherals within people's houses.</p>	31.03.2022	<b>2</b>	<b>3</b>	<b>6</b>

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	<b>Integration Joint Board</b>								
<b>Held on</b>	<b>12 August 2020</b>								
<b>Agenda Item</b>	12								
<b>Title</b>	<b>AMENDMENT TO MEETINGS CALENDAR AND APPOINTMENT TO PERFORMANCE AND AUDIT COMMITTEE</b>								
<b>Summary:</b>									
Proposed changes to the approved meetings calendar and appointment of replacement NHSGGC member on the Performance and Audit Committee.									
<b>Presented by</b>	Eamonn Daly, Democratic Services Manager, East Renfrewshire Council								
<b>Action required:</b>									
<b>That the Integration Joint Board approves the amended meeting dates and appoints a replacement NHSGGC member to the Performance and Audit Committee.</b>									
Implications checklist – check box if applicable and include detail in report									
Financial	<input type="checkbox"/>	HR	<input type="checkbox"/>	Legal	<input type="checkbox"/>	Equalities	<input type="checkbox"/>	Sustainability	<input type="checkbox"/>
Policy	<input type="checkbox"/>	ICT	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**12 August 2020**

**Report by Chief Officer**

**AMENDMENTS TO 2021 MEETINGS CALENDAR AND APPOINTMENT TO  
PERFORMANCE AND AUDIT COMMITTEE**

**PURPOSE OF REPORT**

1. To seek approval of changes to the approved meetings calendar and the appointment of a replacement NHSGGC member on the Performance and Audit Committee following the change in NHSGGC Board representation on the IJB.

**RECOMMENDATION**

2. That the Integration Joint Board:-
- (a) approves changes to the meetings calendar; and
  - (b) considers the appointment of a replacement NHSGGC member on the Performance and Audit Committee.

**REPORT**

3. At the meeting of the IJB on 24 June 2020 the following meeting dates for 2021 were approved.

Wednesday 27 January  
Wednesday 17 March  
Wednesday 12 May  
Wednesday 23 June (draft accounts)  
Wednesday 11 August  
Wednesday 22 September (including annual accounts)  
Wednesday 24 November

4. One of the challenges in drawing up a calendar is trying to take account of the fact that NHSGGC members sit on more than 1 IJB and there may be clashes between different IJBs. This has from time to time seem John Matthews in particular not being able to attend the IJB as he was at the Glasgow IJB meeting. It was reported that a copy of the meetings calendar would be sent to Glasgow IJB to try and minimize the number of clashes.

5. On 30 June NHSGGC Board reviewed representation on IJBs with both Susan Brimelow and John Matthews leaving East Renfrewshire IJB, and being replaced by Jacqueline Forbes and Amina Khan. Prior to the changes, 2 NHS members of the IJB were also members of the Glasgow IJB. However as a result of the changes by NHSGGC Board there are now 3 NHS members on both IJBs. This makes it even more important to try and ensure that meeting clashes are reduced.

6. Discussions have taken place between the Chief Financial Officers of both IJBs to try and reach an accommodation. As a result of these discussions the following amendments to the approved 2021 calendar are proposed:-

**Approved date**

**Amended date**

Wednesday 27 January 2021 at 10am

Wednesday 3 February 2021 at 10am

Wednesday 23 June at 2021 at 10am

Wednesday 23 June at 2.30pm

**Performance and Audit Committee**

7. With the Chair of the IJB transferring to Councillor Bamforth in accordance with the Integration Scheme, Anne-Marie Monaghan takes over the position of Chair of the Performance and Audit Committee. Councillors Bamforth and O’Kane remain on the committee as the Council’s representatives. With the departure of John Matthews, the IJB needs to consider the appointment of a replacement NHSGGC member. The quorum for meetings of the committee is 3 with at least 1 member from the Council and NHSGGC. Whilst the committee could still meet with only 1 NHSGGC member it increases the risk of a meeting being inquorate if the remaining NHSGGC member is unable to attend.

**FINANCE AND EFFICIENCY**

8. There are no financial implications arising from this report.

**CONSULTATION AND PARTNERSHIP WORKING**

9. Further discussions have taken place with Glasgow colleagues following the IJB membership changes made by NHSGGC Board.

**IMPLICATIONS OF THE REPORT**

10. There are no implications in respect of staffing, property, legal IT, equalities or sustainability arising from this report.

**CONCLUSIONS**

11. The amended 2021 dates will help to reduce the number of clashes between meetings of the East Renfrewshire and Glasgow IJBs. The additional meeting in 2020 will ensure members have adequate time to scrutinize the reports being presented. Appointing a replacement for John Matthews on the Performance and Audit Committee will minimize the potential for a meeting to be inquorate.

**RECOMMENDATION**

12. That the Integration Joint Board:-

- (a) approves changes to the meetings calendar; and
- (b) considers the appointment of a replacement NHSGGC member on the Performance and Audit Committee.

**REPORT AUTHOR AND PERSON TO CONTACT**

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BACKGROUND PAPERS - NONE

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