

Date: 13 November 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 25 November 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 25 NOVEMBER AT 10.30am**

**VIRTUAL MEETING VIA MICROSOFT TEAMS**

**AGENDA**

- 1. Apologies for absence.**
- 2. Declarations of Interest.**
- 3. Draft Minute of meeting held on 23 September 2020 (copy attached, pages 5 - 14).**
- 4. Matters Arising (copy attached, pages 15 - 18).**
- 5. Rolling Action Log (copy attached, pages 19 - 22).**
- 6. Appointment to Performance and Audit Committee (copy attached, pages 23 - 26).**
- 7. Care at Home Update – Presentation by Gayle Smart.**
- 8. Participation and Engagement Strategy (copy attached, pages 27 - 76).**
- 9. HSCP Strategic Plan Update (copy attached, pages 77 - 82).**
- 10. Winter Plan 2020-21 (copy attached, pages 83 - 90).**
- 11. HSCP Recovery Update (copy attached, pages 91 - 108).**
- 12. Revenue Budget 2021-22 (copy attached, pages 109 - 114).**
- 13. Revenue Budget Monitoring Report (copy attached, pages 115 - 130).**
- 14. Date of Next Meeting: Wednesday 3 February 2021 at 10.00am.**

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**Minute of virtual meeting of the  
East Renfrewshire Integration Joint Board  
held at 10.30 am on 23 September 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
Heather Molloy	Scottish Care representative
Dr Deirdre McCormick	Chief Nurse
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)

**IN ATTENDANCE**

Tracy Butler	Lead Planner (Recovery Services)
John Cornett	Audit Scotland
Eamonn Daly	Democratic Services Manager, East Renfrewshire Council
Aimee MacDonald	Audit Scotland
Lee McLaughlin	Head of Recovery and Intensive Services
Candy Millard	Head of Adult Health and Social Care Localities
Steven Reid	Policy, Planning and Performance Manager

**APOLOGIES FOR ABSENCE**

Amina Khan	NHS Greater Glasgow and Clyde Board
Andrew McCready	Staff Side representative (NHS)
Ian Smith	Staff Side representative (ERC)
Councillor Jim Swift	East Renfrewshire Council
Flavia Tudoreanu	NHS Greater Glasgow and Clyde Board

**DECLARATIONS OF INTEREST**

1. There were no declarations of interest intimated.

**MINUTES OF PREVIOUS MEETINGS**

2. The Board considered and approved the Minute of the meeting held on 12 August 2020.

**MATTERS ARISING**

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

**ROLLING ACTION LOG**

4. 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.

The Chief Officer reported on discussions at the meeting of the Performance and Audit Committee that had taken place prior to this meeting regarding the impact of the Family Wellbeing Service on access to the CAMHS service and that a detailed report would be brought forward.

The Board noted the report.

**AUDITED ANNUAL REPORT AND ACCOUNTS**

5. Under reference to the Minute of the meeting of the Performance and Audit Committee held prior to the meeting of the Board, the Board considered a report by the Chief Financial Officer seeking approval for the final annual report and accounts for the IJB for the period 1 April 2019 to 31 March 2020, following the external audit of the accounts. A copy of the annual report and accounts accompanied the report.

The report referred to the establishment of IJBs and the requirements, in accordance with Section 106 of the Local Government (Scotland) Act 1973, for annual accounts to be prepared in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom, and also to additional guidance produced by the Local Authority (Scotland) Accounts Advisory Committee.

Thereafter, the report explained that the annual report and accounts had been prepared in accordance with the relevant legislation and guidance, and set out the key messages from Audit Scotland. These included that the annual accounts were unqualified, met legislative requirements, had no significant issues and confirmed sound financial governance. The impact of the COVID-19 pandemic on the preparation of the annual report and accounts was also highlighted as was the fact that appropriate governance arrangements to support scrutiny of the Board's decisions were considered to be in place.

The report also referred to the 2 recommendations made by Audit Scotland and summarised the response and associated timescale for action in respect of each, with progress on both to be reported to the Performance and Audit Committee.

Ms Monaghan, Chair of the Performance and Audit Committee, reported that the accounts, along with the external auditor's report, had been discussed at length at the committee, and that it had been agreed to remit the report and accounts to the Board with a recommendation that they be approved. She also expressed thanks to the Chief Financial Officer and her team for preparing the accounts as well as thanking both internal and external audit for their contributions.

The Chief Financial Officer having been heard further, and in particular thank her own colleagues and Audit Scotland for their support and assistance, Councillor Buchanan highlighted the fact that despite challenging financial circumstances the accounts were again unqualified, further highlighting that the comments made in relation to financial sustainability were not surprising.

Thereafter the Board:-

- (a) approved the audited annual report and accounts; and
- (b) authorised the Chair, Chief Officer and Chief Financial Officer to accept and sign the annual report and accounts on behalf of the IJB;

### **EAST RENFREWSHIRE HSCP ANNUAL PERFORMANCE REPORT 2019/20**

6. Under reference to the Minute of the meeting of the Performance and Audit Committee held prior to the meeting of the Board, the Board considered a report by the Chief Officer providing details of the performance of the HSCP over 2019/20.

Having referred to the legislation and guidance setting out the prescribed content of a performance report for an integration authority, and also having highlighted the delayed reporting timescales due to COVID-19, the report explained that this was the second year of the 2018/21 Strategic Plan and the fourth Annual Performance Report that had been prepared. It was noted that the report was a high level report principally structured around the priorities set out in the Strategic Plan.

The report explained that the Annual Report, a copy of which accompanied the report, set out how the HSCP had delivered on its vision and commitments over 2019/20, the report being structured around the priorities set out in the Strategic Plan and linked to the National Health and Wellbeing Outcomes as well as those for Criminal Justice and Children and Families. Each section in the Annual Report contained an overview of national performance indicators, community planning, Council and Health Board indicators, as well as giving an overview of work undertaken to deliver the strategic planning priorities with some additional data where relevant.

The main elements of the report set out the HSCP's current strategic approach; work to deliver the strategic priorities over the preceding 12 months; financial performance; and detailed performance information illustrating data trends against key performance indicators.

Additional sections on public protection; the hosted Specialist Learning Disability Service; and support for staff were also contained in the report.

The report highlighted significant progress across a number of areas. These included outcomes for children following support from the HSCP's parenting programmes; improving the balance of care for looked after children; helping older people and people with long-term conditions maintain independence at home; and supporting the needs of unpaid carers, amongst others.

However the report also highlighted a number of indicators where it was considered that performance could be improved and where there would be focus on improvement in 2020/21. These included improved 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; increasing the number of people self-directing care through receipt of direct payments and other forms of self-directed support; and reducing the number of A&E attendances and admissions.

It was noted that the Performance and Audit Committee that had taken place prior to the meeting had considered and noted the report.

The Policy, Planning and Performance Manager was heard in further explanation of the report in the course of which he summarised the main improvement areas as well commenting on those areas where further improvement was needed. In addition he also confirmed that the report was published in such a way as to maximise public accessibility.

Responding to a question from Ms Forbes on the disproportionately high use of mental health beds by young people, the Chief Social Work Officer explained that there were high numbers of young people suffering from eating disorders in East Renfrewshire. She also commented on some of the other work being carried out which was successful in keeping young people with mental health issues out of hospital as well as referring to increased instances of emotional distress and self-harm associated with the COVID-19 pandemic.

The Chief Officer reminded the Board that the period covered by the annual report related to the period prior to the start of the pandemic. Some of the services referred to in the report had been either reduced or suspended during the pandemic and so it was important that this was reflected in any public messages. Notwithstanding, Councillor Bamforth suggested some publicity around some of the innovative work that had taken place during the pandemic should be considered.

The Board:-

- (a) approved the report;
- (b) agreed that the report be submitted to the Scottish Government by the revised deadline of 30 September 2020; and
- (c) agreed that the Policy, Planning and Performance Team work with the Council's Communications Team, to consider a range of media to engage with the public, illustrate performance, and publish the Performance Report on the website and through social media.

## **CLINICAL AND CARE GOVERNANCE ANNUAL REPORT**

7. The Board took up consideration of a report by the Clinical Director submitting the HSCP's Annual Clinical and Care Governance Report for 2019-20. A copy of the Annual Report was appended to the report.

It was explained that the report reflected the clinical and care governance arrangements of the HSCP and progress made in improving the quality of clinical care. It was structured around the three main domains set out in the National Quality Strategy: Safe, Effective and Person-Centred Care.

The report concluded by explaining that a clinical and care governance workplan would be developed, overseen by the Clinical Director with the ongoing response to COVID-19 remaining the principal consideration for 2020-21.

The Clinical Director was heard at length in the course of which the key points of the report were summarised. In particular, reference was made to the successful Vaccination Transformation Programme, the recruitment of 2 Advance Practice Physiotherapists, the development of the Medication Support Service, and the Living and Dying Well with Frailty Collaborative, amongst others.



**NOT YET ENDORSED AS A CORRECT RECORD**

In concluding she explained she had taken up her post as Clinical Director just at the outset of the pandemic and as such her role had been markedly different from her predecessors. This was supported by the Chief Officer who paid tribute to Dr Fisher and to the approach she had taken in working with staff to tackle the pandemic.

In response to questions, Dr Fisher confirmed that all East Renfrewshire residents would be able to obtain the flu vaccine locally. In addition in response to questions from Ms Monaghan on the Specialist Learning Disability Inpatient Service, the Chief Officer recognised that the comments in the report were more about the process than the provision of information about the service and that more reflection on how this would be more accurately reflected in future was needed. Dr Fisher also responded to questions from Ms Molloy on the Living and Dying Well with Frailty Collaborative indicating that it was hoped to restart in the next few months some of the work that had been suspended.

Having heard the Chief Financial Officer confirm that work on the Specialist Learning Disability Inpatient units was expected to restart soon the Board noted the report.

**CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2019-20**

8. The Board considered a report by the Chief Social Work Officer providing details of her Annual Report for 2019-20. A copy of the Annual Report was appended to the report.

The Annual Report provided an overview of the professional activity for social work within East Renfrewshire for 2019-20 through the delivery of statutory functions and responsibilities held by the Chief Social Work Officer. The impact of COVID-19 on the production of the annual report was highlighted and it was explained that the report provided a narrative of social work and social care activity across 5 broad headings, these being Governance and Accountability arrangements; Service Quality and Performance; Resources; Workforce; and COVID-19.

A number of areas of strong performance and success were highlighted including the enhancement of the Family Wellbeing Service; reductions in the number of children and young people looked after away from home; enhanced levels of participation and engagement by looked after children and young people; and in adult social work and social care continued high numbers of adults reporting that their outcomes were met.

The report also highlighted a continuing number of significant challenges and risks facing social work and social care in East Renfrewshire. These included dealing with rising incidences of domestic abuse; implementation of learning from the Care Review in all aspects of work with looked after children and young people; increasing expectations and demands from the public and stakeholders, the impact of COVID-19; and the management of increased service demand at a time of diminishing resources and workforce capacity. It was noted that there would be a changing landscape for health and social care services in future as a consequence of COVID-19, and social care would be required to adapt to ensure the recovery, rising demand and renewal associated with protecting and caring for our most vulnerable citizens and all those who were at risk in our communities was supported.

The Chief Social Work Officer was heard in detail on the report, referring to the strong performance of the service over the year, including the continued use and development of Self-Directed Support.

She explained that in looking forward she was keen to review the impact of COVID-19 on the physical and mental wellbeing of young people.

She highlighted the improved relationships with the education service and the improved processes for recruiting local foster carers to enable young people to stay locally.

Information about the impact of the pandemic on adult services was also provided it being noted that 801 individuals had accessed services either for the first time or at an enhanced level during lockdown with overall an increased level of service being delivered.

Having commented on some of the other service successes such as the Operation Hub and the Contact Team, the Chief Social Work Officer invited the Board to join with her in recognising the contribution of the workforce.

Welcoming the positive report Ms Monaghan noted that whilst the report recorded a high number of initiatives in Children's Services, there appeared to be fewer in respect of Adult Services, questioning if this was the case. In support of this Ms Forbes highlighted the impact of the pandemic on adults, such as increased isolation being experienced by elderly people or increases in domestic/alcohol abuse and questioned whether the resources were available to deal with this.

Also welcoming the report Ms Molloy reminded the Board of the impact on the mental health of care home and homecare staff of dealing with the pandemic, referring to the high numbers of care home managers who had left their posts.

Councillor Buchanan welcomed the report emphasising that the good working relationships already in place pre-pandemic had meant that the HSCP and council were in a good position to respond. He referred to many of the innovative work practices introduced during the pandemic and thanked the Chief Social Work Officer and her staff for all their efforts.

In response to the questions and comments made the Chief Officer confirmed the strong relationships in place between the HSCP and the private care home providers and acknowledged the strain under which staff were operating.

In terms of the balance of the report between Children's and Adult Services, she explained that it was a report in which the Chief Social Work Officer was required to focus on statutory issues. However how to incorporate further information in future reports could be reviewed. Finally in terms of the adequacy of provision to deal with any increases in demand, the Chief Officer acknowledged that the current and anticipated future financial climate meant this would be challenging.

Thereafter the Board:-

- (a) recognised and paid tribute to the workforce for their efforts;
- (b) noted the Chief Social Work Officer's Annual Report; and
- (c) agreed that it be submitted to the Council.

### **EAST RENFREWSHIRE ALCOHOL AND DRUGS PLAN 2020-23**

9. The Board considered a report by the Chief Officer providing an overview of the work carried out to prepare a new East Renfrewshire Alcohol and Drugs Plan for the period 2020-23 and seeking approval of the plan. A copy of the Strategic Summary of the plan setting out the strategic context for alcohol and drugs in 2020, priority actions and arrangements for governance and reporting, accompanied the report, it being explained that a separate, more detailed delivery plan had been developed and the Alcohol and Drugs Partnership would drive progress on this.

Having referred to the Scottish Government's priority of reducing the harm from alcohol and drugs with recently launched public health priorities planning work to reduce alcohol and

drugs-related harms at the forefront of national wellbeing, the report explained that Alcohol and Drugs Partnerships (ADPs) were embedded in local community planning arrangements. As part of their role ADPs were required to produce local alcohol and drugs plans. The development of these local plans was supported by 2 Scottish Government strategic frameworks, published in 2018. The first of these the *Alcohol Framework*, set out national prevention aims around alcohol and tackling associated health inequalities, whilst *Rights, Respect and Recovery* introduced new ministerial priorities and associated outcomes for reducing alcohol and drug-related harm and supporting individuals, families and communities.

It having been explained that the development of the plan had been overseen by the East Renfrewshire ADP, the report referred to the significant impact of the COVID-19 pandemic, not only on individuals with harmful alcohol and drug use behaviours but also on the way in which the plan had been developed and the way in which many of the actions in the plan had been shaped.

It was further explained that the range of actions in the plan presented a whole systems approach to reducing alcohol and drug-related harm with the promotion of informed choices on alcohol and drugs being a key part of the prevention and early intervention approach. Furthermore, recovery oriented and person centred services influenced by people with lived experience aimed to ensure that individuals felt included, supported and respected. This was also supplemented by a focus on strengthening the recovery community which would empower individuals whilst building strong links between services would ensure the needs of carers, families and children were met.

The Lead Planner was heard further on the report explaining how the plan had been influenced by COVID-19 and thanking partners for their contributions. She also clarified that unfortunately due to COVID-19 it had not been possible to involve people with lived experience in the preparation of the plan.

Councillor Bamforth welcomed that fewer young people were being referred for treatment for alcohol abuse but expressed disappointment at the young ages of many of those who had drunk alcohol. In reply the Lead Planner explained that the survey results indicated more early experimentation with alcohol suggesting that a targeted preventative approach was needed. Further local work to develop this would take place.

Ms Monaghan expressed disappointment in the lack of involvement of people with lived experience in the development of the plan. In response both the Lead Planner and Chief Officer explained why this had not been possible. In particular the Chief Officer explained that the timescales for the preparation of the plan had been driven by the Scottish Government. This had resulted in there being little opportunity for the involvement of this group of people. She explained that moving forward it was proposed to alter the membership of the Alcohol and Drugs Partnership to make sure that people with lived experience were represented. She also confirmed that the plan would be the subject of ongoing engagement and would be changed if this was considered necessary. She also suggested that a progress report on the implementation of the plan be brought back to a future meeting.

Having noted Ms Monaghan's disappointment at the lack of involvement of people with lived experience in the development of the plan and the reasons for this, and having heard the Chief Officer give assurances around future engagement and the ability for the plan to be amended if needed, the Board approved the Alcohol and Drugs Plan 2020-23 for publication online and sharing with the Scottish Government.

**CHARGING FOR SERVICES 2021-22**

10. The Board considered a report by the Chief Officer, to be considered by the East Renfrewshire Council Cabinet, seeking the Board's endorsement for proposed charges for services provided by the HSCP for 2021-22.

Having explained that authority for setting charges for social care had not been delegated to the Board and still lay with the Council, the report provided details of current charges, and outlined the proposed charges for 2021-22.

The Board:-

- (a) noted the update;
- (b) endorsed the proposed increases as outlined in the report; and
- (c) agreed to remit the proposals to the East Renfrewshire Council Cabinet for consideration.

**REVENUE BUDGET MONITORING REPORT**

11. 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 31 July 2020.

As in previous updates the report 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 remained at 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 by the Scottish Government was £0.886 million with a further £0.157 million allocated to contribute to the costs of fair work practices. Of the further £50 million allocation announced by the Scottish Government on 3 August, a further allocation of £0.443 million based on NRAC/GAE share and £0.2 million based on cash flow had been received.

Thereafter it was reported that against a full year budget of £126.5 million there was a projected overspend of £0.238 million (0.19%), this figure being unchanged from the previous monitoring considered by the Board at the August meeting.

The report explained that work to achieve savings delivery had recommenced with the reinstatement of the Change Programme timetable and work underway to support the

redesign of overnight support and the establishment of a working group to review the individual budget calculator, both of which were key to delivering current year 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.

Commenting further the Chief Financial Officer explained it was now increasingly unlikely that all COVID-related costs would be reimbursed.

Sharing the concerns regarding COVID-related expenditure Ms Forbes sought clarification of the overspend/underspend disparity between the Eastwood and Barrhead locality areas. In reply the Chief Financial Officer highlighted the differences in the size of the 2 locality areas and that the position was only a snapshot of where client commitment costs sat at 31 July. This would be subject to ongoing monitoring.

Ms Monaghan referred to discussions at the Performance and Audit Committee about Audit Scotland's recommendations to restore reserves and questioned whether or not this was achievable in light of the current financial situation. In reply the Chief Financial Officer explained that when the IJB had agreed 5 years previously to aim for free reserves of £1 million it had been recognised that achieving this could take some time depending on prevailing circumstances. There was always a tension between spending money to deliver services and trying to establish appropriate levels of reserves. Whilst recognising the Audit Scotland recommendation the Chief Financial Officer indicated that she was not able to recommend to the Board that it make savings to increase the reserve whilst struggling to deliver front line services. She clarified that this was a national issue and would require action on the part of the government.

Responding to comments from Ms Molloy on the sustainability of the independent sector and the impact of changes to care packages both the Chief Financial Officer and Chief Officer explained that the HSCP followed COSLA's agreed principles and that the potential impact on service delivery of changes to care packages had been signalled for the previous 3 years. The impact of care packages would be driven by the level of settlement received from the Scottish Government which was not yet known.

Mr Cornett was also heard on the question of level of reserves. He referred to the comments made at the Performance and Audit Committee and acknowledged that delivering the recommendation would require difficult decisions to be taken. Key to the process was that the Board's decisions were evidence based and well informed.

The Board noted the report.

## **FAMILY WELLBEING SERVICE – SUCCESS CRITERIA 1 - ADDITIONAL GP DATA**

**12.** Under reference to the Minute of the previous meeting (Item 6 refers) when it was noted that a supplementary report containing further data gathered from GPs would be presented to a future meeting, the Board considered a report by the Chief Officer providing an overview of the data that had been gathered to date in relation to the reduction in the number of repeat presentations to GPs for young people referred to the Family Wellbeing Service with emotional distress.

The Board noted the report.

**EAST RENFREWSHIRE HSCP RECOVERY UPDATE**

**13.** Under reference to the Minute of the previous meeting (Item 8 refers), the Board considered a report by the Chief Officer providing a summary of service activity and an update on the eight thematic workstreams which supported the HSCP's operational recovery plan put in place following the emergency phase of the COVID-19 pandemic. It was noted that the information presented was as at 3 September 2020.

The Board noted the report.

**VALEDICTORY – COUNCILLOR PAUL O’KANE**

**14.** Councillor Bamforth reported that due to work commitments leading to potential conflicts of interest, unfortunately Councillor O’Kane had tendered his resignation from the Board and the Performance and Audit Committee. A replacement would be considered by the Council in due course.

On behalf of the Board Councillor Bamforth thanked Councillor O’Kane for his contribution during his time as a Board member.

Councillor O’Kane thanked Councillor Bamforth for her comments and paid tribute to the other members of the Board and to staff in the HSCP for all their work.

**DATE OF NEXT MEETING.**

**15.** It was noted that the next meeting of the Integration Joint Board would be held on Wednesday 25 November 2020 at 10.30 am.

CHAIR



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	25 November 2020
<b>Agenda Item</b>	4
<b>Title</b>	Matters Arising
<b>Summary</b>	
<p>The purpose of this paper is to update IJB members on progress regarding matters arising from the discussion which took place at the meeting of 23 September 2020.</p>	
<b>Presented by</b>	Julie Murray, Chief Officer
<b>Action Required</b>	
<p>Integration Joint Board members are asked to note the contents of the report.</p>	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**25 November 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 23 September 2020.

**RECOMMENDATION**

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

**REPORT**

**Annual Audited Report and Accounts**

3. Due to the current Covid-19 restrictions, the accounts were signed and submitted electronically following the meeting of the IJB on 23 September 2020.

**Annual Performance Report**

4. The [Annual Performance Report](#) has been published in line with Scottish Government requirements. Promotion via social media will commence week beginning 9<sup>th</sup> November.

**East Renfrewshire Alcohol and Drugs Plan 2020-23**

5. Both the strategic plan and delivery plan have now been published and arrangements are in place for implementation.

6. Some work around peer research and advocacy is underway and will be included in a future report requested by the IJB on lived experience involvement. This has been scheduled for May 2021.

**RECOMMENDATIONS**

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

**REPORT AUTHOR AND PERSON TO CONTACT**

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

5 November 2020

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	25 November 2020
<b>Agenda Item</b>	5
<b>Title</b>	Rolling Action Log
<p><b>Summary</b></p> <p>The attached rolling action log details all open actions, and those which have been completed since the last meeting on 23 September 2020.</p>	
<b>Presented by</b>	Julie Murray, Chief Officer
<p><b>Action Required</b></p> <p>Integration Joint Board members are asked to note progress.</p>	

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## ACTION LOG: Integration Joint Board (IJB)

November 2020

Action No	Date	Item No	Item Name	Action	Responsible Officer	Status	Due / Closed	Progress Update /Outcome
302	23-Sep-20	6	Annual Audited Report and Accounts	The Chair, Chief Officer and Chief Financial Officer should now accept and sign the annual report and accounts on behalf of the Integration Joint Board.	CFO	CLOSED	23/09/2020	Electronic submission and signing process completed following IJB on 23 Sep 2020
301	23-Sep-20	7	East Renfrewshire HSCP Annual Performance Report 2019-20	Submit it to the Scottish Government by 31 October	PPPM	CLOSED	29/10/2020	Annual Performance Report published in October, meeting revised SG requirement.
300	23-Sep-20	7	East Renfrewshire HSCP Annual Performance Report 2019-20	Work with the Comms Team to consider a range of media to engage with the public, illustrate performance and publish the report on the website and through social media.	PPPM	CLOSED	29/10/2020	Comms Team will promote Annual Performance Report through ERC social media wk commencing 9 Nov 2020
299	23-Sep-20	9	Chief Social Work Officer Annual Report 2019-20	Submit a copy of the report to the Council.	CSWO	CLOSED	28/10/2020	Presented at Council meeting on 28 Oct 2020
298	23-Sep-20	10	East Renfrewshire Alcohol and Drugs Plan 2020-23	The Plan was approved and arrangements should be made for it to be implemented.	LP (RS)	CLOSED		The plan has been published on the website and arrangements are in place for implementation.
297	23-Sep-20	10	East Renfrewshire Alcohol and Drugs Plan 2020-23	Submit a report to a future meeting on the impact of the plan and potential changes following engagement with people with lived experience.	LP (RS)	OPEN	12/05/2021	Added to forward planner - May 2021
296	23-Sep-20	11	Charging for Services 2021-22	Make arrangements for the report to be remitted to the East Renfrewshire Council Cabinet	CFO	CLOSED	24/09/2020	Submitted
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	CO	OPEN		Design work being undertaken prior to publication. No fixed deadline has been set by the Scottish Government for publication. Update in Matters Arising paper (23.09.20)
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	03/02/2020	Provisionally scheduled for November IJB however final plan not yet available. Deferred to Feb 2021
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	24/06/2020	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	TBA	Deferred 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 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	TBA	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 depdent 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 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	CLOSED	25/11/2020	This will be included in Participation and Engagement strategy - A presentation was delievered to IJB in Jan 2020. Final strategy scheduled to be presented to IJB 25 Nov 2020

Abbreviations

CCGC	Clinical and Care Governance Committee	BSM	Business Support Manager	DSM	Democratic Service Manager
IJB	Integration Joint Board	CD	Clinical Director	GCO	Governance and Complaince Officer
PAC	Performance and Audit Committee	CO	Chief Officer	HAHSL	Head of Adult Health and Social Care Localities
		CFO	Chief Finance Officer	PPPM	Policy, Planning & Performance Manager
		CN	Chief Nurse	LP (RS)	Lead Planner (Recovery Services)
		CSWO	Chief Social Work Officer		



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board	
<b>Held on</b>	25 November 2020	
<b>Agenda Item</b>	6	
<b>Title</b>	Appointment to Performance and Audit Committee	
<b>Summary</b>		
Report seeking the appointment of a replacement for Councillor O’Kane on the Performance and Audit Committee.		
<b>Presented by</b>	Eamonn Daly, Democratic Services Manager, East Renfrewshire Council	
<b>Action required:</b>		
That the Integration Joint Board considers the appointment of a replacement Council member to the Performance and Audit Committee.		
<b>Directions</b>	<b>Implications</b>	
<input checked="" type="checkbox"/> No Directions Required	<input type="checkbox"/> Finance	<input type="checkbox"/> Risk
<input type="checkbox"/> Directions to East Renfrewshire Council (ERC)	<input type="checkbox"/> Policy	<input type="checkbox"/> Legal
<input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)	<input type="checkbox"/> Workforce	<input type="checkbox"/> Infrastructure
<input type="checkbox"/> Directions to both ERC and NHSGGC	<input type="checkbox"/> Equalities	<input type="checkbox"/> Fairer Scotland Duty

**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**25 November 2020**

**Report by Chief Officer**

**APPOINTMENT TO PERFORMANCE AND AUDIT COMMITTEE**

**PURPOSE OF REPORT**

1. To consider the appointment of a replacement Council representative on the Performance and Audit Committee following the resignation from the IJB of Councillor O’Kane.

**RECOMMENDATION**

2. That the Integration Joint Board:-
  - (a) approve the appointment of Councillor Lafferty to replace Councillor O’Kane on the Performance and Audit Committee; and
  - (b) homologate Councillor Lafferty’s attendance at the meeting of the committee prior to the Board meeting.

**REPORT**

3. Due to work commitments Councillor Paul O’Kane tendered his resignation from the Integration Joint Board. Councillor O’Kane had also been appointed as one of the Council’s 2 IJB members appointed to the Performance and Audit Committee. Consequently his membership of the committee also ended with his resignation from the IJB.
4. East Renfrewshire Council has appointed Councillor Alan Lafferty to replace Councillor O’Kane on the IJB and the IJB now needs to consider a replacement Council representative on the committee. It is recommended that Councillor Lafferty replace Councillor O’Kane.
5. The next scheduled meeting of the committee following consideration of the appointment of a replacement is Wednesday 17 March 2021. However in anticipation of him being appointed to the committee Councillor Lafferty was invited to attend the meeting of the committee that took place immediately prior to the meeting of the IJB. Homologation of his attendance at the meeting is sought.

**CONSULTATION AND PARTNERSHIP WORKING**

7. There are no consultation or partnership working implications.



**IMPLICATIONS OF THE REPORT**

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

**DIRECTIONS**

8. There are no directions arising from this report.

**CONCLUSIONS**

9. The membership of the committee comprises, amongst others 2 of the Council's 4 representatives on the IJB. With the resignation of Councillor O'Kane the appointment of a replacement is required. As Councillor Lafferty has replaced Councillor O'Kane on the Board it is recommended that he also replace him on the committee.

**RECOMMENDATION**

10. That the Integration Joint Board:-
  - (a) approve the appointment of Councillor Lafferty to replace Councillor O'Kane on the Performance and Audit Committee; and
  - (b) homologate Councillor Lafferty's attendance at the meeting of the committee prior to the Board meeting.

**REPORT AUTHOR AND PERSON TO CONTACT**

Eamonn Daly, Democratic Services Manager, East Renfrewshire Council:  
0141 577 3023  
[eamonn.daly@eastrenfrewshire.gov.uk](mailto:eamonn.daly@eastrenfrewshire.gov.uk)

Chief Officer, IJB: Julie Murray

**BACKGROUND PAPERS**

NONE

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board	
<b>Held on</b>	25 November 2020	
<b>Agenda Item</b>	8	
<b>Title</b>	Participation and Engagement Strategy	
<b>Summary</b>		
To present the Integration Joint Board with the HSCP Participation and Engagement Strategy and provide an overview of the process taken by the Participation and Engagement Implementation Group which was formed to develop the strategy.		
<b>Presented by</b>	Angie McGregor, Strategic Planning Programme Officer	
<b>Action Required</b>		
The Integration Joint Board is asked to approve the HSCP Participation and Engagement Strategy and note its role in overseeing the implementation and evaluation of the approach.		
<b>Directions</b>	<b>Implications</b>	
<input checked="" type="checkbox"/> No Directions Required	<input checked="" type="checkbox"/> Finance	<input type="checkbox"/> Risk
<input type="checkbox"/> Directions to East Renfrewshire Council (ERC)	<input type="checkbox"/> Policy	<input type="checkbox"/> Legal
<input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)	<input checked="" type="checkbox"/> Workforce	<input type="checkbox"/> Infrastructure
<input type="checkbox"/> Directions to both ERC and NHSGGC	<input type="checkbox"/> Equalities	<input type="checkbox"/> Fairer Scotland Duty

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**25 NOVEMBER 2020**

**Report by Chief Officer**

**HSCP PARTICIPATION AND ENGAGEMENT STRATEGY**

**PURPOSE OF REPORT**

1. This report describes the process undertaken to develop the new Participation and Engagement strategy for East Renfrewshire Health and Social Care Partnership and maps how taking a co-productive approach will contribute to improved outcomes for people in East Renfrewshire.
2. The final Participation and Engagement Strategy is attached at appendix 1.

**RECOMMENDATION**

3. The Integration Joint Board is asked to approve the HSCP Participation and Engagement Strategy and note its role in overseeing the implementation and evaluation of the approach.

**BACKGROUND**

4. Members may recall the presentation to the IJB on 29 January 2020 outlining the process for developing and implementing a Participation and Engagement Strategy for the HSCP. Since that meeting considerable work has been carried out using the Matter of Focus approach. Detail of this work is included in a separate report (appendix 2) produced using OutNav; a software system developed by Matter of Focus that supports organisations to take a collaborative and outcome focused approach to evaluation planning, implementation analysis and reporting.

**REPORT**

5. The purpose of the Participation and Engagement Strategy is to engage effectively with people in planning and redesigning health and social care services. The voices of local people are heard and acted upon to improve:
  - their health and well being
  - the quality and delivery of local health and social care services for everyone
6. The intention is that the strategy is simple and accessible and live in that it:
  - supports active participation and engagement
  - commits to ongoing partnership working, review and learning
  - helps us to make sure our services reflect the needs and wishes of people and communities

7. It is underpinned by the following principles of inclusive, accessible and equal to support participation and engagement:
  - Our communication is inclusive
  - Our information is accessible
  - Our methods promote equality
8. The strategy contains details of a number of ways that people can engage with the HSCP and partners as well as committing to developing further opportunities for individuals.
9. The Participation and Engagement Implementation Group was established to develop a collaboratively produced strategy. The group will continue to meet and work together to support a shared work plan to support the participation and engagement activities of the Health and Social Care Partnership.
10. The Integration Joint Board has overall strategic responsibility for ensuring that the principles of this strategy are carried out. It should receive regular reports on the implementation of the strategy and evaluation of its impact.

## **CONSULTATION AND PARTNERSHIP WORKING**

11. The HSCP asked Your Voice to consider supporting them to develop the new strategy and be a key partner in supporting its implementation. Your Voice held a planning meeting in November 2019 to consider participation and engagement in the context of the feedback from both the then recent Strategic Inspection and the new HSCP Locality Planning Forums. The group captured feedback on who they are connected to now, the nature of these connections and how they could improve these. They hosted a wider community event in January 2020 to further these connections and begin to define their shared purpose and next steps.
12. The HSCP Participation and Engagement Strategy was developed in partnership working with the Implementation Group with representation from:
  - Locality Planning
  - East Renfrewshire Carers Centre
  - Talking Points
  - East Renfrewshire Community Learning and Development
  - Third Sector Interface –Voluntary Action East Renfrewshire
  - Your Voice
  - NHS Greater Glasgow and Clyde
  - ERC Communications Team
13. Engagement activity also took place with HSCP staff, third sector partners and groups. This was facilitated through engagement events with HSCP staff teams and received feedback from Voluntary Action, The Carers Centre and The Self Directed Support Forum staff teams.
14. Speaking to East Renfrewshire Locality Forums and Talking Points was also important as each of these groups represent a wide range of statutory and third sector partner organisations within East Renfrewshire. In this context, we directly engaged with 35 different organisations between both these forums.

15. We also captured feedback from people and families who use services with the support of Local Area Coordination from Enable Scotland, who facilitated digital engagement events.

## **IMPLICATIONS OF THE PROPOSALS**

### Finance

16. There is a small annual cost to using the Matter of Focus Outnav tool which offers continued support. The HSCP and the wider partnership will commit time and capacity from existing resources to continue to support the Participation and Engagement Implementation Group function.

### Workforce

17. The HSCP and the wider partnership will undertake learning and development opportunities for staff that support community participation, choice and control, good conversations and collaborative service redesign.

## **DIRECTIONS**

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

## **CONCLUSIONS**

19. The Participation and Engagement Implementation Group are now a strong foundation for shared, planned, proactive engagement working to support the HSCP Strategic Commissioning intentions. We will continue as an implementation group to map out these activities and develop a shared Participation and Engagement work plan going forward.
20. The Implementation Group will have an asset based approach that supports our ongoing capacity for community participation and engagement.
21. Covid-19 Recovery Planning and our HSCP Strategic Plan will continue to be a central focus for Participation and Engagement. We will align these activities to our work plan
22. Your Voice will be supported to continue its strong links with the HSCP whilst building their capacity to become an independent focus for community engagement that builds pathways to community led supports, choice and control.
23. The group recognises the need to have a corporate approach to digital participation and engagement which addresses access and affordability in making opportunities available for everyone

## **RECOMMENDATIONS**

24. The Integration Joint Board is asked to approve the HSCP Participation and Engagement Strategy and note its role in overseeing the implementation and evaluation of the approach.

**REPORT AUTHOR AND PERSON TO CONTACT**

Angie McGregor, Strategic Planning Programme Officer  
[Angie.McGregor@eastrenfrewshire.gov.uk](mailto:Angie.McGregor@eastrenfrewshire.gov.uk)  
07800 629 476

Chief Officer, IJB: Julie Murray

**BACKGROUND PAPERS**

None





# East Renfrewshire Health and Social Care Partnership

## Participation and Engagement Strategy

(Version 1.0)

Document Title:	Participation and Engagement Strategy		
Owner:	Participation and Engagement Implementation Group	Current Status	Draft for approval (Aug 2020)
Date first approved:		Date of last Review	n/a
Approved by:		Date of next Review	August 2023
Revision History:			
Version:	Date Effective:	Author & Changes	
1.0	Nov 2020	Angie McGregor, Strategic Planning Programme Officer	

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8. [Why is it important?](#)
9. [What are the benefits?](#)
10. [Our principles to support participation and engagement](#)
11. [How we do it](#)
12. [How you can engage with us](#)
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## East Renfrewshire HSCP Participation and Engagement Strategy ....at a glance

### The Purpose of the strategy

To engage effectively with people in planning and redesigning health and social care services. The voices of local people are heard and acted upon to improve

- their health and well being
- the quality and delivery of local health and social care services for everyone.

### What it is

A simple, accessible and live strategy that:

- supports active participation and engagement
- commits to ongoing partnership working, review and learning

Engaging with individuals, groups and communities helps us to make sure our services reflect the needs and wishes of people and communities

### Who we do this with

We engage with

- **People** who use our Services
- Our **Communities**
- Our **staff**
- Our **partners**

### How we do it

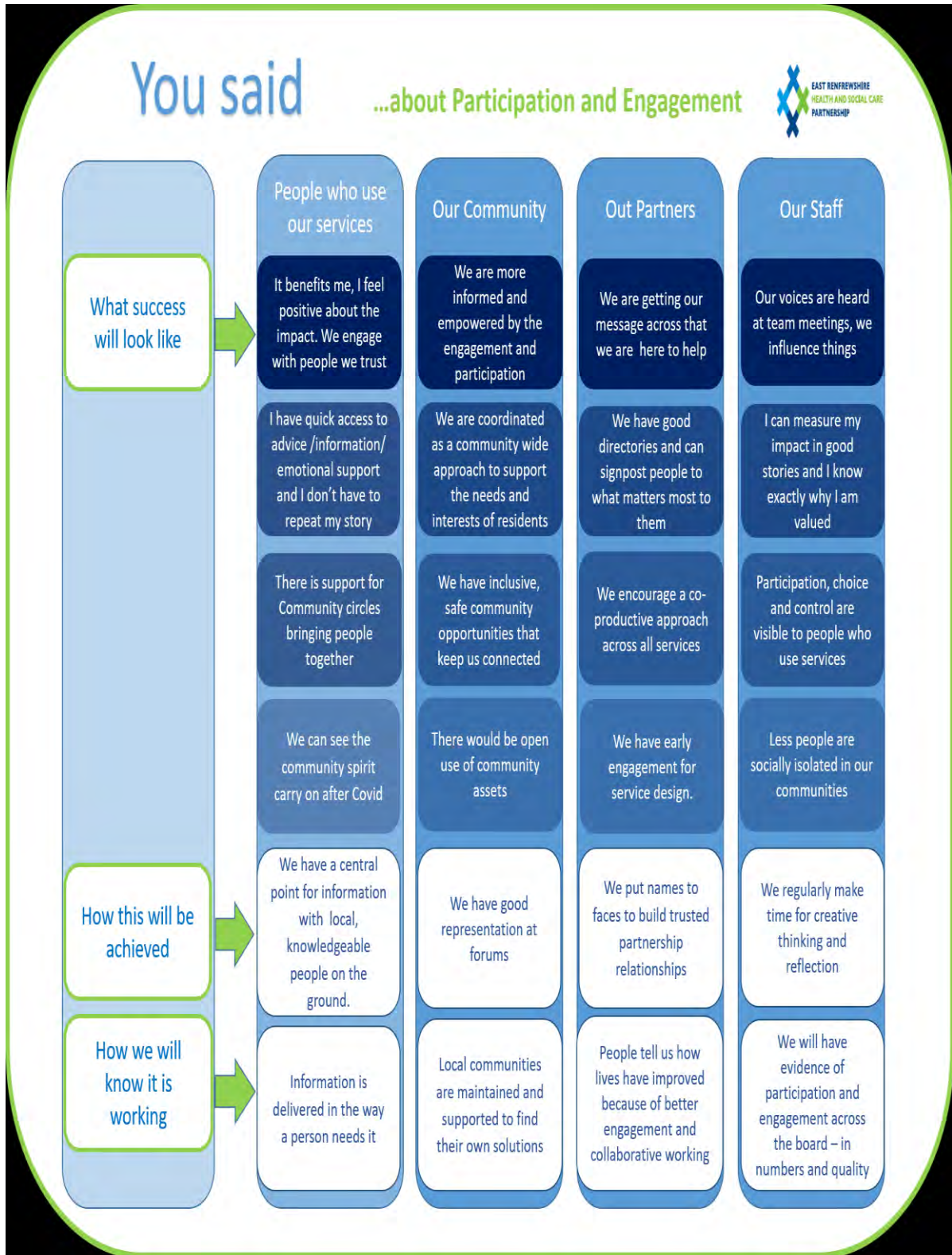
- **Use** all the methods, tools, models available
- **Support** people to feel confident and able to engage with us by whatever means is comfortable for them
- **Build** on what already works
- **Inform** people of the difference their involvement is making
- **Evaluate** our activity to measure its impact and ensure services meet the needs of local people

### The difference it makes

- People are more involved in decision making which impacts them and/or their
- Communities - they can **see** the results.
- Services are better and more responsive to what people and communities need
- An increase in community participation and volunteering/public involvement
- Resources are used much more efficiently
- Participation and engagement becomes seamless and normal

**We spoke to some people before we wrote the strategy. We asked them to describe what really good participation looks like to them**

Here are just **some** of the things you said



## Engaging effectively with people in planning and redesigning Health and social care services

The **Health and Social Care Partnership (HSCP)** provides all health and social care services for adults and children in East Renfrewshire. The HSCP is a partnership between East Renfrewshire Council and the NHS.

### Our Vision

Our vision is to work together with the people of East Renfrewshire to improve lives.

We will achieve this by:

- valuing what matters to people
- building capacity with individuals and communities
- focusing on outcomes, not services

### Purpose of this strategy

Anyone in East Renfrewshire has the opportunity to be involved in shaping services to improve:

- their health and well being
- the quality and delivery of local health and social care services for everyone.

### Aims and Objectives for this strategy

- Our communities, our partners, our staff and those who receive support will be engaged with, involved and participate in ways that are meaningful to them.
- We will deliver a strategy that supports and resources new ways of engagement, and embraces digital platforms

- We will deliver a strategy that has a focus on prevention, choice and stronger communities and people will be enabled to share their views.
- We will have a coordinated and inclusive approach to community engagement and participation which will:
  - minimise duplication and over consulting
  - support both planned and responsive priorities for engagement
  - enable a feedback loop to engagement activities - You said - We did.

## Recovery and Renewal

The Covid 19 Pandemic has had a profound impact on people who use services, communities, organisations and staff. It requires us to think even more about how we engage with less heard voices and reduce practical barriers to engagement opportunities.

Working and engaging remotely can be a challenge for collective working processes and requires us to think about equality in access to resource, training and guidance in using the online platforms chosen.

Engaging with our communities to support recovery and renewal is vital and the Scottish Community Development Centre has updated the Standards for Community Engagement to support this. Our strategy will align to meeting these standards.



## National Standards for Community Engagement

National Standards for Community Engagement (NSfCE)

Engaging with our communities to support recovery and renewal

## Engaging with our communities to support recovery and renewal (PDF)



## National and local context



### National Legislation

The Scottish Government has introduced a number of key policies to underpin the way public services involve and engage with communities. [See below](#)



**Near Me** is a Scottish Government and NHS approved video consulting service that enables people to have health and social care appointments from home or wherever is convenient.

### [Near Me Video Consulting](#)

### Local context

There are a number of local strategies/plans which set out a vision and support a commitment to participation and engagement and aim to involve the community in shaping health and social care and provide opportunities for people to get involved in their communities.



### [HSCP Strategic Plan -Working Together](#)



[Moving Forward Together](#) sets out **NHS Greater Glasgow and Clyde's (NHSGGC)** vision to transform health and social care services to meet the needs of local population. [https://www.youtube.com/watch?v=tnrAeqb3Sq0&feature=emb\\_title](https://www.youtube.com/watch?v=tnrAeqb3Sq0&feature=emb_title)



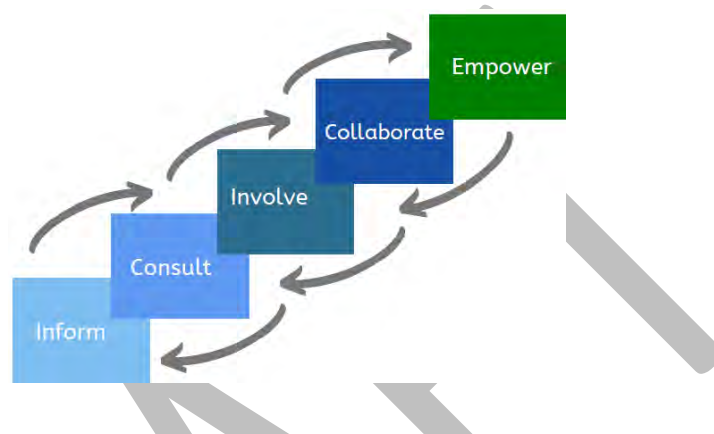
### [East Renfrewshire Community Planning](#)



### [HSCP Strategic Commissioning Plan](#)

## What we mean by participation and engagement

These are terms we use to cover a whole range of methods that encourage and enable people to be involved in ways that matter and make sense for them. This can range from sharing views on how needs are best met and influencing how decisions are made, to collaborating equally to design and deliver services.



Participation Journey	Participation Journey	What this means	An example of this	The impact or outcome it will achieve	Other example of this form of participation
<b>Empower (let go of control)</b>	Empower (let go of control)	Put choice and control in the hands of local people and communities	Person Centred Planning	Individuals will have choice and control about what matters most to and for them	Community Circles
<b>Coproduction</b>	Coproduction				Self-Directed Support
<b>Collaborate (work together)</b>	Collaborate (work together)	Work in partnership with people to create, design and run services	Locality Forums	New models of care designed and developed by partners/public tests of change	Steering Groups Strategic Planning Groups
<b>Co-design</b>	Co-design				
<b>Involve</b>	Involve	Work directly with people to ensure their views are used to help design or redesign a service or process	Your Voice	Will build capacity to get involved and will be able to demonstrate influence	Focus groups User Forums Team Planning
<b>Engagement</b>	Engagement				
<b>Consulting to listen</b>	Consulting to listen	To hear peoples views and value their input	Public Events	To inform decision making and support a clear "you said- we did" feedback loop	Digital Surveys, Questionnaires Team meetings
<b>Consultation</b>	Consultation				
<b>Inform to support</b>	Inform to support	Provide good quality accessible information to people	Talking Points	Signposting to good information, advice and support on health and social care	Council Website Social media Newsletters Leaflets, Posters Staff
<b>Inform</b>	Inform				

## Why is it important?

Engaging with you - individuals, groups and communities - helps us to make sure our services reflect the needs and wishes of people and communities. We want the community to be fully involved in shaping how these look.

The term communities can mean different things.

- Community of **place**: A geographic location with a physical boundary such as a village, town, neighbourhood or locality.
- Community of **interest**: A group of people who share a particular interest or experience.
- Community of **identity**: how people identify themselves. This could be through age, sexual orientation, religion, disability

Communities are diverse and people can belong to more than one. They rarely speak with one voice.

Communities have a unique contribution to make in shaping, developing and improving health and social care services. People bring skills, knowledge and life experience.

## What are the benefits?

Benefits of participation and engagement are:

- People feel more empowered as they are involved in decision making which impacts them and/or their communities - they can **see** the results.
- Services are better and more responsive to what people and communities require and want.
- An increase in community participation/identity and volunteering/public involvement
- Resources are used much more efficiently
- Participation and engagement becomes seamless and normal

## Our principle to support participation and engagement

### **Inclusive, accessible and equal**

We want to ensure that everyone has an equal opportunity to be involved in participation and engagement. This involves making sure

#### **Our communication is inclusive**

If you have any communication support needs we will consider the best way to communicate to help you to participate.

#### **Our information is accessible**

This allows everyone to access content on an equal basis with others and includes written, verbal and web based information.

#### **Our methods promote equality**

This recognises that certain groups of people and individuals with protected characteristics such as race, disability, sex and sexual orientation may have experienced discrimination.

### How we do it

Participation and Engagement can be planned - around specific events/policy or times of the year – or more general, but we want it to be normal practice and encourage service delivery change as it is needed. We will involve

- **People who use our services**  
People who receive a service from us should be equal partners in their own care. As well as having a say in planning their own care, individuals should be able to contribute to the way services are designed and delivered
- **Our communities**  
People of place, interest and identity (including our digital community and community hub networks)
- **Health and Social Care Partnership Staff**  
Engaging with staff can help create a workplace where staff are involved in decisions. It also allows our workforce to share ideas and have good open communication with everyone around us. Some staff will also live locally and have their own experience of health and social care issues.
- **Anyone else who provides services and support to people** this includes third sector, the private sector, community planning, other council departments, volunteers etc.

We will:

- **Gather** and use all the methods, tools, models and examples of participation and engagement that are available so we can be as inclusive as we can when engaging with you.
- **Support** you to feel confident and able to engage with us by whatever means is comfortable for you. People have different communication styles and preferences which we must use.
- **Build** on what we already know works and what communities like.
- **Inform** people as soon as possible what difference their involvement has made. Engagement is ineffective if we don't feedback to those we engage with.
- **Evaluate** our activity to measure its impact and ensure that our services meet the needs of local people. This can also help us identify what isn't working so well and what could work better.

### [How you can engage with us](#)

#### Talking Points

**Talking Points** are places in your community and online, where you can get the advice and support you need to help you do the things that you want. During your **Talking Point** you can speak to people who can help you, or someone you look after, with any questions you have about health and social care supports.

You can also find out about local groups and activities happening on your doorstep. For more information about Talking Points or help with any health and social care enquiries please call **Initial Contact Team** on **0141 800 7850**

<https://www.eastrenfrewshire.gov.uk/contact-hscp>

[East Renfrewshire Initial Contact Team](#)



## Your Voice in Health and Social Care East Renfrewshire



Your Voice is a network of individuals and groups who are interested in how health and social care services are designed and delivered.

Your Voice informs the planning, development and delivery of health and social care services by sharing information and feedback through research, community engagement and lived experience.

<https://www.eastrenfrewshire.gov.uk/your-voice>

### [Your Voice in Health and Social Care East Renfrewshire](https://www.eastrenfrewshire.gov.uk/your-voice)

## Champions Board East Renfrewshire



The Champions Board consists of a group of care experienced young people and adult champions that work within the council. The aims of the Champions Board are:

- Empower young people to have a voice and use their own experiences to help others
- Be a part of a transformational change for East Renfrewshire's young people
- Build relationships and create opportunities

<https://eastrenchampionsboard.co.uk/about-champions-board-eastrenfrewshire/what-is-a-champions-board/>

### [Champions Board East Renfrewshire](https://eastrenchampionsboard.co.uk/about-champions-board-eastrenfrewshire/what-is-a-champions-board/)

We believe that good participation and engagement is a continuous cycle. It's about Planning, Engaging, Consulting, Evaluating and then providing Feedback. **“YOU SAID – WE DID”**

Good participation and engagement starts with a good conversation about what matters most to people. It supports people to take part in genuinely shaping their public services, it leads to better decision making, better outcomes for our community and continual improvement in health and social care services.

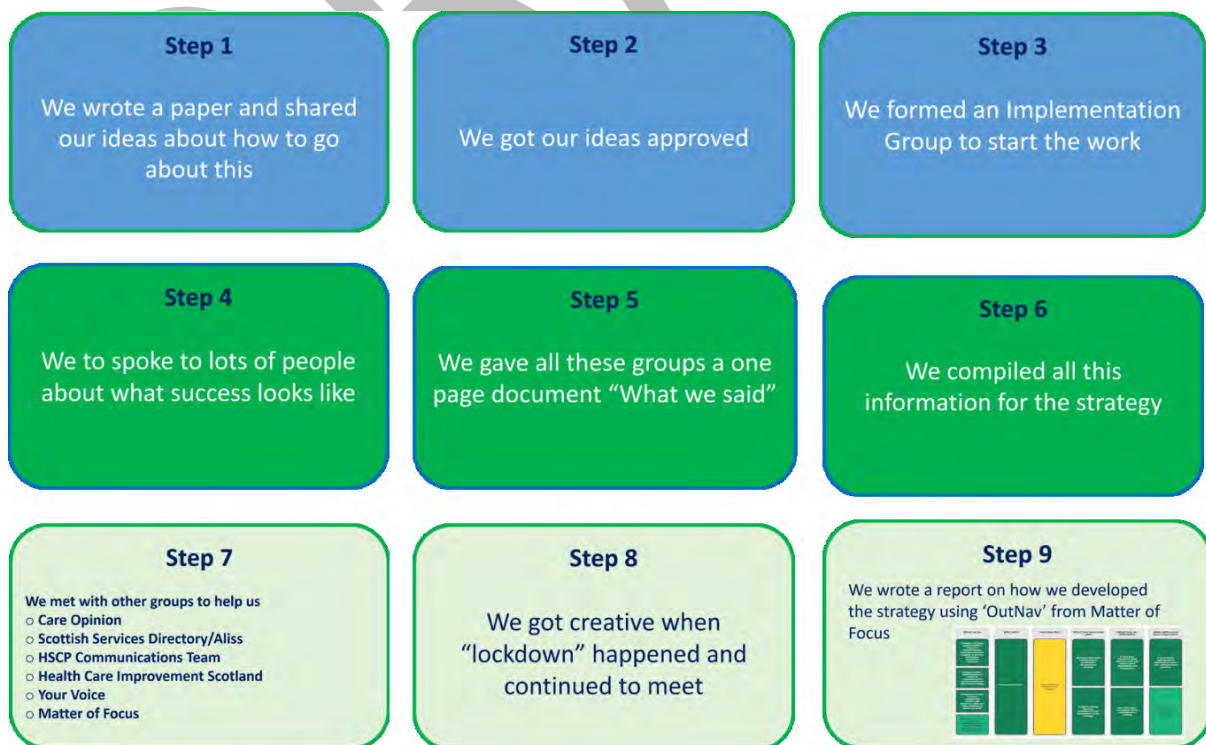
Who developed the strategy

The **Participation and Engagement Implementation Group** was established to develop a collaboratively produced strategy. The group will continue to use meet and work together to support a shared work plan to support the participation and engagement activities of the Health and Social Care Partnership and its strategic objectives/ The group has representation from:



- [NHS Greater Glasgow and Clyde](#)
- [Talking Points East Renfrewshire](#)
- [East Renfrewshire Community Learning and Development](#)
- [Voluntary Action East Renfrewshire](#)
- [East Renfrewshire Carers Centre](#)
- [ERC Communications Team](#)
- [Your Voice in Health and Social Care East Renfrewshire](#)

This is the journey map to collaboratively develop the Participation and Engagement Strategy 2020-2023



## How we will share this strategy

The Strategy will be available as both paper copy and digital version on the HSCP website. The Strategy Implementation Group will develop a work plan to ensure that this strategy reaches a wide East Renfrewshire audience.

### The web based strategy



We will have a simple, accessible digital version of the strategy that:

- supports active participation and engagement
- commits to ongoing partnership working, review and learning

### Linking to participation platforms

It links to platforms where you can participate directly.



Allows people to share their experiences of health and social care in East Renfrewshire in ways which are safe, simple, and lead to learning and change. Care Opinion provides a platform so that:

- people can share honest feedback easily and without fear
- stories are directed to wherever they can help make a difference, and
- everyone can see how and where services are listening and changing in response

<https://www.careopinion.org.uk/info/care-opinion-scotland>

[Care Opinion](https://www.careopinion.org.uk/info/care-opinion-scotland)



## Citizen Space



Find out how to have your say on the decisions that affect you and your community through East Renfrewshire Citizen Space.

### What can I do?

View and respond to current consultations

[https://www.delib.net/citizen\\_space](https://www.delib.net/citizen_space)

[Citizen Space](#)

It also links to **local and national health and wellbeing directories.**



NHS inform is Scotland's national health information service. Its aim is to provide people with accurate and relevant information to help them make informed decisions about their own health and the health of the people they care for.

[www.nhsinform.scot](http://www.nhsinform.scot)

[NHS Inform](#)

**Scotland's Service Directory (SSD)** is a national directory of local services. It is part of NHS Inform and has been developed in partnership with Macmillan Cancer Support and the Health and Social Care Alliance. It provides details of all health and wellbeing services within Health and Social Care Partnerships (HSCPs)

<https://www.nhsinform.scot/scotlands-service-directory>

[Scotland's Services Directory](#)

[SSD East Renfrewshire Directory](#)



## ALISS (A Local Information System for Scotland)

This has been developed by Health and Social Care Alliance Scotland (the ALLIANCE) to increase the availability of health and wellbeing information. It supports people, communities, professionals and organisations that have information to share and is aligned with Scotland's health and social care needs

[www.aliss.org/](http://www.aliss.org/) [ALISS \(A Local Information System for Scotland\)](http://www.aliss.org/)

It also links to **useful information and advice** .....



### East Renfrewshire Council Community Directory

[www.eastrenfrewshire.gov.uk](http://www.eastrenfrewshire.gov.uk)

[East Renfrewshire Council Community Directory](http://www.eastrenfrewshire.gov.uk)



### Health and Social Care Partnership

[www.eastrenfrewshire.gov.uk/hscp](http://www.eastrenfrewshire.gov.uk/hscp)

[East Renfrewshire Health and Social Care Partnership](http://www.eastrenfrewshire.gov.uk/hscp)



### Initial Contact Team

<https://www.eastrenfrewshire.gov.uk/contact-hscp>

[Initial Contact Team](https://www.eastrenfrewshire.gov.uk/contact-hscp)



### Telehealth

<https://www.eastrenfrewshire.gov.uk/tec>

[East Renfrewshire Technology Enabled Care](https://www.eastrenfrewshire.gov.uk/tec)

## Governance

The Integration Joint Board has overall strategic responsibility for ensuring that the principles of this strategy are carried out. They will measure the impact that engagement is making by evaluating our activities to improve our practice and outcomes

<http://www.eastrenfrewshire.gov.uk/integration-joint-board>

## Integrated Joint Board



## Tools for Participation and Engagement

This strategy links to **useful resources** that support engagement activities

### Participation Standard for the NHS in Scotland

<https://www.nhsggc.org.uk/>

### National Standards for Community Engagement

<https://www.scdc.org.uk/what/national-standards/>

### Principles for Community Empowerment

<https://www.audit-scotland.gov.uk/report/principles-for-community-empowerment>

### Community Planning Toolkit

<https://www.communityplanningtoolkit.org/sites/default/files/Engagement.pdf>

### Visioning Outcomes in Community Engagement (VOiCE)

[www.voicescotland.org.uk](http://www.voicescotland.org.uk)

**Place Standard**

<https://placestandard.scot/guide/quick>

**Participation Toolkit**

<https://www.hisengage.scot/equipping-professionals/participation-toolkit/>

**Royal National Institute of Blind People: Transcription Services**

<https://www.rnib.org.uk/rnib-business/transcription-services>

**Using Makaton**

<https://www.makaton.org/aboutMakaton/howMakatonWorks>

**British Institute for Learning Disabilities**

<http://www.bild.org.uk/>

**Seeds for Change: Making Meetings Accessible**

<https://seedsforchange.org.uk/accessiblemtg>

**Seeds for Change: Access**

<https://seedsforchange.org.uk/access>

**Principles of Inclusive Communication**

<https://www.gov.scot/publications/principles-inclusive-communication-information-self-assessment-tool-public-authorities/pages/5/>

**7 golden rules of Participation - Children and Young Peoples' Commissioner Scotland 2015**

<https://cypcs.org.uk/get-help/i-work-with-younger-people/golden-rules/>

## Framework for Community Health and Social Care Integrated Services – Scottish Government November 19

<https://hscscotland.scot/couch/uploads/file/resources/frameworkcommunityhealthsocialcare/a-framework-for-community-health-and-social-care-integrated-services-07-november-2019.pdf>



### Links

It also links to **National Legislation and public bodies** that focus on the importance of participation and engagement

#### Self-directed Support (Scotland) Act 2013

<https://www.legislation.gov.uk/asp/2013/1/contents/enacted>

#### Self-directed Support (Scotland) Act 2013 (Summary)

<https://www.gov.scot/publications/easy-read-self-directed-support-values-principles-statement/>

#### Carers Scotland Act 2016

<https://www.legislation.gov.uk/asp/2016/9/contents/enacted>

#### Carers (Scotland) Act 2016 (Summary)

<https://www.gov.scot/publications/carers-scotland-act-2016-statutory-guidance/>

#### Public Bodies (Joint Working) Act Scotland 2014

<https://www.legislation.gov.uk/asp/2014/9/contents/enacted>

#### Patients' Rights (Scotland) Act 2011

<https://www.legislation.gov.uk/asp/2011/5/contents>

### Community Empowerment (Scotland) Act 2015

<https://www.legislation.gov.uk/asp/2015/6/contents/enacted>

### Community Empowerment (Scotland) Act 2015 (Summary)

<https://www.gov.scot/publications/community-empowerment-act-easy-read-guidance/>

### Equality and Human Rights Commission

<https://www.equalityhumanrights.com/sites/default/files/assessing-impact-public-sectory-equality-duty-scotland.pdf>

### National health and wellbeing outcomes framework

<https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/>

### Care Inspectorate

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

## Supporting Participation and Engagement

If you are attending any of our participation and engagement events or meetings we can support you.

Voluntary Action East Renfrewshire (VAER) will manage this process for us.



[hello@va-er.org.uk](mailto:hello@va-er.org.uk)



This document can be explained to you in other languages and can be provided in other formats such as large print and braille.

For further information please contact **Customer First** on **0141 577 3001**  
[customerservices@eastrenfrewshire.gov.uk](mailto:customerservices@eastrenfrewshire.gov.uk)

DRAFT

Strategy development date: 21.8.20  
This Strategy is due for renewal 21.8.23

Participation and Engagement  
Implementation Group

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# A report on our journey to develop the Participation and Engagement Strategy 2020 - 2023



**East Ren HSCP**

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# Content

1. Background
2. Our pathways
3. Our risks and assumptions
4. The journey to develop the strategy - summary
5. The journey to develop the strategy - detailed findings
6. Conclusions
7. Our evidence standards

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## **About This Work**

This Outcome Map describes the process to develop a new Participation and Engagement strategy for East Renfrewshire Health and Social Care Partnership and also maps how taking a co-productive approach will contribute to improved outcomes for people in East Renfrewshire.

## **Aims and Objectives**

Our people, our partners, our staff and those who receive support will be engaged with, involved and will participate in ways that are meaningful to them.

East Renfrewshire will deliver a strategy that supports and resources new ways of engagement, and embraces digital platforms.

East Renfrewshire will deliver a strategy that has a focus on prevention, choice and stronger communities. People will have a strong and collective ownership of the strategy and will be enabled to share their views.

East Renfrewshire will have a coordinated approach to community engagement and participation which will minimise duplication and over consulting, support both planned and responsive priorities for engagement and enable a feedback loop to engagement activities – A “You said - We did” approach.

## **Context for Delivery**

The HSCP requires an updated Participation and Engagement Strategy to meet the principles of a number of external drivers for change. For example

- Self-directed Support (Scotland) Act 2013
- Community Empowerment (Scotland) Act 2015
- Carers (Scotland) Act 2016
- Principles for community empowerment Audit Scotland 2019
- National Standards for Community Engagement
- 7 golden rules of Participation - Children and Young Peoples' Commissioner Scotland 2015
- COSLA – Engagement Strategy (Draft) 2019  
Framework for Community Health and Social Care Integrated Services – Scottish Government November

The HSCP requires a Participation and Engagement Strategy that supports the HSCP Strategic Commissioning Objectives. The engagement activities which are necessary to support our strategic aims and objectives will be reinforced by our active commitment to choice and control and partnership working with the Implementation Group:

- Locality Planning
- East Renfrewshire Carers Centre
- Talking Points
- East Renfrewshire Community Planning
- Third Sector Interface –VAER
- Your Voice
- NHS Greater Glasgow and Clyde
- ERC Communications Team

The formation of this group coincided with Covid 19 and lockdown measurements. This additional challenge impacts on the Council and HSCP priorities. However, developing a coproduced strategy in this time also provides a wealth of learning and experience about how we as staff, people, and community partners can continue to be inclusive in our engagement activities and build capacity for community led supports.

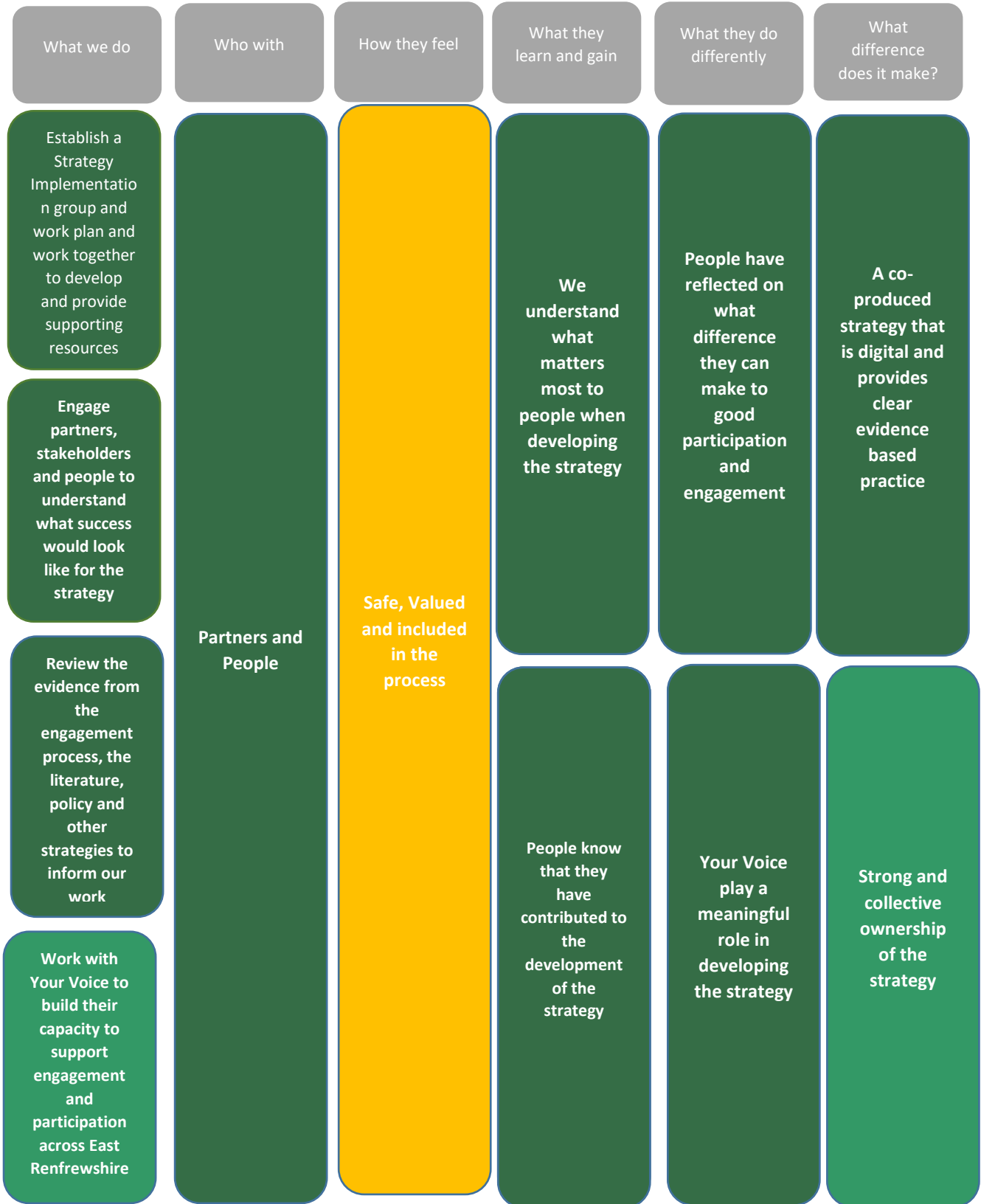
### **Methodological Approach**

The work shown in this report has been carried out using the Matter of Focus approach. The Matter of Focus approach is a theory-based approach to outcome monitoring and evaluation, learning and improvement that builds on contribution analysis. In using the approach, we have gone through a logical and structured process of:

- Developing a theory of change for our project informed by an understanding of the context in which we operate.
- Agreeing one or more outcome maps that show how we think our activities contribute to outcomes, and what needs to be in place to make this happen.
- Identifying clear change mechanisms by which our project or programme works. These are shown in our pathways.
- Developing a plan to gather data to understand whether or not we are making the progress towards outcomes we hope. This includes integrating current data and information we collect, as well as capturing data specifically for this purpose.
- Systematically reviewing this data against each of the stepping stones for each pathway in the outcome map.
- Summarising key findings against each of the stepping stones to tell our contribution story.

This report has been produced in OutNav. OutNav is a software system developed by Matter of Focus that supports organisations to take a collaborative and outcome focused approach to evaluation planning, implementation analysis and reporting.

# Our pathways



## What we do

### Establish a Strategy Implementation Group and implementation work plan and work together to develop and provide supporting resources

Establishing a Strategy Implementation Group was an important step to developing a coproduced strategy. The Participation and Engagement Implementation Group has successfully worked in partnership to develop the strategy and has built strong relationships and a foundation to continue to working together to support a shared work plan to implement the strategy objectives.

### Engage partners and people to understand what success would look like for the strategy

We used different methods to engage with all of our partners, including group sessions, reflective surveys and digital engagement using Microsoft teams. We asked our partners to share their personal and group perspectives and then to think about what others would say too.

Some of our partners went on to further explore engagement with colleagues, people they support and their own community networks. They shared what matters when it comes to participation and engagement by telling us:

- "what will success look like?"
- "how will we know we achieve this?"
- "how will we know we are getting there?"

This purpose of adopting this approach was to support us to fulfil our ambitions to

- Let people know that we will develop a new Participation and Engagement Strategy that is inclusive of their ideas and will have a digital format.
- Provide each group a one page format of what they said
- Develop a combined one page format at a glance. This will be the thread that runs through the content of the strategy and our engagement with our people, our community, our partners, and our staff in East Renfrewshire.

### Review the evidence from the engagement process, the literature, policy and other strategies to inform our work

The Implementation Group quickly adapted to new ways of collaborating and working together on the Strategy. We formed a Microsoft Teams group and used this format to share and review our thinking and our evidence.



We created shared files that included current Participation and Engagement strategies from other Local Authorities, documents relating to legislative drivers for change and ER drivers for change.

A Strategy Working Group was formed from the wider Implementation Group membership and has focused on finalising the draft.

### Work with Your Voice to build their capacity to support engagement and participation across East Renfrewshire

Your Voice is a group of individuals and organisations who are interested in how Health and Social Care services are designed and delivered in East Renfrewshire.

The HSCP asked Your Voice to consider supporting them to develop the new strategy and be a key partner in supporting its implementation. Your Voice held planning a meeting in November 2019 to consider participation and engagement in the context of the feedback from both the then recent Strategic Inspection and the emergence of new HSCP Locality Planning Forums. The group captured feedback on who they are connected to now, the nature of these connections and how they could improve these. They then hosted a wider community event in January 2020 to further these connections and begin to define their shared purpose and next steps.



(November 2019)



(January 2020)

The Your Voice February meeting was attended by HSCP Chief Officer Julie Murray. This looked at areas of involvement for Your Voice - Care Opinion, HSCP Volunteer expenses form, and the development of the strategy.

Further Meetings in March and April continued these discussions, and also focused on how Your Voice can development its capacity to be specifically involved in the work around strategy development.

## Who with

### Partners and People

#### The Strategy Implementation Group

We asked key staff across East Renfrewshire Community Planning and HSCP who have a role in participation and engagement to form this Group. Along with the Carers Centre and Voluntary Action East Renfrewshire as our 3rd sector interface organisation the group began to meet in March 2020. The group also reached out to representation from Your Voice East Renfrewshire as community partners and our HSCP digital partners to support the development of the Strategy. This group has been referenced above (Context for Delivery)

#### HSCP Staff, Third Sector Partners and Groups

Regarding our aims and objectives, it was important that engagement about the strategy was wide ranging and included *“Our people, our partners, our staff and those who receive support”*.

We facilitated engagement events with HSCP staff teams e.g. Criminal Justice Team, Commissioning Team, Learning Disability Day Services Teams. We also received feedback from Voluntary Action, The Carers Centre and The Self Directed Support Forum staff teams.

Speaking to East Renfrewshire Locality Forums and Talking Points was also important as each of these groups represent a wide range of Statutory and Third Sector partner organisations within East Renfrewshire. In this context, we directly engaged with 35 different organisations between both these forums

We also captured feedback from people and families who use services with the support of Local Area Coordination from Enable Scotland, who facilitated digital engagement events.

#### Your Voice

Your Voice is a group of people who share an interest in making sure there are opportunities for public involvement in the planning of new services. It was formed in 2006 (originally as the Public Partnership Forum). There is currently representation on the group from older people, carers, mental health, disability, faith organisations.

Your Voice has group members on formal committees and HSCP groups

- Integration Joint Board
- Care Governance Monitoring Group
- Strategic Planning Group
- Locality Forums

The group had a statutory function under the previous Community Health and Care Partnership structure. They have continued to work closely with the HSCP and were identified as a key partner in developing the new strategy and supporting its implementation

It is a small group but it is always trying to get more people involved. The group is looking at how they can best do this - through social media/publicity etc - and identify any support they can get.

## **How they feel**

### **Safe, valued and included in the process**

#### **The Strategy Implementation Group**

*Strategy Implementation Group member*

“For me the approach has felt joined up and not just an HSCP document or perspective”

#### **HSCP Staff, Third Sector Partners and Groups**

“It was good to be involved in the process at an early stage and to feel that our contribution means something. Partners working together and being included from the outset shows our views are important and best supports carers.”

*East Renfrewshire Carers Centre*

*Locality Forum member*

“I felt confident in being able to express my views, comments and opinions on the strategy and feel optimistic that these are listened to”

## Your Voice

With the difficulties in meeting publicly due to Covid 19 telephone engagement was carried out with all Your Voice members in May to find out

- how they were doing
- how they felt about the group continuing in the current climate
- what tech they had and how confident were they in trying different methods of meeting
- anything they specifically wanted to be involved in? I.e. Strategy, care opinion, publicity etc.
- anything else they would like to share

Feedback was collated in a report and comments were positive overall, despite the current situation

“To get things right it’s ok to get some things wrong. That’s how we learn”

Opportunities - if not Covid 19 then none of this would be happening – good time to be doing things/good feeling about being involved at the moment. Feel more connected than before.”

“useful to get out of our comfort zone”

The group decided to try Microsoft Teams and the subsequent June meeting was the best attended one for some time. Everyone that was able to attend did so.



## What they learn and gain

### We understand what matters most to people about the process of engagement when developing the strategy

Engaging with a range of stakeholders about "What success looks like?" "how will we achieve it?" and "How will we know we are getting there?" has enabled each groups reflection about what difference they can make within their own engagement activities. Each group were given their own "one page reflection"

Implementing East Renfrewshire Participation & Engagement Strategy Talking Points	Implementing East Renfrewshire Participation & Engagement Strategy Talking Points
<p><b>What will success look like?</b></p>	<p><b>How will we achieve this?</b></p>
<p><b>For Team Talking Points</b></p>	<p>We have the resources we need to be accessible to the community</p> <p>We have truly person centred stories that we share and gather. These stories capture the journey of people and the impact Talking Points and partners have.</p> <p>We don't just follow targets, we slow down, we build in flexibility and we go with the flow of what emerges as important to people.</p> <p>We get together but we use different approaches. We can use different methods to do this and we learn and explore how to do this.</p> <p>We engage with our community about what good participation and engagement looks like for them</p> <p>Engagement is focused on what matters to people</p>
<p>Local people know all about Talking Points and understand what we do</p> <p>Talking Points partners are part of busy hubs and our time is effectively used there</p> <p>The Talking Points team have great relationships with each other, we trust each other and we know what each other does.</p> <p>Talking Points partners all buy into a core value of person centred support, conversations and relationships. We support choice and control and safe spaces for people to talk confidentially</p> <p>Talking Points is accessible not only in its geography by being easy to get to, but also in being available outside traditional work times, using different ways to get their message out there to different people who need different communication approaches.</p> <p>We give confidence to people and don't exclude people</p> <p>We get feedback about people's experience of Talking Points and we monitor this regularly to use as evidence.</p> <p>We have good directories available and can signpost people to what matters most to them.</p> <p>We will know we are successful when there is confidence in our communication both internally and front facing</p> <p>Open channels of communication and free flowing information between stakeholders - service providers, community groups, and local people</p> <p>Engagement is focused on what matters to people</p> <p>Successful participation looks good when we are engaging with those who are harder to reach and more excluded</p>	<p><b>How will we know we are getting there?</b></p>
<p><b>For the community, its groups and networks</b></p>	<p>We will know by knowing who we are reaching. We monitor this.</p> <p>We will have great stories. We hear the great news stories about Talking Points</p> <p>We always have the right people around the table.</p> <p>We have different ways of working. Not all our meetings have to be face to face but we value this as important.</p> <p>We have more and more community members and groups as Talking Points partners</p> <p>We make regularly make time for creative thinking and reflection</p> <p>We feel like we are an entity owned by everyone.</p> <p>Team members have increased confidence about local resources and service provision.</p> <p>When we are engaging with those who are harder to reach and more excluded</p> <p>When there is confidence in our communication both internally and front facing</p>

## Your Voice

"I am doing this though Covid 19 and it has been a good time to reinvent ourselves....its bringing more people together and making different connections than I would have done before"

## People know that they have contributed to the development of the strategy

In support of our aims and objectives that people will be enabled to share their views we developed a “strategy at a glance” insert that is central to evidencing the contribution of others to develop this strategy.



This knowledge base of "You said" from the different perspectives of all our partners will continue to inform our purpose and principles as we move forward to our next phase of engagement and participation work plan "We will"

## What they do differently

### People have reflected on what difference they can make to good participation and engagement

Both the Talking Points Team and the Locality Forums are now beginning to use this information as a starting point to developing a process of participation and engagement around recovery planning as they come into new phase of the Covid 19 pandemic. This intelligence about what matters to them as a group and what successful participation means to them will support their direction as they move forward.

*Talking Point members from across a wide range of third sector and statutory organisations, had the opportunity to give their feedback on what successful Participation and Engagement looks like for ourselves and the community, how we will achieve it and what markers will let us know we are achieving it.*

*The paper that was produced from this engagement was sent out prior to the Recovery Groups first meeting to all participants. This allowed us all to reflect on what we should be achieving as we moved forward as well as what we need to put in place that would allow us to properly engage with our residents.*

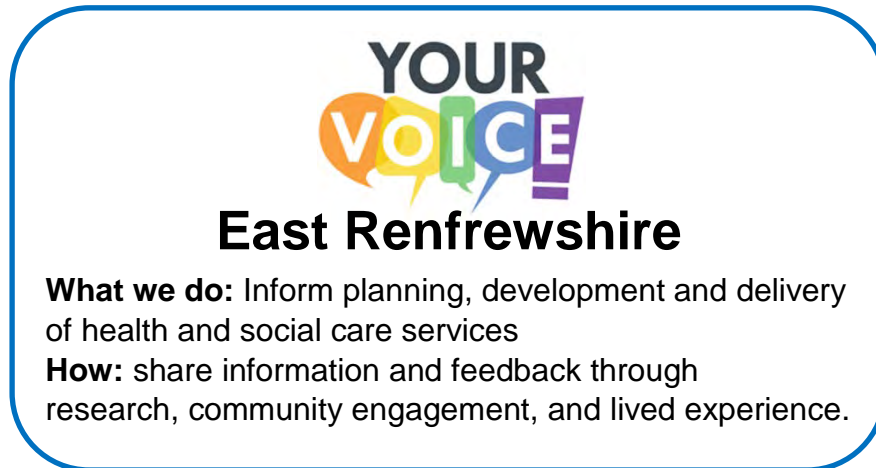
The Talking Points Recovery Group Lead

**“The strategy planning session has encouraged our organisation to consider the contribution we can make to good participation and engagement in the locality and has enabled us to reflect on how we can better promote this in our business”**

Locality Forum member

## Your Voice play a meaningful role in developing the strategy

Collaborative working with our contributors has happened early on in the stage of the strategy development. Your Voice were involved at the very beginning of this process, thinking about their purpose and potential as a group and building relationships that support their new purpose statement



Recent Your Voice activity includes:

- **Care Opinion** – Your Voice members have met with Care Opinion staff and are advising on the Care Opinion “service tree” for East Renfrewshire. They will also support public awareness of Care Opinion and have a possible role in helping people to use it..
- **Strategy Working Group** - Your Voice have two members on the strategy working group which is developing the strategy to take to the wider Implementation Group. The full group have also seen and commented on the various drafts at Your Voice meetings
- **Participation & Engagement expenses** – Your Voice is working with Voluntary Action and the HSCP to finalise a process that supports payment of expenses to anyone supporting Participation and Engagement on behalf of HSCP. A particular focus is on replacement care for carers to be able to participate.

## What difference does it make?

### A co-produced strategy that is digital and provides clear evidence based practice

As we increasingly use new ways to communicate and engage with each other in the context of the impact of Covid 19, it is now more important than ever to reach our people, our partners, our staff and those who receive support in ways that matter



most to them. Having an additional format of a digital strategy supports this offer of alternative communication and access to supports and resources

Our digital strategy has been developed in collaboration with a Participation and Engagement Implementation group. In addition to the strategy development this group has also formed positive relationships based on a clear support for effective and collaborative consultation and participation which is evidenced based. The Implementation Group is keen to continue to use its shared digital TEAMS platform and OUTNAV to continue to the next phase of implementing strategy activity.

With the development of a new Council Website the Digital HSCP Participation and Engagement Strategy is here at the right time, and in the right place so that it can support us to inform, consult, involve, collaborate and empower our people, our communities and our staff.



### **Strong and collective ownership of the strategy**

As outlined in the aims and objectives above we wanted to develop a “strong and collective ownership” of the developed Strategy. We believe this has been achieved with the people, partners, staff and those who receive support who have contributed to the engagement process in its development.

Furthermore, the development of the Participation and Engagement Implementation Group has built strong relationships through this forum for future partnership working between staff in the HSCP, Community Planning and third sector organisations. This group have reflected on what difference they can make to good participation and engagement and evidenced based planning and practice and are keen to continue an inclusive, collective work plan of activities that support ongoing implementation of the strategy


Your Voice as a group of community members and organisations have had an ongoing role in supporting the HSCP through their collective work in various groups. Their early collaboration with the development of the strategy through various working groups has supported new relationships, connections and opportunities to expand their role and purpose.

## Risks and Assumptions

 **COVID has limited our capacity to engage partners as planned**


### Risk

We have not had enough engagement to be confident that the strategy is robust?

 **Coproduction leads to decisions people don't like and they disengage from the process**


### Risk

We do not look for examples where taking a co-productive approach has resulted in decisions that are unpopular or different than anticipated for some people

 **We have to do more coproduction with the same amount of resources and time**

### Risk

We do not include the capacity of HSCP staff, wider partners and our communities to implement the work plans that support the aims and objectives of the strategy

 **People have access to technology in order to co-produce, we have permission to work in different ways and people want to work like this**


### Assumption

We promote the provision of technology for those who would benefit. That people and communities are enabled to participate and engage in ways that matter to them.

 **There is time, resources and capacity to support co-production and this continues to be a strategic priority**

### Assumption

The HSCP will explore the resource required to enable a “live, digital” version of the Strategy that is updated when necessary. The HSCP and the wider partnership will commit time and capacity from existing resources to continue to support the Participation and Engagement Implementation Group function.

 **Participation and Engagement is valued by the HSCP. Staff are supported to explore how they can collaboratively with people, communities and with wider partnerships**

### Assumption

The HSCP and the wider partnership will have learning and development opportunities for their staff that support community participation, choice and control, good conversations and collaborative service redesign.

## Conclusions

1. The Participation and Engagement Implementation Group are now a strong foundation for shared, planned, proactive engagement working to support the HSCP Strategic Commissioning intentions. We will continue as an implementation group to map out these activities and develop a shared Participation and Engagement work plan going forward.
2. The Implementation Group will have an asset based approach that supports our ongoing capacity for community participation and engagement.
3. Covid 19 Recovery Planning and our HSCP Strategic Plan will continue to be a central focus for Participation and Engagement. We will align these activities to our work plan
4. Your Voice will be supported to continue its strong links with the HSCP whilst building their capacity to become an independent focus for community engagement that builds pathways to community led supports, choice and control.
5. The group recognises the need to have a corporate approach to digital participation and engagement which addresses access and affordability in making opportunities available for everyone

Angie McGregor

August 2020

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EAST RENFREWSHIRE  
HEALTH AND SOCIAL CARE  
PARTNERSHIP



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	25 November 2020
<b>Agenda Item</b>	9
<b>Title</b>	HSCP Strategic Plan Update
<p><b>Summary</b></p> <p>East Renfrewshire HSCP is among seven partnerships required to review its current Strategic Plan and establish an updated plan by 1 April 2021. Given the unique circumstances resulting from the Covid-19 pandemic and significant barriers to normal strategic planning activity it has been recognised nationally that a tailored approach is required for the Strategic Plan update. Follow discussions with the Scottish Government it has been proposed by the relevant partnerships to depart from normal three-year plans with the establishment of one-year plans for 2021-22 reflecting priorities during our recovery from the pandemic. The partnership's Strategic Planning Group have agreed to this approach.</p>	
<b>Presented by</b>	Steven Reid: Policy, Planning and Performance Manager
<p><b>Action Required</b></p> <p>The Integration Joint Board is asked to:</p> <p>(a) Approve the production of a one-year 'bridging' strategic plan covering the period April 2021 to March 2022. This will reflect on the delivery of the current plan, outline the recovery and response activity for the 12 month period, and set out our vision and strategic priorities.</p> <p>(b) Agree that during 2021-22, we will develop a longer-term detailed strategic commissioning plan setting out the IJBs direction for 2022-25 to be published by March 2022.</p>	
<p><b>Directions</b></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 (NHSGCC)</p> <p><input type="checkbox"/> Directions to both ERC and NHSGCC</p>	<p><b>Implications</b></p> <p><input type="checkbox"/> Finance</p> <p><input type="checkbox"/> Policy</p> <p><input type="checkbox"/> Workforce</p> <p><input type="checkbox"/> Equalities</p> <p><input type="checkbox"/> Risk</p> <p><input 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**

**25 NOVEMBER 2020**

**Report by Chief Officer**

**HSCP STRATEGIC PLAN UPDATE**

**PURPOSE OF REPORT**

1. The purpose of this report is to update the Integration Joint Board on the planned approach to strategic planning for future years and to seek approval for a one year 'bridging' Strategic Plan for 2021-22 in light of the constraints placed on the partnership due to the Covid-19 pandemic. During 2021-22 we would undertake full development work to establish a subsequent three-year Strategic Plan for 2022-25.

**RECOMMENDATION**

2. The Integration Joint Board is asked to:
  - (a) Approve the production of a one-year 'bridging' strategic plan covering the period April 2021 to March 2022. This will reflect on the delivery of the current plan, outline the recovery and response activity for the 12 month period, and set out our vision and strategic priorities.
  - (b) Agree that during 2021-22, we will develop a longer-term detailed strategic commissioning plan setting out the IJBs direction for 2022-25 to be published by March 2022.

**BACKGROUND**

3. The current East Renfrewshire HSCP Strategic Plan (2018-21) is due for review by 31 March 2021. There is a statutory requirement to have a new plan in place from 1 April 2021 as set out in the Public Bodies (Joint Working) (Scotland) Act 2014. The provisions in the Coronavirus (Scotland) Act 2020 do not permit any change to the requirements and publication of the Strategic Plan.
4. Due to the impact of the Covid-19 pandemic there are a number of barriers to the development work required to produce a medium to long-term strategic plan. The current situation has resulted in reduced staff capacity and shortened timescales for the development of the plan. Officers who would have been involved in this work continue to be heavily engaged in Covid-19 pandemic response and recovery planning. Equally, the pandemic has limited the scope for a fully inclusive programme of community and stakeholder consultation. The production of a robust strategic needs assessment is also challenging at this time given capacity constraints and the changing profile of local needs as we move between response and recovery phases of the pandemic.

**REPORT**

5. East Renfrewshire HSCP is among seven partnerships required to review its current Strategic Plan and establish an updated plan by 1 April 2021. Given the unique circumstances resulting from the Covid-19 pandemic and the significant barriers to normal strategic planning activity it has been recognised nationally that a tailored approach is required for the Strategic Plan update.

6. The seven HSCPs across Scotland that were due to review their Strategic Plan by 31 March 2021 have held discussions with the Scottish Government to propose a way forward that preserves the integrity of HSCP Strategic Planning whilst balancing the immediate and ongoing pressures of the Covid-19 crisis. As a result of these discussions it was proposed that we depart from normal three-year plans and establish one-year 'bridging' plans for 2021-22 reflecting priorities during our recovery from the pandemic.
7. In line with the advice from the Scottish Government and taking a consistent approach with other partnerships across the country, we propose developing a 2021-22 one-year plan for East Renfrewshire with the development of a full three-year plan for 2022-25. The one-year 'bridging' plan would:
  - Meet our statutory requirement to review the Strategic Plan within a three year period.
  - Set out an assessment of the delivery of the strategic priorities in our current plan (2018-21), taking account of the impact of Covid-19.
  - Reflect on available current information on local needs and take account of lessons learned during the Covid-19 pandemic.
  - Draw on stakeholder and community views through the Strategic Planning Group and consultation feedback.
  - Revise our headline strategic planning priorities in light of current circumstances and learning.
  - Set out our key areas of activity for the period 2021-22 including our ongoing response to and recovery from the Covid-19 pandemic.
  - Outline our intention to produce a full Strategic Plan for 2022-25 following a detailed strategic needs assessment and full programme of community and stakeholder engagement (carried out during 2021-22).
8. The partnership's Strategic Planning Group discussed and agreed to this approach at its meeting of 28 October 2020 and we are now seeking approval from the Integration Joint Board.
9. If agreed, we will keep the Board updated on progress as the plan develops and seek approval of the draft plan for publication in March 2021.

## **CONSULTATION AND PARTNERSHIP WORKING**

10. We have convened two meetings of the Strategic Planning Group to support the development of our next Strategic Plan and gather views from local stakeholder organisations.
11. At the first meeting of the group in September 2020 we considered key lessons learned from the Covid-19 pandemic, impacts and responses from local people and communities, and considered issues around ongoing participation and engagement.
12. The second meeting of the group was held in October and considered the best approach to the development of the Strategic Plan, agreeing that we should develop a one-year plan and establish a full three-year plan from the following year. The group also reviewed the appropriateness of the seven HSCP strategic priorities as set out in the existing Strategic Plan.
13. The Strategic Planning Group will continue to meet monthly to support the development of our strategic planning going forward.



## **IMPLICATIONS OF THE PROPOSALS**

14. There are no implications arising from this report.

## **DIRECTIONS**

15. There are no directions arising from this report.

## **CONCLUSION**

16. Given the significant practical and resource impacts of pandemic, the constraints on community and stakeholder consultation and the need for our focus to remain principally on response and recovery from Covid-19, we feel the best approach to the next cycle of strategic planning is to establish a one-year 'bridging' plan for 2021-22 with the subsequent development of a three-year plan for 2022-25. This approach would also bring us in line with the planning cycle for the majority of HSCPs across Scotland.

## **RECOMMENDATION**

17. The Integration Joint Board is asked to:

- (a) Approve the production of a one-year 'bridging' strategic plan covering the period April 2021 to March 2022. This will reflect on the delivery of the current plan, outline the recovery and response activity for the 12 month period, and set out our vision and strategic priorities.
- (b) Agree that during 2021-22, we will develop a longer-term detailed strategic commissioning plan setting out the IJBs direction for 2022-25 to be published by March 2022.

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

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Chief Officer, IJB: Julie Murray

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	25 November 2020
<b>Agenda Item</b>	10
<b>Title</b>	Winter Plan 2020/21
<p><b>Summary</b></p> <p>This report updates the Integration Joint Board on Greater Glasgow and Clyde whole system and East Renfrewshire HSCP preparedness for winter. This is based on the work that has been progressing throughout the year to strengthen the resilience of our services within the context of Covid-19 and our joint work on unscheduled care planning and delivery.</p> <p>The report notes the significant contribution of the HSCP workforce over the last year to the multiple demands requiring immediate service response. It recognises that our system will continue to ask much from them over the winter period and that the complexity of the Covid-19 scenarios adds a further level of challenge and uncertainty.</p>	
<b>Presented by</b>	Candy Millard Head of Adult Health and Social Care Localities
<p><b>Action Required</b></p> <p>The Integration Joint Board is asked to note and comment on the content of the report</p>	
<p><b>Directions</b></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><b>Implications</b></p> <p><input checked="" type="checkbox"/> Finance</p> <p><input type="checkbox"/> Policy</p> <p><input checked="" type="checkbox"/> Workforce</p> <p><input type="checkbox"/> Equalities</p> <p><input checked="" type="checkbox"/> Risk</p> <p><input type="checkbox"/> Legal</p> <p><input type="checkbox"/> Infrastructure</p> <p><input type="checkbox"/> Fairer Scotland Duty</p>

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**25 November 2020**

**Report by Chief Officer**

**WINTER PLAN 2020/21**

**PURPOSE OF REPORT**

1. The purpose of this report is to update the Integration Joint Board on Greater Glasgow and Clyde whole system and East Renfrewshire HSCP preparedness for winter. This is based on the work that has been progressing throughout the year to strengthen the resilience of our services within the context of Covid-19 and our joint work on unscheduled care planning and delivery.

**RECOMMENDATION**

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

**BACKGROUND**

3. Planning for winter is a particularly important part of the Integration Joint Board's responsibilities. Each year Scottish Government issues updated guidance for Winter Planning with an expectation that a final Greater Glasgow and Clyde whole system approved Winter Plan will be submitted by end of October/early November. This year the complexity of the Covid-19 pandemic adds a further level of uncertainty to winter that will be a challenge to manage.
4. Our winter plan reflects considerable cross system working on unscheduled care that has accelerated since the start of the Covid-19 pandemic in the spring. Cross Greater Glasgow and Clyde governance arrangements established to respond to the immediate challenges of the lockdown have been used to identify opportunities for improvement in pathways and processes for urgent care. In addition our local East Renfrewshire HSCP winter planning draws on the work of our Recovery and Response, Unscheduled Care and Flu Planning groups.

**REPORT**

**Winter Resilience**

5. Both NHS and Council have business continuity arrangements in place, including separate plans for adverse weather. Business Continuity Plans and Business Impact Assessments, which detail critical services and their requirements for maintaining essential service delivery, are in place across the HSCP. Given the changing nature of the challenges facing services from the pandemic coupled with seasonal pressures expected this year, services are developing 6 month winter resilience plans which consider potential scenarios and risks for

the months ahead, and outline activities to ensure the delivery of safe and high quality services for the population during anticipated periods of heightened pressure.

6. The HSCP uses situation reports as a mechanism for escalation, feeding into both NHS and Council systems. Senior management have an on call rota and have access to key partner and service contact details in order to respond to local and NHS Greater Glasgow and Clyde system escalation.
7. Referrals are increasing as the winter approaches and we anticipate levels of demand will continue throughout the winter period. We are undertaking further recruitment to care at home and continue to work with providers to support resilience. However, whilst further recruitment is underway, levels of staffing are being affected by illness and self-isolation.
8. Based on our learning from the start of pandemic, when due to Covid-19 restrictions and impacts beds were not available when required, the HSCP will not pursue the option of block purchase of care home beds for intermediate care over the winter period. Staff have permission to purchase beds for intermediate care on an ad hoc basis if required. There is some additional capacity at Bonnyton House, which has now returned from its refurbished building, however this is also limited by Covid-19 restrictions.

#### **Single Point of Access' for Urgent Care**

9. NHS Greater Glasgow and Clyde's aspiration is to schedule as many urgent care appointments as possible by maximising the use of NHS Near Me and telephone appointments. We want to deliver care in the right place, and to minimise the number of people waiting in busy Emergency Departments. Almost 300,000 people self-referred and attended Emergency Departments last year across Greater Glasgow and Clyde, and from triage data we would expect around 35% of these patients will still need to attend Emergency Departments. For East Renfrewshire our figures are 16,471 attendances of which 5,040 were triaged into flows that would require Emergency Department attendance.
10. In addition to changes to improve the flow of patients through acute services sealing with emergency care, an Urgent Care Resource Hub (UCRH) and Local Response Hub model will be implemented across the 6 HSCPs within Greater Glasgow and Clyde by the end of January 2021. The objective of this model is to facilitate integrated, person-centred, sustainable, efficient and coordinated health and social care Out of Hours Services across the Greater Glasgow and Clyde area. The UCRH will continue to develop and enhance the way we work across the health and social care out of hours system by providing a single point of access to health and social care services for professionals working across the out of hours system. The UCRH will facilitate and coordinate a multiservice response when required during times of crisis and escalation.
11. Locally in East Renfrewshire our local response will be a combination of the social care services that operate out of hours: care at home, telecare responder and Bonnyton House. Intensive Services have on call management arrangements until 10pm every day. Out of hours district nursing services are currently hosted in Glasgow and Renfrewshire and we are exploring the demand and capacity implications of this being part of an integrated East Renfrewshire Local Response Hub.

## **Flu Immunisation Programme**

12. Delivery of this year's seasonal Influenza Programme for people aged 65 and over is now into its sixth week and the response in terms of uptake (76%) is encouraging, given the significant changes required to deliver flu immunisation safely in the Covid-19 pandemic. Over 11,500 residents have been vaccinated in the 4 local vaccination centres established by HSCP staff. All registered patients 65 and over should now have received a letter, from the central booking system, with an offer of an appointment before the end of November.
13. Operational resourcing of these facilities has come from within HSCPs existing internal workforce with additional support through the nurse bank and community dentistry.
14. The Community Nursing Team are progressing well with the administration of vaccines to people who are unable to leave their homes to access vaccination at the clinics. Phase 1 of the programme vaccinating people on the District Nursing caseload has completed over 480 vaccinations. The Community Nursing Team are on phase 2 of their delivery programme offering vaccinations to housebound patients identified by GP practices. Over 160 vaccines have been administered to this group.
15. The '18 to 64 at risk' cohort is delivered by General Practice. The majority of GPs have commenced their vaccination clinics and report good uptake.
16. Peer to Peer Clinics commenced on Wednesday 7 October 2020. Care at home and front line staff frontline workers who have face-to-face contact with those who use our services have been actively encouraged to take up the offer of immunisation by our flu champions. To date over 360 staff have been immunised and further mop up clinics are planned.
17. Our learning from the work to date will inform future vaccination programmes.

## **Care Homes**

18. The challenges faced this winter across the Care Home sector puts additional demands on the HSCP given the additional responsibilities assigned through the Chief Officer, Chief Nurse and Chief Social Work Officer. This includes supporting homes with testing, support for homes with outbreaks, support for complex clinical care and support where homes are unable to meet the care needs of residents. Increasing numbers of adult support and protection referrals are a concern. Recently two homes have been subject to large scale investigation which has significant resourcing implications both in terms of assessing the risks to each individual resident and putting in place comprehensive support plans to improve clinical care.
19. In order to mitigate risk additional Care Home Liaison Nurse support is being recruited and an additional OT is being added to the team. Our intention is that staff from both community nursing and Older Adults Mental Health are brought together to form a virtual care home team, with close links with our Adult Support and Protection Team.

## CONSULTATION AND PARTNERSHIP WORKING

20. Staff Partnership are members of our HSCP Recovery and Flu Planning groups.

## IMPLICATIONS OF THE PROPOSALS

### Finance

21. Covid-19 related costs are tracked by the HSCP and a Flu cost tracker is in place. Costs associated with adverse weather will be documented separately if required.

### Workforce

22. Throughout the pandemic period, workforce has been a critical concern, and we anticipate an increase in absence during the winter period in relation to Covid-19 with either staff becoming ill, isolating, or caring for relatives. Some of our staff are able to work remotely from home and managers work with staff to look for flexible solutions. The HSCP monitors absence on a daily basis in order to identify risk to services. However it is not possible to mitigate against all risks.
23. The Everyone Matters pulse survey responses showed high anxiety levels within staff (although results in relation to teams / organisation were very positive) and anecdotally we know that staff are tired and have been working at pace throughout the pandemic. We have a health and wellbeing group in place which actively looks at measures we put in place and how we support staff to maintain their resilience over the winter period.

### Risk

24. The complexity of the Covid-19 scenarios adds a further level of uncertainty that will be a challenge to manage. In addition Covid-19 restrictions and impacts will affect service and staffing availability this year.

## DIRECTIONS

25. There are no directions arising from this report.

## CONCLUSIONS

26. The preparation and planning for winter within the context of the COVID-19 pandemic has required greater focus and cross-system working than previous years. Governance arrangements established in the spring to respond to the immediate challenges of the lockdown have been used for improvement in pathways and processes for urgent care.
27. The complexity of the Covid-19 scenarios adds a further level of uncertainty that will be a challenge to manage. In addition Covid-19 restrictions and impacts will affect service and staffing availability this year.



28. Finally, we would want to acknowledge the immense contribution of our workforce over the last year to the multiple demands requiring immediate service response and recognise that our system will continue to ask much from them over the winter period.

## **RECOMMENDATIONS**

29. The Integration Joint Board is asked to note and comment on the content of the report.

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

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10 November 2020

Chief Officer, IJB: Julie Murray

## **BACKGROUND PAPERS**

None

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b> <b>Held on</b>	Integration Joint Board  25 November 2020
<b>Agenda Item</b>	11
<b>Title</b>	East Renfrewshire HSCP Recovery Update
<b>Summary</b>  This report provides the Integration Joint Board with an update on the current position of HSCP services in relation to our recovery from the Covid-19 pandemic. Since the last update we have moved into a more dynamic phase of the pandemic with services doing both response and recovery updates.	
<b>Presented by</b>	Steven Reid, Policy, Planning and Performance Manager
<b>Action Required</b>  The Integration Joint Board is asked to note and comment on this report.	
<b>Directions</b> <input checked="" type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<b>Implications</b> <input checked="" type="checkbox"/> Finance <input type="checkbox"/> Policy <input checked="" type="checkbox"/> Workforce <input type="checkbox"/> Equalities <input checked="" type="checkbox"/> Risk <input type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**25 November 2020**

**Report by Chief Officer**

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

**PURPOSE OF REPORT**

1. This report provides the Integration Joint Board with an update on the current position of HSCP services in relation to our recovery from the Covid-19 pandemic. Since the last update we have moved into a more dynamic phase of the pandemic, with services delivering both response and recovery activities.

**RECOMMENDATION**

2. The Integration Joint Board is asked to note and comment on the report.

**BACKGROUND**

3. IJB members will recall papers outlining summary positions being presented to members on 3<sup>rd</sup> September and 12<sup>th</sup> August 2020.
4. We continue to produce weekly sit reps within the HSCP.
5. As a result of the changing national approach to strategic planning we are currently revising our local planning approach regarding pandemic response and winter resilience.

**REPORT**

6. On 21 May 2020 the Scottish Government published *Scotland's Route Map Through and Out of the Crisis*. This set out the national framework for a phased easing of restrictions and the gradual remobilisation of services. Following the lockdown period, recovery planning at the Board and HSCP level has focused on the remobilisation of health and social care services in line with the phased easing of restrictions while seeking to 'rebuild better' drawing on emerging lessons from the pandemic and seeking to redesign services as appropriate.
7. Although essentially a 'linear' planning process for remobilisation it was always recognised that the recovery phase and the return to planned day-to-day arrangements was unlikely to be straightforward or predictable, given the continuing requirement for social distancing and public health controls. The HSCP recognised that while some aspects of recovery planning would be possible through planned steps these would be dependent on external policy decisions. In addition, the potential for further waves of Covid-19 infection meant that it was likely at some stage we would be required to 'step back' to restrictions seen in previous phases.

8. Rising rates of Covid-19 infection during autumn saw a slowdown in the easing of restrictions in Scotland. As a result of the second wave of infection the Scottish Government has adopted a revised strategic approach to the pandemic which recognises regional variation and seeks to balance lockdown restrictions with economic and health and wellbeing considerations appropriate to localities. *Coronavirus (COVID-19) - Scotland's Strategic Framework* was published on 23 October 2020. The framework sets out a strategic approach to outbreak management based on five levels of protection (0 to 4) which can be asserted either on a national basis or with local variation in order to avoid a 'one size fits all' approach. This means that one part of the country with low rates of infection does not have to live with the level of protective measures designed to suppress the virus in areas with much higher rates. The intention of the framework is to suppress the virus to the lowest possible level and to keep it there, while striving to return to a more normal life for as many people as possible.
9. East Renfrewshire, along with all Greater Glasgow local authority areas, has been assessed as requiring to be placed in Level Three – the second highest level. This level sees increased restrictions on inter-household mixing, leisure activities and travel in and out of East Renfrewshire only permitted for essential reasons including work, health, education and other exempt activities. Level Three For public services, only essential face to face provision is permitted in Level Three. Support services are encouraged to be delivered online where possible. Home working remains the default position unless essential to attend workplaces.
10. In the current situation we are seeing our local activity to remobilise services slowing. In most cases services have remobilised and adapted as much of their activity as possible given the continuing (and increasing) restrictions. Further recovery work, e.g. increasing face-to-face and group activity or reopening facilities, will not be possible until there is further easing of lockdown restrictions as decided at the national level. At the same time, with increasing rates of Covid-19 infection in East Renfrewshire and tighter local restrictions, our services are stepping back into 'response' activity.
11. The situation is now highly dynamic with the potential for East Renfrewshire to move up or down between the Scottish Government protection levels. And many of our services are currently undertaking both response and recovery (and improvement) activity at the same time. As such, it is no longer appropriate to plan purely on the basis of recovery, moving through and out of the pandemic. Given the changing nature of the challenges facing services from the pandemic coupled with seasonal pressures expected during the winter months we are moving a resilience-based planning approach.
12. Services are developing 6 month winter resilience plans which consider potential scenarios and risks for the months ahead, critical functions and resource requirements, and outline activities to ensure the delivery of safe and high quality services for the population during anticipated periods of heightened pressure. At the same time we will streamline the monitoring of our existing recovery plans to focus, by exception, on the completion of planned remobilisation activities.

**Adult Health and Social Care Localities**

<b>% SERVICE OPERATIONAL</b>	<b>SERVICE ACTIVITY SUMMARY POSITION</b>	<b>SERVICE ACTIVITY NOT YET RESTARTED</b>
<b>Social Work Locality Teams</b>		
<b>90%</b>	<ul style="list-style-type: none"> <li>- Undertaking assessments/reviews Unable to fully meet current demand</li> <li>- Home visits being conducted when required, and for the more vulnerable clients</li> </ul>	<ul style="list-style-type: none"> <li>- Routine home visits not taking place (replaced with telephone contact)</li> <li>- Staff not working from base due to Government advice and restricted space as a result of social distancing.</li> </ul>
<b>Initial Contact Team</b>		
<b>75%</b>	<ul style="list-style-type: none"> <li>- Team prioritising emergency cases (those that would result in a care home or hospital admission if not dealt with) Unable to fully meet current demand (risk assessment has been undertaken)</li> <li>- Social Workers operating 'a' and 'b' teams due to social distancing</li> <li>- Current demand</li> </ul>	<ul style="list-style-type: none"> <li>- Much of the previous preventative work undertaken through Talking Points is on hold due to Covid-19 restrictions (early discussions have started on reintroduction of the service).</li> </ul>
<b>Learning Disability Team</b>		
<b>90%</b>	<ul style="list-style-type: none"> <li>- All clinical/medical appointments continuing</li> <li>- Multi-Disciplinary Team fully operational</li> <li>- Statutory social work operations</li> <li>- Planning days (with regards to comprehensive social work assessments)</li> <li>- Transitional planning for individuals moving to their own homes</li> <li>- Multi-agency group work</li> <li>- Training for providers/clients</li> </ul>	<ul style="list-style-type: none"> <li>- Non urgent appointments</li> </ul>
<b>Older People's Mental Health Team</b>		
<b>85%</b>	<ul style="list-style-type: none"> <li>- Routine medical outpatient clinics and memory review clinics reinstated</li> <li>- 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.</li> <li>- Occupational Therapy functional assessments reinstated and patients from waiting list being seen.</li> <li>- Initial memory assessments reinstated with team working through extensive waiting list</li> <li>- Cognitive enhancer trials reinstated with team working through waiting list.</li> </ul>	<ul style="list-style-type: none"> <li>- All group work (due to current government restrictions)</li> </ul>

<b>Community Rehabilitation and Rapid Access</b>		
<b>95%</b>	<ul style="list-style-type: none"> <li>- Locality Rehab Teams and Rapid Access Service are delivering full service to prevent hospital admissions, support clients being discharged from hospital and to undertake urgent and routine assessments, equipment provision, support and rehabilitation interventions - including new referrals, existing caseload and waiting list activity.</li> <li>- Undertaking assessments for all referrals in relation to external and internal major adaptation works with exception of ERC wet floor shower adaptations which is still waiting confirmed start date.</li> <li>- Service continues to have additional responsibilities for respiratory rehabilitation and face mask fitting for HSCP.</li> <li>- Some implementation of Attend Anywhere, use of online digital resources for maintenance/exercise etc. where appropriate although majority of clients require home visits and face to face input due to level of complexity and frailty,</li> </ul>	<ul style="list-style-type: none"> <li>- Awaiting confirmation of start date from ERC Housing to accept new OT assessments for wet floor shower adaptations- proposed date from Housing is beginning of December.</li> </ul>
<b>Hospital to Home</b>		
<b>90%</b>	<ul style="list-style-type: none"> <li>- All aspects of service activity are ongoing with restricted contact an ongoing challenge.</li> <li>- Risk assessment work ongoing at local and national levels on safe return to full patient assessment.</li> <li>- New multi-disciplinary approach to complex discharges in place.</li> <li>- Reviews and weekly ward meetings now taking place virtually</li> </ul>	<ul style="list-style-type: none"> <li>- Face to face contact with individuals and carers, particularly in hospitals.</li> <li>- Virtual post discharge care home reviews continuing. No direct contact possible at this stage.</li> <li>- Virtual Adults with Incapacity (AWI) case conferences are continuing to be carried out.</li> </ul>
<b>Community Nursing</b>		
<b>90%</b>	<ul style="list-style-type: none"> <li>- Essential Community Nursing services (maintained throughout pandemic in keeping with national and local NHS GGC guidance)</li> </ul>	<ul style="list-style-type: none"> <li>- Diabetes nursing community clinics (clinics expected to recommence at 30% post flu programme)</li> </ul>



<b>Day Services</b>		
<b>30%</b>	<ul style="list-style-type: none"> <li>- Some learning disability outreach on limited basis and supporting people within their own homes.</li> <li>- Responding to emergency situations where support has broken down, including facilitating discharge from inpatient setting and continuing to support with new package of care.</li> <li>- Older people's staff redeployed to support care at home and Bonnyton</li> <li>- Currently reviewing service users with view to gradually introducing reshaped day supports on a priority basis.</li> </ul>	Building based support (Risk assessment management plan produced along with phased remobilisation plan in line with national guidance. Plan aligned to both local assessment of service user need and principles set out in all HSCP day service blended winter plan which covers management and governance outreach services and building based supports).
<b>Primary Care Improvement Plan (PCIP)</b>		
<b>90%</b>	<ul style="list-style-type: none"> <li>- Vaccination Transformation Programme, Pharmacotherapy, Community Link Worker's, Advanced Nurse Practitioners, MSK Advanced Physios are fully operational through a mixed model of practice based, remote and home working.</li> <li>- Community Treatment and Care / Community Healthcare Assistant only operational across 11 GP Practices</li> </ul>	<ul style="list-style-type: none"> <li>- Treatment Room launch on hold due to pressure on accommodation from flu vaccine clinics</li> <li>- Early discussions about possible opening of 50% Treatment Room capacity to reduce demand on DN service and staff once vaccination programme completed</li> </ul>
<b>Pharmacy Service</b>		
<b>90%</b>	<ul style="list-style-type: none"> <li>- Pharmacotherapy Service continues to be delivered as detailed within the GP contract. This may continue to be delivered via a mixed model (within practices in part and remotely in part).</li> <li>- Proposal to develop a Pharmacotherapy Hub will be presented to the next Primary Care Improvement Plan steering group in September.</li> <li>- Support for care homes continues.</li> </ul>	<ul style="list-style-type: none"> <li>- Face to face clinics e.g. hypertension, asthma reviews</li> <li>- Polypharmacy Reviews (GGC Prescribing initiative)</li> <li>-</li> </ul>
<b>Medication Support Service</b>		
<b>90%</b>	<ul style="list-style-type: none"> <li>- The service has continued to take referrals through all pathways as normal with staff mainly working from home. Referrals have been dealt with as before with the exception of home visits. Attend Anywhere is untested with patients as yet.</li> </ul>	<ul style="list-style-type: none"> <li>- - Home Visits</li> <li>-</li> </ul>

**Recovery and Intensive Services**

<b>% SERVICE OPERATIONAL</b>	<b>SERVICE ACTIVITY SUMMARY POSITION</b>	<b>SERVICE ACTIVITY NOT YET RESTARTED</b>
<b>Care at Home / Technology Enabled Care (TEC)</b>		
<b>90%</b>	<ul style="list-style-type: none"> <li>- Care at Home services continue to be provided to vulnerable residents, operating from a single base</li> <li>- Increasing face-to-face contact as restrictions ease.</li> <li>- Telecare fully operational at Thornliebank Depot base</li> <li>- Re-establishment of home visits for complex telecare assessments (where assessed as safe to do so)</li> <li>- Monthly wellness/courtesy calls with service users/ families embedded into business as usual processes</li> <li>- Review of services which were stepped down due to Covid-19 has commenced</li> <li>- Improvements to intake approach with all new referrals now going through standard Carefirst form and initial service set up completed in consistent way</li> <li>- Resilience planning in relation to 2nd Wave commenced</li> </ul>	<ul style="list-style-type: none"> <li>- Some face to face review/assessment activity (development of blended approach to review activity to be defined on a risk based approach)</li> <li>- Home visits for initial and annual telecare reviews (these are being undertaken by telephone in the meantime)</li> </ul>
<b>Bonnyton House Care Home</b>		
<b>80%</b>	<ul style="list-style-type: none"> <li>- Refurbishment work complete and service relocated back to Bonnyton House</li> <li>- Service continues to have vacancies due to Covid-19</li> <li>- Roll out of technology contact options and the reintroduction of safe visiting for residents now complete</li> <li>- Working with staff to set up a sanctuary room to provide space and time for reflection given the trauma experienced by the staff residents and families</li> <li>- Work stream developed to consider use of beds for prevention of hospital admission and to facilitate timely discharges from a hospital setting</li> </ul>	<ul style="list-style-type: none"> <li>- New admissions – these will now be considered in accordance with current National Guidance</li> <li>- Front of house arrangements – weekend cover (not yet commenced)</li> <li>-</li> </ul>

<b>MHO Team</b>		
<b>80%</b>	<ul style="list-style-type: none"> <li>- Referrals have continued to be processed, treated as urgent with immediate response through the Duty Mental Health Officer and Backup system with casework subsequently allocated and prioritised accordingly</li> <li>- Engaging with clients and their families via telephone / virtual, with face to face where specifically required. Remote working continues. Social work care management cases continue to be allocated 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</li> <li>- Adults with Incapacity (AWI) work continues (case conferences, welfare reports etc) using virtual meetings</li> </ul>	<ul style="list-style-type: none"> <li>- Court sessions - dependent on the recovery planning by the courts (outwith control of HSCP)</li> </ul>
<b>Adult Mental Health Team</b>		
<b>90%</b>	<ul style="list-style-type: none"> <li>- CPN and OT referrals being allocated and assessments carried out (over telephone and Attend Anywhere).</li> <li>- Working to waiting time standards (e.g. routine referrals within 4 weeks).</li> <li>- Duty clinics (continued throughout)</li> <li>- Essential clinics for depot medications and blood monitoring (continued throughout).</li> <li>- Caseloads screening and prioritisation - patient contact continues by telephone/ Attend Anywhere.</li> <li>- Face to face assessments have been offered where clinically indicated (more patients are now requesting this)</li> <li>- Multi-disciplinary team meetings taking place regularly on Teams.</li> <li>- Medical Team have continued to treat caseload. (note that decision making is at NHSGGC level, not local)</li> <li>- Psychology team continuing by telephone / Attend Anywhere; will resume face to face contact once guidance on this changes.</li> <li>- Therapy undertaken remotely.</li> <li>- Care programming meetings have resumed, which are co-ordinated centrally within GGC.</li> </ul>	<ul style="list-style-type: none"> <li>- Routine face to face treatment and care (other than clinics)</li> <li>- Physical Health check appointments</li> </ul>

<b>Primary Care Mental Health Team</b>		
<b>80%</b>	<ul style="list-style-type: none"> <li>- Individuals are being assessed within 2 weeks</li> <li>- Agreed a collaborative arrangement with South Glasgow for virtual group work</li> </ul>	<ul style="list-style-type: none"> <li>- Face to face group work</li> </ul>
<b>Community Addictions Team</b>		
<b>75%</b>	<ul style="list-style-type: none"> <li>- All referrals being allocated</li> <li>- Routine referral assessments (alcohol and drugs)</li> <li>- Opiate Replacement Therapy provision ongoing under revised arrangements</li> <li>- Ongoing treatment and care of caseload, psycho-social interventions, etc. face to face engagement increasing</li> <li>- Home visits for high risk individuals / concerns / vulnerable adults</li> <li>- Psychology reinstated at St Andrew's House</li> <li>- Psychiatry face to face appointments reinstated</li> <li>- Alcohol detox services (hospital – Kershaw Unit now accepting more routine referrals and community home detox considered on case-by-case basis)</li> <li>- Multi-Disciplinary Team reinstated</li> </ul>	<ul style="list-style-type: none"> <li>- Mutual aid and relaxation groups</li> <li>- Alcohol groups</li> <li>- Routine Duty Assessment (process to be introduced)</li> <li>- Opiate Replacement Therapy Clinic Process – new guidelines to be agreed for service moving forward</li> </ul>

### **Public Protection and Children's Services**

<b>% SERVICE OPERATIONAL</b>	<b>SERVICE ACTIVITY SUMMARY POSITION</b>	<b>SERVICE ACTIVITY NOT YET RESTARTED</b>
<b>Children's social work services</b>		
<b>90%</b>	<ul style="list-style-type: none"> <li>- Majority of social work services continuing including:-</li> <li>- home visiting</li> <li>- assessments</li> <li>- child protection</li> <li>- corporate parenting activity</li> <li>- regulated care services</li> <li>- fostering/adoption/kinship care</li> </ul>	<ul style="list-style-type: none"> <li>- Group based support for parents and children (with the exception of outdoor summer programme activity)</li> <li>- Training (where face to face necessary)</li> <li>- SW Student placements</li> <li>- Joint Activities with SupER Kids (e.g. Glee)</li> </ul>
<b>C&amp;F Inclusive Support Team</b>		
<b>95%</b>	<ul style="list-style-type: none"> <li>- Community supports / weekend supports have recommenced on a small scale.</li> </ul>	<ul style="list-style-type: none"> <li>- Full scale community and weekend supports with reintroduction of normal term time activity.</li> </ul>

<b>Children and Families Nursing</b>		
<b>80%</b>	<ul style="list-style-type: none"> <li>- Delivering required visits in line with national and local NHSGGC guidance (except anti-natal contacts which have not been implemented within GGC) and use of pro forma to support any alternative delivery model. 4-5 year contact due for introduction in Eastwood now commenced</li> <li>- Use of Attend Anywhere and Near Me as an alternative for face to face contact where appropriate following risk assessment</li> <li>- 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</li> <li>- Contact with GP practices – adapted</li> <li>- Childhood Immunisation programmes continuing including support for peer flu.</li> <li>- Virtual Baby Café</li> <li>- Revalidation for Unicef gold achieved and audit programme recommenced</li> <li>- Working from bases at Eastwood Health and Care Centre and Barrhead Council Office</li> <li>- Book bug resources distributed</li> <li>- SCPHN (Specialist Community Public Health Nursing) Student consolidation (service unable to support undergraduate placements)</li> <li>- School Nursing face to face and digital contacts focus on Mental Health and Vulnerability</li> </ul>	<ul style="list-style-type: none"> <li>- Baby Café / Breast Feeding support group</li> <li>- P1 and P7 Health screening – awaiting government guidance</li> </ul>
<b>CAMHS</b>		
<b>70%</b>	<ul style="list-style-type: none"> <li>- Service activity continues, young people seen by Attend Anywhere, emergencies and home visits have taken place with appropriate PPE</li> <li>- Rooms made available for staff to return to office space in both Barrhead and Eastwood Health Centres. Multi-agency meetings currently virtual</li> </ul>	<ul style="list-style-type: none"> <li>- Routine Medication clinics</li> <li>- Physical observations other than emergency</li> <li>- Face to face multi-agency meetings</li> <li>- All staff back into buildings</li> <li>- Group work</li> <li>- Routine assessments.</li> </ul>

<b>Health Improvement</b>		
<b>70%</b>	<ul style="list-style-type: none"> <li>- Sharing learning and updates with team members realigned during lockdown</li> <li>- Social work summer program recovery inputs</li> <li>- Development of the new health and wellbeing section of the Champions Board website</li> <li>- Review of training provisions for suitability and adaptability to online format</li> <li>- Re-establishing links with key partners.</li> <li>- Virtual Support for Breastfeeding Café</li> </ul>	<ul style="list-style-type: none"> <li>- Child Smile - Monitoring of program in early years establishments. Toothbrush Training and Oral Health Assessment Tool links; Quarterly Oral Health Assessment Tool meetings to recommence</li> <li>- Weigh to Go – Service delivery by partners in Barrhead &amp; Eastwood Health centres</li> <li>- Wider community Breast Feeding supports, monitoring and accreditation work and Maternal and Infant Nutrition Framework (MINF) links</li> </ul>
<b>Speech and Language Therapy (SLT)</b>		
<b>60%</b>	<ul style="list-style-type: none"> <li>- Services operating from Barrhead and Eastwood Health and Care Centres on rota basis for clinicians 30% staff capacity in base available</li> <li>- Utilising Attend Anywhere for Clinics</li> <li>- 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.</li> <li>- Garden and outside Nursery observation / intervention used to support face to face requirements.</li> <li>- Eating and Drinking assessment and treatment has continued throughout at increased level of community complexity.</li> <li>- CPD and Clinical support network accessed virtually</li> <li>- Referral, triage and waiting list management have continued for SLT and ASD.</li> </ul>	<ul style="list-style-type: none"> <li>- Face to face consultation where Near Me is neither appropriate nor possible for triage, assessment and treatment</li> <li>- ASD clinical assessment (2 clinicians) and feedback. (Some assessments can be carried out virtually)</li> <li>- Parenting Programmes e.g. Hanen, Cygnet</li> <li>- Observation/assessment and delivery of coaching and direct modelling with staff</li> <li>- Home based / Education based interventions</li> </ul>
<b>Criminal Justice</b>		
<b>70%</b>	<ul style="list-style-type: none"> <li>- Client supervision continues albeit limited to monitoring</li> <li>- Multi Agency Public Protection Arrangements (MAPPA) level 1 meetings with police (teleconference)</li> <li>- MAPPA audit</li> <li>- Client quarterly reviews (client not attending)</li> <li>- Prison visits/reviews</li> <li>- Court reports/home background reports.</li> <li>- Risk assessments completed</li> </ul>	<ul style="list-style-type: none"> <li>- Unpaid work</li> <li>- Group work</li> <li>- Reviews with client attending</li> <li>- Joint home visits - unannounced/announced with police</li> <li>- Joint Risk assessments with police</li> <li>- Face to face direct intervention/casework with clients.</li> <li>- Service specific premises (work ongoing to reopen as part of accommodation workstream)</li> </ul>

Learning and Development		
60%	<ul style="list-style-type: none"> <li>- Virtual training and limited face to face training for essential work is taking place.</li> <li>- Essential induction training up and running and progressing well</li> <li>- Current programmes have been amended to allow for online delivery</li> <li>- Exploring use of e-portfolios for future roll out of SVQ</li> <li>- Multi-agency public protection development programme launched using alternative methods of delivery</li> </ul>	<ul style="list-style-type: none"> <li>- SVQ</li> <li>- Large scale events</li> <li>- Full training programme</li> <li>- Practice teaching (Decision taken not to resume practice teaching until January)</li> </ul>

### 13. Finance and Resources

% SERVICE OPERATIONAL	SERVICE ACTIVITY SUMMARY POSITION	SERVICE ACTIVITY NOT YET RESTARTED
<b>Finance</b>		
95%	<ul style="list-style-type: none"> <li>- Day to day activity underway as normal including new financial assessments</li> <li>- Year end audit complete</li> <li>- Budget setting and planning underway</li> <li>- Accountancy Manager post commences 30 November</li> </ul>	<ul style="list-style-type: none"> <li>- Financial reassessments on hold</li> </ul>
<b>Commissioning</b>		
95%	<ul style="list-style-type: none"> <li>- Commissioning and Contracts function fully operational</li> <li>- Care homes remain the primary focus of the team, monitoring is aligned to care home assurance and work arising out of emerging Covid-19 policy</li> <li>- Implementation of the Excel framework in ongoing</li> <li>- Sustainability payments continue to be processed through the panel with CFO approval required to finalise all claims</li> </ul>	<ul style="list-style-type: none"> <li>-</li> </ul>
<b>Governance &amp; Systems (Business Support; Info Systems; Facilities)</b>		
80%	<ul style="list-style-type: none"> <li>- Answering of phone calls from public and other services</li> <li>- Arranging and minute taking statutory meetings</li> <li>- Client monies</li> <li>- Updating of key systems including CareFirst, CM2000, SCI gateway.</li> <li>- Buildings open and adhering to social distancing guidance</li> <li>- Business Support presence being increased where space allows and</li> </ul>	<ul style="list-style-type: none"> <li>- As a number of key staff are still involved in our day to day response and recovery activity, some elements of their normal roles are unable to be undertaken at present.</li> </ul>

	<p>following appropriate risk assessments for those who were previously shielding.</p> <ul style="list-style-type: none"> <li>- Service capacity issues are being addressed through recent recruitment programme. We have recruited a temporary Business Manager 2 Senior Business Support Assistants and 4 Business Support assistants. Temporary staff have been recruited to support the ongoing vaccination programme</li> </ul>	
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14. **Hosted Services**

<b>% SERVICE OPERATIONAL</b>	<b>SERVICE ACTIVITY SUMMARY POSITION</b>	<b>SERVICE ACTIVITY NOT YET RESTARTED</b>
<b>Specialist Learning Disability Inpatient Services</b>		
<b>90%</b>	<ul style="list-style-type: none"> <li>- Inpatient requests for admission have significantly increased since August 2020. The majority of these requests for admission are predominantly related to deterioration in existing behaviour problems as a consequence of increasing emotional distress in relation to the changes in people's daily routine. A lack of community and social activities and reduced social support as a consequence of Covid-19, with many being detained under the mental health act due to significant aggression towards others and many needing a high initial level of observation in hospital because of risks.</li> <li>- Where SLDS cannot admit, people with learning disability will be admitted to mental health hospitals; this places additional demand on the mental health system and is a poor outcome for people.</li> <li>- Discharge activity, where possible, is continuing however patient flow is slow for a variety of reasons</li> <li>- Some outreach activity and other redesign activity (where possible), however this has an impact and is an resource intensive</li> <li>- Multi-Disciplinary Team meetings taking place virtually and are progressing to face to face assessments where safe to do so</li> <li>- Governance structures in place with most meetings taking place virtually</li> <li>- Virtual therapy, service user engagement and advocacy forums</li> </ul>	<ul style="list-style-type: none"> <li>- Community activities (due to national/LA restrictions) however we have more creative and adapting individual activity planners to suit restrictions</li> <li>- Face to face and digital sessions for therapies, service user engagement and advocacy forum</li> <li>- Visiting is limited in line with national/NHSGGC guidance</li> <li>-</li> </ul>



Scottish Centre of Technology for the Communication Impaired (SCTCI)		
<b>60%</b>	<ul style="list-style-type: none"> <li>- Referrals are being managed via a mixture of virtual consultations and face to face assessments</li> <li>- Where there is an urgent need travel is taking place across Scotland</li> <li>- Local NHS GGC Augmentative and Alternative Communication (AAC) Service is largely operational but again patient risk is a major consideration</li> <li>- Virtual MS Public Sharing (via Colleagues) has been developed to maintain good multi-disciplinary communication and advice, good practice sharing</li> <li>- Some redesign work has been restarted</li> <li>- Digital training sessions are being delivered to replace face-to-face training for capacity building</li> <li>- Application is underway to eHealth to migrate to electronic patient records</li> <li>- Have begun restructuring of co-ordination and logistics of assessment equipment across NHS GCC</li> </ul>	<ul style="list-style-type: none"> <li>- Due to high risk category of patient group face to face consultations are limited and require very detailed risk assessment</li> <li>- Service covers 11 NHS Boards Children and Adults, unable to visit all areas due to travel and local restrictions</li> <li>- Service normally provides training / advice to a wide range of partners this is limited</li> <li>- 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</li> <li>- Some planned further redesign work paused</li> </ul>

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

WORKSTREAM	UPDATE/COMMENTS	OVERALL % COMPLETION
<b>Governance</b>	<ul style="list-style-type: none"> <li>- Initially planned actions on Programme Plan now complete.</li> <li>- Workstream will remain open to facilitate cross-cutting work with individual Service Recovery tasks/actions</li> </ul>	<b>100%</b>
<b>Accommodation</b>	<ul style="list-style-type: none"> <li>- Accommodation continues to be prioritised for winter flu vaccination programme</li> </ul>	<b>83%</b>
<b>Workforce</b>	<ul style="list-style-type: none"> <li>- Everyone Matters Pulse survey results have been shared with SMT and response is being developed</li> <li>- Health and Wellbeing Group is meeting at the end of November to consider a range of measures to support staff, develop resilience and promote health and wellbeing during the winter period</li> <li>- Health and Wellbeing Plan is being reviewed and developed further to reflect current challenges</li> <li>- Scottish Government has advised our workforce plan is required to be published by 31 March 2022. In the interim the Scottish Government will provide a workforce template for completion in January 2021</li> </ul>	<b>65%</b>
<b>Partner Organisations</b>	<ul style="list-style-type: none"> <li>- Weekly meetings continuing with care home managers and fortnightly meetings with care and support providers</li> <li>- Work being taken forward on engagement and participation workstream</li> </ul>	<b>74%</b>

<b>ICT Requirements</b>	<ul style="list-style-type: none"> <li>- Windows 10 upgrade 100% complete</li> <li>- Work on distribution lists ongoing</li> <li>- Liaising with NHS IT regarding outstanding IT equipment</li> </ul>	<b>70%</b>
<b>PPE</b>	<ul style="list-style-type: none"> <li>- Initially planned actions on Programme Plan now complete with centralised system remaining in place at present</li> <li>- Workstream will remain open to facilitate cross-cutting work with individual Service Recovery tasks/actions and liaison with Winter Flu Planning Programme</li> </ul>	<b>100%</b>
<b>Change Programme</b>	<ul style="list-style-type: none"> <li>- LD Overnight Arrangements Project Board recommendations submitted on project timescales.</li> <li>- CM2000 Mobile Phones and App Project now at 70% completion – forecasted completion date remains on target for 01/12/20</li> </ul>	<b>55%</b>
<b>Ongoing COVID-19 Response</b>	<ul style="list-style-type: none"> <li>- Workstream will provide co-ordination for cross-cutting work, issues and lessons learned</li> <li>- Focus moving back to response from recovery</li> <li>- Work commenced on new recovery reporting system within winter resilience planning</li> </ul>	<b>75%</b>

## CONSULTATION AND PARTNERSHIP WORKING

16. Staff partnership colleagues are part of the HSCP Recovery Steering Group which continues to meet weekly. The group will continue to monitor our recovery plan as well as addressing any issues arising in response to the current situation.
17. 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

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

### Workforce

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

### Risk

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

## DIRECTIONS

21. There are no directions arising from this report.

## CONCLUSIONS

22. 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. 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.
23. Our approach continues to stress flexibility and the need to adapt quickly to changing circumstances such as changes in national and local restrictions.

## RECOMMENDATIONS

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

## REPORT AUTHOR AND PERSON TO CONTACT

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Chief Officer, IJB: Julie Murray

## BACKGROUND PAPERS

IJB Paper – 23 September 2020: East Renfrewshire HSCP Recovery Update  
[https://www.eastrenfrewshire.gov.uk/media/3478/Integration-Joint-Board-Item-14-23-September-2020/pdf/Integration\\_Joint\\_Board\\_Item\\_14\\_-\\_23\\_September\\_2020.pdf?m=637360205535200000](https://www.eastrenfrewshire.gov.uk/media/3478/Integration-Joint-Board-Item-14-23-September-2020/pdf/Integration_Joint_Board_Item_14_-_23_September_2020.pdf?m=637360205535200000)

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](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](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](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)

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	25 November 2020
<b>Agenda Item</b>	12
<b>Title</b>	Revenue Budget 2021/22
<b>Summary</b>	
To provide the Integration Joint Board with an overview of preparation for the 2021/22 budget setting process, as part of our financial governance arrangements.	
<b>Presented by</b>	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<b>Action Required</b>	
The Integration Joint Board is asked to note the position set out in this report.	
<b>Directions</b>	<b>Implications</b>
<input type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input checked="" type="checkbox"/> Directions to both ERC and NHSGGC	<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**

**25 November 2020**

**Report by Chief Financial Officer**

**REVENUE BUDGET 2021/22**

**PURPOSE OF REPORT**

1. To advise the Integration Joint Board of the position and preparation for the 2021/22 budget setting process and review of our Medium Term Financial Plan to cover the period 2021/22 to 2025/26.

**RECOMMENDATIONS**

2. The Integration Joint Board is asked to note the position set out in this report.

**BACKGROUND**

3. This report forms part of the regular financial reporting to the IJB ensuring that the HSCP financial governance arrangements are maintained. This report sets the scene for the 2021/22 budget work over the coming months and the IJB is reminded of the obligation to set our annual budget by 31 March 2021.
4. The work undertaken to support setting a budget for 2020/21 will also inform the review of our current Medium Term Financial Plan and this will be refreshed to cover the five year period to 2025/26.
5. The Medium Term Financial Plan is informed by and supports our Strategic Plan and provides a financial framework to support the delivery of our outcomes.
6. This IJB is used to the cycle of revenue monitoring during the year which informs the implications for the coming year; however here are many more unknowns than usual at this stage in the cycle as a result of Covid-19 and these are discussed below.

**REPORT**

7. The IJB should take some assurance that the usual financial planning work is being undertaken to inform and prepare for the budget discussions and associated process with our partners for the coming financial year. This includes identifying and quantifying our expected cost pressures, using known costs, our performance intelligence, benchmarking and professional judgement to best estimate cost implications such as:
  - Pay and inflation
  - Demographic pressures
  - Specific cost increases
  - Policy decisions
  - Efficiencies and other savings
8. Where we have identified an early estimation of costs we often use a range of scenarios to identify “what if” implications and we regularly refine these assumptions as each becomes clearer or is agreed with many set nationally.

9. The planning and preparation for the coming year has been difficult given the current year cost implications from Covid-19; we are still working through this and need to determine:
  - What is time limited and what the recurring implications will be?
  - What our year end position will be for funded / unfunded Covid-19 costs
  - How this will impact on our current year outturn
  - How this will impact on our reserves strategy
10. Our recovery work should help inform this, but realistically we are still in response mode. It is too early to be able to accurately quantify the impact and implications on the services we deliver. We will continue to monitor and assess the impact on funding through our regular revenue monitoring reporting and mobilisation cost tracker.
11. The recommendations from the national review of social care may have implications for the budget and forward financial planning.
12. The Scottish Government has announced that it plans to publish its budget on 28 January 2021 and this will clarify the level of funding we can expect along with any settlement conditions and policy directives.
13. Initial work with one of our partners illustrates that should there be a difficult settlement for local authorities would result in a significant new savings challenge for the HSCP. T
14. The IJB will recall our current year budget fell within the “poor” range of funding scenarios in our current Medium Term Financial Plan.
15. The IJB will also recall we have current year savings to achieve to ensure we start 2021/22 in a balanced position. As part of our recovery work our Change Programme was reinstated and work started to support the redesign of overnight support and review the individual budget calculator; however given our capacity restrictions from the Covid-19 response we are unlikely to achieve the required savings by 31 March 2021. The maximum legacy saving we may have to take forward is £1.8 million.
16. The impact from Brexit is still an unknown and activity on local and national working groups is increasing to plan and mitigate as best we can for known and likely scenarios.

## IMPLICATIONS OF THE PROPOSALS

### Finance

17. Work will continue to progress the 2021/22 budget proposals and reports will be brought to the February and March meetings of the IJB.
18. A seminar session/s will be arranged during December and January and information will be provided as required to ensure IJB members have a clearer picture of our financial planning position as issues are clarified.

### Risk

19. In line with the national position our financial sustainability remains a significant risk to the IJB. This risk was identified by Audit Scotland in our action plan from the 2019/20 accounts “**The IJB may not be able to deal with future financial challenges and deliver required savings without adversely impacting service delivery**”.



20. There are several further risks which could impact on the current and future budget position; including:
- Achieving all existing savings on a recurring basis and sufficient budget in 2021/22 to maintain capacity to deliver our services
  - Maintaining our reserves strategy in line with our policy
  - The impact of COVID-19 on the HSCP and on our partner providers and the care service market
  - Prescribing cost volatility
  - Observation and Out of Area costs within Specialist Learning Disability Services
  - Brexit implications
  - Economic outlook

## **DIRECTIONS**

21. The directions for 2021/22 will be issued upon agreement of that budget.

## **CONSULTATION AND PARTNERSHIP WORKING**

22. The Chief Financial Officer will continue to work closely with our partners throughout the budget setting process.

## **CONCLUSIONS**

23. The IJB may face a real challenge in setting the budget for 2021/22 given the number of unknowns at this stage. However we will continue to build on our solid record of financial performance and address issues as they emerge, are clarified and implications and impacts become clearer.

## **RECOMMENDATIONS**

24. The Integration Joint Board is asked to note the position set out in this report.

## **REPORT AUTHOR**

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

[lesley.bairden@eastrenfrewshire.gov.uk](mailto:lesley.bairden@eastrenfrewshire.gov.uk)

0141 451 0749

12 November 2020

Chief Officer, IJB: Julie Murray

## **BACKGROUND PAPERS**

None

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	25 November 2020
<b>Agenda Item</b>	13
<b>Title</b>	Revenue Budget Monitoring Report 2020/21; position as at 31 October 2020
<b>Summary</b>	
To provide the Integration Joint Board with financial monitoring information in relation to the revenue budget, as part of the agreed financial governance arrangements.	
<b>Presented by</b>	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<b>Action Required</b>	
The Integration Joint Board is asked to: <ul style="list-style-type: none"> <li>• Note the projected outturn for the 2020/21 revenue budget</li> <li>• Approve the budget virement detailed at Appendix 7.</li> </ul>	
<b>Directions</b>	<b>Implications</b>
<input type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input checked="" type="checkbox"/> Directions to both ERC and NHSGGC	<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****25 November 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 October 2020.

**RECOMMENDATIONS**

2. The Integration Joint Board is asked to:
  - (a) Note the projected outturn for the 2020/21 revenue budget; and
  - (b) Approve the budget virement detailed at Appendix 7.

**BACKGROUND**

3. This report forms part of the regular reporting cycle for ensuring that the HSCP financial governance arrangements are maintained. This is the fourth report for the financial year 2020/21 and provides the projected outturn for the year based on our latest information recognising we are in a particularly difficult time. The projected costs against budget will continue to be reviewed and 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£7.9 million and are reviewed on a monthly basis. These cost projections are continually revised as we respond to the pandemic.
6. In line with previous reports the estimated costs are included in our overall financial position and the bottom line is a nil impact as the current planning assumption remains 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. To date the HSCP confirmed funding relating to the remobilisation activity is summarised:

Funding	£ million
Tranche 1 (share of first £50m)	0.886
Tranche 2 (part share of the second £50m - £25m distributed)	0.446
Tranche 3 (part share of the second £50m - £8m distributed)	0.200
Tranche 4 expected (share of £47m routed through NHSGGC)	2.565
Total Mobilisation Funding confirmed to date	4.094

8. This £4.094 million confirmed funding compared to our current projected costs of £7.9 million means a potential maximum risk exposure of around £3 million however we do expect further funding and the Scottish Government continues to assess costs nationally based on HSCP submissions.
9. It should be noted that the tranche 4 funding was not allocated to individual HSCPs within NHS GGC and a significant amount of work was required to analyse, disaggregate and agree the collective allocations.
10. In addition to the confirmed funding shown above East Renfrewshire's share of the funding announced to support Mental Health and Emotional Wellbeing for Children, Young People and Their Families Impacted by the Covid-19 Pandemic is £0.261 million and we are working closely with colleagues in Education to fully utilise.
11. We also anticipate £0.037 million as the allocation to each HSCP to support the work of Chief Social Work Officers during the pandemic.

## REPORT

12. The consolidated budget for 2020/21, and projected outturn position (with Covid costs at nil impact) is reported in detail at Appendix 1. This shows a potential projected operational overspend of £0.259 million against a full year budget of £128.9 million (0.2%).
13. This is a small increase on projected overspend of £0.021 million however the costs of social care have increased by £0.151 million offset in part by reduced costs within healthcare.
14. We reported in September that through our recovery work our Change Programme timetable recommenced and this is pivotal to work on savings delivery to ensure we start 2021/22 in a balanced position. Given our focus is very much back on response there is a risk we will need to take legacy savings into 2021/22.
15. 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.
16. The main projected operational variances are set out below. The projected costs are based on known care commitments, vacant posts and other supporting information as at 31 October 2020.
17. **Children & Families Public Protection £396k underspend;** the projected underspend remains, due mainly to the current level of staff turnover and the current costs expected costs of care packages and is a minor reduction in costs of £10k since last reported.
18. **Adult Localities £469k underspend;** this reflects the current committed costs of care packages and staff turnover and is a further underspend of £336k since last reported. The position by service is shown below in paragraphs 18 to 20).
19. **Older Peoples Services £322k underspend;** the projected underspend relates mainly to care commitments and staff turnover within teams. There is a significant underspend of £1 million within Nursing and Residential care and this is offsetting additional costs of care within localities purchased care and also the increased activity in Care at Home within Intensive Services, including the additionality from payment on planned activity. This is a further underspend of £415k since we last reported. The cost projections make allowance for winter activity.

20. **Physical & Sensory Disability £47k underspend;** is mainly due to turnover and the reduced activity around stair lifts and other aids and adaptations as a result of Covid-19, this is partially offset by a higher level of current care package commitments (£145k). We may see increased demand as part of recovery for adaptations and will continue to monitor this. This is a further underspend of £73k.
21. **Learning Disability Community Services £100k underspend;** remains due to committed care package costs of £310k above budget offset by turnover and some savings from day centre underspends across property, transport and supplies. This is an increase in projected costs of £152k due to revised care commitments, including the impact of paying on planned activity.
22. **Learning Disability Inpatients £nil variance;** it should be noted that whilst the projected costs are to budget this is a result of using £130k from the transitional funding reserves set up to support the long stay beds redesign. This cost pressure is a result of staff costs required to support increased observation and staff ratios required to support complex needs.
23. **Intensive Services £1,222k overspend;** the main cost pressure remains within Care at Home (both purchased and the in-house service) of £1,414k which is offset in part by staff turnover within day services (£173k). This is an increase in costs of £340k from increased use of agency and purchased care costs to meet demand. In addition to the volume increases we are paying on planned activity, in line with the nationally agreed principles, which is offset in part by reduced costs within Nursing and Residential care.
24. **Recovery Services Mental Health & Addictions £61k underspend;** this reflects the current expected cost of care packages and staff turnover and is a reduction in costs of £72k.
25. **Prescribing Nil Variance;** when we reported in September the potential overspend for the year was c£0.4 million, however latest information on tariff swaps suggest an improved position. As always prescribing volatility is a challenge and this is exacerbated by Covid and Brexit hence the nil variance at this point in the year.
26. **Finance & Resources £12k 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. This is a projected cost increase of £102k since last reported based on earlier start dates for a number of vacancies, particularly in Business Support than previously projected.
27. **Primary Care Improvement Plan, Alcohol and Drugs and Mental Health Action 15;** we have recently submitted the first funding return to the Scottish Government reflecting our current year costs to date and projected costs for the year. As the detailed work has restarted the appendices for budget monitoring will be included for the next monitoring report. All three areas are within the funding allocations and, as in the previous year, the Scottish Government allocation of funds takes cognisance of the ring fenced reserves we hold locally.
28. The current projected revenue budget overspend of £0.259 million will be funded from our budget savings reserve as required.
29. The reserves position is reported at Appendix 5. The spending plans against reserves will be refined as we move through the year and will fluctuate to reflect the overall revenue position. There may be some slippage in projects as a result of capacity during the COVID-19 response.

30. Appendix 7 shows the details of the requested budget virements to realign the Criminal Justice funding across relevant budget headings and to transfer budgets relating to moving and handling to Intensive Services.

## **IMPLICATIONS OF THE PROPOSALS**

### Finance

31. 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 continue be reported to the IJB during the year.
32. Once the implications from COVID-19 are clearer our Medium-Term Financial plan will be reviewed, as set out in the budget update report.
33. The COVID-19 funding confirmed to date is £4.094 million with a further £37k expected to support the Chief Social Work Officers within each HSCP.
34. 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

35. 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 £7.9 million. The confirmed funding to date is just under £4.1 million.
36. 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**

37. The running budget reconciliation which forms part of financial directions to our partners is included at Appendix 4.
38. The report reflects a projected breakeven position after the potential contribution of £0.259 million from reserves for the year to 31 March 2020.

## **CONSULTATION AND PARTNERSHIP WORKING**

39. The Chief Financial Officer has consulted with our partners.



40. 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

41. Appendix 1 reports a potential projected overspend of £0.259 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 variation nationally regarding the presentation of COVID-19 costs versus income expected; in agreement with the Chair and Vice Chair of the IJB our presentation is unchanged.

## RECOMMENDATIONS

42. The Integration Joint Board is asked to:
- (a) Note the projected outturn for the 2020/21 revenue budget; and
  - (b) Approve the budget virement detailed at Appendix 7.

## REPORT AUTHOR

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

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0141 451 0749

18 November 2020

Chief Officer, IJB: Julie Murray

## BACKGROUND PAPERS

IJB 23.09.2020 – Revenue Budget Monitoring Report

[https://www.eastrenfrewshire.gov.uk/media/3203/Integration-Joint-Board-Item-12-23-September-2020/pdf/Integration\\_Joint\\_Board\\_Item\\_12\\_-\\_23\\_September\\_2020.pdf?m=637354314872300000](https://www.eastrenfrewshire.gov.uk/media/3203/Integration-Joint-Board-Item-12-23-September-2020/pdf/Integration_Joint_Board_Item_12_-_23_September_2020.pdf?m=637354314872300000)

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_Joint_Board_Item_10_-_12_August_2020.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_Joint_Board_Item_09_-_24_June_2020.pdf?m=637284227752900000)

IJB 18.03.2020 – Revenue Budget Monitoring Report

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

IJB 29.01.2020 – Revenue Budget Monitoring Report

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

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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	12,493,000	12,097,000	396,000	3.17%
Public Protection - Criminal Justice	9,000	9,000	-	0.00%
Adult Localities Services				
Older People	19,245,000	18,923,000	322,000	1.67%
Physical & Sensory Disability	5,320,000	5,273,000	47,000	0.88%
Learning Disability - Community	14,057,000	13,957,000	100,000	0.71%
Learning Disability - Inpatients	8,480,000	8,480,000	0	0.00%
Augmentative and Alternative Communication	230,000	230,000	0	0.00%
Intensive Services	10,728,000	11,950,000	(1,222,000)	(11.39%)
Recovery Services - Mental Health	5,018,000	5,016,000	2,000	0.04%
Recovery Services - Addictions	1,539,000	1,480,000	59,000	3.83%
Family Health Services	25,392,000	25,392,000	0	0.00%
Prescribing	16,528,000	16,528,000	0	0.00%
Planning & Health Improvement	171,000	146,000	25,000	14.62%
Finance & Resources	9,732,000	9,720,000	12,000	0.12%
<b>Net Expenditure</b>	<b>128,942,000</b>	<b>129,201,000</b>	<b>(259,000)</b>	<b>(0.20%)</b>
<b>Contribution to / (from) Reserve</b>	<b>-</b>	<b>(259,000)</b>	<b>259,000</b>	<b>-</b>
<b>Net Expenditure</b>	<b>128,942,000</b>	<b>128,942,000</b>	<b>-</b>	<b>-</b>

Figures quoted as at 31 October 2020

	£
<b>Net Contribution To / (From) Reserves</b>	<b>(259,000)</b>
Analysed by Partner contribution;	
Health	354,000
Social Care	<u>(613,000)</u>
<b>Net Contribution To / (From) Reserves</b>	<b><u>(259,000)</u></b>

## Additional information - Adult Localities

Objective Analysis	Full Year			
	Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Localities Services - Barrhead	18,870,000	18,094,000	776,000	4.11%
Localities Services - Eastwood	19,751,000	20,058,000	(307,000)	(1.55%)
<b>Net Expenditure</b>	<b>38,621,000</b>	<b>38,152,000</b>	<b>469,000</b>	<b>1.21%</b>

## Council Monitoring Report

## Projected Outturn Position to 31st March 2021

Subjective Analysis	Full Year			
	Budget	Projected Outturn	Variance (Over) / Under	Variance (Over) / Under
	£	£	£	%
Employee Costs	23,215,000	22,987,000	228,000	0.98%
Property Costs	944,000	937,000	7,000	0.74%
Supplies & Services	1,888,000	2,654,000	(766,000)	(40.57%)
Transport Costs	240,000	187,000	53,000	22.08%
Third Party Payments	38,725,000	43,901,000	(5,176,000)	(13.37%)
Support Services	2,354,000	2,354,000	-	0.00%
Income	(16,053,000)	(21,094,000)	5,041,000	(31.40%)
<b>Net Expenditure</b>	<b>51,313,000</b>	<b>51,926,000</b>	<b>(613,000)</b>	<b>(1.19%)</b>

<b>Contribution to / (from) Reserve</b>	-	(613,000)	613,000	-
<b>Net Expenditure</b>	<b>51,313,000</b>	<b>51,313,000</b>	-	-

Objective Analysis	Full Year			
	Budget	Projected Outturn	Variance (Over) / Under	Variance (Over) / Under
	£	£	£	%
Public Protection - Children & Families	9,593,000	9,227,000	366,000	3.82%
Public Protection - Criminal Justice	9,000	9,000	-	0.00%
Adult Localities Services			-	
Older People	11,640,000	11,351,000	289,000	2.48%
Physical & Sensory Disability	4,708,000	4,661,000	47,000	1.00%
Learning Disability	8,145,000	8,120,000	25,000	0.31%
Intensive Services	9,716,000	10,938,000	(1,222,000)	(12.58%)
Recovery Services - Mental Health	1,547,000	1,785,000	(238,000)	(15.38%)
Recovery Services - Addictions	300,000	246,000	54,000	18.00%
Finance & Resources	5,655,000	5,589,000	66,000	1.17%
<b>Net Expenditure</b>	<b>51,313,000</b>	<b>51,926,000</b>	<b>(613,000)</b>	<b>(1.19%)</b>

<b>Contribution to / (from) Reserve</b>	-	(613,000)	613,000	
<b>Net Expenditure</b>	<b>51,313,000</b>	<b>51,313,000</b>	-	

## Notes

1 Figures quoted as at 31 October 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>(613,000)</u>
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## 4 Additional information - Adult Localities

Objective Analysis	Full Year			
	Budget	Projected Outturn	Variance (Over) / Under	Variance (Over) / Under
	£	£	£	%
Localities Services - Barrhead	12,108,000	11,416,000	692,000	5.72%
Localities Services - Eastwood	12,385,000	12,716,000	(331,000)	(2.67%)
<b>Net Expenditure</b>	<b>24,493,000</b>	<b>24,132,000</b>	<b>361,000</b>	<b>(1.47%)</b>

## NHS Monitoring Report

## Projected Outturn Position to 31st March 2021

Subjective Analysis	Full Year			
	Full Year Budget	Projected Outturn	Variance (Over) / Under	Variance (Over) / Under
	£	£	£	%
Employee Costs	20,079,000	22,230,000	(2,151,000)	(10.71%)
Non-pay Expenditure	49,857,000	50,267,000	(410,000)	(0.82%)
Resource Transfer/Social Care Fund	10,896,000	10,896,000	-	0.00%
Income	(3,203,000)	(6,118,000)	2,915,000	(91.01%)
<b>Net Expenditure</b>	<b>77,629,000</b>	<b>77,275,000</b>	<b>354,000</b>	<b>0.46%</b>

<b>Contribution to / (from) Reserve</b>	-	<b>354,000</b>	<b>(354,000)</b>	-
<b>Net Expenditure</b>	<b>77,629,000</b>	<b>77,629,000</b>	-	-

Objective Analysis	Full Year			
	Full Year Budget	Projected Outturn	Variance (Over) / Under	Variance (Over) / Under
	£	£	£	%
Childrens Services	2,800,000	2,770,000	30,000	1.07%
Adult Community Services	4,280,000	4,247,000	33,000	0.77%
Learning Disability - Community	1,081,000	1,006,000	75,000	6.94%
Learning Disability - Inpatient	8,480,000	8,480,000	-	0.00%
Augmentative and Alternative Communication	230,000	230,000	-	0.00%
Family Health Services	25,392,000	25,392,000	-	0.00%
Prescribing	16,528,000	16,528,000	-	0.00%
Recovery Services - Mental Health	2,704,000	2,464,000	240,000	8.88%
Recovery Services - Addictions	730,000	725,000	5,000	0.68%
Planning & Health Improvement	171,000	146,000	25,000	14.62%
Finance & Resources	3,688,000	3,742,000	(54,000)	(1.46%)
Resource Transfer	11,545,000	11,545,000	-	0.00%
<b>Net Expenditure</b>	<b>77,629,000</b>	<b>77,275,000</b>	<b>354,000</b>	<b>0.46%</b>

<b>Contribution to / (from) Reserve</b>	-	<b>354,000</b>	<b>(354,000)</b>	<b>0.00%</b>
<b>Net Expenditure</b>	<b>77,629,000</b>	<b>77,629,000</b>	-	<b>0.00%</b>

## Notes

1 Figures quoted as at 31 October 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

£  
354,000

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	1,702,000	84,000	4.70%
Localities Services - Eastwood	3,575,000	3,551,000	24,000	0.67%
<b>Net Expenditure</b>	<b>5,361,000</b>	<b>5,253,000</b>	<b>108,000</b>	<b>2.01%</b>

**East Renfrewshire HSCP - Revenue Budget Monitoring 2020/21  
Budget Reconciliation & Directions**

**Appendix 4**

	<b>NHS £000</b>	<b>ERC £000</b>	<b>IJB £000</b>	<b>Total £000</b>
Funding Sources to the IJB				
1 Original Revenue Budget Contributions	72,135	51,313		123,448
Criminal Justice Grant Funded Expenditure		606		606
Criminal Justice Grant		(606)		(606)
FHS / GMS budget adjustments	2,430			2,430
Adjustments to opening recurring budget	121			121
Covid-19 Funding	1,529			1,529
Covid-19 Fair Work Funding	157			157
Augmentative & Alternative Communication	159			159
SESP and Other Funding adjustments	97			97
Primary Care Improvement Fund Tranche 1	738			738
Mental Health Action 15 Tranche 1	263			263
				0
	77,629	51,313	-	128,942
Funding Outwith Revenue Contribution				
1 Housing Aids & Adaptations *		550		550
Set Aside Budget	31,674			31,674
Total IJB Resources	109,303	51,863	-	161,166
Directions to Partners				
Revenue Budget	77,629	51,313	-	128,942
Criminal Justice Grant Funded Expenditure		606		606
Criminal Justice Grant		(606)		(606)
1 Resource Transfer	(12,455)	12,455		0
Social Care Fund	(5,132)	5,132		0
Carers Information	58	(58)		0
	60,100	68,842	-	128,942
Housing Aids & Adaptations *		550		550
Set Aside Budget	31,674			31,674
	<b>91,774</b>	<b>69,392</b>	<b>-</b>	<b>161,166</b>

\* includes capital spend

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

Earmarked Reserves	Reserve Carry Forward to 2020/21 £	2020/21 Projected spend £	Projected balance 31/03/21 £	comment
<b>Scottish Government Funding</b>				
Mental Health - Action 15	0		0	
Alcohol & Drugs Partnership	83,000	83,000	0	Assume applied in year
Speech & Language Therapy			0	Applied in year
Barrhead Health & Care Centre			0	Applied in year
Primary Care Improvement	102,000	102,000	0	Assume applied in year
Primary Care Transition Fund	68,000	68,000	0	Assume applied in year
GP Premises Fund	78,000	78,000	0	Assume applied in year
<b>Scottish Government Funding</b>	<b>331,000</b>	<b>331,000</b>	<b>0</b>	
<b>Bridging Finance</b>				
Budget Savings Reserve	907,000	259,000	648,000	Assume needed to meet projected overspend; impact on unachieved savings dependant on Covid funding
In Year Pressures Reserve	271,000	110,000	161,000	To support Bonnyton House decant as required
Prescribing	222,000		222,000	To smooth prescribing pressures
<b>Bridging Finance</b>	<b>1,400,000</b>	<b>369,000</b>	<b>1,031,000</b>	
<b>Children &amp; Families</b>				
Residential Accommodation	460,000		460,000	To smooth the impact of high cost residential placements over time
Health Visitors	100,000	100,000	0	To support capacity and training - assumed required in current year
Home & Belonging	100,000	100,000	0	Assume applied in year, may be some slippage due to COVID
School Counselling	311,000	311,000	0	Assume applied in year, may be some slippage due to COVID
Continuing Care / Child Healthy Weight	50,000	50,000	0	Assume applied in year, may be some slippage due to COVID
<b>Children &amp; Families</b>	<b>1,021,000</b>	<b>561,000</b>	<b>460,000</b>	
<b>Transitional Funding</b>				
Learning Disability Specialist Services	1,039,000	180,000	859,000	To support redesign and use determined by community placement by other HSCPs. Will fund Challenging Behaviour Manager post for 2 years at £50k pa and £130k additional observation pressures
<b>Total Transitional Funding</b>	<b>1,039,000</b>	<b>180,000</b>	<b>859,000</b>	
<b>Projects</b>				
District Nursing	100,000	100,000	0	To support capacity and training - assumed required in current year
Augmentative & Alternative Communication	101,000		101,000	As required to meet specialist equipment needs
<b>Projects</b>	<b>201,000</b>	<b>100,000</b>	<b>101,000</b>	
<b>Repairs &amp; Renewals</b>				
Repairs, Furniture and Specialist Equipment	100,000	30,000	70,000	Environmental works approved by IJB in 2019/20, delayed
<b>Repairs &amp; Renewals</b>	<b>100,000</b>	<b>30,000</b>	<b>70,000</b>	
<b>Capacity</b>				
Partnership Strategic Framework	150,000	50,000	100,000	To fund post. Timing of other use being reviewed
Organisational Learning & Development	92,000		92,000	Timing of use being reviewed
<b>Capacity</b>	<b>242,000</b>	<b>50,000</b>	<b>192,000</b>	
<b>Total All Earmarked Reserves</b>	<b>4,334,000</b>	<b>1,621,000</b>	<b>2,713,000</b>	
<b>General Reserves</b>				
East Renfrewshire Council	109,200	0	109,200	
NHSGCC	163,000	0	163,000	
<b>Total General Reserves</b>	<b>272,200</b>	<b>0</b>	<b>272,200</b>	
<b>Grand Total All Reserves</b>	<b>4,606,200</b>	<b>1,621,000</b>	<b>2,985,200</b>	

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

Note; capacity to deliver savings impacted by COVID response.



East Renfrewshire HSCP - Revenue Budget Monitoring 2020/21  
Budget Virement

## Appendix 7

Subjective Analysis	2020/21 Budget Virement				
	2020/21 Budget P5 £	(1) £	(2) £	2020/21 Budget £	Total Virement £
Employee Costs	23,025,000	190,000		23,215,000	190,000
Property Costs	944,000			944,000	-
Supplies & Services	1,880,000	8,000		1,888,000	8,000
Transport Costs	230,000	10,000		240,000	10,000
Third Party Payments	38,933,000	(208,000)		38,725,000	(208,000)
Support Services	2,354,000			2,354,000	-
Income	(16,053,000)			(16,053,000)	-
<b>Net Expenditure</b>	<b>51,313,000</b>	<b>-</b>	<b>-</b>	<b>51,313,000</b>	<b>0</b>

Objective Analysis	2020/21 Budget Virement				
	2020/21 Budget P5 £	(1) £	(2) £	2020/21 Budget £	Total Virement £
Public Protection - Children & Families	9,615,000		(22,000)	9,593,000	(22,000)
Public Protection - Criminal Justice	9,000			9,000	-
Adult Health - Localities Services					
Older People	11,665,000		(25,000)	11,640,000	(25,000)
Physical & Sensory Disability	4,708,000			4,708,000	-
Learning Disability	8,145,000			8,145,000	-
Adult Health - Intensive Services	9,669,000		47,000	9,716,000	47,000
Recovery Services - Mental Health	1,547,000			1,547,000	-
Recovery Services - Addictions	300,000			300,000	-
Finance & Resources	5,655,000			5,655,000	-
<b>Net Expenditure</b>	<b>51,313,000</b>	<b>-</b>	<b>-</b>	<b>51,313,000</b>	<b>0</b>

Note:

- 1 Realigning Criminal Justice budgets with spend commitments
- 2 Moving & Handling budgets to Intensive Services

Additional information - Adult Localities budget allocations

Objective Analysis	2020/21 Budget Virement				
	2020/21 Budget P5 £	(1) £	(2) £	2020/21 Budget £	Total Virement £
<b>Adult Localities - Localities Services Barrhead</b>	<b>12,108,000</b>			<b>12,108,000</b>	<b>-</b>
<b>Adult Localities - Localities Services Eastwood</b>	<b>12,410,000</b>		(25,000)	<b>12,385,000</b>	<b>(25,000)</b>
<b>Net Expenditure</b>	<b>24,518,000</b>	<b>-</b>	<b>(25,000)</b>	<b>24,493,000</b>	<b>(25,000)</b>

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