

Date: 11 September 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 23 September 2020 at 10.30 am**. Please note the change in the time of the meeting.

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 23 SEPTEMBER AT 10.30am**

VIRTUAL MEETING VIA MICROSOFT TEAMS

AGENDA

- 1. Apologies for absence.**
- 2. Declarations of Interest.**
- 3. Minute of meeting held on 12 August 2020 (copy attached, pages 5 - 14).**
- 4. Matters Arising (copy attached, pages 15 - 18).**
- 5. Rolling Action Log (copy attached, pages 19 - 22).**
- 6. Audited Annual Report and Accounts (copy attached).**
- 7. East Renfrewshire HSCP Annual Performance Report 2019-2020 (copy attached, pages 23 - 98).**
- 8. Clinical and Care Governance Annual Report 2019-20 (copy attached, pages 99 -128).**
- 9. Chief Social Work Officer Annual Report 2019-20 (copy attached, pages 129 - 176).**
- 10. East Renfrewshire Alcohol and Drugs Plan 2020-2023 (copy attached, pages 177 -190).**
- 11. Charging for Services 2021-22 (copy attached, pages 191 - 196).**
- 12. Revenue Budget Monitoring 2020-21 – Position as at 31 July 2020 (copy attached, pages 197 - 210).**
- 13. Family Wellbeing Service: Success Criteria 1 (copy attached, pages 211 - 218).**
- 14. Recovery Update (copy attached).**
- 15. Date of Next Meeting: Wednesday 25 November 2020 at 10.30am.**

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**Minute of virtual meeting of the
East Renfrewshire
Integration Joint Board
held at 10.00 am on 12 August 2020**

PRESENT

Councillor Caroline Bamforth	East Renfrewshire Council (Chair)
Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
Councillor Tony Buchanan	East Renfrewshire Council
Dr Angela Campbell	Consultant Physician in Medicine for the Elderly
Dr Claire Fisher	Clinical Director
Jacqueline Forbes	NHS Greater Glasgow and Clyde Board
Anne Marie Kennedy	Third Sector representative
Amina Khan	NHS Greater Glasgow and Clyde Board
Heather Molloy	Scottish Care representative
Dr Deirdre McCormick	Chief Nurse
Andrew McCready	Staff Side representative (NHS)
Geoff Mohamed	Carers' representative
Anne-Marie Monaghan	NHS Greater Glasgow and Clyde Board (Vice-Chair)
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)
Flavia Tudoreanu	NHS Greater Glasgow and Clyde Board

IN ATTENDANCE

Eamonn Daly	Democratic Services Manager, East Renfrewshire Council
Aimee Macdonald	Audit Scotland
Fiona McBride	Assistant Director - Children 1 st
Kay McIntosh	Strategic Services Development Manager, East Renfrewshire Council
Lee McLaughlin	Head of Recovery and Intensive Services
Candy Millard	Head of Adult Health and Social Care Localities
Gayle Smart	Localities Intensive Services Manager

APOLOGIES FOR ABSENCE

Ian Smith	Staff Side representative (ERC)
Councillor Jim Swift	East Renfrewshire Council

INTRODUCTORY REMARKS

1. Councillor Bamforth welcomed Jacqueline Forbes and Amina Khan who had replaced Susan Brimelow and John Matthews as two of the four NHSGGC Board representatives on the IJB, and Lee McLaughlin the recently appointed Head of Recovery and Intensive Services, who were attending their first meeting. She also suggested that the Board write to Susan Brimelow and John Matthews to thank them for their contribution during their time as members. This was agreed.

DECLARATIONS OF INTEREST

2. There were no declarations of interest intimated.

MINUTES OF PREVIOUS MEETINGS

3. The Board considered and approved the Minute of the meeting held on 24 June 2020 subject to the following.

- That it be clarified that the Board was meeting “virtually” at present; and
- Item 9 – Revenue Budget Monitoring Report 2020/21 – that in the second last paragraph “finding” be replaced with “funding”.

MATTERS ARISING

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

Having heard the Chief Officer explain that depending on progress it was possible that the draft Unscheduled Care Strategic Commissioning Plan would be presented to the November meeting, the Board noted the report.

ROLLING ACTION LOG

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

Referring to the draft Unscheduled Care Strategic Commissioning Plan and to the comments in respect of the engagement process, Ms Monaghan sought further details of the engagement strategy to be used and whether there was a plan in place.

In reply it was explained that the Strategic Planning Group would resume in September with development of the engagement strategy to be part of the group’s work. In addition it was explained that work was taking place across the 6 partnerships in the Greater Glasgow area to ensure there was a high-level consistency of approach to engagement.

The Board noted the report.

EAST RENFREWSHIRE FAMILY WELLBEING SERVICE – ANNUAL REPORT 2019-20

6. The Board considered a report by the Head of Public Protection and Children’s Services (Chief Social Work Officer) presenting the 2019-20 Annual Report for the Family Wellbeing Service (FWS).

The report explained that the Annual Report related to the delivery and expansion of the FWS to support children and young people who presented with a range of significant mental and emotional wellbeing concerns.

The report further explained that Children 1st had delivered the service as a two-year pilot project, commencing in September 2017, originally taking direct referrals from two predetermined GP practices. This had expanded to six GP practices during Year Two of the project and from June 2019, with increased investment from both the HSCP and the Robertson Trust, a phased implementation across all remaining GP practices in East Renfrewshire had started. At the time of the report being written it was noted that 12 GP practices were part of the project with work ongoing with the remaining three practices not yet involved.

Having set out the background to the establishment and development of the service including details of the staff structure, and having referred to the support provided by the service during lockdown, the Annual Report, a copy of which was appended, provided a range of statistical information relative to the operation of the service including the ages and genders of those using the service; education/employment status; and referral outcomes.

The Annual Report also contained some of the positive feedback received from families as well as information from the external evaluation of the service carried out by the Scottish Recovery Network, and concluded by providing details of the future development proposals for the service.

The Head of Public Protection and Children's Services was heard further on the background to the establishment of the service in East Renfrewshire including project funding, highlighting that this report covered the first year of funding from the Robertson Trust. She paid tribute to the way in which the staff in the service had mobilised during the COVID-19 pandemic and had continued to support children in challenging circumstances.

Councillor Bamforth then welcomed to the meeting Fiona McBride, Assistant Director, Children 1st, who was heard further on the information contained in the Annual Report. She explained how lockdown had been a period of significant concern and challenge for the service. Maintaining contact with service users had been a key objective and this had been achieved not only for those existing service users but also those on the waiting list, staff taking advantage of not spending time travelling to make online contact with new service users.

Examples of the variety of support methods and details of some of the partnership working that had taken place having been provided, comment was also made on the reduced number of referrals it being noted that whilst GP referrals during lockdown had reduced with possible reasons being given, the easing of lockdown had seen an increase.

Ms McBride also commented on progress against success criteria explaining that data collection was still ongoing, suggesting that a supplementary report be submitted to the Board once the data had been gathered and collated. She also made reference to the positive impacts of support expressed by service users and reflected in the report, before providing examples of some group support arrangements in place and commenting on moves to reintroduce in-person meetings and the imminent restart of the volunteer recruitment programme.

Councillor Bamforth having welcomed the suggestion for a supplementary report to be submitted, Ms McBride was then heard in response to questions from members of the Board.

Responding to Ms Monaghan she highlighted the close working relationship between FWS and the Child and Adolescent Mental Health Service (CAMHS) explaining that one of the reasons for establishing FWS was to reduce pressure on CAMHS. However she confirmed that if people referred to FWS were recognised as requiring to be referred to CAMHS this would happen.

NOT YET ENDORSED AS A CORRECT RECORD

In respect of data gathering and analysis the Head of Public Protection and Children's Services explained that due to recent service delivery changes in CAMHS the service access evaluation criteria in place had changed.

Ms Tudoreanu suggested the need for more emphasis on the benefits for parents from their children accessing the service. She also referred to the project funding and questioned the longer-term sustainability of the project. In reply the Head of Public Protection and Children's Services explained that all potential funding opportunities were being explored.

Ms Forbes questioned what happened when families did not respond to contact in response to which it was explained that these contact attempts were both repeated and long-term but that in the event they proved to be unsuccessful the referring GP was notified to allow them to follow up with the family. If other statutory agencies were involved with the family then they were also notified.

Ms Khan also questioned the reasons why three GP practices had not engaged with FWS and what was being done; whether the innovative contact methods introduced would continue, and also sought clarification on the upper age limit for service access. In reply, Ms McBride explained that the lack of participation by three practices was primarily to do with their capacity but that work to support the practices to engage with the project was ongoing. She confirmed that virtual contact methods would be retained and developed and explained that the upper age for service access was 18 but that once an individual was involved with the service access and engagement would continue until the service was no longer required, even if the person was above the service access age limit.

Councillor Buchanan welcomed the report. He recognised the need for data but suggested that the lack of it should not prevent the need for services where it was clear they were needed. He suggested that the information in the report clearly showed that the service was a success and that due to the nature of the service it could in some cases be several years before the preventive benefits of access to the service became apparent.

The Board noted:-

- (a) the Family Wellbeing Service 2019-20 Annual Report;
- (b) the increasing numbers of children and families accessing the service during that period and the positive progress made against the agreed success criteria;
- (c) the further expansion and upscale activity undertaken;
- (d) the service's response to the COVID-19 pandemic; and
- (e) that a supplementary report with further data gathered from GPs would be presented to a future meeting.

LOCAL CHILD POVERTY ACTION REPORT

7. The Board took up consideration of a report by the Chief Officer seeking approval and publication of the second East Renfrewshire Local Child Poverty Action Report (LCPAR).

The report referred to the targets for the Scottish Government to significantly reduce child poverty in Scotland by 2030 as set out in the Child Poverty (Scotland) Act 2017. It explained that the Act also placed a duty on health boards and local authorities to work together to develop, produce and deliver LCPARs. The reports were expected to represent a step change in action to address child poverty at a local level, describing both work already under way as well as outlining future plans to tackle child poverty.

It was explained that the first LCPAR had been published in June 2019 with the Year 2 report, a copy of which accompanied the report, anticipated to have been published in June to comply with the 30 June publication deadline. However in view of the COVID-19 pandemic the Scottish Government and COSLA had issued joint guidance in May recognising that a delay in publication was likely as officers normally involved in preparing the report would be engaged in other more immediate matters.

Having referred to the work of community planning partners to address child poverty locally which was seen as being integral to the visions for young people set out in the Community Plan, and to the various plans and strategies of which tackling child poverty was a key element, the report highlighted some of the notable key successes in the LCPAR. These included the design by the Local Employability Partnership of an employability programme specifically focussed on low-income in-work parents. The programme would also provide financial wellbeing support, childcare advice, training and other support to support parents to increase their household income. Other successes included over 700 successful Best Start Grants payments to parents in East Renfrewshire equating to over £222,000 of payments, and a successful pilot 'Grab and Go' breakfast initiative at Barrhead High School which saw free breakfasts provided to all pupils.

Some of the areas for development and proposed next steps were also highlighted in the report, including 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; and the establishment of a partnership approach to a sustainable community-led response to food poverty.

Commenting on the report, the Chief Officer referred to the ongoing work across community planning partnerships to establish high-level objectives and to the view that the numbers of children in poverty would increase due to the impact of the pandemic.

Acknowledging the likely impact of the pandemic on levels of poverty, Ms Monaghan enquired if an easy read version of the report would be produced. She also emphasised the importance of involving at the early stage in the preparation of the report those experiencing poverty and making sure that their views on the services they wanted were taken into account in service planning.

In reply the Strategic Services Development Manager confirmed that plans were in place to produce an easy read version of the plan. Furthermore she acknowledged the importance of involving people with lived experience in the preparation of the report highlighting the lived experience feedback sections in each chapter of the report.

Welcoming the report Ms Tudoreanu suggested that as this was the Year 2 report it would have been useful to include reference to the comparator data from the Year 1 report as well as providing trend information. In reply the Strategic Services Development Manager confirmed that trend information could be provided in future years' reports. She also referred to the detailed data annexed to the report.

Councillor O'Kane noted the influence of COVID-19 on the report and that looking towards the Year 3 report it would be important to capture details of and reflect the positive work that had been carried out, particularly that in local communities, to help tackle COVID-related poverty.

In reply the Strategic Services Development Manager confirmed that next year's report would include details of work with local communities and projects initiated by communities themselves.

Welcoming the report Councillor Buchanan suggested that whilst it did not cover the period of the pandemic it did highlight the strength of community planning arrangements in East Renfrewshire which enabled the Council and partners to move quickly to support families when the pandemic struck. He outlined the steps the Council was taking in moving from recovery to renewal and supported the comments about not losing sight of the positive work that had come out of tackling the pandemic.

Councillor Bamforth having referred to the positive work of both existing and newly established community groups during the pandemic and the importance of harnessing this in moving forward, the Board approved the Child Poverty Action Report and its publication to meet the requirements of the Child Poverty (Scotland) Act 2017.

RECOVERY UPDATE

8. Under reference to the Minute of the previous meeting (Item 5 refers) the Board considered a report by the Chief Officer providing an update on the HSCP's recovery planning and remobilisation of services following the emergency phase of the COVID-19 pandemic.

The report explained that the COVID-19 Recovery Plan presented to the Board on 24 June set out the key principles to which the HSCP would work during the recovery phase. It further explained that the Recovery Planning Steering Group was overseeing activity and the 8 thematic workstreams in the plan to support decision-making in relation to cross-cutting issues such as accommodation, workforce issues, PPE and ICT requirements. Furthermore, services had developed and continued to review their own recovery plans setting out local milestones which had been collated into the HSCP-wide Operational Recovery Plan.

Thereafter the report provided a summary position statement for each service as at the end of July including an assessment of the percentage at which services were operating as well as identifying those areas of operation still to restart. In addition a position statement on the 8 supporting workstreams was also included.

The Head of Finance and Resources (Chief Financial Officer) explained that the Recovery Planning Steering Group was meeting on a weekly basis. She clarified that the percentage estimates provided by services in respect of their return to full service delivery was not based on any empirical evidence but on the professional view of the officers. The steering group was trying to revise guidance to make estimates consistent.

In response to questions from Ms Monaghan the Chief Officer confirmed that there were no COVID-19 cases in any care homes in the area, this having been the case for some time.

Responding to Ms Tudoreanu who sought an update on the percentage figure in respect of the PPE workstream, the Head of Finance and Resources (Chief Financial Officer) clarified that plans sat behind each workstream and that some actions taken since the report had been prepared had seen the percentage figure increase. However it had to be borne in mind that in some cases decisions taken at a national level would have an impact on local ability to move forward. She also commented on the low percentage figure for day services. In the circumstances bringing vulnerable people into buildings was not appropriate at the present time and staff had been redeployed to support people at home.

The Head of Adult Health and Social Care Localities also explained that a health board wide group was looking at planning for continued delivery of the flu vaccine at home and that further information on this could be presented to the Board once available.

Ms Monaghan suggested it was important not to lose sight of any potential opportunities for changes in service delivery methods in future, particularly in respect of Self-Directed Support in addition to which Ms Molloy commended the partnership working between the HSCP and local care homes with the sector feeling it had been well supported in East Renfrewshire.

The Board noted the report.

At this point the Chair agreed to reorder the remaining business to facilitate the conduct of the meeting.

REVENUE BUDGET MONITORING REPORT

9. Under reference to the Minute of the previous meeting (Item 9 refers) the Board considered a report by the Chief Financial Officer providing details of the projected outturn position of the 2020/21 revenue budget as at 30 June 2020.

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 partner providers, sustainability of partner providers, PPE (personal protective equipment) and other equipment, unachievable savings and prescribing impacts.

It was noted that costs included in the 2020/21 revenue budget were c£9 million and were reviewed monthly. 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.

It was further noted that the HSCP share of the £50 million allocated to date by the Scottish Government was £0.886 million with a further £50 million allocation announced on 3 August.

Thereafter it was reported that against a full year budget of £125.8 million there was a projected overspend of £0.238 million (0.19%), with details of the projected overspend being provided. It was noted that this was a reduction in projected costs of £0.402 million since the very early projection based on the position to 31 May with the movement being as a result of refining staffing and care package cost projections.

The report explained that given the lack of capacity to progress current year savings due to responding to the pandemic, these savings had been included in the COVID-19 cost pressures. The need to commence work as soon as possible on savings delivery was emphasised. To drive this, the change programme would recommence with both the project to support the redesign of overnight support and the establishment of a working group to review the individual budget calculator being key to deliver current year's savings.

Comment was then made on the main projected variances, it being noted that 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, this being subject to all COVID-19 costs being fully funded, and explained that discussions regarding the presentation of COVID-19 costs versus income expected were ongoing which may lead to a revision of the format of the next report to the Board.

The Head of Finance and Resources (Chief Financial Officer) having explained that the HSCP share of the second Scottish Government allocation of funds had been confirmed at £0.443million, she was then heard in response to questions. Acknowledging the need for some costs to be realigned and the likelihood of the Scottish Government asking for the HSCP to offset costs, she confirmed in response to Ms Molloy that sustainability/void payments would continue to September and discussions about the form of the payments was ongoing. She also confirmed local payment arrangements.

Councillor Buchanan having commented on the ongoing discussions The Board noted the report.

CARE AT HOME PRESENTATION

10. Councillor Bamforth introduced Gayle Smart, Localities Intensive Services Manager, who made a presentation to the Board on the work both to continue service delivery during the COVID-19 pandemic and also to deliver improvements in the Care at Home service in response to the Care Inspectorate requirements.

Commenting specifically on the service response to COVID-19, it was explained that a risk based approach had been taken to the management of step down services. A total of 167 services had been stepped down or reduced with 47 subsequently restarted. Reference was also made to the transition to desktop care planning and reviews. It was noted that the service had risen to the challenge well with extremely positive feedback from both service users and families.

The Localities Intensive Services Manager was then heard on the significant progress being made in delivering the Care Inspectorate requirements.

Details of the ongoing recruitment of staff were provided it being noted that an additional 52 staff had been appointed.

Responding to Ms Tudoreanu, the Localities Intensive Services Manager explained that good progress was being made in delivering on all 9 Care Inspectorate requirements. Recruitment had initially been challenging but support from the Council's communications team had help achieve a good level of recruitment.

Ms Monaghan was heard to welcome the presentation. She reminded the Board this had been an area of concern for some time now and it was reassuring to see the positive progress that was being made, particularly in such difficult circumstances. In respect of desktop planning and reviews, she questioned how service users and families were involved.

The Localities Intensive Services Manager explained the process that was used in response to which Ms Monaghan suggested that continuing contact and involvement with service users and families was essential. In response the Chief Officer referred to the new weekly welfare calls that had been introduced with every service user being contacted. This new service would continue. Mrs Kennedy welcomed the introduction and continuation of the new welfare calls stating that it was often small things like this that made a big difference for service users.

Councillor Buchanan having welcomed the progress that had been made and the very positive comments made by service users Councillor Bamforth thanked the Localities Intensive Services Manager for the presentation.

IJB STRATEGIC RISK REGISTER ANNUAL UPDATE 2020

11. The Board considered a report by the Chief Officer submitting for consideration the annual update on the IJB Strategic Risk Register, a copy of which accompanied the report. It was noted that normally the risk register would be considered by the Performance and Audit Committee prior to being considered by the Board. However due to COVID-19 the committee had not met since November 2019 and so the register was being submitted directly to the Board.

The report explained that since the 2019 annual update the Risk Policy and Strategy had been reviewed and endorsed by the Board in January 2020. A review of risk management had been carried out as part of the planned audit work for the Board. This was due to be presented to the Performance and Audit Committee in March. This report would now be presented to the committee in September.

The report then summarised the main changes to the register since last reported to the Board in August 2019. In addition the report explained that those risks that scored between 11-16 on the risk matrix post-mitigation, as well as those the management team considered to be significant, were brought to the attention of the committee by way of an exception report. Thereafter, the report highlighted those risks identified as red (high), these being in relation to the Scottish Child Abuse Inquiry, and financial sustainability, and explained why these risks were considered as red even after mitigation.

Having heard the Head of Finance and Resources further on the main changes and new actions contained in the register, and respond to a point of clarification from Ms Forbes, the Board noted the Strategic Risk Register Annual Update 2020.

AMENDMENT TO MEETINGS CALENDAR AND APPOINTMENT TO PERFORMANCE AND AUDIT COMMITTEE

12. Under reference to the Minute of the previous meeting (Item 12 refers) the Board considered a report by the Chief Officer seeking agreement to amend meeting dates and times to minimise clashes with the Glasgow IJB and also seeking the nomination of a replacement NHSGGC member on the Performance and Audit Committee following the departure of John Matthews from the Board.

The Board:-

- (a) approved the following amendments to the meetings calendar:-

Approved date	Amended date
27 January 2021 at 10am	3 February 2021 at 10am
23 June 2021 at 10am	23 June at 2.30 pm

- (b) agreed that Jacqueline Forbes be appointed to the Performance and Audit Committee

DATE OF NEXT MEETING.

13. It was noted that the next meeting of the Integration Joint Board would be held on Wednesday 23 September 2020 at 10.30 am.

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	23 September 2020
Agenda Item	4
Title	Matters Arising
Summary	
<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 12 August 2020.</p>	
Presented by	Julie Murray, Chief Officer
Action Required	
<p>Integration Joint Board members are asked to note the contents of the report.</p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

23 September 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 12 August 2020.

RECOMMENDATION

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

REPORT

Local Child Poverty Action Annual Report

3. The Local Child Poverty Action Report is currently being designed to a format which will be easier to read and more publically accessible. Once the design work is complete and the new version is available, it will be published on the Council website to meet the requirements of the Act. There is no fixed deadline set by the Scottish Government at this time. NHS Greater Glasgow and Clyde have acknowledged that East Renfrewshire is the first of their local authorities to have a report approved and commended this.

RECOMMENDATIONS

4. 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

September 2020

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	23 September 2020
Agenda Item	5
Title	Rolling Action Log
Summary	
The attached rolling action log details all open actions, and those which have been completed since the last meeting on 12 September 2020.	
Presented by	Julie Murray, Chief Officer
Action Required	
Integration Joint Board members are asked to note progress.	

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ACTION LOG: Integration Joint Board (IJB)

September 2020

Action No	Date	Item No	Item Name	Action	Responsible Officer	Status	Due / Closed	Progress Update /Outcome
295	12-Aug-20	6	East Renfrewshire Family Wellbeing Service – Annual Report	Submit a supplementary report to the September meeting of the Board with updated information on the number of people presenting to GPs after receiving support from FWS.	CSWO	CLOSED	23.09.20	Paper included with September IJB papers. Paper is for information only.
294	12-Aug-20	7	Local Child Poverty Action Annual Report	The Board approved the report and arrangements should now be made for it to be published to meet the requirements of the Child Poverty (Scotland) Act 2017		OPEN		Design work being undertaken prior to publication. Update in Matters Arising paper (23.09.20)
293	12-Aug-20	8	Recovery Update	Submit information on the flu vaccination plans to a future meeting.	HAHSL	CLOSED		Update included in Recovery paper included with September IJB papers. Paper is for information only
292	12-Aug-20	9	Care at Home Presentation	Make arrangements for copies of the presentation to be circulated to members of the Board.	DSM	CLOSED	12.08.2020	Circulated to IJB Members 12.08.2020
291	12-Aug-20	12	Amendment to Meetings Calendar and appointment to Performance and Audit Committee	The Board approved the amendments to calendar and new appointments - Make the necessary arrangements to book the meeting rooms, and update the web as appropriate.	DSM	CLOSED		Updated
290	24-Jun-20	6	Clinical and Care Governance Update	Submit the Clinical and Care Governance Annual Report to the August IJB meeting	CN	CLOSED	23.09.20	Included on Sep IJB Agenda
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	CLOSED	23.09.20	Included on Sep IJB Agenda
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	CLOSED	23.09.20	Included on Sep IJB Agenda
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
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	As we return to normal business Direction letters will be issued
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
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 delivered at August IJB meeting. Next update scheduled for November.
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.

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
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

Abbreviations

CCGC Clinical and Care Governance Committee
 IJB Integration Joint Board
 PAC Performance and Audit Committee

BSM Business Support Manager
 CD Clinical Director
 CO Chief Officer
 CFO Chief Finance Officer
 CN Chief Nurse
 CSWO Chief Social Work Officer

DSM Democratic Service Manager
 GCO Governance and Compliance Officer
 HAHSL Head of Adult Health and Social Care Localities
 SPPPO Senior Policy, Planning & Performance Officer



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board	
Held on	23 September 2020	
Agenda Item	6	
Title	Annual Report and Accounts 2019/20	
Summary		
<p>This report provides an overview of the audited annual report and accounts for the IJB covering the period 1 April 2019 to 31 March 2020.</p> <p>The Chair of the Performance and Audit Committee will advise the Integration Joint Board of any audit findings following the meeting of that Committee, held immediately before this meeting.</p>		
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)	
Action Required		
<p>The Integration Joint Board is requested to;</p> <ul style="list-style-type: none"> ▪ Approve the audited annual report and accounts as remitted from the Performance and Audit Committee. ▪ Authorise the Chair, Chief Officer and Chief Financial Officer to accept and sign the annual report and accounts on behalf of the Integration Joint Board. 		
Directions	Implications	
<input checked="" type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<input type="checkbox"/> Finance <input type="checkbox"/> Risk <input type="checkbox"/> Policy <input type="checkbox"/> Legal <input type="checkbox"/> Workforce <input type="checkbox"/> Infrastructure <input type="checkbox"/> Equalities <input type="checkbox"/> Fairer Scotland Duty	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

23 September 2020

Report by Chief Financial Officer

ANNUAL REPORT AND ACCOUNTS 2019/20

PURPOSE OF REPORT

1. The purpose of this report is to provide an overview of the audited annual report and accounts for the IJB covering the period 1 April 2019 to 31 March 2020. The Chair of the Performance and Audit Committee will advise the IJB of any audit findings.

RECOMMENDATION

2. The Integration Joint Board is requested to;
 - Approve the audited annual report and accounts as remitted from the Performance and Audit Committee.
 - Authorise the Chair, Chief Officer and Chief Financial Officer to accept and sign the annual report and accounts on behalf of the Integration Joint Board.

BACKGROUND

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

REPORT

6. The annual report and accounts for the IJB have been prepared in accordance with appropriate legislation and guidance. An overview of the process and legislative requirements was set out in the previous report of 24 June 2020, presented to the IJB.
7. The annual report and accounts are included at Appendix 1 and, following approval, will be signed via the Audit Scotland electronic process.
8. It is a statutory requirement that the Chief Financial Officer (being the proper officer) provide Audit Scotland with a letter of representation (ISA580) along with the annual report and accounts. This is included at Appendix 2.

9. The Chief Internal Auditor's Annual Audit Report 2019/20 and the proposed Audit Scotland Annual Report confirm the annual report and accounts are unqualified, meet legislative requirements, meet good practice, have no significant issues and confirm sound financial governance.
10. The Chair of the Performance and Audit Committee will update the IJB of the key points from that committee and presentation of audit findings.
11. The key messages from Audit Scotland are summarised:
 - The annual accounts are unqualified and present a true and fair view of the financial position of the IJB.
 - Whilst Covid-19 created additional challenges for both IJB and audit staff the key dates in the financial reporting process have been met.
 - The IJB has appropriate and effective financial management arrangements in place to support financial monitoring, reporting and decision making.
 - We have a medium-term financial plan, although this needs to be updated for future COVID-19 implications.
 - We have a cost tracker in place to anticipate and monitor the financial challenges of COVID-19.
 - The IJB has appropriate governance arrangements in place that support the scrutiny of decisions by the board.
 - COVID-19 significantly impacted on governance arrangements and the changes made to address this by the IJB were appropriate and effective.
 - The IJB can demonstrate a range of arrangements to ensure best value.
 - The IJB has effective arrangements for managing performance and monitoring progress towards strategic objectives
12. The action plan included at Appendix 1 of Audit Scotland's Annual Audit Report details two recommendations and shows our response and timescales for these. In summary these relate to:
 - Financial sustainability; our free reserves are less than our optimum policy level, our Medium Term Financial Plan needs to be updated to reflect COVID-19 implications and work is required (system wide) to implement the set aside commissioning arrangements
 - Address the findings relating to the Care at Home service; progress continues to be reported to the IJB until the follow up inspection (expected in Spring 2020 and delayed due to COVID-19).
13. As with prior years I will report progress against the 2 action plan items to the Performance and Audit Committee.
14. The unaudited annual report and accounts reported an operational overspend of £0.185 million and this has been revised to £0.065 million for the audited accounts. The reduction in spend related to £0.043 million of adjustments identified by the accountancy team (accrual revisions picked up through routine review) and £0.077 million identified as part of audit testing work (invoice paid in full in 2019/20 should have been adjusted to reflect part prepayment).
15. Whilst the adjustments above were not material to the accounts I chose to adjust for these to show full transparency. I will build in additional checks to our internal process to mitigate in future.

16. We have made some minor changes to wording within the document, added information on best value, infographics and included a reconciliation table to demonstrate the operational position to the Comprehensive Income & Expenditure Statement. As advised in June we have revised the performance section within the management commentary to reflect how we report performance during the year.
17. As a reminder the main messages from the annual report and accounts are:
- We ended the year with an overspend of £0.065 million which was 0.05% of our budget for the year.
 - We used £1.643 million reserves during the year (£1.578 million planned and £0.065 million to meet the operational overspend).
 - We added £1.032 million to our reserves during the year.
18. The Chief Financial Officer would like to extend thanks to the HSCP Finance and Performance teams and to colleagues in both partner organisations acknowledging the detailed work of all staff involved in the year end closure process for all operational spend within the partnership. Particular thanks to Mandy Mallon and Jennifer Clinton for their input.
19. Similarly I would like to thank colleagues from Audit Scotland for their work and co-operation during the audit.

IMPLICATIONS OF THE PROPOSALS

Finance

20. All financial implications are included in the report above

Risk

21. Financial sustainability remains a wider risk to the IJB.

Legal

22. All legislative requirements have been met.

Workforce

23. None

Infrastructure

24. None

Equalities

25. None

Policy

26. None

Fairer Scotland Duty

27. None

DIRECTIONS

28. There are no directions as part of this report. The associated directions relate to the budget directions issued.

CONCLUSIONS

29. The accounts were properly prepared with a good standard of working papers and finance staff provided a good support to the audit team which ensured the audit process ran smoothly.

RECOMMENDATIONS

30. The Integration Joint Board is requested to:

- Approve the audited annual report and accounts as remitted from the Performance and Audit Committee.
- Authorise the Chair, Chief Officer and Chief Financial Officer to accept and sign the annual report and accounts on behalf of the Integration Joint Board.

REPORT AUTHOR AND PERSON TO CONTACT

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

Lesley.Bairden@eastrenfrewshire.gov.uk

0141 451 0746

17 September 2020

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB Paper 24.06.2020

https://www.eastrenfrewshire.gov.uk/media/1402/Integration-Joint-Board-Item-08-24-June-2020/pdf/Integration_Joint_Board_Item_08_-_24_June_2020.pdf?m=637284227743970000

Annual Report and Accounts 2019/19

<https://www.eastrenfrewshire.gov.uk/media/290/Annual-report-and-accounts/pdf/annual-report-accounts-2018-19.pdf?m=637279207255500000>



East Renfrewshire Health and Social Care Partnership Integration Joint Board

Annual Report and Accounts 2019/20

Covering the period 1st April 2019 to 31st March 2020

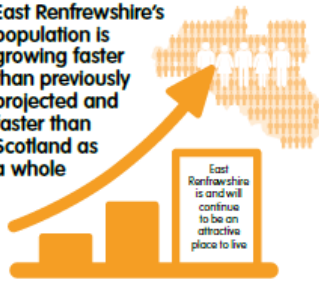


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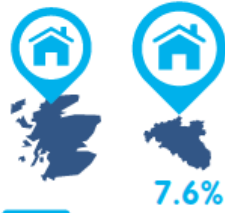
About East Renfrewshire – Some Facts and Figures

EAST RENFREWSHIRE'S POPULATION – WHAT TO EXPECT

East Renfrewshire's population is growing faster than previously projected and faster than Scotland as a whole



The number of people living in East Renfrewshire is projected to increase by 7.6% by the year 2026 (this is higher than previous projection of 5.7% and higher than the Scottish rate of growth of 3.2%)



The Increase in East Renfrewshire will be as a result of more people moving into the area

The two age groups that will grow the most



Children and young people aged 0-15 years

Older people aged 65+

East Renfrewshire currently has the highest average household size in Scotland, but this is projected to shrink as more people live alone



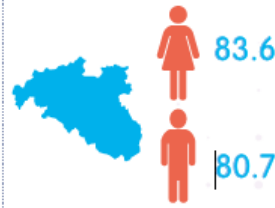
More houses are being built for three reasons



Demand will increase for services

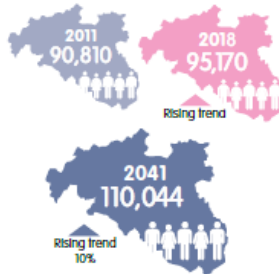


East Renfrewshire has the highest life expectancy at birth for both females and males in Scotland.

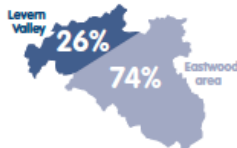


EAST RENFREWSHIRE FAST FACTS

Population



Where people live



Life expectancy



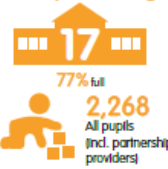
New homes planned up to 2029



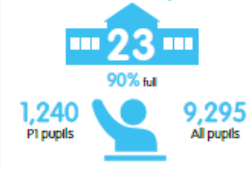
Economically active 70%
Economically inactive 30%



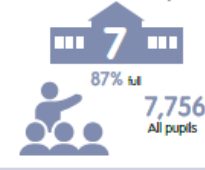
Early learning



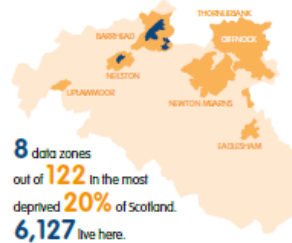
Primary



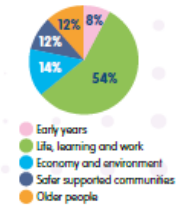
Secondary



ASN School



How money is spent on our key priorities



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

Our population is growing and reached 95,530 in 2019. Geographically 75% of the population live in the Eastwood area (Busby, Clarkston and Williamwood, Eaglesham and Waterfoot, Giffnock, Netherlee and Stamperland, Newton Mearns and Thornliebank) and 25% live in the Barrhead area (Barrhead, Neilston and Uplawmoor).

East Renfrewshire has an increasing ageing population with a 42% increase in the number of residents aged 85 years and over during the last decade.



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Management Commentary

Introduction

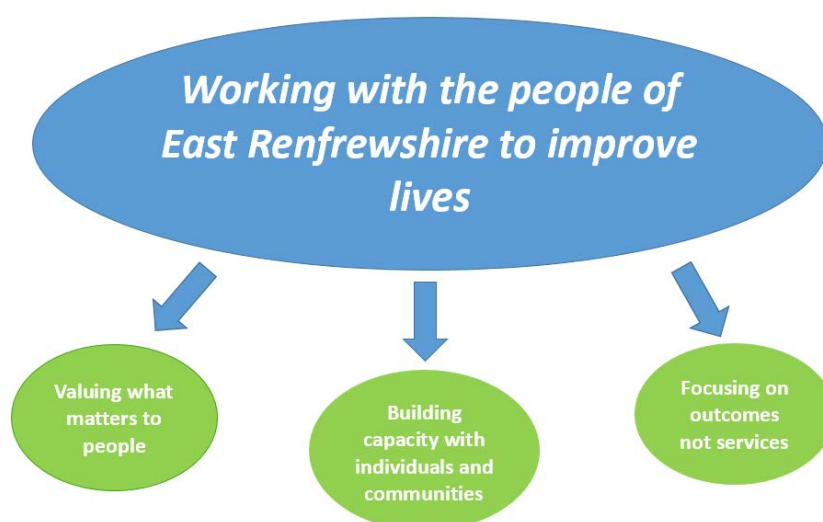
East Renfrewshire Integration Joint Board, hereafter known as the IJB, was legally established on 27th June 2015 and has the strategic responsibility for planning and delivery of health and social care services for the residents of East Renfrewshire. The vision, values, priorities and outcomes we aim to achieve through working together with the people of East Renfrewshire to improve lives are set out in our [HSCP Strategic Plan 2018-21](#).

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

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

Our current Strategic Plan covers the period 2018-21 and sets out how we will achieve the National Health and Wellbeing Outcomes prescribed by Scottish Ministers.

Our partnership vision statement is:



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

Strategic Plan 2018-21

With our Strategic Planning Group, we reviewed our first strategic plan, which covered 2015-18 and considered the progress we made and refreshed our strategic priorities for the three years 2018 to 2021. Our plan recognises that to meet future demand pressures from our continued growing and ageing population we needed to change the way we work together. We need to extend beyond traditional health and social care services to a wider partnership with our local people, carers, volunteers, community organisations, providers and community planners.

We need to look at the wider factors that impact on people's health and wellbeing, including activity, housing and employment; supporting people to be well, independent and connected to their communities.

Our emergency admissions, out of hours pressures and carers stress show us we still have work to do to get the right systems in place. We believe that by putting in the right amount of support at the right time we can improve lives, reduce demand and allow us to focus resource on those most in need.

We have identified seven strategic priorities where we need to make significant change or investment during the course of the plan:

- Working together with **children, young people and their families** to improve mental wellbeing
- Working together with our community planning partners on new **community justice** pathways that support people to stop offending and rebuild lives
- Working together with our communities that experience shorter life expectancy and **poorer health** to improve their wellbeing
- Working together with people to maintain their **independence at home** and in their local community
- Working together with people who experience **mental ill-health** to support them on their journey to recovery
- Working together with our colleagues in primary and acute care to care for people to reduce **unplanned admissions** to hospital
- Working together with **people who care for someone** ensuring they are able to exercise choice and control in relation to their caring activities

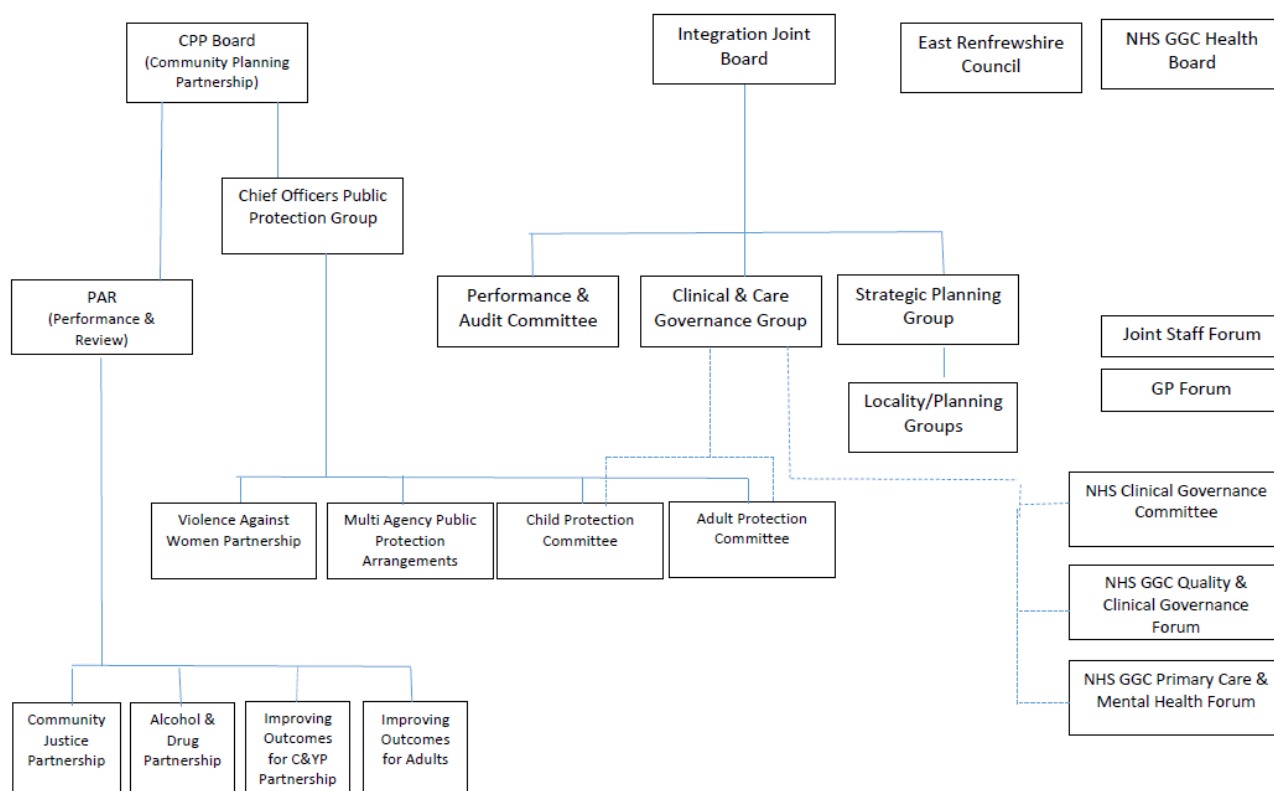
We have two localities: Eastwood and Barrhead. This best reflects hospital flows with the Eastwood Locality linking to the South Glasgow hospitals and the Barrhead Locality to the Royal Alexandra Hospital in Paisley. Our management and service structure is designed around our localities and we continue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

Our strategic plan is due to be updated for 2021-24. We will review our strategic needs assessment in light of the COVID-19 outbreak and develop our strategic priorities taking into

account the lessons learned and changing needs and expectations of local residents. The recovery work programme we have implemented will help inform our planning.

The IJB continues to build on the long standing delivery of integrated health and care services within East Renfrewshire and the continued and valued partnership working with our community, the third, voluntary and independent sectors, facilitating the successful operation of the Health and Social Care Partnership, hereafter known as the HSCP.

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



Key Messages and Operational Highlights for 2019/20

This has been a year that falls into two clear parts; pre and post the COVID-19 pandemic. For the majority of the year we operated as normal however the final month of 2019/20 saw the unprecedented challenge of the COVID-19 pandemic. During the emergency, staff across the HSCP have responded with incredible resilience, commitment and creativity. Within a very short space of time teams have established and adapted to new ways of working and have continued to maintain and deliver safe and effective services to our residents. There has been innovation and collaborative working across the health and care system including with external stakeholders and our communities. Our commentary below relates to activity under each of the seven strategic outcomes in our Strategic Plan as well as cross-cutting themes.

Children and families

Over the course of 2019/20 our Family Wellbeing Service has continued to deliver positive outcomes for children and young people with mental health and emotional wellbeing concerns. The service is delivered by Children 1st, providing holistic support through our GP surgeries.

Our commitment to supporting the mental wellbeing of our young people is reflected in our concerted work to reducing waiting times for specialist Child and Adolescent Mental Health Services. Steady improvement over 2019 saw us exceeding our waiting time target by the end of the calendar year (91% in December 2019). However, there was some drop-off in the first months of 2020 and significant reduction in March. Performance sits at 78% for 2019/20, up 4% on the previous year.

We have continued to deliver successful parenting programmes throughout the year with improved outcomes for the families taking part. Improved outcomes for children after parent/carer completion of parenting programmes rose to 96% in 2019/20, up by 7% on the previous year and well ahead of target (84%).

Our corporate parenting activity has resulted in strong performance in our support for looked after children, including: no delays in making permanence decisions; minimal placement moves; improving numeracy and literacy for our looked after children; levels of participation higher than national average.

Our Champions Board, a forum to support and improve the experience of young people in East Renfrewshire, provides opportunities for looked after young children giving them the chance to influence policy and practice in services affecting them.

During the COVID-19 outbreak we have adapted our services and have been able to continue supporting the most vulnerable families and individuals in East Renfrewshire, particularly those where there are public/child protection issues or an identified risk of harm. Throughout the emergency, staff have been maintaining contact with the families and individuals we support through telephone, online and visits as appropriate.

Criminal justice

We continue to support people completing Community Payback Orders, with a high volume of people reporting that they have been helped to address their offending behaviour; 100% of those responding to our client survey said they were helped in this regard. Throughout 2019/20 we have supported people subject to Orders through Work EastRen and the Strive preparation for work programme.

We have seen significant improvement and are ahead of our target for the personal outcomes of women who have been victims of domestic abuse. Improved outcomes for victims of abuse improved by 15% on the previous year to 79% (target 70%).

During the COVID-19 emergency we targeted our services on our most vulnerable residents. Our recovery planning is prioritising the re-establishment and strengthening of our approaches to public protection.

Supporting health and wellbeing

We continue to support training and development initiatives to raise awareness and support health improvement. Topics included sexual health, breastfeeding awareness, Childsmile training, mental health, breast health, bowel screening, cancer screening for people with additional needs, second hand smoke training, smokefree training, health behaviour change training and physical activity.

We maintained our Healthy Working Lives Gold award and ensured a focus on those with the greatest inequalities within HSCP and Council staff groups. Our partnership work with East Renfrewshire Culture and Leisure Trust was very successful in developing a range of health and wellbeing opportunities for older people. One of our Paths for All local projects, Rouken Glen Walkers were delighted to receive their award for Health Walk of the Year 2019. Chair based exercise groups for older adults are also provided in Barrhead and other venues.

Supporting independence at home

Our services continue to support older people and people with long-term conditions to live independently and well. We continue to meet our target for the proportion of adults who agreed that they are supported to live as independently as possible.

We continue to expand our telecare services to support people to live independently and we have 88% of people reporting that their “living where / as you want to live” needs are being met.

Whilst 69% of those people receiving reablement have seen their care needs reduce and 58% of people aged over 65 with intensive needs are receiving care in their own home. However, we know we need to do more work in our Care at Home service. During 2019/20 we have been implementing our improvement plan to support this

Our Talking Points engagement events have been working well and demonstrating strong collaborative working with our third and community sector partners. The Talking Points Partnership consists of over 50 local organisations and representatives from the statutory sector.

Care at Home

Following an inspection of our Care at Home services published in February 2019, an improvement delivery plan was put in place allowing the service to focus on activity to meet

Care Inspectorate requirements. A follow-up inspection published in November 2019 and subsequent discussion with the Care Inspectorate highlighted that we would not meet their requirements in a sustainable way unless we embarked on a programme of service redesign for Care at Home.

The programme of improvement and redesign is being led by the Chief Officer and the Programme Oversight Board, chaired by the Council Chief Executive. Membership is drawn from staff side, HR and legal services as well as the Chief Officer, who is the Programme Sponsor, the Chief Social Work Officer, the Intensive Services Manager and a programme manager.

The key element in relation to meeting and sustaining the Care Inspectorate requirements is to review frontline management roles to ensure our home care support workers are properly supported in the community. This will require the development of new roles that are fit for the future. Continuity of support for our service users will require further recruitment and a change to work patterns to ensure the staffing resource is better aligned to meet service demand.

Supporting people experiencing mental ill-health and supporting recovery from addiction

In partnership with the third sector we have established peer support in mental health and addictions. In 2019/20 we recruited new posts funded by Action 15 and Alcohol and Drugs Partnership money and have undertaken a review of the support being delivered by our Mental Health Officers.

The number of acute mental health bed days has reduced as a result of implementing the Bipolar Disorder Framework. We have commissioned Bipolar Scotland to deliver a self-management programme from East Renfrewshire.

Our addiction services have exceeded target, seen an increase in the proportion of service users moving from drug treatment to recovery and recorded our seconded highest performance; 16% (target 10%). The number of acute mental health bed days has reduced as a result of implementing the Bipolar Disorder Framework. We have commissioned Bipolar Scotland to deliver a self-management programme from East Renfrewshire.

Reducing unplanned hospital care

Our new Hospital to Home team has been delivering targeted interventions to ensure local residents have the support they need in place to return home after a stay in hospital.

We continue to perform very well with delayed discharges, averaging around 3-4 per month. The volume of hospital bed days lost to delayed discharges has reduced by 21% compared with 2018/19. We perform well on emergency admissions to hospital which have remained stable during 2019/20. However, latest data shows our number of Accident & Emergency attendances showed a small increase to February 2020.

Our plans for Bonnyton House are to provide dedicated beds for intensive rehabilitation and end of life care, alongside our residential and respite provision. Our residents were temporarily decanted in January 2020 to a property we have rented in Crossmyloof to allow a significant refurbishment of Bonnyton House to take place. This refurbishment project was impacted by COVID-19 as work had to be suspended for a period of time.

Supporting unpaid carers

We have been providing support to unpaid carers in collaboration with our local Carers Centre and have seen significant improvement in the proportion of carers reporting that their needs are being met; 92%, up from 78% in 2018/19.

Working with our Partners

We continue to work with our partner service providers to ensure market choice and sustainability and fund the Living Wage and other Fair Work Practices. Following the COVID-19 pandemic, supporting the sustainability of our partner providers remains a key area of focus as we develop and implement new framework arrangements.

In 2019 we established our Initial Contact Team which is now established as our 'front door' to HSCP and partner supports. This is proving to be a positive approach with residents being directed to the most appropriate support whether through the third/community sector or through formal HSCP services.

During the year we established and embedded a new approach to calculating Individual Budgets for adult social care, and continued initiatives to implement the Carers Act.

We now host a new service supporting Augmentative and Alternative Communication (AAC) which uses a range of techniques to support communication when people do not have a voice, or when they find it difficult to be understood using their voice. AAC often involves the use of specialised computer-based equipment. The service also works with the Scottish Centre for the Communication Impaired (SCTCI) which is an expert AAC assessment service which provides assessment, training, and information and advice to 12 geographical NHS health boards in Scotland, including NHS Greater Glasgow and Clyde.

Management Information

This year we have continued to develop and improve our management information and use of data across services. This has seen service planning work for key adult services involving the development of new suites of local Performance Indicators and management information. New planning leads and business analysts have been appointed to support adult and children's services. The posts are working to support performance management and improve the quality and robustness of our data usage. This process is ongoing and we will continue to develop

our management information and performance data to better inform our strategic and financial planning and decision making processes.

Strategic Inspection

In 2019, the Care Inspectorate and Health Improvement Scotland conducted a strategic inspection of East Renfrewshire HSCP looking at how well the partnership had: improved performance in both health and social care; developed and implemented operational and strategic planning and commissioning arrangements; established the vision, values, and aims across the partnership; and the leadership of strategy and direction. The inspection scored us positively for each element: performance; strategic planning and commissioning; leadership and direction. It found that the HSCP showed capacity for continuous improvement with its record of sound progress with the integration of health and social care services, supported by an integrated management structure and co-located teams of health and social care staff.

Of particular relevance to this annual report and accounts was the inspectors' comment on the Integration Joint Board's commendable record of sound financial performance. They reported that the Partnership managed its finances competently and well. It used its reserve funds creatively to develop new services to replace out-of-date services. The [Medium-Term Financial Plan](#) was seen as a positive development in the face of the challenges the HSCP was facing.

The outcome of this inspection and the five areas of development identified were reported to the IJB on 27 November 2019. The development areas were:

- The partnership should improve its planning processes (including needs assessment and service/locality planning);
- The partnership should improve its approach to meaningful involvement of a full range of stakeholders (for planning, commissioning and service redesign);
- The partnership should work closely with a full range of stakeholders to develop and implement cross-sector market facilitation approaches;
- The partnership should further develop its quality assurance and self-evaluation approaches;
- The partnership should make sure that it has sufficient effective operational leadership and management capacity to fully implement strategies and plans.

A comprehensive Strategic Improvement Action Plan was presented to the IJB in January 2020 setting out the activities to be undertaken in response to these identified development areas as well other improvement priorities identified in the Ministerial Strategic Group self-evaluation and the findings from the Audit Scotland Report: Health and Social Care Integration.

COVID-19

The COVID-19 outbreak has impacted most seriously on older people and people with long-term conditions. We have focused our services on supporting those at greatest risk in both

community and residential settings. This has seen additional staff support through redeployment and recruitment for care at home and our care home. There has been increased collaborative working with the third/community sector and additional support given to partner provider organisations, particularly our care home providers.

We needed to respond swiftly to the COVID-19 outbreak and to support this we created a mobilisation plan and associated financial implications. This plan was reported to the Scottish Government as part of the totality of the mobilisation by NHS Greater Glasgow and Clyde. The plan covers;

- Reducing the level of delayed discharges of patients in acute hospital provision through increased staffing of hospital discharge team and daily reporting on care home and care at home capacity
- Ensuring resilience and sustainability of care at home provision
- Purchasing additional care home bed capacity to prepare for expected increasing demand
- Recognising additional provider costs and potential sustainability concerns

Our financial implications across the period March 2020 to March 2021, relating to COVID-19 are expected to be in the region of £9 million and these costs will continue to be monitored and revised as we work our way through this pandemic. The costs and provisions included in the 2019/20 accounts are just under £0.3 million. The working assumption for 2020/21 is that funding will be made available to meet the final costs. The main cost areas include: staffing additional hours and absence cover, both HSCP staff and our partner providers; the sustainability of our partner care providers; personal protective equipment (PPE); unachievable savings and prescribing.

A number of governance arrangements were put in place including drawing on business continuity plans to support critical functions, establishing our Local Resilience Management Team, participating in local and national working groups and establishing a COVID-19 Risk Register. We have also worked very closely with our partners' governance and response arrangements during the emergency, including East Renfrewshire Council, NHS Greater Glasgow and Clyde, National Chief Officer, Chief Social Work Officer and Chief Financial Officer meetings.

The IJB met in March as planned through a hybrid of physical and virtual attendance and this allowed the board to agree a budget for 2020/21 and delegate powers to the Chief Officer during the emergency. The Chairs of the IJB and its Performance and Audit Committee were regularly updated and consulted on developments and a weekly information bulletin ensured that all IJB members were updated weekly. Arrangements are in place for future meetings to take place using digital platforms.

Our staff teams have established and adapted to new ways of working and have continued to maintain and deliver safe and effective services to our residents. Across services we have taken innovative approaches and adapted provision to focus on our most vulnerable clients

during the emergency phase of the crisis. We have also had to introduce new ways of working to respond to the crisis including the following areas:

Community Assessment Centre: A Community Assessment Centre for people concerned about their COVID-19 symptoms was set up in Eastwood Health and Care Centre. This involved some adaptations to premises as well as equipping and staffing the centre. The Centre closed in June as a result of falling referrals.

PPE for Health and Social Care: The HSCP implemented a centralised model of PPE stock control to ensure support and supply to those front-line services delivered by the HSCP and our partners providing a range of health and care services throughout East Renfrewshire.

Supporting vulnerable people in the community: In order to prioritise those in greatest need all HSCP services established vulnerable people lists at the start of the crisis. We planned for a significant reduction in the care at home workforce (for all providers) and redeployed staff from day services to support care at home and Bonnyton House. We tailored our training programme for redeployed, new and voluntary staff and this allowed us to prioritise our registered staff to support those most in need.

Care at home has continued to support the majority of people, only withdrawing services at the request of families. The number of visits for some people reduced where support could be provided by informal family care, third/community sector or use of Technology Enabled Care (TEC) where appropriate. To continue to support our residents we have maintained regular telephone contact supported by additional call handling and dedicated phone lines. We have been working closely with the third sector and community groups to coordinate the HSCP, the Council and the community response to non-personal care requests and for wider support to isolated individuals.

Community Pharmacy services has adapted to support people in the community giving priority access to medication for care staff and with HSCP and council support establishing new processes for volunteer drivers to deliver medications to vulnerable and self-isolating residents.

In partnership with Voluntary Action East Renfrewshire and the Council, the HSCP supports the Community Hub helpline which is a “one-stop shop” for residents needing help or those who cannot leave their house and have no means to organise their own essentials.

Supporting unpaid carers: We have been working in close collaboration with the voluntary sector to provide enhanced support to unpaid carers during the COVID-19 crisis. This has seen the establishment of new tailored support and a communication/information strategy for unpaid carers. We established a pathway for carers to access PPE in collaboration with the Carers Centre.

Supporting people in care homes: The care home sector has been particularly affected by the COVID-19 outbreak with a high volume of cases across Scotland. In East Renfrewshire we put in place enhanced support to our care homes from the start of the pandemic. We

established frequent contact with care home management to discuss the issues they are facing, gather information on staffing, bed vacancies and COVID-19 cases, and to support collaborative working across the sector. Care homes have been given priority access to medication through our community pharmacies and we have established new procedures for the stocking of medication in care homes (e.g. specific palliative medication). Care home liaison nursing and commissioning staff are undertaking enhanced assurance and support visits to care. The feedback from these visits has been positive with homes benefitting from independent assurance that they are implementing guidance correctly.

The HSCP established a testing team in response to Scottish Government strategy to undertake enhanced outbreak investigation in all care homes where there are cases of COVID-19. The HSCP has also responded to requests to establish weekly staff testing and surveillance testing in homes.

Alleviating pressure on acute NHS services: Minimising unnecessary use of hospital services is a strategic priority of the HSCP, and this has become even more essential given the additional pressure COVID-19 is putting on acute NHS services. During the period we increased the staff capacity of our hospital discharge team. The team has been working to continually improve referral processes, conducting continuous monitoring of hospital discharges and gathering accurate daily intelligence on care home vacancies and homecare capacity. Delayed discharges have remained low despite significant challenges as a result of the crisis.

The HSCP has also been supporting the primary care sector during the crisis, facilitating remote working arrangements for GPs and support staff through equipment and training. GP Practices worked in collaboration with the HSCP to enhance their business continuity plans, and set up buddying arrangements to mitigate staff absences and ensure the ongoing operation of GP practices.

Supporting vulnerable children and families: The HSCP continued to support children throughout the crisis. Social workers are maintaining keeping in touch contact with all of their other families, albeit engaging in different ways such as telephone, Zoom and now WhatsApp. Where there is high risk activity the emergency team responds to critical situations. Home visiting is continuing to take place across services where this is essential.

The pressure on care placements for children and young people during the COVID-19 lockdown remains significant. Action has been taken to maximise what capacity there is remaining within our fostering service and to continue to find creative solutions in relation to kinship placements. Virtual fostering and kinship panels are taking place on a regular basis to support arrangements. However, as additional demand has placed the service at capacity, the Chief Social Work Officer linked with the Care Inspectorate with regards to the need for emergency provision. An abridged process is being taken forward with a view to the recruitment of existing East Renfrewshire registered employees (e.g. children's social workers, teachers, nurses) to provide care if internal and external placements cease to be available.

There has been an increase of tension within vulnerable family households with teenagers who find it difficult to be confined together with parents/family. As a result of changes in routines and structure, there have been heightened concerns in relation to children and young people diagnosed with Obsessional Compulsive Disorder and Autistic Spectrum Disorder. CAMHS services have offered support through telephone, online and visits as appropriate.

Moving Towards Recovery

Whilst many of the services the HSCP provides are critical and continued to operate through the crisis period we still have a significant programme of work around Recovery and how we move to a “new normal”. This will not simply be reinstating what was in place pre COVID-19, but will look at learning and opportunities from new ways of working. This work will range from small individual service areas to system wide changes in how we work within the HSCP and with our partners. We are using the Scottish Government Recovery Routemap phases to support and inform our recovery plan. A Recovery working group was established and the initial workstreams identified: governance; accommodation, workforce, partner organisations, information technology requirements, PPE, change programme and the ongoing response to COVID-19.

Our recovery planning and the impact on 2020/21 is still in the very early stages and subject to change in this unpredictable and fast-moving environment. Routine reporting and monitoring will take place however the dynamics mean we will have a period of uncertainty. The Medium-Term Financial Plan will be revised when the position stabilises, and the impacts become clearer. Our recovery planning will link to the priorities set out in the HSCP Strategic Improvement Action Plan that was developed in response to the Joint Strategic Inspection of Adult Services, the Ministerial Strategic Group self-evaluation and the findings from the Audit Scotland Report: Health and Social Care Integration.




2019-20 Performance Achievements

In addition to our quarterly reports we publish an Annual Performance Report which is made publicly available on our website in line with statutory guidance. The Annual Performance report demonstrates how we review our performance for 2019/20 against local and national performance indicators and against the commitments within our Strategic Plan.



The extract below shows the headline indicators we look at each year to assess our performance.

The RAG status and trend arrows are explained below. Intended performance direction is given in the description of each indicator (i.e. 'increase' or 'decrease').

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

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

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

Strategic Priority 1 - Working together with children, young people and their families to improve mental wellbeing						
Indicator	2019/20	Current Target	2018/19	2017/18	2016/17	Trend from previous year
Children and young people starting treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral (INCREASE)	78%	90%	74%	89%	90%	
Increase in improved outcomes for children after parent/carer completion	96%	84%	89%	79%	78%	

Strategic Priority 1 - Working together with children, young people and their families to improve mental wellbeing

Indicator	2019/20	Current Target	2018/19	2017/18	2016/17	Trend from previous year
of Psychology of Parenting Programme (POPP) (INCREASE)						
Balance of Care for looked after children: % of children being looked after in the Community (LGBF) (INCREASE)	n/a	Data only	98.0%	93.6%	91.5%	↑

*Mid-year 19/20 figure

Strategic Priority 2 - Working together with our community planning partners on new community justice pathways that support people to prevent and reduce offending and rebuild lives

Indicator	2019/20	Current Target	2018/19	2017/18	2016/17	Trend from previous year
Community Payback Orders - Percentage of unpaid work placement completions within Court timescale. (INCREASE)	71%	80%	84%	92%	96%	↓
% Change in women's domestic abuse outcomes (INCREASE)	79%	70%	64%	65%	66%	↑
% of service users moving from drug treatment to recovery service (INCREASE)	16%	10%	22%	12%	9%	↓

Strategic Priority 3 - Working together with our communities that experience shorter life expectancy and poorer health to improve their wellbeing

Indicator	2019/20	Current Target	2018/19	2017/18	2016/17	Trend from previous year
Increase the number of smokers supported to successfully stop smoking in the 40% most deprived SIMD areas. (This measure captures quits at three months and is reported 12 weeks in arrears.) (INCREASE)	12*	6*	6	20	27	↑
Health and Social Care Integration - Core Suite of Indicators NI-11: Premature mortality rate per 100,000 persons aged under 75. (European	n/a	Data Only	308	301	297	▬

Strategic Priority 3 - Working together with our communities that experience shorter life expectancy and poorer health to improve their wellbeing

Indicator	2019/20	Current Target	2018/19	2017/18	2016/17	Trend from previous year
age-standardised mortality rate) (DECREASE)						

*Mid-year 19/20 figure

Strategic Priority 4 - Working together with people to maintain their independence at home and in their local community

Indicator	2019/20	Current Target	2018/19	2017/18	2016/17	Trend from previous year
Number of people self directing their care through receiving direct payments and other forms of self-directed support. (INCREASE)	518*	600	514	491	364	↑
Percentage of people aged 65+ who live in housing rather than a care home or hospital (INCREASE)	96%	97%	95.9%	96.6%	96.8%	▬
People reporting 'living where you/as you want to live' needs met (%) (INCREASE)	88%	90%	92%	84%	79%	↓

*Mid-year 19/20 figure

Strategic Priority 5 - Working together with people who experience mental ill-health to support them on their journey to recovery

Indicator	2019/20	Current Target	2018/19	2017/18	2016/17	Trend from previous year
Percentage of people waiting no longer than 18 weeks for access to psychological therapies (INCREASE)	65%	90%	54%	80%	56%	↑

Strategic Priority 6 - Working together with our colleagues in primary and acute care to care for people to reduce unplanned admissions to hospital

Indicator	2019/20	Current Target	2018/19	2017/18	2016/17	Trend from previous year
Acute Bed Days Lost to Delayed Discharge (Aged 18+ including Adults)	1,788	1,893	2,284	1,860	2,704	↑

Strategic Priority 6 - Working together with our colleagues in primary and acute care to care for people to reduce unplanned admissions to hospital

Indicator	2019/20	Current Target	2018/19	2017/18	2016/17	Trend from previous year
with Incapacity) (<i>DECREASE</i>) (Ministerial Steering Group data)						
No. of A & E Attendances (adults) (<i>DECREASE</i>) (Ministerial Steering Group data)	20,090	18,332	20,212	19,344	18,747	↑
Number of Emergency Admissions: Adults (<i>DECREASE</i>) Ministerial Steering Group	7,504*	7,130	7,320*	7,432	8,032	↓
% of last six months of life spent in Community setting (<i>INCREASE</i>) MSG	88%*	86%	86%*	85%	86%	↑

* Full year data not available for 2019/20. Figure relates to 12 months Jan-Dec 2019.

Previous year (2018) gives calendar year figure for comparison. Data from ISD release, 5 June 2020

Strategic Priority 7 - Working together with people who care for someone ensuring they are able to exercise choice and control in relation to their caring activities

Indicator	2019/20	Current Target	2018/19	2017/18	2016/17	Trend from previous year
People reporting 'quality of life for carers' needs fully met (%) (<i>INCREASE</i>)	92%	72%	78%	72%	70%	↑

Funding 2019/20

The net total health and social care funding from our partners for financial year 2019/20 was £153.559 million:

	£ Million
NHS Greater Glasgow and Clyde Primary Care	72.462
NHS Greater Glasgow and Clyde Large Hospital Services	31.223
East Renfrewshire Council Social Care	49.598
East Renfrewshire Council Housing Aids and Adaptations	0.276
Total Net Funding	153.559

The Comprehensive Income and Expenditure Statement (CIES) (page 45) shows the IJB gross income as £175.442 million, as that statement shows service income, grant funding, resource transfer and social care fund monies which are included within the net funding from our partners in the table above. The purpose of the CIES presentation is to show the gross cost of the services we provide.

Work continues to be progressed with the set aside funding for large hospital services, however arrangements under the control of the IJB (and those across Greater Glasgow) are not yet operating as required by the legislation and statutory guidance. Each Health Board, in partnership with the Local Authority and IJB, must fully implement the delegated hospital budget and set aside budget requirements of the legislation in line with the statutory guidance published in June 2015. A Greater Glasgow and Clyde wide Unscheduled Care Commissioning Plan has been developed and represents the first steps in developing strategic plans for the unscheduled care pathway (set aside) as set out in legislation. The IJB will consider this plan as part of its consultation, although this may be impacted by changes resulting from COVID 19 implications.

NHS Greater Glasgow and Clyde are now in a position to report the set aside figures based on actual expenditure of £31.223 million which has resulted in the restatement of 2018/19 figures. These were previously based on a notional budget figure of £16.624 million. The notional budgets for set aside were based on NRAC (resource allocation formula) activity and information from the cost book and were very high level. Actual figures are now based on a much more detailed approach including actual spend and activity for each year.

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

Financial Performance 2019/20

The annual report and accounts for the IJB covers the period 1st April 2019 to 31st March 2020, with comparable figures shown for 2018/19.

The budgets and outturns for the operational services (our management accounts) as reported regularly throughout the year to the IJB are summarised below:

Service	Budget	Spend	Variance (Over) / Under	Variance (Over) / Under
	£ Million	£ Million	£ Million	%
Children & Families	13.268	12.631	0.637	4.80%
Older Peoples Services	18.736	19.072	(0.336)	(1.79%)
Physical / Sensory Disability	5.498	5.468	0.030	0.55%
Learning Disability – Community	10.586	10.681	(0.095)	(0.90%)
Learning Disability – Inpatients	8.361	8.359	0.002	0.02%
Augmentative and Alternative Communication	0.220	0.220	-	-
Intensive Services	10.570	11.100	(0.530)	(5.01%)
Mental Health	4.130	3.941	0.189	4.58%
Addictions / Substance Misuse	1.111	1.098	0.013	1.17%
Family Health Services	23.805	23.805	-	-
Prescribing	15.779	16.090	(0.311)	(1.97%)
Criminal Justice	-	-	-	-
Planning & Health Improvement	0.230	0.132	0.098	42.61%
Finance and Resources	9.766	9.528	0.238	2.44%
Net Expenditure Health and Social Care	122.060	122.125	(0.065)	(0.05%)
Housing	0.276	0.276	-	-
Set Aside for Large Hospital Services	31.223	31.223	-	-
Total Integration Joint Board	153.559	153.624	(0.065)	(0.05%)

The £0.065 million overspend (0.05%) is broadly in line with the reporting taken to the IJB during the year and the overspend is funded, as planned, from our reserves. We expected to draw from reserves as we recognised we would not achieve all savings required during the year as our individual budget approach would take many months to implement; we did not have capacity to work on our digital savings programme and we achieved part year savings from the second phase of our structure review.

The impact of COVID-19 in the closing weeks of 2019/20 will have resulted in some reduction in day to day costs. The main variances to the budget were:

- Underspends in a number of services are from staff turnover and vacant posts during the year, reflecting the general trends of recruitment and retention issues within health and social care.

- Children’s services purchased care costs, including residential care, foster and adoption were lower than budget during the year.
- Older Peoples and Intensive Services ended the year with a collective overspend of £0.9 million from care package costs for residential and care at home costs, reflecting the continued impacts of population growth in older people and the demand for services. We are addressing our care at home costs as an element within the action plan and redesign of this service.
- The overspend in prescribing is a result of both cost and volume across a number of drugs and also allowed for an expected spike in demand in February and March 2020 as the implications of the COVID-19 pandemic began to emerge.

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

The set aside budget is shown as nil variance as this currently is not a cash budget to the HSCP. To eliminate any “notional” variance to the IJB the budget is shown as the same value as the HSCP share of the collective costs. The budget equivalent share was identified as £25.516 million and the overspend of £5.707 million is contained within the Health Board. As outlined earlier work is ongoing to agree the mechanism for bringing the set aside budget into an operational stage and this includes ensuring a balanced budget will be achieved.

A number of services are hosted by the other IJBs who partner NHS Greater Glasgow and Clyde and our use of hosted services is detailed at Note 4 (Page 53). The hosted services are accounted for on a principal basis, as detailed at Note 11 (Page 59).

The information above reflects our management accounts reporting throughout 2019/20 whilst the CIES at Page 45 presents the financial information in the required statutory reporting format; the movement between these of £0.546m million is a result of the management accounting treatment of reserves:

Reconciliation of CIES to Operational Overspend	£ Million	£ Million
IJB operational overspend on service delivery		(0.065)
Reserves planned use during the year	(1.578)	
Reserves added during the year	1.032	
Net movement between management accounts and CIES		(0.546)
IJB CIES overspend		(0.611)

Total Use of Reserves During 2019/20	£ Million
Reserves planned use during the year	(1.578)
Reserves draw to fund operational overspend	(0.065)
Total Reserves used during 2019/20	(1.643)

Reserves

We used £1.643 million of reserves in year and we also invested £1.032 million into earmarked reserves. The year on year movement in reserves is set out at Note 8 (Page 58) and is summarised:

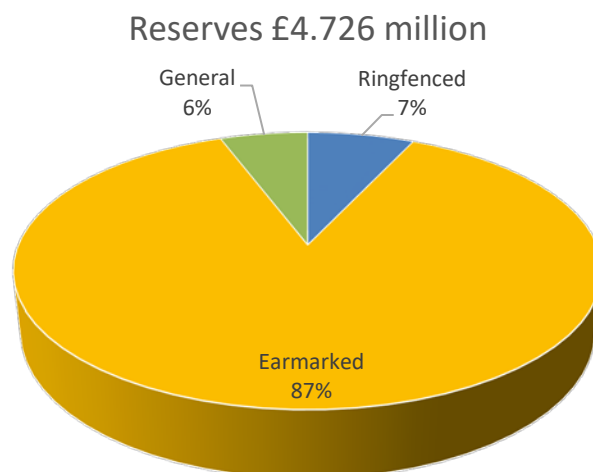
	£ Million	£ Million
Reserves at 31 March 2019		5.337
Planned use of existing reserves during the year	(1.643)	
Funds added to reserves during the year	1.032	
Net decrease in reserves during the year		(0.611)
Reserves at 31 March 2020		4.726

The purpose, use and categorisation of IJB reserves is supported by a Reserves Policy and Financial Regulations, both of which were reviewed in March 2020 in line with the statutory review of the Integration Scheme.

The reserves of the IJB fall into three types:

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

The current balance of £4.726 million for all reserves falls in these three reserves types:



Our ring-fenced reserves show the funding that comes from the Scottish Government to support national programmes including Primary Care Improvement, Mental Health Action 15 and Alcohol and Drugs. This funding is allocated from the Scottish Government based on the cost and activity returns we are required to submit throughout the year.

We started the year with £0.599 million ring-fenced reserves and during the year we spent £0.463 million. Of the £0.195 million we added in year, £0.078 million is new funding to support GP premises and the remaining £0.117 million is continued programme funding.

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

We started the year with £4.466 million earmarked reserves and during the year we spent £1.180 million. The main areas of spend were:

- £0.519 million to support the timing and implementation of budget savings as agreed as part of our budget setting and financial planning.
- £0.229 million to support the revenue costs of the decant of Bonnyton House to allow the capital works, as part of East Renfrewshire Council capital programme, to be undertaken. This includes roofing work, internal and external refurbishment.
- £0.250 million to support the Care at Home action plan.

We also added £0.837 million during the year to earmarked reserves, including:

- £0.408 million added to our budget savings reserve which included release of £0.309 million funding previously held as deferred income and transfers from older reserves now closed.
- £0.311 million for school counselling which was transferred to the HSCP towards the end of 2019/20. This was part of the 2019/20 budget funding the Scottish Government announced and is supported, within Children's Services, by an implementation plan.
- £0.101 million for a new reserve for Augmentative and Alternative Communication, newly hosted by the HSCP during 2019/20. This reserve will allow the service to better deal with the flux in demand for assessment and equipment in this highly specialised area.
- £0.100 million for health visitors, new within Children's Services

In addition to the above we have also closed two older reserves where the activity took place and was contained within the core budget (small projects and Learning Disability) and reallocated this £0.158 million to;

- £0.061 million to increase support and training capacity in District Nursing
- £0.097 million added to our budget savings reserve

We had also planned to meet some refurbishment costs for work within our Learning Disability in-patient units, however this work was delayed, and costs will be incurred in 2020/21. We have also committed funding from the transitional funding reserve for Learning Disabilities specialist services to meet the costs of a post; Challenging Behaviours Network Manager, for two years to support this work.

Our general reserve at £0.272 million is well below the optimum level at a value of 2% of budget we would ideally hold. The general reserve is currently 0.2% of the 2020/21 revenue budget.

Future Challenges

The IJB continues to face a number of challenges, risks and uncertainties in the coming years and this is set out in our current Medium-Term Financial Plan for 2019/20 to 2023/24 which supports our strategic planning process and provides a financial context to support medium-term planning and decision making.

This plan sets out the potential cost pressures of circa £5.1 to £5.7 million per year for the five years 2019/20 to 2023/24. The resulting funding gap will be dependent on the funding settlement for each year.

The 2020/21 budget settlement fell within the poor settlement range of scenario planning assumptions with cost pressures of just over £6 million and subsequent required savings of £2.4 million after all funding uplifts.

The budget agreed on 18th March 2020 set out how we will achieve the £2.4 million savings to balance our budget. We identified £0.8 million from specific budget areas and we will need to prioritise care package costs to meet the remaining balance of £1.6 million savings, as we had previously signalled, this will mean an impact on our frontline services and care packages.

This budget was agreed as the COVID-19 pandemic was emerging in Scotland and the rest of the UK, and regular monitoring of the operational budget and the COVID-19 Mobilisation Plan are in place and implications and risk will continue to be addressed as costs become clearer. There is a significant financial risk to the HSCP if additional costs are not fully funded.

The work undertaken to date on our recovery programme has focussed on the short to medium term to allow us to emerge from the crisis phase and work towards the “new normal”. There will be significant work coming from this programme that will inform our longer term strategic and financial planning.

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

In addition to COVID-19 the consequence of Brexit may also impact on the future of the services we provide and our ability to meet the needs of the communities we serve.

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

Prescribing Costs; The cost of drugs prescribed to the population of East Renfrewshire by GPs and other community prescribers is delegated to the IJB. This is a complex and volatile cost base of around £16 million per year. The COVID-19 impact on prescribing in the medium to long term is unclear.

Delayed Discharge; In order to achieve the target time of 72 hours we continue to require more community based provision. The medium-term aspiration is that the costs of increased community services will be met by shifting the balance of care from hospital services. The work to agree a funding mechanism to achieve this remains ongoing with NHS Greater Glasgow and Clyde and its partner IJBs.

Care Providers: The impact on the sustainability of the care provider market following COVID-19 is unknown and we will continue to work closely with all our partners to work through issues, support where we can and look to develop the best way of working as we move forward. This will build on our work to date, including preparation to move to a new contractual framework.

We continue to develop our performance and financial reporting in more detail at a locality level to allow fuller reporting and understanding of future trends and service demands and include COVID-19 implications and scenarios.

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

- Our Recovery Plan will be implemented throughout 2020/21 and beyond and regular reports will be taken to the IJB.
- We will update our Medium-Term Financial Plan once COVID-19 impacts become clearer. This will allow us to continue to use scenario-based financial planning and modelling to assess and refine the impact of different levels of activity, funding, pressures, possible savings and associated impacts.
- We will continue to monitor in detail the impacts of COVID-19, Brexit and operational issues through our financial and performance monitoring to allow us to take swift action where needed, respond flexibly to immediate situations and to inform longer term planning.
- We will continue to work through our Care at Home action plan and service redesign, taking into account the changing COVID-19 landscape.
- We will continue to progress and report on our Strategic Improvement Plan until fully complete.
- We have identified savings proposals for 2020/21 and as we previously indicated will now need to move to a prioritisation and criteria-based model for care package support. Our individual budget calculator will be revised. We will continue to use our reserve through 2020/21 to phase in budget savings. It is possible we will deplete this reserve in 2020/21 so there is a significant risk associated with:
 - Ensuring savings are achieved on a recurring basis by the end of the financial year
 - Impact of a similar level of budget settlement in 2021/22
 - Unknown impact of COVID-19

- We have realigned our adult services to reflect a change to our senior management structure which we have increased recognising, as supported in the Strategic Inspection, we had reduced capacity too far in previous savings delivery. We have appointed to our new post; Head of Recovery and Intensive Services.
- We routinely report our performance to the IJB with further scrutiny from our Performance and Audit Committee and our Clinical and Care Governance Group. The service user and carer representation on the IJB and its governance structures is drawn from Your Voice which includes representatives from community care groups, representatives from our localities and representatives from equality organisations including disability and faith groups.
- Governance Code; we have robust governance arrangements supported by a Governance Code.
- The IJB continues to operate in a challenging environment and our financial, risk and performance reporting continue to be a key focus of each IJB agenda.

We regularly review our strategic risk register for the IJB which identifies the key areas of risk that may impact the IJB and have implemented a range of mitigating actions to minimise any associated impact. A separate COVID-19 Risk Register is in place.

The future challenges detailed above and our associated response include the main areas of risk that the IJB is facing. The uncertainty of the impact of COVID-19 and the capacity for the HSCP and its partners to deliver services whilst maintaining financial sustainability are significant risks.

Conclusion

East Renfrewshire Integration Joint Board continued, pre COVID-19, to be well placed in the short term to meet the coming challenges, building on many years of delivering integrated health and social care services and continuing to lead on developing new and innovative models of service delivery, not only ensuring financial sustainability, but also meeting the needs of our population. There is a degree of uncertainty over the medium to longer term funding which could pose risk to meeting future demand, however we continue to plan ahead and prepare for a range of scenarios. The implications of the COVID-19 pandemic are largely unknown at this point and this conclusion must be caveated to that effect.

Caroline Bamforth
Chair
Integration Joint Board

23rd September 2020

Julie Murray
Chief Officer
Integration Joint Board

23rd September 2020

Lesley Bairden ACMA CGMA
Chief Financial Officer
Integration Joint Board

23rd September 2020

Statement of Responsibilities

Responsibilities of the Integration Joint Board

The IJB is required to:

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

I confirm that the audited Annual Accounts were approved for signature at a meeting of the Integration Joint Board on 23rd September 2020.

Caroline Bamforth

Chair

Integration Joint Board 23rd September 2020

Responsibilities of the Chief Financial Officer

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

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

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

The Chief Financial Officer has also:

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

I certify that the financial statements give a true and fair view of the financial position of East Renfrewshire Integration Joint Board as at 31st March 2020 and the transactions for the IJB for the period covering 1st April 2019 to 31st March 2020.

Lesley Bairden ACMA CGMA
Chief Financial Officer
Integration Joint Board 23rd September 2020

Remuneration Report

Introduction

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

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

For 2019/20 no taxable expenses were claimed by members of the IJB.

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

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

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

Integration Joint Board

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

Senior Officers

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

The total remuneration received by the Chief Officer in 2019/20 amounted to £110,954 in respect of all duties undertaken during the financial year. In respect of the Chief Financial Officer, total remuneration for 2019/20 amounted to £84,772.

Name and Post	Salary, Fees and Allowances £	Taxable Expenses £	Total Remuneration £
Julie Murray, Chief Officer 2019/20	110,954	-	110,954
Julie Murray, Chief Officer 2018/19	107,767	-	107,767

Name and Post	Salary, Fees and Allowances £	Taxable Expenses £	Total Remuneration £
Lesley Bairden, Chief Financial Officer 2019/20	84,759	13	84,772
Lesley Bairden, Chief Financial Officer 2018/19	82,342	-	82,342

Voting Board Members 2019/20		Total Taxable IJB Related Expenses £
Councillor Caroline Bamforth (Vice Chair)	East Renfrewshire Council	Nil
Councillor Tony Buchanan	East Renfrewshire Council	Nil
Councillor Paul O' Kane	East Renfrewshire Council	Nil
Councillor Jim Swift	East Renfrewshire Council	Nil
Susan Brimelow	NHS Greater Glasgow & Clyde	Nil
John Matthews	NHS Greater Glasgow & Clyde	Nil
Anne-Marie Monaghan (Chair)	NHS Greater Glasgow & Clyde	Nil
Flavia Tudoreanu	NHS Greater Glasgow & Clyde	Nil

The equivalent cost in 2018/19 was nil for all IJB members.

The Pension entitlement for the Chief Officer for the year to 31st March 2020 is shown in the table below, together with the contribution made by the employing body to this pension during the year.

Name and Post	In Year Pension Contribution For year to 31 st March £	Accrued Pension Benefit as at 31 st March	
		Pension £	Lump Sum £
Julie Murray, Chief Officer 2019/20	21,414	42,146	58,504
Julie Murray, Chief Officer 2018/19	20,799	38,772	56,800

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

Name and Post	In Year Pension Contribution For year to 31 st March £	Accrued Pension Benefit as at 31 st March	
		Pension £	Lump Sum £
Lesley Bairden, Chief Financial Officer 2019/20	16,358	7,104	-
Lesley Bairden, Chief Financial Officer 2018/19	15,892	5,247	-

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

However, the IJB has responsibility for funding the employer's contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the IJB. The table above shows the IJB's funding during 2019/20 to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned from a previous employment and from each officers' own contributions.

General Disclosure by Pay Bands

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

General Disclosure by Pay Bands

Number of Employees 31st March 2019	Remuneration Band	Number of Employees 31st March 2020
1	£80,000 - £85,999	1
1	£105,000 - £109,999	1

Caroline Bamforth
Chair
Integration Joint Board 23rd September 2020

Julie Murray
Chief Officer
Integration Joint Board 23rd September 2020

Annual Governance Statement

Introduction

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

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

Scope of Responsibility

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

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

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

The Purpose of the Governance Framework

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

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

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

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

The Governance Framework

The main features of the governance framework in place during 2019/20 are summarised below:

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

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

During the majority of 2019/20 our governance system operated as normal, however as a result of COVID-19 from March 2020 we needed to change some of those arrangements including; drawing on business continuity plans to support critical functions, establishing our Local Resilience Management Team, participating in local and national working groups and establishing a COVID-19 Risk Register. We have also worked very closely with our partners' governance and response arrangements during the emergency, including East Renfrewshire

Council, NHS Greater Glasgow and Clyde, National Chief Officer, Chief Social Work Officer and Chief Financial Officer meetings.

We have moved our IJB meetings to a video conferencing platform and agreed with our chair and vice chair a prioritised agenda for each meeting. We did not hold a Performance and Audit Committee meeting in March or June 2020 with relevant reports being taken directly to the IJB. Our Clinical and Care Governance group has met as planned using video conferencing.

Best Value

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



The System of Internal Financial Control

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

- Financial regulations and codes of financial practice.
- Comprehensive budgeting systems.
- Regular reviews of periodic and annual financial reports that indicate financial performance against the forecasts.
- Setting targets to measure financial and other performance.
- Clearly defined capital expenditure guidelines.
- Formal project management disciplines.
- The IJB's financial management arrangements complies with the governance requirements of the CIPFA statement: 'The Role of the Chief Financial Officer in Local Government (2010)'.

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

Review of Adequacy and Effectiveness

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

The Chief Internal Auditor reports directly to the IJB Performance and Audit Committee on all audit matters, with the right of access to the Chief Officer, Chief Financial Officer and Chair of the Performance and Audit Committee on any matter. In accordance with the principles of the code of corporate governance, regular reports were made to the IJB's Performance and Audit Committee during 2019/20. A member of East Renfrewshire Council's Audit and Scrutiny Committee was co-opted to the IJB Performance and Audit Committee during 2016/17 to promote transparency.

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

During 2019/20 the service operated in accordance with relevant professional audit standards and the Public Sector Internal Audit Standards. The Chief Internal Auditor's opinion as reported to the Audit Committee, confirmed: "It is my opinion, based on the information available and

assurances provided, that reasonable assurance can be placed on the framework of governance, risk management and internal controls which operated in the East Renfrewshire Integration Joint Board in the year to 31 March 2020”.

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

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

The area where we are partly compliant is:

- Workforce; we have a local workforce plan and learning & development plan. A three-year Workforce Plan covering 2021-24 needs to be approved and published by 31st March 2021.

Governance Issues during 2019/20

Whilst all operational and transactional governance issues are considered within our partner’s governance frameworks the IJB Performance and Audit Committee take an overview on all actions resulting from both internal and external audit reports, covering all live actions whether pre or post 31st March 2020.

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

The recommendations from the follow up audit on the implementation of the Care Finance system are taken to the Performance and Audit Committee with progress updates on a six-monthly timescale. Progress has been made on these recommendations however the planned audit follow up work in March 2020 was impacted by COVID-19 so this will be completed during 2020/21.

The IJB Risk Policy was audited during the year and was found to be compliant.

The redesign and improvement plan for the Care at Home service is ongoing and includes all Care Inspectorate requirements.

- The programme is led by the Chief Officer and the programme oversight board is chaired by the Council Chief Executive. Membership includes staff side, human resources, legal services, the Chief Social Work Officer and the Intensive Services Manager and Programme Manager.
- A Report on progress, timelines and key milestones is also taken to each meeting of the Integration Joint Board.

The implementation of a new finance system by East Renfrewshire Council was undertaken with the HSCP having full representation on the project board.

The COVID-19 pandemic has meant that how the IJB operates and therefore associated governance has been impacted. The IJB met on 18 March 2020 and agreed delegated powers to allow the Chief Officer and the HSCP the flexibility to adapt to the significant public health challenges resulting from this pandemic.

The Scottish Government introduced new legislation; The Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020. The HSCP has complied with this legislation as appropriate.

All decisions taken under delegated authority are logged and a full record of decisions taken supports the Local Resilience Management Team process put in place as well as our Mobilisation Plan.

The HSCP is working with all partners at a local and national level to play our part in the response to the pandemic and has had to respond swiftly to a number of challenges including establishing a community assessment centre and a PPE Hub; supporting care home testing, as well as implementing business continuity plans to ensure services can deliver as much support as possible and in particular to our most vulnerable and at risk residents.

The Recovery work which is underway builds on this initial emergency response phase and will help inform how we plan to reintroduce as much as we can as we move to the new normal. This will also help inform our next strategic plan for 2022 - 2025. Significant work is required to review the disruption to and impact on services and our aim is to build what we have learned during the initial response, not only by the HSCP, but also that of our partners and most importantly those who use our services.

There are significant implications from both the emergency response and from the ongoing recovery phase. Our Mobilisation Plan was agreed with the Scottish Government and the detailed cost tracker; the funding discussions are ongoing.

Action Plan

The table below shows the progress made during 2019/20 against the actions that we identified in our 2018/19 annual report and accounts:

Action	Progress
Ensure our Care at Home improvement plan is fully implemented, with progress against actions and target dates continuing to be reported to the Integration Joint Board throughout 2019/20.	Our Care at Home action plan is a standing agenda item for our IJB. This will continue to be reported until all actions are closed and the service redesign complete.
Continue to develop our management information to better inform our strategic and financial planning, commissioning strategy, change programme and decision-making processes.	We have developed our performance reporting including a new suite of local performance indicators. The changes we have made to our staff structure support and promote the benefits of robust data recording, development and analysis.
Maintain and report, at least annually an updated Medium-Term Financial Plan reflecting the latest intelligence and assumptions to support and inform future funding modelling and scenarios. This will be supplemented by seminars at specific stages in the budget setting process.	<p>The budget report submitted to the IJB on 18 March stated that the MTFP would be revised for April following finalisation of any implications from the UK final budget.</p> <p>The subsequent COVID-19 pandemic has overtaken that date and the plan will be revised in due course.</p> <p>It is worth noting that the 2020/21 budget settlements fell within the scenarios of the existing MTFP.</p>
Implement commissioning arrangements for the set aside budget and reduce our Accident and Emergency attendances.	A Greater Glasgow and Clyde wide Unscheduled Care Commissioning Plan has been developed and represents the first steps in developing strategic plans for the unscheduled care pathway (set aside) as set out in legislation. The IJB will consider this plan as part of its consultation.
Continue to work with NHS Greater Glasgow and Clyde regarding the timing of future years funding confirmation, the budget setting timescale for 2020/21 demonstrates progress despite timeframe constraints.	This is ongoing however the IJB did agree a budget on 18 March with offers from both partners, albeit with caveats around the timing of the UK budget and the emerging implications of the COVID-19 pandemic.
Regularly report on the local and national actions, along with our partners, resulting from the Audit Scotland Review of Integration and the Ministerial Strategic Group review of Health and Community Care.	The IJB now has one action plan which combines the actions from these two reports along with those resulting from the areas for development from our strategic inspection. This single action plan – our Strategic Improvement Plan was agreed by the IJB on 29 January 2020.
Develop and publish our three-year Workforce Plan for 2020-23.	The date for the three-year Workforce Plan has been revised, by the Scottish Government to 2021-24.

The actions to take in 2020/21 to improve strengthening our corporate governance arrangements are:

- Continue to report on our Care at Home action plan at each IJB until full implementation of redesign and closure of all actions.
- Revise our Medium-Term Financial Plan once the implications from the COVID-19 pandemic are clearer.
- Implement the commissioning arrangements for unscheduled care once the system wide commissioning plan is finalised.
- Continue to report on our Strategic Improvement Plan until fully complete.
- Review our Best Value reporting with our Annual Performance Report.
- Implement our Recovery work programme whilst recognising that this will need to flex and adapt to changing circumstances.

Conclusion and Opinion on Assurance

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

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

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

Caroline Bamforth

Chair

Integration Joint Board 23rd September 2020

Julie Murray

Chief Officer

Integration Joint Board 23rd September 2020

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

Report on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of East Renfrewshire Integration Joint Board for the year ended 31 March 2020 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and Notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2019/20 (the 2019/20 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2019/20 Code of the state of affairs of the body as at 31 March 2020 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2019/20 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the Code of Audit Practice approved by the Accounts Commission for Scotland. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I was appointed under arrangements approved by the Accounts Commission on 07 January 2019. The period of total uninterrupted appointment is five years. I am independent of the body in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the body. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Head of Finance and Resources (Chief Financial Officer) has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Risks of material misstatement

I report in a separate Annual Audit Report, available from the Audit Scotland website, the most significant assessed risks of material misstatement that I identified and my conclusions thereon.

Responsibilities of the Head of Finance and Resources (Chief Financial Officer) and Performance and Audit Committee for the financial statements

As explained more fully in the Statement of Responsibilities, the Head of Finance and Resources (Chief Financial Officer) is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Head of Finance and Resources (Chief Financial Officer) determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Head of Finance and Resources (Chief Financial Officer) is responsible for assessing the body's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

The Performance and Audit Committee is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved. I therefore design and perform audit procedures which respond to the assessed risks of material misstatement due to fraud.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other information in the annual accounts

The Head of Finance and Resources (Chief Finance Officer) is responsible for the other information in the annual accounts. The other information comprises the information other than the financial statements, the audited part of the Remuneration Report, and my auditor's report thereon. My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on matters prescribed by the Accounts Commission to the extent explicitly stated later in this report.

In connection with my audit of the financial statements, my responsibility is to read all the other information in the annual accounts and, in doing so, consider whether the other information is

materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

Report on other requirements

Opinions on matters prescribed by the Accounts Commission

In my opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

In my opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit

I have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to my responsibilities for the annual accounts, my conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in my Annual Audit Report.

Use of my report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

John Cornett, FCPFA
Audit Director
Audit Scotland
4th Floor, 8 Nelson Mandela Place
Glasgow, G2 1BT

The Financial Statements

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

COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

For the year ended 31st March 2020

Gross Expenditure Re-stated £000	2018/19		Objective Analysis	Note	2019/20		
	Gross Income Re-stated £000	Net Expenditure Re-stated £000			Gross Expenditure £000	Gross Income £000	Net Expenditure £000
10,252	443	9,809	Children and Families		11,729	697	11,032
26,295	1,742	24,553	Older People's Services		25,065	2,246	22,819
5,312	264	5,048	Physical/Sensory Disability		5,765	58	5,707
17,939	1,631	16,308	Learning Disability – Community		18,966	709	18,257
9,422	1,460	7,962	Learning Disability – Inpatients		9,673	1,314	8,359
0	0	0	Augmentative & Alternative Communication		393	173	220
11,634	1,768	9,866	Intensive Services		13,065	1,848	11,217
4,904	176	4,728	Mental Health		5,289	178	5,111
2,099	65	2,034	Addictions / Substance Misuse		2,224	205	2,019
23,722	1,513	22,209	Family Health Services		25,276	1,471	23,805
16,194	0	16,194	Prescribing		16,090	0	16,090
563	563	0	Criminal Justice		609	609	0
225	0	225	Planning and Health Improvement		132	0	132
9,019	552	8,467	Management and Admin		10,055	1,366	8,689
215	0	215	Corporate Services	6	223	0	223
137,795	10,177	127,618	Cost of Services Managed by ER IJB		144,554	10,874	133,680
29,837	-	29,837	Set Aside for delegated services provided in large hospitals		31,223	-	31,223
290	-	290	Aids and Adaptations		276	-	276
167,922	10,177	157,745	Total Cost of Services to ER IJB		176,053	10,874	165,179
-	98,135	98,135	NHS Greater Glasgow and Clyde	3	-	103,447	103,447
-	48,557	48,557	East Renfrewshire Council	3	-	49,565	49,565
-	6,449	6,449	Resource Transfer	3	-	6,424	6,424
-	5,132	5,132	Social Care Fund	3	-	5,132	5,132
0	158,273	158,273	Taxation and Non Specific Grant Income		0	164,568	164,568
167,922	168,450	(528)	(Surplus) or Deficit on Provision of Services		176,053	175,442	611
167,922	168,450	(528)	Total Comprehensive (Income) and Expenditure		176,053	175,442	611

The Augmentative and Alternative Communication service was transferred to East Renfrewshire in 2019/20 so there is no prior year figures shown.

Older Peoples Services and Intensive Services are shown on two separate lines to better reflect service delivery.

MOVEMENT IN RESERVES STATEMENT

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

2018/19 £000	General Reserves	2019/20 £000
(4,809) (528)	Balance as at 31 st March 2019 brought forward Total Comprehensive Income & Expenditure	(5,337) 611
(528)	(Surplus) or Deficit on the Provision of Services	611
(5,337)	BALANCE AS AT 31st MARCH 2020 CARRIED FORWARD	(4,726)

BALANCE SHEET

As at 31st March 2020

The Balance Sheet as at 31st March 2020 is a snapshot of the value at that reporting date of the assets and liabilities recognised by the IJB. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

31st March 2019 £000		Notes	31st March 2020 £000
5,469	Current Assets		5,249
5,469	Short Term Debtors	7	5,249
132	Current Liabilities		523
132	Short Term Creditors	7	523
5,337	Net Assets		4,726
(5,337)	Reserves	8	(4,726)
(5,337)	Total Reserves		(4,726)

The Statement of Accounts present a true and fair view of the financial position of the IJB as at 31st March 2020 and its income and expenditure for the year then ended.

The audited annual report and accounts were submitted for approval and issue by the IJB on 23rd September 2020

Lesley Bairden ACMA CGMA
Chief Financial Officer
Integration Joint Board 23rd September 2020

Notes to the Financial Statements

1. Accounting Policies

1.1 General Principles

The Statement of Accounts summarises the IJB's transactions for the 2019/20 reporting period and its position as at 31st March 2020.

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

IJBs are specified as Section 106 bodies under the Local Government (Scotland) Act 1973 and as such are required to prepare their financial statements in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2019/20 supported by International Finance Reporting Standards (IFRS).

1.2 Accruals of Income and Expenditure

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

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

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

1.3 Going Concern

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

1.4 Accounting Convention

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

1.5 Funding

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

1.6 Reserves

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

Reserves have been created in order to finance expenditure in relation to specific projects. When expenditure to be financed from a reserve is incurred it will be charged to the appropriate service

in that year and will be funded by an appropriation back to the Comprehensive Income and Expenditure Statement in the Movement in Reserves Statement.

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

1.7 Events after the Balance Sheet Date

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

Where events take place before the date of authorisation and provide information about conditions existing as at 31st March 2020 the figures in the financial statements and notes have been adjusted in all material aspects to reflect the impact of this information.

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

1.8 Related Party Transactions

As partners of East Renfrewshire IJB both East Renfrewshire Council and NHS Greater Glasgow and Clyde are related parties and material transactions with those bodies are disclosed in Note 5 (Page 55) in accordance with the requirements of International Accounting Standard 24.

1.9 Provisions, Contingent Assets and Liabilities

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

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

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

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

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

1.10 Indemnity Insurance

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

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

In the event that known claims were identified they would be assessed as to the value and probability of settlement. Where material the overall expected value of any such known claims, taking probability of settlement into consideration, would be provided for in the IJB's Balance Sheet. No such claims were identified as at 31st March 2020

Similarly, the likelihood of receipt of an insurance settlement to cover any claims would be separately assessed, and where material, they would be presented as either a debtor or disclosed as a contingent asset. No such receipts were identified as at 31st March 2020.

The cost of participation in the CNORIS scheme was funded on our behalf by NHS Greater Glasgow and Clyde.

1.11 Corresponding Amounts

These Financial Statements cover the period 1st April 2019 to 31st March 2020, with corresponding full year amounts for 2018/19.

1.12 VAT

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

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

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

1.13 Post - Employment Benefits – Pension Costs

The accounting requirements for pension costs in respect of Post - Employment Benefits under IAS9 and FRS17 are reflected in the accounts of East Renfrewshire Council and NHS Greater Glasgow and Clyde as the respective employers of current and former staff members. The IJB does not directly employ any members of staff in its own right and accordingly has accrued no liability in regards to post employment pension benefits.

1.14 Prior Period Restatement

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

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

2. Expenditure and Income Analysis by Nature

2018/19 Re-stated £000		2019/20 £000
(158,273)	Partners funding contribution and non-specific grant income	(164,568)
(10,177)	Fees and charges and other service income	(10,874)
(168,450)	2019/20 TOTAL FUNDING	(175,442)
36,602	Employee Costs	39,793
818	Premises Costs	1,054
375	Transport Costs	315
7,201	Supplies & Services	8,193
50,995	Third Party Payments	51,572
2,126	Support Costs	2,314
16,024	Prescribing	16,090
23,729	Family Health Service	25,276
29,837	Acute Hospital Services	31,223
190	Corporate Costs	196
25	External Audit Fee	27
167,922	2019/20 COST OF SERVICES	176,053

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

3. Taxation and Non Specific Grant Income

2018/19 Re-stated £000		2019/20 £000
48,557	East Renfrewshire Council	49,565
98,135	NHS Greater Glasgow and Clyde	103,447
6,449	Resource Transfer	6,424
5,132	Social Care Fund	5,132
158,273	PARTNERS FUNDING CONTRIBUTION & NON SPECIFIC GRANT INCOME	164,568

The funding contribution from NHS Greater Glasgow and Clyde includes £31.223 million in respect of East Renfrewshire's use of set aside for delegated services provided in large hospitals. These are provided by the NHS, which retains responsibility for managing the costs of providing the service. The IJB however, has responsibility for the consumption of and level of demand placed on these services.

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

As detailed at Note 11 the IJB has considered the basis of the preparation of the 2019/20 accounts in respect of Learning Disability In-Patient Services and Augmentative & Alternative Communication (AAC) services hosted by the East Renfrewshire IJB for other IJBs within the NHS Greater Glasgow & Clyde Area. Accordingly, the IJB is considered to be acting as a 'principal' and the 2019/20 financial statements have been prepared on this basis with the full costs of such services being reflected in the 2019/20 financial statements. The cost of the hosted service provided to other IJBs and consumed by East Renfrewshire in regards Learning Disability Inpatients and Augmentative and Alternative Communication is detailed below.

2018/19 £000	LEARNING DISABILITY IN PATIENTS SERVICES HOSTED BY EAST RENFREWSHIRE IJB	2019/20 £000
6,234	Glasgow	5,659
918	Renfrewshire	1,347
142	Inverclyde	199
570	West Dunbartonshire	846
-	East Dunbartonshire	196
7,864	Learning Disability In-Patients Services Provided to other IJBs	8,247
98	East Renfrewshire	112
7,962	TOTAL LEARNING DISABILITY – INPATIENTS SERVICES	8,359

2018/19 £000	AUGEMENTATIVE AND ALTERNATIVE COMMUNICATION HOSTED BY EAST RENFREWSHIRE IJB	2019/20 £000
-	Glasgow	72
-	Renfrewshire	7
-	Inverclyde	-
-	West Dunbartonshire	4
-	East Dunbartonshire	25
-	AAC Services Provided to other IJBs	108
-	East Renfrewshire	11
-	TOTAL AAC SERVICES *	119

*These figures above relate only to the hosted element of this service and therefore do not translate to the CIES where the total cost is shown. This service transferred to East Renfrewshire in 2019/20 so there is not a prior year cost.

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

2018/19 £000	SERVICES PROVIDED TO EAST RENFREWSHIRE IJB BY OTHER IJBs WITHIN NHS GREATER GLASGOW AND CLYDE	2019/20 £000
434	Physiotherapy	460
53	Retinal Screening	48
452	Podiatry	464
295	Primary Care Support	303
293	Continence	297
613	Sexual Health	618
876	Mental Health	906
858	Oral Health	868
335	Addictions	348
184	Prison Health Care	194
163	Health Care in Police Custody	162
3,811	Psychiatry	4,211
8,367	NET EXPENDITURE ON SERVICES PROVIDED	8,879

5. Related Party Transactions

The following financial transactions were made with East Renfrewshire Council and NHS Greater Glasgow and Clyde relating to integrated health and social care functions during 2019/20. The nature of the partnership means that the IJB may influence, and be influenced by its partners.

2018/19 Re-stated £000	Income – payments for integrated functions	2019/20 £000
102,698	NHS Greater Glasgow and Clyde	108,461
65,752	East Renfrewshire Council	66,981
168,450	TOTAL	175,442

2018/19 Re-stated £000	Expenditure – payments for delivery of integrated functions	2019/20 £000
102,698	NHS Greater Glasgow and Clyde	108,461
65,224	East Renfrewshire Council	67,592
167,922	TOTAL	176,053

6. Corporate Expenditure

2018/19 £000	Corporate Expenditure	2019/20 £000
190 25	Staff Costs Audit Fee	196 27
215	TOTAL	223

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

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

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

NHS Greater Glasgow and Clyde did not charge for any support services provided in the year ended 31st March 2020.

The support services for East Renfrewshire Council are included within the funding provided to the IJB as set out in the Scheme of Integration and as such have been charged for in 2019/20.

Fees payable to Audit Scotland in respect of external audit services undertaken in accordance with Audit Scotland's Code of Audit Practice 2019/20 amounted to £26,560. Audit Scotland did not provide any non-audit services during 2019/20.

VAT is not included in the costs identified.

7. Short Term Debtors and Creditors

2018/19 £000	Short Term Debtors	2019/20 £000
761 4,708	NHS Greater Glasgow and Clyde East Renfrewshire Council	550 4,699
5,469	TOTAL	5,249

2018/19 £000	Short Term Creditors	2019/20 £000
71 61	NHS Greater Glasgow and Clyde East Renfrewshire Council	462 61
132	TOTAL	523

8. Reserves

As at 31st March 2020 the IJB has created earmarked reserves in order to fund expenditure in respect of specific projects. In addition a general reserve has been created as part of the financial strategy of the IJB in order to better manage the risk of any future unanticipated events that may materially impact on the financial position of the IJB.

2018/19 £000	Reserves	Used £000	Added £000	Transfers In / (out) £000	2019/20 £000
111	Mental Health Action 15	111	-		-
68	Alcohol & Drugs Partnership	-	15		83
420	Primary Care Improvement	352	102		170
-	GP Premises Fund	-	78		78
599	TOTAL RING-FENCED RESERVES	463	195		331
1,139	Budget Savings Phasing	519	310	97	1,027
500	In Year Pressures	229	-		271
222	Prescribing	-	-		222
1,861	Total Bridging Finance	748	310	97	1,520
664	Children and Families	69	426		1,021
1,039	Transitional Funding Learning Disability Specialist Services				1,039
39	District Nursing			61	100
55	Active Lives	55			-
109	Projects and Initiatives			(109)	-
49	Learning Disability			(49)	-
-	Augmentative & Alternative Communication		101		101
252	Total Projects	55	101	(97)	201
100	Renewal and Repairs				100
250	Care at Home	250			-
200	Partnership Strategic Framework	50			150
100	Organisational learning & Development	8			92
550	Total Capacity	308			242
4,466	TOTAL EARMARKED RESERVES	1,180	837	0	4,123
272	TOTAL GENERAL RESERVES				272
5,337	TOTAL ALL RESERVES	1,643	1,032	0	4,726

Note: of the £1.643 million reserves used during the year £1.578 million was planned use and £0.065 million meets the operational overspend.

9. Contingent Assets and Liabilities

There are no contingent assets or liabilities as at 31st March 2020.

10. New standards issued but not yet adopted

The Code requires the disclosure of information relating to the impact of an accounting change that will be required by a new standard that has been issued but not yet adopted. The IJB considers that there are no such standards which would have a significant impact on the 2019/20 annual accounts.

11. Critical Judgements & Estimation Uncertainty

In applying the accounting policies set out above, the IJB has had to make a critical judgement relating to complex transactions in respect of Learning Disability Inpatients Services and AAC services hosted within the East Renfrewshire IJB for other IJB's within the NHS Greater Glasgow & Clyde area. Within NHS Greater Glasgow & Clyde each IJB has operational responsibility for services which it hosts on behalf of other IJB's. In delivering these services the IJB has primary responsibility for the provision of services and bears the risk and reward associated with this service delivery in terms of demand and the financial resources required. As such the IJB is considered to be acting as 'principal' and the full costs should be reflected within the financial statements for the services which it hosts. This is the basis on which the 2019/20 accounts have been prepared.

12. Post Balance Sheet Events

The 2019/20 Annual Report and Accounts were authorised for issue by the IJB on the 23rd September 2020. There have been no adjusting events (events which provide evidence of conditions that existed at the balance sheet date) and no such adjusting events have been reflected in the financial statements or notes. Likewise there have been no non – adjusting events, which are indicative of conditions after the balance sheet date, and accordingly the financial statements have not been adjusted for any such post balance sheet events.

13. Prior Period Restatement

The figure included in the 2019/20 financial statements in respect of set aside for delegated services provided in large hospitals is provided by the NHS which retains responsibility for managing the costs of providing the services. The IJB, however, has responsibility for the consumption of, and level of demand placed on, these resources.

NHS Greater Glasgow and Clyde are now in a position to report the set aside figures based on actual expenditure of £31.223 million which has resulted in the restatement of 2018/19 figures. These were previously based on a notional budget figure of £16.624 million. The notional budgets for set aside were based on NRAC (resource allocation formula) activity and information from the cost book and were very high level. Actual figures are now based on a much more detailed approach including actual spend and activity for each year.

Where to find more information

In This Document

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

On Our Website

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

Acknowledgement

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

Caroline Bamforth
Chair
Integration Joint Board

23rd September 2020

Julie Murray
Chief Officer
Integration Joint Board

23rd September 2020

Lesley Bairden ACMA CGMA
Chief Financial Officer
Integration Joint Board

23rd September 2020

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East Renfrewshire Health and Social Care Partnership
HSCP Headquarters, Eastwood Health and Care Centre, Drumby Crescent, Clarkston, G76 7HN
Phone: 0141 451 0749

Date: 23 September 2020

John Cornett, Audit Director
Audit Scotland
4th Floor
8 Nelson Mandela Place
Glasgow
G2 1BT

Dear John

East Renfrewshire Integration Joint Board Annual Accounts 2019/20

1. This representation letter is provided in connection with your audit of the annual accounts of the East Renfrewshire Integration Joint Board for the year ended 31 March 2020 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view in accordance with the financial reporting framework, and for expressing other opinions on the remuneration report, management commentary and annual governance statement.
2. I confirm to the best of my knowledge and belief and having made appropriate enquiries of the Performance and Audit Committee, the following representations given to you in connection with your audit of the East Renfrewshire Integration Joint Board's annual accounts for the year ended 31 March 2020.

General

3. The East Renfrewshire Integration Joint Board and I have fulfilled our statutory responsibilities for the preparation of the 2019/20 annual accounts. All the accounting records, documentation and other matters which I am aware are relevant to the preparation of the annual accounts have been made available to you for the purposes of your audit. All transactions undertaken by the East Renfrewshire Integration Joint Board have been recorded in the accounting records and are properly reflected in the financial statements.
4. I confirm that the effects of uncorrected misstatements are immaterial, individually and in aggregate, to the financial statements as a whole. I am not aware of any uncorrected misstatements other than those reported by you.

Financial Reporting Framework

5. The annual accounts have been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2019/20 (2019/20 accounting code), mandatory

guidance from LASAAC, and the requirements of the Local Government (Scotland) Act 1973, the Local Government in Scotland Act 2003 and The Local Authority Accounts (Scotland) Regulations 2014.

6. In accordance with the 2014 regulations, I have ensured that the financial statements give a true and fair view of the financial position of the East Renfrewshire Integration Joint Board at 31 March 2020 and the transactions for 2019/20.

Accounting Policies & Estimates

7. All significant accounting policies applied are as shown in the notes to the financial statements. The accounting policies are determined by the 2019/20 accounting code, where applicable. Where the code does not specifically apply, I have used judgement in developing and applying an accounting policy that results in information that is relevant and reliable. All accounting policies applied are appropriate to the East Renfrewshire Integration Joint Board circumstances and have been consistently applied.
8. The significant assumptions used in making accounting estimates are reasonable and properly reflected in the financial statements. Judgements used in making estimates have been based on the latest available, reliable information. Estimates have been revised where there are changes in the circumstances on which the original estimate was based or as a result of new information or experience.

Going Concern Basis of Accounting

9. I have assessed the East Renfrewshire Integration Joint Board's ability to continue to use the going concern basis of accounting and have concluded that it is appropriate. I am not aware of any material uncertainties that may cast significant doubt on the East Renfrewshire Integration Joint Board's ability to continue as a going concern.

Liabilities

10. All liabilities at 31 March 2020 of which I am aware have been recognised in the annual accounts.
11. There are no plans or intentions that are likely to affect the carrying value or classification of the liabilities recognised in the financial statements.

Fraud

12. I have provided you with all information in relation to
 - my assessment of the risk that the financial statements may be materially misstated as a result of fraud
 - any allegations of fraud or suspected fraud affecting the financial statements
 - fraud or suspected fraud that I am aware of involving management, employees who have a significant role in internal control, or others that could have a material effect on the financial statements.

Laws and Regulations

13. I have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing financial statements.

Related Party Transactions

14. All material transactions with related parties have been appropriately accounted for and disclosed in the financial statements in accordance with the 2019/20 accounting code. I have made available to you the identity of all the East Renfrewshire Integration Joint Board's related parties and all the related party relationships and transactions of which I am aware.

Remuneration Report

15. The Remuneration Report has been prepared in accordance with the Local Authority Accounts (Scotland) Regulations 2014, and all required information of which I am aware has been provided to you.

Management commentary

16. I confirm that the Management Commentary has been prepared in accordance with the statutory guidance and the information is consistent with the financial statements.

Corporate Governance

17. I confirm that the East Renfrewshire Integration Joint Board has undertaken a review of the system of internal control during 2019/20 to establish the extent to which it complies with proper practices set out in the Delivering Good Governance in Local Government: Framework 2016. I have disclosed to you all deficiencies in internal control identified from this review or of which I am otherwise aware.
18. I confirm that the Annual Governance Statement has been prepared in accordance with the Delivering Good Governance in Local Government: Framework 2016 and the information is consistent with the financial statements. There have been no changes in the corporate governance arrangements or issues identified, since 31 March 2020, which require to be reflected.

Balance Sheet

19. All events subsequent to 31 March 2020 for which the 2019/20 accounting code requires adjustment or disclosure have been adjusted or disclosed.

This letter was presented to, and agreed at, the meeting of the East Renfrewshire Integration Joint Board: Audit Committee on 23 September 2020.

Yours sincerely

Lesley Bairden
Head of Finance and Resources (Chief Finance Officer)
East Renfrewshire Integration Joint Board

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board	
Held on	23 September 2019	
Agenda Item	7	
Title	East Renfrewshire HSCP Annual Performance Report 2019/20	
Summary		
<p>This report provides members of the Integration Joint Board with the Annual Performance Report for the Health and Social Care Partnership for 2019-20.</p> <p>This is our fourth Annual Performance Report and outlines performance for the second year of our Strategic Plan 2018-21. The Annual Performance Report is a high level, public facing report. It focuses on the performance of the HSCP prior to the Covid-19 pandemic.</p>		
Presented by	Steven Reid Policy, Planning and Performance Manager	
Action Required		
<p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> ▪ Approve the report and its submission to the Scottish Government by the revised deadline of 30 September 2020. ▪ Agree that the Policy, Planning and Performance Team will work with the Communications Team to consider a range of media to engage with the public, illustrate performance and publish the Performance Report on our website and through social media. 		
Directions		Implications
<input checked="" type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC		<input type="checkbox"/> Finance <input checked="" type="checkbox"/> Policy <input type="checkbox"/> Workforce <input checked="" type="checkbox"/> Equalities <input type="checkbox"/> Risk <input checked="" type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

23 SEPTEMBER 2020

Report by Chief Officer

EAST RENFREWSHIRE HSCP ANNUAL PERFORMANCE REPORT 2019/20

PURPOSE OF REPORT

1. This report advises the members of the Annual Performance Report for the Health and Social Care Partnership for 2019-20.

RECOMMENDATIONS

2. The Integration Joint Board is asked to:
 - Approve the report and its submission to the Scottish Government by the revised deadline of 30 September 2020.
 - Agree that the Policy, Planning and Performance Team will work with the Communications Team to consider a range of media to engage with the public, illustrate performance and publish the Performance Report on our website and through social media.

BACKGROUND

3. The Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Joint Boards to publish an Annual Performance Report, setting out an assessment of performance in planning and carrying out those functions for which they are responsible. The 2014 Act requires publication of the report within 4 months of the end of the financial year being reported on, therefore by 31 July each year.
4. In recognition of the exceptional requirements being place 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 are of the view that continuing with report preparation would impede their ability to take effective action in response to the coronavirus pandemic.
5. The Chief Officer agreed to delay the publication date for the Annual Performance Report until 30 September in exercise of the power granted to public authorities under the Coronavirus (Scotland) Act 2020 to do so. The staff who would have been involved in the preparation of the report have been heavily engaged in supporting the Covid-19 pandemic response.
6. The Public Bodies (Joint Working) (Scotland) 2014 Act requires that publication of the report should include making the report available online, and should ensure that the Report is as accessible as possible to the public. Guidance suggests that partnerships may wish to consider a range of media to engage with the public, illustrate performance and disseminate the Performance Report. The Integration Joint Board must also provide a copy of this report to each constituent authority (NHS Greater Glasgow and Clyde and East Renfrewshire Council).

7. The required content of the performance reports is set out in The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014. In addition Scottish Government has issued guidance for the preparation of performance reports:
 - Performance against national health and wellbeing outcomes.
 - Performance in relation to integration planning and delivery principles.
 - Performance in relation to strategic planning and any review of strategic plan during year.
 - Financial planning, performance and best value.
 - Performance in respect of locality arrangements.
 - Inspections of services.
 - Details of any review of the strategic plan.
8. Subject to approval of the report by the Integration Joint Board, the report will be published on our website by 30 September and promoted through appropriate media channels.

REPORT

9. The Annual Performance Report sets out how we delivered on our vision and commitments over 2019-20. This year is the second year of the HSCP Strategic Plan 2018-21 and this is our fourth Annual Performance Report. We review our performance against agreed local and national performance indicators and against the commitments set out in our second Strategic Plan, which covers the period 2018-21. The report is principally structured around the priorities set out in our strategic plan, linked to the National Health and Wellbeing Outcomes as well as those for Criminal Justice and Children and Families.
10. The main elements of the report set out: the current strategic approach of the East Renfrewshire Health and Social Care Partnership; how we have been working to deliver our strategic priorities over the past 12 months; our financial performance; and detailed performance information illustrating data trends against key performance indicators.
11. National performance indicators can be grouped into two types of complementary measures: outcome measures and organisational measures.
12. The national outcome measures are based on survey feedback available every two years from a national survey of people taken from a random sample based on GP practice populations. These people have not necessarily used HSCP services. The survey was last carried out in 2017 and as such no current data is available for these measures. The HSCP collects local data of people who have used our services and supports. This is included in the report as it is collected throughout the year and can be tracked over a longer time period. We believe better reflects outcomes achieved by the Health and Social Care Partnership.
13. The national organisational measures are taken from data that is collected across the health and care system for other reasons. In all cases we have included the latest available data. The updated indicators may not represent the full end year position as some of the data completion rates are not yet 100% but will be the most up-to-date data available at the statutory deadline. We have identified 'provisional' figures in the report.
14. The remaining performance information in the report relates to the key local indicators and targets developed to monitor progress against our Strategic Implementation Plan 2018-21. Our performance indicators illustrate progress against each of our seven strategic priorities. Chapter 4 of the report gives trend data from 2016-17 and uses a Red, Amber, Green status key to show whether we are meeting our targets.

15. In addition to activity and performance in relation to the seven strategic priorities the report includes sections on:
 - Public protection;
 - Our hosted Specialist Learning Disability Service;
 - How we support our staff.

16. Performance indicators that have seen the greatest improvement in 2018-19 are summarised in Chapter 4. These demonstrate significant progress across a number of areas, including:
 - Outcomes for children following support from our parenting programmes.
 - Improving the balance of Care for looked after children (% of children being looked after in the community).
 - Outcomes for women who have experienced domestic abuse.
 - Helping older people and people with long-term condition maintain independence at home.
 - Reducing waiting times for people accessing psychological therapies.
 - Reducing delayed discharges from hospital and reducing unplanned hospital bed days.
 - The proportion of people spending the last 6 months of life in a community setting.
 - Supporting the needs of unpaid carers.

17. The report also highlights indicators where we feel we could be doing better and will focus on improving. These include:
 - Children and young people accessing support through Child and Adolescent Mental Health Services (CAMHS).
 - Completion of unpaid work placement (Community Payback Orders) within Court timescales.
 - The number of people self-directing their care through receiving direct payments and other forms of self-directed support.
 - Reducing the number of A&E attendances and admissions.

18. Following any comments from either the Performance and Audit Committee or the Integration Joint Board on 23 September 2020, we will use the remaining weeks until the publication date to enhance any content and make presentational changes.

CONSULTATION AND PARTNERSHIP WORKING

19. The Annual Performance Report reflects the work of the Health and Social Care Partnership throughout 2019-20. Through our Strategic Plan we make a commitment to working together:
 - With individuals as partners in planning their own care and support.
 - With carers and families as partners in the support they provide to the people they care for. We will ensure the supports carers and families can sometimes require themselves are recognised.
 - With communities as partners in shaping the care and supports available and in providing opportunities for people to get involved in their communities.
 - With organisations across sectors, including our Community Planning partners and the Third Sector. We will work in partnership to co-commission, forecast, prioritise and take action together.

20. There are multiple examples of this commitment in action throughout the report.

IMPLICATIONS OF THE PROPOSALS

Finance

21. The Annual Performance Report incorporates relevant financial end of year performance information in Chapter 3. A separate Annual Accounts Report has also been produced and is on the IJB agenda.

Staffing

22. One of the national outcomes is “People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide”. There is a section in the report on this outcome.

Legal

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

Equalities

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

DIRECTIONS

No directions are being issued as a result of this paper

CONCLUSIONS

27. The Annual Performance Report is the fourth performance report for East Renfrewshire Health and Social Care Partnership. This report provides a comparison of our performance against Scotland and the previous baseline year.
28. The reports demonstrates continued progress in the delivery of the priority outcomes set out in our Strategic Plan 2018-21.

RECOMMENDATIONS

29. The Integration Joint Board is asked to:-
 - Approve the report and its submission to the Scottish Government by the revised deadline of 30 September 2020.
 - Agree that the Policy, Planning and Performance Team will work with the Communications Team to consider a range of media to engage with the public, illustrate performance and publish the Performance Report on our website and through social media.

REPORT AUTHOR AND PERSON TO CONTACT

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0141 451 0749

September 2020

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

[East Renfrewshire HSCP Annual Performance Report 2018/19](#)

East Renfrewshire HSCP Annual Performance Report 2017/18

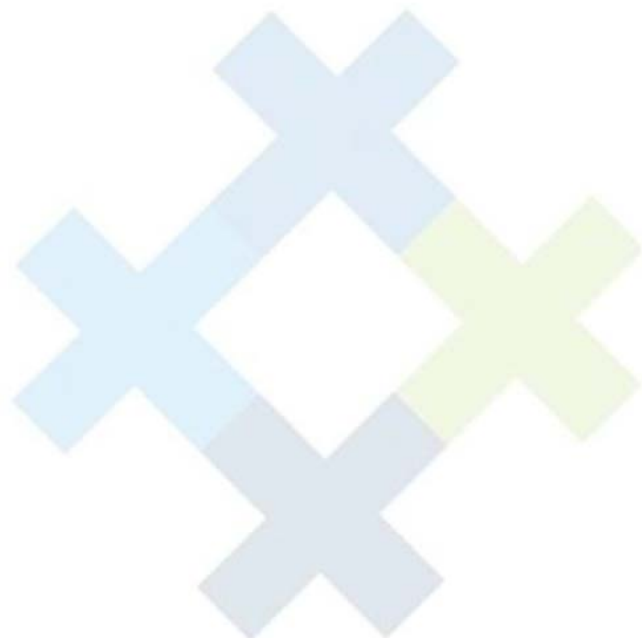
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East Renfrewshire Health and Social Care Partnership

Annual Performance Report

2019/20



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1. Introduction

1.1 Purpose of Report

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

This is the fourth report for the East Renfrewshire Integration Joint Board. It sets out how we delivered on our vision and commitments over 2019-20. We review our performance against agreed local and national performance indicators and against the commitments set out in our second Strategic Plan, which covers the period 2018-21. The report looks at performance for the 12 months prior to the Covid-19 pandemic and does not focus significantly on the impacts of the crisis and our response following the introduction of lockdown on 23 March 2020.

The main elements of the report set out:

- the current strategic approach of the East Renfrewshire Health and Social Care Partnership (HSCP);
- how we have been working to deliver our strategic priorities over the past 12 months;
- our financial performance; and,
- key work areas we will be focusing on as we move forward.

Detailed performance information illustrating data trends against key performance indicators is included in the Chapter 4 of the report.

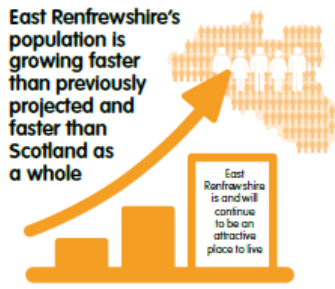
1.2 Local context

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

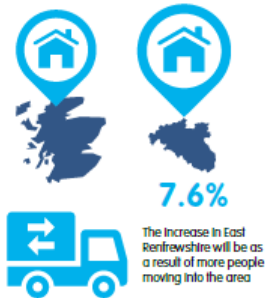
Our population is growing and reached 95,530 in 2019. 74% of the population live in the Eastwood area (Busby, Clarkston and Williamwood, Eaglesham and Waterfoot, Giffnock, Netherlee and Stamperland, Newton Mearns and Thornliebank) and 26% live in the Barrhead area (Barrhead, Neilston and Uplawmoor).

East Renfrewshire has an ageing population with a 44% increase in the number of residents aged 85 years and over during the last decade.

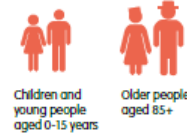
EAST RENFREWSHIRE'S POPULATION – WHAT TO EXPECT



The number of people living in East Renfrewshire is projected to increase by 7.6% by the year 2026 (this is higher than previous projection of 5.7% and higher than the Scottish rate of growth of 3.2%)



The two age groups that will grow the most



East Renfrewshire currently has the highest average household size in Scotland, but this is projected to shrink as more people live alone



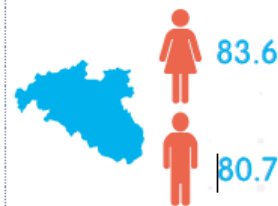
More houses are being built for three reasons



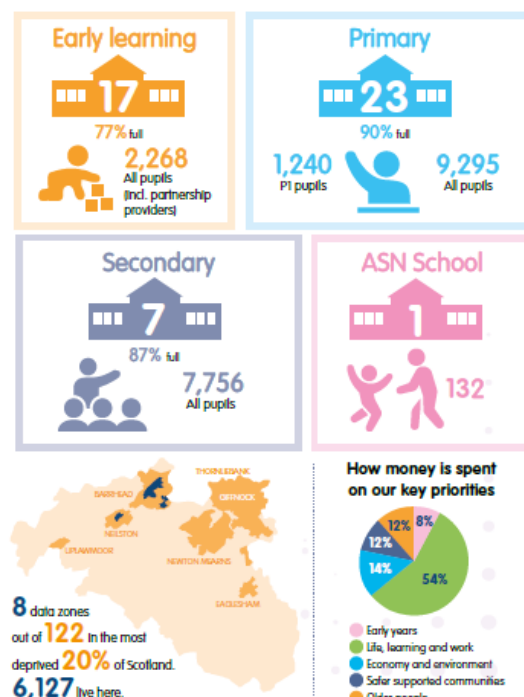
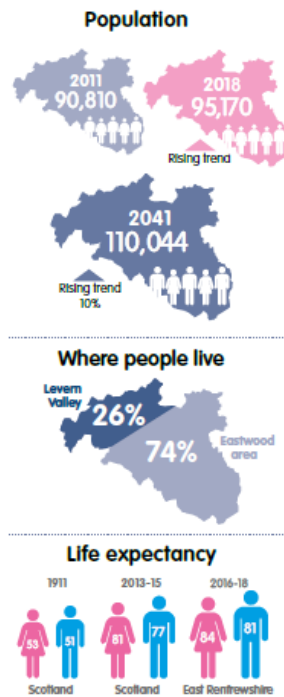
Demand will increase for services



East Renfrewshire has the highest life expectancy at birth for both females and males in Scotland.



EAST RENFREWSHIRE FAST FACTS



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

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

During the last 14 years our integrated health and social care management and staff teams have developed strong relationships with many different partner organisations. Our scale and continuity of approach have enabled these relationships to flourish. We have a history of co-production with our third sector partners and we are willing to test new and innovative approaches.

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

1.3 Our Approach

1.3.1 Our Strategic Vision and Priorities

In East Renfrewshire we have been leading the way in integrating health and care services. From the outset of the CHCP we have focused firmly on outcomes for the people of East Renfrewshire, improving health and wellbeing and reducing inequalities. Under the direction of East Renfrewshire's IJB, our new HSCP builds on this secure foundation. Throughout our integration journey during the last 14 years, we have developed strong relationships with many different partner organisations. Our longevity as an integrated partnership provides a strong foundation to continue to improve health and social care services.

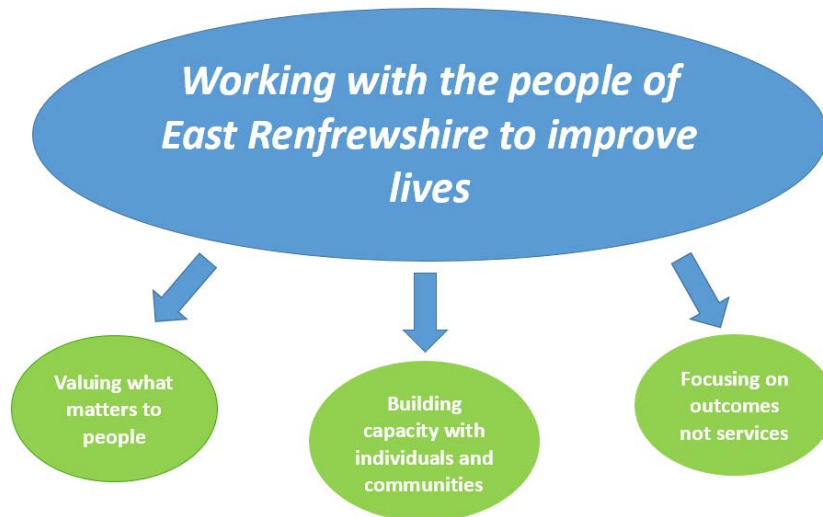
Our Vision

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

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

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

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



Our Strategic Plan

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

In 2017-18 we reviewed our current Strategic Plan in collaboration with our partners and local communities and began developing the priorities for our second plan. We considered our current performance using the national outcomes and indicators over the period of the first plan and sought feedback from our communities through national and local surveys. Our engagement activity was led by the third sector interface in partnership with Thrive, a commissioned external agency. We also looked at changes in the community planning, regional planning and the NHS Greater Glasgow and Clyde wider partnership landscape.

Through a series of workshops with our Strategic Planning Group, we recognised the need to reduce our strategic priorities in order to give more focus to areas of improvement. Much of our work from our previous strategic plan has continued. However, it was recognised that to meet the range of challenges presented by pressures on our finances and our growing and ageing population, we must fundamentally change the way we work together.

The plan recognises that the partnership must extend beyond traditional health and care services to a real partnership with local people and carers, volunteers and community organisations, providers and community planning partners. We must place a greater emphasis on addressing the wider factors that impact on people's health and wellbeing, including activity, housing, and work; supporting people to be well, independent and connected to their communities.

The plan also identifies that emergency admissions, out of hours pressures and carer stress are signs that our systems must continue to improve. We are committed to increasing the opportunities for people to talk with us earlier, exploring what matters to them and supporting them to plan and take action to anticipate and prevent problems and crises. By putting in place the right support at the right time we believe that we can improve lives and reduce demands on the health and care system.

Moving forward, hospitals will provide highly specialist treatment for people who are acutely unwell, with more locally provided rehabilitation and recuperation services. We have strong relationships with GPs in East Renfrewshire and over the course of the current strategic plan will be investing in primary care services to support people to better manage health conditions. We know that people staying in hospital longer than necessary makes them deteriorate and lose their independence and by reaching out to hospitals and providing a range of local supports we will get people back to East Renfrewshire sooner.

The strategic plan for 2018-21 sets out seven strategic priorities where we need to make significant change or investment during the course of the plan. These are:

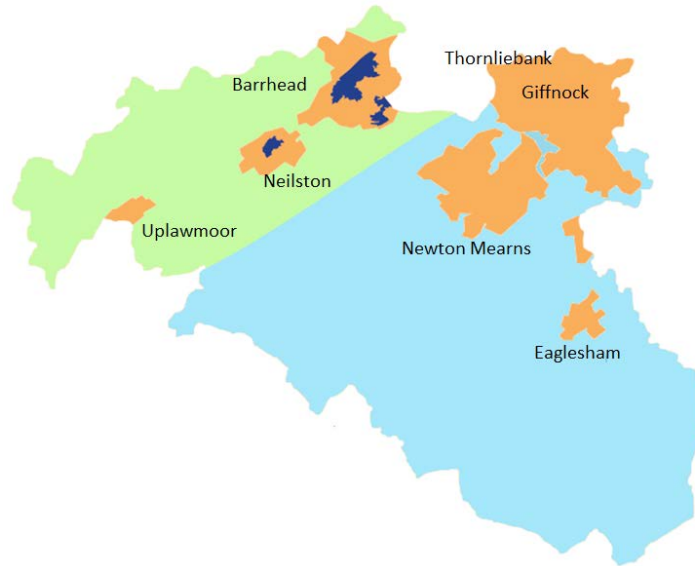
- Working together with **children, young people and their families** to improve mental wellbeing
- Working together with our community planning partners on new **community justice** pathways that support people to prevent and reduce offending and rebuild lives
- Working together with our communities that experience shorter life expectancy and **poorer health** to improve their wellbeing
- Working together with people to maintain their **independence at home** and in their local community
- Working together with people who experience **mental ill-health** to support them on their journey to recovery
- Working together with our colleagues in primary and acute care to care for people to reduce **unplanned admissions** to hospital
- Working together with **people who care for someone** ensuring they are able to exercise choice and control in relation to their caring activities

1.3.2 Locality planning in East Renfrewshire

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

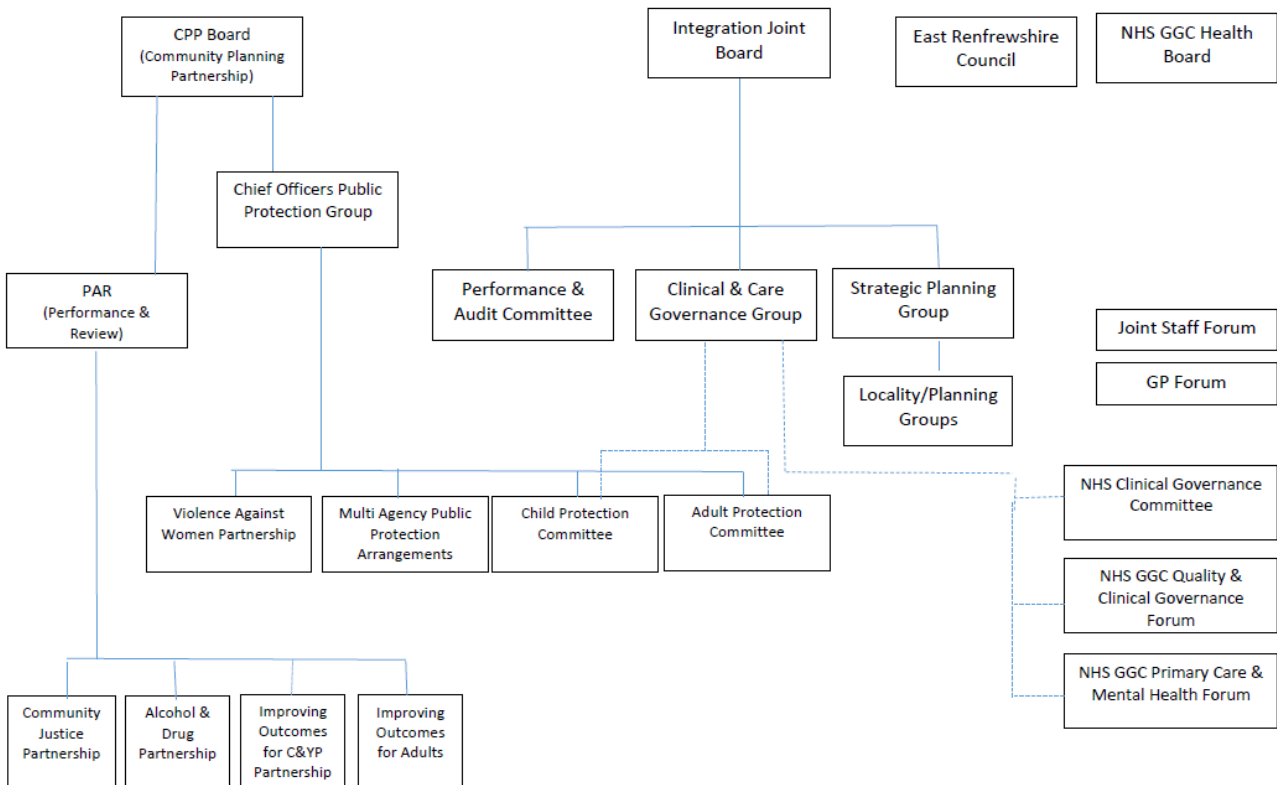
Our new localities also reflect our hospital flows, with the Eastwood Locality linking to South Glasgow hospitals and the Barrhead Locality to the Royal Alexandra Hospital in Paisley. The Barrhead Locality and Eastwood Locality Managers came into post in 2018. They have responsibility for both locality-based teams and services hosted on behalf of the entire HSCP.

Our management and service structure is designed around our localities. Our locality planning arrangements continue to develop and will be supported by new planning and market facilitation posts and financial reporting at a locality level.

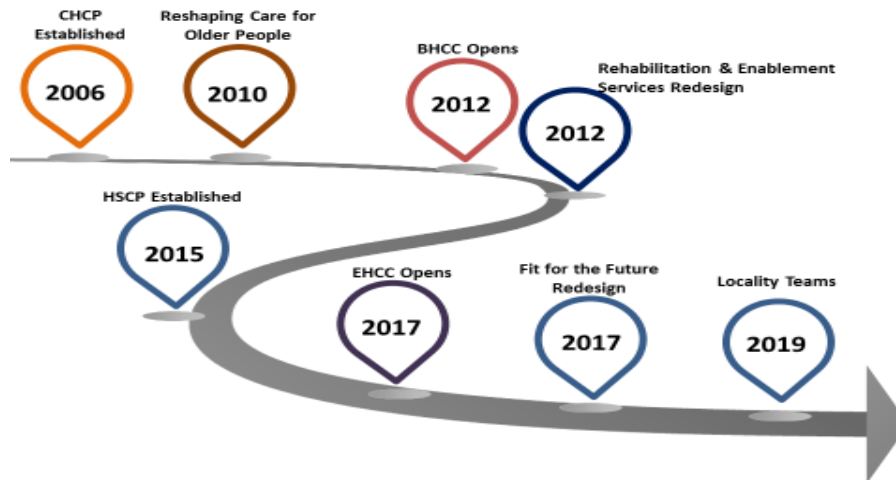


The IJB continues to build on the long standing delivery of integrated health and care services within East Renfrewshire and the continued and valued partnership working with our community, the third, voluntary and independent sectors, facilitating the successful operation of the Health and Social Care Partnership, hereafter known as the HSCP.

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



1.3.3 Realising the strategy through operational delivery

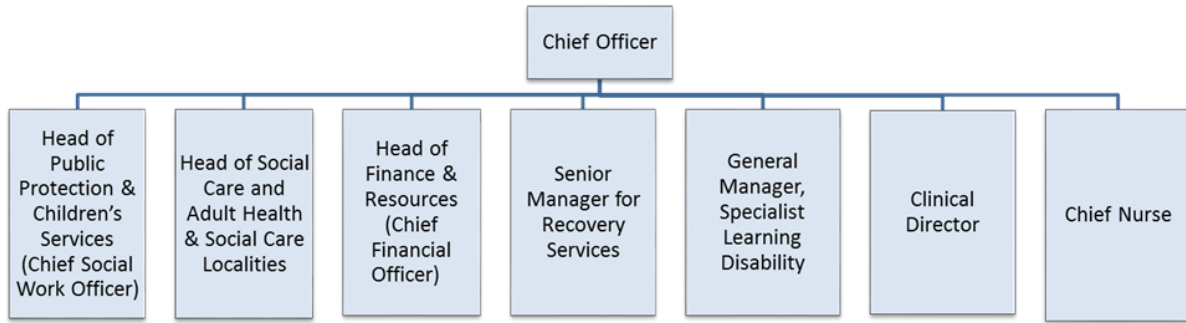


Developing our integrated Health and Care Centres at Barrhead and Eastwood has provided us with an ideal opportunity to facilitate a fundamental change in the operational delivery of health and social care for people in East Renfrewshire. Eastwood Health and Care Centre was designed to support the further integration of health and care, along with wider Council and third sector services, in a setting that promotes wellbeing.

In order to prepare for the move to the Eastwood facility (opened 2017), a significant transformation programme was undertaken. We worked with staff groups to design zones that collocated workers and teams, in environments that supported their ways of working and fostered collaboration. Before finalising the physical design in Eastwood, we tested our new working environment in Barrhead Health and Care Centre. The building design and functionality of the Eastwood Health and Care Centre remains a reference design for future centres and a key asset for the HSCP.

More recently our Fit for the Future change programme (FFTF) has included end to end operational service reviews in conjunction with a review of our organisation structure and in line with our vision. The Chief Financial Officer (CFO) is responsible for ensuring that all project work and service designs are properly supported and that sound financial and risk governance is in place. This includes modelling and monitoring the FFTF programme.

This structure modelled through FFTF recognised the need to strengthen the link between strategy and operations, and to develop a stronger locality focus. Strategic planning, market facilitation and improvement capacity are being embedded in the locality structure. Our new teams have undertaken self-evaluation and planning activity to support the strategic direction. The structure of our leadership team is shown below.



During 2019-20 our partnership provided a wide range of health and social care service for local people including the examples given below.

Our resources include:



The IJB continues to build on the long standing delivery of integrated health and care services within East Renfrewshire and the continued and valued partnership working with our community, the third, voluntary and independent sectors, facilitating the successful operation of the Health and Social Care Partnership, hereafter known as the HSCP.

1.3.4 Joint Strategic Inspection of East Renfrewshire HSCP

The Care Inspectorate and Health Improvement Scotland carried out a Joint Strategic Inspection of Adult Services in East Renfrewshire Health and Social Care Partnership between April and June 2019. The inspection was one of a series on the effectiveness of strategic planning requested by Scottish Ministers. The key elements during the inspection were how well the partnership had:

- Improved performance in both health and social care;

- Developed and implemented operational and strategic planning arrangements;
- Established the vision, values and aims across the partnership and the leadership of strategy and direction.

The inspection included analysis of the evaluative statements and evidence submitted by the partnership, followed by fieldwork in East Renfrewshire, which included focus groups, interviews and observation of activities. The final report of the inspection was published on 9 October 2019.

The inspection concluded that there was clear evidence that the partnership was improving its health and social services for adults. They found a culture of collaborative leadership, sound governance and a strong commitment to integration. Collaborative working with third sector partners to develop innovative person-centred services and community assets were recognised.

The inspectors considered the issues for the in-house care at home service to be a considerable risk for the partnership. They found no evidence of systemic problems with the partnership's governance and performance management systems. The partnership needs to make progress implementing its improvement plan for its care at home service. This will depend on the effectiveness of the operational management of this service.

The finding of the inspection was that partnership showed capacity for continuous improvement with its record of sound progress with the integration of health and social care services, supported by an integrated management structure and co-located teams of health and social care staff.

1.3.5 Our integrated performance management framework

Since the establishment of the Community Health and Care Partnership in 2006, there has been a commitment to integrated performance management.

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

An Implementation Plan and a supporting performance framework accompany our 3-year Strategic Plan. Working with key stakeholders, we developed these through outcome-focused planning. The plan is presented as a series of 'driver diagrams'. These diagrams show how we will achieve our strategic outcomes through 'critical activities' measured by a suite of performance indicators. This is the basis for strategic performance reporting to the Integration Joint Board (IJB) and it also feeds into East Renfrewshire Council's Outcome Delivery Plan and NHS Greater Glasgow and Clyde's Operational Plan. Our Strategic Performance Reports are presented to the IJB Performance and Audit Committee every six months (at mid and end year). We also provide quarterly updates (at Q1 and Q3) when data updates are available.

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

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

We gather service user feedback from a variety of sources. These include patient/service user surveys through for example, our Primary Care Mental Health Team; day centres and community groups; and users of our integrated health and social care centres. We also gather local feedback from East Renfrewshire Council's Citizens' Panel, Talking Points data and the National Health and Wellbeing Survey. We support a Mental Health Carers Group, where carers are able to raise issues about their needs and the support they receive.

1.3.6 Our Covid-19 response and remobilisation

East Renfrewshire HSCP has been at the forefront of the local response to the Covid-19 pandemic. Over the course of the Covid-19 crisis we have seen incredible resilience, commitment and creativity from staff in all services across East Renfrewshire HSCP. Within a very short space of time teams established and adapted to new ways of working and continued to maintain and deliver safe and effective services to our residents. There has been innovation and collaborative working across the health and care system including with external stakeholders and our communities.

Our response to the pandemic has necessarily been tailored within client groups to meet the specific needs of communities and respond to specific challenges posed within these services.

As we moved through the initial emergency phase of the pandemic, services developed (and continue to review) their own recovery plans setting out local milestones and these were collated into an HSCP-wide Operational Recovery Plan. The implementation of the Operational Recovery plan is being closely monitored and priorities are updated by service leads on a weekly basis.

Our strategic plan is due to be updated for 2021-24. We will review our strategic needs assessment in light of the COVID-19 outbreak and develop our strategic priorities taking into account the lessons learned and changing needs and expectations of local residents. The recovery work programme we have implemented will help inform our planning in the medium and longer term.

2. Delivering our key priorities

2.1 Introduction

This section looks at the progress we made over 2019/20 to deliver the key priorities set out in our Strategic Plan. We also set out performance for cross-cutting areas that support our strategic priorities including public protection and staff engagement. For each area we present headline performance data showing progress against our key local and national performance indicators. In addition to an analysis of the data we provide qualitative evidence including case studies and feedback from local people engaging with our services. We also illustrate which of the National Health and Wellbeing Outcomes we are contributing to through each area of activity.

A full performance assessment covering the period 2016/17 to 2019/20 is given in Chapter 4 of the report.

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

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

2.2.1 Our strategic aim

We provide ongoing support to children who are described as vulnerable due to being looked after and in our care, or on the edges of care, who need targeted interventions to safeguard their wellbeing.¹ Our Strategic Plan established a targeted priority of improving mental wellbeing of children and young people. We have been aware for some time of the pressures on our Child and Adolescent Mental Health Services (CAMHS), our disproportionate use of mental health inpatient beds and the number of GP consultations for mental wellbeing. Local community consultation also confirmed this as an area of concern for local residents.

Research suggests that half of adult mental health problems have begun by the age of 15, and once acquired they tend to persist. Mental ill health in children, young people and adults is strongly correlated with exposure to childhood adversity and trauma of various kinds. Adverse Childhood Experiences (ACEs) are an established indicator of exposure to such trauma. ACEs range from verbal, mental and physical abuse, to being exposed to alcoholism, drug use and domestic violence at home.

¹ Our main activities to support children and young people in East Renfrewshire are set out in "Getting it right with you" East Renfrewshire's Children's Services Plan 2017-2020.

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

- Providing the appropriate and proportionate mental health responses for children and young people;
- Increasing confidence among parents most in need of support as a result of targeted interventions;
- Improving maternal health and wellbeing;
- Strengthened family capacity through prevention and early intervention.

2.2.2 The progress we've been making

- 96% increase in improved outcomes for children after parent/carer completion of our Psychology of Parenting Project (PoPP)
- 98% positive response to Viewpoint question "Do you feel safe at home?"
- 96% of children/young people attending our Family Wellbeing Service with improved emotional health at end of programme in 2018/19
- Balance of Care for looked after children - 98% of children being looked after in the Community (the best in Scotland)
- 90% of supported mothers confirming they received information about close and loving relationships from staff

2.2.3 How we've been delivering

The Integration Joint Board are aware that many East Renfrewshire children and young people are presenting at GP services with requests for support around anxiety, depression, and distress. Parents expressing worry about the wellbeing of children and young people have been calling upon specialist and clinical services such as CAMHS, or Educational Psychology to respond.

We are aware that these traditional service have been experiencing high demand resulting in longer waiting times. And in many cases this is not the most appropriate support for the young person and their family.

As an alternative approach we have established our **Family Wellbeing Service**, to support these children and young people who present with a range of significant mental and emotional wellbeing concerns. Children 1st have been commissioned to deliver this service since September 2017. The Family Wellbeing Service works with the HSCP to deliver holistic support based in GP surgeries to:

- Improve the emotional wellbeing of children and young people aged 8–16;
- Reduce the number of inappropriate referrals to CAMHS and other services;
- Support appropriate and timely recognition of acute distress in children and young people accessing clinical help if required;
- Improve family relationships and help build understanding of what has led to the distress and concerns;
- Engage, restore and reconnect children and young people with school and their wider community.

As a consequence of a significant new funding stream from Robertson Trust and East Renfrewshire HSCP the newly enhanced Family Wellbeing Service began on 1 June 2019, expanding its reach to include all GP Practices. This has been very successful with almost all practices beginning to refer children and young people.

The service is funded to accept a minimum of one hundred and seventy-eight referrals per year but has exceeded this figure significantly already. Promotion of the service with GPs and strengthening the links with partner agencies is ongoing. Early evaluation of the programme is indicating a significant improvement in the emotional wellbeing of the children and young people referred with fewer repeat presentations to GPs with distress. The service has been delivering positive outcomes for those accessing support.



As part of our preventative approach, we are committed to strengthening family capacity and building confidence among parents where this is required. We continue to invest in and develop our **Psychology of Parenting Project (PoPP)** which offers support to families experiencing difficulties with behaviour. Families can access one-off interventions (discussion groups) focusing on a specific topic. There are also two high quality, evidence-based programmes - Triple P and Incredible Years – offering more intensive support for parents due to challenging developmental behaviours and distress. In 2019/20, 96% of the children participating demonstrated improved outcomes as measured by SDQ (Strengths and Difficulties Questionnaire) – up from 89% in 2018/19.

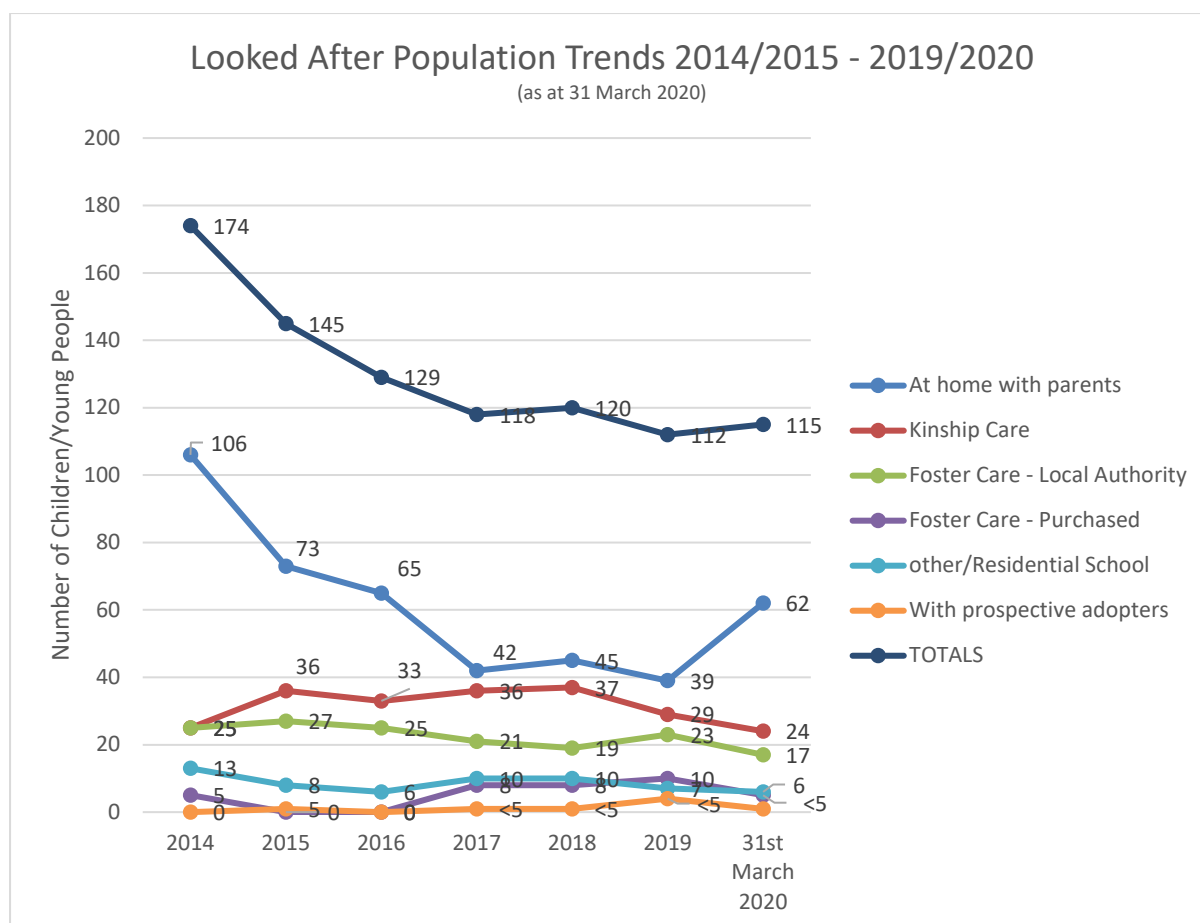


children participating demonstrated improved outcomes as measured by SDQ (Strengths and Difficulties Questionnaire) – up from 89% in 2018/19.

We continue to perform well in keeping children safe in their local community wherever possible and acting quickly to make decisions. Through this work and work with our care experienced young people we aim to improve life chances.

Through **PACE (Permanence and Care Excellence)** we have seen positive joint working, a strong commitment to change, and a developing 'common understanding' of permanence across the whole system. We have streamlined our processes to ensure that children, young people and their families/carers are included throughout the process in decision-making and care planning.

To support the wellbeing of our looked after children we work to ensure they access the most appropriate destinations possible. We are proud that 98% of our looked after children are supported in the community rather than institutional settings (up from 94% for the previous available year).



On 31 March 2020, one hundred and fifteen children and young people in East Renfrewshire were looked after in a range of settings. This constitutes approximately 0.5% of the total children's population of the area and remains one of the smallest proportions in Scotland. Sixty-six of the children were boys (57%) and forty-nine were girls (43%). We have continued to consolidate the PACE Programme, working to improve outcomes for children by securing permanent destinations for them. The numbers of children who are looked after has remained consistent over the past four years.

Although this year has seen an increase in the number of children looked after at home there has been a consistent reduction in the length of time children are looked after for, particularly for children who are twelve and under. At March 2016 the average period a child was looked after for was nineteen months and this has reduced to fifteen months at March 2020.

Further analysis of our reduction in children who are looked after at home has shown that during the 2019/20, 23% of Compulsory Supervision Orders for children and young people at home with parents were terminated. A further 23% remain open on a voluntary basis to the Youth Intensive Support Service and 54% to Children and Families, again on a voluntary basis.

Key successes in supporting our looked after children over the course of 2019/20 include:

- The length of time children and young people are looked after at home has decreased.
- The number of children looked after away from home has decreased.
- Implementation of Signs of Safety approach has strengthened the voice of the family network in looked after reviews and permanence planning.

- Improvement work in multi-agency contribution to Scottish Children's Reporter Administration to support effective decision making.

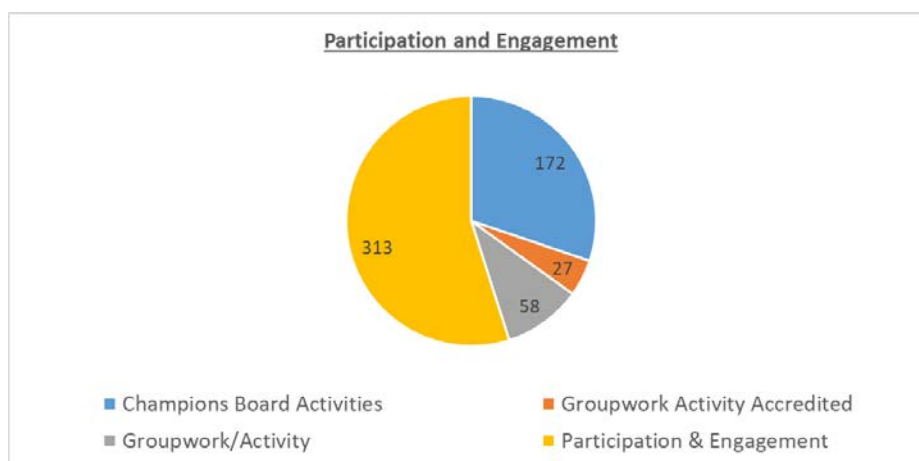
Signs of Safety

Over 2019/20 we have continued the implementation of the Signs of Safety multi-agency model, led by the Chief Social Work Officer and the Head of Education Services (Equality and Equity). The model supports practice improvement, with a particular focus on developing relational interventions with children, young people, their families and carers in order to reduce risk and improve children's wellbeing.

Our key achievements for the second year of our five year implementation plan are:

- Continued commitment from Multi Agency Implementation Team.
- The development of a multi-agency practice lead network, which meets quarterly with a clear focus of direct practice improvements.
- Continued workforce training provided at different levels, advanced and generic for all staff groups including education, health, police and adult services.
- The implementation and application of revised processes and documentation which complement the model - for Child Protection, Looked After Children, Scottish Children's Reporter Administration (SCRA) and Children with Additional Needs.
- The application of the model in our Child Protection Case Conferences to ensure they are solution orientated, strength based and risk focused.

Throughout 2019/20, we have continued to engage with our children, young people, families and communities through the **East Renfrewshire Champions Board**, group work and participation activities. Between April 2019 and March 2020 there were five hundred and twenty opportunities for children and young people to take part in participation and engagement, twenty-seven of these have led to an recognised accredited award. These opportunities were taken up by eighty seven children and young people from all age groups across the children and families teams.



The 14-19 age group are most likely to participate but we are seeing increased engagement by the 7-12 age group which demonstrates the continued efforts of the community team to encourage involvement of all ages.

The overall aim of **East Renfrewshire Champions Board** is to improve life chances of looked after young people both within our community planning partnership and in the

wider community. A central focus is on inclusion and participation allowing looked after young people a meaningful forum to directly influence and, through time, redesign services that affect them in a co-produced way by influencing their corporate parents.



Through our Champions Board we offer looked after young people leadership opportunities, develop relationship-based practice and the opportunity to change practice and policy. Our aim is to demystify and challenge misconceptions about looked after children and young people and strengthen awareness of the barriers that they face whilst offering opportunities to develop policy and practice to overcome these. Moreover we aim to reduce stigma and ensure that our looked after young people flourish and become all that they can be so that they move into adulthood and beyond, achieving their aspirations.

2.3 Working together with our community planning partners on new community justice pathways that support people to prevent and reduce offending

National Outcomes for Community Justice contributed to:

Prevent and reduce further offending by reducing its underlying causes

Safely and effectively manage those who have committed offences to help them reintegrate into the community and realise their potential for the benefit of all

2.3.1 Our strategic aim

The East Renfrewshire Community Justice Outcome Improvement Plan sets out our core outcomes, what we will deliver as partners and how this will contribute to and improve the lives of people with lived experience of the community justice system from point of arrest through to returning from custody.

Over the course of our Strategic Plan the East Renfrewshire HSCP is strengthening links with other community services and programmes to provide greater access and support for people to prevent and reduce offending. Through this work we will ensure that people moving through the criminal justice system have better access to the services they require, including welfare, health and wellbeing, addiction services, housing and employability.

Our aim is to **support people to prevent and reduce offending and rebuild their lives**, by:

- Reducing the risk of offending is through high quality person centred interventions;
- Ensuring people have improved access to through-care and comprehensive range of recovery services;
- Ensuring effective interventions are in place to protect people from harm.

2.3.2 The progress we've been making

- 100% of people reported that their community payback order helped to reduce their offending.
- 71% of community payback work placements were completed within court timescale.
- 79% of women accessing domestic abuse support services demonstrated a positive improvement in their outcomes.
- 16% of people moved from drug/alcohol treatment into recovery services.

2.3.3 How we've been delivering

We work with our partners to lead, develop, support and promote **Smart Justice** measures that work for those who have offended, those who have been harmed and for our community at large.

In 2019/20, East Renfrewshire's **Community Payback Team** successfully completed 9057 hours of unpaid work. This is approximately a 15% reduction in the number of hours



completed in the previous year (10,779), although we note the significant disruption of COVID-19 in March 2020. The Community Payback Team have been involved in a range of new projects during the year bringing benefits to the environment, local community and service user groups including local people with learning and physical disabilities. We continue to receive regular feedback from the public on the positive impact that community payback has had on their local community.

Dunterlie Foodshare

The Community Payback Team work in partnership with Dunterlie Community Hub to deliver a new food share project. This sees team members processing and delivering food parcels to those in need.



During 2019/20 we enhanced our unpaid work service by ensuring that tasks are meaningful to communities and provide learning opportunities for service users, including improving the environment and supporting charitable and voluntary organisations. Workshop premises have also been secured to expand opportunities of unpaid work.

Over the course of 2019/20 we have continued to develop strong partnership working in the **early planning of support** for offenders being released from prison. Our criminal justice and housing services are working closely together to ensure short stay accommodation is identified for individuals prior to release and support then provided to access a permanent tenancy.

We continued to deliver a multi-agency programme of offender focussed **trauma training**. Led by the criminal justice service and delivered to a multi-agency group of professionals (including housing, alcohol and drug services, employability and adult learning), this has supported the multi-agency delivery of interventions with those who hold convictions and have experienced trauma.

Several people with convictions were part of an **employment training programme** called Strive during the summer of 2019. This resulted in a number of positive outcomes for people who accessed this course, including employment. We have continued in 2019/2020 with a strong focus on our "No Barriers" project, which provides support with literacy and numeracy.

We have made significant progress to ensure we have a suitably qualified workforce supported by a clear pathway for domestic abuse referrals. As part of our community planning work to protect people from harm we implemented a multi-agency risk assessment conference (MARAC) for high risk domestic abuse victims. The MARAC is now fully operational as of June 2019. We appointed a Domestic Abuse coordinator in June 2019. This post has a critical role in supporting MARAC operations, co-ordination, risk assessment training, audit and reporting. All high risk domestic abuse victims and children now have multi agency action plans in place to reduce the risks posed to them by perpetrators.

In 2019/2020, the criminal justice team began to facilitate the local delivery of the nationally accredited sex offender treatment programme, **Moving Forward Making Changes (MFMC)**. Three social workers are now trained to deliver the programme, with our Advanced Practitioner

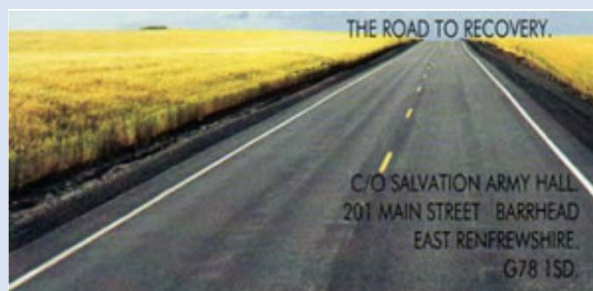
being supported to undertake the treatment management role to ensure accredited standards can be met.

We provide a high level of support for women and children who have experienced **domestic abuse**. We work in partnership with East Renfrewshire Women's Aid Service to deliver a helpline, drop in and direct support services for women, children and young people accessed the. In the past year we saw 79% women experiencing domestic abuse reporting improving their personal outcomes with safety, health and wellbeing, and empowerment and self-esteem scoring highly. This was a significant improvement on performance for the previous year (64%).

We continued to deliver a comprehensive range of services to support people recovering from **drug and alcohol addiction**. During 2019/20 our local Community Addictions and Recovery Team provide tailored support including planning for recovery, one-to-one and group support, family support and links to other agencies and resources to help people in their recovery journey.

P.A.R.T.N.E.R. Group – supporting recovery

A key part of our local recovery community is the P.A.R.T.N.E.R. Group (People Achieving Recovery Together Now East Renfrewshire). The group provides mutual aid support and is run by people who are in recovery and have life experiences which they can pass on to any one struggling with addiction. P.A.R.T.N.E.R. runs weekly group meetings in Barrhead.



2.4 Working together with our communities that experience shorter life expectancy and poorer health to improve their wellbeing

National Health and Wellbeing Outcomes contributed to:
NO1 - People are able to look after and improve their own health and wellbeing and live in good health for longer.
NO3 - People who use health and social care services have positive experiences of those services, and have their dignity respected
NO4 – Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
NO5 – Health and social care services contribute to reducing health inequalities

2.4.1 Our strategic aim

East Renfrewshire's Community Planning Partnership has developed locality plans for the localities that have areas within the 20% most deprived areas in Scotland, with significantly poorer outcomes in health, education, housing and employment. The localities are: Arthurlie, Dunterlie and Dovecothall; Auchenback; and, Neilston. Plans have been developed using a community-led approach, which supported local residents to form steering groups to drive the process. Most of this work has been led by the Council's community planning team but health improvement staff have been involved in supporting the process.

Each plan has a set of priorities that reflect the unique needs of that locality. The plans form a basis for further work to which we are committed as a community planning partner. We will continue to support targeted health improvement interventions in our communities that experience the greatest health inequalities.

Our aim is to **improve wellbeing in our communities that experience shorter life expectancy and poorer health**, by:

- Reducing health inequalities by working with our communities;
- Mitigating health inequalities through targeted interventions.

2.4.2 The progress we've been making

- Our premature mortality rate remains significantly below the national average at 308 per 100,000 (Scotland 432)
- Male life expectancy at birth in our 15% most deprived communities is 74.7 compared to 72.1 for Scotland.
- Female life expectancy at birth in our 15% most deprived communities is 79.8 compared to 77.5 for Scotland.

2.4.3 How we've been delivering

Our **Health Improvement Team** promote self-help and information campaigns throughout the year via face to face events, social media and information resources. Information about self-help and community support is provided via the 'Your Voice' Bulletin which is sent directly to individuals on our database and also available in public places and online. Information materials and health campaign information are also available in Eastwood Health and Care Centre and in other local public and community facilities.



During 2019/20 Health Improvement supported a range of training and information sessions to build staff/partner capacity to address health behaviour and raise awareness of health related issues. Topics included sexual health, breastfeeding awareness, Childsmile training, mental health, breast health, bowel screening, cancer screening for people with additional needs, second hand smoke training, smokefree training, health behaviour change training and physical activity.

Strength and balance **exercise sessions** are being delivered in the Dunterlie area of Barrhead to encourage local people to access physical activity and walking groups have been set up in Barrhead and Neilston. Chair based exercise groups for older adults are also provided in Barrhead and other venues.



The Live Active programme funded by ERHSCP and NHSGGC is being actively promoted in Barrhead to increase referrals and we have strengthened links with East Renfrewshire Culture and Leisure Trust (ERCLT) and other exercise providers to develop smooth referral pathways between services.

East Renfrewshire HSCP continues to provide funding for an active health and wellbeing manager within ERCLT. This post has been developing the **Ageing Well** brand and has supported projects in Barrhead such as Dunterlie Tenancy Sustainability Project. Health Improvement staff have continued to provide information resources for community projects and events.

2.5 Working together with people to maintain their independence at home and in their local community

National Health and Wellbeing Outcomes contributed to:

NO2 - People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

NO3 - People who use health and social care services have positive experiences of those services, and have their dignity respected

NO4 – Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

2.5.1 Our strategic aim

A key strategic aim for our partnership is to ensure that people with support needs continue to enjoy a good quality of life in their own home and local community. We do this through a wide range of community-led supports and interventions to ensure that individuals have choice and control in the decisions that affect their life.

We worked together with local people, community groups and organisations to redesign our ‘front door’ and establish new ways of engaging with people in their communities. We have established local ‘Talking Points’, where people can talk to different health and care staff and community volunteers about what matters to them. Through this approach we ensure that people have access to the right conversation at the right time and have the right support to maintain their independence.

Through our partnership with East Renfrewshire Culture and Leisure Trust we continue to deliver a key service for older people under the Ageing Well programme, with a range of activities that support and encourage older people to be physically and mentally active and maintain their independence. For those people who require support for their daily lives, we are moving to a model of “the right amount of support”. In 2019/20 we implemented a new individual budget calculator for self-directed support. This is helping to minimise the barriers for people looking to take on more ‘choice and control’ and providing a more simple and transparent approach. We are also building the outcome focused support plans that move away from the task and time approach and allow more innovation and flexibility.

Our work in localities is building on our strong local partnerships and social enterprise approach, encouraging innovation that supports people to live independently in the community and offers alternatives to residential care.

Our aim is to **support people to maintain their independence at home and in their local community**, by:

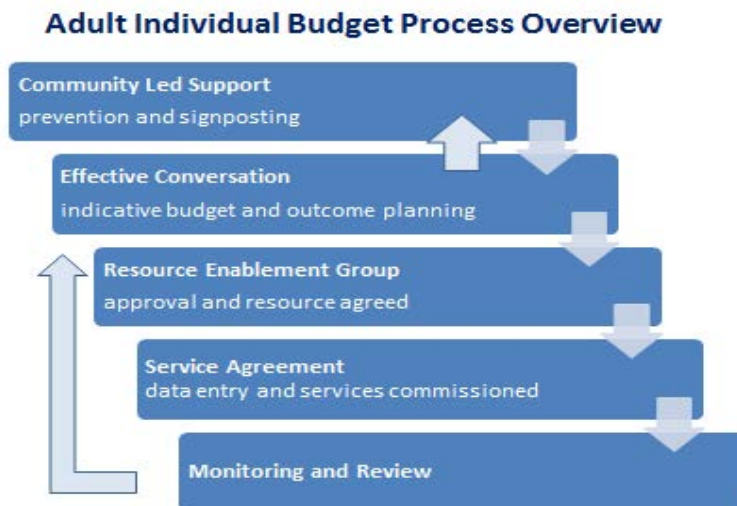
- Ensuring the people we work with have choice and control over their lives and the support they receive;
- Helping more people stay independent and avoid crisis through early intervention work;
- Ensuring people can maintain health and wellbeing through a range of appropriate activities.

2.5.2 The progress we've been making

- 88% of people reported that their 'living where you/as you want to live' needs were being met
- 8.2% of adult social work spend is spent through SDS Options 1 and 2 (4th best in Scotland)
- 58% of people aged 65+ with intensive needs are receiving care at home

2.5.3 How we've been delivering

During 2019/20 we implemented our new approach to planning with people who need support so that they have greater choice and control over their lives. Our individual budget calculated replaced our previous equivalency model for **resource allocation** for adults and was rolled out across our teams. The individual budget approach fits with our new ways of planning with people and allows more innovation and flexibility to meet their desired outcomes.



The 'right amount of support' individual budget calculator is now being used for all types of resource provision from modest one-off interventions through to a complex care package. This removes the barriers and potential inequity of traditional eligibility criteria and recognises the importance of prevention.

Our teams are working creatively with people to make the best use of their budget to meet their outcomes. From the launch of the guidance in December 2019 to the end of March 2020, the Resource Enablement Groups in Barrhead Locality considered fifty-five individual budgets and plans and Eastwood Locality considered seventy individual budgets and plans.

We have listened to the views of local people and have redesigned the way people can access support and information at the first point of contact – our “front door”. Our **Initial Contact Team** came into place in May 2019 and has transformed the way people can engage with the HSCP.

Our team have been trained in good conversations that focus on what matters to each person and what assets and community supports could help them achieve this.

Occupational Therapy Rapid Access is also part of our new Initial Contact Team. This integrated approach has reduced waiting times for occupational therapy assessment and more efficient access to e-advice and equipment to support independence.



The HSCP is committed to promoting Community Led Support which sees a move from traditional day service provision for older people to enabling access to more local, personalised and flexible services.



As part of this approach, **Talking Points** hubs have been established across East Renfrewshire as places where people can go to have a good conversation about their health and wellbeing within their own community. Here they can be directed to services and support that best meet their

needs. The Talking Point hubs are staffed by third sector organisations with support from social work services. A Talking Points Partnership was created to bring together the third sector across East Renfrewshire to support the development and coordination of Talking Point hubs.

The Talking Points Partnership consists of over 50 local organisations and representatives from the statutory sector. The Core Partners Group consists of 12 cross-sector partners; Voluntary Action East Renfrewshire, Carers Centre, Care and Repair, Recovery Across Mental Health, East Renfrewshire Disability Alliance, Enable Scotland, HSCP, ERC Communications Team, Self-Directed Support Forum, Neilston Development Trust, East Renfrewshire Culture and Leisure Trust/Libraries, and Community Volunteers. Talking Points are held in venues across East Renfrewshire

We delivered a total of 102 ‘Talking Points’ engagement sessions during 2019/20. Over the course of the sessions we undertook 959 conversations with individuals resulting in 773 referrals or signposting. Of these less than a fifth (145 – 19%) resulted in referrals to the HSCP. Forty-four percent (336) were referrals/signposting to the 3rd sector, 20% (158) were the provision of general community information and 17% (134) were referrals to East Renfrewshire Council services.

Views on Talking Points

“My conversation with the Talking Points Team was First Class. I got all the information and help I needed and my Home adjustments are now in place. Everything’s sorted.”

- Attendee

“Thank you for your informative and courteous first contact with impressive list of care and recreational possibilities which will certainly help me acquire the necessary cultural and health info to enable my ongoing independence as I enter this new phase in my life”

- Attendee

“I am living on my own since my wife went into a home with dementia. It has been difficult for me as she has changed so much but coming to Talking Points and going to the club you told me about gives me a break from the stress and lets me meet other people and make friends. Thank You.”

- Attendee

“If one of our clients phones and it’s something we can’t help with, through meeting all the other organisations, I know who to pass them on to. Now I know the services personally.”

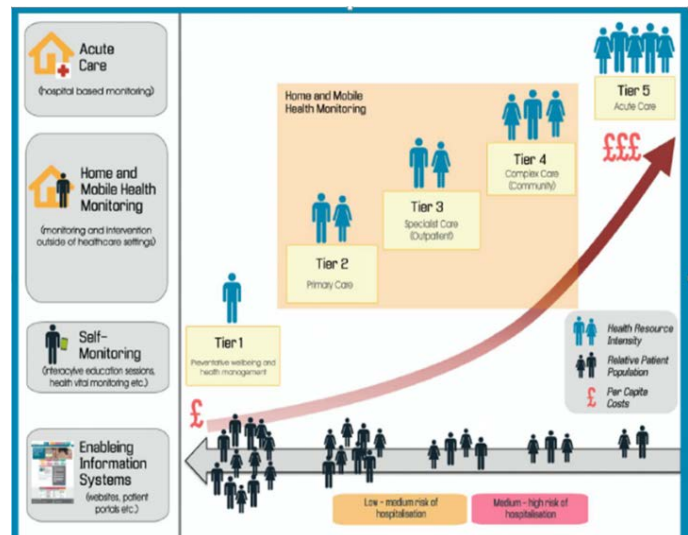
- Third sector organisation

“We have a much clearer understanding of who is offering what across East Renfrewshire.”

- Third sector infrastructure organisation

We continue to develop and modernise our approaches to supporting people to live independently and well in the community. The vast majority of East Renfrewshire’s GP practices use **Home and Mobile Health Monitoring (HMHM)** to support the management of hypertension and some practices also offer it for the management of COPD. During 2019/20 Acute Care. During 2019/20 we have been undertaking innovative Tests of Change. This saw us scale up our work relating to blood pressure, rolling out access to the Florence telehealth service, and working in close partnership with the Heart Failure Nurse team. Our new protocol means that the team can monitor the blood pressure and heart rate of East Renfrewshire patients remotely. The benefits include:

- Patients can more effectively self-manage their condition;
- It allows the specialist heart failure nurses to identify patients whose condition is deteriorating and require more input;
- It allows nurses to reduce visits to only those needing a visit.



We have been working closely with eHealth to install Attend Anywhere equipment in all GP surgeries allowing remote access to consultations. Due to the onset of Covid 19, this was fast tracked and all GP surgeries received equipment, equipment installation and training in use of the system which is now utilised as business as usual.



Over the course of 2019/20 we have continued to expand our **telecare** provision. Through active promotion of the service via marketing materials and web pages including online application, around 3,000 residents are benefitting from our Telecare service. The Telecare team continues to work in close partnership with other teams and organisations to support independence at home. The team were delighted with the outcome of the most recent Technology Enabled Care (TEC) Services Association audit which resulted in the service having no requirements or improvement areas identified.

Telecare performance highlights 2019-20

Performance targets:

- Alarm calls answered within 1 minute- 98.9% (target 97.5%)
- Response visits within 45 minutes – 90.82% (target 90%)
- Critical repairs completed within 48 hours-94.7% (target 90%)

Customer satisfaction survey shows:

- 100% were satisfied with installation process, with 85% rating it as excellent
- 99.4% were satisfied with call handling, with 96% rating it as excellent
- 97.4% were satisfied with our response visits, with 93% giving a rating of excellent
- 100% were satisfied with the quality and value for money of the service, with 95% giving a rating of excellent

We continue to support people with **learning disabilities** to live independently in our communities. We support a wide range of meaningful activities in the community for people with learning disabilities. This includes social enterprise groups delivering bike workshops, jewellery making, gardening groups and kitchen/café training. We also support a range of community groups, e.g. social/ leisure groups that allow people to follow their interests as well as health groups.

For **older people**, we support a range of health and leisure activities in the community under our Ageing Well programme to help people keep their bodies and minds as active as possible.

2.6 Working together with people who experience mental ill-health to support them on their journey to recovery

National Health and Wellbeing Outcomes contributed to:
NO1 - People are able to look after and improve their own health and wellbeing and live in good health for longer.
NO3 - People who use health and social care services have positive experiences of those services, and have their dignity respected
NO4 – Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

2.6.1 Our strategic aim

Health and Social Care Partnerships across Greater Glasgow and Clyde are committed to working together to develop a whole system five-year strategy for adult mental health. Delivering on our strategy will involve a whole series of actions and service changes.

Our local services in partnership with third sector organisations like Recovery Across Mental Health (RAMH) have shifted to recovery-oriented care, supporting people with the tools to manage their own health. A recovery-based approach has the potential to improve quality of care, reduce admissions to hospital, shorten lengths of stay and improve quality of life. While service users will always have access to the clinical and therapeutic services they need, a recovery approach will require services to embrace a new way of thinking about illness, and innovative ways of working. Those changes include:

- A change in the role of mental health professionals and professional expertise, moving from being ‘on top’ to being ‘on tap’: not defining problems and prescribing treatments, but rather making their expertise and understandings available to those who may find them useful.
- A recognition of the equal importance of both ‘professional expertise’ and ‘lived experience’ and a breaking down of the barriers that divide ‘them’ from ‘us’. This must be reflected in a different kind of workforce (one that includes peer workers), and different working practices founded on co-production and shared decision making at all levels.

We are working in partnership across Greater Glasgow and Clyde to improve responses to crisis and distress, and unscheduled care. The strategy signals a further shift in our balance of care moving away from hospital wards to community alternatives for people requiring longer term, 24/7 care with mental health rehabilitation hospital beds working to a consistent, recovery-focused model.

Our aim is to **support people experiencing mental ill-health on their journey to recovery**, by:

- Ensuring East Renfrewshire residents who experience mental ill-health can access appropriate support on their journey to recovery.

2.6.2 The progress we've been making

- 65% accessing psychological therapies within 18 weeks (improving).
- 16% of service users moving from drug treatment to recovery service

2.6.3 How we've been delivering

Our Primary Care Mental Health Team (PCMHT) have been working to reduce our waiting times for psychological therapies which we acknowledge are currently too high due to capacity issues in the service. The proportion of people accessing psychological therapies within the 18 week target has improved to 65%, up from 54% last year.

Our preventative and holistic approach continued to develop over 2019/20. To support appropriate responses to individuals with mild to moderate mental health issues we have put in place alternative pathways for people needing supports. This includes our Link Workers which are now established in all GP surgeries in East Renfrewshire. Delivered in partnership with RAMH, the **Link Workers** signpost people to a



wide range of support providers offering physical, social and psychological interventions. The workers have provided support to approximately 2000 local people.

We continue to promote the use of computerised cognitive behavioural therapy (**cCBT**) through our GPs, with people referred to an online course of therapy. There continues to be a good uptake of this alternative model with 287 referrals from GPs to cCBT in 2019/20 although this does represent a drop from 2018-19 of 394.

We have been referring individuals who have a Borderline Personality Disorder to the Dialectic Behavioural Therapy (DBT) service in South Glasgow and have seen a reduction in the use of acute mental health days following the intervention compared to the average use in previous years.

2.7 Working together with our colleagues in primary and acute care to care for people to reduce unplanned admissions to hospital

National Health and Wellbeing Outcomes contributed to:

NO2 - People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

NO4 – Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

2.7.1 Our strategic aim

We are committed to a programme of work with colleagues in acute services to ensure that only those people who require urgent or planned medical or surgical care go to hospital. Together we are looking at the most frequent preventable causes of admission and putting in place new services and pathways to support people in the community wherever possible, including at the end of life. Our aim will always be to return people home as quickly as possible and to support people at home wherever possible. However, sometimes people require additional supports. Over the lifetime of our plan we intend to develop Bonnyton House using six beds as an intensive rehabilitation resource to prevent hospital admission and to ensure a safe return home for people discharged from hospital. We will also create a further six beds so that people who need end of life care, who can't be supported to die at home, could also be supported at Bonnyton.

We want to work together with local care homes, the people who live there and their families to ensure that they get the best care for this final stage of their lives. Over the course of our strategy we have been redesigning our services to focus on this, ensuring that our most skilled nurses and staff are available to offer specialist advice and support.

We are working together with our colleagues in primary care to implement the new GP contract and Primary Care Improvement Plan. The new contract aims to support local GPs to spend more time in managing patients with complex care needs. Over the course of our strategy we will support primary care teams to grow to support more patients in the community, with additional pharmacy, community treatment (e.g. phlebotomy), other health professionals and link workers.

Our aim is to **reduce unplanned admissions to hospital (through working together with our colleagues in primary and acute care)**, by:

- Supporting people at greatest risk of admission to hospital;
- Working with local partners to reduce attendances and admissions;
- Ensuring our services support rehabilitation and end-of-life care.

2.7.2 The progress we've been making

- Average of 2 delayed discharges per month

- 1,788 hospital bed days lost to delayed discharges (adults) – down 21% from 2018/19
- 20,090 A&E attendances (adults) – slight reduction from 2018/19 (20,212)
- 7,504 emergency hospital admissions (adults) – slight increase from 2018/19 (7,320)
- 88% for % of last six months of life spent in community setting (up from 86% previous year)

2.7.3 How we've been delivering

Reducing **Accident and Emergency attendances** continues to be challenging area for us. Over the course of 2019/20 there were 20,090 attendances by adults, above our target of 18,332. Adult emergency **hospital admissions** were 7,504 a slight increase from 2018/19. We have been using local data to identify people making frequent emergency attendances and exploring lines of enquiry to determine what further action would provide better support to the patient and avoid unnecessary presentation at the Emergency Department. We continue to work closely with GPs at cluster level and individual practice level.

During 2019/20 we continued our collaborative work with local **care homes**, working to minimise emergency attendances and admissions. We have seen a reduction for both attendance and admissions from care homes compared with 2018/19 and are ahead of target for both measures. Annual emergency admissions from care homes have continued to fall steadily at 233 in 2019/20, down from 261 in 2018/19 and 338 in 2017/18. We have been looking closely at reasons for admissions and sharing learning on best practice between care homes. There has been several improvement interventions put in place to help reduce emergency attendance and admission:

- Red Bags - This has helped standardise the processes for the admission to hospital and return of care home residents. However, there still remains the challenge of raising awareness of the project with staff across all the services that come into contact with the red bag.
- Anticipatory Care Planning – Role out of pathway and processes at care homes has been shared. The test is in the number that is reported in the Key Information System (KIS).
- Care Home Improvement Forum – this has been set up to be used as an improvement forum with key stakeholders invited to provide advice and share relevant learning and expertise. Having the lead nurse, Care Home Liaison Manager, Prescribing lead and Falls lead joining the forum regularly has helped strengthen relationships with between the Care Home sector and the HSCP. The Care Home Improvement Forum has helped develop integrated working with key teams where gaps have been identified.

East Renfrewshire continues to develop a model to support safe and early discharge from hospital by increasing their resource and skill mix within the **Hospital to Home team**. A Delayed Discharge dashboard is being proactively used along with Improvement activity to support earlier in-reach and effective discharge planning with individuals and their families. Despite this proactive activity the HSCP is still challenged with delays resulting from Adults with Incapacity (AWI) and family choice/indecision. 2019/20 saw a range of development including 'Choices meetings' being fully utilised to support shared decision making and cross partnership working to look at AWI pathways.

Anticipatory Care Planning (ACP) is a person-centred, proactive approach, requiring services and professionals to work with individuals and their carers to set personal goals ensuring the right thing is done at the right time by the right person with the right outcome. ACP evolves reflecting the individual's situation and requires a supportive whole-system infrastructure to ensure delivery of positive outcomes.

East Renfrewshire aims to:

- Improve engagement with the ACP process to facilitate the sharing of key information to prevent hospital admission and facilitate safe, early discharge
- Reduce unnecessary attendances to Emergency Departments and Acute Assessment units
- Connect with the Frailty management process to deliver a more co-ordinated and integrated approach across Health and Social Care, Primary Care and Acute services

Prince and Princess of Wales Hospice Collaborative agreed to implement out multi-disciplinary team (MDT) huddle, initially based at Eastwood HSCP building with the aim of improving communication between HSCP staff to prevent unnecessary admissions and proactively manage ACP, promoting seamless joint care. The work responds to the challenge of providing care for an ageing population with increasing prevalence of long term conditions and multiple core morbidities.

We remain committed to strengthening **End of Life** provision in our communities. We continue to take a collaborative approach working with Prince and Princess of Wales and Accord Hospices. We have been using data and case file reviews to better understand the circumstances of East Renfrewshire residents dying within the hospital setting in last 6 months of life. Positive work in this area has seen an improvement in the percentage of time people are spending in the community in their last 6 months with the indicator rising to 88% from 86%.

During 2019/20, GP practices in East Renfrewshire were supported to deliver an NHSGGC-wide **prescribing initiative** which focussed on improving prescribing in four key areas: oral anticoagulant medicines, medications for pain, diabetes and respiratory medicines. As well as supporting residents in the community, these projects resulted in efficiency savings to the HSCP of approximately £65k.

The **Medication Support Service (MSS)** continued to support patients and their carers to achieve the desired outcomes from their medication, leading to better health and improved quality of life. The team of Clinical Pharmacy Technicians offered home visits to people following discharge from hospital or who were identified as needing help with their medicines at home. The number of referrals into the service has continued to increase with a 34% increase compared to the previous year.

Primary Care Improvement Plan

2019-20 was year two of the East Renfrewshire's Primary Care Improvement Plan. The plan is in place to enable the role of the GP moving forward to evolve into the expert medical generalist. This new GP role will be achieved by embedding multi-disciplinary primary care staff in practices to work alongside and support GPs and practice staff to reduce GP practice workload and improve patient care.

Key impacts of the plan in year two included:

- The Vaccination Transformation Programme (VTP)

The delivery of routine childhood immunisations has fully transferred from all East Renfrewshire GP practices, with delivery now based in two community clinics within our Health Centres, these are delivered by a new NHS GGC Pre School Immunisation Team.

The Heath Visiting team ran a pilot of children's flu clinics in Barrhead Health and Care Centre for 2-5yrs olds and the uptake had increased greatly based on previous years. The learning from this pilot will help inform the shift of this target group in year three.

HSCP	Pilot Clinic	Accumulative uptake % to date	Historical uptake % of participating GP practices	
			2018/19	2016/17
East Ren	Barrhead	73.3%	47.9%	52.9%

Adult Immunisations (Flu, Pneumococcal, Shingles and Travel), the wider programme of adult vaccinations, continues to be scoped and planned through HSCP representation at the NHS Greater Glasgow and Clyde Adult Immunisation VTP group.

- Pharmacotherapy

All 15 GP Practices have a minimum of 0.4WTE allocation of PCIP Pharmacotherapy. Prescribing Lead and Localities Improvement Manager were visited all GP Practices in January 2020 to review their Pharmacotherapy resource and gather views to inform the planning process for year three of PCIP.

Work is currently underway to scope out the feasibility of testing a hub model, in which some level one activities would be carried out in a hub, possibly at GP cluster level, staffed by Pharmacy Technicians and Pharmacy Support Workers. Such a model would increase Pharmacist capacity, reduce demand for space in practices, and might provide a more efficient use of resource by minimising duplication of effort.

- Community Treatment and Care Services

Our Band 3 Community Health Care Assistants 3.8WTE successfully completed the Community Health Care Assistant module at Glasgow Clyde College, improving their competencies to undertake a broader variety of tasks to support scheduled chronic disease management within a practice setting, treatment room setting or out in the community including suture removal, urinalysis, simple wound dressings, BMI, health and weight etc.

In collaboration with GP practices data was gathered to understand the activity currently taking place in local practices by the nursing team, to allow us to understand the type and volumes of activity planning to shift from practices to Treatment Rooms. Staff have been recruited for the two Treatment Rooms and Eastwood and Barrhead Health and Care Centre. Two Short Life Working Groups are actively developing referral pathways/processes, appointment allocation, sharing of information between GP Practices and the Treatment Room and Standard Operating Procedures planning to go live in April 2020.

- Urgent care (advanced practitioners)

In June 2019 following three rounds of recruitment our transitioning Advanced Nurse Practitioner (ANP) came in to post. In order to complete transition to ANP a portfolio had to be completed requiring GP support. PCIP funding was used to remunerate two practices who offered to support the competency sign off over a six month period. Competency sign off was completed to a fully-fledged ANP by January 2020. Data will

be reviewed in April 2020 to measure impact of the role in reducing GP House visits, reducing unscheduled hospital admissions, onward referrals and improved outcomes for individuals to help inform the model required for East Renfrewshire GP's.

- Additional Professional roles

We now have 2WTE Advanced Practice Physiotherapists (MSK) in post providing support to four GP practices. A key success factor in utilising this resource appropriately is effective signposting by reception staff, which GGC have noted as a key enabler in East Renfrewshire's high percentage of referrals.

- Community Links Worker (CLW)

We have 4 WTE allocated and embedded across all 15 GP Practices. We are looking to complete a full analysis of the service and impact review by the end of March 2020. To date this service has provided support to 2,000 patients.

- Partnership working

The local PCIP Steering Group continues to progress well and demonstrates positive collaborative working between GP practices, Quality Clusters and the HSCP. Terms of Reference have been approved and several option appraisals and standard operating procedures have been developed in partnership prior to implementation of the MOU's.

2.8 Working together with people who care for someone ensuring they are able to exercise choice and control in relation to their caring activities

National Health and Wellbeing Outcomes contributed to:

NO6 - People who provide unpaid care are supported to look after their own health and wellbeing, including support to reduce any negative impact of their caring role on their own health and wellbeing

2.8.1 Our strategic aim

Working together, stakeholders including HSCP staff, the Carers Centre, Voluntary Action East Renfrewshire (VAER), the Care Collective and people with experience as carers have considered information and guidance for the Carers (Scotland) Act 2016 as it emerged from Scottish Government along with our local context and implications for implementation of the Act, including local people's thoughts and experiences of caring and support for carers. They have identified the following conditions for success:

- Carers can participate in the decisions and the design of services that affect them;
- Stigma associated with the challenges of caring is reduced;
- Accurate information in relation to rights, eligibility criteria, statutory and non- statutory support is available and accessible.

In delivering our strategic plan we are working together to improve access to accurate, timely information that meets carers' needs and awareness of the range of supports for carers. We will continue to encourage collaboration between providers of supports to carers ensuring local provision best meets carers' needs. We will provide information and training to raise awareness of the impact of caring responsibilities and ensure we have trained advisers in a range of organisations who can develop plans with and for carers.

Through our work on self-directed support we will develop and implement a consistent and clear prioritisation framework and ensure that carers and support organisations are aware of the availability of suitable respite care and short-break provision. Working together with education we have been developing support systems that appreciate young carers and build resilience through opportunities for peer support. This includes implementing a process for a young carers statement that has been designed by young carers for young carers and is owned by the young carer.

Our aim is to **ensure people who care for someone are able to exercise choice and control in relation to their caring activities**, by:

- Ensuring staff are able to identify carers and value them as equal partners;
- Helping carers access accurate information about carers' rights, eligibility criteria and supports;
- Ensuring more carers have the opportunity to develop their own carer support plan.

2.8.2 The progress we've been making

- 92% of people reported 'quality of life for carers' needs fully met
- 37% of carers feel supported to continue in their caring role (2017/18 - in line with Scottish average)

2.8.3 How we've been delivering

Our local indicator shows 92% of carers reporting satisfaction with their quality of life, up 14% from 2018/19. This indicator has improved consistently year on year and by 22% since 2016/17. However, the 2017/18 Scottish Health and Care Experience Survey showed that just 37% of carers felt supported in their caring role. While this is in line with the Scottish average, we would like to see this indicator improve and remain focused on ensuring that local people who provide unpaid care are valued and supported.

Over 2019/20, support to carers has been delivered in collaboration with our local Carers Centre. Carers Centre staff have been trained in outcome-focussed, asset-based planning and Good Conversations and have completed 56 Adult Carer Support Plans (ACSP) with carers since January 2019. Of these, using our recently developed eligibility framework, 14 carers were identified as having a substantial or critical need for support and referred for further social work intervention.

Working in partnership with the Care Collective (East Renfrewshire Carers and Voluntary Action East Renfrewshire), the HSCP has undertaken a range of activities to support the implementation of the Carers Act and establish a holistic approach to supporting local carers. We believe we have developed a sound continuum of support for improving outcomes for carers of all ages. To support this the HSCP appointed a Carers Lead in 2019/20 to promote the understanding and uptake of the legislation within East Renfrewshire. The Carers Lead is taking forward the development and implementation of the new East Renfrewshire Carers Strategy.

A CONTINUUM OF SUPPORT



We continue to deliver **community-based integrated support** for carers in East Renfrewshire including access to tailored advice, support, planning and community activities. We work closely with partners to ensure we develop the appropriate range of creative **short breaks and respite** options as support for families with their caring role. Our Short Breaks Statement forms the basis of how we develop short breaks for carers within East Renfrewshire. It provides useful links to sources of advice, information and support and will be reviewed annually as per the Act with partners from the carers centre.

Our Carers Strategy sets out the following key principles in our approach to supporting carers in East Renfrewshire:

Principles	Outcomes
Carers are identified, respected & involved	<ul style="list-style-type: none"> • Carers will be identified at an early stage as carers, valued as equal partners in planning and involved in decisions about any service that affects them
Carers experience is positive	<ul style="list-style-type: none"> • Carers will have a positive experience of support and solutions, their voice will be heard in support planning and assessment conversations and their own outcomes will be met as well as the person they care for
Carers lead full lives and support their own wellbeing	<ul style="list-style-type: none"> • Carers will be able to lead a full life, to maintain their own health and wellbeing, to plan and identify what matters to them and will know what resources are available to help them with this and where to find them
Carers have choice, control and balance in their life	<ul style="list-style-type: none"> • Carers will have choice and control in their caring role and balance in their life with the other things that matter to them

2.9 Public protection

National Health and Wellbeing Outcomes contributed to:

NO7 - People using health and social care services are safe from harm

2.9.1 Our strategic aim

Ensuring people are safe is a vital part of our work. We take a multi-agency approach to deliver our community planning outcomes:

- Residents are safe and supported in their communities;
- Children and adults at risk are safer as a result of our intervention.

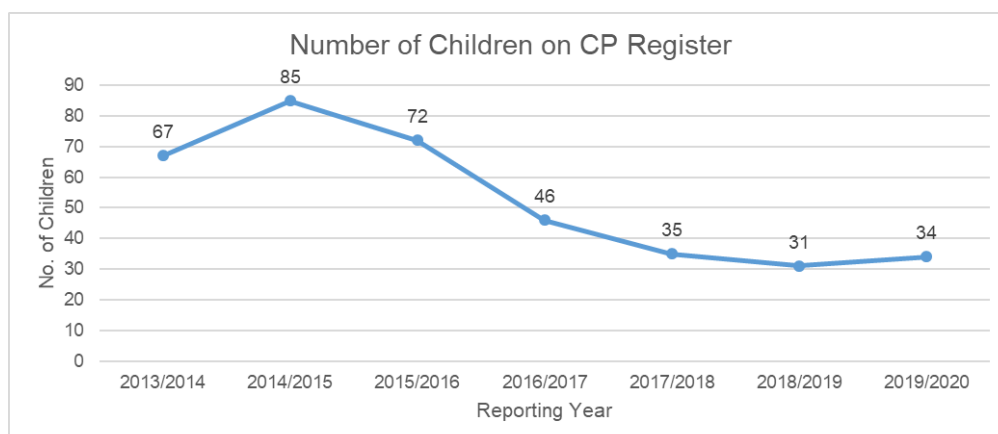
Our aim is to **ensure residents are safe and supported in their communities**, through:

- Prevention - People, communities and services actively promote public protection;
- Identification and Risk Assessment - Services know who is most at risk and understand their needs;
- Interventions - Communities and individuals are supported to manage and reduce risk;
- Monitoring and Reviewing Risk - Services effectively measure progress and identify further problems quickly.

2.9.2 How we've been delivering

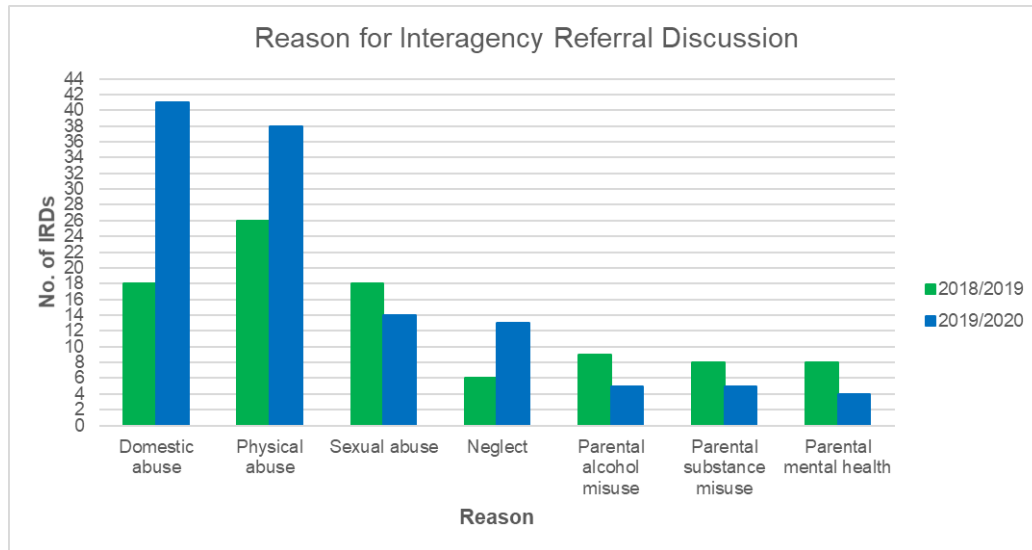
Supporting Children

The number of children on East Renfrewshire's **Child Protection Register** remained stable at 34 in 2019/20. In addition to robust management and audit activity, we continue to benchmark against comparator authorities to ensure that the rate of registration activity is proportionate and necessary.



During the period 2019/20, we undertook 126 **Interagency Referral Discussions (IRDs)** (between social work, police, health and where appropriate education services) in respect of 209 children. As shown in the chart below, there has been a significant increase in IRDs relating to domestic abuse which could be due to the increased awareness raising across the authority of the Multi Agency Risk Assessment Conference (MARAC) process. The associated Risk Assessment and Safe and Together training is also building confidence in the workforce in recognising and understanding the signs and impact of domestic abuse. There

was an increase in concerns of neglect and decrease in referrals relating to parental alcohol/substance misuse and mental health respectively.



During 2019/20 our programme of IRD audits reported significant strengths in our practice, including:

- 100% of the children subject to child protection investigation met the threshold for child protection.
- Initial Referral Discussion was assessed as good or above in identifying, analysing and making a decision for children about the risk of significant harm in over 90% of families.
- Planning to reduce risk to children was assessed as good or above in 97% of families.
- Early analysis suggests that changes to our discussion paperwork have improved the quality of recording around key decisions such as the requirement for medical examination.

In 2019/20 our audit programme also showed continuing improvement in our processes for Joint Investigative Interviews (JII) with children. East Renfrewshire is one of the first areas nationally to pilot and implement the learning from a new Joint Investigative Interviews training course, which aims to design a truly child-centred, trauma-responsive approach to Interviews with the best interests of children at the centre based on European Promise quality standards.

Supporting Adults

Following a period of self-evaluation of Adult Support and Protection (ASP) practice within East Renfrewshire HSCP we developed and have been delivering our ASP Improvement Plan. During 2019/20 this has seen significant progress in the development of more effective and efficient operational procedures as well as improvements in our management information and performance monitoring.



Our Adult Support and Protection Committee is responsible for monitoring and advising on adult protection procedures and practice, for ensuring appropriate cooperation between agencies and for improving the skills and knowledge of those with responsibility for the protection of adults at risk. The Committee has links with a number of key agencies and is supported by a range of sub-committees working to continuously improve our approaches.

Over 2019/20 we have reviewed and implemented new professional governance arrangements for ASP and this has resulted in an improvement in the accuracy of our data in ASP. We have implemented enhanced senior management oversight and decision making within ASP. For example, all Initial and Review Case Conferences are now chaired by a Senior Social Work Manager with escalation processes built in to the Head of Service. This provides professional reassurance to the Chief Social Work Officer about the implementation of ASP within the HSCP.

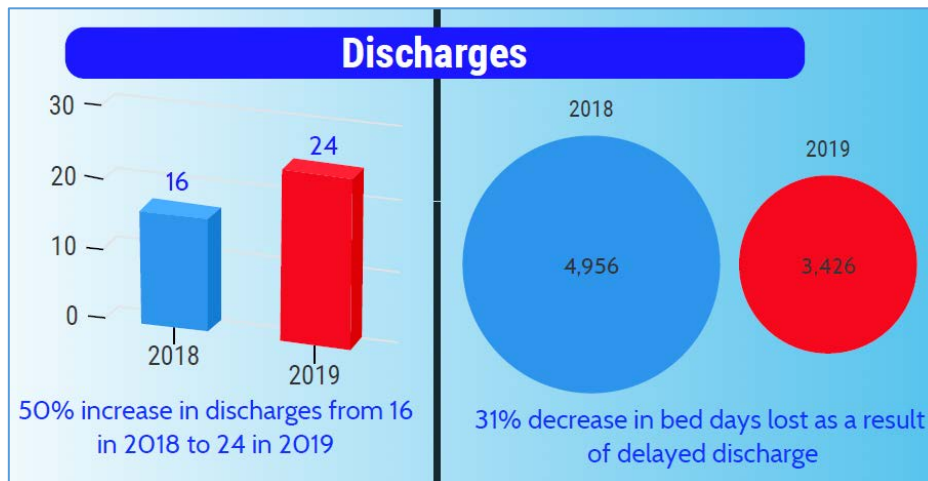
We continue to see improving timescales for the completion of **ASP inquiries** in 2019/20, 82.5% of all inquiries were completed within the five day standard timescale and we are seeing increased compliance with the timescale in comparison to the same period in 2018/19. There were 697 inquiries in 2019/20, up by 11% from 624 in 2018/19.

During 2019/20 there were 191 **ASP investigations** that involved 175 individuals. The conversion rate from inquiry to investigations is 27% and is lower than in previous years. (36% in 2018/19 and 34% in 2017-18). Over 2020/21 we will be quality assuring this process, to gain a greater understanding of the decrease in conversion from inquiry to investigation in the context of an increase in inquiries.

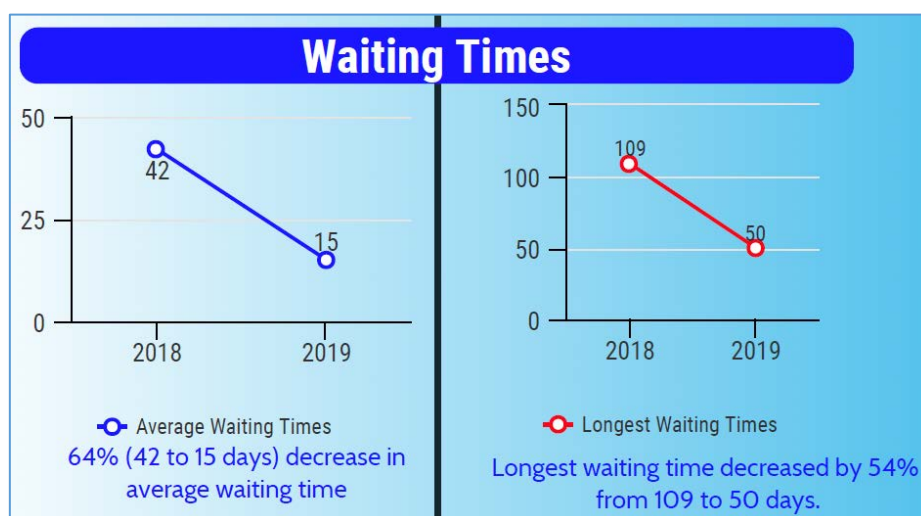
2.10 Hosted Services – Specialist Learning Disability Service

We continue to host the **Specialist Learning Disability Inpatient Service** that supports people requiring a hospital admission. The service works in partnership to manage demand and ensure appropriate support is available in the community on discharge.

Over the course of 2019 we have seen an improvement in patient flow, including a significant reduction in patients being admitted inappropriately for challenging behaviour and an increase in appropriate mental ill-health admissions. In 2019 only 3 people (14% of new admissions) were admitted to the service for challenging behaviour alone. This compared with 7 people (54%) in the previous year. Discharges from the service increased by 50% between 2018 and 2019 (from 16 to 24) and there was a 31% reduction in bed days lost as a result of delayed discharges. At the end of 2019, 56% of people had a discharge plan, compared with 20% for the previous year.



There has been a significant improvement in waiting times for the service, with a 64% reduction in the average waiting time from 42 to 15 days. The longest wait to access the service also reduced from 109 days to 50 days (a 54% reduction).



2.11 Supporting our staff

National Health and Wellbeing Outcomes contributed to:

NO8 – People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

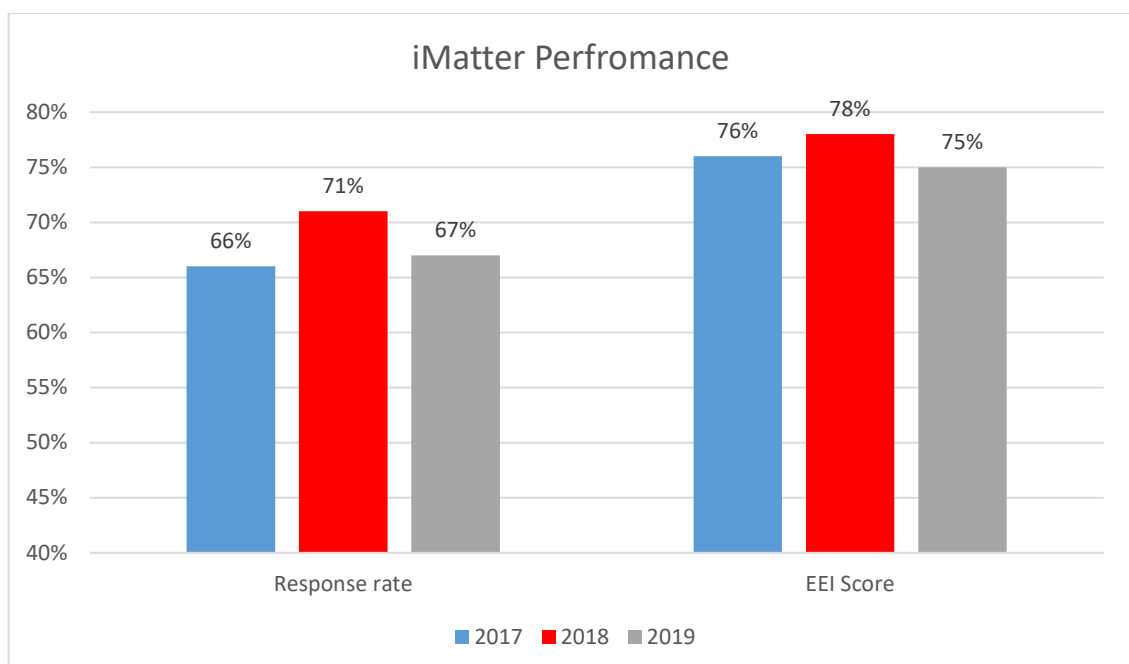
2.11.1 Our strategic aim

We are focused on developing and maintaining a workforce that is engaged and fully committed to delivering the outcomes and key objectives of the HSCP. 2019 was the third year that the HSCP participated in the iMatter survey and team planning. This is a staff experience continuous improvement tool designed with staff in NHS Scotland to help individuals, teams and Boards understand and improve staff experience.



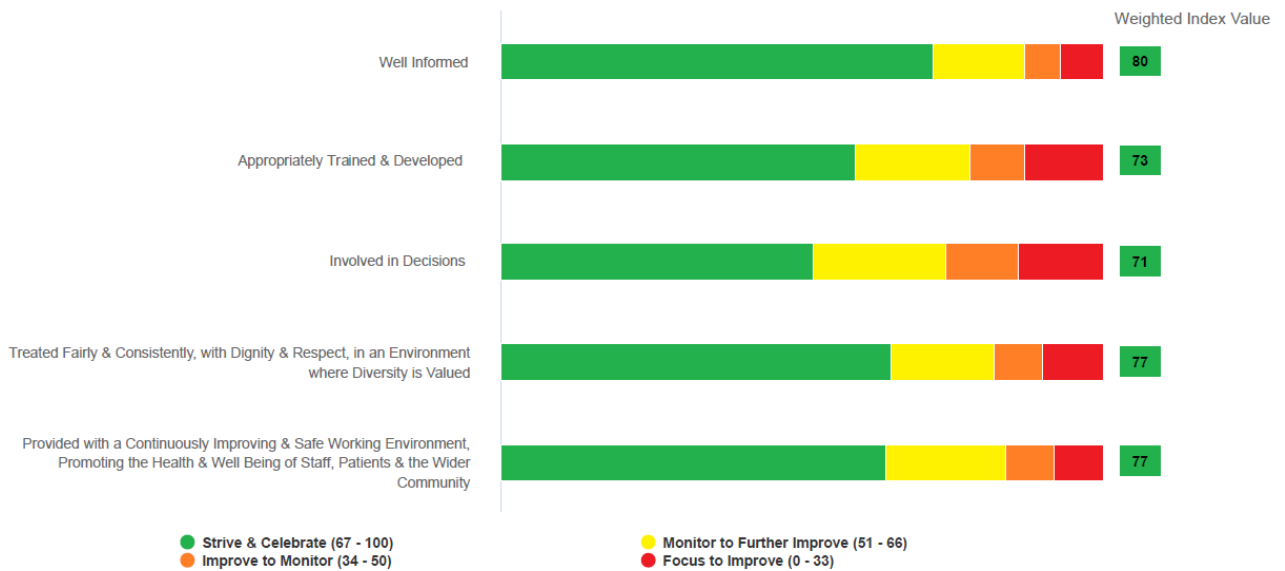
2.11.2 The progress we've been making

In 2019 we continued to see high participation in iMatter although there was a drop on the participation rate from the previous year. This was anticipated due to the expansion of the response group and inclusion of more staff requiring to give paper responses. The chart below shows that in the last year participation was at 67% and that our Employee Engagement Index (an aggregated score relating to key employee engagement measures) was 75%. iMatter is increasingly being used as a development tool with a high level of teams completing Action Plans in response to the survey results. Team action planning was at 96%, up from 93% for the previous year.



In 2019 the HSCP performed well across all of the 28 iMatter questions and we were in the highest scoring sector ('strive and celebrate') for 86% of the questions. The 'strand scores' given below show performance against the main employee engagement topics. 'Well informed' scored highest at 80% with high scores for 'Treated fairly and consistently' (77%) and a 'Continuously improving and safe working environment' (77%).

Staff Governance Standards - Strand Scores



3 Financial performance and Best Value

National Health and Wellbeing Outcomes contributed to:

NO9 - Resources are used effectively and efficiently in the provision of health and social care services

3.1 Introduction

Within this section of the report we aim to demonstrate our efficient and effective use of resources. Our Annual Report and Accounts 2019/20 is our statutory financial report for the year. We regularly report our financial position to the IJB throughout the year.

3.2 Financial Performance 2019/20

The annual report and accounts for the IJB covers the period 1st April 2019 to 31st March 2020 and provides a detailed financial overview of the year which ended with an operational overspend of £0.065 million.

Service	Budget	Spend	Variance (Over) / Under	Variance (Over) / Under
	£ Million	£ Million	£ Million	%
Children & Families	13.268	12.631	0.637	4.20%
Older Peoples Services	18.736	19.072	(0.336)	(1.06%)
Physical / Sensory Disability	5.498	5.468	0.030	0.37%
Learning Disability – Community	10.586	10.681	(0.095)	(0.90%)
Learning Disability – Inpatients	8.361	8.359	0.002	0.02%
Augmentative and Alternative Communication	0.220	0.220	-	-
Intensive Services	10.570	11.100	(0.530)	(6.03%)
Mental Health	4.130	3.941	0.189	4.58%
Addictions / Substance Misuse	1.111	1.098	0.013	1.14%
Family Health Services	23.805	23.805	-	-
Prescribing	15.779	16.090	(0.311)	1.97%
Criminal Justice	-	-	-	-
Planning & Health Improvement	0.230	0.132	0.098	42.81%
Finance and Resources	9.766	9.528	0.238	1.82%
Net Expenditure Health and Social Care	122.060	122.125	(0.065)	(0.05%)
Housing	0.276	0.276	-	-
Set Aside for Large Hospital Services	31.223	31.223	-	-
Total Integration Joint Board	153.559	153.624	(0.065)	(0.05%)

The £0.065 million overspend (0.05%) is broadly in line with the reporting taken to the IJB during the year and the overspend is funded, as planned, from our reserves. We expected to draw from reserves as we recognised we would not achieve all savings required during the year as our individual budget approach would take many months

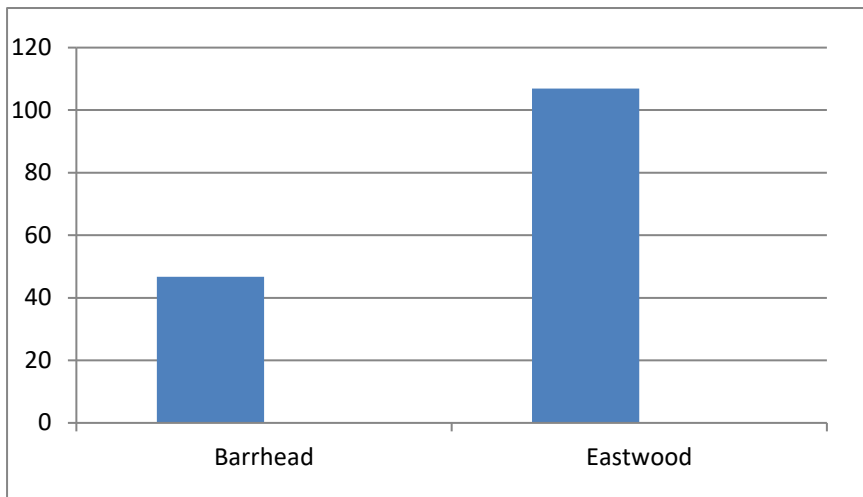
to implement; we did not have capacity to work on our digital savings programme and we achieved part year savings from the second phase of our structure review.

The impact of COVID-19 in the closing weeks of 2019/20 will have resulted in some reduction in day to day costs. The main variances to the budget were:

- Underspends in a number of services are from staff turnover and vacant posts during the year, reflecting the general trends of recruitment and retention issues within health and social care.
- Children's services purchased care costs, including residential care, foster and adoption were lower than budget during the year.
- Older Peoples and Intensive Services ended the year with a collective overspend of £0.9 million from care package costs for residential and care at home costs, reflecting the continued impacts of population growth in older people and the demand for services. We are addressing our care at home costs as an element within the action plan and redesign of this service.
- The overspend in prescribing is a result of both cost and volume across a number of drugs and also allowed for an expected spike in demand in February and March 2020 as the implications of the COVID-19 pandemic began to emerge.

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

Expenditure of £153.624 million by Locality



The expenditure split by Locality is shown using a combination of direct costs and population to give an indication of the total cost split.

In addition to the expenditure above a number of services are hosted by the other IJBs who partner NHS Greater Glasgow and Clyde and our use of those hosted services is shown below; this not a direct cost to the IJB.

2018/19 £000	SERVICES PROVIDED TO EAST RENFREWSHIRE IJB BY OTHER IJBs WITHIN NHS GREATER GLASGOW AND CLYDE	2019/20 £000
434	Physiotherapy	460
53	Retinal Screening	48
452	Podiatry	464
295	Primary Care Support	303
293	Continence	297
613	Sexual Health	618
876	Mental Health	906
858	Oral Health	868
335	Addictions	348
184	Prison Health Care	194
163	Health Care in Police Custody	162
3,811	Psychiatry	4,211
8,367	NET EXPENDITURE ON SERVICES PROVIDED	8,879

3.3 Reserves

We used £1.643 million of reserves in year, of which £1.578 million was on a planned range of activities and £0.065 million to balance our budget. We also invested new monies into earmarked reserves. The year on year movement in reserves is summarised below.

	£ Million	£ Million
Reserves at 31 March 2019		5.337
Planned use of existing reserves during the year	(1.643)	
Funds added to reserves during the year	1.032	
Net decrease in reserves during the year		(0.611)
Reserves at 31 March 2020		4.726

3.4 Prior Year Financial Performance

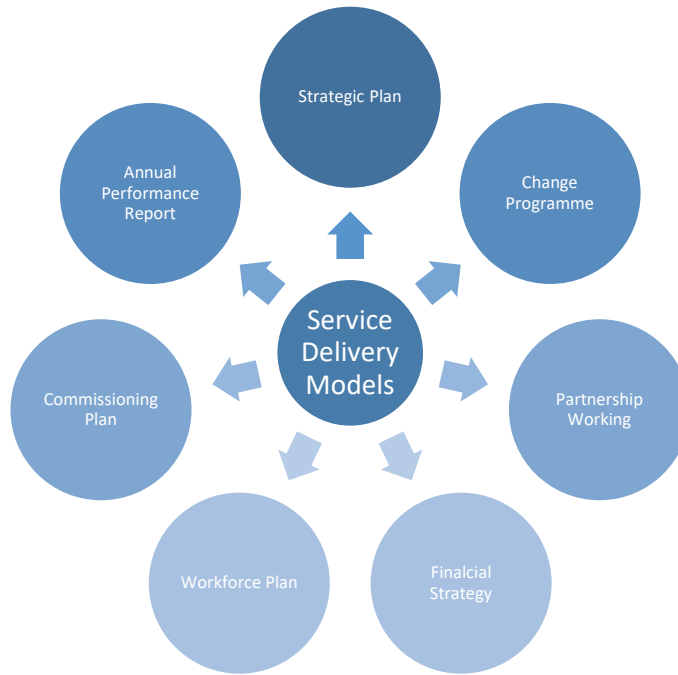
The table below shows a summary of our year-end under / (over) spend by service and further detail can be found in the relevant Annual Report and Accounts and in year reporting.

	2019/20	2018/19	2017/18	2016/17	2015/16
	(Over) / Under £ Million	(Over) / Under £ Million	(Over) / Under £ Million	(Over) / Under £ Million	(Over) / Under £ Million
Children and Families	0.637	0.800	0.083	0.537	0.604
Older Peoples & Intensive Services	(0.866)	(0.228)	0.153	(0.046)	1.763
Physical / Sensory Disability	0.030	0.056	(0.167)	(0.280)	(0.345)
Learning Disability - Community	(0.095)	(0.047)	(0.214)	0.986	(1.801)
Learning Disability - Inpatients	0.002	0.123	-	-	-
Augmentative & Alternative Communication	0	N/A	N/A	N/A	N/A
Mental Health	0.189	0.419	0.409	0.393	0.354
Addictions / Substance Misuse	0.013	0.032	0.018	0.1229	0.085
Family Health Services	-	0.008	-	-	-
Prescribing	(0.311)	(0.428)	-	-	-
Criminal Justice	-	0.039	0.011	0.013	0.027
Planning and Health Improvement	0.098	0.074	0.001	0.039	0.029
Management and Admin / Finance & Resources	0.238	(0.190)	0.483	(0.144)	(0.335)
Planned Contribution to / from Reserves		(0.3976)	(0.9536)	**	-
Net Expenditure Health and Social Care	(0.065)	0.260	(0.177)	1.622	0.381

** In 2016/17 we agreed to carry forward our planned underspend to reserves to provide flexibility to allow us to phase in budget savings including our change programme.

3.5 Best Value

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



3.6 Future Challenges

The IJB continues to face a number of challenges, risks and uncertainties in the coming years and this is set out in our current Medium-Term Financial Plan for 2019/20 to 2023/24 which supports our strategic planning process and provides a financial context to support medium-term planning and decision making.

This plan sets out the potential cost pressures of circa £5.1 to £5.7 million per year for the five years 2019/20 to 2023/24. The resulting funding gap will be dependent on the funding settlement for each year.

The 2020/21 budget settlement fell within the poor settlement range of scenario planning assumptions with cost pressures of just over £6 million and subsequent required savings of £2.4 million after all funding uplifts.

The budget agreed on 18th March 2020 set out how we will achieve the £2.4 million savings to balance our budget. We identified £0.8 million from specific budget areas and we will need to prioritise care package costs to meet the remaining balance of £1.6 million savings, as we had previously signalled, this will mean an impact on our frontline services and care packages.

This budget was agreed as the COVID-19 pandemic was emerging in Scotland and the rest of the UK, and regular monitoring of the operational budget and the COVID-19 Mobilisation Plan are in place and implications and risk will continue to be addressed as costs become clearer. There is a significant financial risk to the HSCP if additional costs are not fully funded.

The work undertaken to date on our recovery programme has focussed on the short to medium term to allow us to emerge from the crisis phase and work towards the “new normal”. There will be significant work coming from this programme that will inform our longer term strategic and financial planning.

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

In addition to COVID-19 the consequence of Brexit may also impact on the future of the services we provide and our ability to meet the needs of the communities we serve.

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

Prescribing Costs; The cost of drugs prescribed to the population of East Renfrewshire by GPs and other community prescribers is delegated to the IJB. This is a complex and volatile cost base of around £16 million per year. The COVID-19 impact on prescribing in the medium to long term is unclear.

Delayed Discharge; In order to achieve the target time of 72 hours we continue to require more community based provision. The medium-term aspiration is that the costs of increased community services will be met by shifting the balance of care from hospital services. The work to agree a funding mechanism to achieve this remains ongoing with NHS Greater Glasgow and Clyde and its partner IJBs.

Care Providers: The impact on the sustainability of the care provider market following COVID-19 is unknown and we will continue to work closely with all our partners to work through issues, support where we can and look to develop the best way of working as we move forward. This will build on our work to date, including preparation to move to a new contractual framework.

We continue to develop our performance and financial reporting in more detail at a locality level to allow fuller reporting and understanding of future trends and service demands and include COVID-19 implications and scenarios.

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

- Our Recovery Plan will be implemented throughout 2020/21 and beyond and regular reports will be taken to the IJB.
- We will update our Medium-Term Financial Plan once COVID-19 impacts become clearer. This will allow us to continue to use scenario-based financial planning and modelling to assess and refine the impact of different levels of activity, funding, pressures, possible savings and associated impacts.
- We will continue to monitor in detail the impacts of COVID-19, Brexit and operational issues through our financial and performance monitoring to allow us to take swift action where needed, respond flexibly to immediate situations and to inform longer term planning.
- We will continue to work through our Care at Home action plan and service redesign, taking into account the changing COVID-19 landscape.
- We will continue to progress and report on our Strategic Improvement Plan until fully complete.
- We have identified savings proposals for 2020/21 and as we previously indicated will now need to move to a prioritisation and criteria-based model for care package support. Our individual

budget calculator will be revised. We will continue to use our reserve through 2020/21 to phase in budget savings. It is possible we will deplete this reserve in 2020/21 so there is a significant risk associated with:

- Ensuring savings are achieved on a recurring basis by the end of the financial year
 - Impact of a similar level of budget settlement in 2021/22
 - Unknown impact of COVID-19
- We have realigned our adult services to reflect a change to our senior management structure which we have increased recognising, as supported in the Strategic Inspection, we had reduced capacity too far in previous savings delivery. We have appointed to our new post; Head of Recovery and Intensive Services.
 - We routinely report our performance to the IJB with further scrutiny from our Performance and Audit Committee and our Clinical and Care Governance Group. The service user and carer representation on the IJB and its governance structures is drawn from Your Voice which includes representatives from community care groups, representatives from our localities and representatives from equality organisations including disability and faith groups.
 - Governance Code; we have robust governance arrangements supported by a Governance Code.
 - The IJB continues to operate in a challenging environment and our financial, risk and performance reporting continue to be a key focus of each IJB agenda.

We regularly review our strategic risk register for the IJB which identifies the key areas of risk that may impact the IJB and have implemented a range of mitigating actions to minimise any associated impact. A separate COVID-19 Risk Register is in place.

The future challenges detailed above and our associated response include the main areas of risk that the IJB is facing. The uncertainty of the impact of COVID-19 and the capacity for the HSCP and its partners to deliver services whilst maintaining financial sustainability are significant risks.

4 Performance summary




4.1 Introduction

In the previous chapter of this report we outlined key areas of work carried out by the HSCP over the course of 2019/20. In this final chapter we draw on a number of different sources to give a more detailed picture of how the partnership is performing.

The sections below set out how we have been performing in relation to our suite of Key Performance Indicators structured around the strategic priorities in our Strategic Plan 2018-21. We also provide performance data in relation to the National Integration Indicators and Ministerial Steering Group (MSG) Indicators. Finally, we provide summary information on performance reporting during Inspections carried out in 2019/20.

4.2 Performance indicators

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

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

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

Strategic Priority 1 - Working together with children, young people and their families to improve mental wellbeing						
Indicator	2019/20	Current Target	2018/19	2017/18	2016/17	Trend from previous year
Percentage of positive response to Viewpoint question "Do you feel safe at home?" <i>(INCREASE)</i>	98%	92%	93%	94%	85%	↑
Children and young people starting treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral <i>(INCREASE)</i>	78%	90%	74%	89%	90%	↑
Child & Adolescent Mental Health - longest wait in weeks at month end <i>(DECREASE)</i>	33	18	34	35	31	↑
100% of parents of children who have received an autism diagnosis have opportunity to access Cygnet post diagnostic programme within 12 months of receiving diagnosis. <i>(INCREASE)</i>	100%	100%	100%	97%	n/a	—
% Mothers confirming they have received information about close and loving relationships from staff <i>(INCREASE)</i>	90%*	80%	100%	n/a	n/a	—
Increase in improved outcomes for children after parent/carer completion of POPP <i>(INCREASE)</i>	96%	84%	89%	79%	78%	↑
Balance of Care for looked after children: % of children being looked after in the Community (LGBF) <i>(INCREASE)</i>	n/a	Data only	98.0%	93.6%	91.5%	↑
% Child Protection Re-Registrations within 18 months (LGBF) <i>(DECREASE)</i>	n/a	Data only	7.7%	0%	9%	↓

*Mid-yr 19/20 figure

Strategic Priority 2 - Working together with our community planning partners on new community justice pathways that support people to prevent and reduce offending and rebuild lives						
Indicator	2019/20	Current Target	2018/19	2017/18	2016/17	Trend from previous year
Community Payback Orders - Percentage of unpaid work placement completions within Court timescale. <i>(INCREASE)</i>	71%	80%	84%	92%	96%	↓
Criminal Justice Feedback Survey - Did your Order help you look at how to stop offending? <i>(INCREASE)</i>	100%	100%	100%	100%	100%	▬
% Change in women's domestic abuse outcomes <i>(INCREASE)</i>	79%	70%	64%	65%	66%	↑
People agreed to be at risk of harm and requiring a protection plan have one in place. <i>(INCREASE)</i>	100%	100%	100%	n/a	n/a	▬

Strategic Priority 3 - Working together with our communities that experience shorter life expectancy and poorer health to improve their wellbeing						
Indicator	2019/20	Current Target	2018/19	2017/18	2016/17	Trend from previous year
Increase the number of smokers supported to successfully stop smoking in the 40% most deprived SIMD areas. (This measure captures quits at three months and is reported 12 weeks in arrears.) <i>(INCREASE)</i>	12*	6*	6	20	27	↑
Health and Social Care Integration - Core Suite of Indicators NI-11: Premature mortality rate per 100,000 persons aged under 75. (European age-standardised mortality rate) <i>(DECREASE)</i>	n/a	Data Only	308	301	297	▬

*Mid-yr 19/20 figure

Strategic Priority 4 - Working together with people to maintain their independence at home and in their local community						
Indicator	2019/20	Current Target	2018/19	2017/18	2016/17	Trend from previous year
Number of people self directing their care through receiving direct payments and other forms of self-directed support. <i>(INCREASE)</i>	518*	600	514	491	364	↑
Percentage of people aged 65+ who live in housing rather than a care home or hospital <i>(INCREASE)</i>	96%	97%	95.9%	96.6%	96.8%	▬
People reporting 'living where you/as you want to live' needs met (%) <i>(INCREASE)</i>	88%	90%	92%	84%	79%	↓
SDS (Options 1 and 2) spend as a % of total social work spend on adults 18+ (LGBF) <i>(INCREASE)</i>	n/a	Data Only	8.15%	7.5%	6.6%	↑
Percentage of people aged 65+ with intensive needs receiving care at home. (LGBF) <i>(INCREASE)</i>	n/a	62.0%	57.5%	62.5%	61.1%	↓

*Mid-yr 19/20 figure

Strategic Priority 5 - Working together with people who experience mental ill-health to support them on their journey to recovery						
Indicator	2019/20	Current Target	2018/19	2017/18	2016/17	Trend from previous year
Percentage of people waiting no longer than 18 weeks for access to psychological therapies <i>(INCREASE)</i>	65%	90%	54%	80%	56%	↑
% of service users moving from drug treatment to recovery service <i>(INCREASE)</i>	16%	10%	22%	12%	9%	↓
Primary Care Mental Health Team (Bridges) wait for referral to 1st appointment within 4 weeks (%) <i>(INCREASE)</i>	27%	100%	14%	21%	n/a	↑

Strategic Priority 5 - Working together with people who experience mental ill-health to support them on their journey to recovery

Indicator	2019/20	Current Target	2018/19	2017/18	2016/17	Trend from previous year
Primary Care Mental Health Team (Bridges) wait for referral to treatment appointment within 9 weeks (%) <i>(INCREASE)</i>	11%	100%	8%	30%	33%	↑

Strategic Priority 6 - Working together with our colleagues in primary and acute care to care for people to reduce unplanned admissions to hospital

Indicator	2019/20	Current Target	2018/19	2017/18	2016/17	Trend from previous year
People (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting including AWI <i>(DECREASE)</i> (NHSGGC data)	2	0	4	4	4	↑
Acute Bed Days Lost to Delayed Discharge (Aged 18+ including Adults with Incapacity) <i>(DECREASE)</i> (MSG data)	1,788	1,893	2,284	1,860	2,704	↑
No. of A & E Attendances (adults) <i>(DECREASE)</i> (NHSGGC data)	12,748	Data only	12,943	12,587	12,503	↑
Number of Emergency Admissions: Adults <i>(DECREASE)</i> (NHSGGC data)	6,859	Data only	6,801	6,916	6,908	↓
No. of A & E Attendances (adults) <i>(DECREASE)</i> (MSG data)	20,090	18,332	20,212	19,344	18,747	↑
Number of Emergency Admissions: Adults <i>(DECREASE)</i> MSG	7,504*	7,130	7,320*	7,432	8,032	↓
Emergency admission rate (per 100,000 population) for adults <i>(DECREASE)</i> NI-12	10,568*	11,492	10,368*	10,482	11,419	▬

Strategic Priority 6 - Working together with our colleagues in primary and acute care to care for people to reduce unplanned admissions to hospital						
Indicator	2019/20	Current Target	2018/19	2017/18	2016/17	Trend from previous year
Emergency bed day rate (per 100,000 population) for adults (<i>DECREASE</i>) NI-13	103,456*	117,000	114,744*	120,419	122,193	↑
Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges) (<i>DECREASE</i>) NI-14	76*	100	79*	79	83	↑
A & E Attendances from Care Homes (NHSGGC data) (<i>DECREASE</i>)	338**	340**	429	541	n/a	↑
Emergency Admissions from Care Homes (NHSGGC data) (<i>DECREASE</i>)	233	240	261	338	166	↑
% of last six months of life spent in Community setting (<i>INCREASE</i>) MSG	88%*	86%	86%*	85%	86%	↑

* Full year data not available for 2019/20. Figure relates to 12 months Jan-Dec 2019.

Previous year (2018) gives calendar year figure for comparison. Data from ISD release, 5 June 2020

**To end Jan 19/20

Strategic Priority 7 - Working together with people who care for someone ensuring they are able to exercise choice and control in relation to their caring activities						
Indicator	2019/20	Current Target	2018/19	2017/18	2016/17	Trend from previous year
People reporting 'quality of life for carers' needs fully met (%) (<i>INCREASE</i>)	92%	72%	78%	72%	70%	↑

Organisational measures						
Indicator	2019/20	Current Target	2018/19	2017/18	2016/17	Trend from previous year
Percentage of days lost to sickness absence for HSCP NHS staff (<i>DECREASE</i>)	7.3%	4.0%	6.8%	8.5%	7.2%	↓
Sickness absence days per employee - HSCP (LA staff) (<i>DECREASE</i>)	19.1	10.9	16.4	13.0	13.6	↓
Percentage of HSCP (NHS) complaints received and responded to within timescale (5 working days Frontline, 20 days Investigation) (<i>INCREASE</i>)	83%*	70%	80%	100%	63%	↑
Percentage of HSCP (local authority) complaints received and responded to within timescale (5 working days Frontline; 20 days Investigation) (<i>INCREASE</i>)	72%	100%	72%	81%	68%	▬

*Mid-yr 19/20 figure

4.3 National Integration Indicators

The Core Suite of 23 National Integration Indicators was published by the Scottish Government in March 2015 to provide the basis against which Health and Social Care Partnerships can measure their progress in relation to the National Health and Wellbeing outcomes. As these are derived from national data sources, the measurement approach is consistent across all Partnerships.

The Integration Indicators are grouped into two types of measures: 9 are based on feedback from the biennial Scottish Health and Care Experience survey (HACE) and 10 are derived from Partnership operational performance data. A further 4 indicators are currently under development by NHS Scotland Information Services Division (ISD). The following tables provide the most recent data for the 19 indicators currently reportable, along with the comparative figure for Scotland, and trends over time where available.

4.3.1 Scottish Health and Care Experience Survey (2017/18)

Information on 9 of the National Integration Indicators are derived from the biennial Scottish Health and Care Experience survey (HACE) which provides feedback in relation to people's experiences of their health and care services. The most recent survey results for East Renfrewshire relate to 2017/18 and are summarised below.

National indicator	2017/18	Scotland 2017/18	2015/16	East Ren trend from previous survey	Scotland trend from previous survey
NI-1: Percentage of adults able to look after their health very well or quite well	94%	93%	96%	↓	↓
NI-2: Percentage of adults supported at home who agreed that they are supported to live as independently as possible	74%	81%	80%	↓	↓
NI-3: Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	64%	76%	77%	↓	↓
NI-4: Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	60%	74%	69%	↓	↓
NI-5: Total % of adults receiving any care or support who rated it as excellent or good	77%	80%	82%	↓	↓
NI-6: Percentage of people with positive experience of the care provided by their GP practice	84%	83%	88%	↓	↓
NI-7: Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	76%	80%	79%	↓	↓
NI-8: Total combined % carers who feel supported to continue in their caring role	37%	37%	45%	↓	↓
NI-9: Percentage of adults supported at home who agreed they felt safe	82%	83%	82%	▬	▬

Data from ISD release, 7 June 2019

4.3.2 Operational performance indicators

National indicator	2019/20	Scotland 2019/20	2018/19	2017/18	2016/17	Trend from previous year
NI-11: Premature mortality rate per 100,000 persons	n/a	432	308	301	297	▬
NI-12: Emergency admission rate (per 100,000 population) for adults	10,568*	12,602*	10,368*	10,484	11,419	↓
NI-13: Emergency bed day rate (per 100,000 population) for adults	103,456*	117,478*	114,744*	120,419	122,193	↑
NI-14: Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	76*	104*	79*	79	83	↑
NI-15: Proportion of last 6 months of life spent at home or in a community setting	88%*	89%*	86%*	85%	86%	↑
NI-16: Falls rate per 1,000 population aged 65+	22*	23*	24.1*	22.4	21.2	↑
NI-17: Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	84%	82%	84%	88%	88%	▬
NI-18: Percentage of adults with intensive care needs receiving care at home	n/a	62%	64%	63%	58%	↑
NI-19: Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	160	793	171	117	228	↓
NI-20: Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	20%*	23%*	22%*	24%	23%	↑

Data from ISD release, 5 June 2020

*Calendar year data. Full year data not available for 2019/20. Figure relates to 12 months Jan-Dec 2019. Calendar year data used for previous year (2018) for comparison

The indicators below are currently under development by NHS Scotland Information Services Division (ISD).

National indicators in development
NI-10: Percentage of staff who say they would recommend their workplace as a good place to work
NI-21: Percentage of people admitted to hospital from home during the year, who are discharged to a care home
NI-22: Percentage of people who are discharged from hospital within 72 hours of being ready
NI-23: Expenditure on end of life care, cost in last 6 months per death

4.4 Ministerial Strategic Group Indicators

A number of indicators have been specified by the Ministerial Strategic Group (MSG) for Health and Community Care which cover similar areas to the above National Integration Indicators.

MSG Indicator	2019/20	Target 19/20	2018/19	2017/18	2016/17	2015/16	Trend from 2018/19
Number of emergency admissions (adults)	7,504*	7,130	7,320*	7,432	8,032	7,922	↓
Number of emergency admissions (all ages)	8,598*	8,331	8,313*	8,513	9,199	9,123	↓
Number of unscheduled hospital bed days (acute specialties) (adults)	58,311*	57,106	61,383*	62,967	62,901	58,271	↑
Number of unscheduled hospital bed days (acute specialties) (all ages)	59,764*	58,899	62,875*	64,769	64,455	60,064	↑
A&E attendances (adults)	20,090	18,335	20,212	19,344	18,747	18,332	↑
A&E attendances (all ages)	27,567	25,299	27,850	27,011	25,888	25,300	↑
Acute Bed Days Lost to Delayed Discharge (Aged 18+ including Adults with Incapacity)	1,788	1,893	2,284	1,860	2,704	2,366	↑
% of last six months of life spent in Community setting (all ages)**	88%*	86%	86%*	85.2%	85.8%	85.6%	↑
Balance of care: Percentage of population at home (supported and unsupported) (65+)	n/a	Data only	95.9%	95.8%	95.7%	95.6%	↑
Balance of care: Percentage of population at home (supported and unsupported) (all ages)	n/a	Data only	99.0%	99.0%	99.0%	99.0%	—

Data from ISD release, 28 April 2020 (MSG Indicators)

* Full year data not available for 2019/20. Figure relates to 12 months Jan-Dec 2019. Previous year (2018) given as calendar year.

** Data from ISD release, 5 June 2020 (Core Suite of Integration Indicators)

4.5 Inspection performance 2018/19

East Renfrewshire HSCP delivers a number of in-house services that are inspected by the Care Inspectorate. The following table show the most up to date grades as of 31 March 2020.

Key to Grading:

1 – Unsatisfactory, 2 – Weak, 3 – Adequate, 4 – Good, 5 – Very Good, 6 – Excellent

Service	Date of Last Inspection	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership
Adoption Service	11/10/2019	5	Not applicable	5	Not applicable
Barrhead Centre	23/02/2018	6	Not applicable	Not applicable	6
Fostering Service	11/10/2019	5	Not applicable	5	Not applicable
Care at Home	04/09/2019	1	Not applicable	2	1
HSCP Holiday Programme	21/07/2017	6	Not applicable	Not applicable	5
Thornliebank Resource Centre	07/04/2016	4	Not applicable	Not applicable	4
HSCP Adult Placement Centre	25/10/2019	5	Not applicable	5	5

The Care Inspectorate launched the new evaluation framework in July 2018, which is based on the Health and Social Care Standards. Bonnyton House and Kirkton have been inspected under the new quality inspection framework.

Service	Date of Last Inspection	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is care and support planned?
Bonnyton House	22/11/2019	3	3	3	3	3
Kirkton	23/7/2019	5	Not assessed	Not assessed	Not assessed	5

4.6 Key performance achievements

Key areas where we have seen improvement or continued strong performance over the past 12 months are as follows:

Indicator	2019/20		2018/19
	Target	Actual	Actual
Children and families (SP1: Working together with children, young people and their families to improve mental wellbeing)			
% of positive response to Viewpoint question "Do you feel safe at home?" (INCREASE)	92%	98%	93%
Children and young people starting treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral (INCREASE)	90%	78%	74%
100% of parents of children who have received an autism diagnosis have opportunity to access Cygnet post diagnostic programme within 12 months of receiving diagnosis. (INCREASE)	100%	100%	100%
Increase in improved outcomes for children after parent/carer completion of POPP (INCREASE)	84%	96%	89%
Balance of Care for looked after children: % of children being looked after in the Community (LGBF) (INCREASE)	Data only	98% (18/19)	93.6% (17/18)
Criminal justice (SP2: Working together with our community planning partners on new community justice pathways that support people to prevent and reduce offending and rebuild lives)			
Criminal Justice Feedback Survey - Did your Order help you look at how to stop offending? (INCREASE)	100%	100%	100%
% Change in women's domestic abuse outcomes (INCREASE)	70%	79%	64%
Living independently (SP4: Working together with people to maintain their independence at home and in their local community)			
SDS (Options 1 and 2) spend as a % of total social work spend on adults 18+ (LGBF) (INCREASE)	Data only	8.2% (18/19)	7.5% (17/18)
Percentage of people aged 65+ who live in housing rather than a care home or hospital (INCREASE)	97%	96% (18/19)	96% (17/18)
Percentage of adults with intensive care needs receiving care at home (INCREASE)	62%	64% (18/19)	63% (17/18)
Supporting people experiencing mental ill-health (SP5: Working together with people who experience mental ill-health to support them on their journey to recovery)			
% of people waiting no longer than 18 weeks for access to psychological therapies (INCREASE)	90%	65%	55%
Reducing unplanned hospital care (SP6: Working together with our colleagues in primary and acute care to care for people to reduce unplanned admissions to hospital)			

People (18+) waiting more than 3 days to be discharged from hospital including AWI (NHSGGC data) (<i>DECREASE</i>)	0	3	4
Bed days lost to delayed discharge (Adults) (MSG data) (<i>DECREASE</i>)	1,734 (11 month target)	1,629 (Apr 19 - Feb 20)	2,037 (Apr 18 – Feb 19)
Unscheduled hospital bed days (all acute) (MSG data) (<i>DECREASE</i>)	57,056	61,191 (Oct 18 – Sept 19)	61,672 (Oct 17 – Sept 18)
% of last six months of life spent at home of in a community setting	86%	89% (at Q3 19/20)	86%
Supporting carers (<i>SP7: Working together with people who care for someone ensuring they are able to exercise choice and control in relation to their caring activities</i>)			
People reporting 'quality of life for carers' needs fully met (%) (<i>INCREASE</i>)	72%	92%	78%

4.7 Indicators we are seeking to improve

Ongoing improvement is sought across all services within the HSCP and the performance management arrangements in place are designed to facilitate this. There are specific areas we would like to improve going forward and these are set out in our current Strategic Plan.

Key indicators we would like to improve on include the following:

Children and Young People

- Children and young people starting treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral
- Child and Adolescent Mental Health - longest wait in weeks at month end

Criminal Justice

- Community Payback Orders - % of unpaid work placement completions within Court timescales

Living independently

- Number of people self-directing their care through receiving direct payments and other forms of self-directed support.

Mental Health services

- Percentage of people waiting no longer than 18 weeks for access to psychological therapies
- Waiting times for Primary Care Mental Health Team (Bridges)

Unscheduled care: Working in partnership with NHS acute services

- People waiting more than 3 days to be discharged from hospital into a more appropriate care setting
- Number of A&E Attendances
- Number of Emergency Admissions

Appendix One - National Outcomes

The National Health and Wellbeing Outcomes prescribed by Scottish Ministers are:

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including support to reduce any negative impact of their caring role on their own health and wellbeing.
7. People using health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care services.

The National Outcomes for Children are:

- Our children have the best start in life and are ready to succeed.
- Our young people are successful learners, confident individuals, effective contributors and responsible citizens.
- We have improved the life chances for children, young people and families at risk.

The National Outcomes for Criminal Justice are:

- Prevent and reduce further offending by reducing its underlying causes.
- Safely and effectively manage those who have committed offences to help them reintegrate into the community and realise their potential for the benefit of all.



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board									
Held on	23 September 2020									
Agenda Item	8									
Title	Clinical and Care Governance Annual Report 2019-2020									
<p>Summary</p> <p>The Clinical and Care Governance Annual Report 2019–2020 reflects on the clinical and care governance arrangements of the HSCP and the progress made in improving the quality of clinical care. The report is structured around the three main domains set out in the National Quality Strategy; Safe, Effective, and Person-Centred Care.</p> <p>The report describes the main governance framework and demonstrates our work to improve the quality of care within the partnership.</p> <p>The report was approved by the Clinical and Care Governance Group on 9 September June 2020.</p>										
Presented by	Claire Fisher, Clinical Director									
<p>Action Required</p> <p>The Integration Joint Board are asked to:-</p> <ul style="list-style-type: none"> - note the Clinical and Care Governance Annual Report 2019-2020 - note that the IJB will retain oversight of the role and function of the Clinical and Care Governance Group where clinical and care governance will be taken forward 										
<p>Directions</p> <p><input checked="" type="checkbox"/> No Directions Required</p> <p><input type="checkbox"/> Directions to East Renfrewshire Council (ERC)</p> <p><input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)</p> <p><input type="checkbox"/> Directions to both ERC and NHSGGC</p>	<p>Implications</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Finance</td> <td><input checked="" type="checkbox"/> Risk</td> </tr> <tr> <td><input type="checkbox"/> Policy</td> <td><input type="checkbox"/> Legal</td> </tr> <tr> <td><input checked="" type="checkbox"/> Workforce</td> <td><input type="checkbox"/> Infrastructure</td> </tr> <tr> <td><input type="checkbox"/> Equalities</td> <td><input type="checkbox"/> Fairer Scotland Duty</td> </tr> </table>		<input checked="" type="checkbox"/> Finance	<input checked="" type="checkbox"/> Risk	<input type="checkbox"/> Policy	<input type="checkbox"/> Legal	<input checked="" type="checkbox"/> Workforce	<input type="checkbox"/> Infrastructure	<input type="checkbox"/> Equalities	<input type="checkbox"/> Fairer Scotland Duty
<input checked="" type="checkbox"/> Finance	<input checked="" type="checkbox"/> Risk									
<input type="checkbox"/> Policy	<input type="checkbox"/> Legal									
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East Renfrewshire Health and Social Care Partnership

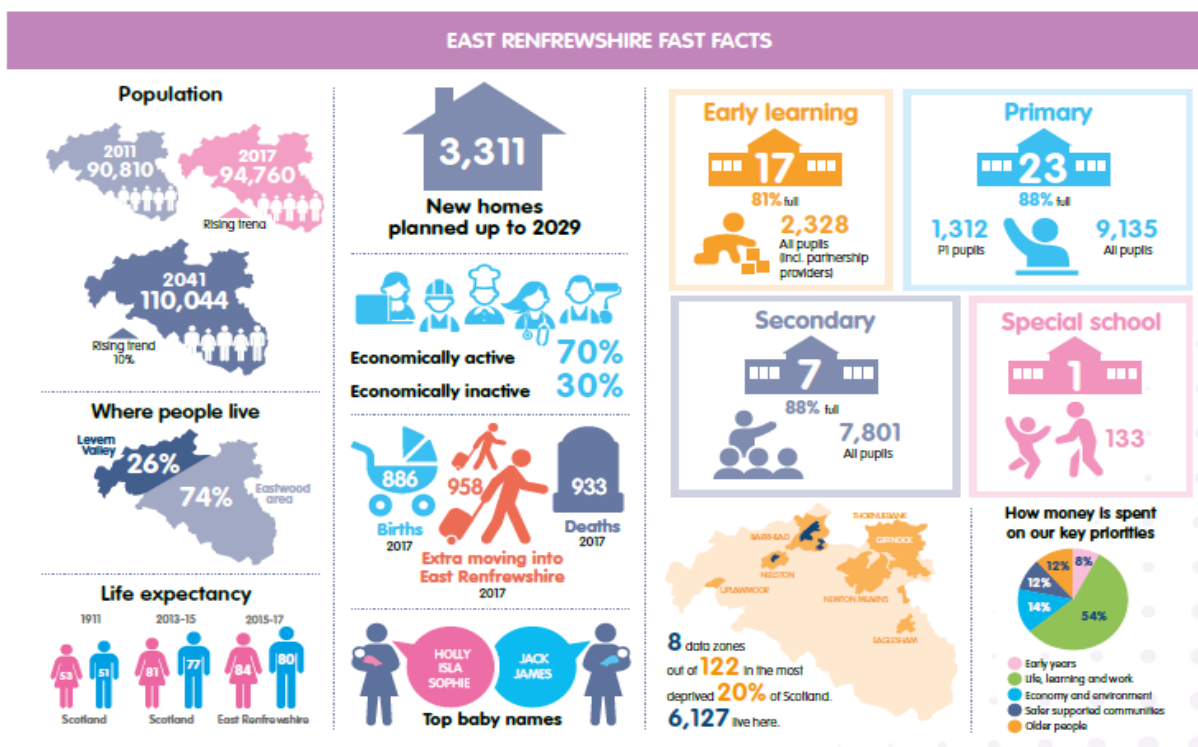
Annual Clinical and Care Governance Report

2019 - 2020

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1. Introduction

- 1.1 East Renfrewshire Health and Social Care Partnership (HSCP) was formed in 2015 and covers the population within the same geographical boundary as East Renfrewshire Council.
- 1.2 East Renfrewshire covers an area of 174 square kilometres and borders the City of Glasgow, East Ayrshire, North Ayrshire, Renfrewshire and South Lanarkshire.
- 1.3 Our population is growing and reached 95,530 in 2019. Geographically 75% of the population live in the Eastwood area (Busby, Clarkston and Williamwood, Eaglesham and Waterfoot, Giffnock, Netherlee and Stamperland, Newton Mearns and Thornliebank) and 25% live in the Barrhead area (Barrhead, Neilston and Uplawmoor).

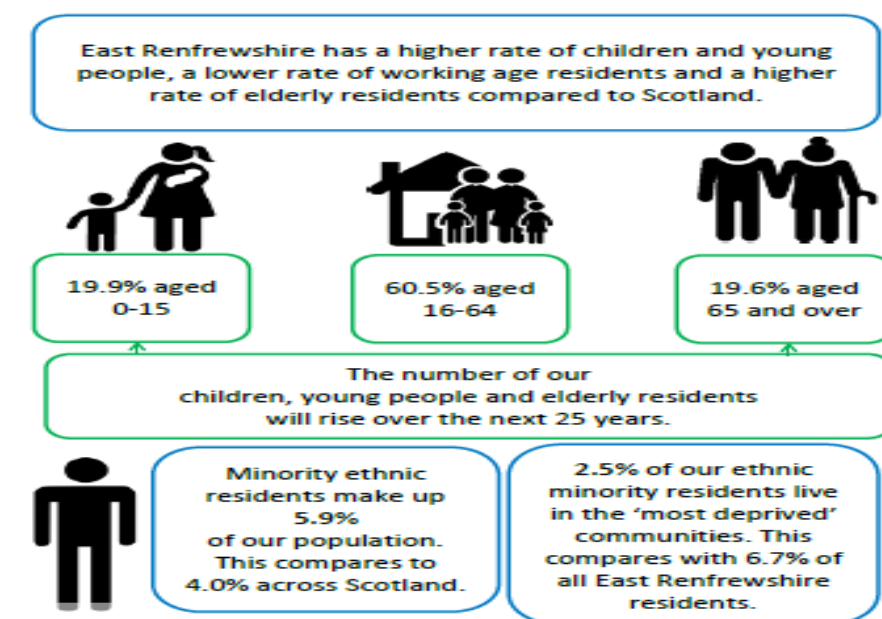


- 1.4 Each year an annual report reflecting on the clinical and care governance arrangements of the Health and Social Care Partnership and the progress it has made in improving the quality of clinical care is produced. The report is structured around the three main domains set out in the National Quality Strategy: Safe, Effective, and Person-Centred Care. This report will describe the main governance framework and demonstrate our work to improve the quality of care in our Health and Social Care Partnership through a small selection of the activities and interventions.

The Strategic Plan for Health and Social Care 2018 – 2021

1.5 The Strategic Plan sets out the strategic priorities for East Renfrewshire Health and Social Care Partnership and progress is outlined in the Annual Performance Report that are overseen by the Performance and Audit Committee. The Strategic Plan explains in more detail the strategic priorities and the sections below summarise what is known from our local population, the implications and the challenges.

1.6 From the Community Planning work locally for our population we know that:



1.7 The implications for our population are:

- East Renfrewshire's population is increasing (youngest and oldest populations especially)
- People over 80 are the greatest users of hospital and community health services and social care. Retirement and Care Homes choose to open in the area
- People with complex health conditions and profound and multiple disabilities are living longer and require intensive health and social care supports

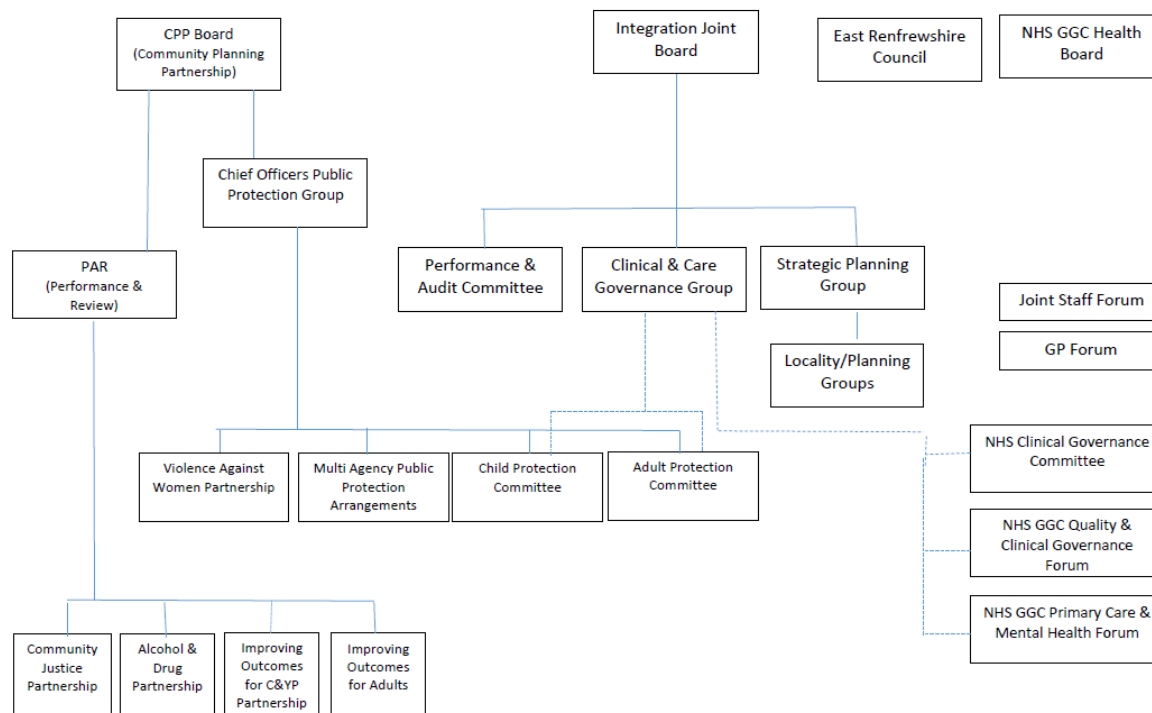
1.8 The challenges are:

- Increasing numbers of very old people who are at risk of frailty, dementia and often experience loneliness;
- Residents, including many of our young people, reporting concern about poor mental health and wellbeing
- Despite good overall population health some of our communities continuing to experience shorter life expectancy and poorer wellbeing
- Although people and their families tell us that they would like to be cared for and die at home more people are going into hospital than ever before
- People and their carers report that they do not feel that their care is well coordinated and that they don't have choice and control over their support.
- Reducing public funding and ever-increasing demand mean that all partners are facing an unprecedented financial challenge.

The Governance Framework of East Renfrewshire Integration Joint Board (IJB)

- 1.9 The main features of the governance framework in place during 2019/20 are summarised below in Table 1.

Table 1: Governance, relationships and links with partners which form the IJB



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

- 1.17 The governance framework was put in place during 2015/16 when the IJB was established and the Governance Code was formalised and audited in 2017/18.
- 1.18 There is a formal Code of Governance. Clinical and Care Governance were fully compliant as per the Annual Governance Statement for 2019-2020.
- 1.19 The redesign and improvement plan for the Care at Home service is ongoing and includes all Care Inspectorate requirements.
- 1.20 The programme is led by the Chief Officer and the programme oversight board is chaired by the Council Chief Executive. Membership includes staff side, human resources, legal services, the Chief Social Work Officer and the Intensive Services Manager and Programme Manager.
- 1.21 A Report on progress, timelines and key milestones is also taken to each meeting of the IJB and Care at Home is a standard agenda item at the Clinical and Care Governance Group.
- 1.22 In order to exercise its governance role in relation to the delivery of effective social work and social care services, the Clinical and Care Governance Group focuses on governance, risk management, continuous improvement, inspection activity, learning, service and workforce development, service user feedback and complaints. Although no longer a formal structure of the Integrated Joint Board it continues to provide regular scrutiny on the areas requiring development and improvement. Quality assurance is fundamental to safe and effective care and the Chief Social Work Officer Annual Report is remitted to the Clinical and Care Governance Group to provide them with assurance concerning the delivery and performance of statutory social work functions. Furthermore, this allows the group to consider the interdependencies of delivering effective and high quality care within the context of integrated practice.
- 1.23 The Clinical and Care Governance Group's agenda is structured so that updates are received on Adult Support and Protection, Child Protection and Multi Agency Public Protection Arrangements as well as the Annual Report of the Chief Social Work Officer. There is also an annual update on the work of the Violence against Women and Girls Partnership.

Clinical and Care Governance Arrangements

- 1.24 The role of the Clinical and Care Governance Group is to consider matters relating to governance, risk management, service user feedback and complaints, standards, education, professional registration and validation, learning, continuous improvement and inspection activity.
- 1.25 Specifically the group is responsible for the following:
- Providing assurance to the IJB, the Council and NHS, via the Chief Officer, that the Professional standards of staff working in Integrated Services are maintained and that appropriate professional leadership is in place
 - Reviewing significant and adverse events and ensure learning is applied
 - Supporting staff in continuously improving the quality and safety of care
 - Ensuring that service user/patient views on their health and care experiences are actively sought and listened to by services
 - Creating a culture of quality improvement and ensuring that this is embedded in the organisation

- 1.26 The group was chaired by Susan Brimelow, NHS Greater Glasgow and Clyde Board Non Executive member until June 2020. The Clinical and Care Governance Group will now be chaired by Amina Khan, NHS Greater Glasgow and Clyde Non Executive member from September 2020 onwards.
- 1.27 Membership includes IJB members, Chief Officer, Clinical Director, Chief Social Work Officer, Professional Nurse Advisor, AHP Professional Lead (OT), GP representative, Optometry Lead, Pharmacy Lead, NHS Greater Glasgow and Clyde Clinical Effectiveness representative, Third and Independent Sector representatives, and patient and carer representatives from Your Voice.
- 1.28 The group meets four times a year and the agenda is structured to cover the areas of:
- Professional Leadership/Standards including registration and practice assurance
 - Improvement Activity including self-evaluation and clinical governance actions
 - Service Care Group Activity
 - Patient/Service User Views including complaints, surveys and feedback
 - Quality and Safety of Care including public protection , Inspections and Contract Monitoring
 - Review of Significant and Adverse Events
- 1.29 The Clinical Director completes an exception report 6 times per year to submit to the Partnership and Community Clinical and Care Governance Forum (PCCCGF). The exception report is shared with the Directorate Management Team in keeping with local governance arrangements and to ensure all relevant issues are reported from respective services. The Clinical Director and Chief Nurse attend the Partnership Clinical and Care Governance Group meeting. The Chief Nurse provides an update report to the group in the absence of the Clinical Director as required.
- 1.30 The Clinical and Care Governance Group met on 5th June 2019, 4th September 2019, 20th November 2019 and 4th March 2020.
- 1.31 The Clinical and Care Governance Group have strengthened the role of the Your Voice Working Group members from its formation. The IJB have agreed that there can be 2 Service User and 2 Carer Representatives from Your Voice that can attend the group. The group members are supported by the Clinical and Care Governance Facilitator and have an agenda item for members to raise issues. The Your Voice Working Group receive updates following the Clinical and Care Governance meetings. The Working Agreement between the Clinical and Care Governance Group and the Your Voice Working Group was updated in June 2020.
- 1.32 The Adult Services Clinical and Care Governance Group is now well established and met on 19th December 2019 and 12th February 2020. The group is chaired by Candy Millard, Head of Adult Health and Social Care Localities

2. Person Centred Care

Primary Care Improvement Plan

- 2.1 East Renfrewshire Health and Social Care Partnership, supported by our GP Sub-committee representative developed our three-year Primary Care Improvement Plan for 2018 – 2021. This plan will enable the role of the GP moving forward to evolve in to the expert medical generalist. The new GP role will be achieved by embedding multi-disciplinary primary care staff to work alongside and support GP's and practice staff to reduce GP practice workload and improve patient care. The main highlights to year two are listed below.

The Vaccination Transformation Programme (VTP)

Childhood Immunisations

- 2.2 The delivery of routine childhood immunisations has fully transferred from all NHS Greater Glasgow and Clyde GP practices, with delivery now based in 39 community clinics, two of which are in East Renfrewshire. A new Pre School Immunisation Team, hosted by Glasgow City HSCP – North West Sector, was established in August 2019.
- 2.3 Pre-school flu vaccinations for 2-5 year olds were intended to shift in year 2 (2019-20) using the same venues as the routine childhood clinics. In 2019, Heath Visiting ran a pilot of children's flu clinics in Barrhead Health and Care Centre and the increase in uptake can be seen below:

	Historical uptake % of participating GP Practices		
Pilot Clinic	2019/2020	2018/2019	2016/2017
Barrhead	73.3%	47.9%	52.9%

Vaccination in Pregnancy

- 2.4 Pregnant Women Immunisations (flu and pertussis) is being delivered via Women and Children's Services/Midwifery across all Greater Glasgow and Clyde Maternity Centres in year 2 (2019-20). The service delivery of flu and pertussis through Maternity Services has been a 'soft start' pending resolution of outstanding issues (IT and staffing); with vaccination being offered opportunistically to women attending 12 and 20 week scan appointments. GP practices continue to vaccinate pregnant women post 20 week scan if they have not already been vaccinated.
- 2.5 Maternity services ran a pilot of flu clinics for pregnant women from Barrhead Health and Care Centre in 2019, co-ordinated by NHS Greater Glasgow and Clyde. A full evaluation will be completed in 2020.

Adult Vaccinations

- 2.6 It is planned that by 2021 all Adult Immunisations (Flu, Pneumococcal, Shingles and Travel) will be delivered locally through the formation of HSCP Adult/Older People's Services - Adult Immunisation teams (as per Childhood and Schools). The wider programme of adult vaccinations continues to be scoped and planned through the NHS Greater Glasgow and Clyde Adult Immunisation Vaccination Transformation Programme group which representation from each of the HSCPs.

- 2.7 In 2019, in the absence of an interim IT solution to enable a larger scale flu pilot, it was agreed to pilot opportunistic adult flu vaccination (over 65s and under 65 “at risk”) through community pharmacies to assess capacity and feasibility of this as part of potential future hybrid service delivery model. This is in addition to status quo delivery through GP practices.
- 2.8 The Community Pharmacy flu pilot commenced on 4th November 2019, 184 pharmacies signed up across Greater Glasgow and Clyde with 16 of these being in East Renfrewshire. A full evaluation will be completed in 2020.
- 2.9 In East Renfrewshire, flu immunisations for the housebound on the district nursing caseload were co-ordinated by the Senior Nurse. Additionally, all GP Practices were contacted by the Senior Nurse to complete a pro-forma identifying housebound patients who were not on the District Nursing caseload. This cohort were also vaccinated by the district nursing team during November 2019.
- 2.10 A successful peer flu vaccination program was also co-ordinated by the Senior Nurse in 2019 with increased uptake from previous years. Whilst district nurses were the main staff group involved in the delivery of the peer vaccinations the intention is that this requires to widen out to a range of other qualified staff to support this important programme with less dependency on a service which is often under significant pressure due to seasonal demands.

Pharmacotherapy Services

- 2.11 Moving towards year 3 of the transition period, work is underway to determine the appropriate skill mix and service model for the future. Early audits estimated that 2.5 whole time equivalent Pharmacists per 5000 patients is required to fully deliver all Pharmacotherapy elements as stated in the GP contract. At this stage there is nothing to suggest that this can be reduced. Full service transfer is unlikely to be possible by the end of 2021 with the main barriers being the availability of suitably qualified staff and lack of suitable space in some practices to accommodate pharmacy staff.
- 2.12 Work is underway to scope out the feasibility of testing a ‘hub model’, in which some Level 1 activities would be carried out in a hub, possibly at GP cluster level, staffed by Pharmacy Technicians and Pharmacy Support Workers. Such a model would increase pharmacist capacity, reduce demand for space in practices, and might provide a more efficient use of resource by minimising duplication of effort.
- 2.13 The Lead for Prescribing and Clinical Pharmacy and the Localities Improvement Manager started visiting GP Practices in January 2020 to review Pharmacotherapy provision thus far and gather views to inform the planning process for year three.

Community Treatment and Care Services

Community Health Care Assistants within GP Practices

- 2.14 Our Primary Care Improvement Programme (PCIP) Band 3 Community Health Care Assistants successfully completed the Community Health Care Assistant module at Glasgow Clyde College, improving their competencies to undertake a broader variety of tasks to support scheduled chronic disease management within a practice setting, treatment room setting or out in the community including suture removal, urinalysis, simple wound dressings, BMI (Body Mass Index), health and weight etc.

Treatment Room

- 2.15 In collaboration with GP practices data was gathered to understand the activity currently taking place in local practices by the nursing team, this allowed us to understand the type and volumes of activity. The data set was shared with the PCIP Steering Group where the decision was taken to launch the service with a transfer of the task taking the most time in practices to treatment rooms; this is dressings. In Eastwood locality there was an average of 85 hours per week and Barrhead 21 hours per week. Other tasks such as phlebotomy and suture removal will also be available.
- 2.16 Recruitment took place in December 2019 for Treatment Room; 1 x Treatment Room Co-coordinator, 2 x Treatment Room Nurses, 1 Community Health Care Assistant and 1 Admin/Health Care Assistant. Following recruitment and induction it was planned to test processes and systems in March 2020 with a 'Go Live' date for the Treatment Rooms at both Barrhead and Eastwood Health and Care Centres by April 2020. However, due to COVID-19 this development programme had to be paused with recovery plans currently underway.
- 2.17 Two Short Life Working Groups actively developed referral pathways/processes, appointment allocation, sharing of information between
- 2.18 GP Practices and the Treatment Room Standard Operating Procedures.

Urgent Care Services (Advanced Practitioners)

- 2.19 In June 2019 following three rounds of recruitment our transitioning Advanced Nurse Practitioner (ANP) successfully completed her training and is now in a permanent post. In order to complete transition to ANP a portfolio has to be completed requiring GP support. PCIP funding was used to remunerate two practices within one cluster who offered to support the competency sign off over a 6 month period. Competency sign off to a fully-fledged ANP was completed by January 2020. Data was collected as part of a test of change from October 2019 – March 2020 and will be reviewed to measure impact of the role in reducing GP house visits, reducing unscheduled hospital admissions, onward referrals and improved outcomes for individuals. This data will help to inform future modelling in relation to ANPs.

Additional Professional roles

- 2.20 A further one whole time equivalent Advanced Practice Physiotherapist was recruited; this resource is shared across 2 practices. Two whole time equivalent Advanced Practice Physiotherapists are now in post providing support to 4 GP practices. A key success factor in utilising this resource appropriately is effective signposting by reception staff.

Community Links Worker

- 2.21 East Renfrewshire has imbedded the Recovery Across Mental Health (RAMH) Community Links Worker model in all 15 practices across East Renfrewshire following PCIP implementation. Currently 4 whole time equivalent are allocated to GP Practices per 5000 patients. Analysis of the service and impact review was due at the end of March 2020, At July 2020 it was agreed that the Local Intelligence Support Team (LIST) resource can be used to recommence this work. RAMH will provide data from 1st September 2019 to 31st July 2020 to add this second extract to the first dataset for full analysis and impact review to be completed (this will include

COVID-19 impact). At 31st August 2019 2034 patients accessed Community Links Worker's in GP Practices.

Children 1st Family Wellbeing Service

- 2.22 In September 2017, Children 1st and East Renfrewshire Health and Social Care Partnership 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.
- 2.23 As a consequence of the significant new funding stream from Robertson Trust and East Renfrewshire Health and Social Care Partnership the new enhanced service began on 1 June 2019. This investment has enabled the service to expand its reach to include all GP Practices from June last year. This has been very successful with almost all practices beginning to refer children and young people.
- 2.24 The service is funded to accept a minimum of 178 referrals per year but has exceeded this figure significantly already. Promotion of the service with GPs, in particular with the couple that have yet to engage is ongoing, as is strengthening links with wider partner agencies. A new set of measures and outcomes has been developed for the service and this is being reported through existing Health and Social Care Partnership and Robertson Trust structures. Early evaluation of the programme is indicating a significant improvement in the emotional wellbeing of the children and young people referred with less presenting again at their GP with distress.
- 2.25 In January 2020 the team moved into newly refurbished family friendly and trauma sensitive premises in Giffnock. We will retain the space we have in Eastwood Health and Care Centre to ensure full accessibility for families and in recognition of the positive relationships which have been fostered by us having a presence in Eastwood Heath and Care Centre.

Impact Criteria

- 2.26 The information provided in the table below provides an overview of the impact of the service working alongside children, young people and families.

Impact Criteria	Open Families	Closed Families
75% 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	92% - experienced improvement 8% - experienced no change
75% 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	89% - experienced improvement 11% - experienced no change

75% family members are better able to communicate	56% - experiencing improvement 11% - experiencing no change at present 33% - still to be reviewed	93% - experienced improvement 7% - experienced no change
75% of families have increased emotional warmth within their family	38% - experiencing improvement 14% - experiencing no change at present 48% - still to be reviewed	91% - experienced improvement 9% - experienced no change
75% 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	88% - experienced improvement 12% - experienced no change

Feedback from Families

- 2.27 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 wouldn’t be where I am now if I hadn’t come here”
18yr old

“I know that I fit in here, can have a laugh and talk about similar issues”
Parent

“Yes, having someone to talk to and who listens”
10yr 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

“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, 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

Youth Intensive Support Service (YISS)

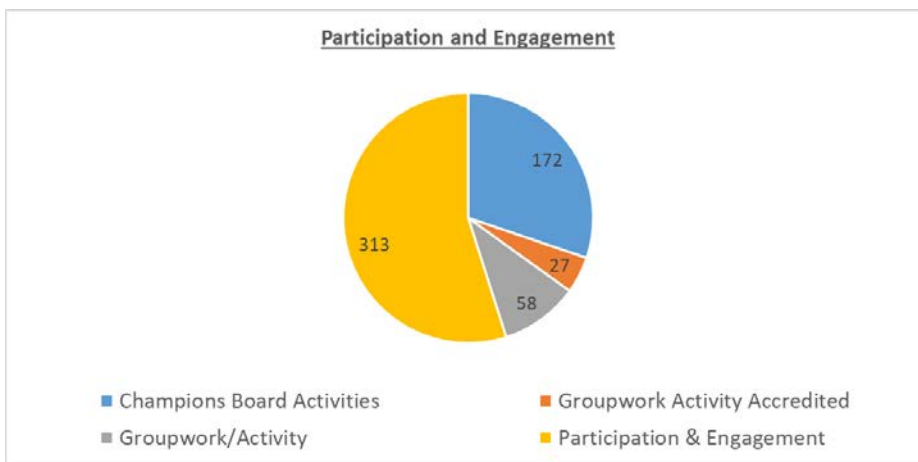
- 2.28 Intensive Services for Young People was established during 2015 as the lead service for all looked after young people (12 years of age and over) and for young people eligible for Continuing Care and After Care. This is in recognition that for these young people, more intensive interventions are required to improve their recovery from trauma, neglect and abuse.
- 2.29 The team reflects the statutory duties within the Children and Young People's (Scotland) Act 2014, to support young people eligible for continuing care up to the age of 21 and for after care up to the age of 26. For young people subject to the Children (Scotland) Act 1995, Section 22 who are at risk of being accommodated and or custody, intensive services provide direct interventions alongside their community social work colleagues and 3rd sector.
- 2.30 The Youth Intensive Support Service and Intensive Family Support works closely and alongside East Renfrewshire's Child and Adolescent Mental Health Services (CAMHS). The service has the following shared aims across social work and health services:
- *To reduce the number of young people looked after, looked after and accommodated and at risk of hospitalisation.*
 - *To reduce the impact of historical trauma and abuse for young people.*
 - *To ensure that the transition into adulthood achieves better long term outcomes.*
- 2.31 Of the 150 young people allocated to the Youth Intensive Support Service as at 31st March 2020:
- 54% were receiving intensive support services.
 - 23% were subject to Compulsory Measures of Supervision.
 - 25% were care experienced young people in receipt of Continuing or After Care support.
 - 86% of care experienced young people in receipt of Continuing or After Care support were supported through the Family Firm scheme.
- 2.32 In the period 2019 – 2020 the Youth Intensive Support Service gained two Advanced Practitioner posts. The Champions Board Co-ordinator post co-ordinates, plans and delivers participation and engagement activities for care experienced young people known to the local authority whilst our Continuing and Aftercare Advance Practitioner focuses on support and provision to this distinct group of young people.

Champions Board, Group Work and Participation

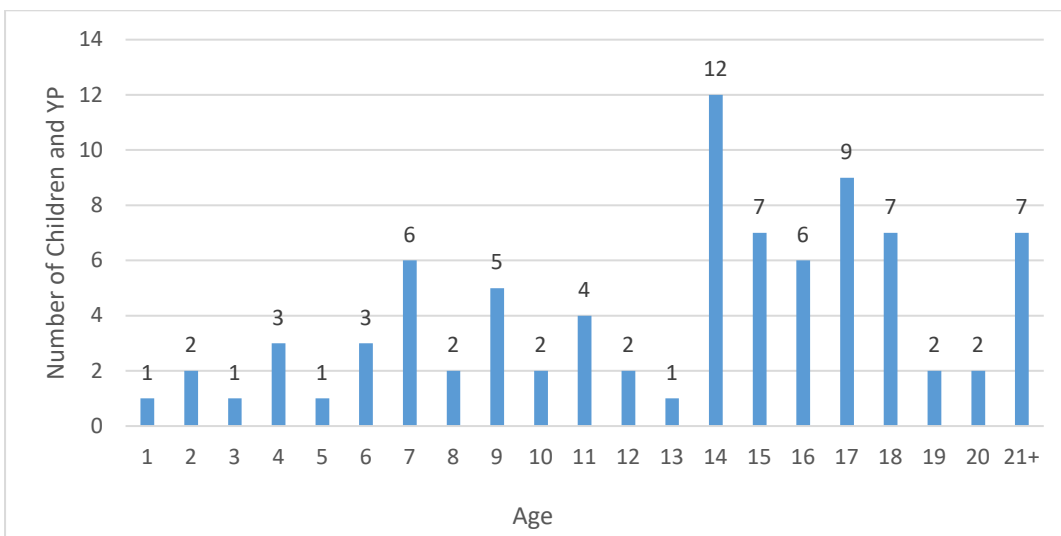
- 2.33 Throughout 2019/20, we have continued to engage with our children, young people, families and communities. We now have a dedicated Champions Board Advanced Practitioner Post embedded within our Intensive Service structure to co-ordinate Champions Board activity. Participation and engagement continues to be at the heart of our children services. A number of events have been held to widen the participation and to support a change in culture across the Health and Social Care Partnership. Some of these activities include a summer barbeque, a family Christmas dinner, school holiday programmes and too many to list within this report.
- 2.34 This year an e-learning module on Corporate Parenting has been developed by our young people. Training is now available for Corporate Parents on East Renfrewshire Council training calendar.

2.35 The Champions Board has continued to raise awareness about what it is like to be care experienced, helping corporate parents understand the impact services have had on their lives and what needs to be done to ensure that there is positive change. The Champions Board have worked closely with the Care Review Participation Team. They have been involved in consultation and have created a video around their views given around 'STOP-GO'. Involvement in the Care Review has allowed young people to see that the Champions Board is part of a wider agenda. Young people have attended Care Review Road shows, 1000 voices events, and attended as a group to give their views on the 'stories' which were to be published within the Care Review Reports.

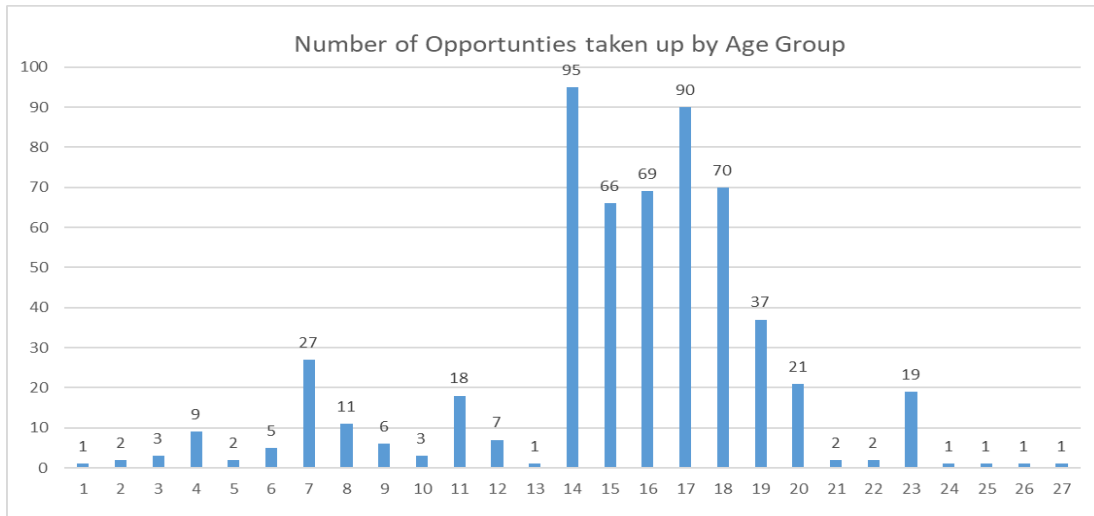
2.36 Between April 2019 and March 2020 there were 520 opportunities for children's and young people to take part in participation and engagement, twenty-seven of these have led to an recognised accredited award. These opportunities were taken up by eighty-seven children and young people across the children and families teams. This is shown in the table below.



2.37 The chart below demonstrates the age of the eighty-seven young people that took part in engagement and participation opportunities.



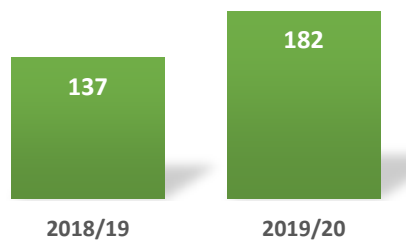
2.38 The table shows the opportunities taken up by children and young people broken down by age group. It highlights that the majority of our participation of engagement involves our 14 - 19 age groups, but we have steady increase in 7 - 12 year olds which demonstrates the continued efforts of our community team to ensure that participation opportunities are offered to all children engaging with our services.



Complaints Summary for 2019 -2020

2.39 During 2019/20 a total of 182 complaints were received from patients, service users and their carers or representatives.

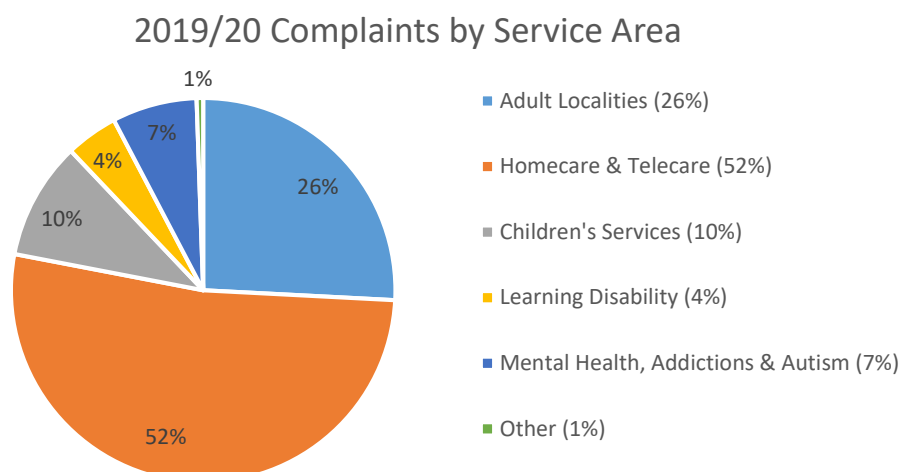
2.40 This represents a 33% increase compared to the 137 complaints logged the previous year as shown below.



2.41 The increase is likely due to continued improvements in the recording of complaints and not necessarily an increase in the number of complaints received.

2.42 As with previous years, the majority of complaints are in relation to adult services, and in particular care at home and telecare. Following the inspection of our care of care home service earlier in the year, the Care Inspectorate noted there was under reporting of complaints within the service and made a requirement that the service must ensure that its handling of complaints is applied in accordance with the HSCP procedure and good practice guidelines. Recording of complaint activity has therefore increased as a result of service improvements within Care at Home. It should also be noted that complaints recorded during the first half of the year included both our in-house service and externally commissioned services.

2.43 The chart below shows the breakdown of complaints by service area.



- 2.44 The often complex and multi organisational nature of the Health and Social Care Partnership complaints continues to be a challenge in meeting timescales however 74% of the total complaints were responded to within the required timescale, an improvement on the previous years' performance.
- 2.45 Of the total complaints logged 87 were frontline complaints, of which 83% were responded to within the target of 5 working days. 95 were investigation complaints, with 64% responded to within the 20 day target.
- 2.46 Of the total complaints logged 45% were upheld, 25% were partially upheld and 30% not upheld.
- 2.47 During 2019/20 the Scottish Public Service Ombudsman notified us of 4 complaints which had been sent to them for consideration. The HSCP supplied the requested information at the assessment stage and the SPSO have confirmed that they will not be taking 2 of the complaints forward. We are still awaiting a final outcome for the remaining 2.

Care Opinion Implementation

- 2.48 Following a decision to implement Care Opinion within the Partnership in 2019 a communication and implementation plan was subsequently developed aligning to the East Renfrewshire HSCP Public Engagement Strategy.
- 2.49 Care Opinion is an independent, not-for-profit organisation who provide an online feedback platform, where people can safely share their experience of any health service or Care Inspectorate-registered provider social care service.
- 2.50 They are funded mainly through subscriptions from health and care organisations.
- 2.51 Unfortunately due to COVID-19 the implementation process was paused. However, as the HSCP is now in recovery plans are in place to resume this important work with the Implementation Group meeting scheduled to take place on 3 September 2020.

3. Safe

Medication Support Service

- 3.1 The Medication Support Service aims to provide patients/carers medication advice to gain the best from their medication, leading to better health and improved quality of life. A specialist team of Pharmacy Technicians offer home visits to people who have just come out of hospital or who have been identified as needing help with their medicines at home.
- 3.2 They help make sure patients know what medicines they should and shouldn't be taking, know what each medicine is for and how it is used or taken - at the right time - the right way – by the right route. Staff also ensure medicines are not causing any problems. They offer extra support like reminder charts, adding Telecare/carer medication prompts, assessing/organising dosette box etc. We communicate any changes or issues with everyone involved e.g. GP / Nurse / Chemist / Carers / Social Care Teams.

Care at Home Medication Administration Records (MAR) Pilot

- 3.3 A Care at Home MAR pilot has been rolled out in Neilston and there are plans to expand this to the Barrhead area to include patients registered with Glennifer, Lavern and Oaks GP's.
- 3.4 COVID-19 has interrupted the roll out, but we can continue to identify suitable patients for administration of their medicines from original packs and carers recording on Medication Administration Records (MAR) charts, with carers scheduled to attend MAR training in advance of supporting any patient.
- 3.5 This work involves a multi-disciplinary approach including Homecare Organisers, Home Support Workers, Community Pharmacy, GPs and the Medication Support Service.

Professional Nursing Assurance Framework and Work Plan Nursing

- 3.6 The professional nursing assurance work plan has been developed from the Professional Nursing Assurance Framework first presented to the Clinical and Care Governance Committee in March 2018. Three documents have specific relevance to the development of the framework and should be seen as underpinning documents. These include: the Joint Declaration on Nursing, Midwifery and AHP Leadership¹; the Chief Nursing Officer's paper on Professionalism in the NMAHP professions in Scotland² and the Care Governance Framework³. The framework based on the national nursing and midwifery professional framework⁴ developed on behalf of the Scottish Executive Nurse Directors (SEND) with local interpretation to show local assurance systems which are in place and being monitored.

¹ NHS Scotland (2010) Joint Declaration Available online
http://www.knowledge.scot.nhs.uk/media/CLT/ResourceUploads/1005857/Joint_Declaration_-_final.pdf

² Scottish Government (2012) Professionalism in nursing, midwifery and the allied health professions in Scotland: a report to the Coordinating Council for the NMAHP Contribution to the Healthcare Quality Strategy for NHS Scotland, CNOPPP, Scottish Government

³ Scottish Government (2012), Care Governance Framework: Shared Accountability and Assurance of High Quality Care and Experience, CNOPPP, Scottish Government

⁴ Scottish Government (2014) Turning Tides - Nursing and Midwifery Professional Assurance Framework for Scotland. Scottish Executive Nurse Directors in Association with the Chief Nursing Officer

UNICEF Gold Baby Friendly Revalidation

- 3.7 The HSCP Health Visiting team submitted the UNICEF Gold Revalidation Report in July 2020 in order to retain the UNICEF gold baby friendly revalidation.
- 3.8 This work has been overseen by the East Renfrewshire Maternal & Infant Nutrition Framework Group. This has representation from Health Visiting Team Leaders and Health Visitors, the Infant Feeding Advisor, a Nursery Nurse, Support workers, Dental Health Worker, a Midwife, Health Improvement staff representation from NCT and Education.
- 3.9 Infant feeding continues to be a standing item on all meetings including monthly Health Visiting Team Meetings, Senior Management Operational Meetings and twice monthly Health Visiting Team and Senior Nurse / Team Leads meetings. Infant feeding is also discussed at integrated Senior Management teams and more recently UNICEF gold progress has been discussed and shared at weekly Senior Management Microsoft Team Integrated Health & Social Work Meetings.
- 3.10 We have several breastfeeding groups within East Renfrewshire. This includes the Barrhead Baby Café supported by our Health Visiting staff and NCT Peer supporters and also Cartmill Breastfeeding Group supported by our Health Visiting team. Both groups are held in a breastfeeding friendly environment with Scottish Breastfeeding Friendly leaflets and stickers available, while promoting a breastfeeding friendly culture. During COVID-19, the Baby Café has continued weekly, through a virtual process with mums who are interested and looking for support.
- 3.11 Our staff have received Informal verbal feedback from women attending both breastfeeding groups saying that they felt well supported by the group facilitators and enjoyed attending the groups.
- 3.12 The culture within East Renfrewshire is one of continuous improvement. We we have been examination the need to offer other services to help meet the needs of our families when attending the Breast feeding groups, For example, in in relation to the poverty agenda inviting money advice services to provide advice and support to parents. We continue to use social media in supporting Infant feeding, promoting the use of virtual groups during COVID-19 and are currently updating our information card on infant feeding that is placed within the red books.
- 3.13 The 5th birthday celebration of the Baby Café on the 12th December 2019 was very positive in both promoting and introducing both new mums but also other health professionals, particularly Midwifery services, enabling them to see the benefit of the group , therefore promoting this widely within East Renfrewshire. This success was reported in our local newspaper and also tabled at Parliament.
- 3.14 During COVID-19 our Health Visitors have continued to provide support and information as required using Attend Anywhere technology to connect with mothers and families as appropriate if unable to provide face to face contact in the home setting. Our health visiting team also signpost mums to online support including: National Breastfeeding Helpline, UNICEF COVID-19 guidance, and links to National Childbirth Trust, Breastfeeding Network, La Leche League, The Association of Breastfeeding Mothers along with UNICEF resources. Staff also access the services of the infant feeding advisor for support and refer mum's to the complex breastfeeding clinic as required. As an integrated HSCP, we continue to promote infant feeding to East Renfrewshire Council with support from our Health Improvement team. The Council adhere to the same standards as NHS Breast

feeding policy to promote and protect breast feeding and to ensure they follow the WHO Code.

Specialist Learning Disability Inpatient Service

- 3.15 East Renfrewshire HSCP continue to host the Specialist Learning Disability Inpatient Service that supports people requiring a hospital admission. The service works in partnership to manage demand and ensure appropriate support is available in the community on discharge.

Learning Disability Quality and Clinical Governance Meeting

- 3.16 The quality and clinical governance meetings continue to take place on a bi-monthly basis. Following the meeting a bi monthly briefing report is produced for all staff to be kept up to date with the main clinical governance activity. A minute of the meeting is also produced and circulated.

Development of Best Practice

- 3.17 Members of the quality and clinical governance meetings have developed and produced many examples of good/best practice. This has included the following:
- two transition guidance papers
 - A prevention and management of constipation guideline
 - Updated eligibility criteria
 - Updated manual for operational processes and standards
 - A dementia diagnostic pathway
 - Introduction of peer reviews for people exhibiting challenging behaviour in community settings
 - The creation of a challenging behaviour pathway
 - Use of Positive Behavioural Support paperwork for community staff
 - Implementation of a refreshed approach to Routine Sensitive Enquiry
 - Introduction of CORE – LD a self-reporting outcome measure
 - Development of health care coordination guidance
 - Development of vehicle harness guidance.
- 3.18 A benchmarking exercise was undertaken with all HSCPs in 2017 with an overall report produced which highlighted key themes and issues across the whole system as well as each service receiving its own individual report.
- 3.19 There is a plan for HSCPs in 2020 to re - benchmark themselves against the updated operational standards and processes.

4. Effective

Living and Dying Well With Frailty Collaborative in East Renfrewshire HSCP

- 4.1 Healthcare Improvement Scotland is working with the HSCP to improve earlier identification, anticipatory care planning and shared decision-making, to ensure that people living with frailty get the support they need, at the right time, at the right place.
- 4.2 There are regular updates to Healthcare Improvement Scotland from the team to monitor progress in this work.
- 4.3 The Clinical and Care Governance Group 20th November 2019 considered a presentation from Kim Campbell on the Frailty Collaborative and the significant progress that has been made in East Renfrewshire HSCP.
- 4.4 The East Renfrewshire's case for change is that we have an increasing older population. The over 75 population is projected to increase by 42% by 2029. This requires us to think about how we support frailty prevention activity. Increasing Care Home developments has led to an increase in our most frail and complex older population. This places many demands on our local services including GP's and out of hour's services.
- 4.5 There are 6 GP Practices that are participating in this work in East Renfrewshire.
- 4.6 There is work ongoing on the Frailty Resource pack. These resource packs will support individuals and their families/carers from prevention through to end of life. This will be sent out to the GP surgeries and will be distributed to patients who join the Get Up and Go programme as well as taking the opportunity to share during GP home visits.
- 4.7 East Renfrewshire Culture & Leisure Trust support the Get up and Go programme to improve strength and balance is looking for 20 referrals from Barrhead and 40 from Eastwood with the start date of end of April 2020. Patients are selected on their Dalhousie frailty scoring of 4/5. The objective at the end of the programme would be to reduce their scoring.

Community Addiction Team – Annual Blood Borne Virus Testing

- 4.8 Currently we have around 148 patients attending opiate substitute prescribing clinics in the East Renfrewshire Community Addiction Team.
- 4.9 Annual Blood Borne Virus testing for HIV and Hepatitis C is offered to all of these patients. Some are offered more frequent testing, due to on-going high risk behaviour. The annual drive commenced in September 2019.
- 4.10 The uptake was very encouraging. We achieved testing in 99.4% of patients. As we are now in the fourth year of this pattern, it appears that patients are more accepting of annual testing. The majority require little persuasion to participate and seem to appreciate the reassurance of receiving negative results.
- 4.11 We have also continued to see a reduction in positive BBV test numbers. This is vitally important, as community transmission must be stopped, if the Scottish Government target of eradicating Hepatitis C is to be achieved by 2024. We have had no new cases of HIV and very low numbers for Hepatitis C in the last round of testing.

- 4.12 The pandemic has resulted in a switch to telephone reviews for patients and so on-going testing hasn't been possible at this time. Annual testing will hopefully commence in the autumn of 2020.

Drug Deaths East Renfrewshire

- 4.13 The Drugs related deaths in 2018 NRS Briefing for NHS Greater Glasgow and Clyde states that in Scotland in 2018 there were 1187 Drug Related Deaths, an increase of 27.1% and the highest number of deaths ever recorded.
- 4.14 In NHS Greater Glasgow and Clyde there were 394 drug related deaths, an increase of 40.7% on 2017.
- 4.15 Those who died of a Drug Related Death in NHS Greater Glasgow and Clyde were most likely to be:
Male (71.3 %), aged 35-44 (24.6%; Median =43, Range 18-75).
- 4.16 In 2018 there was a significant increase in deaths in those aged under 25 (125% increase) and is consistent in males and females.
- 4.17 Male deaths outnumber female deaths but the rate of female deaths are increasing more than males.
- 4.18 There is continuing evidence of an increase in polypharmacy. It was most common for 3 drugs to be implied in the cause of death (27.7%)
- 4.19 With regards to opiate drugs, there were increases of Heroin/Morphine, Methadone and Tramadol, with a slight increase in incidence of Buprenorphine.

- 4.20 Table 4 Year on Year percentage change East Renfrewshire and NHS GG and C

Area	2017	2018	% age change
East Renfrewshire	4	11	175.0 inc
NHS GG and C	280	394	40.7 inc

- 4.21 4.2.4 Table 5 2018 Deaths East Renfrewshire by gender and age

	Total	20-30	31-49	50-60	61-70
Male	8	6 (75%)	2 (25%)	0	
Female	3	0	0	1 (33.3%)	2 (66.6%)

- 4.22 Polypharmacy was indicated for 5 of the 11 (45%). 3 were known to Community Addiction Services at time of death, 1 not known previously, 3 were closed cases prior to death and 4 were not known to the Community Addiction Team.
- 4.23 For 2014-2018 the average Drug-related deaths per 1000 population in East Renfrewshire was 0.7. East Renfrewshire and East Dunbartonshire have the lowest rate over this period in mainland Scotland. East Renfrewshire's trend follows a similar pattern to Scotland as an increasing overall trend in relation to Drug related deaths.
- 4.24 Between 01/01/2017 and 31/05/2019 there have been 16 severity 5 incidents (resulting in death) reported on Datix under the division of East Renfrewshire and speciality of Addiction Services.
- 4.25 There were 4 drug deaths in February 2019. The cause of death has not been confirmed for all deaths and we await the toxicology/pathology reports.

- 4.26 It is important to note that due to the impact of alcohol and drug use, the cause of death can be other health complications or life limiting conditions as a result of alcohol/drug use. There are also circumstances where the cause of death is something unexpected and not specifically as a result of alcohol/drug use.

Significant Clinical Incident overview from NHS Greater Glasgow and Clyde Clinical Risk

- 4.27 The Clinical and Care Governance Group have a standing item for an update from Clinical Risk to highlight areas of concern with regards to compliance for all Datix incidents. The emphasis is on the areas of greatest clinical and care need, namely the Significant Clinical Incidents that are categorised as the most serious, i.e. 4 and 5. The progress on closing historical Datix is mentioned elsewhere in the report.
- 4.28 For East Renfrewshire HSCP there was 1 Significant Clinical Incident commissioned from an incident that occurred in December 2019. This occurred in the Learning Disability Service and at time of writing is still to conclude.
- 4.29 There were 5 open actions from closed SCI's and these have all been closed in the reporting period.

East Renfrewshire HSCP Intensive Services

- 4.30 The service have introduced a three month test of change project using Advanced Risk Modelling for Early Detection technology (ARMED) which uses innovative technology in the form of a wearable device which will monitor client's activity and sleep. The analytic data can assist in active self-management and identifying escalating risk in relation to potential falls.
- 4.31 The aim is to assist the client to live independently in their own home for longer and act as a self-management aid to improve wellbeing and quality of life. By monitoring the person's daytime activity levels (resting/sitting/ and level of activity); and also night time sleep patterns we hope to identify any changes in the person's risk levels; and to alert if someone is starting to become unwell (potentially due to Covid-19) to enable proactive early intervention and reduce hospital falls or hospital admission.
- 4.32 Forty clients have agreed to take part in the trial which began on 1st June 2020, each have been issued with a Polar Device and mobile phone. Observations will be added to their Care first record relating to the ARMED Project throughout the trial.

Datix cleansing process January 2020 onwards

- 4.33 The Clinical and Care Governance Group meeting on 20th November 2019 reported that there were a significant amount of Datix Incidents which required to be reviewed and signed off.
- 4.34 Focused improvement activity led by the Chief Nurse with support from the Heads of Service, Clinical Risk Colleagues and the Clinical and Care Governance Facilitator was undertaken following the meeting with a progress report submitted to the Clinical and Care Governance Group in March 2020. The paper outlined the methodology adopted for the cleansing process and provided an overview of key recommendations which include that NHS Greater Glasgow and Clyde Clinical Risk team will continue to provide quarterly reports to the Clinical and Care Governance Group.

- 4.35 Common themes from Datix Incident reports and compliance are a standard agenda item for the Adult Services Clinical and Care Governance Group. The Adult Services Clinical and Care Governance Group will be convening a working group to focus on the structural issues and compliance that were identified by the cleansing exercise.
- 4.36 A programme for Datix training, including refresh training is currently being planned for September 2020.

Strategic Inspection

- 4.37 In 2019, the Care Inspectorate and Health Improvement Scotland conducted a strategic inspection of East Renfrewshire HSCP looking at how well the partnership had: improved performance in both health and social care; developed and implemented operational and strategic planning and commissioning arrangements; established the vision, values, and aims across the partnership; and the leadership of strategy and direction. The inspection scored us positively for each element: performance; strategic planning and commissioning; leadership and direction. It found that the HSCP showed capacity for continuous improvement with its record of sound progress with the integration of health and social care services, supported by an integrated management structure and co-located teams of health and social care staff.

Strategic commissioning plan for unscheduled care.

- 4.38 Work has been undertaken by all six HSCPs in Greater Glasgow and Clyde to develop a system wide strategic commissioning plan in partnership with the NHS Board and Acute Services Division and in line with the IJB's Strategic Plan. The draft plan builds on the Greater Glasgow and Clyde Board wide Unscheduled Care Improvement Programme and is integral to the Board-wide Moving Forward Together programme.
- 4.39 The draft plan is being presented to all six IJBs for consideration recognising that further work is required. This includes learning from the COVID-19 pandemic which has seen a dramatic fall in unscheduled care activity. Whilst the majority of the draft plan remains relevant, the learning from what has worked well during the pandemic will be incorporated in the final version.

COVID-19 Governance impact

- 4.40 Within East Renfrewshire HSCP there had been a temporary suspension of some of our clinical and care governance meetings. This did not impact on the East Renfrewshire Clinical and Care Governance meeting where the scheduled dates for the meeting synchronised with our move to recovery. It is important to note that the legal duty of quality and the requirement to maintain health and care quality continued to be standing obligations, therefore where local arrangements could not be sustained, operational oversight of healthcare quality and clinical governance has been maintained by embedding the following essential functions in the local management arrangements:
- Responding to any significant patient feedback
 - Responding to any significant clinical incident

- The approval and monitoring of any clinical guidelines or decision aids that are required for the COVID-19 pandemic emergency
 - Responding to any significant concerns about clinical quality
- 4.41 Mechanisms that were put in place to support the operational oversight at service level included:
- Corporate Resilience Management Team (CRMT) meetings with East Renfrewshire Council;
 - participation in NHS Greater Glasgow and Clyde Board COVID-19 governance;
 - weekly HSCP Management Team (Directorate Management Team) meetings;
 - daily Senior Management Team communication regarding COVID-19 risk issues;
 - development of dynamic risk assessments for all services with an overarching HSCP COVID-19 risk register which is reviewed weekly and is submitted to the Local Resilience Management Team (LRMT) and Directorate Management Team
 - maintenance of communication with individual staff and teams. The latter has been an essential element in the provision of operational and professional supervision and caseload management to identify areas of exception with escalation as appropriate to the LRMT and the Directorate Management Team
 - Chief Officer's Public Protection Group every 3-4 weeks.
 - The HSCP completed submissions to the Strategic Executive Group to summarise arrangements put in place from March to July 2020.
- 4.42 In addition to these groups there has been an increased attention in relation to our care homes resulting in further enhanced communication. Prior to COVID-19 the HSCP and local care homes had a joint Care Home Improvement network which met on a monthly basis. During COVID-19 this has moved to a weekly virtual meeting between care home managers, commissioning and HSCP Localities to offer mutual support and assistance.
- 4.43 Commissioning staff have undertaken a daily situation update call to care homes to ascertain if support is required for staffing, PPE, or residents affected by COVID-19. This information has been fed into the HSCP daily COVID-19 monitoring and response. In line with national direction we have established a Care Home Clinical and Care Professional Oversight team which includes the Chief Officer, Chief Nurse, Clinical Director, colleagues from Public Health Directorate and the Care Inspectorate who join members of the safety huddle group on a weekly basis.
- 4.44 Plans are now in place to re-establish all clinical and care governance groups. Due to the sequencing of our meeting schedule, the East Renfrewshire Clinical and Care Governance Group did not require to be suspended and met on 10th June as planned. Discussion majored on the following: COVID-19 current position; Care at Home; Support to Care Homes; Bonnyton House Inspection and COVID-19 update; Adult Support and Protection; Risk management with verbal reports from all professional leads and clinical incident reports.
- 4.45 Governance arrangements for Significant Case Reviews (SCRs) and Multi Agency Public Protection Arrangement (MAPPA) remain in place albeit via teleconference. This also applies to Significant Clinical Incidents (SCIs) in accordance with issued guidance. At the time of completion of this report there has been one Initial Case Review (ICR) and no Significant Case Reviews (SCR).

- 4.46 Complaints continue to be responded to during the crisis. Since the pandemic was declared on 11th March until 11th June, a total of 16 complaints have been received. On average frontline complaints were responded to within 3 days, and investigation complaints within 14 days. 3 investigation complaints remain ongoing.
- 4.47 Core data regarding child protection/adult protection/Multi Agency Public Protection Arrangement's and corresponding assurance statements are provided to Chief Officer's group weekly. MAPPA continues to be governed by management oversight group and strategic oversight group. Both of these meetings continue to take place at the usual frequency via teleconference. In addition to 6 monthly reports, new quarterly reports are prepared for the Adult Protection Committee. In response to the pandemic there will also be weekly reporting to the Chief Officer for Public Protection and the Scottish Government.
- 4.48 As part of recovery arrangements the NHS Greater Glasgow and Clyde Strategic Executive Group, which acting as the de facto Acute, Partnership and Board Clinical Governance Forums during the COVID-19 outbreak introduced a template on 13th May to be completed by all areas including HSCPs on a monthly basis. The template is structured under four key headings; maintenance of key governance functions, risks to clinical quality, any other headlines, and key successes. To date two submissions have been made with the next return due on 17th June 2020.
- 4.49 The HSCP has been at the front line in the response to the coronavirus outbreak, supporting our most vulnerable residents at home and in residential settings. As with other service areas, we have seen significant staffing constraints due the virus. Nonetheless, our staff teams have established and adapted to new ways of working and have continued to maintain and deliver safe and effective services to our residents. Across services we have taken innovative approaches and adapted provision to focus on our most vulnerable residents during the emergency phase of the crisis.
- 4.50 Our recovery activity will follow a phased approach in line with the phased relaxation of lockdown outlined by the Scottish Government. As is broadly recognised, the ongoing situation regarding the coronavirus pandemic is changing week-to-week and needs to be closely monitored particularly in relation to further waves of infection, potentially characterised by localised outbreaks. Given the developing situation it is essential that our approach to recovery recognises the need for flexibility and allows us to respond quickly to change.
- 4.51 This plan and our ongoing approaches are being developed in recognition of the recovery planning activity taking place at East Renfrewshire Council, NHS Greater Glasgow and Clyde and at the national level.
- 4.52 The current phase of the COVID-19 emergency response has seen incredible resilience, commitment and creativity from staff in all services across East Renfrewshire HSCP. Within a very short space of time teams have established and adapted to new ways of working and have continued to maintain and deliver safe and effective services to our residents. There has been innovation and collaborative working across the health and care system including with external stakeholders and our communities.
- 4.53 Our response to the pandemic has necessarily been tailored within client groups to meet the specific needs of communities and respond to specific challenges posed within these services. The below list summarises the key actions taken across the HSCP:

- Redeployment of staff to work from home;
- Co-location and social distancing of staff to maximise use of buildings;
- Introduction of staff rotation and shift working for certain staff groups to ensure adequate support balanced with social distancing and staff protection;
- Roll out of technology such as Microsoft Teams to enable communication and meetings;
- Suspension of certain services (e.g. Day Care centres, group work);
- Redeployment of staff to cover essential services;

4.54 Prioritisation of service provision based on the most urgent or complex needs (e.g. reduction of home visits to only critical need or the continuation of immunisations and first visits for children);

- Extensive use of technology to support advice and triage processes (e.g. telephone and video-based conferencing, Attend Anywhere);
- Introduction of new services and service models (e.g. telemedicine model, postal medicine/collection from clinic options and temporary Assessment Centre)
- Introduction of teleconsultation and video-consultation with service users.
- It is clear that for many months to come, health and social care services will need to be responding and further adapting to the challenges from the COVID-19 pandemic.

4.55 We now need to plan and deliver services beyond the current 'emergency phase' and through a transitional 'recovery phase' where we progressively return to more 'normal', planned provision of services.

4.56 For the HSCP this means thinking about how we have addressed the crisis, what we have learned about the way we deliver services, and what longer-term changes we may be seeing in terms of demand, needs and expectations. It means setting out practical approaches for an efficient return to more normal provision, and thinking creatively about how services can change for the better as a result of our experiences in 2020.

5. Conclusion and work priorities 2020-2021

- 5.1 The East Renfrewshire HSCP is currently considering Recovery Plan. The report discussed at the IJB of the 24th June 2020 highlighted thematic work-streams which include governance. The governance work-stream will manage the governance framework for Programme Board and reporting to Directorate Management Team, East Renfrewshire Council, IJB, NHS Greater Glasgow and Clyde, partner organisations and Scottish Government. To ensure clear communication within the HSCP and to our population that we support.
- 5.2 The aims and objectives will be to:
- Implement learning from first IJB 'Teams' meeting on 24 June 2020
 - Look at next scheduled PAC and consider approach
 - Look at next scheduled Clinical and Care Governance and consider approach
 - Restart governance groups such as the Joint Staff Forum, Health and Safety Committee
 - Consider whether the HR subgroup restarts as a stand-alone or as part of work stream 3
 - Ensure cost implications are captured
- 5.3 A Clinical and Care Governance work plan will be developed overseen by the Clinical Director. The ongoing response to COVID-19 will likely remain the principal consideration for 2020-2021.

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board	
Held on	23 September 2019	
Agenda Item	9	
Title	Chief Social Work Officer Annual Report 2019/20	
<p>Summary</p> <p>This report provides an overview of the professional activity for social work within East Renfrewshire for 2019/20 through the delivery of the statutory functions and responsibilities held by the Chief Social Work Officer.</p>		
Presented by	Kate Rocks, Head of Public Protection and Children Services (Chief Social Worker Officer)	
<p>Action Required</p> <p>The Integration Joint Board is asked is asked to consider the contents of the report and approve its submission to Council.</p>		
<p>Directions</p> <p><input checked="" type="checkbox"/> No Directions Required</p> <p><input type="checkbox"/> Directions to East Renfrewshire Council (ERC)</p> <p><input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)</p> <p><input type="checkbox"/> Directions to both ERC and NHSGGC</p>	<p>Implications</p> <p><input checked="" type="checkbox"/> Finance</p> <p><input type="checkbox"/> Policy</p> <p><input type="checkbox"/> Workforce</p> <p><input type="checkbox"/> Equalities</p> <p><input type="checkbox"/> Risk</p> <p><input type="checkbox"/> Legal</p> <p><input type="checkbox"/> Infrastructure</p> <p><input type="checkbox"/> Fairer Scotland Duty</p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

23-September 2020

Report by Chief Social Work Officer

CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2019/20

PURPOSE OF REPORT

1. This report presents to members the Chief Social Work Officer Annual Report for 2019/20. The report is attached at Appendix 1.

RECOMMENDATIONS

2. The Integration Joint Board is asked to consider the contents of the report and approve its submission to Council.

BACKGROUND

3. In compliance with Chief Social Work Officers statutory functions under the Social Work (Scotland) Act 1968, they are required to produce an Annual Report. This is based on a template agreed with the Office of the Chief Social Work Adviser.
4. This year, given the workload implications caused by the COVID-19 pandemic, the template outline the current pressures being experienced across the service. We will use the completed reports to prepare an overview later in the year
5. The report provides a narrative of statutory social work and social care activity. It describes:
 - Governance and Accountability arrangements
 - Service Quality and Performance
 - Resources
 - Workforce
 - COVID-19
6. Performance data and analysis is set throughout the report and reflects the operational delivery of services for childrens services, criminal justice, mental health and adult services including social care.

CONSULTATION AND PARTNERSHIP WORKING

7. The Chief Social Work Officer role is key in a number of partnership arrangements including the Health and Social Care Partnership, North Strathclyde Community Justice Authority, Multi Agency Public Protection Arrangements (MAPPA), East Renfrewshire Child Protection Committee, East Renfrewshire Adult Support and Protection Committee, and the Violence Against Women partnership as well as being the professional advisor to the Council.

IMPLICATIONS OF THE PROPOSALS

Finance

8. There are no financial implications arising from this report, however the report does refer to the significant financial challenges facing the delivery of social work and social care services for the HSCP.

CONCLUSIONS

9. This report provides an overview of the professional activity for social work and social care within East Renfrewshire for 2019/20 through the delivery of the statutory functions and responsibilities held by the Chief Social Work Officer.
10. We have many examples of success to celebrate and build on:
 - An enhanced Family Wellbeing Service achieving positive outcomes for children and young people's emotional wellbeing.
 - Multi-agency approach to Signs of Safety.
 - Reducing the number of children and young people looked after away from home and strengthening the voice of families in our processes.
 - Enhanced participation and engagement of looked after young people, ensuring their voices are heard and greater understanding of care experience.
 - In adult social work and social care the number of adults reporting their outcomes are met remains high and carer's quality of life is improved.
 - Improvement in timescales for Adult Protection inquiries.
 - Overall the strength of multi-agency working in East Renfrewshire, across children and families, criminal justice and adult services.
 - Piloting the Joint Investigative Interviews course, contributing to the ultimate ambition of protecting children and reducing the need for children to give evidence in court
11. There continues to be a number of significant challenges and risks facing social work and social care within East Renfrewshire including:
 - Rising incidences of domestic abuse which we are responding to through multi agency work, Safe and Together and the implementation of Multi Agency Risk Assessment Conference (MARAC).
 - Implementation of learning from the Care Review in all aspects of our work with looked after children and young people.
 - The impact of COVID-19.
 - Recovery, particularly as we have seen a rise in mental health, emotional distress and for older people physical frailty and dependency.
 - The continuing challenging financial climate and the uncertainty for all public services.
 - The increasing expectations and demands from the public and stakeholders.
 - The increasing cost of supporting vulnerable people.
 - The management of increased service demand at a time of diminishing resources and workforce capacity.
12. The landscape for all Health and Social Care Services will change over the coming years as a consequence of COVID-19 and statutory social work and social care will be required to adapt to ensure we support the recovery, rising demand and renewal associated with protecting and caring for our most vulnerable citizens and all those who are at risk in our communities.

13. At the heart of the social work profession lies a commitment to enabling and supporting vulnerable individuals to make positive, sustainable changes to their lives to achieve the best outcomes for them, their families and communities as a whole.

RECOMMENDATIONS

14. The Integration Joint Board is asked to consider the contents of the report and approve its submission to Council.

REPORT AUTHOR

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September 2020

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

[IJB Paper 25.09.2019 - Item 8. Chief Social Work Officer Annual Report 2018-19](#)

[Council Paper 30.10.20 - Item 8. Chief Social Work Officer Annual Report 2018-19](#)

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**EAST RENFREWSHIRE
HEALTH AND SOCIAL CARE
PARTNERSHIP**

**CHIEF SOCIAL WORK OFFICER
ANNUAL REPORT**

2019 – 2020

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Introduction – Reflection on the Past Year

The role of Social Work professionals is to support, care for and protect people across the whole of the life course, to enhance the wellbeing of and improve outcomes for children, young people, families and adults.

This report provides a summary of the activities and progress of statutory services and the commitment of our staff in supporting our residents and improving outcomes.

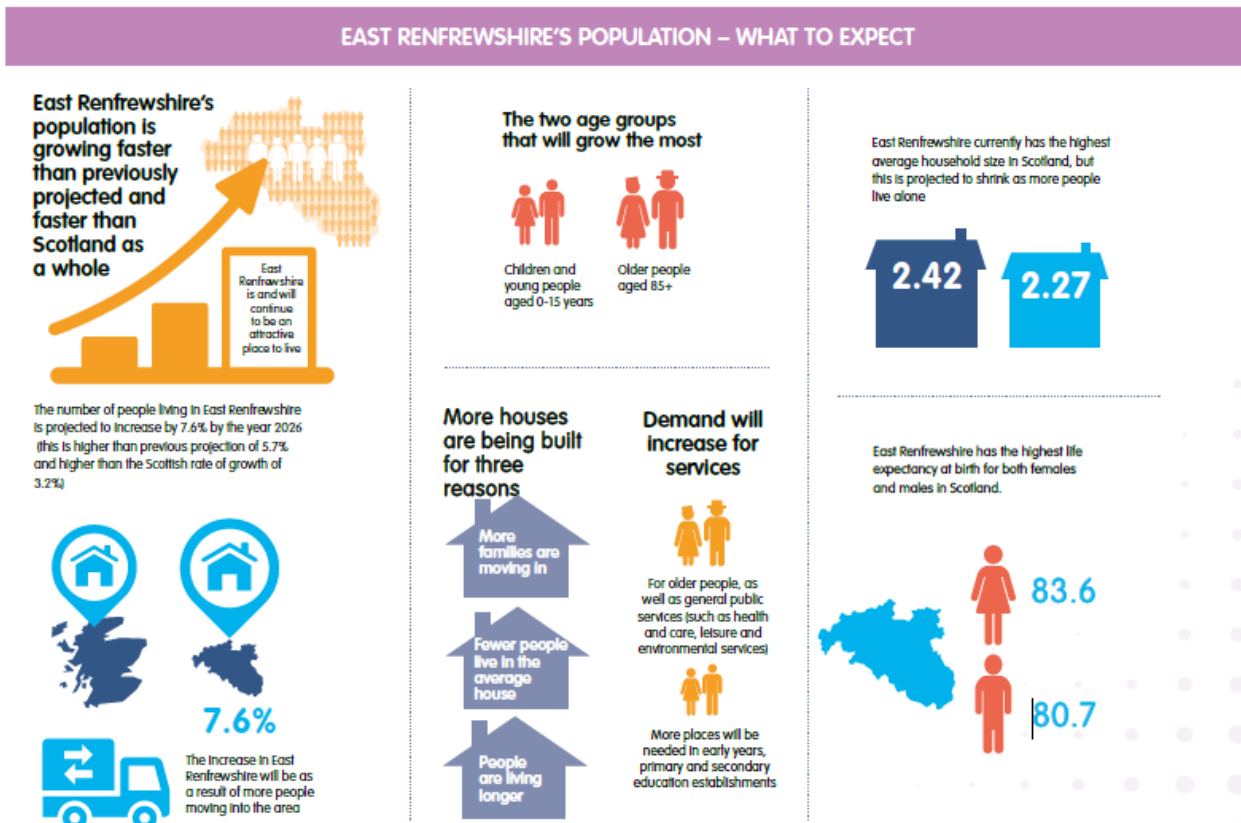
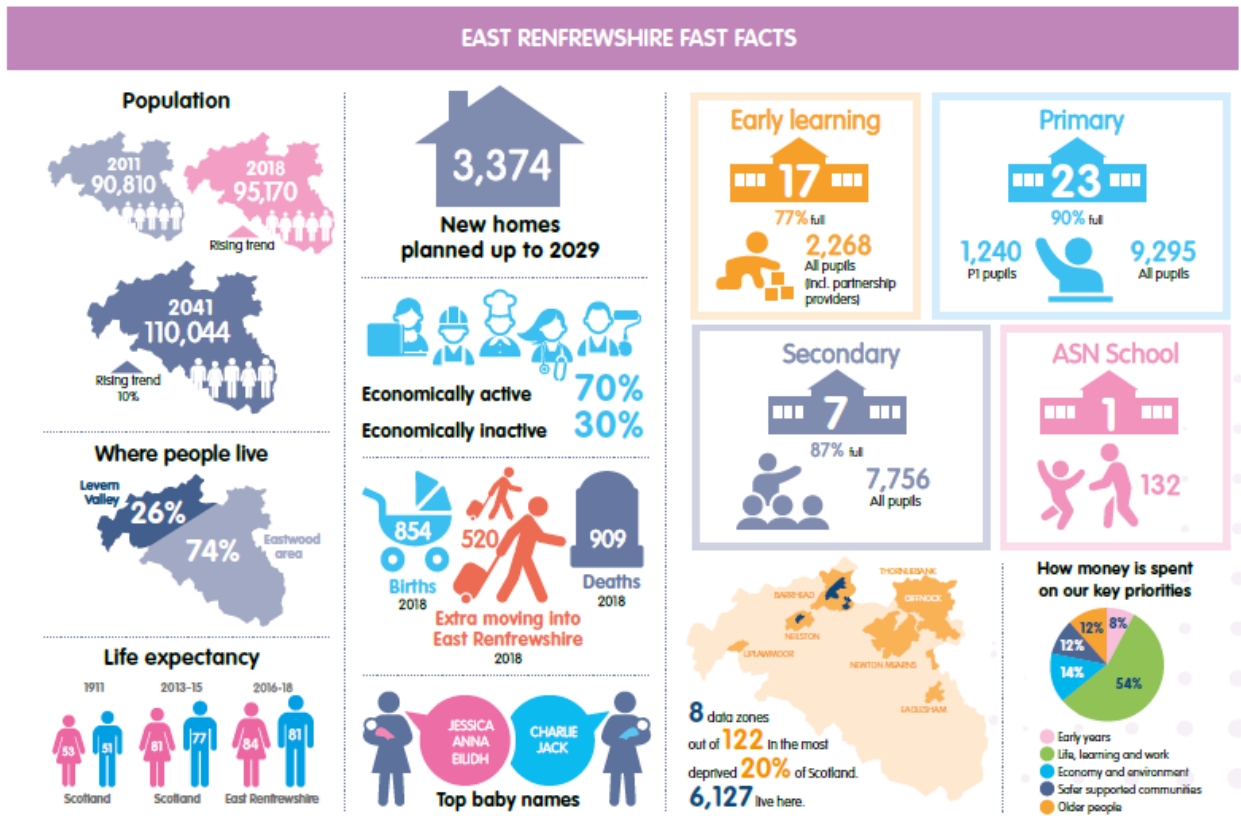
We have many examples of success to celebrate and build on:

- An enhanced Family Wellbeing Service achieving positive outcomes for children and young people's emotional wellbeing
- Multi-agency approach to Signs of Safety
- Reducing the number of children and young people looked after away from home and strengthening the voice of families in our processes
- Enhanced participation and engagement of looked after young people, ensuring their voices are heard and a greater understanding of care experience.
- In adult social work and social care the number of adults reporting their outcomes are met remains high and carer's quality of life is improved
- Improvement in timescales for Adult Protection inquiries
- Overall the strength of multi-agency working in East Renfrewshire, across children and families, criminal justice and adult services.
- Piloting the Joint Investigative Interviews course, contributing to the ultimate ambition of protecting children and reducing the need for children to give evidence in court

We also know what our most significant challenges are and are making progress in tackling these:

- Rising incidences of domestic abuse which we are responding to through multi agency work, Safe and Together and the implementation of Multi Agency Risk Assessment Conferences
- Implementation of learning from the Care Review in all aspects of our work with looked after children and young people.
- The impact of COVID-19 and the challenge of recovery, particularly as we have seen a rise in mental health, emotional distress and for older people, increased physical frailty and dependency.

East Renfrewshire Population Facts



Section 1: Governance and Accountability

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

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

During the last 14 years our integrated health and social care management and staff teams have developed strong relationships with many different partner organisations. Our scale and continuity of approach have enabled these relationships to flourish. We have a history of co-production with our third sector partners and we are willing to test new and innovative approaches.

East Renfrewshire Health and Social Care Partnership is one of six partnerships operating within the NHS Greater Glasgow and Clyde Health Board area. We work very closely with our fellow partnerships to share good practice and to develop more consistent approaches.

This Chief Social Work Officer report reflects the fifth year of the move to a Health and Social Care Partnership and whilst it outlines the key statutory social work functions, it also explains how they are delivered within the spirit of the Public Bodies (Joint Working) (Scotland) Act 2014 legislation. The Chief Social Work Officer provides the Health and Social Care Partnership, Council with professional advice, leadership and oversight of all social work and social care functions. She reports to the Chief Executive for East Renfrewshire Council in her role. The Chief Executive chairs the Chief Officer Public Protection Group and the Chief Social Worker is responsible for the scrutiny and quality assurance of all public protection services in East Renfrewshire. This also includes Violence against Women and Girls. The group is chaired by East Renfrewshire Council's Chief Executive and meets bi-annually and the Chief Social Work Officer acts as their professional advisor. The use of driver diagrams and logic modelling supports the scrutiny of public protection processes, outputs and outcomes. The Chief Officer Public Protection Group met regularly throughout lockdown and will continue to do so through recovery.

Our Strategic Vision and Priorities

East Renfrewshire has been integrating health, social work and care services for 14 years. From the outset of the Community Health and Care Partnership we have focused firmly on outcomes for the people of East Renfrewshire that improve health and wellbeing and reduce inequalities. Under the direction of East Renfrewshire's Integration Joint Board, our Health and Social Care Partnership builds on this secure foundation. Throughout our integration journey, we have developed strong relationships with many different partner organisations. Our longevity as an integrated partnership strives to improve outcomes for the citizens of East Renfrewshire.

Our Vision



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

Our Strategic Plan

The strategic plan for 2018 - 2021 sets out seven strategic priorities where we need to make significant change or investment during the course of the plan. These are:

- Working together with **children, young people and their families** to improve mental wellbeing.
- Working together with our community planning partners on new **community justice** pathways that support people to prevent and reduce offending and rebuild lives.
- Working together with our communities that experience shorter life expectancy and **poorer health** to improve their wellbeing.
- Working together with people to maintain their **independence at home** and in their local community.
- Working together with people who experience **mental ill-health** to support them on their journey to recovery.
- Working together with our colleagues in primary and acute care to care for people to reduce **unplanned admissions** to hospital.
- Working together with **people who care for someone** ensuring they are able to exercise choice and control in relation to their caring activities.

Annual Performance Report

Our [Annual Performance Report 2019-20](#) has given us an opportunity to demonstrate how we have delivered on our vision and commitments over 2019/20. It provides information about the progress we are making towards achieving the national outcomes for children, the national health and wellbeing outcomes, and criminal justice outcomes.

Clinical and Care Governance Group

In order to exercise its governance role in relation to the delivery of effective social work and social care services, the Clinical and Care Governance Group focuses on governance, risk management, continuous improvement, inspection activity, learning, service and workforce development, service user feedback and complaints. Although no longer a formal structure of the Integrated Joint Board it continues to provide regular scrutiny on the areas requiring development and improvement. Quality assurance is fundamental to safe and effective care and the Chief Social Work Officer Annual Report is remitted to the Clinical and Care Governance Group to provide them with assurance concerning the delivery and performance of statutory social work functions. Furthermore, this allows the group to consider the interdependencies of delivering effective and high quality care within the context of integrated practice. More information can be found in the [Annual Clinical and Care Governance Report](#).

Section 2: Service Quality and Performance

2.1 Children's Services

Early Identification and Intervention

The Request for Assistance team has now been operational for six years. The team ensures that children and their families receive a thorough and prompt response to any referrals and / or inquiries for a child or young person. We support our partner agencies at the earliest opportunity by sharing information and offering advice that strengthens our preventative approach to children, young people and their families.

The team is staffed by experienced social workers, an experienced health visitor and also benefits from the expertise of our third sector partner Children 1st, who consider referrals under Section 12 of the Children and Young People (Scotland) Act 2014 for Family Group Decision Making (FGDM).

From 1 April 2019 to 31 March 2020, the Request for Assistance team completed a total of 1,138 initial assessments, with 20% requiring targeted intervention. These figures are consistent with the previous year's activity.

Family Group Decision Making

As part of our early intervention approach and reducing the need for statutory service involvement with families, the Family Group Decision Making Service is provided by our third sector partner Children 1st. This offers an opportunity for families to work together with professionals at an early stage on planning and decision making to meet their children's needs. Following a review of the service to ensure it is making the greatest impact, the service has received 22 referrals, with 8 families progressing, preventing the need for statutory social work involvement.

Family Wellbeing Service

As a consequence of the significant new funding stream from Robertson Trust and East Renfrewshire Health and Social Care Partnership the new enhanced service began on 1 June 2019, expanding its reach to include all GP Practices. This has been very successful with almost all practices beginning to refer children and young people.

The service is funded to accept a minimum of 178 referrals per year but has exceeded this figure significantly already. Promotion of the service with GPs and strengthening the links with partner agencies is ongoing. A new set of measures and outcomes has been developed for the service and this is being reported through existing Health and Social Care Partnership and Robertson Trust structures. Early evaluation of the programme is indicating a significant improvement in the emotional wellbeing of the children and young people referred with fewer repeat presentations to GPs with distress.

Signs of Safety - Our Approach

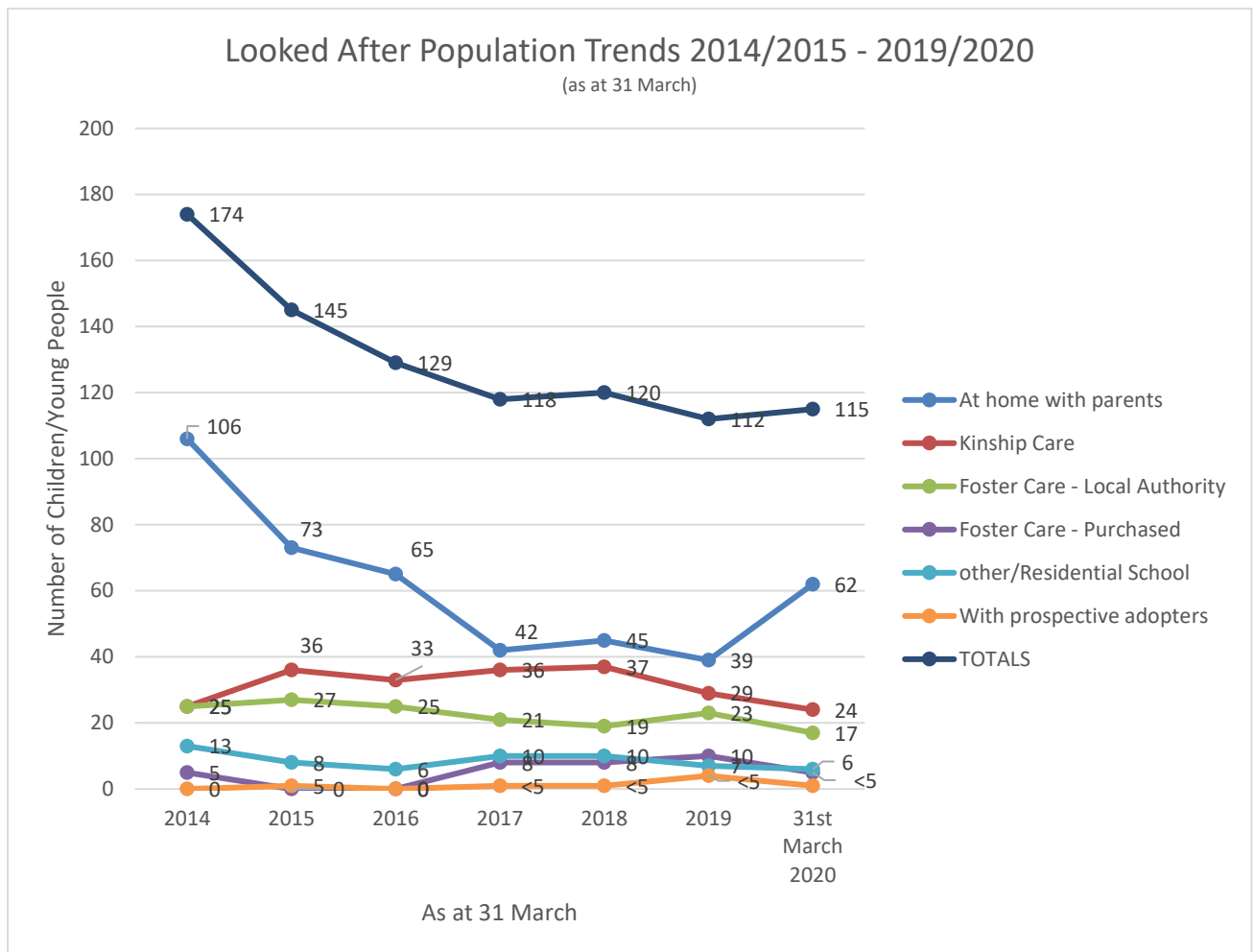
Over 2019/20 we have continued the implementation of the Signs of Safety model, led by the Chief Social Work Officer and the Head of Education Services (Equality and Equity). The model supports practice improvement, with a particular focus on developing relational interventions with children, young people, their families and carers in order to reduce risk and improve children's wellbeing.

Our key achievements for the second year of our five year implementation plan are:

- Continued commitment from the Multi Agency Implementation Team.
- The development of a multi-agency practice lead network, which meets quarterly with a clear focus on direct practice improvements.
- Continued workforce training provided at different levels, advanced and generic for all staff groups including education, health, police and adult services.
- The implementation and application of revised processes and documentation which complement the model for Child Protection, Looked After Children, Scottish Children’s Reporter Administration (SCRA) and Children with Additional Needs.
- The application of the model in our Child Protection Case Conferences to ensure they are solution orientated, strengths based and risk focused.

East Renfrewshire’s Looked After Children and Young People’s Population - A Profile of our Children

On 31 March 2020, 115 children and young people in East Renfrewshire were looked after in a range of settings. This constitutes approximately 0.5% of the total children’s population of the area and remains one of the smallest proportions in Scotland. 66 of the children were boys (57%) and 49 were girls (43%). We have continued to consolidate the Permanence and Care Excellence (PACE) Programme, working to improve outcomes for children by securing permanent destinations for them. The numbers of children who are looked after has remained consistent over the past four years.



The numbers of children in each of the respective placement categories has shown some subtle changes as a result of the PACE Programme. For example, several children have been secured on kinship care orders and are therefore no longer looked after and there were five adoption orders granted in 2019-2020.

Although this year has seen an increase in the number of children looked after at home, there has been a consistent reduction in the length of time children are looked after for, particularly for children who are 12 and under. At March 2016, the average period a child was looked after for was 19 months and this has reduced to 15 months at March 2020.

Further analysis of our reduction in children who are looked after at home has shown that during the period 1 April 2019 – 31 March 2020, 23% of Compulsory Supervision Orders for children and young people at home with parents were terminated. A further 23% remain open on a voluntary basis to the Youth Intensive Support Service and 54% to Children and Families, again on a voluntary basis.

Key Successes

- The length of time children and young people are looked after at home has decreased.
- The number of children looked after away from home has decreased.
- Implementation of Signs of Safety approach has strengthened the voice of the family network in looked after reviews and permanence planning.
- Improvement work in multi-agency contribution to Scottish Children's Reporter Administration to support effective decision making.

Key Challenges/Priorities

- Implementation of learning from the Care Review in all aspects of our work with looked after children and young people.
- To keep a continued focus on attainment of our looked after children.
- To continue to make effective permanence decisions within children's timescales.
- To develop our work in relation to decision making about siblings who are looked after.

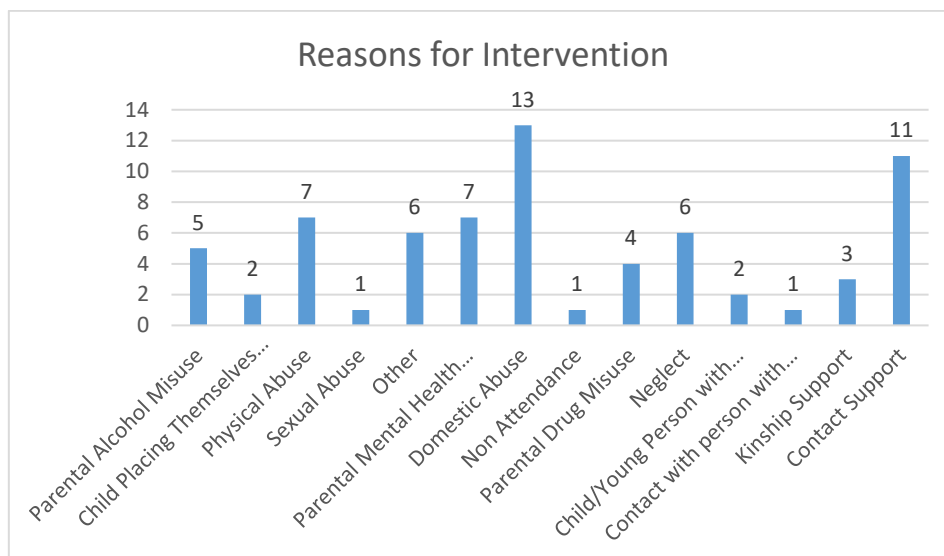
Intensive Family Support Team

The Intensive Family Support Service works alongside families who present with more complex needs and where it has been identified that extra support would be helpful. The service when required works across the week, including evenings and weekends and on an individual and/or group basis. The team operates a trauma sensitive and strengths based model to improve the safety and wellbeing of children.

Examples of support in 2019/20 include:

- Parenting capacity assessments to support permanence decision making.
- Intensive parenting support to contribute to child protection assessments and reducing risk.
- Attachment focused work to strengthen relationships and understanding within families.
- Intensive support to build on the identified strengths of families to help them manage family life including building routines; managing boundaries; understanding and addressing the health and development needs of children and the needs of parents.
- Intensive parenting and relationships support to help parents and children recover and support rehabilitation.

Between April 2019 to March 2020, 69 children received support from the Intensive Family Support Service, with children from all single year age groups from 0 to 13+. Domestic abuse is the most common reason for intervention, as shown in the chart below, and this is a consistent characteristic within our report.



The children and young people allocated to the team are as a result of a variety of legislative reasons however the majority (61%) of children fall under Welfare of Child in Need legislation. It should also be noted that six children were also on the East Renfrewshire Child Protection Register.

Youth Intensive Support Service

The Youth Intensive Support Service was established during 2015 as the lead service for all looked after young people aged 12 years of age and over and for young people eligible for Continuing Care and After Care, recognising that more intensive interventions are required to improve their recovery from trauma, neglect and abuse.

The team delivers the statutory duties within the Children and Young People's (Scotland) Act 2014, to support young people eligible for continuing care up to the age of 21 and for after care up to the age of 26. For young people subject to the Children (Scotland) Act 1995, Section 22, who are at risk of being accommodated and or custody, intensive services provides direct interventions alongside their community social work colleagues and third sector.

The Youth Intensive Support Service and Intensive Family Support works closely with and alongside East Renfrewshire's Child and Adolescent Mental Health Services (CAMHS). The service has the following shared aims across social work and health services:

- To reduce the number of young people looked after, looked after and accommodated and at risk of hospitalisation.
- To reduce the impact of historical trauma and abuse for young people.
- To ensure that the transition into adulthood achieves better long term outcomes.

Of the 150 young people allocated to the Youth Intensive Support Service as at 31 March 2020:

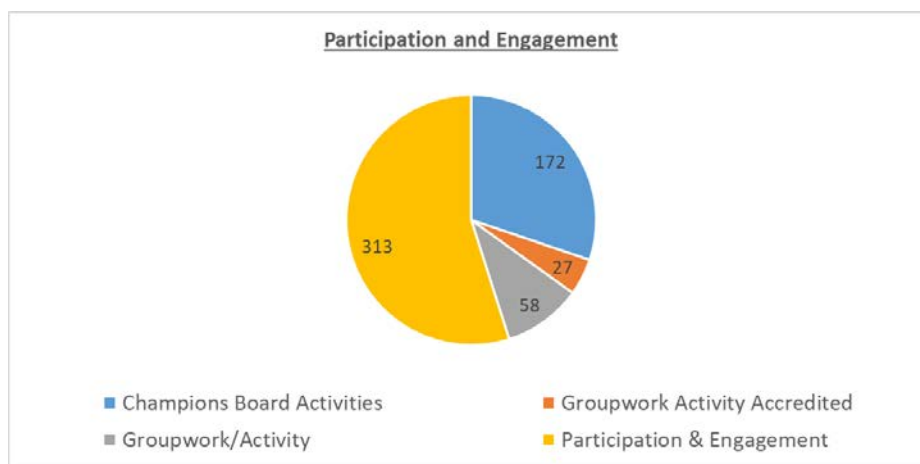
- 54% were receiving intensive support services.
- 23% were subject to Compulsory Measures of Supervision.
- 25% were care experienced young people in receipt of Continuing or After Care support.

- 86% of care experienced young people in receipt of Continuing or After Care support were supported through the Family Firm scheme.

In the period 2019-2020, the Youth Intensive Support Service gained two Advanced Practitioner posts. The Champions Board Co-ordinator co-ordinates, plans and delivers participation and engagement activities for care experienced young people known to the local authority whilst our Continuing and Aftercare Advance Practitioner focuses on support and provision to this distinct group of young people.

Champions Board, Group Work and Participation

Throughout 2019/20, we have continued to engage with our children, young people, families and communities. Between April 2019 and March 2020 there were 520 opportunities for children and young people to take part in participation and engagement, 27 of these have led to an accredited award. These opportunities were taken up by 87 children and young people from all age groups across the children and families teams. This is shown in the table below.



The 14-19 age group are most likely to participate but we are seeing increased engagement by the 7-12 age group which demonstrates the continued efforts of the community team to encourage involvement of all ages.

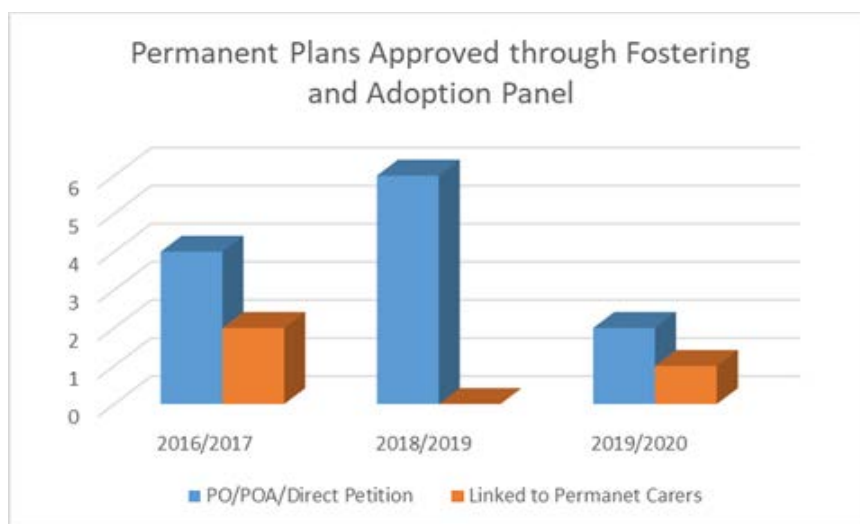
Our dedicated Champions Board Advanced Practitioner Post co-ordinates Champions Board activity. The Champions Board has continued to raise awareness about what it is like to be care experienced, helping corporate parents understand the impact services have had on their lives and what needs to be done to ensure that there is positive change. They have worked closely with the Care Review Participation Team, been involved in consultation and have created a video around their views given around 'STOP:GO' about what needs to change within the care system. Involvement in the Care Review has allowed young people to see that the Champions Board is part of a wider agenda. Young people have attended Care Review Road Shows, 1000 Voices events, and attended as a group to give their views on the 'stories' which were to be published within the Care Review reports.

This year an e-learning module on Corporate Parenting has been developed by our young people. Training is now available for Corporate Parents on East Renfrewshire Council training calendar.

Fostering, Adoption and Supported Care

In 2019/20, the service took forward new management arrangements and formalised the embedding of the service within the Intensive Support structure. A key focus has been the continuation of the improvement work identified within the previous independent review to strengthen the service framework and enhance the support and care for children and young people.

Our adoption assessments have remained relatively static as a result of the success of the Permanence and Care Excellence Programme in securing children's futures, reducing to two assessments in 2019-20.



Over the reporting period, the team have supported nine adoptive placements, seven of which are currently matched with children and two await a suitable match.

Foster carers continue to benefit from one to one support via their allocated supervising social worker as well as regular training and a two monthly foster carer support group which is well attended.

The service also provides direct support to families affected by adoption, including providing post-adoption support for all those affected. Working in this area can be challenging and there is a legislative duty to provide post-adoption support following the granting of an Adoption Order. The service also provides a counselling role to birth families who have themselves been adopted, as well as the siblings of adoptive families. During 2019/20, the service has:

- Continued to provide a quarterly adoption support group which is well attended.
- Provided targeted intervention and letter box contact support to a number of birth families, supporting 25 indirect contacts.
- Provided support to a small number of families who have been affected by adoption issues in the form of origin counselling and access to file requests.
- Offered birth parents ongoing support through piloting a fortnightly birth parent support group named by parents as 'Help us Heal'.

Registered Services Inspection

The three registered services, fostering, adoption and adult (supported care) placement were inspected in October 2019 and all services received Grade 5 (very good) for the areas inspected with a number of areas commended:

- The strengthened collaborative and relationship based approach by aligning registered services within our Intensive Services structure.
- The commitment from staff especially the partnership working across health, social work and education to ensure we are providing the best possible care to our children and young people.
- The way children, their families and foster households were empowered to contribute to decision making and feel listened to.

Fostering Service

Date	Type	Grading's	
11 October 2019	Announced (Short Notice)	Care and support Staffing Management & Leadership	5 – Very good 5 – Very good Not Assessed
8 November 2016	Announced (Short Notice)	Care and support Environment Staffing Management & Leadership	5 – Very good Not Assessed Not Assessed 5 – Very good
19 February 2015	Announced (Short Notice)	Care and support Environment Staffing Management & Leadership	5 – Very Good Not Assessed 5 – Very good 5 – Very good

Adoption Service

Date	Type	Grading's	
11 October 2019	Announced (Short Notice)	Care and support Staffing Management & Leadership	5 – Very good 5 – Very good Not Assessed
2 November 2016	Announced (Short Notice)	Care and support Environment Staffing Management & Leadership	5 – Very good Not Assessed Not Assessed 5 – Very good
19 February 2015	Unannounced	Care and support Environment Staffing Management & Leadership	4 – Good Not Assessed 4 – Good 4 – Good

Adult Placement

Date	Type	Grading's	
25 October 2019	Announced (Short Notice)	Care and support Environment Staffing Management & Leadership	5 – Very good Not Assessed 5 – Very good 5 – Very good

Below are some qualitative highlights from our [Fostering Service](#), [Adoption Service](#), [Adult Placements](#) inspection report.

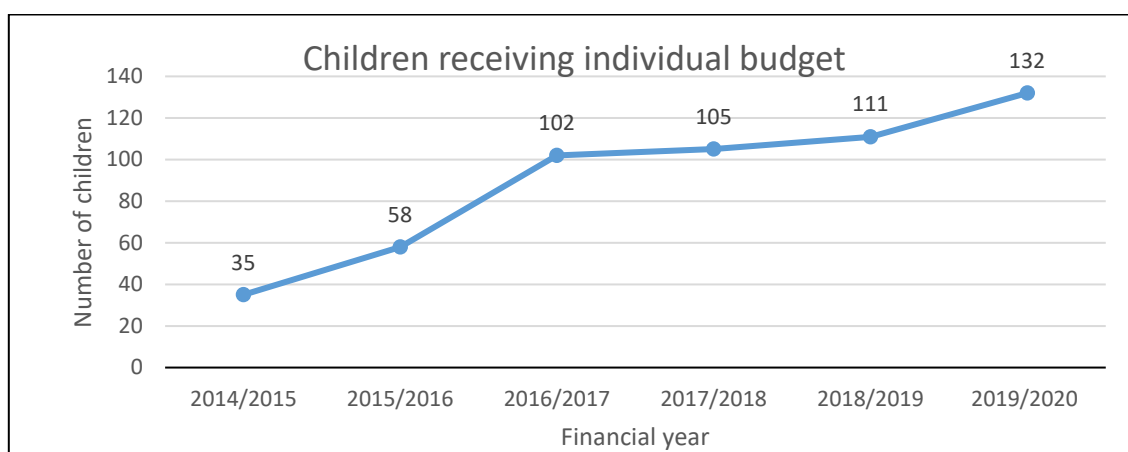
The team were highly motivated to ensure that best practice in relation to through-care, after care and continuing care, would be adopted in this relatively new dedicated service. (Adult placement supported care inspection)

The newly introduced 'Signs of Safety' strengths based, relational approach had transformed the service. The use of the 'Three houses' tool enabled younger children to verbalise fears and worries, hopes and aspirations was outstanding, as was the use of independent advocacy and intensive support services. (Fostering inspection)

A foster carer told us, "I feel I am part of decision making now and really listened to, it's not a case where I raise a worry and it's filed away somewhere, but something is actually done and it's addressed. It's all out in the open, it's a brilliant new way of working." (Adoption inspection)

Children with Disabilities

We have fully adopted the principles of self-directed support in partnership with children, their families and other people who are important to them. We recognise that good support planning is reliant on relationship based practice, starting with the family recognising what matters to them, and we are embedding this way of working throughout children's services. Given that 34% of children known to social work teams have a disability, we have undertaken a review of our assessment and planning and have implemented Signs of Wellbeing, a strengths based approach, adapted from Signs of Safety.



The number of children in receipt of an individual budget has quadrupled since 2014 as shown in the chart above. In 2019/20, three quarters of children with disabilities allocated to social workers were in receipt of an individual budget. This will continue to be an area of significant growth and budgetary pressure. Expenditure has increased from just over £200,000 in 2014/15 to £480,000 in 2019/20 and is likely to continue to rise overall, although the average budget award for a child / young person has decreased by 11.5% in the last year.

It is anticipated that this will continue to be an area of significant demand over the years, considering the migration of families who have children with disabilities into the local authority area. Further analysis will be needed to consider the required financial investment moving forward.

This impact is noted at the transition stage with a doubling of numbers of young people presented at Transition Resource Allocation Group from 11 in 2017-18 to 21 in 2018-19. 19 young people were considered in 2019/2020. It is predicted that this number will level out in the next five years but this figure continues to be impacted upon by families moving into the area.

Key Successes

- All staff have been trained in Signs of Wellbeing assessment approach.
- Children's Services processes for Resource Allocation have been brought in line with Adult Services.
- Advanced Practitioner for Transitions post has been created.
- Joint working between Children's and Adults services on Transitions pathway and successful joint Transitions event held for young people and their families.

Challenges / Priorities

- Delivery of training on Children's Services assessment, planning and resource allocation for all staff (delayed due to COVID-19).
- Development of a third sector market place for service provision for disabled children, young people and their families as there is a recognition that this is limited in East Renfrewshire.
- Partnership working with Education and Adult Services to develop a new transitions pathway which starts when young people are 14 years old or earlier.

Programmes for Parents

As there is a significant population of children with additional needs in East Renfrewshire our families requested more availability of parenting programmes. Two that are noteworthy are:

- Mellow Ability for families with children with complex needs is jointly delivered by Educational Psychology and Health and Social Care Partnership Children and Families. Two rounds of the full programme were delivered in 2018/19 with a third one having commenced. Evaluations of the programme indicate high parental satisfaction and there is now scope for parents who are trained to subsequently co-deliver the materials and establish peer/parent groups to support sustainability.
- Cygnet Parenting Programme for parents of children with an autism diagnosis has become a very successful programme with high attendance and completion rates. Families are now offered a place on the programme within six months of their child's diagnosis.

Corporate Parenting in East Renfrewshire

East Renfrewshire benefits from a very committed partnership of Corporate Parents who own their responsibilities and the legal duties that underpin these. The Corporate Parenting Planning Group comprises local Corporate Parent partners and a number of the national ones too. Our first Corporate Parenting Plan for the years 2016-2019 was successfully delivered and local partners have now agreed a new plan for 2020-2023. In 2019 the plan's achievements included the following:

- Fully embedded the principles and aims of the Permanence and Care Excellence Programme within Health and Social Care Partnership Children and Families Services with tests of change and improvement methodology used to target specific areas of challenge.
- Kinship Care Panel fully operational and directed by new local Kinship Care Procedures and Terms of Reference.
- Development of a Raising Attainment programme in partnership with Children 1st and funded by the Scottish Government Attainment Challenge Fund for care experienced children.
- New Education Policy for Care Experienced Pupils agreed and implementation commenced through joint working between East Renfrewshire Council Education and the Health and Social Care Partnership.
- Established a Mini Champs group to promote engagement and participation of the 8 – 12 year old age group, giving younger children an opportunity to be heard and feed into the older age group Champions Board.
- Launch of new "For Your Entertainment" culture, sport, and leisure initiative with East Renfrewshire Culture and Leisure Trust, for looked after children, young people and their families.
- Working in partnership with care experienced children and young people on the STOP:GO framework to determine the improvements that need to be made locally.

The new Corporate Parenting Plan for 2020 – 2023 intends to be even more ambitious as it focuses on how we will deliver on the recommendations of the Independent Care Review Report which was published in February 2020.

East Renfrewshire’s Children’s and Young People’s Plan 2017 – 2020

The Children and Young People’s Plan for 2017 – 2020 has reflected East Renfrewshire’s long established commitment to achieve better integrated service planning and delivery for children, young people and families.

The plan has demonstrated the range of integrated work being undertaken across universal, specialist, and targeted services, and highlights the role played by statutory and public bodies along with that of third sector partners. In the last year of the plan, considerable progress was made with delivery on agreed actions across the wellbeing indicators. Two areas of high need that have been identified by services include: mental and emotional wellbeing of children and young people; and support for families with a child or children with additional needs.

As the Independent Care Review report recommendations will require all local authorities to consider their existing universal and intensive family support models, this important area of work now features in the new East Renfrewshire Children’s Services Plan for 2020 – 2023.

The Rights of Children

Part 1 of the Children and Young People (Scotland) Act 2014 places a duty on local authorities and other public bodies to report on the steps they have taken to “*secure better, or further effect of*”, the United Nations Convention of the Rights of the Child requirements. Health and Social Care Partnership Children’s Services undertook a comprehensive assessment of policies and practices in 2019 to enable us to gauge progress and determine gaps in the realisation of the articles of the convention. A similar exercise has been undertaken in Education and other Council services, and in line with the statutory duty, a joint report is currently being compiled that will demonstrate the contribution being made locally. This activity will ensure that children and young people’s rights are respected, protected, enabled and fulfilled.

The Health and Social Care Partnership children’s rights audit exercise focused on the following areas:

- Kinship Care
- Child Protection
- Disability
- Health Visiting and School Nursing
- Inclusive Play and Leisure
- Speech and Language Therapy

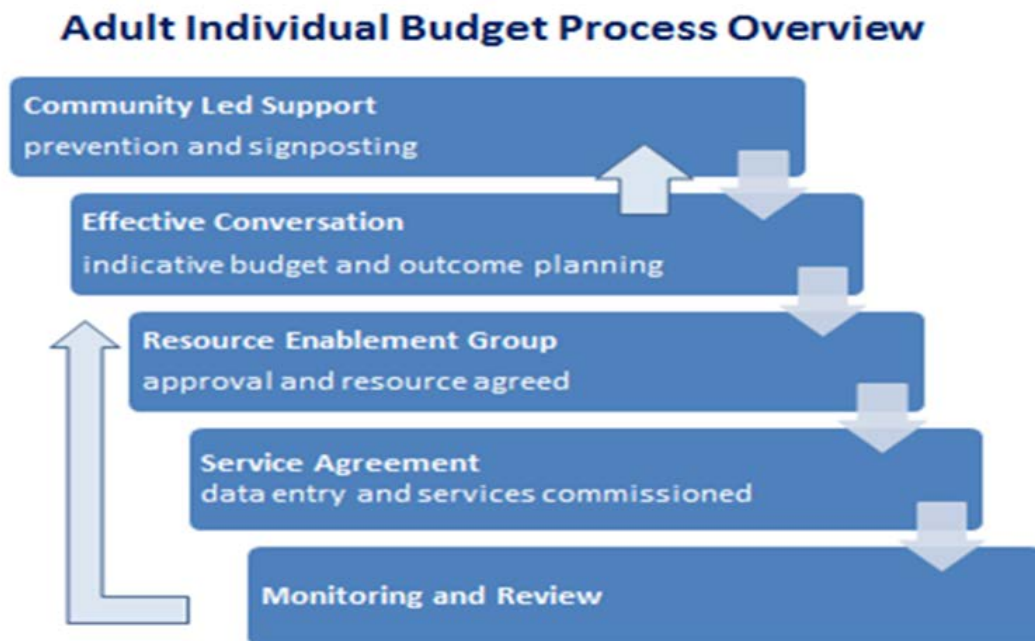
An audit of procedures and practices in these areas was carried out by managers and staff and the findings and recommendations of these evaluations are being considered. Improvements agreed will feature in the new Children’s Services Plan 2020-2023 along with those of the other Council services who underwent a similar process. As this is the first time children’s rights audits have been undertaken we have learned a lot about how we can make changes to the process over the next period. In particular we are keen to involve children and their families in leading in some areas and we are considering different approaches for how we can do this in a genuine and open way.

2.2 Adult Social Work and Social Care

Adults with Incapacity

Self-Directed Support

East Renfrewshire's Integration Joint Board approved a new approach to calculating adult Individual Budgets under Self Directed Support legislation alongside associated systems and processes.



Practice guidance was reviewed and updated that provides direction on the new individual budget process including how to work creatively with people to make the best use of their budget to meet their outcomes. From the launch of the guidance in December 2019 to the end of March 2020, the Resource Enablement Groups in Barrhead Locality considered 55 individual budgets and plans, and Eastwood Locality considered 70 individual budgets and plans.

Carers (Scotland) Act 2016

Over 2019/20, support to carers has been delivered in collaboration with our local Carers Centre. Carers Centre staff have been trained in outcome-focused, asset-based planning and Good Conversations, and have completed 56 Adult Carer Support Plans (ACSP) with carers since January 2019. Of these, using the eligibility framework, 14 carers were identified as having a substantial or critical need for support and referred for further social work intervention. A significant improvement in the percentage of carers reporting that their quality of life needs are being met (from 79% to 92%) has been observed. Further training for Health and Social Care Partnership staff planned during 2020 has been impacted by COVID-19. Adult Carer Support Plans, processes and pathways will be reviewed by Health and Social Care Partnership and other relevant stakeholders during 2020/21, incorporating any learning from our joint pandemic response.

Assessment and Review Activity

Over 2019/20 there has been significant work undertaken to improve the quality of social work practice within East Renfrewshire. This work has been progressed by the Head of Adult Health and Social Care Localities with the support of the Chief Social Work Officer. There is still much to do but early indications are promising in our improvement journey.

Taking Point measures are used by social workers to capture people's experience and outcomes following assessment and intervention by Adult Locality Teams. Whilst there was a marginal decline (1 - 2%) in most measures, the number of people reporting their outcomes as having been met remains high.

Talking Points Measure	2019-20	2018-19
People reporting 'being as well/staying as well as you can' needs met (%)	85	87
People reporting 'being as well/staying as well as you can' needs met (%)	91	90
People reporting 'feeling safe' needs met (%)	92	93
People reporting 'seeing people' needs met (%)	92	93
People reporting 'living where you/as you want to live' needs met (%)	88	92
People reporting 'being respected' needs met (%)	98	99
People reporting 'quality of life for carers' needs fully met (%)	92	78

In-house Care at Home Service

Following on from an unannounced inspection in February 2019 by the Care Inspectorate, it was identified that significant improvements were required within our in-house Care at Home service. These improvements were across nine key areas, including care planning and review of support packages, staff supervision, training and management of medication. A further interim inspection in September 2019 noted that the service has made significant progress across all identified improvement areas although further work was required to fully meet the requirements.

In order to support some key areas of required improvement the service embarked on a wide scale and successful recruitment campaign which resulted in the appointment of an additional 52 staff. The service has developed a robust suite of data and reporting systems which supports the management of service delivery and effective overview of performance across all improvement areas. The most recent survey of service users showed that 71% agreed or strongly agreed that the staff who delivered their care had enough time to do so and 95.6% stated that we regularly arrive on time for visits.

Health and Social Care Partnership senior officers continue to report to the Council's Chief Executive on progress of the in-house Care at Home service on improvement activity.

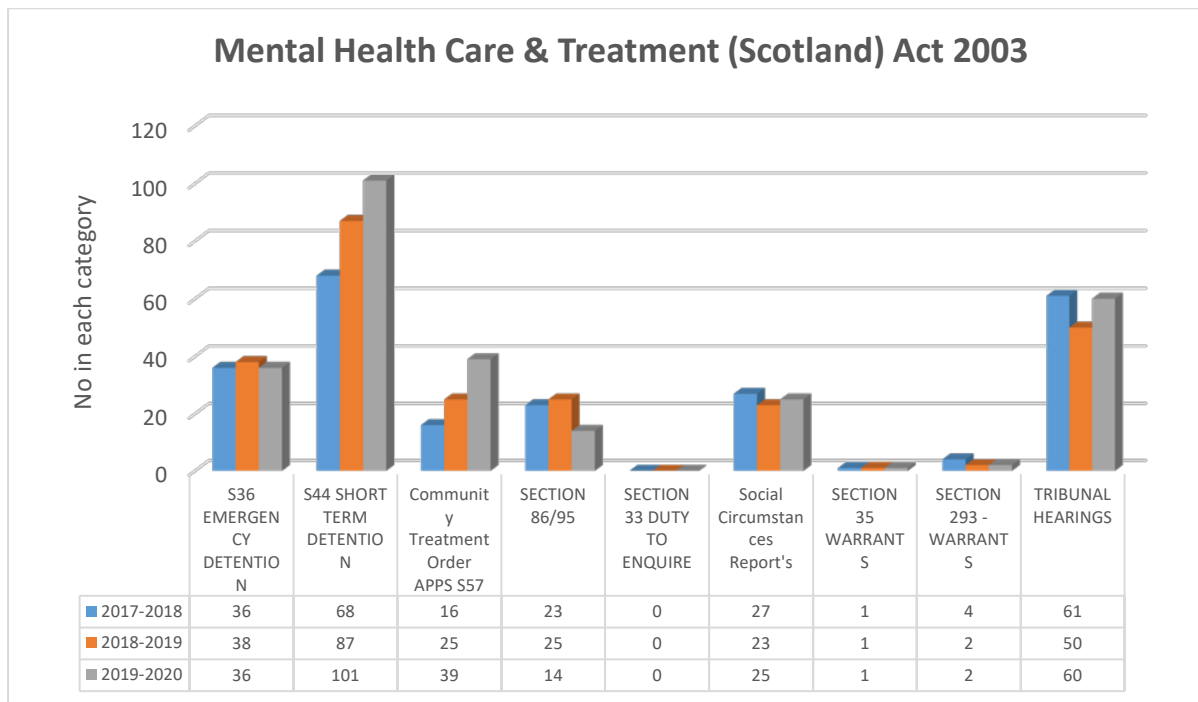
Telecare Services

The in-house telecare service has around 3000 service users and has performed well over the past 12 months. The management team were delighted with the outcome of the most recent Technology Enabled Care (TEC) Services Association audit, which resulted in the service having no requirements or improvement areas identified.

2.3 Mental Health

The Mental Health Officer service continues to discharge its functions under the Mental Health (Care and Treatment) (Scotland) Act 2013, Mental Health (Scotland) Act 2015, and Adults with Incapacity (Scotland) Act 2000, on behalf of the Local Authority as delegated to the Health and Social Care Partnership.

The Mental Health (Care and Treatment) (Scotland) Act 2003, and Adults with Incapacity (Scotland) Act 2000 continues to present challenges and pressures on the service, resulting in an increased demand for Mental Health Officer services over the past few years, new legislative responsibilities and workforce pressures. The graphs below highlight statutory activity relating to sections of both Acts in comparison with the previous year's figures. The majority of Mental Health Officers activity in 2019/20 related to short term detentions and tribunal hearings, with a particular increase in short term detentions over the last three years.



Mental Health Officers work closely with our professionals to improve the quality of experience of people who are in receipt of supports. Examples include the provision of:

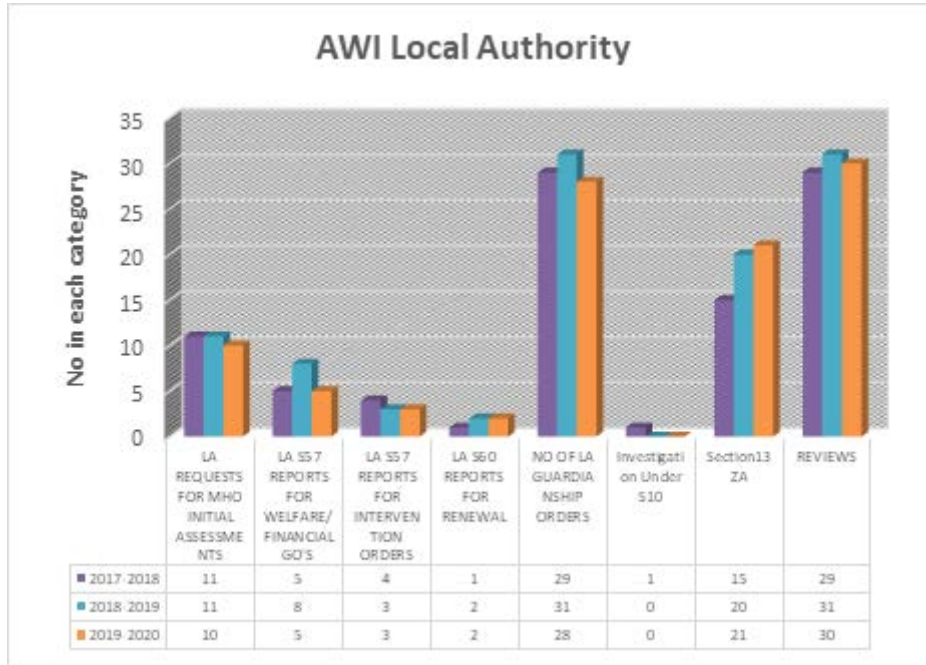
- Community-based services, not including those delivered in partnership with third sector providers and crisis intervention team
- Self-directed support
- Advocacy; and support for Advanced Statements; identification of Named Persons;
- Children and Young People who experience mental health; and
- Support for Carers

The Chief Social Work Officer is responsible for the governance and management of local authority Guardianship Orders.

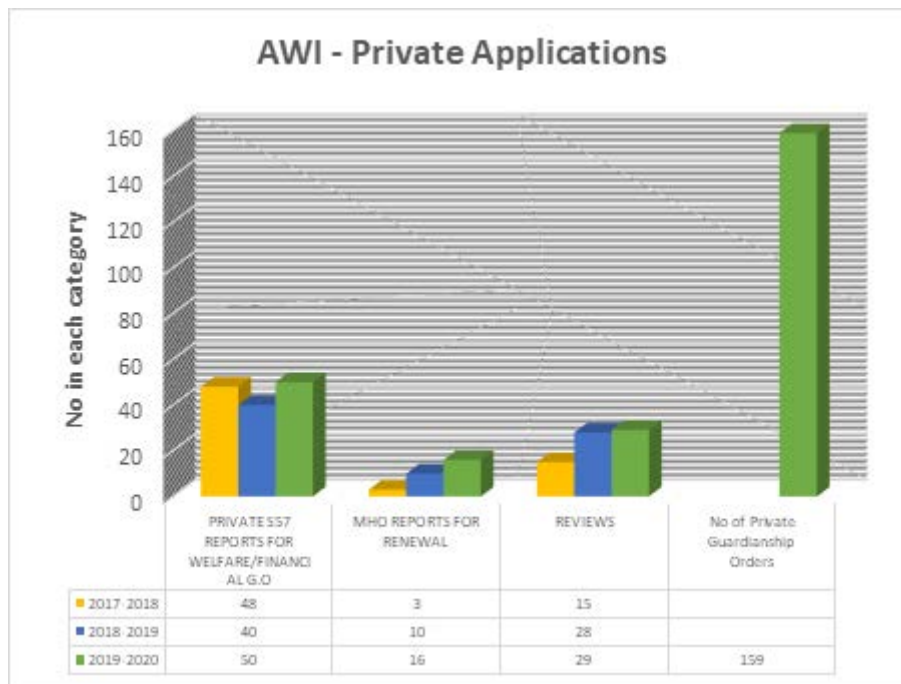
The graph below shows:

- The number of initial assessments for Guardianship Orders remains much the same as the previous year.

- An increase in the number of Section 13za meetings requiring attendance of Mental Health Officers - necessary to ensure that the rights, will and choices of the adult are upheld and that there is no deprivation of liberty.
- Private Welfare and / or Financial Guardianship referrals have generally remained the same from previous years.



Supervision of private welfare guardians continues to present a major challenge to the Authority given the increasing numbers of guardians to be supervised, currently 170, with many of these orders having two or three guardians. There has been an increase in the number of complex cases where more intensive supervision of the guardian(s) is required.



Mental Health Officers support both Local Authority and Private Applications for Welfare and/or Financial Guardianships that support individuals with fluctuating capacity or inability to consent due to diminished mental capacity and / or longstanding cognitive decline.

Although the data for the years preceding 2019/20 is not available it is reported that the use of Private Guardianships continues to grow and that family members in East Renfrewshire are taking on this responsibility as opposed to the local authority.

Referral for mentally disordered offenders remain low.

Over 2019/20 the Chief Social Work Officer commissioned a review of statutory social work activity for mental health officers based on the National Standards. The review concluded that the team were only in part meeting these standards and an improvement plan has been put in place which will be overseen by the Chief Social Work Officer in 2020/21. As a consequence of the review the operational delivery model will be subject to redesign over 2020/21 and will reflect the all necessary improvements to fully met national standards.

Moving forward, the challenge will be to recruit Mental Health Officers to ensure that there will be sufficient numbers of qualified social work professionals available to fulfil duties and functions under both Acts. The age demographic, nationally, of this workforce is also a significant pressure and will compound our longer term ability to fulfil statutory duties.

The Adult Protection Unit at the Scottish Government called for a bid for all local authorities to the Mental Health Officers development grant scheme. This is one of the key commitments of the 2017-2027 National Mental Health Strategy. It aims to support local authorities in identifying a shortfall in their Mental Health Officers numbers to train additional officers between 2020 and 2023. Unfortunately we were unsuccessful in our bid in 2019/20 but intend to reapply in 2020/21.

2.4 Criminal Justice

During 2019/2020, East Renfrewshire criminal justice service experienced a minimal increase in Community Payback Orders and a slight reduction in Criminal Justice Social Work Report requests, indicating that we have not yet experienced an impact from the introduction of the recent presumption against short sentences legislation. In contrast, there was a significant increase in workload in respect of those people being released from custody who were subject to statutory supervision. This was an increase we identified early and planned our services accordingly, with additional social work recruitment to the team.

Referrals from the Crown Office and Prosecution Service (COPFS) have further reduced. We continue to have regular meetings with this service through the local community justice forum.

	Number 2019-20	Number 2018-2019	Change (n)	Change %
Criminal Justice Social Work Reports	226	241	-15	-6.22%
Community Payback Orders	105	103	+2	+1.94%
Community Service Orders	0	0		
Through-care (released prisoners)	11	5	+6	+120%
Drug Treatment & Testing Order	0	0		
Fiscal Work Order	2	8	-6	-75%
Diversion	10	26	-16	-61%

In 2019/2020, 9057 unpaid work hours were successfully completed. This is approximately a 15% reduction in the number of hours completed in the previous year, although we note the significant disruption of COVID-19 in March 2020.

Key Successes

- Strong partnership working evident in the early planning of support for offenders being released from prison. Our criminal justice and housing services are working closely together to ensure short stay accommodation is identified for individuals prior to release and support then provided to access a permanent tenancy.
- During 2019/20, we continued to deliver a multi-agency programme of offender-focused trauma training. Led by the criminal justice service and delivered to a multi-agency group of professionals (including housing, alcohol and drug services, employability and adult learning), this has supported the multi-agency delivery of interventions with those who hold convictions and have experienced trauma.
- Several people with convictions were part of an employment training programme called Strive during the summer of 2019. This resulted in a number of positive outcomes for people who accessed this course, including employment. We have continued in 2019/2020 with a strong focus on our “No Barriers” project, which provides support with literacy and numeracy.
- East Renfrewshire audits of Multi Agency Public Protection Arrangements (MAPPA) have confirmed robust management arrangements are in place.
- In 2019/2020, the criminal justice team began to facilitate the local delivery of the nationally accredited sex offender treatment programme, Moving Forward Making Changes (MFMC). Three social workers are now trained to deliver the programme, with our Advanced Practitioner being supported to undertake the treatment management role to ensure accredited standards can be met.

- During this year we have enhanced our unpaid work service by ensuring that tasks are meaningful to communities and provide learning opportunities for service users, including improving the environment and supporting charitable and voluntary organisations. Workshop premises have also been secured to expand opportunities of unpaid work.

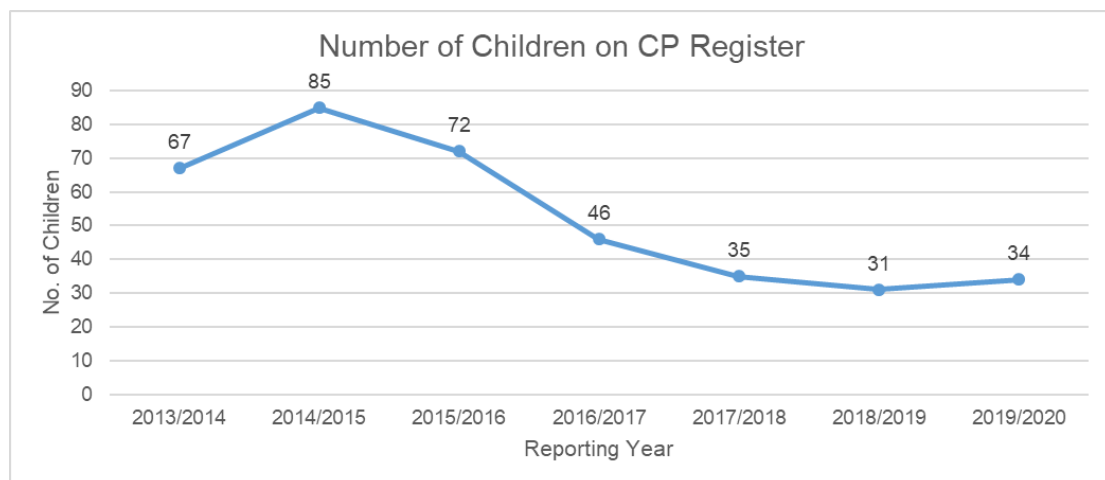
2.5 Public Protection

We continue to carry out and enhance our public protection duties around children and adults.

Child Protection, Quality Assurance and Continuous Improvement

The number of children on East Renfrewshire's Child Protection Register was 34 in 2019/20. This is an increase of three on the previous year. Although we had experienced decreases in previous years higher than the national average, our registration rate appears to be stabilising at around 30 to 35 children each year. In addition to robust management and audit activity, we continue to benchmark against comparator authorities to ensure that the rate of registration activity is proportionate and necessary.

Child Protection Registrations

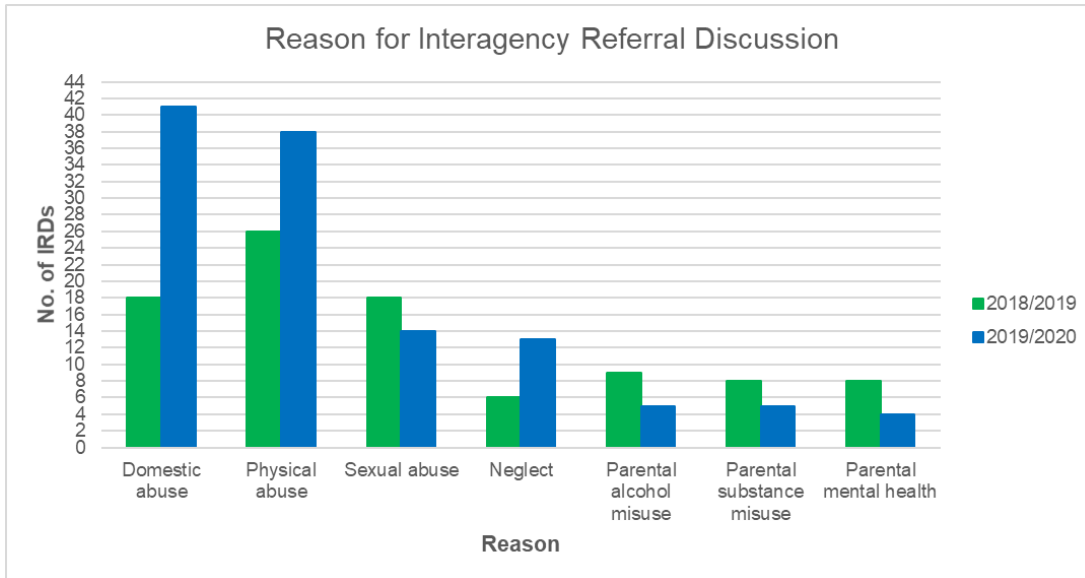


Interagency Referral Discussions

During the period April 2019 – March 2020, we have undertaken 126 Interagency Referral Discussions (between social work, police, health and where appropriate education services) in respect of 209 children.

The most common reasons for initiating an Interagency Referral Discussion during 2019/2020 are shown in the chart below. There has been a significant increase in Interagency Referral Discussions relating to domestic abuse which could be due to the increased awareness raising across the authority of the Multi Agency Risk Assessment Conference (MARAC) process. The associated Risk Assessment and Safe and Together training is also building confidence in the workforce in recognising and understanding the signs and impact of domestic abuse.

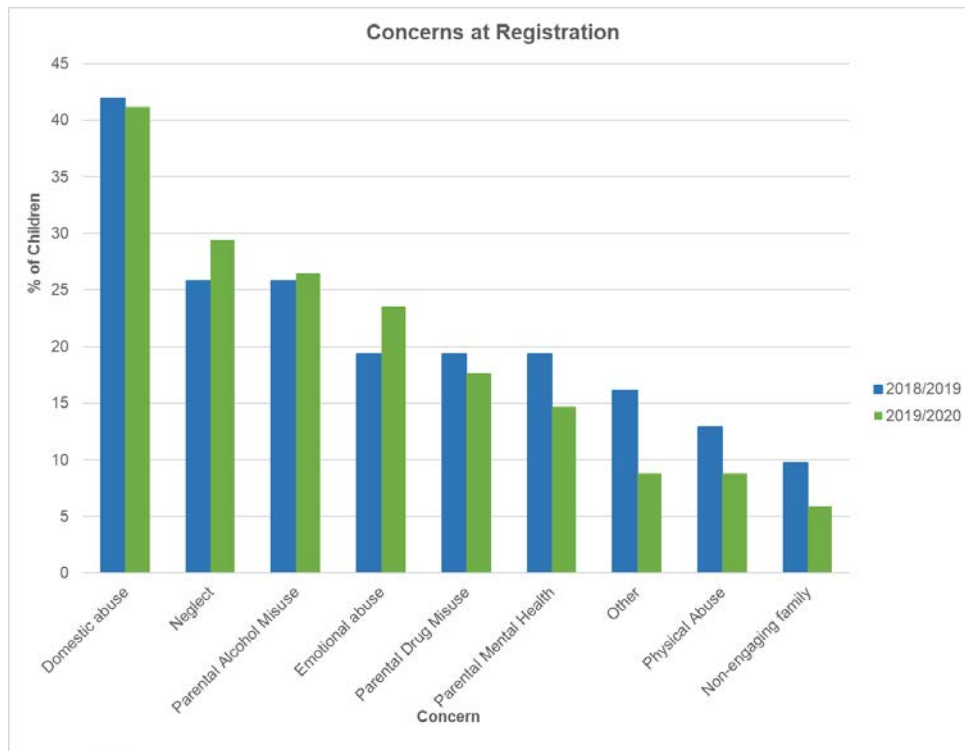
There was an increase in concerns of neglect and decrease in referrals relating to parental alcohol/substance misuse and mental health respectively.



Of the 209 children and young people subject to Interagency Referral Discussions, just less than half were subject to a child protection investigation. 20% went on to have an initial or pre-birth child protection case conference. Of the 20% of children and young people who were subject to an initial / pre-birth child protection case conference, 38% were registered. This equates to approximately 8% of all the children and young people who were subject to an Initial Referral Discussion.

Concerns Identified at Registration

The proportion of children who were registered for domestic abuse and parental alcohol misuse remained the same as the previous year, while the proportion of children who were registered for neglect and emotional abuse increased.



Quality Assurance Activity

Interagency Referral Discussion Audits

A quarterly programme of Interagency Referral Discussion audit is now an established part of our continuous improvement programme for Child Protection, allowing us to maintain an overview of the initial decision making in child protection processes. Since March 2020, this has been impacted significantly by the COVID-19 pandemic. Moving forward it is our intention to undertake retrospective work from April 2020.

The findings of the audits are discussed by the Child Protection Committee Continuous Improvement Subgroup and presented to the Child Protection Committee. The feedback is shared with frontline practitioners to support development of practice. Any appropriate areas for improvement will be taken forward as part of the new Scottish Interview Model for joint investigative interviews.

Prior to March 2020, the audits have reported significant strengths in our practice:

- 100% of the children subject to child protection investigation met the threshold for child protection.
- Initial Referral Discussion was assessed as good or above in identifying, analysing and making a decision for children about the risk of significant harm in over 90% of families.
- Planning to reduce risk to children was assessed as good or above in 97% of families.
- Early analysis suggests that changes to our discussion paperwork have improved the quality of recording around key decisions such as the requirement for medical examination.

Joint Investigative Interview Audits

Throughout 2019, we have reviewed quarterly the quality of our Joint Investigative Interviews (JII), with the audit team comprising of Police (G Division), Social Work, Health, Educational Psychology, Scottish Children's Reporter Administration and Speech and Language Therapy. The multi-agency audit team brings considerable skills and knowledge that is assisting us to improve the quality of the experience for children.

The audit programme is providing us with clear evidence of improvement in this area, and that our systems are supporting relational based practice. The audits identified:

- Clear evidence of good practice across the interviews audited, reflecting the individual commitment of the interviewers and their natural abilities with children / young people.
- That the manner and approach of the lead interviewers was sensitive to the child's age and ability across all interviews.
- That Lead Interviewers were child friendly, their tone was soft and they were able to relax the child in almost all interviews.
- That rapport was attempted and of good quality across the interviews.

As we move forward in piloting the Scottish Child Interview Model, a new process of evaluation, replacing the existing quarterly audit, will be in place to support the North Strathclyde Pilot. This will include:

- Introduction of a standard Quality Assurance Tool.
- Monthly Joint Investigative Interviews Multi Agency Audits.
- Feedback from Scottish Children's Reporter Administration / Crown Office and Prosecution Service on all Joint Investigative Interviews that are submitted for evidence.

- The collation of feedback from children and families.
- A formal system of peer evaluation and interviewer reflections.
- A process to capture longer term outcomes for children within the child protection system.

Joint Investigative Interviews Pilot

Police Scotland and Social Work Scotland, supported by the East Renfrewshire Chief Social Work Officer, have worked in partnership with the Scottish Government to take forward the recommendations of the [Evidence and Procedure Review](#) to improve the quality and consistency of Joint Investigative Interviews of children. A project team comprising police officers and social workers with experience of conducting and managing Joint Investigative Interviews was established in November 2017.

The aim of the training is to create the conditions for securing best evidence from child victims and witnesses, and for interviews to be of a sufficiently high standard to be used as Evidence in Chief or hearsay evidence. Reforms to interview practice make a significant contribution to the ultimate ambition of removing the need for children to give evidence in court. These improvements aim to reduce the potential for further traumatisation of child victims and witnesses and to support them to continue their journey to recovery.

East Renfrewshire is one of the first areas nationally to pilot and implement the learning from the new Joint Investigative Interviews course, which aims to design a truly child-centred, trauma-responsive approach to Interviews with the best interests of children at the centre based on European Promise quality standards.

Together with a Children 1st rights and participation support worker we have brought together a fully trained specialist JII Cadre (police and social work) and will be able to ensure that:

- The JII cadre will have advanced knowledge, skills and competencies and the required experience of forensic interviews to create the conditions for producing the best quality evidence and ensure the protection of the child. This partnership will be a national best practice model based on shared resources and learning. This will provide risk sharing arrangements across authorities, ensuring that the quality of the interventions, interviews and investigations are not compromised and are consistent in improving the experiences for children and their families who are subject to child protection processes.
- A fundamental principle of the partnership is to build trauma informed recovery into the process from the point of disclosure for children. Children 1st have considerable national expertise in delivering whole family trauma recovery.

Having successfully completed the course, our Cadre members are now equipped to apply the model to practice. A co-located Joint Investigative Interview Team, supported by a team coordinator, will be in place across the partnership and 2020/21 will see the application of the model in practice. This, together with our partnership arrangements with Children 1st, will see our vision of a truly child-centred, trauma-responsive approach to child interviews become a reality.

Multi-agency Child Protection Case File Audit

This audit takes place every two years, with the most recent audit taking place in November 2019. The report was shared with the Child Protection Committee, highlighting strengths of practice and areas for development. The Child Protection Committee Continuous Improvement Subgroup will be taking forward an Improvement / Business Plan for 2020-2023 based on the audit findings as well as other core child protection business. However, it should

be noted that the Improvement / Business Plan will also be focussing on recovery due to the impact of the lockdown restrictions on our highly valued children and their families.

Key successes

In response to the increases we have seen around domestic abuse and neglect:

- We are delivering a robust training programme on Safe and Together which focuses on our approach to supporting families affected by domestic abuse.
- Our Multi Agency Risk Assessment Conference (MARAC) is now well established with very good multi-agency representation.
- We have delivered a new multi-agency training on Understanding Neglect in Child Protection. This has been well evaluated and will be part of our ongoing child protection training programme.

We have continued with the implementation of our Signs of Safety strengths based and relational approach, having completed the second year of a five year implementation plan. Both practitioners and families continue to respond positively to this shift in practice. As we move forward, we are working on an adapted programme of support / training for practitioners in line with COVID-19 restrictions.

Our biggest challenge – Domestic Abuse

Domestic abuse continues to be one of the most common reasons for referral to children's social work services. Over the course of this year there were a total of 443 referrals and 385 children affected by domestic abuse. This included 375 domestic abuse police concern reports - a 14% increase on the same period last year. It is evident that a significant number of these children were exposed to domestic abuse on more than one occasion.

Domestic abuse is one of the most common features of all Interagency Referral Discussions held in East Renfrewshire. Of the 180 Interagency Referral Discussions held within this reporting period, 31% of these listed domestic abuse as a significant factor, while 41% of all child protection registrations identified domestic abuse as a primary or secondary risk factor.

Multi-Agency Risk Assessment Conference (MARAC) in East Renfrewshire

Multi-Agency Risk Assessment Conferences are recognised nationally as best practice for addressing cases of domestic abuse that are categorised as high risk. Over the course of this year we successfully implemented Multi-Agency Risk Assessment Conference in East Renfrewshire. In the first year of operation, 86 high risk victims and 135 children were referred to Multi-Agency Risk Assessment Conference.

Of these figures:

- 35 victims were recorded as having a disability
- 10 victims were from BAME communities
- no cases were identified as from the LGBT community
- 78% of children referred were under the age of 12 years
- 26% under the age of five years (Includes Pre-Birth referrals) and;
- Six young people referred between the ages of 16 and 18 years.

A total of 469 actions have been agreed via Multi-Agency Risk Assessment Conference in this reporting period. It is significant that a quarter of all cases referred had no children in the household. Women without children were not previously visible in the domestic abuse pathway and this demonstrates increased awareness, risk assessment and improved pathway response for domestic abuse across both adult and children's services.

Safe Lives carried out an independent observation of the East Renfrewshire Multi Agency Risk Assessment Conference in February 2020. This was our twelfth conference since going live in March 2019. The observation report and findings were very positive highlighting a range of strengths in best practice, procedure and strategic oversight. This reflects the commitment by all agencies to share information to keep victims of domestic abuse and their children safe and improve outcomes.

Multi-Agency Risk Assessment Conference and Risk Assessment Training

Domestic Abuse Awareness and Multi-Agency Risk Assessment Conference Briefings are now delivered in house by the Domestic Abuse Co-ordinator in partnership with Women's Aid / Health Visiting and School Nursing colleagues. Over ten dedicated risk assessment briefings have been facilitated across this reporting period, taking in delegates from the following: Housing, Social Work, Community Addictions Team, Adult Mental Health Team, Psychological Services, Education and Family First.

The Multi-Agency Risk Assessment Conference and Risk Assessment Training Course has evaluated extremely well and high demand for the course has resulted in a waiting list.

A review of the training opportunities offered has identified training needs across the authority with specific courses being developed for Home Care and Telecare Staff. There is a keen commitment to meeting the training demands across the authority and planning to accommodate COVID-19 restrictions is now underway.

Safe and Together

The Safe and Together Model provides improved safety planning for children and adults and improves the assessment and management of perpetrators. Multi agency training has been delivered to key staff across addictions, children and families, adult services, mental health, primary care, housing, education, children's hearing panel members and the third sector.

The East Renfrewshire Safe and Together Champions have been invited to speak and deliver a practice workshop at the first international European Safe and Together Conference. Training is planned to recommence in the second half of 2020/21 via virtual / blended delivery to accommodate COVID-19 restrictions.

Adult Protection

Adult Support and Protection Inquiries

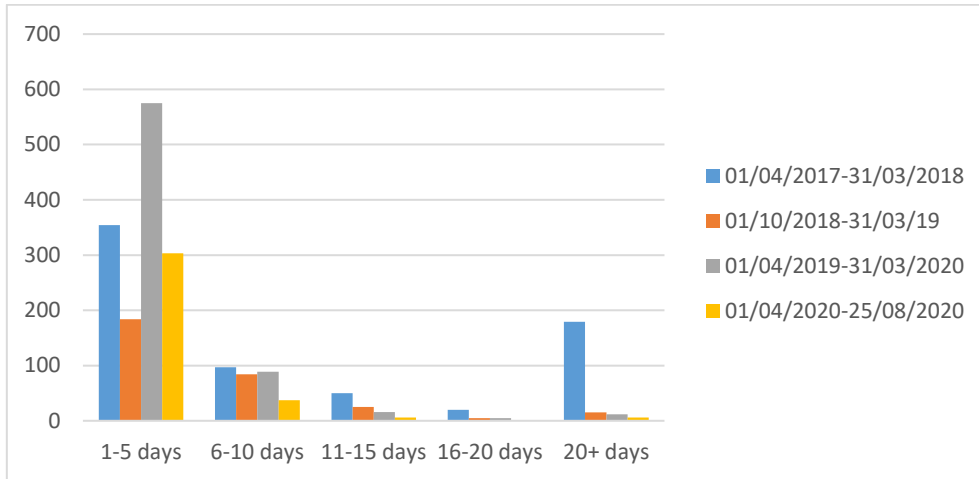
Over the last year, there has been a total of 697 inquiries undertaken by Council Officers (Adult Social Workers) of which 191 progressed to investigations. Over 2018/19, there were 624 inquiries carried out and 224 investigations carried out. This year shows an increase in inquiries but a reduction in investigations.

Of those inquiries carried out during 2019-20, 24% were received from third sector organisations delivering care and support to people in their own homes. This is an increase on previous years. For some years, we have been concerned about the under reporting of harm in people's own homes and are reassured that the identification of harm by providers is improving.

Police Scotland continues to be the main referrer for Adults at Risk. These referrals have generated 23% of all inquiries and we have seen a slight reduction in terms of our care home in this year (20%).

Due to improvements in our recording and reporting, a detailed comparison of the period 31/03/2018 to 30/09/2018 is not available. However to assist comparison and oversight, the period from 01/04/2020 to 25/08/2020 has been provided.

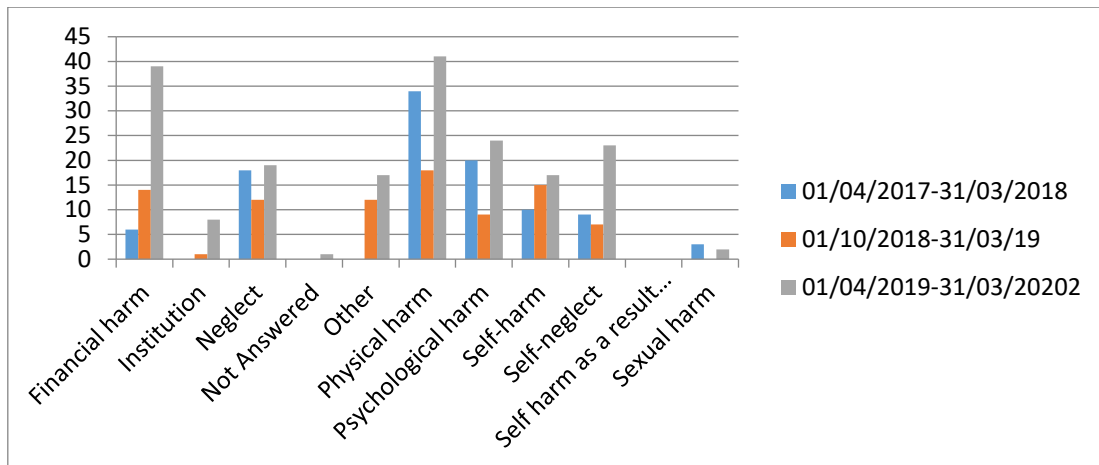
The table below gives an overview of our improvement in completing adult support and protection inquiries since April 2017. This year, 82.5% of all inquiries were completed within the five day standard timescale and we are seeing increased compliance with the timescale in comparison to the same period in 2018/19.



Adult Protection Investigations

For the period 2019/20 there were 191 Adult Support and Protection investigations that involved 175 individuals. The conversion rate from inquiry to investigations is 27% and is lower than in previous years. (36% in 2018/19 and 34% in 2017-18). Over 2020/21 we will be quality assuring this process, to gain a greater understanding of the decrease in conversion from inquiry to investigation in the context of an 11% increase in inquiries.

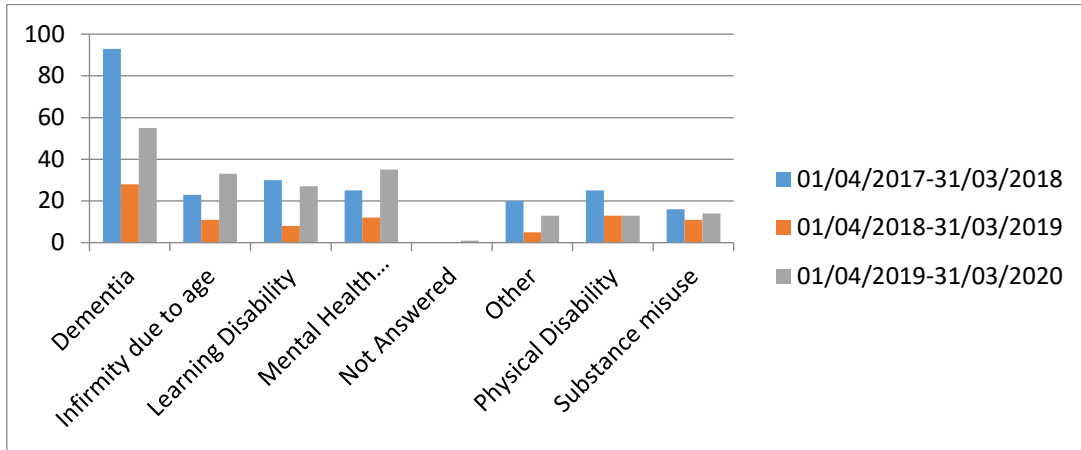
Type of Harm



During 2019/20, our recording showed that Physical Harm was reported to be the most common type of harm (21%). The second highest type of harm was Financial Harm (20%), which has also increased from 12% in the previous year. This is reflective of the national experience and will be an area for future development. Work is underway through the Adult Protection Committee to develop relationships and joint training with Trading Standards around scam prevention.

From October 2018, we have achieved more accurate reporting of principal and secondary types of harm and this has continued in 2019/20.

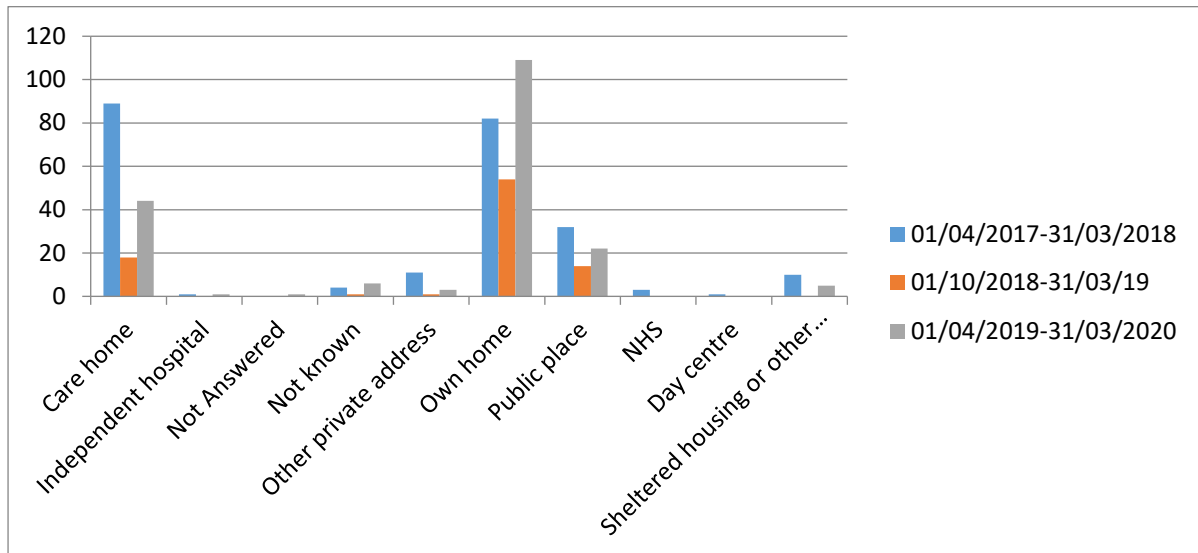
Key Characteristics



The adults most affected are those with dementia, who make up 29% of all investigations. The prevalence of adults who have dementia requires further examination over 2020/21.

Those with mental health problems constituted 18% of investigations and infirmity in old age featured as 17%. It is evident there has been an increase in those presenting with mental health problems with a 13% increase in the last year. Mental health and mental distress has been a key feature moving out of lockdown and this has been incorporated into the recovery plan for adult services.

Location of harm – Adult Support and Protection Investigation



The primary location of harm in 2019/20 in 57% of investigations was within the adult’s home. This is an 8% increase from 2018/19.

Adult Support and Protection Improvement Activity

Over 2019/20 the Chief Social Work Officer reviewed and implemented new professional governance arrangements and this has resulted in an improvement in the accuracy of our data

in Adult Support and Protection. In addition she has implemented enhanced senior management oversight and decision making within Adult Support and Protection. For example all Initial and Review Case Conferences are now chaired by a Senior Social Work Manager with escalation processes built in to the Head of Service. This provides professional reassurance to the Chief Social Work Officer about the implementation of Adult Support and Protection within East Renfrewshire Health and Social Care Partnership.

There has been no significant Large Scale Investigation (LSI) activity within 2019/20.

Whilst we have made great progress there is still much to do and this is supported with a very detailed improvement plan.

The performance of the service has continued to be reported to the Adult Protection Committee, supported by a Quarterly Reporting Format that identifies referral rates from agencies, patterns of harm and analysis of key performance indicators. Targets have been set to ensure that we are responding timeously in our interventions to keep adults at risk of harm safe.

The Adult Protection Committee and its sub-committees have made progress with the Improvement Plan for the service in 2019-20. This has improved multi-agency cooperation in Adult Support and Protection activity and focused partners on the development and improvement of multi-agency working. The progress that has been made in this area greatly assisted us to manage the impact of the lockdown on our most vulnerable adult citizens.

Section 3. Resources

In 2019/20 we ended the financial year with an overspend of £0.06 million against a budget of £154 million (including set aside) which we funded, as planned from our reserves. We expected to use reserves to balance our budget in 2019/20 as we recognised we would not achieve all savings required within that financial year due to lead in times and some capacity constraints to deliver our change plan and associated savings.

The impact of COVID-19 in the closing weeks of 2019/20 had minimal impact to our operational budgets and the main variances to the 2019/20 budget were:

- Children's Services £0.6 million underspend from staffing, purchased care costs, including residential care, fostering and adoption.
- Older Peoples and Intensive Services ended the year with a collective overspend of £0.9 million from care package costs for residential and care at home costs, reflecting the continued impacts of population growth in older people and the demand for services. We are addressing our care at home costs as an element within an action plan and redesign of this service.
- In addition to the two key areas above we had underspends from a number of services from staff turnover during the year, reflecting the general trends of recruitment and retention issues within the health and social care sector.

Our unaudited [annual report and accounts](#) was considered by East Renfrewshire's Integration Joint Board on 24 June and we plan to take our audited annual report and accounts to East Renfrewshire's Integration Joint Board in September.

Financial Modelling for Service Delivery

The Health and Social Care Partnership continues to face a number of challenges, risks and uncertainties in the coming years and this is set out in our current [Medium-Term Financial Plan for 2019/20 to 2023/24](#) which supports our strategic planning process and provides a financial context to support medium-term planning and decision making.

The plan, agreed pre-COVID-19, sets out potential cost pressures of circa £5.1 to £5.7 million per year for the five year period 2019/20 to 2023/24. The resulting funding gap will be dependent on the funding settlement for each year and the impacts of scenarios are shown.

The 2020/21 budget settlement fell within the poor settlement range of scenario planning assumptions with cost pressures of just over £6 million and subsequent required savings of £2.4 million after all funding uplifts.

The budget of £158 million (including set aside) agreed on [18th March 2020](#) set out how we will achieve the £2.4 million savings to balance our budget. We identified £0.8 million from specific budget areas and we will need to prioritise care package costs to meet the remaining balance of £1.6 million savings. As we had previously signalled, this will mean an impact on our frontline services and care packages.

Section 4. Workforce

Workforce Development

Developing our workforce is at the heart of all of our improvement and over 2019/20 there has been considerable focused activity with adult services. The adaptability of the children's social work practice models to an adult social work context has been scoped out and the implementation of new ways of working will continue to commence over 2020/21. However the focus of this year's activity was the need to strengthen professional practice on core skills for example, chronologies, investigative interviewing, standards for recording and reflective supervision.

We have continued to explore our ability to be trauma informed and responsive. Mental health and emotional wellbeing, in particular moving to recovery, has been a significant feature of our training calendar. Our second multiagency public protection conference in November 2019 focused on this too.

We are currently exploring how we implement our workforce development plans as part of our COVID-19 recovery process. In addition our internal quality assurance activity has shown there is a need to ensure more robust management oversight in relation to practice and this will be a dominant feature going forward. Lastly, we will need to ensure our workforce is best equipped to respond to the impact of the trauma associated with the pandemic, both on themselves and others. In order to do this, we will endeavour to source the most up to date resources and to make them available to our staff as and when they require them.

East Renfrewshire Health and Social Care Partnership published a workforce plan for 2016-18. A Health and Social Care Partnership working group was established, consisting of managers from across the Health and Social Care Partnership in March 2019 in to review the previous action plan and develop a new workforce plan in line with impending guidance from the Scottish Government. The group had oversight of both the Directorate Management Team and the Health and Social Care Partnership's Strategic Planning Group. The plan would include reviewing the workforce across the Health and Social Care Partnership including that of primary care and private and voluntary providers. The Scottish Government published final guidance in December 2019 setting out the requirement for all Health and Social Care Partnership's to publish a three year workforce plan from March 2021. As such, the workforce group, developed an interim workforce action plan to cover the period 019-2021, taking direction from the 2018-2021 Strategic Plan.

As Chief Social Work Officer, I lead Health and Social Care Partnership commitment to developing the social work and social care workforce and a number of social work assistants have indicated a desire to become qualified social workers and two members of staff have been supported to undertake the course during 2020.

Section 5. COVID-19: Early indication of impact on workforce and services

COVID-19 will no doubt be recognised as having the greatest impact on our people and communities in our lifetime. Social Work and Social Care services across the Health and Social Care Partnership rose to the challenge to ensure that our most vulnerable people were supported and kept safe throughout the pandemic.

This section of the report details the key impacts, successes and themes for recovery planning across Social Work services. Statutory social work services are not delivered in isolation and the fact that we have strong partnership arrangements, whether through our integration of services, or joint delivery with Education, will serve us well in our recovery.

Chief Officer's Public Protection Group

Early in the Covid-19 outbreak, the East Renfrewshire Chief Officer's Public Protection Group commenced regular meetings to review and consider public protection risks identified by services and the actions in place to mitigate these risks. The multi-agency representation at Chief Officer's Public Protection Group emphasises the importance of partnership working and sharing information across agencies. The risks identified greatly informed service recovery plans.

Children's Services

Our engagement with families during this period has highlighted the following key impacts that must be a focus of our recovery plans:

- A significant impact on children with disabilities and their families, particularly on their mental health, due to the isolation and lack of respite during lockdown conditions.
- Impact on children and young people's physical and mental health.
- Support for children and young people to re-integrate into nursery, school and community life.
- Impact of limited or no support for children, young people and families during lockdown.
- Supporting children, young people and families who have been displaced to re-unite.
- Impact of parental anxieties, mental health, harmful alcohol and/or substance use on children and young people.
- Impact of bereavement during this challenging time.
- Impact of financial hardship/poverty due to job losses.
- Anticipated increase in referrals across Children's Services.

Key Successes during COVID-19

- Working closely with education, looked after children were quickly prioritised into school hubs.
- Contact between children and their families continued virtually and is now direct where possible.
- Reviews taking place virtually and directly where possible. Technology and support provided to allow children and families to fully participate.
- Innovative recruitment of foster carers to meet needs of children who have become looked after.
- High levels of engagement with our Aftercare population has remained consistent, averaging 96%.
- Continuation of intensive services required by our young people e.g. physical support to young people to change placements during crisis periods and accommodating young people who required temporary respite because of the lockdown conditions.

- Use of Inclusive Family Support staff to support the hub at Isobel Mair school which allowed more children and young people with disabilities to attend and be supported by staff that they know and trust.
- Use of Self Directed Support Option 1 to promote children and young people's safety and wellbeing through provision of equipment for a variety of purposes (technology, fencing, sports equipment and many other examples).

The following have been identified as key priorities for children and families social work recovery:

- Ongoing joint / partnership working to ensure that children, young people and families continue to receive the support they need when they need it.
- Joint / partnership working to meet the anticipated increase of referrals as lockdown eases.
- Children, young people and families' views and participation needs to be ensured, including access to advocacy support.
- Increase in number of children looked after and displaced during COVID-19.
- Anticipated longer term effects are potential increases in mental health referrals for both children and parents as the pandemic eases and impacts such as loss of income on family stress become evident
- Continued flexibility in relation to the use of technology and face-to-face meetings to support ongoing service delivery whilst maintaining social distancing.
- Ensuring there are appropriate carers to meet the needs of children and young people who have become looked after.
- There has been an impact on third sector providers and Personal Assistant services. As the marketplace in East Renfrewshire is limited this could have longer term implications for families trying to access appropriate support.

Adult Services including Mental Health

Key impacts:

- Since 15 March 2020 a total of 801 individuals received services either for the first time or at an increased level during this period.
- Adults over 65 years of age, living in their own home were the largest recipient of new or increased support during this period, accounting for 45% (367 individuals).
- Care and support services in the community have required to be reduced or suspended, however only where there has been agreement with people and / or families that it is safe to do so.

Key Successes:

- Guidance to support the implementation of the Coronavirus Scotland Act 2020 resulted in partial assessment of needs to ensure people requiring support would receive this more quickly.
- Where support has required to be stepped down, a range of alternatives including the third / community sector, technology enabled care and ongoing telephone support have been utilised.

Key Priorities for Recovery

- There will be a need moving out of lockdown to review the support that was put in place to ensure that it is based on current risk and need.
- As lockdown measures have been easing, people and their families who had their service suspended are now looking for support to be reinstated. We are currently seeing a rise in the complexity of people's needs due to an increases in their frailty during lockdown, increase in isolation and loneliness and a reduction in mental wellbeing.

Adult Protection

Key impacts:

- From the onset of the COVID-19 pandemic the rate of referrals reduced by 50% and this is consistent with the national picture. Since moving out of lockdown we have received a marked increase, which is slightly higher than the corresponding period in 2019.

Key successes:

- In response to the pandemic a Care at Home operational hub was rapidly established within the Kirkton Centre, including the effective management and distribution of PPE for frontline staff, supported by collaborative working across Health and Social Care Partnership, East Renfrewshire Council and the use of volunteers.
- All aspects of the Telecare service provision were maintained throughout.
- Staff absence levels were lower than anticipated and service delivery was maintained, supported by realignment of staff from suspended day service operations.
- Extremely positive feedback from service users and their families.

Key priorities for recovery:

- In preparation for the anticipated rising demand and complexity in adult protection concerns, a dedicated temporary adult protection team has been established at the request of the Chief Social Work Officer. New procedures have been developed by the Chief Social Work Officer for the Initial Contact Team and the impact of these will be reviewed in the autumn in preparation for the winter.

Criminal Justice

Key impacts:

- Significant disruption to carrying out unpaid work
- Whilst contact was prioritised throughout for high risk and vulnerable individuals, social distancing measures affected the service's ability to progress rehabilitation.

Key successes:

- Individuals subject to Multi Agency Public Protection Arrangements continued to have a robust risk management plan in place.
- Virtual arrangements were put in place for Multi Agency Public Protection Arrangements Level 1 review meetings.
- Early release of prisoners subject to short term sentences was managed successfully through early planning and joint working between services in East Renfrewshire and robust information sharing between local services and the Scottish Prison Service.

Key Priorities for Recovery:

- Whilst the Scottish Government has extended the time for completion of unpaid work orders, there will be increased pressure in relation to the significant number of outstanding hours.

Conclusion

Given the rapidly evolving nature of the COVID-19 pandemic and that Social Work and Social Care had no blueprint to manage the impact they responded quickly and compassionately to ensure they just did the right thing for our most vulnerable citizens. The mobilisation of the workforce was underpinned by the core values and ethics of the profession and this was quite evident throughout the lockdown in keeping people safe.

As outlined in the report we have seen a rise in public protection activity across the partnership, increasing domestic abuse incidents, child and adult protection inquiries and notification of concern and mental and emotional distress.

For children's services, the impact of the lockdown was significant for children and their families across the spectrum and there was a significant increase in the number of children that required to be removed from their families.

Moving out of lockdown the level of complexity we are managing, particularly in Adult Services, is again unprecedented. For carers we are seeing them struggling to support many of their loved ones and as a consequence there is new demand into the service where there has been longstanding capacity issues. For service users the complexity of the concerns are around self-harm, self-neglect, mental health and increases in frailty and dependency for older people with rising demand in physical needs. There are significant issues for the workforce due to the additional demands on the service moving into recovery and this will require to be urgently addressed over the forthcoming months.

Finally I would wish to thank all the Social Work and Social Care workforce and would wish to commend their ability to be responsive, nimble, creative and, most importantly, resilient. They have been exceptional and we have learned so much about their strengths and the fact that they kept most vulnerable citizens safe, both physically and emotionally, throughout lockdown. We must shine a light on the significant contribution that they played as essential workers throughout this challenging period and as their professional leader I would just like to say thank you.

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AGENDA ITEM No.10

Meeting of East Renfrewshire Health and Social Care Partnership Held on	Integration Joint Board 23 September 2020
Agenda Item	10
Title	East Renfrewshire Alcohol and Drugs Plan 2020-23
Summary This report provides the Integration Joint Board with an overview of the work carried out to prepare a new East Renfrewshire Alcohol and Drugs Plan for the period 2020-23 and presents a draft plan for approval.	
Presented by	Tracy Butler, Lead Planner (Recovery Services)
Action Required The Integration Joint Board is asked to approve the Alcohol and Drugs Plan.	
Directions <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	Implications <input checked="" 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 type="checkbox"/> Fairer Scotland Duty

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

23 September 2020

Report by Chief Officer

EAST RENFREWSHIRE ALCOHOL AND DRUGS PLAN 2020-23

PURPOSE OF REPORT

1. The purpose of this report is to seek Integration Joint Board approval of the East Renfrewshire Alcohol and Drugs Plan 2020-23

RECOMMENDATION

2. The Integration Joint Board is asked to approve the Alcohol and Drugs Plan 2020-23 for publication online and sharing with the Scottish Government

BACKGROUND

3. Reducing the harm from alcohol and drugs has been a key national priority for many years, with the Scottish Government investing additional funds at local level since 2009. The recently launched public health priorities place the work to reduce harms from alcohol and drugs at the forefront of national wellbeing. A national Drugs Death Task Force has been set up in response to the significant increase in drug related deaths across Scotland in 2018.
4. Alcohol and Drugs Partnerships are embedded in local partnership arrangements and are clear on their contribution to national outcomes and requirement to produce a local plan through the [Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Drugs](#).
5. In 2018, the Scottish Government published two strategic frameworks to support the development of local alcohol and drugs plans. The [Alcohol Framework](#) sets out national prevention aims around alcohol and tackling the associated health inequalities. [Rights, Respect and Recovery](#) introduces new ministerial priorities, and associated outcomes, for reducing alcohol and drug related harm and supporting individuals, families and communities:
 - i. Early intervention and prevention
 - ii. Recovery oriented approaches
 - iii. A whole family approach and;
 - iv. A public health approach to justice

REPORT

6. The East Renfrewshire Alcohol and Drugs Partnership (ADP) has overseen the development of the strategic approach on alcohol and drugs for the next three years.
7. The Covid-19 outbreak has had a significant impact on individuals with harmful alcohol and drug use. The way that services are provided have changed greatly due to social distancing restrictions, and recovery from alcohol and drugs is more challenging as community-based recovery groups have been unable to meet and the availability of

valuable social opportunities that support recovery has greatly reduced. Covid-19 has likewise influenced the development of the strategic plan for alcohol and drugs and has shaped many of the actions. In addition the work to develop the plan has taken place exclusively during the period of the virus outbreak and the time and input of partners during this challenging time is gratefully recognised.

8. The outcomes landscape around alcohol and drugs is comprehensive. As well as the national priorities outlined in paragraph 5 and the national public health outcome, protecting resident from alcohol and drug related harm is an outcome of the East Renfrewshire Community Plan. The HSCP Strategic Plan seeks to reduce health inequalities. Therefore the Plan does not introduce or propose any new local outcomes for alcohol and drugs but sets out planned actions against the existing outcomes.
9. The range of actions in the plan present a whole systems approach to reducing alcohol and drug related harm. Promoting informed choices on alcohol and drugs is a key part of the prevention and early intervention approach. Recovery oriented and person centred services influenced by people with lived experience aims to ensure that individuals feel included, supported and respected. A focus on strengthening the recovery community will empower individuals. Building strong links between services will ensure the needs of carers, families and children are met.
10. The Strategic Plan summary is in Annex 1 and sets out the strategic context for alcohol and drugs in 2020, priority actions and arrangements for governance and reporting. A separate, more detailed delivery plan has been developed and the Alcohol and Drugs Partnership will drive progress on this.

CONSULTATION AND PARTNERSHIP WORKING

11. Representatives from across alcohol and drugs services, police, voluntary sector, health improvement (HSCP and health board), education, community learning and development, children and families, criminal justice, housing and employability have been involved in the development of the draft plan attached.
12. Partners will work closely with the recovery community and people with lived experience of harmful alcohol and drug use to inform and guide the implementation of specific actions in the Plan and ongoing development of priorities.

IMPLICATIONS OF THE PROPOSALS

Finance

13. The required resources to deliver the plan are in place. The Alcohol and Drugs Partnership receives funding from a range of sources:
 - Mainstream HSCP funds for local alcohol and drug services
 - Direct funding from the Scottish Government, via NHS Board allocations,
 - Programme for Government, Local Improvement Fund, to support improvement and innovation in the way alcohol and drug services are developed and delivered
 - New for 2020-21 and 2021-22, East Renfrewshire Alcohol and Drugs Partnership has also received an allocation from the Drugs Death Task Force to fund innovative action to reduce drug related deaths and this is funding a range of actions in the Plan.

Equalities

14. The impact of socio-economic deprivation, age, gender and health inequalities is identified in the detailed socio-economic analysis that underpins the Plan. The delivery of specific actions will be informed by the findings of the equality impact assessment.

DIRECTIONS

15. There are no directions arising from this report.

CONCLUSIONS

16. The East Renfrewshire Alcohol and Drugs Plan provides a robust strategic framework for the delivery of actions to reduce alcohol and drug related harm.

RECOMMENDATIONS

17. The Integration Joint Board is asked to approve the Alcohol and Drugs Plan 2020-23 for publication online and sharing with the Scottish Government

REPORT AUTHOR AND PERSON TO CONTACT

Tracy Butler, Lead Planner (Recovery Services)
Tracy.butler@eastrenfrewshire.gov.uk

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

[Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Drugs. Alcohol Framework 2018](#)
[Rights, Respect and Recovery](#)

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East Renfrewshire Alcohol and Drugs Plan 2020-23

*Promoting informed choices around alcohol and drugs
across the whole community and supporting individuals
and their families to recover from harmful alcohol and
drug use*

STRATEGIC SUMMARY

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2020 Context for Reducing Alcohol and Drug Related Harm

East Renfrewshire Alcohol and Drugs Partnership brings local partners together to take a whole systems approach to reducing drug and alcohol related harm. Our services focus on a person-centred approach to ensure individuals with harmful alcohol and / or drug use feel supported, included and respected.

Local and National Priorities

The overarching national and local outcomes that the plan will deliver on are:

National Public Health Outcome: A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs

East Renfrewshire Community Plan: Residents are protected from drug and alcohol related harm

East Renfrewshire Health and Social Care Partnership Strategic Plan: Working together with our communities that experience shorter life expectancy and poorer health to improve their wellbeing

The Scottish Government ministerial priorities and outcomes to reduce alcohol and drug related harm guide the Plan:

National framework	National Priority Area	National outcomes
Rights, Respect and Recovery <i>Scotland's strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths</i>	Early intervention and prevention	Fewer people develop problem drug use
	Recovery oriented approaches	People access and benefit from effective, integrated and person centred support to achieve their recovery
	A whole family approach	Children and families affected by alcohol and drug use are safe, healthy, included and supported
	Public health approach to justice	Vulnerable people are diverted from the justice system wherever possible and those within justice settings are fully supported
Alcohol Framework 2018	Reducing consumption	Reducing the affordability, attractiveness and accessibility of alcohol

Responding to the Challenges of Covid-19

The Alcohol and Drugs Plan is now also driven by the impact of a global pandemic. The Covid-19 outbreak has affected all aspects of society, including the way many public services are delivered and alcohol and drugs services in East Renfrewshire are no exception. Significant changes have been implemented within a matter of days and often on a day-to-day basis thereafter.

Local services, both HSCP and third sector, focused on face-to-face, person-centred support to individuals have risen to the challenge of providing the same high quality treatment and care while following strict physical distancing guidelines to protect individuals, their families, and staff.

East Renfrewshire HSCP has recognised the vulnerabilities of, and risks to, people who use alcohol and drugs since the outset of the Covid-19 emergency. Alcohol and drugs services have continued to be regarded as essential services during the emergency.

The local government-led Humanitarian Assistance approach as part of the pandemic response has also recognised the needs of individuals with harmful alcohol and/or drug use, with holistic support around food, money advice and shielding offered.

It will be considerable time before services can be delivered in the same way as before and early learning from this challenging period suggests that some of the urgent redesign of services has proved beneficial for individuals and should be considered and embedded as part of the treatment approach. Preparing alcohol and drugs services for a potential increase in referrals features in recovery and renewal planning and working together with the recovery community to rebuild and re-establish is a key priority.

The virus outbreak and its impacts on the wellbeing of the whole population will also reach beyond the provision of alcohol and drug services and the Alcohol and Drugs Partnership must continue to review and consider the evidence of impact and its response. The link between overall mental health and wellbeing and the way this can lead to harmful alcohol or drug use for some individuals is well documented. The potential impacts of the outbreak on mental health and wellbeing – people experiencing loss and bereavement, impacts of furlough or job loss and social isolation experienced during lockdown – could result in a decrease in mental wellbeing. There are risks of increased use of alcohol or drugs by individuals to cope with stress and anxiety, and a negative impact on people already in recovery. The plan also recognises the impacts on and needs of the carers and families, including children, of those experiencing harmful alcohol or drugs use.

A health improvement approach to prevention of and early intervention for alcohol and drug related harms that includes a focus on mental health and wellbeing and health inequalities, is a critical part of the plan.

Our principles

This strategic plan will guide delivery of actions over the next three years but must also be responsive to the changing context. To ensure this, the members of the Alcohol and Drugs Partnership will provide leadership to ensure the following strong principles guide the delivery of actions:

- Involving individuals with lived experience to ensure that services are person-centred, supportive and inclusive
- joined-up services and an embedded whole-family approach that supports people, parents and carers, children and families impacted by alcohol or drugs
- Ongoing evaluation of emerging evidence about alcohol and drugs, including the ongoing impact of Covid-19 (on overall wellbeing, inequalities, and alcohol and drug trends) to ensure that actions remain relevant and impactful.

Local data and evidence

An **average of 400 referrals per year** were received by the Community Addictions Service over the last 5 years. Each year, between 350 and 450 individuals are supported by alcohol and drugs services, with support also available to their families and carers.

Two thirds of referrals to alcohol and drugs services in 2019-20 were **male**. **Two thirds of new individuals referred to the service were aged 35 and over.**

A **small number of child protection referrals and requests for assistance** are assessed annually, where problematic parental alcohol and drug use are cited.

Fewer young people are coming into alcohol and drugs services, 16% of new individuals engaging with services are aged 16-25.

Deprivation and health inequalities play a part in alcohol and drugs issues – alcohol related hospital admissions are significantly higher in the most deprived localities. However people from across East Renfrewshire communities use alcohol and drugs services

East Renfrewshire has a **lower rate of alcohol related hospital admissions** compared to the Greater Glasgow and Clyde Board area and Scotland as a whole. Admissions have reduced by one third during the period 2008-2018.

People with problematic alcohol and / or drug use often have **poorer physical and mental health**. 8% (n. 31) of people using alcohol and drug services are also in the shielding category. This is a higher proportion compared to 3.5% of the adult population as a whole who require to be shielded due to Covid-19.

15% (n. 54) of all **homeless assessments** in East Renfrewshire were with individuals with problematic alcohol and drug use. Alcohol and drugs were noted as the main factor in becoming homeless in two thirds of these cases.

Recent survey findings indicate a potential **change in attitudes and behaviours towards alcohol and drugs amongst young people** in East Ren over time with more young people believing it is ok to try alcohol and more young people reporting having used alcohol.

There are **low numbers of drug related deaths** in East Renfrewshire although there was a significant increase from 4 in 2017 to 11 in 2018. 2019 statistics are not yet available and there has been no increase in suspected drug related deaths observed in 2020 to date.

Priority Actions

The Alcohol and Drugs Partnership will provide leadership and assure the effective delivery of the following actions, guided by our principles, to contribute to the shared national and local outcomes.

Prevention and early intervention

- Promote health improvement resources across all groups and communities to enable informed choices about alcohol and drugs and prevent harmful use.
- Recognise the impact of mental health and wellbeing and existing health inequalities in relation to alcohol and drugs.
- Develop and implement an effective approach to Alcohol Brief Interventions.
- Provide training to support schools, based on the Substance Misuse Toolkit.
- Develop an assessment of Barrhead of the possible overprovision of licensed premises.

Recovery oriented care

- Strengthen user involvement and influence in the design and delivery of alcohol and drugs services, through a peer research approach.
- Redesign key aspects of alcohol and drugs service delivery to maximise outcomes for individuals.
- Enhance skills and knowledge in trauma aware and trauma informed practice.
- Develop a sustainable recovery approach, including peer support and sustainable community and service based groups.
- Increase the distribution of Naloxone (overdoses reversal medication) to people who use drugs and their family members, carers and friends, to prevent drug overdose and drug related deaths.
- Enabling participation in treatment and recovery through targeting hardest to reach and tackling digital poverty
- Work in partnership to improve outcomes for individuals in housing and employability as part of recovery.

Whole family approach

- Embed links between alcohol and drugs services and children and families services to maximise the support available for families recovering from alcohol and drugs.
- Strengthen practice in Signs of Safety approach to child protection in alcohol and drugs services and the wider Alcohol and Drugs Partnership.
- Work together to support carers, families and children of individuals with harmful alcohol and / or drug use.

Public health approach to justice

- Meet the needs of women in criminal justice setting through development of bespoke multi-agency service.
- Support the health needs of community justice service users through a health needs assessment.
- Deliver a Mentors in Violence Programme - a preventative approach to reducing violence - to young people.
- Work with Police Scotland on the delivery of the Greater Glasgow Division Drugs Strategy.

Assuring the Delivery of the Alcohol and Drugs Plan

The Alcohol and Drugs Partnership meets regularly throughout the year to agree priorities, review progress and respond to new and emerging issues. The following partners are represented:

- East Renfrewshire Health and Social Care Partnership (including recovery services, children and families social work, criminal justice and health improvement)
- East Renfrewshire Council (including community learning and development, employability services, housing and education)
- NHS Greater Glasgow and Clyde
- Police Scotland
- Third sector providers of alcohol and drugs services
- Recovery communities

The Alcohol and Drugs Partnership reports to Scottish Government on their contribution to national priorities and outcomes. East Renfrewshire's Integration Joint Board oversees and approves publications including the Alcohol and Drugs Plan 2020-23 and annual reports on progress.

A more detailed delivery plan with actions and details of how progress will be measured is available at *<insert hyperlink when available>*. A report on the progress made in delivering this plan will be published annually.

The work of the Alcohol and Drugs Partnership links with and complements the work of a number of other partnerships, including:

- Improving Outcomes for Children and Young People Partnership
- Safe East Ren Partnership
- Community Justice Partnership
- Violence Against Women Partnership
- Local Employability Partnership

Further information

Contact: tracy.butler@eastrenfrewshire.gov.uk

Intermediate Outcome

We will know we are making good steps along

Residents are protected from drug and alcohol related harm

STRATEGY ON A PAGE

Our contribution:

So what we need to achieve is:

A strong focus on prevention and early intervention

Recovery focused and person centred services

The needs of families of individuals with harmful alcohol and / or drug use are prioritised

The needs of individuals in justice setting with harmful alcohol and / or drug use are prioritised

Critical activities:

We will do this by:

Promoting health improvement resources to enable informed choices about alcohol and drugs and tackle health inequalities

Implementing an effective approach to Alcohol Brief Interventions

Assessing the level of provision of licensed premises in Barrhead

Working together with individuals with lived experience to improve services and outcomes and build recovery communities

Enhancing skills and knowledge of alcohol and drugs partners to support individuals in their recovery

Increasing the distribution of Naloxone to prevent drug related deaths

Enabling participation in Treatment and recovery through targeting hardest to reach and tackling digital poverty

Working in partnership to improve housing and employability outcomes for individuals

Working jointly to support families to recover from alcohol and drugs

Strengthening practice in Signs of Safety approach to child protection across alcohol and drugs partners

Developing a multi-agency service to meet the needs of women in the justice setting

Working with Police Scotland on the delivery of the Greater Glasgow Division Drugs Strategy

Assessing health needs of community justice service users

East Renfrewshire Alcohol and Drugs Plan 2020-23

*Promoting informed choices around alcohol and drugs
across the whole community and supporting individuals
and their families to recover from harmful alcohol and drug
use*

DELIVERY PLAN

Draft – as at 28 August 2020

DRAFT

East Renfrewshire and Alcohol and Drugs – Data Profile

A review of data sources about the East Renfrewshire community provides some key messages for the East Renfrewshire Alcohol and Drugs Partnership, to inform and influence the new Alcohol and Drugs Plan.

Alcohol harm statistics have improved locally but the goal is to reduce further

East Renfrewshire has a lower rate of alcohol related hospital admissions compared to the Greater Glasgow and Clyde Board area and Scotland as a whole. The current rate of 451 per 100,000 population is slightly higher than the previous three years but is an overall decrease from the 2008 level of 559¹.

The number of alcohol-specific deaths in East Renfrewshire fell to below 20 in 2006 and has continued to fall since then. Fewer alcohol specific deaths, averaged over 2014-18, occurred in East Renfrewshire, compared to Scotland and the Health Board area¹.

East Renfrewshire has 23 licensed premises per 10,000 population, compared to 38 Scotland wide, and 37.1 in Glasgow City. This level of provision is similar to that in East Dunbartonshire, an area of similar size with similar characteristics. However some areas have more concentrated provision than others¹.

Dunterlie, East Arthurlie and Dovecothall and Auchenback have the highest alcohol related hospital admissions rates as well as being the most deprived areas according to the SIMD 2020. Together these areas make up only 10% of all East Renfrewshire residents but account for one third of all residents who are income deprived². Rates of alcohol related hospital admissions have reduced in the last ten years but remain more than double the authority average and are higher than Scotland as a whole¹.

Deprivation is linked to higher levels of alcohol and drug related

Alcohol and Drugs Services are available to all of East Ren. Service caseload data as at June 2020 shows 55% of the individuals who use the service is from the Lavern Valley (while the area accounts for just 30% of the East Ren population). 45% of are from the Eastwood area. People with problematic alcohol and or drug use in more affluent areas may be protected from the harm to health by their more positive health status overall³.

Drug use disorders and alcohol dependence are in the top ten health conditions for deprived areas, while they do not feature in the top 10 for least deprived areas - alcohol reduces healthy years lived by 3.9 years and drugs by 8.1 years for people living in deprived areas⁴

Supporting the physical and mental health of people with problematic alcohol and / or drug use is a priority

The local shielding work that has been carried out highlights the physical health needs of people with harmful alcohol / drug use. Cross matching the shielding list with the Community Addictions Service caseload has shown that 8% (n. 31) of individuals also have a health condition that puts them at high risk of Covid-19. This is a higher proportion compared to 3.5% of the adult population as a whole who require to be shielded⁷.

Many individuals with alcohol / drug issues are at risk from poorer mental health and wellbeing and isolation, particularly those who have been shielding. National evidence set out in Rights, Respect and Recovery suggests that drug users of older age are at greater risk due to complex underlying health and social care issues, including mental health issues and isolation⁸.

Drug related deaths are a national emergency and the local trend must be closely monitored

Drug related deaths are increasing at a rapid rate at national level, with a 27% increase from 2017 to 2018. East Renfrewshire's local figures rose from 4 deaths in 2017 to 11 in 2018⁵. While the numbers are still very small, preventing drug related harm and deaths is a key priority. As at June 2020, there has been no spike in drugs deaths during the Covid-19 outbreak.

East Renfrewshire has a low rate of drug related hospital admissions compared to Scotland and other comparator authorities. However the latest three year aggregate figure - 72 per 100,000 population - is at the highest level seen in East Renfrewshire in the past ten years¹.

The potential level (prevalence) of problem drug use in East Ren is high compared to actual numbers of drugs deaths and hospital admissions locally - East Renfrewshire ranks 13 of 32 authorities for the estimated population who use drugs (n. 800), while ranking 4th lowest for drugs deaths¹.

Any young person admitted to hospital for reasons related to alcohol is a concern. In East Renfrewshire, the numbers for this (aged 11-25) are lower than adult hospital admissions at 160 per 100,000 population - this is also the case at Scotland level and across the Board area¹.

Fewer young people are coming into alcohol and drugs services, with 16% of new individuals engaging with services aged 16-25³.

Young People

Recent SALSUS survey findings indicate a change in attitudes and behaviours towards alcohol and drugs amongst young people in East Renfrewshire since the 2013 study⁶.

- More 13 year olds believe it is "ok to try alcohol" compared to 2013 (43%).
- Three quarters of 15 year olds believe this, but there has been no change since 2013.
- Over a third of 15 year olds reported "being drunk more than ten times" – an increase of 14% from 2013 and 12% higher than in Scotland as a whole.
- Positively the vast majority of 13 and 15 year olds respondents have not tried drugs. However half of 15 year olds say they have been offered drugs and agree it is easy to get access to drugs if they want to.
- Cannabis is the most common drug.

Local Services and Recovery Communities are supporting people who wish to recover from drugs and/or alcohol

The East Renfrewshire Community Addiction Service works with between 350 and 450 individuals per year to support their recovery from drugs and alcohol. Considering a whole family approach including children, parents and other family members highlights the increased numbers of individuals who are impacted. In 2018-19, just over a fifth of individuals moved from treatment services to recovery³.

There is a small, supportive recovery community in East Renfrewshire with a SMART Recovery group supporting members in Barrhead as well as Alcoholics Anonymous and Narcotics Anonymous groups – although face-to-face availability is disrupted due to social distancing restrictions.

Criminal and Community Justice context

There are long standing links between alcohol and crime and violence. At a Scotland level, the proportion of violent crime involving offenders thought to be under the influence of alcohol was 46% in 2017/18 (although this is a reduction compared to 63% in 2008-09). In 2017-18, just over 1 in 3 perpetrators of violent crime were thought to be under the influence of drugs, with no change compared to 2008-09. It should be noted that levels of violent crime (related to alcohol or not) are low in East Renfrewshire⁹. For less serious crimes, there is a presumption against shorter sentences there are more community based sentences. Over the last 4 years, a very small number, approximately 1%, of Community Payback Orders in East Renfrewshire involve diversion to alcohol or treatment as a diversion from custody¹⁰.

Employability impacts of Covid-19

As at the end of June, 11,900 employees in East Renfrewshire have been furloughed, putting many at risk of future job loss. There has been a 135.6% increase in the number of unemployment benefit claimant count in the area. There are an additional 1,335 claiming unemployment benefit (compared to 950 in February 2020). Young people are disproportionately affected nationwide and East Renfrewshire is no different with an increase of claimants aged 16-24 from 175 to 515 between February and June. Many of this group will be vulnerable to financial difficulties and mental health and wellbeing impacts, which could in turn lead to increase alcohol or drug use¹¹.

Housing challenges for individuals with problematic drug or alcohol use

The number of households approaching East Renfrewshire Council as homeless and having a homeless assessment in 2019/20 was 353¹².

- Of these 54 had a drug or alcohol use that is harmful (15%). This is a very slight decrease of the 2018/19 figure. 70% of those who had a homeless assessment and had a drug or alcohol issue were male. 30% were female.
- 44 (81%) were assessed as being unintentionally homeless.
- For 34 (63%) individuals, harmful drug or alcohol use was referenced as a factor in them failing to maintain their previous accommodation.
- 33 (61%) were also assessed as mental health problems being a factor in the reason for them failing to maintain their previous accommodation.

Priority Actions 2020-23

Prevention and Early Intervention

Outcomes

Fewer people develop problem drug use
A reduction in the attractiveness, affordability and availability of alcohol

Context

The links between overall mental health and wellbeing and healthy choices in relation to alcohol and drugs underpins the prevention and early intervention approach and key actions. A whole population approach to prevention and early intervention around alcohol and drugs and overall mental health and wellbeing of the population is a critical action for the next three years. Our aim is to use the wide range of educational and informative resources on the health impacts of alcohol and drugs, guided by resources such as the NHS Greater Glasgow and Clyde Alcohol and Drugs Prevention Framework and mental health and wellbeing training and resources, while ensuring information is relevant at a local level and addresses the needs of a range of target groups. There will be a focus on building the capacity of staff across partner agencies to understand alcohol, drugs and mental health and wellbeing issues, support people directly or signpost to services.

During the first year of the plan, engaging with young people and adults will evidence this approach to ensure that the programme of information provision and health improvement activity is relevant for the local community. Different approaches for different age groups, communities of interest and geographic communities, including areas of deprivation, will be required to have an impact on socio-economic and health inequalities. Innovative approaches to engagement will be necessary as it is expected social distancing will continue to be part of daily life for some time – with perhaps more focus on digital ways of engaging while ensuring that there are no barriers to participation.

This theme of the plan is closely linked to the Children and Young People's Plan and the Health and Social Care Partnership Strategic Plan, in particular the outcomes to reduce health inequalities. Linking with the work of partners in East Renfrewshire Locality Plan areas (areas of deprivation prioritised by community planning partners) is important to tackle health inequalities. Police Scotland's Greater Glasgow Division Drugs Strategy has taken a public health approach and highlights engagement with young people to build resilience and reduce the future health impact from drugs.

The following performance indicators will measure local progress towards the outcomes:

- SALSUS survey (young people) – possibly / ideally supplemented by local data
- Qualitative data from engagement with young people and wider communities
- Alcohol Brief Interventions completions
- Alcohol and drug related hospital admissions and related deaths data

No.	Priority Action	Target groups	Timescale	Partners
1	A whole population health improvement approach to promote informed choices in relation to alcohol and drugs and promote positive mental health and wellbeing, through access to accurate, consistent and reliable information, which takes account of the needs of various target groups, life stages and socio-economic and health inequalities	<i>All Residents (with particular focus on residents in Locality Plan areas)</i>	Year 1 – 3	HSCP Health Improvement (Lead) ERC Community Learning and Development
2	A health improvement approach to alcohol, drugs, mental health and wellbeing with children and young people to promote informed choices in relation to alcohol and drugs and promote positive mental health and wellbeing, through access to accurate, consistent and reliable information	<i>Children and young people aged 12-25</i>	Year 1 – 3	Young Persons Steering Group (Lead) ERC Community Learning and Development ERC Education Health improvement
3	Development of robust Alcohol Brief Interventions approach, including training and capacity building of staff across a range of appropriate service providers and settings	Residents with identified risk of alcohol harm (based on characteristics such as age, gender, locality)	Year 1 – 3	HSCP Health Improvement (Lead) Range of service providers participating in training and delivery
4	Provide updated guidance on managing incidents of drug and alcohol misuse, with associated training based on the Substance Misuse Toolkit.	School population	Year 1 – 2	ERC Education Education Scotland
5	Develop an overprovision assessment for Barrhead based on robust health and police data and engagement with local communities and other stakeholders and put forward for inclusion in East Renfrewshire licensing board policy statement	Residents in Barrhead	Year 2 -3	East Renfrewshire HSCP NHS GGC Police Scotland Recovery Community

Recovery Oriented Approaches

Outcome

People access and benefit from effective, integrated person-centred support to achieve their recovery

Context

East Renfrewshire Community Addictions Team deliver a service to individuals who need support to address harmful alcohol and / or drug use (between 350 and 450 individuals are on the caseload each year). There is a two team approach – Community Addictions Services where treatment and care is provided to individuals and a family support and recovery team which supports individuals and family members on their recovery journey. Services provided include Opiate Replacement Therapy, alcohol detox in home and hospital settings, alcohol protective medications and a range of psycho social interventions (talking therapies) to address underlying issues of trauma and adverse experiences.

Ensuring that the lived experiences of people with harmful alcohol and / or drug use influence services is central to the work of the Alcohol and Drugs Partnership. A number of pieces of work that harness these experiences to improve outcomes will be delivered over the next three years.

Penumbra is a national third sector organisation which brings to East Renfrewshire a new peer support approach to recovery across mental health and alcohol and drug service settings. Integral to this approach is that peer workers have lived experience themselves of harmful substance use or mental health and it is this experience that enables a positive, supportive relationship to be established with people on their own recovery journey. This will be delivered alongside formal treatment and care and provide additional support for individuals to progress on their recovery journey.

With vital funding from the Drugs Death Task Force a new approach to user involvement in service design and delivery – peer research – will be developed and delivered. Volunteer peer researchers with lived experience of alcohol and drugs issues and engaging with alcohol and drug services, will be provided with support, training and skills to engage with other individuals using alcohol and drug services. This will enhance the skills, confidence and employability prospects of volunteers as well as generate critical evidence of the views and experience of individuals to improve services and outcomes.

Peer research will inform the redesign of some aspects of service provision, tell us more about the impact of the lockdown on people with problematic alcohol and / or drug use, mental health, physical health and family life, and inform partners about what works best for recovery and preventing drugs deaths.

Covid-19 recovery and renewal planning will be key for services over Year 1 of the Alcohol and Drugs Plan. Responding to the challenges and thinking about different ways to deliver services has presents an opportunity to redesign service and achieve improved outcomes with individuals using our services.

Housing and employability are essential elements of a person's basic human rights and recovery from s harmful alcohol and / or drug use. The data profile on page 8 shows the prevalence of drug and alcohol issues in homelessness presentations. RCA Trust delivers support to people with problematic drug / alcohol use to manage their recovery and maintain their tenancy, with close working between RCA Trust and the Community Addictions Service where individuals are working

with both services. A service redesign approach around Rapid Re-housing will focus on ensuring a clear understanding of the needs of those who face a variety of challenges to achieve the most appropriate accommodation.

The employability challenges in the area as a result of Covid-19 must be recognised, as outlined in the data analysis on page 7. The employment market will become even more competitive in the coming months and may remain so for some time. Individuals with complex barriers to employment and including recovering from problematic alcohol and/or drug use are often further from the job market than other people using employability services. The Alcohol and Drugs Plan recognises this and provides the strategic foundation for the further development of employability approaches for individuals with problematic alcohol and / or drug use. There are representatives from alcohol and drug services and the ADP on the Local Employability Partnership structures. Priority actions in the plan will maintain a focus on employability as part of overall recovery with effective signposting to employability support within East Renfrewshire. Peer support, peer research opportunities, personal development, education and training support via alcohol and drugs services, as well as formal employability services are critical as part of the pathway towards employability. Holistic support that also improves socio-economic circumstances is key to recovery.

The virus outbreak has impacted on the ability of recovery groups both within services and the community to meet. Moreover the way the local community has changed during the pandemic has significant implications for people in recovery – with much more limited opportunities for social and leisure activities, recovery group meetings and other opportunities that would enable people in recovery to lead a healthy lifestyle. Partnership working to promote recovery and renewal of the community sector, reduce isolation and promote positive mental health and wellbeing in East Renfrewshire will be important for the recovery approach. The Community Addictions service, along with many others, are providing much of the service via telephone and online. While face-to-face service delivery will increase, some continued reliance on digital engagement means we must look at the impact of digital poverty and understand the access that individuals have to devices, as well as data.

The following performance indicators will be used to monitor local progress on this outcome:

- Waiting times referral to treatment
- Did Not Attend rate for appointments
- % moving from treatment to recovery and discharges with treatment complete
- New recovery outcomes tool Scottish Government (pending year 2 or 3)
- Penumbra IRoc recovery tool for peer support

No.	Action	Target groups	Timescale	Partners
6	Strengthen user involvement and influence in the design and delivery of services across the Alcohol and Drugs Partnership, through a peer research approach	People with lived experience	Year 1-2	Alcohol and Drugs Services People with lived experience Recovery community
7	Redesign the delivery of Opiate Replacement Therapy (ORT) – to, encourage ownership of treatment and recovery, promote independence, reduce stigma and encourage increased engagement in psycho-social interventions	Individuals receiving ORT	Year 1-2	Community Addictions Service, RCA Trust, third sector / external partner
8	Enhance skills and knowledge in trauma aware and trauma informed practice across the Alcohol and Drug Partnership	Individuals using alcohol and drugs services who have experienced trauma	Year 1-3	HSCP, East Renfrewshire Council, Police Scotland, Women's Aid
9	Joint work with Penumbra, Community Addictions Service and community-based recovery groups to develop sustainable recovery approach, including peer support and sustainable group approaches, fit for purpose in the post-Covid-19 community, across HSCP, third and community sectors	individuals in recovery	Year 1-2	Penumbra, East Renfrewshire Community Addictions Service, RCA trust and community-based recovery groups
10	Increase the distribution of Naloxone to drug users and their family members, carers and friends, to prevent drug overdose and deaths	Individuals with harmful drug use and their families Wider community settings	Year 1 – 3	Community Addictions Service, Other partners tbd
11	Maximise participation in services through: addressing digital poverty and assertive outreach work to engage with the hardest to reach individuals at risk of overdose/relapse to encourage retention in treatment	Individuals hard to reach with multiple complex needs People experiencing digital access barriers	Year 1	Community Addictions Team
12	ADP representatives will work with Housing to develop a clear understanding of the particular requirements of individuals with harmful alcohol / drug use in need of housing	Individuals with problematic alcohol / drug use at risk of homelessness	Year 1-2	All ADP Housing
13	ADP representatives will participate in the Local Employability Partnership groups and work closely with all employability partners to ensure that access to employment and vocational training opportunities form an integral part of the overall recovery approach.	individuals in recovery	Year 1-3	All ADP Local Employability Partnership groups All employability partners

Whole Family Approach

Outcome

Children and families affected by alcohol and drug use will be safe, healthy, included and supported.

Context

With between 350 and 450 individuals on the community addictions service caseload at any time, there are many more partners, dependent children, parents and siblings who need whole family support. Alcohol and drugs services includes a family support service, where any family member worried about a relative's alcohol or drug use can access support, even if the individual themselves is not receiving a service. Individuals identify who will support them on their recovery at the outset of their treatment and specific support for the family members is available. The peer support approach being provided by Penumbra recognises that family and social connections are integral to recovery. There are a number of parents with children engaged with the Community Addictions Service who are progressing their treatment and recovery and working to create safe and stable family lives.

Experiencing parental/family alcohol and drug use during childhood is commonly recognised as a key Adverse Childhood Experience (ACE). Evidence shows that without intervention, people with ACEs are at increased risk of a range of negative health and life outcomes, including in some cases their own struggle with alcohol and drugs. Everyone has a Story is a national piece of research to understand the impact of parental substance use and recovery on children and young people – who describe feeling responsible for their parents, knowing a lot about harmful drug and alcohol use but not about recovery, and fear and anxiety about what their parent's recovery means for their family.

In East Renfrewshire, parental alcohol / substance use is among the six most common reasons for an Initial Referral Discussion. The proportion of children who were registered with parental alcohol use has remained the same over the past two years at 25% of all registrations. Positively there has been a significant reduction in the proportion of children who were registered because of concerns of parental drug use (from 30% down to 20%). A slight increase in child protection referrals has been observed since the onset of the Covid-19 outbreak and parental alcohol use has been cited in a number of these.

390 initial assessments since the onset of Covid to mid-August, this incorporates repeated referrals during this period and sibling groups. In 14 of these initial assessments, parental alcohol use was listed as the primary concern with a further 23 assessments where the same concern was noted as an additional concern. In respect of parental drug use, 10 initial assessments had this as its primary concern with a further 11 assessments where the same concern is listed as an additional concern. A small number were already known to local alcohol and drugs services.

Responding to the findings of the Independent Care Review is essential in responding to the needs of families experiencing problematic substance use – listening to children and involving them in decision-making and, where children are safe, enabling them to stay with their families. The Signs of Safety and Safe and Together approaches continue to be rolled out across the HSCP.

There is already close partnership working with partners involved in children and families services, and services to support women and children experiencing domestic abuse and through the plan work will continue to strengthen these. There are strong links between the strategic partnerships – Alcohol and Drugs Partnership, Improving Outcomes for Children and Young People Partnership and Violence Against Women Partnership. Clear pathways and referral

arrangements are in place within alcohol and drugs services for adult support and protection and child protection, with multi-agency case discussions and reviews in place. Community Addictions Service are a key participant in the MARAC (Multi Agency Risk Assessment Conferences) process.

Data gathering to inform progress will include:

- Qualitative feedback from families
- Child protection referrals and requests for assistance where parental alcohol or drug use are cited, and actions taken

No.	Action	Target groups	Timescale	Partners
14	Strengthen links between alcohol and drugs services and children and families, including exploring further the impact of Covid-19 and lockdown on children and families and the initial assessments citing parental alcohol and drug use	Families experiencing problematic alcohol and / or drug use	Year 1 – 3	Community Addictions Service Social Work Children and Families
15	Increase awareness of the family support service within the community addictions service, for self-referrals and referrals from other local services	Families experiencing problematic alcohol and / or drug use	Year 1 – 3	Community Addictions Service
16	Develop strong, consistent practice in Signs of Safety approach to child protection across alcohol and drugs services and the wider Alcohol and Drugs Partnership	Families experiencing problematic alcohol and / or drug use	Year 1 – 3	Community Addictions Service Other frontline services engaging with individuals with problematic alcohol / drug use

Public Health Approach to Justice

Outcome

Vulnerable people are diverted from the justice system wherever possible and those within justice settings are fully supported

Context

National level work with prison services will be essential to enhance the support for people with problem drug use within the custody population. At a local level, much work is undertaken to divert people, including those with alcohol and / or drugs issues, from the criminal justice system at various points in the pathway from arrest to the court process – with a number of partners supporting this, including Police Scotland. The public health approach adopted in Police Scotland's Greater Glasgow Division Drugs Strategy will contribute to the delivery of the outcomes in this area, particularly for vulnerable individuals in regular contact with police.

The needs of people with offending backgrounds are recognised in the recovery oriented approach of the plan. To achieve the aims in Rights Respect and Recovery for people in the justice system with alcohol and / or drug issues, a clear understanding of the complex, multiple needs is required – around alcohol and drugs, mental health and trauma. Individuals with experience of both criminal justice and alcohol and drug services will be a target group within the peer research work identified in this plan. The current Community Justice Outcome Improvement Plan includes actions to ensure people subject to statutory supervision have early access to community mental health and alcohol and drug recovery services.

There are strong and effective relationships across the Health and Social Care Partnership and with external partners as well as strategic linkages between the Community Justice Partnership, Alcohol and Drug Partnership, Child Protection Committee and Adult Protection Committee. In March 2019, a multi-agency programme of offender focussed trauma training, led by the criminal justice service and delivered to a multi-agency group of professionals, has strengthened the effectiveness of multi-agency partners in delivering interventions with those who hold convictions.

Strong operational partnership working is in place to ensure support and services are in place for East Renfrewshire's small custody population and those on Community Payback Orders and supervision orders, with harmful substance use. This was particularly evident in the coordinated approach across housing, alcohol and drug services and criminal justice social work around the early release of prisoners during the Covid-19 outbreak. Achieving a secure and stable pathway for prisoners on release is necessary to respond to evidence that drug related deaths are a major cause of death among ex-prisoners immediately after release.

The actions below are shared across the community justice and alcohol and drugs plans, focusing on the health needs of this priority group and the particular needs of women in justice settings.

The proposed performance indicators to monitor local progress are:

- Number of people diverted from prosecution and to drug treatment/education. (Criminal Justice Social Work (CJSW) statistics)
- Number of people diverted from prosecution and to alcohol treatment programmes. (CJSW statistics)
- Number of people diverted from prison custody via Community Payback Order (CPO) with alcohol treatment condition. (CJSW statistics)

No.	Action	Target groups	Timescale	Partners
17	Development of a women's criminal justice service to ensure the specific needs of women are met through a range of services from partner agencies such as housing.	Women in justice system	Year 1 – 3	Criminal justice social work Police Scotland
18	Health needs assessment of individuals involved with community justice, recognising individuals involved with criminal justice have distinct health characteristics related to trauma, resulting from physical and sexual abuse, mental health, drug and alcohol use and history of broken relationships with statutory health care providers such as GPs	Individuals involved with community justice	Year 1 – 3	Community justice GPs Health providers
19	Work with Police Scotland on the delivery of the Greater Glasgow Division Drugs Strategy actions specific to East Renfrewshire across all strands of the Alcohol and Drugs Plan including early intervention and prevention and the public health approach to justice	All residents	Year 1 -3	All ADP
20	Mentors in violence programme – a preventative approach to reducing violence	Young people aged 12-18	Year 2-3	Education Police Scotland

Data and evidence sources:

¹ Hospital admissions and deaths data – Scottish Public Health Observatory (ScotPHO) tool

² SIMD 2020

³ Community Addictions Service caseload data, EMIS

⁴ The Scottish Burden of Disease Study, Deprivation Report, Information Services Division, 2016

⁵ National Records of Scotland, Drug Related Deaths, 2017 and 2018

⁶ SALSUS survey of 13 and 15 year olds, 2018

⁷ East Renfrewshire shielding population data, Scottish Government, 2020

⁸ Rights, Respect and Recovery

⁹ Scottish Crime and Justice Survey

¹⁰ East Renfrewshire Community Payback Order Annual Report, 2018-19

¹¹ East Renfrewshire Economic Development Report, 2020

¹² East Renfrewshire Housing Services Data, 2019-20 (provisional report)



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board	
Held on	23 September 2020	
Agenda Item	11	
Title	Charging for Services 2021/22	
Summary		
<p>To provide members of the Integration Joint Board with the proposed charges within the HSCP for the financial year 2021/22, as set out in the attached draft Cabinet paper which is seeking agreement of the proposed increase to existing charges.</p>		
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)	
Action Required		
<p>The Integration Joint Board is asked to agree the proposed charges for 2021/22 and remit the attached paper to East Renfrewshire Council's Cabinet on 26 November 2020.</p>		
Directions	Implications	
<input checked="" type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<input checked="" type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Workforce <input type="checkbox"/> Equalities <input type="checkbox"/> Risk <input type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty	

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EAST RENFREWSHIRE COUNCILCABINET26 November 2020Report by Chief Officer – Health and Social Care PartnershipHEALTH AND SOCIAL CARE PARTNERSHIP - CHARGING FOR SERVICES 2021/22**PURPOSE OF REPORT**

1. To update Cabinet on the proposed charges within the Health and Social Care Partnership (HSCP) for financial year 2021/22.

RECOMMENDATION

2. The Cabinet is asked to:
- (a) Note this update on charging within the HSCP; and
 - (b) Agree the proposed increase to existing charges

BACKGROUND

3. This report is produced annually and identifies the proposed charging increases for 2021/22. The legislation supporting the integration of health and social care determines that the authority and approval for setting charges for social care remains with the Council, this function was not delegated to the Integration Joint Board.

4. The Integration Joint Board received this charging report at its meeting on 23 September and agreed to remit the 2021/22 charging increases to Cabinet for approval.

REPORT

5. The standard rate of inflation at 1.9% is the basis of increase to the existing charges within the HSCP. As with prior years this has been rounded up or down to the nearest £0.05. The proposed treatment of each existing charge is set out below:

Service	2020/21 Charge	Proposed Change	2021/22 Proposed Charge
	£		£
Community Alarms (per week)	2.60	Increase by £0.05 (1.9%)	2.65
Meals 2 courses	4.60	Increase by £0.10 (2.2%)	4.70
Meals 3 courses	4.80	Increase by £0.10 (2.1%)	4.90
Room Hire (per day)	6.60	Increase by £0.10 (1.5%)	6.70
Day care Charges to Other Local Authorities (per day)	115.90	Increase by £2.20 (1.9%)	118.10
Blue Badges (per application)	20.00	No change proposed	20.00
Bonnyton Residential Care (per week)	736.7	Increase by £14.00 (1.9%)	750.70
Inclusive Support Holiday Programme (per day)	35.90	Increase by £0.70 (1.9%)	36.60

6. The proposed contribution level for Individual Budgets will be 5% of the chargeable element of the budget. Where an individual budget is in place the contribution will supersede any charge for individual aspects of a care package listed above.

7. The HSCP has a non-residential care charging policy in place to support the charges above.

8. During 2020/21 the charge for Bonnyton House was reduced during the decant period which was extended due to COVID-19. The charge for community alarms was suspended for a three month period as the service capacity was impacted by COVID-19.

FINANCE AND EFFICIENCY

9. All financial issues are included in the report above. The proposed charges, as set out in the table above, will generate a potential £15,750 income when the uplifts are applied to income budgets; in real terms the income achieved will depend on the service delivery and demand, significantly impacted during 2019/20 by COVID-19.

10. The assessment of the contribution from the implementation of Individual Budgets was impacted by COVID-19 as was the work to review the calculator. This is required to achieve 2019/20 savings and will continue to be assessed.

CONSULTATION

11. A full consultation and equalities impact assessment were undertaken prior to implementation of the Individual Budget proposals.

PARTNERSHIP WORKING

12. The setting of fees and charges remains a responsibility of East Renfrewshire Council under the legislation.

IMPLICATIONS OF THE PROPOSALS

13. A full equalities impact assessment was undertaken as part of the development of the Individual Budget implementation.

14. There are no implications in relation to staffing, property, legal, sustainability or IT implications

CONCLUSIONS

15. The proposed increases to existing charges are in line with inflation.

RECOMMENDATIONS

16. The Cabinet is asked to:

- (a) Note this update on charging within the HSCP;
- (b) Agree the proposed increase to existing charges;

REPORT AUTHOR AND PERSON TO CONTACT

Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
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0141 451 0749

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB 25.09.2020 – Charging for Services 2020/21

IJB 26.06.2019 - Individual Budget Update

IJB 27.06.2018 - Individual Budgets Self Directed Support Update

CABINET 30.11.2017 - HSCP Charging for Services

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	23 September 2020
Agenda Item	12
Title	Revenue Budget Monitoring Report 2020/21; position as at 31 July 2020
Summary	
To provide the Integration Joint Board with financial monitoring information in relation to the revenue budget, as part of the agreed financial governance arrangements.	
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
Action Required	
The Integration Joint Board is asked to note the projected outturn for the 2020/21 revenue budget.	
Directions	Implications
<input type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input checked="" type="checkbox"/> Directions to both ERC and NHSGGC	<input checked="" type="checkbox"/> Finance <input type="checkbox"/> Policy <input 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

23 September 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 31 July 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 third report for the financial year 2020/21 and there has only been a four week period since the position last reported so projected costs remain unchanged. The 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 currently 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. Given the short period since last reported the COVID-19 cost projection is unchanged as this is due to be resubmitted later in September.
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 first £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 to date is £0.443m based on the NRAC/GAE share and £0.200m based on cash flow. In summary to date we have confirmed funding of £1.686 million.

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 £126.5 million (0.19%).
9. There is no change in the projected costs from the position last reported as at 30th June 2020. The accountancy team will continue to undertake detailed monitoring as the year progresses. The expected COVID-19 costs also remain unchanged given this brief period between reports.
10. The IJB will recall at the last meeting in August we reported that we needed to 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 timetable has been reinstated and work is underway to support the redesign of overnight support and establishing a working group to review the individual budget calculator; these 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. The projected costs are based on known care commitments, vacant posts and other supporting information as at 31st July 2020.
13. **Children & Families Public Protection £386k underspend;** the projected underspend remains, due mainly to the current level of staff turnover and the current expected costs of care packages.
14. **Adult Localities £133k underspend;** this reflects the current committed costs of care packages and staff turnover.
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.
16. **Recovery Services Mental Health & Addictions £11k overspend;** this reflects the current expected cost of care packages and staff turnover.
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 recognising there is usually a two to three month time lag in the consolidation of data.
18. The current prescribing budget, inclusive of the 3% inflation increase agreed in March is £16.5m and the forecast spend is £16.2m but that is not the full picture as we are waiting confirmation of the implication to our budget for the tariff swap gain from 49 drugs in the current year. This could reduce our budget by £0.8m and the resulting pressure could be £0.5m, which we will need to manage through our bottom line and our reserves.

19. The nil variance is shown at this point as whilst we have this potential pressure there are many variables within prescribing and as we progress through the year these should become clearer. The main components of this potential pressure are:

Pressures:	£ million
List Size	0.1
Potential net impact of tariff swap	0.2
Short supply	0.3
Horizon scanning / Price changes	0.6
Total Pressures	1.2
Gains	
Discounts and rebates	0.5
Efficiency savings	0.2
Prior year accrual	0.1
Total Gains	0.8
Potential Net Pressure	0.4

20. **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.
21. **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.
22. The current projected revenue budget overspend of £0.238 million will be funded from our budget savings reserve as required.
23. 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

24. 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.
25. Once the implications from COVID-19 are clearer our Medium-Term Financial plan will be reviewed.
26. The COVID-19 funding confirmed to date is £1.686 million with a further £25k expected to support the Chief Social Work Officers within each HSCP.

27. 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. The sustainability timescales for provider support have recently been extended and we continue to work with our partner providers in line with the agreed principles.

Risk

28. 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 confirmed funding to date is just under £1.7 million.
29. 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 Specialist Learning Disability Services
 - Brexit implications are currently being assessed and the working groups of both partner organisations have recommenced.

DIRECTIONS

30. The running budget reconciliation which forms part of financial directions to our partners is included at Appendix 4.
31. 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

32. The Chief Financial Officer has consulted with our partners.
33. 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

34. 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

35. 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 September 2020

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB 12.08.2020 – Revenue Budget Monitoring Report
[https://www.eastrenfrewshire.gov.uk/media/1761/Integration-Joint-Board-Item-10-12-August-2020/pdf/Integration Joint Board Item 10 - 12 August 2020.pdf?m=637321474691400000](https://www.eastrenfrewshire.gov.uk/media/1761/Integration-Joint-Board-Item-10-12-August-2020/pdf/Integration%20Joint%20Board%20Item%2010%20-%2012%20August%202020.pdf?m=637321474691400000)

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%20Joint%20Board%20Item%2009%20-%2024%20June%202020.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%20Joint%20Board%20Item%2007%20-%2018%20March%202020.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%20Joint%20Board%20Item%2015%20-%2029%20January%202020.pdf?m=637284294613870000)

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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	12,515,000	12,129,000	386,000	3.08%
Public Protection - Criminal Justice	9,000	9,000	-	0.00%
Adult Localities Services				
Older People	19,269,000	19,362,000	(93,000)	(0.48%)
Physical & Sensory Disability	5,320,000	5,346,000	(26,000)	(0.49%)
Learning Disability - Community	14,057,000	13,805,000	252,000	1.79%
Learning Disability - Inpatients	8,480,000	8,460,000	20,000	0.24%
Augmentative and Alternative Communication	230,000	230,000	0	0.00%
Intensive Services	10,681,000	11,563,000	(882,000)	(8.26%)
Recovery Services - Mental Health	4,755,000	4,791,000	(36,000)	(0.76%)
Recovery Services - Addictions	1,522,000	1,497,000	25,000	1.64%
Family Health Services	24,110,000	24,110,000	0	0.00%
Prescribing	16,530,000	16,530,000	0	0.00%
Planning & Health Improvement	171,000	171,000	0	0.00%
Finance & Resources	8,817,000	8,701,000	116,000	1.32%
Net Expenditure	126,466,000	126,704,000	(238,000)	(0.19%)
Contribution to / (from) Reserve	-	(238,000)	238,000	-
Net Expenditure	126,466,000	126,466,000	-	-

Figures quoted as at 31 July 2020

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

Additional information - Adult Localities

Objective Analysis	Full Year			
	Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Localities Services - Barrhead	18,870,000	18,627,000	243,000	1.29%
Localities Services - Eastwood	19,775,000	20,005,000	(230,000)	(1.16%)
Net Expenditure	38,645,000	38,632,000	13,000	0.03%

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%)
Net Expenditure	51,313,000	51,775,000	(462,000)	(0.90%)

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

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%
Net Expenditure	51,313,000	51,775,000	(462,000)	(0.90%)

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

Notes

1 Figures quoted as at 31 July 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>
---------------------------------------------	-----------------------

4 Additional information - Adult Localities

Objective Analysis	Full Year			
	Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Localities Services - Barrhead	12,108,000	11,929,000	179,000	1.48%
Localities Services - Eastwood	12,410,000	12,649,000	(239,000)	(1.93%)
Net Expenditure	24,518,000	24,578,000	(60,000)	(0.24%)

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	19,586,000	20,467,000	(881,000)	(4.50%)
Non-pay Expenditure	48,992,000	49,402,000	(410,000)	(0.84%)
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%)
Net Expenditure	75,153,000	74,929,000	224,000	0.30%

Contribution to / (from) Reserve	-	224,000	(224,000)	-
Net Expenditure	75,153,000	75,153,000	-	-

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	4,279,000	4,261,000	18,000	0.42%
Learning Disability - Community	1,081,000	1,026,000	55,000	5.09%
Learning Disability - Inpatient	8,480,000	8,460,000	20,000	0.24%
Augmentative and Alternative Communication	230,000	230,000	-	0.00%
Family Health Services	24,110,000	24,110,000	-	0.00%
Prescribing	16,530,000	16,530,000	-	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	2,773,000	2,827,000	(54,000)	(1.95%)
Resource Transfer	11,545,000	11,545,000	-	0.00%
Net Expenditure	75,153,000	74,929,000	224,000	0.30%

Contribution to / (from) Reserve	-	224,000	(224,000)	0.00%
Net Expenditure	75,153,000	75,153,000	-	0.00%

Notes

1 Figures quoted as at 31 July 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	100,000
Adult Localities Services	
Older People	3,325,000
Physical & Sensory Disability	612,000
Learning Disability	4,831,000
Intensive Services	1,012,000
Recovery Services - Mental Health	767,000
Recovery Services - Addictions	509,000
Finance & Resources	389,000
	<u>11,545,000</u>

Localities Services - Barrhead	4,976,000
Localities Services - Eastwood	3,791,000

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	1,786,000	1,722,000	64,000	3.58%
Localities Services - Eastwood	3,574,000	3,565,000	9,000	0.25%
Net Expenditure	5,360,000	5,287,000	73,000	1.36%

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

Appendix 4

	NHS £000	ERC £000	IJB £000	Total £000
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	1,329			1,329
Covid-19 Fair Work Funding	157			157
Augmentative & Alternative Communication	159			159
SESP and Other Funding adjustments	97			97
	75,153	51,313	-	126,466
Funding Outwith Revenue Contribution				
1 Housing Aids & Adaptations *		550		550
Set Aside Budget	31,674			31,674
Total IJB Resources	106,827	51,863	-	158,690
Directions to Partners				
Revenue Budget	75,153	51,313	-	126,466
Criminal Justice Grant Funded Expenditure		606		606
Criminal Justice Grant		(606)		(606)
2 Resource Transfer	(12,455)	12,455		0
Social Care Fund	(5,132)	5,132		0
Carers Information	58	(58)		0
	57,624	68,842	-	126,466
Housing Aids & Adaptations *		550		550
Set Aside Budget	31,674			31,674
	89,298	69,392	-	158,690

* 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
Scottish Government Funding				
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
Scottish Government Funding	331,000	331,000	0	
Bridging Finance				
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
Bridging Finance	1,400,000	238,000	1,162,000	
Children & Families				
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
Children & Families	1,021,000	561,000	460,000	
Transitional Funding				
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
Total Transitional Funding	1,039,000	50,000	989,000	
Projects				
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
Projects	201,000	100,000	101,000	
Repairs & Renewals				
Repairs, Furniture and Specialist Equipment	100,000	30,000	70,000	Environmental works approved by IJB in 2019/20, delayed
Repairs & Renewals	100,000	30,000	70,000	
Capacity				
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
Capacity	242,000	50,000	192,000	
Total All Earmarked Reserves	4,334,000	1,360,000	2,974,000	
General Reserves				
East Renfrewshire Council	109,200	0	109,200	
NHSGCC	163,000	0	163,000	
Total General Reserves	272,200	0	272,200	
Grand Total All Reserves	4,606,200	1,360,000	3,246,200	

* Provisional balances; subject to final annual accounts

East Renfrewshire HSCP - Revenue Budget Monitoring 2020/21
Analysis of Savings Delivery

Appendix 6

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
Sub Total	2,394	2,394	
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.
Sub Total	128	128	
Total HSCP Saving Challenge	2,522	2,522	

Note; capacity to deliver savings impacted by COVID response.



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	23 September 2020
Agenda Item	13
Title	Family Wellbeing Service Supplementary Report: Success Criteria 1
<p>Summary</p> <p>Following the presentation of the Family Wellbeing Service Annual Report 2019-20 at the Integration Joint Board on 12 August 2020 members requested additional information.</p> <p>This supplementary report provides an overview of the data which has been gathered to date in relation to the reduction in the number of repeat presentations to GP's for young people referred to the Family Wellbeing Service with emotional distress.</p>	
Presented by	For information only
<p>Action Required</p> <p>Members of the Integration Joint Board are asked to note the report only.</p>	

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East Renfrewshire Family Wellbeing Service

IJB Supplementary Report – Success Criteria 1

September 2020

Introduction

The purpose of this supplementary report is to provide an overview of the data which has been gathered to date in relation to Success Criteria 1. Success Criteria and Impact Criteria have been identified and agreed by Children 1st, East Renfrewshire HSCP and Robertson Trust as the means of monitoring and measuring progress and impact of the service.

With Success Criteria 1 we hope to achieve at least a **50% reduction in the number of repeat presentations to GP's for young people referred to the Family Wellbeing Service with emotional distress by the end of the 2 year service.**

Data Collection Method

Since 1 June 2019 the Family Wellbeing Service team have been collecting baseline data directly from the GP at the point of referral. The baseline data is the number of times in the past 6 months that there has been a GP consultation in relation to that child/young person's emotional wellbeing. The lowest baseline number will always be 1 as we count the consultation in which there was an agreement with the family for the referral to be made.

With the baseline data recorded, we manually collect follow up data directly from an agreed, identified person at the GP practice at 6 monthly periods. Depending on the GP practice this has been either an administrator, Practice Manager or the Lead GP.

The follow up data being collected is:

- Number of re-presentations at GP during the period 0-6 months post referral
- Number of re-presentations at GP during the period 7-12 months post referral
- Number of re-presentations at GP during the period 0-6 months post closure

Overview of Data Collected

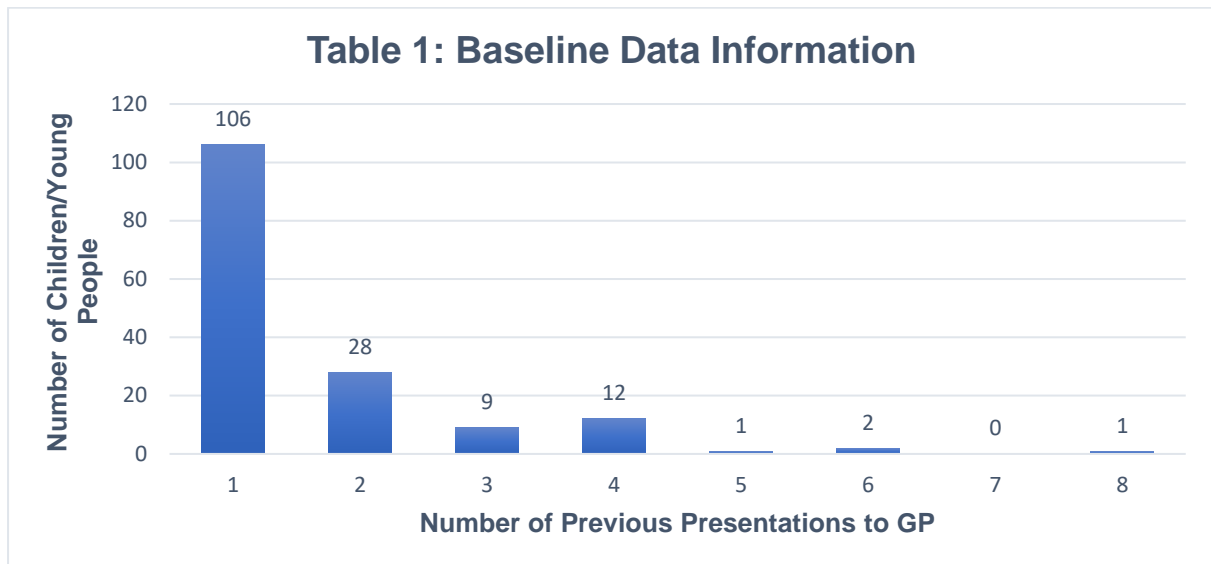
From 1 June 2019 until 31 May 2020 165 children/young people were referred to the Family Wellbeing Service by GP's. This report will provide an update on Success Criteria 1 for those children/young people.

A further 40 families have been referred to the service between 1 June 2020 and 31 August 2020. We currently don't have follow up information for them. As outlined above we will collect data from GP's on a 6 monthly basis; those newer families will be included in the next round of data collection.

Unfortunately we have not been able to gather follow up data for children/young people who have been referred by the Levern and Sheddens GP practices. Both practices have stated that at this time they do not feel they have the resources required to provide the information requested.

Data Gathered for 1 June 2019 until 31 May 2020

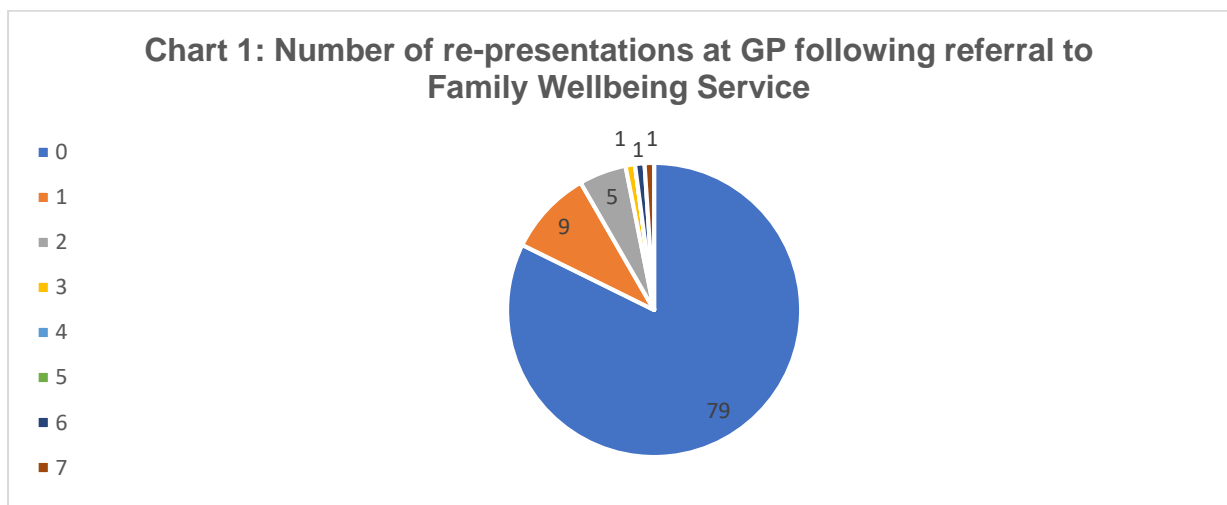
Table 1 provides an overview of the baseline data we collected for families referred during this period.



There are 6 children/young people who we currently don't have baseline data for. As outlined in the Annual Report, at the time of writing there were 9 families we had not gathered baseline data for at the point of referral. During the data collection follow up process we hope to gather this missing data. We have successfully achieved this for 3 of the 9 families. 6 remain outstanding.

The following charts provide an overview of any re-presentations which have been made to GP's following the referral being made to Family Wellbeing Service.

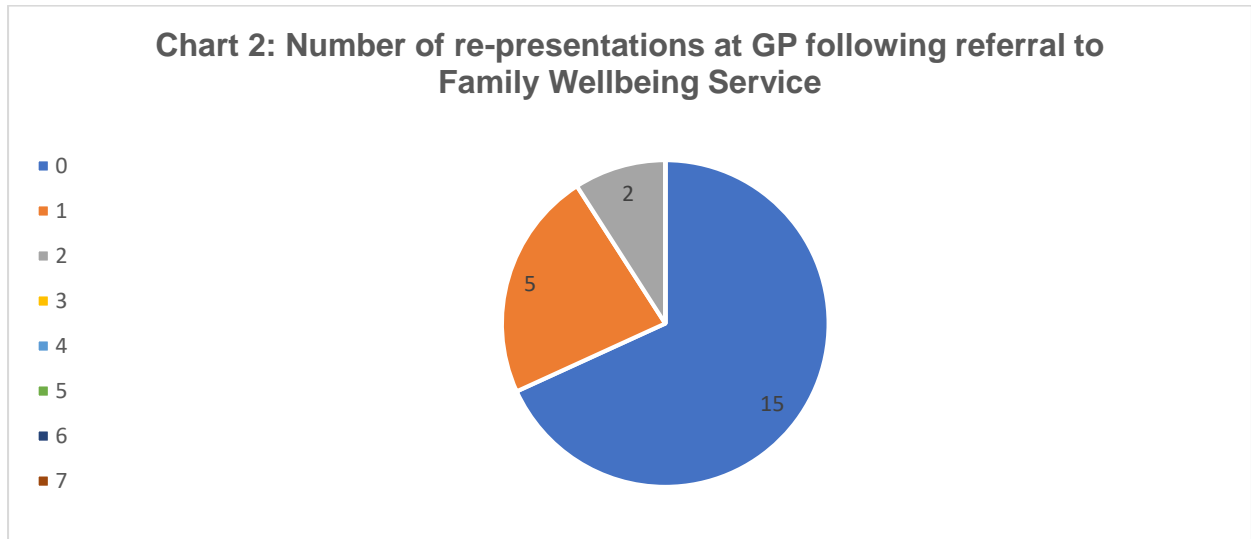
Chart 1: Children/Young People with 1 Previous Presentation at GP at time of Referral



There are the families within this dataset who have been referred from Lavern and Sheddens GP practices. As outlined above we don't have follow up data for 6 children/young people from Lavern and 3 from Sheddens.

There is an additional 1 child/young person where we have not been given follow up data by the practice. This is being followed up.

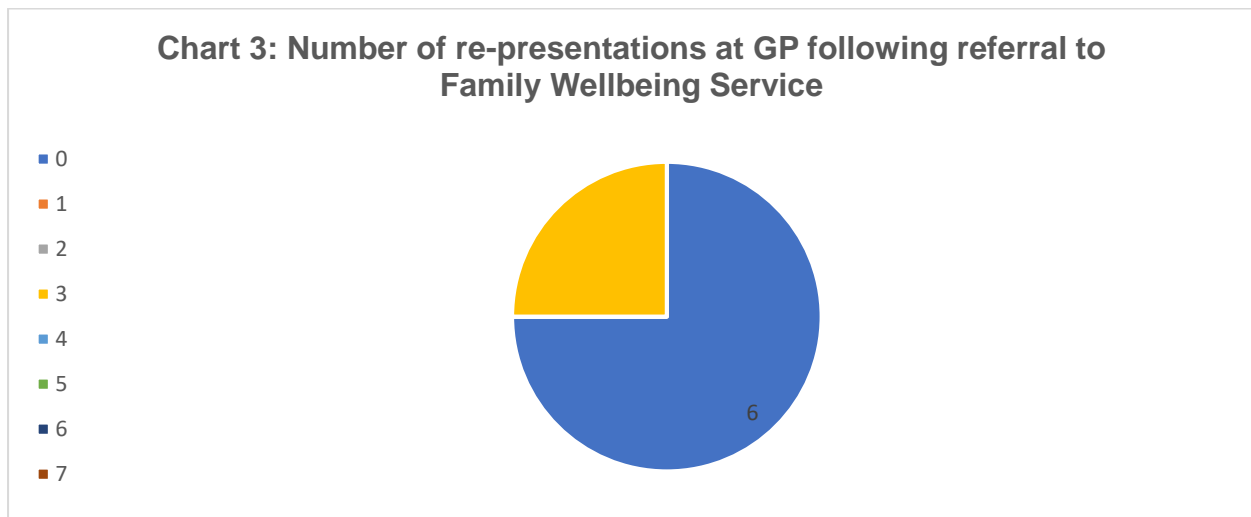
Chart 2: Children/Young People with 2 Previous Presentations at GP at time of Referral



There are the families within this dataset who have been referred from Lavern and Sheddens GP practices. As outlined above we don't have follow up data for 3 children/young people from Lavern and 2 from Sheddens.

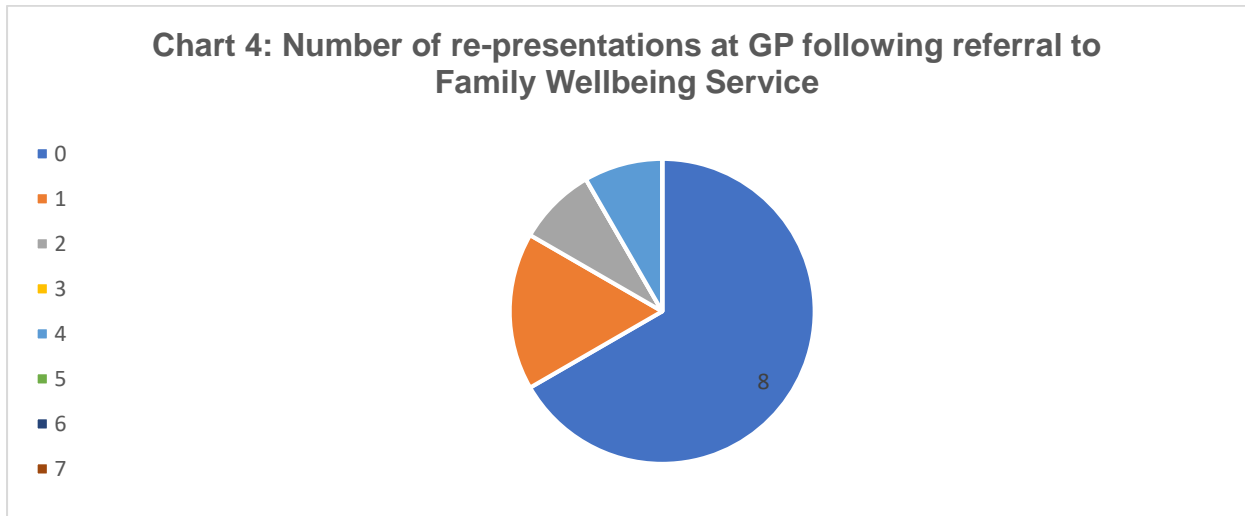
There is an additional 1 child/young person where we have not been given follow up data by the practice. This is being followed up.

Chart 3: Children/Young People with 3 Previous Presentations at GP at time of Referral



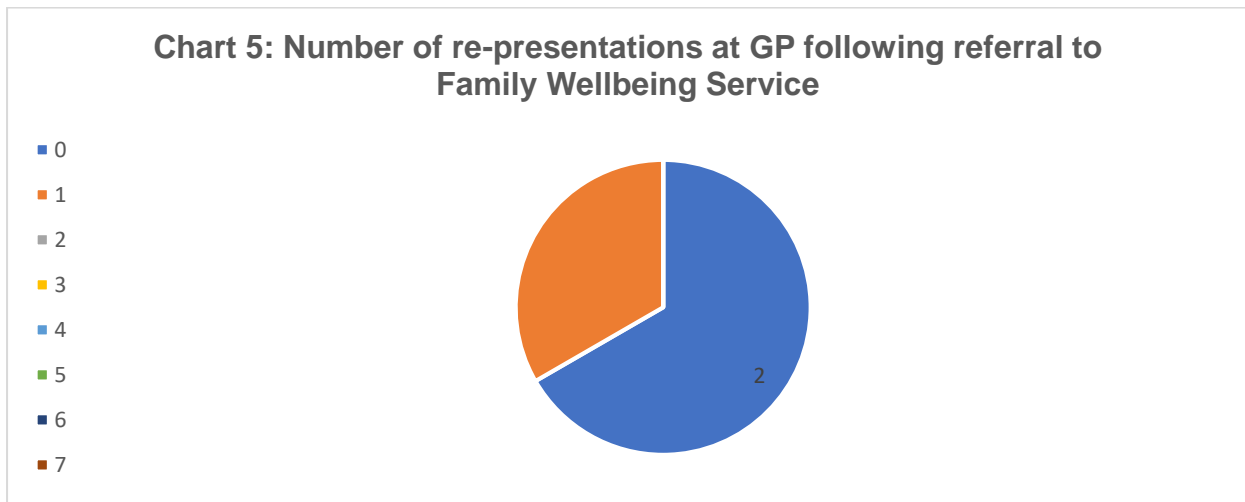
There is an additional 1 child/young person where we have not been given follow up data by the practice. This is being followed up.

Chart 4: Children/Young People with 4 Previous Presentations at GP at time of Referral



For all 12 children and young people in this data set we have been able to collect follow up data from GP's.

Chart 4: Children/Young People with 5 or more Previous Presentations at GP at time of Referral



There is an additional 1 child/young person where we have not been given follow up data by the practice. This is being followed up.

Analysis of Data

Analysis of the data provided in the report at this stage suggests that a referral to the Family Wellbeing Service has a positive impact on the incidence of children/young people requiring further support from their GP.

Table 2 provides an overview of the numbers of children/young people who have not needed to return to their GP within six months post referral to Family Wellbeing Service.

Number of Presentations to GP prior to Referral to Family Wellbeing Service	Number of Children/Young People who have not re-presented	% of Total
1	79 of 106	72%
2	15 of 28	53%
3	6 of 9	67%
4	8 of 12	67%
5 or more	2 of 4	50%

This table highlights that we have met or exceeded the 50% reduction in repeat presentations to GPs against all baseline measures.

Excluding the 6 children/young people who we don't have data for, as outlined above, the data shows that across all baseline measurements 69% of the 159 children/young people referred during this period have not returned to their GP.

For those children/young people who have returned to their GP a number of times following their referral to Family Wellbeing Service there are clear reasons to support this data.

The Family Wellbeing Service is not a clinical or medical service and for some families there are times when they have returned to their GP for additional support from their GP. Many of our families describe having a positive relationship with their GP and we are aware that for some families in the moment of distress they do contact their GP for additional support.

During this reporting period we have been living with the impact of lockdown and a global pandemic. The children, young people and families we support in the service all experience emotional distress, including anxiety and low mood. Life has been particularly difficult for many of our families during this time and for some families they have sought additional help from their GP themselves; we have encouraged some families to seek further support from their GP and of course when required we also connect with GP's to ensure effective, joined up working across services.

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	23 September 2020
Agenda Item	14
Title	East Renfrewshire HSCP Recovery Update
Summary <p>This report provides the Integration Joint Board with a snapshot of service activity and an update on the eight thematic workstreams supporting the HSCPs operational recovery plan which was put in place following the emergency phase of the COVID-19 pandemic. There are no significant changes since the last update provided to the IJB on 12 August.</p> <p>The report also contains an update on the seasonal flu vaccination programme.</p>	
Presented by	Candy Millard, Head of Adult Health and Social Care Localities
Action Required <p>The Integration Joint Board is asked to note this report.</p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

23 September 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 a snapshot of service activity and an update on the eight thematic workstreams which support the HSCPs operational recovery plan which was put in place following the emergency phase of the COVID-19 pandemic.

RECOMMENDATION

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

BACKGROUND

3. The HSCP has an Operational Recovery Plan which continues to be subject to weekly review and reporting. Our operational recovery is supported by eight over-arching workstreams.
4. A summary position was reported to IJB members on 12 August 2020. This report has been updated to provide the latest position, as at 3 September 2020.
5. We continue to produce weekly sit reps within the HSCP.

REPORT

6. It should be noted that this report has been prepared on the cusp of local restrictions being reintroduced. At this time it is unknown whether this will impact on our recovery plan and we will continue to monitor the situation.

Adult Health and Social Care Localities

% SERVICE OPERATIONAL	SERVICE ACTIVITY SUMMARY POSITION	SERVICE ACTIVITY NOT YET RESTARTED
Social Work Locality Teams		
90%	<ul style="list-style-type: none">- Undertaking assessments/reviews- Home visits being conducted when required, and for the more vulnerable clients	<ul style="list-style-type: none">- Routine home visits not taking place (replaced with telephone contact)- Staff not working from base due to Government advice and restricted space as a result of social distancing.

Initial Contact Team		
75%	<ul style="list-style-type: none"> - 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. - Social Workers operating 'a' and 'b' teams due to social distancing 	<ul style="list-style-type: none"> - 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).
Learning Disability Team		
75%	<ul style="list-style-type: none"> - All clinical/medical appointments continuing - Multi-Disciplinary Team fully operational - Statutory social work operations 	<ul style="list-style-type: none"> - Planning days (with regards to comprehensive social work assessments) - Transitional planning for individuals moving to their own homes - Non urgent appointments - Multi-agency group work - Training for providers/clients that can't effectively be engaged via video conferencing.
Older People's Mental Health Team		
85%	<ul style="list-style-type: none"> - Routine medical outpatient clinics and memory review clinics reinstated - Care Home Liaison Nurses aligned to care home assurance and support activity with assessments and reviews now being undertaken within care homes which are accepting professional visits. - Occupational Therapy functional assessments reinstated and patients from waiting list being seen. 	<ul style="list-style-type: none"> - Initial memory assessments requiring face to face intervention - Cognitive Enhancer medication trials - All group work.
Community Rehabilitation and Rapid Access		
95%	<ul style="list-style-type: none"> - Resumed full service of urgent and routine assessments, equipment provision and ongoing rehabilitation interventions being undertaken- including new referrals, existing caseload and waiting list activity. - Proceeding with existing and new referrals for all external major adaptations work and internal adaptation works for home owners (Private Sector Housing Grant funded works). - Service continues to have additional responsibilities for respiratory rehabilitation and face mask fitting. - Exploring potential for use of digital technologies e.g. Attend Anywhere, online resources for maintenance/exercise etc. 	<ul style="list-style-type: none"> - Occupational Therapy assessments for major internal adaptations for ERC tenants - awaiting start date from ERC Housing for accepting new assessments
Hospital to Home		

90%	<ul style="list-style-type: none"> - All aspects of service activity are ongoing with restricted contact an ongoing challenge. - Risk assessment work ongoing at local and national levels on safe return to full patient assessment. - New multi-disciplinary approach to complex discharges in place. - Reviews and weekly ward meetings now taking place virtually 	<ul style="list-style-type: none"> - Face to face contact with individuals and carers, particularly in hospitals. - Virtual post discharge care home reviews continuing. No direct contact possible at this stage. - Virtual Adults with Incapacity (AWI) case conferences are continuing to be carried out.
Community Nursing		
90%	<ul style="list-style-type: none"> - Essential Community Nursing services (maintained throughout pandemic in keeping with national and local NHS GGC guidance) 	<ul style="list-style-type: none"> - Diabetes nursing community clinics (planning is progressing to re commence August/Sept at 30%)
Day Services		
10%	<ul style="list-style-type: none"> - Some learning disability outreach on limited basis - Older people's staff redeployed to support care at home and Bonnyton - Currently reviewing service users with view to gradually introducing reshaped day supports on a priority basis 	<ul style="list-style-type: none"> - Building based support (Services are reviewing risk assessment and ensuring all the requirements of recent national guidance on adult social care building-based day services have been implemented).
Primary Care Improvement Plan (PCIP)		
90%	<ul style="list-style-type: none"> - 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. - Community Treatment and Care / Community Healthcare Assistant only operational across 10 GP Practices due to staff sickness absence. 	
Pharmacy Service		
90%	<ul style="list-style-type: none"> - 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). - Proposal to develop a Pharmacotherapy Hub will be presented to the next Primary Care Improvement Plan steering group in September. - Support for care homes continues. 	<ul style="list-style-type: none"> - Face to face clinics e.g. hypertension, asthma reviews - Polypharmacy Reviews (GGC Prescribing initiative)
Medication Support Service		
90%	<ul style="list-style-type: none"> - The service has continued to take referrals through all pathways as normal 	<ul style="list-style-type: none"> - Home Visits

	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.	
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Recovery and Intensive Services

% SERVICE OPERATIONAL	SERVICE ACTIVITY SUMMARY POSITION	SERVICE ACTIVITY NOT YET RESTARTED
Care at Home / Technology Enabled Care (TEC)		
90%	<ul style="list-style-type: none"> - Care at Home services continue to be provided to vulnerable residents, operating from a single base - Increasing face-to-face contact as restrictions ease. - Telecare fully operational at Thornliebank Depot base - Re-establishment of home visits for complex telecare assessments (where assessed as safe to do so) - Monthly wellness/courtesy calls with service users/ families embedded into business as usual processes - Improvements to intake approach with all new referrals now going through standard Carefirst form and initial service set up completed in consistent way - Resilience planning in relation to 2nd Wave commenced 	<ul style="list-style-type: none"> - Some face to face review/assessment activity (development of blended approach to review activity to be defined on a risk based approach) - Review of services stepped down due to Covid-19 (working on re-establishment of visits to facilitate care at home planning and reviews) - Home visits for initial and annual telecare reviews (these are being undertaken by telephone in the meantime)
Bonnyton House Care Home		
45%	<ul style="list-style-type: none"> - Service continues with increase in vacancies due to Covid-19 - Roll out of technology contact options and the reintroduction of safe visiting for residents now complete - Building refurbishment is in the final stage with a planned return scheduled for mid to end September 2020 - 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 	<ul style="list-style-type: none"> - New admissions once renovations/upgrade completed - Front of house arrangements – weekend cover (not yet commenced)

MHO Team		
80%	<ul style="list-style-type: none"> - Referrals have continued to be processed, treated as urgent with immediate response through the Duty Mental Health Officer and Backup system with casework subsequently allocated and prioritised accordingly - 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 and responded by the Mental Health Team as was the case prior to Covid-19 context with combination of remote and face to face where required - Adults with Incapacity (AWI) work continues (case conferences, welfare reports etc) using virtual meetings 	<ul style="list-style-type: none"> - Court sessions - dependent on the recovery planning by the courts (outwith control of HSCP)
Adult Mental Health Team		
90%	<ul style="list-style-type: none"> - Referrals have continued to be processed, treated as urgent with immediate response through the Duty Mental Health Officer and backup system with casework subsequently allocated and prioritised accordingly - 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 and responded by the Mental Health Team as was the case prior to Covid-19 context with combination of remote and face to face where required - Adults with Incapacity (AWI) work continues (case conferences, welfare reports etc) using virtual meetings 	<ul style="list-style-type: none"> - Court sessions - dependent on the recovery planning by the courts (outwith control of HSCP)
Primary Care Mental Health Team		
80%	<ul style="list-style-type: none"> - Face to face 1:1 appointments for those who require it with the remainder of appointments via Attend Anywhere or by telephone - 1:1 appointments being arranged for any patients who were scheduled to attend group work - Looking at potential for virtual group work 	<ul style="list-style-type: none"> - Face to face group work

Community Addictions Team		
75%	<ul style="list-style-type: none"> - All referrals being allocated - Routine referral assessments (alcohol and drugs) - Opiate Replacement Therapy provision ongoing under revised arrangements - Ongoing treatment and care of caseload, psycho-social interventions, etc. face to face engagement increasing - Home visits for high risk individuals / concerns / vulnerable adults - Psychology reinstated at St Andrew's House - Psychiatry face to face appointments reinstated - Alcohol detox services (hospital – Kershaw Unit now accepting more routine referrals and community home detox considered on case-by-case basis) - Multi-Disciplinary Team reinstated 	<ul style="list-style-type: none"> - Mutual aid and relaxation groups - Alcohol groups - Routine Duty Assessment (process to be introduced) - Opiate Replacement Therapy Clinic Process – new guidelines to be agreed for service moving forward

Public Protection and Children's Services

% SERVICE OPERATIONAL	SERVICE ACTIVITY SUMMARY POSITION	SERVICE ACTIVITY NOT YET RESTARTED
Children's social work services		
90%	<p>Majority of social work services continuing including:-</p> <ul style="list-style-type: none"> - home visiting - assessments - child protection - corporate parenting activity - regulated care services - fostering/adoption/kinship care 	<ul style="list-style-type: none"> - Group based support for parents and children (with the exception of outdoor summer programme activity) - Training (where face to face necessary) - SW Student placements - Joint Activities with SupER Kids (e.g. Glee)
Children and Families Nursing		
80%	<ul style="list-style-type: none"> - 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. 4-5 year contact due for introduction in Eastwood now commenced - Use of Attend Anywhere and Near Me as an alternative for face to face contact where appropriate following risk assessment - Psychology of Parenting Project (PoPP), Parenting interventions for high risk families, breast feeding support and Childsmile continue through blended approaches. Routine Parenting Interventions (toilet training/ sleep management etc) face to face now taking place - Contact with GP practices – adapted 	<ul style="list-style-type: none"> - Baby Café / Breast Feeding support group - P1 and P7 Health screening – awaiting government guidance

	<ul style="list-style-type: none"> - Childhood Immunisation programmes continuing including support for peer flu. - Virtual Baby Café - Revalidation for Unicef gold achieved and audit programme recommenced - Working from bases at Eastwood Health and Care Centre and Barrhead Council Office - Book bug resources distributed - SCPHN (Specialist Community Public Health Nursing) Student consolidation (service unable to support undergraduate placements) - School Nursing face to face and digital contacts focus on Mental Health and Vulnerability 	
C&F Inclusive Support Team		
95%	<ul style="list-style-type: none"> - Community supports / weekend supports have recommenced on a small scale. 	<ul style="list-style-type: none"> - Full scale community and weekend supports with reintroduction of normal term time activity.
Health Improvement		
70%	<ul style="list-style-type: none"> - Sharing learning and updates with team members realigned during lockdown - Social work summer program recovery inputs - Development of the new health and wellbeing section of the Champions Board website - Review of training provisions for suitability and adaptability to online format - Re-establishing links with key partners. - Virtual Support for Breastfeeding Café 	<ul style="list-style-type: none"> - Child Smile - Monitoring of program in early years establishments. Toothbrush Training and Oral Health Assessment Tool links; Quarterly Oral Health Assessment Tool meetings to recommence - Weigh to Go – Service delivery by partners in Barrhead & Eastwood Health centres - Wider community Breast Feeding supports, monitoring and accreditation work and Maternal and Infant Nutrition Framework (MINF) links
CAMHS		
70%	<ul style="list-style-type: none"> - Service activity continues, young people seen by Attend Anywhere, emergencies and home visits have taken place with appropriate PPE - Rooms made available for staff to return to office space in both Barrhead and Eastwood Health Centres. Multi-agency meetings currently virtual 	<ul style="list-style-type: none"> - Routine Medication clinics - Physical observations other than emergency - Face to face multi-agency meetings - All staff back into buildings - Group work - Routine assessments.

Speech and Language Therapy (SLT)		
60%	<ul style="list-style-type: none"> - Services operating from Barrhead and Eastwood Health and Care Centres on rota basis for clinicians 30% staff capacity in base available - Utilising Attend Anywhere for Clinics - Telephone and Attend Anywhere consultations undertaken for Speech and Language Therapy and Autism Spectrum Disorder (ASD) by clinicians (where clinically possible). This includes part of assessment for ASD. - Garden and outside Nursery observation / intervention used to support face to face requirements. - Eating and Drinking assessment and treatment has continued throughout at increased level of community complexity. - CPD and Clinical support network accessed virtually - Referral, triage and waiting list management have continued for SLT and ASD. 	<ul style="list-style-type: none"> - Face to face consultation where Near Me is neither appropriate nor possible for triage, assessment and treatment - ASD clinical assessment (2 clinicians) and feedback. (Some assessments can be carried out virtually) - Parenting Programmes e.g. Hanen, Cygnet - Observation/assessment and delivery of coaching and direct modelling with staff - Home based / Education based interventions
Learning and Development		
60%	<ul style="list-style-type: none"> - Virtual training and limited face to face training for essential work is taking place. - Essential induction training up and running and progressing well - Current programmes have been revised to allow for social distancing requirements. - Exploring use of e-portfolios for future roll out of SVQ - Multi-agency public protection development programme launched using alternative methods of delivery - 	<ul style="list-style-type: none"> - SVQ - Large scale events - Full training programme - Practice teaching (Decision taken not to resume practice teaching until January)
Criminal Justice		
70%	<ul style="list-style-type: none"> - Client supervision continues albeit limited to monitoring - Multi Agency Public Protection Arrangements (MAPPAs) level 1 meetings with police (teleconference) - MAPPAs audit - Client quarterly reviews (client not attending) - Prison visits/reviews - Court reports/home background reports. - Risk assessments completed 	<ul style="list-style-type: none"> - Unpaid work - Group work - Reviews with client attending - Joint home visits - unannounced/announced with police - Joint Risk assessments with police - Face to face direct intervention/casework with clients. - Service specific premises (work ongoing to reopen as part of accommodation workstream)

7. Finance and Resources

% SERVICE OPERATIONAL	SERVICE ACTIVITY SUMMARY POSITION	SERVICE ACTIVITY NOT YET RESTARTED
Finance		
95%	<ul style="list-style-type: none"> - Day to day activity underway as normal, however some annual financial reviews have been postponed - Year end audit / budget setting made more challenging by vacancies 	<ul style="list-style-type: none"> - Financial reassessments (were scheduled for April – June)
Commissioning		
95%	<ul style="list-style-type: none"> - Commissioning and Contracts function fully operational - Care homes remain the primary focus of the team, monitoring is aligned to care home assurance and work arising out of emerging Covid policy with the remainder of the team preparing for the implementation of the Excel framework in October 2020 - Sustainability payments continue to be processed through the panel with CFO approval required to finalise all claims 	
Governance & Systems (Business Support; Info Systems; Facilities)		
80%	<ul style="list-style-type: none"> - Answering of phone calls from public and other services - Arranging and minute taking statutory meetings - Client monies - Updating of key systems including CareFirst, CM2000, SCI gateway. - Buildings open and adhering to social distancing guidance - Business Support presence being increased where space allows and following appropriate risk assessments for those who were previously shielding. - Service capacity impacted by vacancies and absence and recruitment is being progressed to mitigate 	<ul style="list-style-type: none"> - Staff presence at all clinical receptions has not been required, this will need to be reviewed as services enter recovery phase

8. Hosted Services

% SERVICE OPERATIONAL	SERVICE ACTIVITY SUMMARY POSITION	SERVICE ACTIVITY NOT YET RESTARTED
Specialist Learning Disability Inpatient Services		
90%	<ul style="list-style-type: none"> - Inpatient admissions and discharge activity has continued as normal - Some outreach and other redesign activity (where possible) - Multi-Disciplinary Team meetings taking place virtually and are progressing to face to face where safe to do so - Governance structures in place with most meetings taking place virtually - Virtual therapy, service user engagement and advocacy forums 	<p>Community activities (due to national restrictions) however we are being more creative and adapting individual activity planners to suit restrictions</p> <ul style="list-style-type: none"> - Face to face sessions for therapy, service user engagement and advocacy forum - Visiting is limited in line with national guidance
Scottish Centre of Technology for the Communication Impaired		
60%	<ul style="list-style-type: none"> - Referrals are being managed via a mixture of virtual consultations and face to face assessments - Where there is an urgent need travel is taking place across Scotland - Local NHS GGC AAC Service is largely operational but again patient risk is a major consideration - Virtual MS Public Sharing (via Colleagues) has been developed to maintain good multi-disciplinary communication and advice, good practice sharing 	<ul style="list-style-type: none"> - Due to high risk category of patient group – MND patients etc face to face consultations are limited and require very detailed risk assessment - Service Covers 11 NHS Boards Children and Adults, unable to visit all areas due to travel and local restrictions - Service normally provides training / advice to a wide range of partners this is limited - Accommodation – Team share a very small office which can now only safely accommodate 2 at any one time (normally 7) – impact on Equipment management from Westmarc base - Planned further redesign work paused

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

WORKSTREAM	UPDATE/COMMENTS	OVERALL % COMPLETION
Governance	<ul style="list-style-type: none"> - Initially planned actions on Programme Plan now complete - Workstream will remain open to facilitate cross-cutting work with individual Service Recovery tasks/actions 	100%
Accommodation	<ul style="list-style-type: none"> - Accommodation work focussed on winter flu vaccination programme (identification of accommodation and vaccine storage arrangements progressed) 	75%
Workforce	<ul style="list-style-type: none"> - iMatter Pulse Survey and the NHS Mental Health Survey are currently live - these are the current the focus of staff engagement - Health and Wellbeing newsletter scheduled for distribution on 11 September. Consideration being given to whether this should be incorporated into the wider Recovery newsletter in future - Health and Wellbeing Group considering an 'active challenge' for staff as winter approaches - Exploring options around Staff Engagement in relation to Recovery 	64%
Partner Organisations	<ul style="list-style-type: none"> - Weekly meetings continuing with care home managers and fortnightly meetings with care and support providers - Work being taken forward on engagement and participation work stream 	39%
ICT Requirements	<ul style="list-style-type: none"> - Windows 10 upgrade 90% complete - Work on distribution lists ongoing - Liaising with NHS IT regarding outstanding IT equipment 	57%
PPE	<ul style="list-style-type: none"> - Initially planned actions on Programme Plan now complete with centralised system remaining in place at present - Work-stream will remain open to facilitate cross-cutting work with individual Service Recovery tasks/actions and liaison with Winter Flu Planning Programme 	100%
Change Programme	<ul style="list-style-type: none"> - Project Board re-start meeting for LD Overnight Arrangements scheduled for 4 September - CM2000 Mobile Phones and App Project now back up and running within Care at Home 	50%
Ongoing COVID-19 Response	<ul style="list-style-type: none"> - Work continues on developing the Strategic Plan - Workstream will provide co-ordination for cross-cutting work, issues and lessons learned 	51%

Planning for Seasonal Flu Vaccination 2020/21

10. Planning for The Seasonal Flu Vaccination 2020/21 has been undertaken collaboratively across NHS GGC involving Public Health, Acute Services and the 6 HSCPs. It includes agreed arrangements for different groups.
 - 2-5 years old (not yet in school)
 - Primary school aged children
 - Over 65 years
 - Under 65 “at risk”
 - 55 – 64 years
 - Pregnant women
 - Eligible shielding households
 - Unpaid & young carers (based on 3% of >65 and < 65 ‘at risk’)
 - Health care workser
 - Frontline social care workers
 - HSCP
 - Care home
 - Care and support

11. The major challenge has been to establish a model for adults over 65 (approximately 13,000 individuals in East Renfrewshire. Our local adult vaccination implementation group have identified 3 major venues for over 65 flu vaccinations and agreed the number of vaccinators required for the initial 8 week period.
 - Barrhead Health and Care Centre – 2 vaccinators (venue moves to Neilston Glen Hall each Wednesday for Neilston practice patients)
 - Eastwood Health and Care Centre – 3 vaccinators
 - The Avenue Shopping Centre Mearns – 3 vaccinators

12. The national media launch of the Vaccination Programme is on the 1st October 2020 and local communications will support the national messages of the importance of this immunisation programme. The Scottish Immunisation Recall System (SIRS) is being used to generate appointment letters, and a new GGC Flu Vaccination Administrative team will handle requests for appointment rebooking, working closely with our HSCP team, as well as collating appointment/vaccination data to inform weekly reporting to Scottish Government.

13. The HSCP team are working on our local operating model, adapting the standard operating procedures as required for each venue and developing staffing rotas. The working assumption is that vaccination administration will be conducted predominantly by registered nursing staff, which places a significant additional pressure on our HSCP nursing workforce who are responding to other priority areas and may impact on our ability to fully staff clinics. In response to this NHGGC is considering a range of options including recruitment to the Staff Bank and use of other registered professions with appropriate competencies: e.g. MSK physiotherapists, Podiatrists, and Oral Health staff (incl. Dentists, Hygienists).

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. 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 circumstances such as the current changes in local restrictions.

RECOMMENDATIONS

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

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BACKGROUND PAPERS

IJB Paper – 12 August 2020: East Renfrewshire HSCP Update on Recovery Activity Following the COVID-19 Pandemic

https://www.eastrenfrewshire.gov.uk/media/1760/Integration-Joint-Board-Item-08-12-August-2020/pdf/Integration_Joint_Board_Item_08_-_12_August_2020.pdf?m=637321474671070000

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=637284227714400000

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=637284227720830000