

Date: 26 January 2021
e-mail: eamonn.daly@eastrenfrewshire.gov.uk
Tel: 07584 116619

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 3 February 2021 at 10.00 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

This document can be explained to you in other languages and can be provided in alternative formats such as large print and Braille. For further information, please contact Customer First on 0141 577 3001 or email customerservices@eastrenfrewshire.gov.uk

BLANK PAGE

**EAST RENFREWSHIRE INTEGRATION JOINT BOARD
WEDNESDAY 3 FEBRUARY AT 10.00am**

VIRTUAL MEETING VIA MICROSOFT TEAMS

AGENDA

- 1. Apologies for absence.**
- 2. Declarations of Interest.**
- 3. Draft Minute of meeting held on 25 November 2020 (copy attached, pages 5 - 14).**
- 4. Rolling Action Log (copy attached, pages 15 - 18).**
- 5. Performance and Audit Committee - Draft Minute of meeting held on 25 November 2020 (copy attached, pages 19 - 24).**
- 6. HSCP Response to COVID-19 (copy to follow).**
- 7. Budget Update – Oral Update by Chief Financial Officer.**
- 8. Revenue Budget Monitoring Report (copy attached, pages 25 - 38).**
- 9. East Renfrewshire Children and Young People’s Services Plan 2020-2023 (copy attached, pages 39 - 96).**
- 10. HSCP Strategic Plan Update (copy attached, pages 97 - 102).**
- 11. Date of Next Meeting: Wednesday 17 March 2021 at 10.30am.**

BLANK PAGE

**Minute of virtual meeting of the
East Renfrewshire Integration Joint Board
held at 10.30 am on 25 November 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 Claire Fisher	Clinical Director
Jacqueline Forbes	NHS Greater Glasgow and Clyde Board
Anne Marie Kennedy	Third Sector representative
Amina Khan	NHS Greater Glasgow and Clyde Board
Councillor Alan Lafferty	East Renfrewshire Council
Dr Deirdre McCormick	Chief Nurse
Andrew McCready	Staff Side representative (NHS)
Geoff Mohamed	Carers' representative
Anne-Marie Monaghan	NHS Greater Glasgow and Clyde Board (Vice-Chair)
Julie Murray	Chief Officer – IJB
Kate Rocks	Head of Public Protection and Children's Services (Chief Social Work Officer)
Flavia Tudoreanu	NHS Greater Glasgow and Clyde Board

IN ATTENDANCE

Liona Allison	Assistant Committee Services Officer, East Renfrewshire Council
Eamonn Daly	Democratic Services Manager, East Renfrewshire Council
Pamela Gomes	Governance and Compliance Officer
Aimee MacDonald	Audit Scotland
Angie McGregor	Strategic Planning Programme Officer
Lee McLaughlin	Head of Recovery and Intensive Services
Ian McLean	Accountancy Manager
Candy Millard	Head of Adult Health and Social Care Localities
Steven Reid	Policy, Planning and Performance Manager
Gayle Smart	Intensive Services Manager

APOLOGIES FOR ABSENCE

Dr Angela Campbell	Consultant Physician in Medicine for the Elderly
Heather Molloy	Scottish Care representative
Ian Smith	Staff Side representative (ERC)
Councillor Jim Swift	East Renfrewshire Council

INTRODUCTORY REMARKS

1. Prior to the start of the meeting, Councillor Bamforth welcomed Councillor Alan Lafferty to his first meeting of the IJB following his recent appointment. Councillor Lafferty had replaced Councillor Paul O’Kane on the Board.

DECLARATIONS OF INTEREST

2. There were no declarations of interest intimated.

MINUTE OF PREVIOUS MEETING

3. The Board considered and approved the Minute of the meeting held on 23 September 2020.

MATTERS ARISING

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

Commenting on the report the Chief Officer explained that in addition to the full annual performance report an easy-read summary version had also been published. She also highlighted the ongoing work around peer research and advocacy in respect of the Alcohol and Drugs Plan which would be included in a future report to the IJB on the involvement of people with lived experience in the shaping of the plan.

The Board noted the report and the additional information.

ROLLING ACTION LOG

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

The Chief Officer having commented on the ongoing production of both the Local Child Poverty Action Annual Report and the Draft Unscheduled Care Strategic Commissioning Plan, Ms Forbes sought clarification of progress in the issue of any Direction letters associated with the 2020-21 budget.

In reply the Chief Financial Officer explained that the issue of letters had been held back until confirmation of the NHSGGC budget contribution had been received. This confirmation had recently been received and the Direction letters would now be issued. This action would also be reflected in future versions of the rolling action log.

APPOINTMENT TO PERFORMANCE AND AUDIT COMMITTEE

6. The Board considered a report by the Chief Officer seeking the appointment of a replacement on the Performance and Audit Committee following the resignation of Councillor O’Kane.

The Board agreed that:-

- (a) Councillor Lafferty be appointed to the Performance and Audit Committee; and
- (b) Councillor Lafferty's attendance at the meeting of the committee immediately prior to this meeting be homologated.

CARE AT HOME UPDATE

7. The Board received a presentation from Gayle Smart, Intensive Services Manager, providing a comprehensive update on the care at home service.

In particular, Ms Smart highlighted recent recruitment activity which would see an additional 13 staff in post by January and referred to the results of the recent user survey. There had been 206 responses with overall service satisfaction being shown at 84.4% an increase from the March figure of 80%.

Ms Smart also commented on the service's Key Performance Indicators referring in particular to the reduction in the use of agency staff. She also acknowledged that the number of visits on time was below target and that there had been a drop in performance relative to mandatory staff training but progress was now being made in this regard. Progress was also being made in reducing off-framework spend.

Having commented on some of the issues considered as part of the overall governance arrangements for the service, Ms Smart commented on the ongoing work to meet the Care Inspectorate requirements. She explained that in light of the ongoing pandemic the Inspectorate's focus was on care homes at present but this would shift back to care at home at some stage.

Ms Smart then concluded by outlining some of the key current risks to the service including staff absence, reduced capacity in the external market and potential increased service demand, and the next steps for the service moving forward. Of particular note was that all frontline staff would have an East Renfrewshire email account. This would improve channels of communication.

Ms Monaghan welcomed the presentation and the progress that had been made. She particularly welcomed the range of data now available which could be used to drive service improvement. She also sought clarification of whether the additional staff being recruited would be funded from existing resources and stressed the importance of home visits being on time with further work being required in this area. Finally she commended the service for using the Discharge to Assess model which while being resource intensive did deliver the best outcomes.

Responding to Ms Monaghan, Ms Smart confirmed that additional staff would be funded from existing resources and that work was ongoing to make sure staff were aware of the impact on residents of visits not being on time.

The Clinical Director referred to the success of the medication support service. This was acknowledged by Ms Smart who confirmed that embedding a pharmacy technician in the service had delivered positive service benefits and created a positive impact on service users.

The Chief Officer highlighted the significant amount of work carried out by the care at home service during the pandemic. Commenting on the future she reinforced earlier comments about increased service demand with fewer people keen to go into care homes.

Ms Forbes having supported Ms Monaghan's earlier comments about the timing of visits Councillor Buchanan welcomed the presentation and paid tribute to the work of staff. He reminded people of the historical challenges facing the service and how despite having to deal with the impact of the pandemic real improvements were being delivered.

Councillor Bamforth echoed Councillor Buchanan's comments. Whilst welcoming the reduction in the use of agency staff she questioned what mechanisms were in place to support staff. In response Ms Smart gave examples of some of the supports in place

Thereafter on behalf of the IJB Councillor Bamforth thanked Ms Smart for her presentation.

PARTICIPATION AND ENGAGEMENT STRATEGY

8. The Board took up consideration of a report by the Chief Officer providing an overview of the process used to develop the Participation and Engagement Strategy and seeking approval for the strategy, a copy of which accompanied the report.

The report outlined the purpose and intention of the strategy as well as explaining that the strategy was based on the principles of inclusion, accessibility and equality, and that it contained details of various ways in which people could engage with the HSCP and partners as well as setting out a commitment to develop further participation and engagement opportunities.

The report explained that a Participation and Engagement Implementation Group (PEIG) had been established to develop a collaboratively produced strategy. Details of the membership of the group were set out in addition to which information on the various engagement events that had taken place and the various groups and organisations in the development of the strategy was provided as well as information provided on the various groups and organisations who had been involved in engagement activity.

It was further explained that the PEIG was now a strong foundation for shared, planned proactive engagement to support strategic commissioning intentions and the group would continue to map out activities and develop a shared participation and engagement workplan with COVID-19 Recovery Planning and the Strategic Plan being a central focus for participation and engagement.

The Strategic Planning Programme Officer was heard further on the purpose and development of the strategy in the course of which she paid tribute to the key role played by Your Voice in the strategy's development.

Mrs Kennedy welcomed the strategy and emphasised the importance of continuing to engage with people in non-digital as well as digital formats. This was supported by Mr Mohamed who stressed the importance of using as many engagement mechanisms as possible in order to maximise participation opportunity. He also expressed the hope that post-COVID, more personalised engagement could take place.

Ms Monaghan having welcomed the strategy and in particular the engagement methods that had been used, which she suggested should be reflected in ongoing work on the Alcohol and Drugs Plan, the Board:-

- (a) approved the Participation and Engagement Strategy; and
- (b) noted the role of the IJB in overseeing the implementation and evaluation of the approach to participation and engagement.

HSCP STRATEGIC PLAN UPDATE

9. The Board considered a report by the Chief Officer providing an update on the planned approach to strategic planning for future years and seeking 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.

The report explained that the current 3-year strategic plan was due for review by 31 March 2021 with there being a statutory requirement to have a new plan in place from 1 April 2021. The impact of the COVID-19 pandemic on staff had meant that development of a medium to long-term plan had been challenging as well as limiting the scope for a fully inclusive programme of community and stakeholder consultation. Allied to this, the production of a strategic needs assessment was also challenging given capacity constraints and the changing profile of local needs as the HSCP moved between response and recovery.

The report further explained that discussions had taken place between the Scottish Government and the seven HSCPs due to review their plans by 31 March 2021 to identify a way forward that preserved the integrity of HSCP strategic planning whilst balancing the immediate and ongoing pressures of the pandemic.

The outcome of the discussions was that a consistent approach should be adopted with HSCPs developing a one year “bridging plan” for 2021-22 with the development of a full three-year plan for 2022-2025. Details of the matters to be contained in a one year plan were set out and it was noted that the Board would be kept updated on progress in the development of the plan with approval being sought at a future meeting prior to publication in March 2021.

The Policy, Planning and Performance Manager was heard further on the contents of any proposed bridging plan and also on the steps that would be taken in the preparation of the subsequent 3-year plan.

Referring to the proposed engagement in the development of the bridging plan, Ms Forbes highlighted that the report suggested that the role of the IJB appeared to be simply to consider the draft plan once it had been prepared and that there should be an opportunity for Board members to contribute to the development of the bridging plan.

In reply it was reported that a number of members of the IJB were members of the Strategic Planning Group which was leading on the development of the bridging plan. Notwithstanding a seminar would be arranged for the IJB in the near future to allow the IJB to contribute to the development of the Plan.

The Board:-

- (a) approved the production of a one-year ‘bridging’ strategic plan covering the period April 2021 to March 2022 that would reflect on the delivery of the current plan, outline the recovery and response activity for the 12 month period, and set out the vision and strategic priorities; and
- (b) agreed that during 2021-22, a longer-term detailed strategic commissioning plan would be developed, setting out the IJB’s direction for 2022-25.

WINTER PLAN 2020-2021

10. The Board considered a report by the Chief Officer providing an update on preparedness for winter across the NHSGGC area.

By way of background the report explained that winter planning was an important part of the IJB's responsibilities, and that each year the Scottish Government issued updated guidance for winter planning arrangements with an expectation that a final whole system approved plan covering the whole NHSGGC area, including East Renfrewshire, be submitted by the end of October/early November. It was noted that the complexity of the COVID-19 pandemic added a further level of uncertainty and challenge to the coming winter.

The report further explained that the winter plan reflected considerable cross system working on unscheduled care that had accelerated since the start of the COVID-19 pandemic. Governance arrangements established across the NHSGGC area to respond to the immediate challenges of the lockdown had been used to identify opportunities for improvement in pathways and processes for urgent care. In addition local East Renfrewshire HSCP winter planning drew on the work of local Recovery and Response, Unscheduled Care and Flu Planning groups.

The report then provided details of the winter resilience arrangements in place both within NHSGGC and East Renfrewshire Council. It was noted that given the changing nature of the challenges facing services from the pandemic coupled with seasonal pressures expected this year, services were developing 6 month winter resilience plans which considered potential scenarios and risks for the months ahead, and outlined activities to ensure the delivery of safe and high quality services for the population during anticipated periods of heightened pressure.

The report highlighted that referrals were increasing as winter approached with levels of demand anticipated to increase throughout the winter period. It was explained that further care at home recruitment was ongoing as well as continued work with providers to support resilience. However it was noted that staff levels were being affected by illness and self-isolation. It was also noted that the HSCP would not be block purchasing care home beds for intermediate care over the winter months. These would be purchased on an ad hoc basis if required.

The report also set out NHSGGC plans for the scheduling of urgent care appointments and the implementation of an Urgent Care Resource Hub (UCRH) and Local Response Hub model across the 6 HSCPs in the NHSGGC area by the end of January 2021. It was explained that the objective of this model was 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 would continue to develop and enhance working practices 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 would facilitate and coordinate a multiservice response when required during times of crisis and escalation.

Having set out details of urgent care local response provision, the report provided an update on the delivery of the Flu Immunisation Programme for over 65s. It was noted that uptake had been encouraging given the change in delivery mechanisms due to COVID-19, with over 11,500 residents vaccinated in 4 local centres. People unable to leave home were being vaccinated by the Community Nursing Team. GPs were also reporting good uptake of vaccination of the 18 to 54 "at risk" cohort.

The report also summarised support arrangements for care homes noting that to mitigate risk, additional Care Home Liaison Nurse support was being recruited and an additional Occupational Therapist added to the team.

In relation to the workforce It was highlighted that an increase in absence over the winter relative to COVID-19 was anticipated due to illness, isolation or caring for relatives. Whilst absence was monitored in order to identify service risk mitigation could not be applied in all cases.

The Head of Adult Health and Social Care Localities referred to the efforts of staff throughout the pandemic and that they would be asked to deliver more as part of the winter planning arrangements.

Councillor Bamforth having acknowledged the efforts of staff Mr Mohamed referred to assurances given at an earlier meeting that all East Renfrewshire residents would be able to receive the flu vaccine locally. Unfortunately this had not been the case with a number of residents in the Merrylee area having to travel to Govan for vaccination. He understood that it would have been possible to change to a more local venue but that the invitation letter had not made this clear.

In response it was explained that the Merryvale GP practice sits within the South Glasgow HSCP area and not the East Renfrewshire HSCP area and this was why patients were invited to attend a Glasgow vaccination centre. It was also clarified that the letters issued were done so centrally.

The Head of Adult Health and Social Care Localities then confirmed that local vaccination targets had been achieved with over 14,000 vaccinations having been delivered by staff over and above their regular duties. The vaccination team had been working non-stop and it was anticipated would be required to participate in any COVID-19 vaccination programme. It would be necessary to review the booking system. She further highlighted that a COVID vaccination plan had to be submitted to NHSGGC by the end of the week.

Recognising the efforts of staff and acknowledging the reasons for East Renfrewshire residents being invited to an appointment in Glasgow, Mr Mohamed indicated that this had been disappointing.

Commenting on vaccination venues the Clinical Director explained that a number of Glasgow residents who were registered at the Glasgow satellite of the Greenlaw practice had been invited to attend an East Renfrewshire vaccination centre. However it had been possible to contact those patients who had been affected to enable them to transfer to a Glasgow venue.

Responding to further questions on the roll out of the flu vaccine to over 55s and the potential impact of the relaxation of restrictions over the festive period on both the general population and also staff, it was explained that any restriction on the rollout of the vaccine to over 55s was due to availability of vaccine stocks and that in terms of vaccination of HSCP staff all staff who had wanted to receive the vaccine had been able to do so. The Chief Nurse also reported on the ongoing vaccination work in local care homes.

Commenting on any COVID-19 vaccination programme the Chief Officer explained that East Renfrewshire would be part of a Board-wide strategy. She indicated that there were no plans to reopen community assessment centres and that it was highly likely that HSCP staff would be involved in the delivery of a COVID vaccine.

The Board noted the report.

HSCP RECOVERY UPDATE

11. Under reference to the Minute of the previous meeting (Item 13 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.

The Policy, Planning and Performance Manager referred to the ongoing work to streamline recovery plans to focus by exception on the completion of planned remobilisation activities and confirmed that the works at Bonnyton House had been completed.

12
NOT YET ENDORSED AS A CORRECT RECORD

Commenting on the report, whilst welcoming the information provided Ms Forbes suggested that the format made it difficult to be clear on what the changes were from the previous report. She asked if the format of the report could be reviewed to make this clearer.

The Board noted the report.

REVENUE BUDGET 2021-2022

12. The Board took up consideration of a report by the Chief Financial Officer providing an overview of preparations for the 2021-22 budget process and the review of the Medium-Term Financial Plan to cover the period 2021-22 to 2025-26.

Having reminded the Board that work being carried out to support setting a budget for 2021-22 would also inform the review of the Medium-Term Financial Plan the report provided further details of the preparatory work already under way. This included identifying and quantifying expected cost pressures, using known costs, performance intelligence, benchmarking and professional judgement to best estimate cost implications in areas such as pay and inflation; demographic pressures; and policy decisions amongst others.

The report highlighted that planning and preparation had been very challenging given the current year cost implications from COVID-19 and listed a number of matters still to be determined. Whilst recovery work would help it was too early to be able to quantify the impact and implications on the services delivered. Monitoring and assessment of the impact on funding would continue through regular revenue budget monitoring and the mobilisation cost tracker.

The report also identified various other matters which may impact on budgets and financial planning. These included the possibility of not being able to achieve current year's savings targets and the as yet unknown impact of Brexit.

It was noted that in line with the national position financial sustainability remained a significant risk to the IJB. A number of other risks that could impact on current and future budget positions were also listed.

The report concluded by explaining that setting a budget for 2021-22 may prove a real challenge given the number of unknowns at this stage. However work would continue to build on the solid record of financial performance with issues being addressed as they emerged, were clarified, and implications and impacts became clearer.

The Chief Financial Officer commented further on the main financial challenges facing the service including the ongoing implications from the pandemic. Allied to this was the issue by the Scottish Government of a template looking for information about implications for future years.

She explained that the Scottish Government's budget announcement was expected on 28 January and so the financial position would become clearer then.

She gave early notice that it was likely that legacy savings of around £1.8 million would need to be taken forward into 2021-22 and it had already been identified that a poor settlement for local authorities could lead to significant savings challenges for the IJB.

She concluded by confirming that the financial picture would continue to be reported through regular reports and seminars as required.

The Board noted the report.

REVENUE BUDGET MONITORING REPORT

13. Under reference to the Minute of the previous meeting (Item 11 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 October 2020 and seeking approval for budget virements to realign criminal justice funding across relevant budget headings and to transfer budgets relating to moving and handling to Intensive Services.

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 were c£7.9 million and were reviewed monthly, with cost projections being continually revised as the service responded to the pandemic. The current estimated costs were included in the overall financial position with the bottom line being a nil impact as the current planning assumption remained 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 funding in relation to remobilisation activity funding had been confirmed at £4.094 million which, when compared to projected costs of £7.9 million meant a potential maximum risk exposure of c£3 million. However further funding was expected and the Scottish Government continued to assess costs nationally based on HSCP submissions. Furthermore, in addition to confirmed funding, a further £0.261 million of funding had been received to support mental health and emotional wellbeing for children, young people and their families impacted by the COVID-19 pandemic. Collaborative work was ongoing with the Education Department to fully use this funding. A further £0.037 million to support the work of Chief Social Work Officers during the pandemic was also expected.

Thereafter it was reported that against a full year budget of £128.95 million there was a projected operational overspend of £0.259 million (0.2%), this figure being a slight increase from the previous information considered by the Board at the September meeting.

The report referred to the recommencement of the Change Programme which was pivotal to work on savings delivery and highlighted that as the focus of service delivery had moved back to response from recovery there was a risk legacy savings would need to be taken into 2021-22.

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, and with regard to reserves it was reported that spending plans against reserves would be refined as the year progressed and would fluctuate to reflect the overall revenue position. It was noted that there may be slippage in some projects as a result of capacity during the COVID-19 response.

Referring further to the report the Chief Financial Officer reported that of the c£7.9 million COVID costs, £4.1 million had been confirmed, with indications from the Scottish Government being that costs would be met in full. She further reported that the cost tracker monitoring COVID-related costs had been updated with indicative costs rising to over £9million.

Responding to questions from Ms Forbes, she confirmed that the £7.9 million figure included unachieved savings, explained that adult localities related costs set out in the consolidated monitoring report were an extract from the main figures, and confirmed that she would make this more explicit in future reports.

In response to Ms Tudoreanu she also set out the reasons for the overspend in supplies and services, it being noted that all COVID-related supplies and services sat within this budget line, and that overspend was compensated by the significant increase in income.

The Board:-

- (a) noted the report; and
- (b) approved the budget virements.

DATE OF NEXT MEETING.

14. It was noted that the next meeting of the Integration Joint Board would be held on Wednesday 3 February 2021 at 10.00 am.

CHAIR



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	3 February 2021
Agenda Item	4
Title	Rolling Action Log
Summary	
The attached rolling action log details all open actions, and those which have been completed since the last meeting on 25 November 2020.	
Presented by	Julie Murray, Chief Officer
Action Required	
Integration Joint Board members are asked to note progress.	

BLANK PAGE

ACTION LOG: Integration Joint Board (IJB)

January 2021

Action No	Date	Item No	Item Name	Action	Responsible Officer	Status	Due / Closed	Progress Update /Outcome
310	25-Nov-20	5	Rolling Action Log	Make arrangements to issue all outstanding directions to partners and record same in the Action Log (SEE ALSO 285)	CFO	CLOSED	25/01/2021	Direction letters issued
309	25-Nov-20	6	Appointment to Performance and Audit Committee	Make the necessary arrangements for Councillor Lafferty replace Councillor O'Kane on the Performance and Audit Committee.	DSM	CLOSED	25/11/2020	
308	25-Nov-20	8	Participation and Engagement Strategy	Make sure that the strategy is used as the basis for future participation and engagement and submit progress reports to future meetings of the Board	SPPO	CLOSED	25/01/2021	The implementation group is developing terms of reference for the group moving forward and is mapping out HSCP strategic participation and engagement activities in line with one year Strategic Plan. A 'soft launch' of the strategy is also being planned. Progress update to the IJB added to fwd planner
307	25-Nov-20	9	HSCP Strategic Plan Update	Make the necessary arrangements to produce 1 year "bridging" strategic plan for 2021-22	PPPM	OPEN	31/03/2021	Draft for consultation developed and discussed at seminar held 25.01.2021. Update on IJB agenda 03.02.2021
306	25-Nov-20	9	HSCP Strategic Plan Update	Arrange to hold a seminar in the new year to afford members of the IJB the opportunity to contribute to the new plan	HAHSCL	CLOSED	25/01/2021	Seminar held 25.01.2021
305	25-Nov-20	11	HSCP Recovery Update	Revisit the format of the update for future meetings to see if those actions that had occurred in the reporting period could be made clearer.	PPPM	OPEN		Recovery work currently suspended
304	25-Nov-20	13	Revenue Budget Monitoring 2020-21 – Position as at 31 October 2020	Make the necessary adjustments to the relevant budget lines.	CFO	CLOSED	25/01/2021	
303	25-Nov-20	13	Revenue Budget Monitoring 2020-21 – Position as at 31 October 2020	Amend future monitoring reports to make it clear that Locality costs are an extract from and not in addition to the main figures.	CFO	CLOSED	25/01/2021	Report revised to make clearer
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
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	CLOSED	25/01/2021	Report published online. A summary version of this report aimed at low income families is being produced to supplement the full report. This is being created in partnership with parents with lived experience of poverty and will be shared once complete.
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.	HAHSCL	OPEN	17/03/2021	Provisionally scheduled for November IJB however final plan not yet available. Deferred to Mar 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	CLOSED	25/01/2021	As we return to normal business Direction letters will be issued. SUPERSEDED BY 310. Direction letters 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	TBA	March IJB paper on Implementation of Budget Calculator and SDS available online . Report on Overnight Support scheduled for April has been deferred to 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	Next update scheduled for Mar 2021
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 depend on system wide programme and agreement of all six HSCPs within Greater Glasgow and Clyde

Abbreviations

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

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

DSM Democratic Service Manager
GCO Governance and Compliance Officer
HAHSL Head of Adult Health and Social Care Localities
PPPM Policy, Planning & Performance Manager
LP (RS) Lead Planner (Recovery Services)

**Minute of virtual meeting of the
East Renfrewshire Integration Joint Board
Performance and Audit Committee
held at 9.00am on 25 November 2020**

PRESENT

Anne-Marie Monaghan, NHS Greater Glasgow and Clyde Board (Chair)

Councillor Caroline Bamforth	East Renfrewshire Council
Jacqueline Forbes	NHS Greater Glasgow and Clyde Board
Councillor Barbara Grant	East Renfrewshire Council co-opted member
Anne Marie Kennedy	Non-voting IJB member
Councillor Alan Lafferty	East Renfrewshire Council

IN ATTENDANCE

Liona Allison	Assistant Committee Services Officer
Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
Eamonn Daly	Democratic Services Manager (East Renfrewshire Council)
Pamela Gomes	Governance and Compliance Officer
Aimee MacDonald	Audit Scotland
Lee McLaughlin	Head of Recovery and Intensive Services
Candy Millard	Head of Adult Health and Social Care Localities
Julie Murray	Chief Officer - IJB
Steven Reid	Policy, Planning and Performance Manager

APOLOGIES FOR ABSENCE

Heather Molloy	Scottish Care
----------------	---------------

INTRODUCTORY REMARKS

1. Ms Monaghan welcomed Councillor Lafferty to his first meeting of the committee following his recent appointment to the IJB as replacement for Councillor O’Kane.

DECLARATIONS OF INTEREST

2. There were no declarations of interest intimated.

MINUTE OF PREVIOUS MEETING

3. The committee considered and approved the Minute of the meeting of 23 September 2020.

MATTERS ARISING

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

The Chief Financial Officer was heard further on the benchmarking exercise carried out by the Council's Chief Auditor examining the split of audit time between specific IJB and HSCP work. The exercise had shown from the responses received that the split was comparable. She also confirmed that there was contingency time available if required.

Having heard the comments made Ms Forbes explained that through personal experience she had seen levels of variation. She further clarified that a number of functions which although carried out by the Council impacted on the operation of the HSCP, for example payroll, were audited but the results were not reported to the committee. She explained that this would provide the committee with reassurance that no relevant matters were being overlooked.

In reply the Chief Financial Officer explained that discussions about the reporting of such functions to committee had taken place when the committee had been set up. The view had been taken that in many cases these audits were part of a Council-wide or NHS-wide audit and that reporting these matters to the committee would be duplication. She also highlighted that it had been agreed to co-opt a member of the Council's Audit & Scrutiny Committee to the committee to provide the link between scrutiny by the Council and scrutiny by the committee. Reference was also made to the Chief Auditor's Annual Assurance Statement whereby the Chief Auditor had to be satisfied that the arrangements in place in the HSCP were satisfactory.

However the Chief Financial Officer agreed to review the way in which matters were reported to the committee to provide the reassurances sought by Ms Forbes, the Chief Officer suggesting that this could be by way of providing a list of audits conducted by the Council and NHSGGC with actions for the HSCP.

The Chief Financial Officer having also confirmed in response to Ms Monaghan that an audit actions update report would be brought to the next meeting, the committee noted the report.

ROLLING ACTION LOG

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

The Chief Financial Officer provided an update in respect of the open actions explaining that the indicative dates for action in the report would be COVID-dependent.

The Committee noted the report.

MID-YEAR PERFORMANCE UPDATE 2020-21

6. The committee considered a report by the Chief Officer providing an update on key performance measures relating to the delivery of strategic priorities set out in the HSCP Strategic Plan.

The report explained that due to the ongoing COVID-19 pandemic the availability of mid-year data was more limited than normal although it was highlighted that there was usually a smaller number of updates compared with end-year information in any case. Furthermore it was reported that the normal reporting of data trends against established targets was less meaningful for many indicators due to the impact of COVID-19 on provision during the reporting

period April to September 2020. Consequently the format of the report differed from previous reports considered by the committee, including data for mid-year and any updated end-year data for indicators from the Strategic Plan that had not previously been reported to the committee and also including a summary analysis of the latest Ministerial Strategic Group (MSG) indicators relating to unscheduled care and a brief summary of headline data from our recent social care return.

Having explained further the layout and content of the report it was explained that the available data showed that despite the pressures of the pandemic there had been strong performance across a range of activities including supporting independent living for older people and people with long-term conditions; and quality of life outcomes for unpaid carers. Minimising delayed discharges, A&E attendance reduction and unplanned hospital admissions had also seen improved performance although these measures had been impacted by the pandemic and figures had started to rise following lockdown.

The report also referred to areas of continuing challenge. These included waiting times for CAMHS and psychological therapies although there had been evidence of improved performance pre-lockdown. First quarter complaints data had seen a deterioration of performance although it was recognised this was during a period of exceptional pressure on staff and other services which had been significantly affected by the pandemic such as Community Payback Orders (CPOs) and alcohol recovery services which were showing signs of recovery.

The Policy, Planning and Performance Manager provided further comment on the report. In particular he referred to the significant increase in demand for CAMHS and psychological services during the pandemic. Quarterly figures showed a significant drop for Q1 and Q2 for people being seen within 18 weeks. Notwithstanding there had been significant recovery over Q2 with figures in the 40s during July rising up to 74% on target for September. Latest weekly figures showed recovery up to 80% on target. Improvements were also being seen in psychological services with figures for mid-November showing 78% on target.

It was also noted that performance on delayed discharges had been significantly affected by the pandemic with in many cases patients not being able to be discharged into care homes.

Full discussion then took place and in response to comments from Councillor Grant on CAMHS waiting times the Chief Officer highlighted the efforts being put in to reduce waiting times. She emphasised that prevention was key and the Chief Social Work Officer in collaboration with colleagues in the Education Department was developing a COVID recovery team to be based in schools. The purpose of the team would be to provide support for pupils with mental health issues to remove the need for referral to CAMHS. The Chief Social Work Officer would be presenting a report on the development of the service to the IJB in February.

Responding to a number of questions from Ms Forbes the Policy, Planning and Performance Manager confirmed that he would provide information on the number of CPOs that would be expected in normal circumstances. He confirmed that in relation to delayed discharges the information provided related only to NHSGGC acute services and acknowledged that further investigation was required to establish if there were any delayed discharges in the Lanarkshire Health Board area that impacted on the HSCP. Finally he clarified that the increase in A&E attendance was most likely due to a relaxation of the restrictions imposed as a result of COVID-19.

Councillor Bamforth supported the comments made by the Chief Officer in relation to the new school based service to assist diversion from CAMHS and to the role of the Family Wellbeing Service on easing the pressure on CAMHS. She also referred to challenges associated with adults with incapacity and to the drop in the total number of homecare hours provided from Q2 to Q4 and to whether there was service capacity to restore these.

In response the Chief Officer outlined the challenge facing the service in relation to adults with incapacity; to ongoing national discussions between the Cabinet Secretary and Chief Officers and to the development of a national campaign. In response to the total number of homecare hours provided the Chief Officer explained that recording methods had been changed and it would be clarified if this was the reason for the drop in the number of hours provided.

Having heard the Head of Recovery and Intensive Services commend staff for their efforts in providing services in such challenging circumstances and the committee having offered its own thanks to staff for their efforts, the committee noted the report.

AUDIT SCOTLAND – COVID-19 GUIDE FOR AUDIT AND RISK COMMITTEES

7. Under reference to the Minute of the previous meeting (Item 9 refers), the committee took up consideration of a report by the Chief Financial Officer advising of the response to the guidance issued by Audit Scotland on key issues for consideration by audit and risk committees during the COVID-19 pandemic.

The report reminded the committee of the publication in August 2020 of new guidance entitled *Guide for Audit and Risk Committees* on key issues for consideration by audit and risk committees during the COVID-19 pandemic. The guidance posed a series of questions designed to assist auditors and public bodies to effectively scrutinise key areas that required additional focus. These included internal control and assurance; financial management and reporting; governance; and risk management.

The committee had agreed that the Chair and Vice Chair of the committee, supported by the Chief Financial Officer and Chief Auditor, consider the questions posed as part of the 2020/21 audit work to support the IJB's governance arrangements and submit a report to a future meeting of the committee.

The report explained that the issues raised had now been considered as agreed by the committee and it had been determined that there were no issues of concern. An appendix setting out the questions posed by Audit Scotland and the corresponding response setting out the IJB's position accompanied the report.

Welcoming the report Ms Forbes reported that she had spoken with the Chair of the NHSGGC Audit Committee in respect of the guidance. It had been confirmed that the NHSGGC auditor would be conducting a review to make sure that NHSGGC had appropriate arrangements in place. She would provide an update in due course.

Noting the information from Ms Forbes, the committee noted that following consideration of the issues raised by Audit Scotland in their guide no issues of concern had been identified.

IJB STRATEGIC RISK REGISTER UPDATE

8. Under reference to the Minute of the previous meeting (Item 11 refers), the committee considered a report by the Chief Officer providing an update on the Integration Joint Board Strategic Risk Register. A copy of the risk register accompanied the report.

Having set out the risk matrix used to calculate risk scores, the report then referred to the meeting of the committee on 23 September and explained that since then there had been no change in risk scores, no new risks added or and existing risks removed from the register.

Details of those risks still considered to be high or significant post-mitigation were outlined. It was highlighted that financial sustainability continued to be a high/red risk as last reported and that this was still considered red post-mitigation reflecting the current economic climate and

uncertainty around COVID-19 and Brexit implications. It was also highlighted that although “Failure of a Provider” was considered as a medium level risk post-mitigation it was still considered to be a significant risk given the potential impact on service delivery.

The committee noted the report.

DATE OF NEXT MEETING

9. It was reported that the next meeting of the committee would take place on Wednesday 17 March 2021 at 9.00am.

CHAIR

BLANK PAGE



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board	
Held on	3 February 2021	
Agenda Item	8	
Title	Revenue Budget Monitoring Report 2020/21; position as at 30 November 2020	
Summary		
To provide the Integration Joint Board with financial monitoring information in relation to the revenue budget, as part of the agreed financial governance arrangements.		
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)	
Action Required		
The Integration Joint Board is asked to note the projected outturn for the 2020/21 revenue budget.		
Directions	Implications	
<input type="checkbox"/> No Directions Required	<input checked="" type="checkbox"/> Finance	<input checked="" type="checkbox"/> Risk
<input type="checkbox"/> Directions to East Renfrewshire Council (ERC)	<input type="checkbox"/> Policy	<input type="checkbox"/> Legal
<input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)	<input type="checkbox"/> Workforce	<input type="checkbox"/> Infrastructure
<input checked="" type="checkbox"/> Directions to both ERC and NHSGGC	<input type="checkbox"/> Equalities	<input type="checkbox"/> Fairer Scotland Duty

BLANK PAGE

EAST RENFREWSHIRE INTEGRATION JOINT BOARD**3 February 2021****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 ledger information as at 30 November 2020 however allows for latest intelligence.

RECOMMENDATIONS

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

BACKGROUND

3. This report is part of the regular reporting cycle for ensuring that the HSCP financial governance arrangements are maintained. This is the fifth 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 and our Covid-19 cost implications are revised and refined.
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 and our current assumptions totalling £9.7 million are reviewed on a monthly basis and our projections are continually revised as we respond to the pandemic.
5. 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 and since we last reported to the IJB this support is now extended to March 2021.
6. To date the HSCP projected cost and confirmed funding relating to the remobilisation activity is summarised:

	£ million
Projected Costs:	
Additional services and staffing including Mental Health Assessment, Community Treatment, Flu, GP, staffing across all response activity	3.221
Infrastructure, equipment, PPE	0.430
Sustainability	3.620
Unachieved savings	2.394
Current Projected Costs	9.665

Funding Received:	
Tranche 1; share of first £50m	0.886
Tranche 2; share of the second (up to) £50m - £25m distributed	0.443
Tranche 3; share of the second (up to) £50m - £8m distributed	0.200
Tranche 4; share of £47m including winter planning	2.565
Total Mobilisation Funding confirmed and received to date	4.094
Current Funding Gap	5.571

7. The table above shows a potential maximum risk exposure of c£5.6 million however we do expect further funding and the Scottish Government continues to assess costs nationally based on HSCP submissions through the mobilisation process. Clearly there is a risk to the IJB if these costs are not funded in full.
8. 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 these funds. The distribution will be through redetermination funding to our partner East Renfrewshire Council.
9. We also anticipate £0.037 million as the allocation to each HSCP to support the work of Chief Social Work Officers during the pandemic along with £0.020 million for work to support care homes.
10. The HSCP Finance Team will continue to work through all funding receipts and allocations to ensure the transparency and integrity of budget monitoring is maintained in an ever changing environment.

REPORT

11. 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 underspend of £0.344 million against a full year budget of £131.7 million (0.26%).
12. This is a reduction in projected costs of £0.603 million since we last reported as a result of staff turnover from vacancies, primarily in health and the current projected costs of care packages. For both of these costs we had been fairly prudent in our initial projections.
13. Our move from emerging recovery and firmly back to response means there is no doubt we will need to take unachieved savings forward. The full impact of this will be considered as part of our 2021/22 budget.
14. 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.
15. The main projected operational variances are set out below. The projected costs are based on known care commitments, vacant posts and other supporting information from our financial systems as at 30 November 2020 and do allow for the latest known information.

16. **Children & Families Public Protection £685k underspend;** the projected underspend remains, due mainly to the current level of staff turnover and the current costs of care packages; a reduction in projected costs of £289k since last reported mainly due to the latest analysis of care packages.
17. **Older Peoples Services £336k underspend;** the projected underspend remains a result of current 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 minor cost increase of £14k since we last reported. The cost projections continue to make allowance for winter activity.
18. **Physical & Sensory Disability £88k 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. We still may see increased demand as part of recovery for adaptations and will continue to monitor this. This is a further underspend of £41k.
19. **Learning Disability Community Services £106k underspend;** remains due to committed care package costs of £429k above budget offset by turnover and some savings from day centre underspends across property, transport and supplies. This is a reduction in projected costs of £6k.
20. When we look at the collective position across the three adult care groups above (in paragraphs 17 to 19) this give a total underspend across Barrhead and Eastwood localities of £530k and this locality split is shown as an extract in Appendices 1 to 3 as an alternative presentation of these budgets.
21. **Learning Disability Inpatients £nil variance;** it should be noted that whilst the projected costs are to budget this is a result of using £350k 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 ensure the staffing ratios required to support complex needs is maintained.
22. **Intensive Services £1,097k overspend;** the main cost pressure remains within Care at Home (both purchased and the in-house service) of £1,366k which is offset in part by staff turnover within day services (£173k). This is a reduction in costs of £125k since last reported mainly a reduction in additional hours and agency in the in-house service. The costs of this service are offset in part by reduced costs within Nursing and Residential care.
23. **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.
24. **Prescribing Nil Variance;** whilst our year to date position now reflects an underspend as a result of tariff swap gains and reduced volumes it is still too early to assume this will be maintained through the remainder of the year. Given that prescribing volatility is always a challenge and this is exacerbated by Covid-19 and Brexit a position to budget is prudent at this point in time.
25. **Planning & Health Improvement £55k underspend;** is primarily from turnover. The remaining element of this budget needs to be reallocated to the relevant operational budget areas and this will be addressed prior to 2021/22 reporting.

26. **Finance & Resources £53k underspend;** this budget meets the cost of a number of HSCP wide costs, including recharges for prior year pension costs for which a prudent projection is included. This is a reduction in projected costs £41k since last reported mainly from turnover based on revised recruitment dates.
27. **Primary Care Improvement Plan, Alcohol and Drugs and Mental Health Action 15;** we have submitted the first funding return to the Scottish Government reflecting our current year costs to date and projected costs for the year. The detailed work has restarted and the table below summarises the current projections against each funding source. As in the previous year, the Scottish Government allocation of funds takes cognisance of the ring fenced reserves we hold locally. We are working to ensure we can minimise project slippage in the current year whilst recognising the current challenges.

	Projected Cost	Funding Allocation	Potential Under / (Over)
	£'000	£'000	£'000
Primary Care Improvement Fund **	1,279	1,720	441
Mental Health Action 15	403	375	(28)
Alcohol & Drugs Partnership	264	266	2

** NB work ongoing to identify and allocate further costs

28. The current projected revenue budget underspend of £0.344 million will be added to our budget savings reserve, subject to final outturn.
29. The reserves position is reported at Appendix 5. The spending plans against reserves will continue to be refined as we move through the year and will fluctuate to reflect the overall revenue position. There will be some slippage in projects as a result of capacity during the Covid-19 response.

IMPLICATIONS OF THE PROPOSALS

Finance

30. 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. The impact on savings delivery along with any implications from our recovery programme will continue to be reported to the IJB during the year and will also be addressed as part of our 2021/22 budget.
31. Once the implications from Covid-19 are clearer and the implications for our 2021/22 budget are known our Medium-Term Financial plan will be reviewed.
32. 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 and 261k is confirmed to support Children and Young Peoples services with Covid-19 recovery.
33. We continue to make 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

34. The significant risk to the IJB is that all Covid-19 related costs are not funded in full. Our current cost estimate through to March 2021 is £9.7 million. The confirmed funding to date is just under £4.1 million.
35. There are several further risks which could impact on the current and future budget position; including:
 - Maintaining capacity to deliver our services and this is a real challenge
 - 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 continue to be monitored and the working groups of both partner organisations remain active.

DIRECTIONS

36. The running budget reconciliation which forms part of financial directions to our partners is included at Appendix 4.
37. The report reflects a projected breakeven position after the potential contribution of £0.344 million to reserves for the year to 31 March 2021.

CONSULTATION AND PARTNERSHIP WORKING

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

40. Appendix 1 reports a potential projected underspend of £0.344 million for the year to 31 March 2021. 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 and we assume full funding in our cost projections.

RECOMMENDATIONS

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

REPORT AUTHOR

Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
lesley.bairden@eastrenfrewshire.gov.uk
0141 451 0749

22 January 2021

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB 25.11.2020 – Revenue Budget Monitoring Report

https://www.eastrenfrewshire.gov.uk/media/4342/Integration-Joint-Board-item-13-25-November-2020/pdf/Integration_Joint_Board_Item_13_-_25_November_2020.pdf?m=637413167020300000

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

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

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

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

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

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	12,527,100	11,842,100	685,000	5.47%
Public Protection - Criminal Justice	9,000	9,000	-	0.00%
Adult Localities Services				
Older People	19,272,800	18,936,800	336,000	1.74%
Physical & Sensory Disability	5,320,000	5,232,000	88,000	1.65%
Learning Disability - Community	14,058,600	13,952,600	106,000	0.75%
Learning Disability - Inpatients	8,496,100	8,496,100	0	0.00%
Augmentative and Alternative Communication	230,800	230,800	0	0.00%
Intensive Services	10,728,000	11,825,000	(1,097,000)	(10.23%)
Recovery Services - Mental Health	5,022,800	4,949,800	73,000	1.45%
Recovery Services - Addictions	1,648,500	1,603,500	45,000	2.73%
Family Health Services	25,814,000	25,814,000	0	0.00%
Prescribing	15,858,100	15,858,100	0	0.00%
Planning & Health Improvement	173,800	118,800	55,000	31.65%
Finance & Resources	12,500,500	12,447,500	53,000	0.42%
Net Expenditure	131,660,100	131,316,100	344,000	0.26%
Contribution to / (from) Reserve	-	344,000	(344,000)	-
Net Expenditure	131,660,100	131,660,100	-	-

Figures quoted as at 30 November 2020

	£
Net Contribution To / (From) Reserves	344,000
Analysed by Partner contribution;	
Health	650,000
Social Care	(306,000)
Net Contribution To / (From) Reserves	344,000

Additional information - Adult Localities

Objective Analysis	Full Year			
	Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Localities Services - Barrhead	18,871,700	17,979,700	892,000	4.73%
Localities Services - Eastwood	19,778,700	20,140,700	(362,000)	(1.83%)
Net Expenditure	38,650,400	38,120,400	530,000	1.37%

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	23,698,000	(483,000)	(2.08%)
Property Costs	944,000	1,015,000	(71,000)	(7.52%)
Supplies & Services	1,888,000	2,639,000	(751,000)	(39.78%)
Transport Costs	240,000	198,000	42,000	17.50%
Third Party Payments	38,725,000	44,422,000	(5,697,000)	(14.71%)
Support Services	2,354,000	2,354,000	-	0.00%
Income	(16,053,000)	(22,707,000)	6,654,000	(41.45%)
Net Expenditure	51,313,000	51,619,000	(306,000)	(0.60%)

Contribution to / (from) Reserve	-	(306,000)	306,000	-
Net Expenditure	51,313,000	51,313,000	-	-

Objective Analysis	Full Year			
	Budget	Projected Outturn	Variance (Over) / Under	Variance (Over) / Under
	£	£	£	%
Public Protection - Children & Families	9,593,000	8,888,000	705,000	7.35%
Public Protection - Criminal Justice	9,000	9,000	-	0.00%
Adult Localities Services			-	
Older People	11,640,000	11,384,000	256,000	2.20%
Physical & Sensory Disability	4,708,000	4,620,000	88,000	1.87%
Learning Disability	8,145,000	8,274,000	(129,000)	(1.58%)
Intensive Services	9,716,000	10,813,000	(1,097,000)	(11.29%)
Recovery Services - Mental Health	1,547,000	1,804,000	(257,000)	(16.61%)
Recovery Services - Addictions	300,000	245,000	55,000	18.33%
Finance & Resources	5,655,000	5,582,000	73,000	1.29%
Net Expenditure	51,313,000	51,619,000	(306,000)	(0.60%)

Contribution to / (from) Reserve	-	(306,000)	306,000	-
Net Expenditure	51,313,000	51,313,000	-	-

Notes

1 Figures quoted as at 30 November 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 to / (from) Reserves	£ (306,000)
-----------------------------------	----------------

4 Additional information - Adult Localities

Objective Analysis	Full Year			
	Budget	Projected Outturn	Variance (Over) / Under	Variance (Over) / Under
	£	£	£	%
Localities Services - Barrhead	12,108,000	11,511,000	597,000	4.93%
Localities Services - Eastwood	12,385,000	12,767,000	(382,000)	(3.08%)
Net Expenditure	24,493,000	24,278,000	215,000	(0.88%)

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	20,258,600	21,667,900	(1,409,300)	(6.96%)
Non-pay Expenditure	51,894,600	52,296,700	(402,100)	(0.77%)
Resource Transfer/Social Care Fund	11,199,000	11,199,000	-	0.00%
Income	(3,004,800)	(5,466,200)	2,461,400	81.92%
Net Expenditure	80,347,400	79,697,400	650,000	0.81%

Contribution to / (from) Reserve	-	650,000	(650,000)	-
Net Expenditure	80,347,400	80,347,400	-	-

Objective Analysis	Full Year			
	Full Year Budget	Projected Outturn	Variance (Over) / Under	Variance (Over) / Under
	£	£	£	%
Childrens Services	2,834,100	2,854,100	(20,000)	(0.71%)
Adult Community Services	4,307,800	4,227,800	80,000	1.86%
Learning Disability - Community	1,082,600	847,600	235,000	21.71%
Learning Disability - Inpatient	8,496,100	8,496,100	-	0.00%
Augmentative and Alternative Communication	230,800	230,800	-	0.00%
Family Health Services	25,814,000	25,814,000	-	0.00%
Prescribing	15,858,100	15,858,100	-	0.00%
Recovery Services - Mental Health	2,708,800	2,378,800	330,000	12.18%
Recovery Services - Addictions	839,500	849,500	(10,000)	(1.19%)
Planning & Health Improvement	173,800	118,800	55,000	31.65%
Finance & Resources	6,597,500	6,617,500	(20,000)	(0.30%)
Resource Transfer	11,404,400	11,404,400	-	0.00%
Net Expenditure	80,347,500	79,697,500	650,000	0.81%

Contribution to / (from) Reserve	-	650,000	(650,000)	0.00%
Net Expenditure	80,347,500	80,347,500	-	0.00%

Notes

1 Figures quoted as at 30 November 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	248,000
	<u>11,404,000</u>

Localities Services - Barrhead	4,976,000
Localities Services - Eastwood	3,791,000

3 Total Contribution to / (from) Reserves

£
650,000

4 Additional information - Adult Localities

Objective Analysis	Full Year			
	Full Year Budget	Projected Outturn	Variance (Over) / Under	Variance (Over) / Under
	£	£	£	%
Localities Services - Barrhead	1,787,700	1,492,700	295,000	16.50%
Localities Services - Eastwood	3,602,700	3,582,700	20,000	0.56%
Net Expenditure	5,390,400	5,075,400	315,000	5.84%

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

Appendix 4

	NHS	ERC	IJB	Total
	£000	£000	£000	£000
Funding Sources to the IJB				
1 Original Revenue Budget Contributions	72,135	51,313		123,448
Criminal Justice Grant Funded Expenditure		606		606
Criminal Justice Grant		(606)		(606)
FHS / GMS budget adjustments	2,857			2,857
Adjustments to opening recurring budget	121			121
Covid-19 Funding	4,094			4,094
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
Prescribing Tariff Reductuion	(670)			(670)
Central Pharmacy	138			138
Various Funding Initiatives	258			258
	80,347	51,313	-	131,660
Funding Outwith Revenue Contribution				
Housing Aids & Adaptations *		550		550
Set Aside Budget	31,674			31,674
Total IJB Resources	112,021	51,863	-	163,884
Directions to Partners				
Revenue Budget	80,347	51,313	-	131,660
Criminal Justice Grant Funded Expenditure		606		606
Criminal Justice Grant		(606)		(606)
1 Resource Transfer	(13,147)	13,147		0
Carers Information	58	(58)		0
	67,258	64,402	-	131,660
Housing Aids & Adaptations *		550		550
Set Aside Budget	31,674			31,674
	98,932	64,952	-	163,884

* includes capital spend

1 Includes Social Care Fund, Cross Charges, COVID funding adjustments as well as historic resource transfer etc.

Earmarked Reserves	Reserve Carry Forward to 2020/21 £	2020/21 Projected spend £	Projected balance 31/03/21 £	comment
Scottish Government Funding				
Mental Health - Action 15	0	0	0	Currently assumed nil balance based on projected costs
Alcohol & Drugs Partnership	83,000	83,000	0	Assume applied in year, utilised prior to new draw on funds
Primary Care Improvement	102,000	102,000	0	Assume applied in year, utilised prior to new draw on funds
Primary Care Transition Fund	68,000	68,000	0	Assume applied in year
GP Premises Fund	78,000	78,000	0	Assume applied in year
Scottish Government Funding	331,000	331,000	0	
Bridging Finance				
Budget Savings Reserve	1,027,000	(344,000)	1,371,000	Assumed based on current projected underspend; 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
Bridging Finance	1,520,000	(234,000)	1,754,000	
Children & Families				
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
Children & Families	1,021,000	561,000	460,000	
Transitional Funding				
Learning Disability Specialist Services	1,039,000	350,000	689,000	To support redesign and use determined by community placement by other HSCPs. Will fund Challenging Behaviour Manager post for 20 months from April. Expected additional costs of observations £350k
Total Transitional Funding	1,039,000	350,000	689,000	
Projects				
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
Projects	201,000	100,000	101,000	
Repairs & Renewals				
Repairs, Furniture and Specialist Equipment	100,000	30,000	70,000	Environmental works approved by IJB in 2019/20, delayed
Repairs & Renewals	100,000	30,000	70,000	
Capacity				
Partnership Strategic Framework	150,000	50,000	100,000	To fund post in current. Following year funding committed
Organisational Learning & Development	92,000		92,000	Timing of use being reviewed
Capacity	242,000	50,000	192,000	
Total All Earmarked Reserves	4,454,000	1,188,000	3,266,000	
General Reserves				
East Renfrewshire Council	109,200	0	109,200	
NHSGCC	163,000	0	163,000	
Total General Reserves	272,200	0	272,200	
Grand Total All Reserves	4,726,200	1,188,000	3,538,200	

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. NB no capacity to achieve in 2020/21
Adult Care packages	100	100	Reflected cost profile
Interim Income	100	100	Based on expected achievable income
Inflation revision	160	160	Saving expected from actual v's planned cost pressure
Discretionary spend moratorium	120	120	Saving assumed achieved. Review ongoing
Digital Efficiencies	250	250	Carried over from 2019/20, part of change programme
Individual Budget Calculator	1,664	1,664	Saving to be applied to all non residential care budgets
Sub Total	2,394	2,394	
New savings to meet NHS Pressures			
Non Pay Inflation	28	28	Saving applied and achieved
LD Redesign - Non Recurring	100	100	Saving applied and achieved. Non Recurring in 2020/21.
Sub Total	128	128	
Total HSCP Saving Challenge	2,522	2,522	

Note; capacity to deliver savings impacted by COVID response.



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board	
Held on	3 February 2021	
Agenda Item	9	
Title	East Renfrewshire's Children And Young People's Services Plan 2020-2023	
Summary		
<p>This report presents "<i>At Our Heart</i>" East Renfrewshire's Children and Young People's Services Plan to members of the Integration Joint Board prior to its submission to East Renfrewshire Council for approval. The plan will also be submitted to the Scottish Government.</p>		
Presented by	Kate Rocks, Head of Public Protection and Children's Services (CSWO)	
Action Required		
<p>Members of the Integration Joint Board are asked to:</p> <ul style="list-style-type: none"> a) acknowledge the duties of the Children and Young People Act 2014 as they relate to Part 3 Children's Services Planning, and; b) note the content of the Children and Young People's Services Plan for 2020-2023, prior to consideration by East Renfrewshire Council. 		
Directions	Implications	
<input checked="" type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<input checked="" type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Workforce <input checked="" type="checkbox"/> Equalities <input type="checkbox"/> Risk <input type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty	

BLANK PAGE

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

3 February 2021

Report by Chief Social Worker Officer

**EAST RENFREWSHIRE'S
CHILDREN AND YOUNG PEOPLE'S SERVICES PLAN 2020-2023**

PURPOSE OF REPORT

1. This report presents "*At Our Heart*" East Renfrewshire's Children and Young People's Services Plan for the period 2020-2023. IJB is requested to note the content of the plan prior to being remitted to East Renfrewshire Council for approval. The plan is also required to be submitted to the Scottish Government. IJB should note that the plan was considered for noting by East Renfrewshire Council's Education Committee on 21 January 2021.

RECOMMENDATION

2. Members of the Integration Joint Board are asked to:
 - a) acknowledge the duties of the Children and Young People Act 2014 as they relate to Part 3 Children's Services Planning, and;
 - b) note the content of the Children and Young People's Services Plan for 2020-2023, prior to consideration by East Renfrewshire Council.

BACKGROUND

3. Part 3 of the Children and Young People (Scotland) Act 2014 places children's services planning duties on local authorities and health boards. Section 8(1) of the Act requires every local authority and its relevant health board to jointly prepare a Children's Services Plan for the area of the local authority, in respect of each three-year period. A range of other relevant local and national bodies are expected to be either consulted with, or obliged to participate, at various stages of the development of the plan. It also requires the local authority and relevant health board to jointly publish an annual report detailing how the provision of children's services and related services in that area have been provided in accordance with the plan. Statutory guidance to support the preparation of plans was updated and re published in January 2020 and has confirmed that completed plans should be submitted to the Scottish Government after local approval.

4. In April 2020 the Scottish Government extended the submission date for new children's services plans due to the Covid19 pandemic. In East Renfrewshire this provided us with a further opportunity to consult with families on the final plan and also consider the impact that the pandemic is having on children, families and communities.

5. Section 9 of the Act sets out the strategic aims for a Children's Services Plan. Under these provisions every Children's Services Plan must be prepared with a view to securing the achievement of the following five aims:-

- (a) that "children's services" in the area are provided in the way which –
 - i. best safeguards, supports and promotes the wellbeing of children in the area concerned,
 - ii. ensures that any action to meet needs is taken at the earliest appropriate time and that, where appropriate, action is taken to prevent needs arising,
 - iii. is most integrated from the point of view of recipients, and
 - iv. constitutes the best use of available resources,
- (b) that "related services" in the area are provided in the way which, so far as consistent with the objects and proper delivery of the service concerned, safeguards, supports and promotes the wellbeing of children in the area.

6. In addition key messages from Part 3 revised statutory guidance state that plans should include:

- A focus on primary prevention and early help
- Targeting the most vulnerable children and families
- A commitment to reducing child poverty
- A joined up services approach
- A commitment to engage communities
- Further implementation of the Getting it Right for Every Child (GIRFEC) approach
- The GIRFEC Wellbeing Indicators as the means to evaluate impact
- A strategic commissioning approach to planning together
- Constitute the best use of available resources

7. The statutory guidance states that the Children's Service Plan must align with existing plans or those in development, as well as legislation to include:

- Community Planning Partnership Local Outcome Improvement Plans
- Local Health Board's Strategic Plan
- Child Poverty Strategies
- Early Years Strategy
- Corporate Parenting Plans
- Community Learning and Development Plans
- Early Learning and Childcare Strategy
- The Community Justice Act
- Community Empowerment Act
- Specifically Parts 1, 4, 5, 6, 9, 10, 11, 12, 13, and 18 of the Children & Young Peoples Act 2014

REPORT

8. The new East Renfrewshire Children and Young People's Services Plan 2020-2023 "*At Our Heart*" is our plan for children, young people, and families for the next three years and demonstrates our commitment to achieve the best possible outcomes for them during these challenging and uncertain times. Since 2002 when we published our first integrated children's services plan we have come a long way towards achieving our shared vision to get it right for children and young people. The new vision for the 2020-2023 Plan has been created by a group of local children, young people, families and staff during the summer of 2020 when covid19 restrictions had been eased. We believe the vision the children and their families have developed is an inspiring and ambitious one and clearly sets out what they believe to be important to them. Our new vision is:

"East Renfrewshire's children should grow up loved, respected and be given every opportunity to fulfil their potential. We want them to be safe, equal and healthy, have someone to trust, have friends, but most of all HOPE".

9. In order to achieve the new vision we have agreed to frame our new Children and Young People's Services Plan 2020-2023 within the national *GIRFEC* agenda and the wellbeing indicators – *safe, healthy, active, nurtured, achieving, respected, responsible, included*. Along with this local partners have agreed a new *East Renfrewshire Approach to Improving Children and Young People's Wellbeing* for the following three years including a suite of new priorities which will make a significant contribution to achieving the wellbeing outcomes, and new success criteria will help us judge how well we are doing, and consider the impact on the lives of children, young people and their families.

10. The Covid-19 pandemic, the national lockdowns, and the ongoing impact of the extensive restrictions, continue to affect all communities in East Renfrewshire, as they have elsewhere in Scotland and the UK. As the effect on children, young people, and families becomes more apparent East Renfrewshire Council and partners will adapt our Children's Services Plan accordingly to ensure emerging needs are identified and where possible addressed.

CONSULTATION AND PARTNERSHIP WORKING

11. Children's Services Planning takes place within the wider context of community planning in East Renfrewshire. As such the production of this plan has over the last twelve months involved a process of extensive collaborative working between children's services partners and related services as well as the important wider engagement that has taken place with children, young people, families/carers, and communities.

12. The Improving Outcomes for Children and Young People Partnership is the principal multi agency group that has responsibility for joint strategic planning and development of services for children, young people, and families in East Renfrewshire. The Partnership oversees the work of the four multi agency thematic planning sub groups in relation to the plan itself and its annual reports. These are – Additional Support Needs Group, Early Years, Corporate Parenting Group, and Young People's Group.

13. All children's services and most of the related services are represented on the strategic high level partnership along with the four thematic sub groups. This includes East Renfrewshire Council, the Health and Care Partnership, NHS Greater Glasgow & Clyde, Police Scotland, and a range of other agencies including East Renfrewshire Culture and Leisure Trust, the Scottish Children's Reporter Administration, Skills Development Scotland, Voluntary Action East Renfrewshire, and partners in local and national voluntary organisations.

IMPLICATIONS OF THE PROPOSALS

Finance

14. As the children's services plan is a multi-agency plan, costs associated with implementing the commitments detailed will be jointly met through individual departments and services devolved budgets.

Equalities

15. An Equalities Impact Assessment or a Children's Rights Impact Assessment of the new plan will be undertaken and the report will be issued once complete. The findings and recommendations will be adopted by the Improving Outcomes for Children and Young People's Partnership and delegated to the relevant thematic group and or service/agency as appropriate.

DIRECTIONS

16. There are no directions arising from this report.

CONCLUSIONS

17. The purpose of "*At Our Heart*" the new Children and Young People's Services Plan for 2020 - 2023 is to set out our vision for East Renfrewshire's children, young people, and their families and demonstrate our commitment to achieve the best possible outcomes for them especially in these challenging and uncertain times. The new plan is framed around *The East Renfrewshire Approach to Improving Children and Young People's Wellbeing* which includes a suite of new key priorities and success criteria. This approach is rooted firmly in the national Getting it Right for Every Child Wellbeing Framework which continues to underpin all that we do in East Renfrewshire.

RECOMMENDATIONS

18. Members of the Integration Joint Board are asked to:
- a) acknowledge the duties of the Children and Young People Act 2014 as they relate to Part 3 Children's Services Planning, and;
 - b) note the content of the Children and Young People's Services Plan for 2020-2023, prior to consideration by East Renfrewshire Council.

REPORT AUTHOR AND PERSON TO CONTACT

Arlene Cassidy, Children's Services Strategy Manager
arlene.cassidy@eastrenfrewshire.gov.uk

Kate Rocks, Head of Public Protection and Children's Services (Chief Social Work Officer)
kate.rocks@eastrenfrewshire.gov.uk

6 January 2021

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

Children and Young People (Scotland) Act 2014

<http://www.legislation.gov.uk/asp/2014/8/contents>

Children and Young People (Scotland) Act 2014: Statutory Guidance on Part 3: Children's Services Planning – Second Edition 2020

<https://www.gov.scot/publications/children-young-people-scotland-act-2014-statutory-guidance-part-3-childrens-services-planning-second-edition-2020/>

BLANK PAGE

“At Our Heart”

The East Renfrewshire Approach to Improving Children and Young People’s Wellbeing

East Renfrewshire’s Children and Young People’s Services Plan
2020-2023

FINAL DRAFT

BLANK PAGE

Executive Summary

Welcome to East Renfrewshire's Children and Young People's Plan for 2020-2023. The purpose of our plan is to set out the vision for children, young people, and families for the three years ahead, and to demonstrate our commitment to supporting them achieve the best possible outcomes especially in these challenging and uncertain times.

As in previous years and in accordance with the Children and Young People's (Scotland) Act 2014, local and national partners who deliver services for East Renfrewshire's children and families, have come together to design and publish our Children's Services Plan. Based on a wide ranging assessment of local needs, agencies have agreed a plan which has at its heart, the overarching aim of improving the wellbeing of local children, young people, and their families. Children's planning has a very high profile in East Renfrewshire and all partners have again demonstrated a genuine enthusiasm to engage with young people, parents and the communities they reside within. As such the assessment of needs includes what children and parents/carers have told us about their experience of living in East Renfrewshire and the challenges they may encounter.

During early spring this year East Renfrewshire's children's services partners agreed the approach for the next three year period and as a consequence the design of the Children's Plan began with a focus on our vision and values. Prior to completion a further consultation exercise with children and families was planned to ensure the framework was the right one however at this time the impact of the Covid-19 pandemic was apparent and the country entered a national lockdown. This subsequently resulted in a delay in finalising the East Renfrewshire children's services plan for 2020.

Another important event also took place earlier in 2020 with the publication of the national Independent Care Review report "The Promise". This long awaited report into the children's care system in Scotland is regarded as the most significant in a generation and it is anticipated it will have a fundamental impact on the design and delivery of *all* children and family services now and over the next decade. As local authorities are expected to commence with implementing the findings of "The Promise" report, East Renfrewshire Council and partners have reflected the importance it will have over the life time of the new children's services plan and beyond.

The Covid-19 pandemic, the national lockdown, and the ongoing restrictions, continue to affect all communities in East Renfrewshire, as they have elsewhere in Scotland and the UK. As the impact on children, young people, and families becomes more apparent East Renfrewshire Council and partners will adapt our Children's Services Plan accordingly to ensure emerging needs are identified and where possible addressed.

I would like to take this opportunity to thank all of the partner agencies for their contribution to the plan and for keeping children and young people at the heart of all that they do. We look forward to the delivery of the East Renfrewshire Children's Services Plan 2020-2023 and the improvements in the wellbeing of our children, young people and families.

Lorraine McMillan Chief Executive Officer
East Renfrewshire Council

Contents	Page Number
Executive Summary	1 - 2
Introduction	4
The East Renfrewshire Approach	5
At Our Heart – Vision, Outcomes, and Priorities	6 -12
Children and Young People’s Population at a Glance	13
East Renfrewshire’s Children and Young People’s Plan	14 - 17
Working in Partnership	18
What we spend on services for children and families	19
How we evaluate and report on implementation	19
How we measure success	20
Appendices	
1) Profile and Needs Assessment	
2) Children’s Planning Landscape	
3) Improving Outcomes for Children and Young People Partnership – membership	

BLANK PAGE

Introduction

Over the last year East Renfrewshire's children's services partner agencies have been working closely together to agree what our children and young people's service planning vision, outcomes, and priorities should be for the three years ahead. This is a very important task for us to undertake and all partners make a considerable commitment to participate in the development of the new three year plan as well as agree to oversee its delivery. Although 2020 has been an extraordinary year in every respect, we are publishing a plan based on a comprehensive analysis of existing local needs whilst at the same time we have attempted to quantify the impact Covid-19 is having on families and the unprecedented pressure it has placed on them. It is fair to say that our understanding of the impact is far from complete especially as we are still in the middle of living through the pandemic but our new plan has reflected some of the emerging evidence of need and will be flexible enough to allow us to further consider and respond and provide the help and support where and when it is needed. The new ***East Renfrewshire Approach to Improving Children and Young People's Wellbeing*** agreed for the following years is detailed below and illustrated on page 5.

Our Approach
East Renfrewshire's Children and Young People's Plan
2020-23

How we will measure our success

Our Vision

We want East Renfrewshire's children to grow up loved, respected and given every opportunity to fulfil their potential.

We want them to be safe, equal and healthy, have someone to trust, have friends, but most of all HOPE

7 Outcomes

1. Safe
2. Healthy
3. Active
4. Nurtured
5. Achieving
6. Respected/Responsible
7. Included

At our heart

Keeping children and young people safe
The mental and emotional wellbeing of children
Care experienced children and care leavers
Families
Children with complex additional needs

Our Priorities

1. Help families and carers give their children the best start in life in a nurturing, safe and stable home environment
2. Protect our most vulnerable children, young people, and families
3. Deliver on our Corporate Parenting responsibilities to our care experienced children and young people by fully implementing The Promise.
4. Respond to the mental and emotional wellbeing needs of children and young people
5. Ensure children and young people with complex needs are supported to overcome barriers to inclusion at home, school, and communities
6. Improve achievement and attainment for all children and young people
7. Support young people with their transition into young adulthood
8. Reducing the impact of poverty on children and families
9. Upskilling our children's services workforce

1. Exclusive breastfeeding 6-8 weeks most deprived SIMD
2. Dental decay decrease - P1 SIMD1
3. Uptake of free ELC for eligible two year olds
4. 0-2 year olds registered with a dentist
5. Children reach dev milestones start P1
6. Improved outcomes for children on completion of parent programme
7. Parents accessing family supports indicate improvement in their family wellbeing
8. Repeat GP presentations Family Wellbeing Service
9. Children accessing the Healthier Minds Service report improvements in their mental wellbeing.
10. Staff feel more knowledgeable and skilled to support mental wellbeing and trauma
11. Young people in transition with a plan at age 16
12. Young people with additional needs with an identified positive post school destination
13. Engagement/feedback sessions with parents/carers/young people
14. Community activities for children with complex needs
15. Young people report their school encourages them make healthy lifestyle choices.
16. SALSUS survey responses
17. Young people participating in diversionary activity
18. Young people involved in ERC Youth Participatory Budget
19. Pupils enter positive destinations
20. Pupils taking part in out of class activities/clubs
21. Number of identified young carers
22. Obese children in primary 1
23. Looked After Children more than one placement
24. Children looked after away from home who have a permanence recommendation within 6 months
25. School attendance looked after children
26. Looked after young people gain achievement awards
27. Looked after children/young people achieve their expected CfE levels in Literacy and Numeracy
28. Children/Young People participate in Champions Board/Mini Champs
29. Children/young people take up Who Cares Scotland advocacy service
30. For Your Entertainment scheme take up
31. Family Firm participation rates

Our Vision is underpinned by

Relational based practice

Listen to children and promoting their participation

A focus on the strengths and assets of families

A trauma informed workforce

The East Renfrewshire Approach to Improving Children and Young People’s Wellbeing

“At Our Heart”, Vision, Outcomes, Priorities

The **vision** for the 2020-2023 Children and Young People’s Plan, agreed by partners during this year is the following:

“East Renfrewshire’s children should grow up loved, respected and be given every opportunity to fulfil their potential.

We want them to be safe, equal and healthy, have someone to trust, have friends, but most of all HOPE”.

We are immensely proud of our vision specifically the role our children, young people and families played in creating it.

In order to achieve the vision, we have agreed to frame and name our Children and Young People’s Services Plan 2020-2023 around **The East Renfrewshire Approach – “At Our Heart”** as illustrated above on page 5. This approach is rooted firmly in the national **Getting it right for every child** wellbeing framework which underpins all that we do in East Renfrewshire. We have also established a suite of new **priorities** which we believe will make a significant contribution to achieving the **wellbeing outcomes** and the new **success criteria measures** will help us judge how well we are doing across the partnership and the impact we are making to the lives of our children and young people and their families. The message we want to communicate to East Renfrewshire’s families is that the needs and concerns of children and young people are **at the heart** of what we do and we will ensure this is the case for the life of this plan and beyond.

Progress towards achieving our vision, outcomes, and priorities will also contribute towards the success of the local **East Renfrewshire Community Plan** and the **Scottish Government’s National Performance Framework**. The Community Plan sets out the high-level ambition for East Renfrewshire for the following ten years and is structured around five strategic priority areas following the key life stages of local people, the most relevant for children’s planning being **Early Years and Vulnerable Young People**, the key outcomes which sit alongside this and the emphasis on tackling inequalities.

Similarly the values and aspirations of the **National Performance Framework** very much mirror those agreed by East Renfrewshire’s local partners in that we will do all we can to ensure:-

“..our children grow up in an atmosphere of happiness, love and understanding. We enhance their life chances through our early years provision and by supporting families when they need it. We ensure childhood is free from abuse, tobacco, alcohol, drugs, poverty and hunger. Our children are not left worried or isolated. We include and involve children in decisions about their lives and world, and protect their rights, dignity and wellbeing. Our communities are safe places where children are valued, nurtured and treated with kindness. We provide stimulating activities and encourage children to engage positively with the built and natural environment and to play their part in its care. We provide the conditions in which all children can be healthy and active. Our schools are loving, respectful and encouraging places where everyone can learn, play and flourish. We provide children and young people with hope for the future and create opportunities for them to fulfil their dreams.”

(Scottish Government’s Vision for Children and Young People National Performance Framework).

At Our Heart

Mental and Emotional Wellbeing of Children and Young People

For most of the time children and young people will experience good mental health along with the normal challenges and stresses of growing up. They will benefit from positive and helpful support for their wellbeing from their family at home, in the early years and at school, and they will not require any extra help over and above that from the people they see on a daily basis. There will of course be a proportion of children and young people who will need extra help at some point, some of whom may even require additional or specialist services intervention. This may be because of factors relating to their development or health profile or because of the impact of adverse experiences on them, their family or community.

There is a recognition however that mental and emotional health issues among children and young people appear to have significantly increased in the past few years. This is not only the case in Scotland but also across the UK, and other developed countries. A Children and Young People's Mental Health Taskforce was jointly commissioned by the Scottish Government and COSLA in 2018 to investigate the level of need and in particular the barriers to accessing specialist services. In the Taskforce’s report findings it provides recommendations and advice to support the redesign and rapid expansion of service responses to mental health problems from birth to 25 years and concludes “*a whole system approach to addressing children’s mental health needs, ensuring preventative action to reduce need, and a prompt and proportionate response which improves outcomes for all children who need support or treatment.*”

As a local authority, East Renfrewshire has recognised the extent of mental health concerns among our children’s population, and in our previous Children and Young Peoples Services Plan 2017-2020, we agreed mental and emotional wellbeing as a key priority.

In November 2019 a co-production event which included children, young people and parents/ carers as well as a cross section of the local children's workforce took place. The purpose was to determine what support would best meet the needs of our families and school communities locally. Overwhelmingly, there was support for relationship-based and nurturing approaches which bridged the gap between school and home. In particular there was a shared view that in many instances help for a child or young person would be best placed in the context of the child's family network. It was agreed from this event to develop a blended model of support which would incorporate new as well as existing approaches.

Since this time the impact of the Covid-19 pandemic has exacerbated the circumstances of many children, young people and families, and we are now seeing a significant rise in the number of those experiencing challenges with their mental health and wellbeing. In response to this a multi-stakeholder Healthier Minds Service approach aligned to school communities has been developed to identify and ensure delivery of mental wellbeing support to promote children and families' recovery. This will work alongside our existing Family Wellbeing Service which links to GP practices. Furthermore during the last year we launched our Healthier Minds Framework.

This evidence based guide for children, young people, families and practitioners, outlines ways to support mental wellbeing in a holistic way and provides information about service and resources that can help at different stages in time.

Improving the mental and emotional wellbeing of children and young people will continue to be one of the highest priorities for East Renfrewshire Council Education Service and for East Renfrewshire Health and Social Care Partnership (HSCP) as we go forward over the next three years. Together all partners in East Renfrewshire are building an approach to mental health support for children, young people and families that will ensure they receive the right care and interventions at the right time and in the right place.

Our Corporate Parenting responsibilities and our commitment to #KeepThePromise

When a child or young person becomes looked after– at home or away from home - the local authority, health board, and a number of other public bodies take on the role of Corporate Parent. Corporate Parenting is the collective responsibility of the council, elected members, employees, and the other key partner agencies, to provide the best possible care and protection for our looked after children. This also means that each specified public body has the statutory responsibility to act for a looked after child in the same way that every parent wants to act. We want the best for our children, to see them flourish with good health, to be safe and happy, to do well in education and enjoy healthy relationships. We want our children to make the most of the available cultural and leisure opportunities, and to develop towards adulthood fully prepared to lead independent lives. Importantly, we want young people to progress into a positive post school destination, whether this be further or higher education or employment and to be financially secure.

Whilst East Renfrewshire's partner agencies are fully committed to improving the life chances of our looked after and care experienced children and young people we are also aware that there is more to be done to enable us to achieve our goal of being the best possible parent we can

be. Recently our multi agency Corporate Parenting Group worked with the East Renfrewshire Champions Board - our care experienced young people's participation group - to agree a set of new local priorities. These priorities are now included in this Children and Young People's Service Plan for 2020-2023, along with a suite of measures to track the progress we are making. Integral to these priorities are the findings of *The Promise*, the national 'root and branch' review of the Scottish care system which was published in February 2020. The Care Review has set out how change will take place in a phased way, from 2020-2030.

The publication of *The Promise* is important because over the three years between 2017 and 2020, the Care Review heard from over 5,500 care experienced infants, children, young people and adults about their experiences of the 'care system' in Scotland, and listened to their views about what needed to change. We are proud that looked after and care experienced young people from East Renfrewshire participated in many of the Care Review's events and activities, sharing their stories about what has worked for them, but also articulating very clearly what could have been done better. As implementation of phase one of *The Promise* is from 2020-2024 and the East Renfrewshire Children and Young People's Services Plan timeline is 2020-2023, there will be opportunities to incorporate newly emerging learning and actions as they unfold. This will also enable local partners to consider how these actions can best be achieved and the resources required. This is why one of our agreed priorities is to implement *The Promise*. We will continue to work closely with our local Champions Board and our Mini Champs to ensure that East Renfrewshire delivers on the priorities agreed with our looked after and care experienced children and young people and #KeepThePromise.

Keeping children and young people safe – Our commitment to working with children, young people, their families and carers

We understand that when a child or young person has been harmed or is at risk of harm this can be a very difficult time for them and their family/carers. The East Renfrewshire Child Protection Committee Improvement Plan 2020-2023 focusses on how we can work with children, young people and their families as well as our partners to ensure that children are kept safe in their families and communities.

We recognise that Covid-19 and the lockdown restrictions have had an impact on our children, young people and their families. We want to work with them and our partners to ensure that they receive the right support at the right time to minimise any risks that have arisen from the pressures created by lockdown. We will ensure that children, young people and their families are involved in every step of the process and where we need to do an assessment of their needs and circumstances that they are part of this. We also want children, young people and their families to be part of meetings so that they can contribute to their plans for keeping them safe. We also want children, young people and their families to tell us what is working well and what we can do to improve our services. This feedback will allow us and our partners to ensure that we all work together to keep children safe.

The National Child Protection Guidance for Scotland (2014) is being revised and due for publication in 2021. We will ensure that our local guidance and processes reflect this national guidance.

Supporting families

In East Renfrewshire we recognise the important role that local services can play in promoting family wellbeing and supporting families to lead safe, happy and healthy lives. Although families are generally the best source of care and nurture for their children, many parents and carers across the authority will from time to time need help, and we want them to be able to access this help where and when they need it, and for as long as is required, to protect and promote their children's wellbeing. In East Renfrewshire services for families are primarily based on prevention and early help such as those provided by the universal services of health visiting, early years settings, and schools but there is also a range of more targeted or specialist support available for those who require it, from health, social work, education and local third sector providers. Family support is already effectively integrated into existing service provision, is strengths based in the way it works in partnership with parents and children, and is rooted in the *Getting it right for every child* wellbeing approach.

The need for well-resourced, supportive, accessible and timely supports for families, was a strong theme throughout the Independent Care Review and this has now been articulated in *The Promise*. As we go forward with making the changes required by The Promise we will be evaluating areas of support to families to ensure they will meet the new emerging needs that families will present with over the next three years.

Children and young people with complex additional needs

Our Children and Young People's Services Plan has placed improving the wellbeing of children and young people with complex additional needs within our highest priorities for the following three years. Engagement activity carried out by East Renfrewshire Council, HSCP, and local third sector organisations indicates that families are satisfied with many of the services their children can access from early years settings, schools, health and social care and wider community support, but there are areas where improvements need to be made to remove barriers and widen access and inclusion further. In particular personalisation and transitions are areas parents and young people have identified as requiring re-evaluated and we agree there is more to be done to make these experiences more meaningful ensuring we fully meet expectations.

The key to improving quality and access for children with complex needs is effective multi agency partnership working within the communities children reside, especially between health, social care, education, local third sector organisations. The local children's planning sub group tasked with improvement work in this area draws its membership widely and from all the key partner organisations that can effectively contribute to making the necessary improvements. Importantly established links with parents and young people's groups and forums already exist but our intention is to build upon these to ensure we can capture the breadth of views and experiences that may be held.

The Rights of Children and Young People

East Renfrewshire is committed to ensuring that children and young people are at the heart of decisions which affect them and effectively participate in wider civic society. This is important at both national and local level, including the Scottish Government, local authorities, community planning partnerships, health boards, schools, community councils and other places where decisions are made that will affect children and young people.

We are committed to ensuring the rights of and improving outcomes for all of our children and young people. We respect children's right to family life and to grow up loved, safe and respected so that they can reach their potential. We also understand our additional responsibility to protect the rights of particular groups of children and young people who experience barriers to success and achievement or whose rights are threatened by abuse or poverty. For those children who need additional support, we work with children and their families to assess their circumstances and make decisions with families. We seek children's views on a wide range of issues using appropriate and inclusive tools. We routinely consult with children when new policies are being developed and reviewed.

In December 2018 the Scottish Government published an Action Plan, setting out the activities to be undertaken until 2021 to progress Children's Human Rights. This Action Plan was developed with children and young people and key stakeholders and acknowledges the need for strategic actions that can deliver genuine transformational change in how children's rights are understood and experienced. A progress report on the first year of the Action Plan was published on 20 November 2019. These actions include commitments to incorporate the UNCRC into domestic law; develop and deliver, through co-production, a programme to raise awareness and understanding of children's rights; develop a strategic approach to children and young people's participation; and to evaluate the Child Rights and Wellbeing Impact Assessment. East Renfrewshire Council, and our Health and Social Care Partnership (HSCP) and Culture and Leisure Trust (ERCL) take full account of all national legislation, plans, policies and strategies. All our departments and teams are committed to the promotion and protection of children's rights, in line with the United Nations Convention on the Rights of the Child.

Creating a Trauma Informed Workforce

Adverse childhood experiences are highly stressful and potentially traumatic events or situations that occur during childhood and/or adolescence. These experiences can include violence, neglect, grief and loss, and can have a long lasting effect on people's physical and mental health, affecting how they behave and their relationships with other people in their lives. Acknowledging the impact of such adversity East Renfrewshire HSCP Children's Services along with other local children's services partners have for a number of years, been working from a trauma informed standpoint. By definition being *trauma informed* means being able to recognise when someone may be affected by trauma, adjusting how we work to take this into account, and responding in a way that supports recovery, does no harm, and recognises and supports people's resilience.

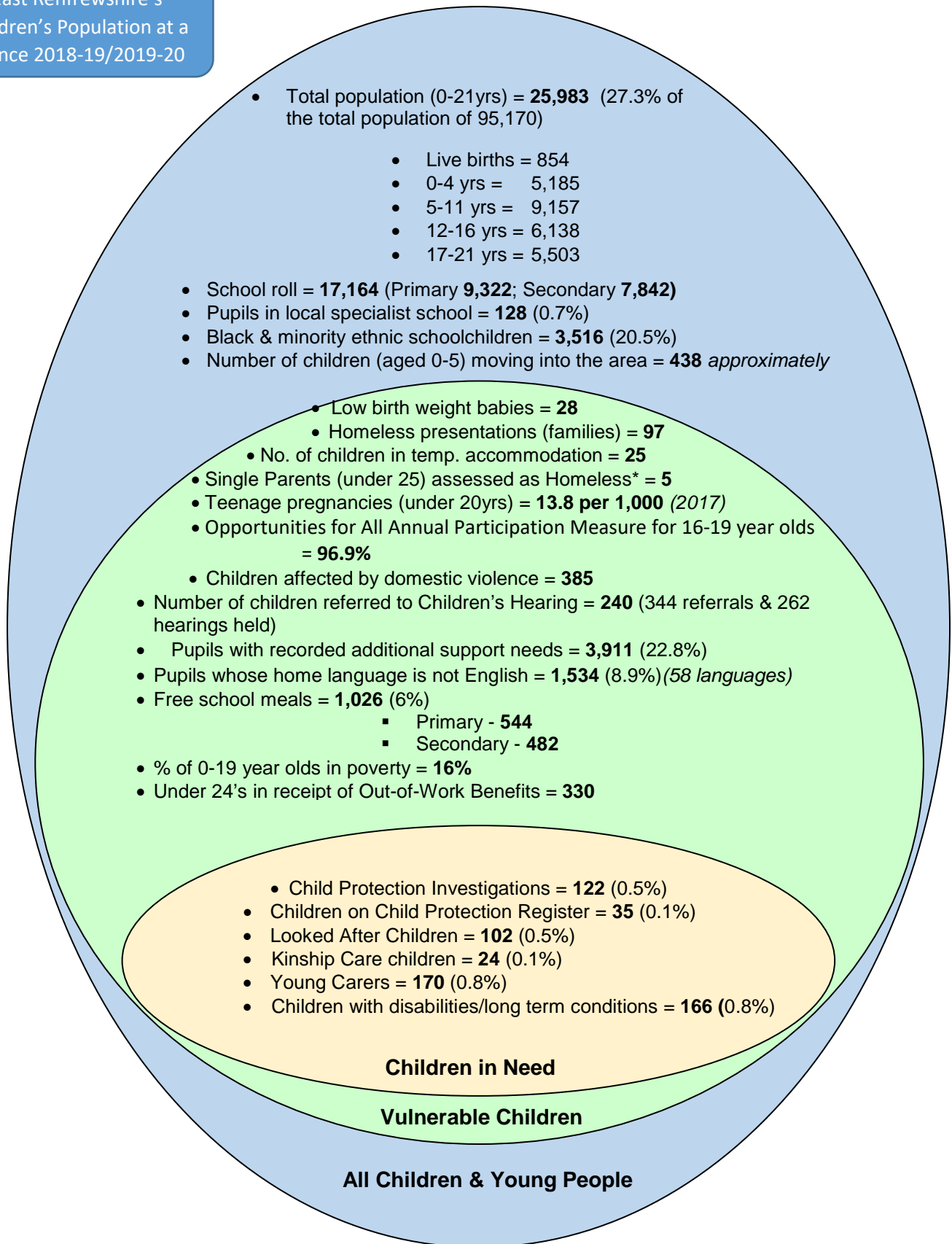
Recently the Scottish Government's Programme for Government made a commitment to preventing adverse childhood experiences (ACES) and to supporting the resilience and recovery of all children and adults affected by trauma. In order for this aim to become a reality a National Trauma Training Programme has been created for the purpose of developing a trauma-informed and trauma-responsive workforce across Scotland. In East Renfrewshire partners have agreed that equipping our children's workforce to respond to trauma in the right way is vital and as such we have agreed to participate in the national training program to develop our own local Trauma Champions and embed the knowledge and skills necessary across all partners who work with children and young people. This will ultimately enable us to build on the considerable work already undertaken in this area and effectively develop and sustain a workforce that is able to respond to the needs of everyone affected by psychological trauma.

Impact of child poverty

Whilst East Renfrewshire Council has some of the lowest levels of child poverty in Scotland local rates have been increasing since 2012. Although it has tended to be more concentrated in specific communities, it is important to understand that child poverty exists across the whole authority. As we are all aware poverty impacts on the health and wellbeing of parents/carers and children and young people and can have long term effects on outcomes into adulthood. The need to tackle the damaging effects of child poverty is now in sharper focus during the Covid-19 pandemic and although this pandemic is primarily a public health emergency it is also having a hugely significant financial impact on communities and the lives of individuals and families.

East Renfrewshire's Community Planning Partnership is committed to reducing the impact of poverty on children and families. The *Fairer East Ren Delivery Plan* focuses on the actions local partners have agreed to undertake together as well as individually to reduce inequalities. These are particularly focused on reducing the impact of poverty on children and links to the broader landscape of children's services which focuses on enhancing wellbeing. Tackling child poverty is at the core of Fairer East Ren's focus to minimise inequalities of outcomes across East Renfrewshire and is in line with the Scottish Government's Fairer Scotland Action Plan taking into account the new duties required under the Child Poverty (Scotland) Act. Our Local Child Poverty Action Report details our local actions focussing on maximising incomes, reducing costs and improving the wellbeing of families facing poverty. Our Children and Young People's Services Plan 2020-2023 will complement this work.

East Renfrewshire's
Children's Population at a
Glance 2018-19/2019-20



The East Renfrewshire Approach to Improving Children and Young People's Wellbeing

2020-2023

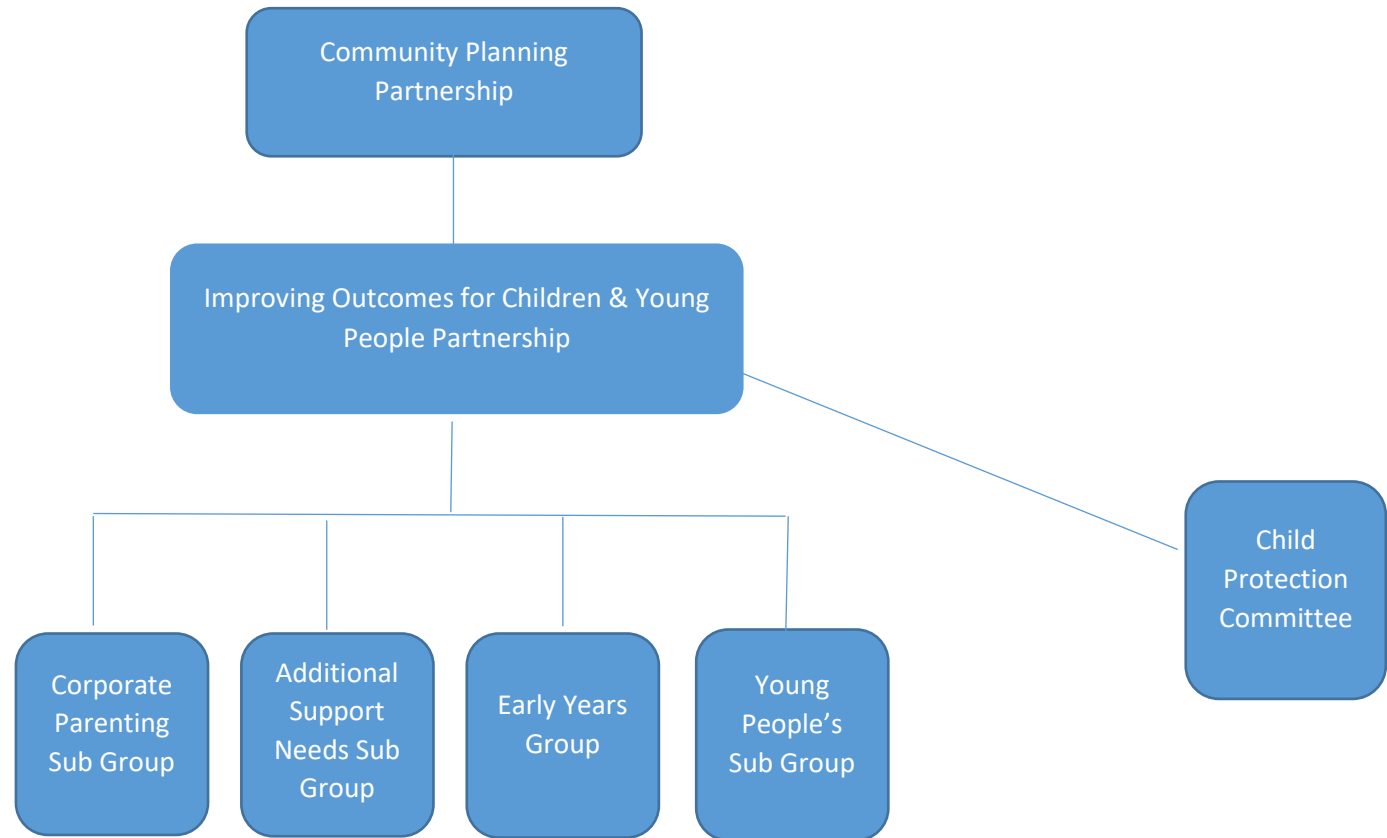
Priority 1. We help families and carers give their children the best start in life in a nurturing, safe and stable home environment	
Our contribution to making this happen	How we will measure our progress
Increase in activities which support prevention and early intervention, improve outcomes and reduce inequalities.	% increase in exclusive breastfeeding at 6-8 weeks in most deprived SIMD data zone (INCREASE) % of 0-2 year olds registered with a dentist Proportion of children reaching their developmental milestones by start of P1. Percentage of obese children in primary 1 Dental decay - P1 SIMD1 (most deprived areas)
Priority 2. Protect our most vulnerable children, young people, and families	
Our contribution to making this happen	How we will measure our progress
Increase in activities which support prevention and early intervention, improve outcomes and reduce inequalities.	% increase in improved outcomes for children on completion of parent programmes % of parents accessing family supports indicating an improvement in their family wellbeing % increase in number of identified young carers Young people participating in diversionary activity

Priority 3. Ensure children and young people with complex needs are supported to overcome barriers to inclusion at home, school, and communities	
Our contribution to making this happen	How we will measure our progress
A community which supports and promotes inclusion for young people with additional support needs.	<p>% of young people in transition to young adulthood with a transition plan by age 16 years</p> <p>% increase in community activities for children with complex needs</p>
Priority 4. Deliver on our Corporate Parenting responsibilities to our care experienced children and young people by fully implementing The Promise.	
Our contribution to making this happen	How we will measure our progress
<p>Settled, secure, nurturing and permanent places to live, within a family setting for all care experienced children and young people.</p> <p>Services and Corporate Parents that are welcoming, inclusive, supportive, and provide opportunities for children and young people to express their views.</p> <p>Accessible, timeous, and effective health interventions.</p>	<p>% Looked After Children with more than one placement within the last year</p> <p>% of children who are looked after away from home who have had a permanence recommendation within 6 months</p> <p>% increase in children and young people who take up Who Cares Scotland advocacy service</p>
Priority 5. Respond to the mental, emotional, and health and wellbeing needs of children and young people	
Our contribution to making this happen	How we will measure our progress
<p>Learning opportunities and activities that provide accurate information to support young people to make safer and informed lifestyle choices.</p> <p>Our children and young people experiencing the highest standards of physical,</p>	<p>% reduction in the number of repeat presentations to GP's for children/young people (Family Wellbeing Service)</p> <p>% of pupils reporting they take part in out of class activities and clubs</p>

<p>mental and emotional health, with access to universal and specialist healthcare services.</p>	<p>Children and young people accessing the Healthier Minds Service report improvements in their mental wellbeing.</p> <p>SALSUS survey responses</p>
<p>Priority 6. Improve achievement and attainment for all children and young people</p>	
<p>Our contribution to making this happen</p>	<p>How we will measure our progress</p>
<p>Our care experienced children and young people enjoying high quality, nurturing learning experiences which support opportunities for personal achievement.</p> <p>Nurturing the interest and talent of our children and young people in sports, arts, and leisure.</p> <p>Learning experiences which are high quality and support opportunities for personal achievement.</p>	<p>% increase in looked after young people gaining achievement awards</p> <p>% of looked after children and young people achieve their expected CfE levels in Literacy and Numeracy, by the end of P1, P4, P7 and S3.</p> <p>% school attendance for looked after children (Primary and Secondary)</p>
<p>Priority 7. Support young people with their transition into young adulthood</p>	
<p>Our contribution to making this happen</p>	<p>How we will measure our progress</p>
<p>An increase in activities which support young people with complex needs to achieve and sustain a positive transition into young adulthood and make safer and informed lifestyle choices</p> <p>Policy and processes to support children and young people to remain in a positive care placement until they are ready to move on and / or good quality accommodation with options to support their needs.</p> <p>An increase in activities which support young people to achieve and sustain a positive transition from school into further or higher education, training, or work.</p>	<p>% increase in young people with additional needs with an identified positive post school destination</p> <p>Young people report their school encourages them to make healthy lifestyle choices.</p> <p>Number of young people involved in ERC Youth Participatory Budget process</p> <p>% increase in looked after Children and Young People participating in Champions Board and Mini Champs activity</p>

<p>Services that promote the UNCRC and opportunities for children and young people to be involved in decision making concerning their life, health and community.</p>	
<p>Priority 8. Reducing the impact of poverty on children and families</p>	
<p>Our contribution to making this happen</p>	<p>How we will measure our progress</p>
<p>Frontline staff recognise the signs of poverty.</p> <p>Children and their families have opportunity to be involved in shaping local policies and measures to reduce the social and economic impact of poverty</p>	<p style="text-align: center;">% increase in FYE scheme take up</p> <p style="text-align: center;">% increase in uptake of free ELC for eligible two year olds</p> <p style="text-align: center;">Family Firm participation rates</p> <p style="text-align: center;">% of pupils entering positive destinations</p>
<p>Priority 9. Upskilling our children's services workforce</p>	
<p>Our contribution to making this happen</p>	<p>How we will measure our progress</p>
<p>A workforce who can provide appropriate and proportionate mental health responses for children and young people and have the confidence to support families most in need.</p> <p style="padding-left: 40px;">A speech, language and communication informed workforce.</p> <p>A community and workforce which promotes, encourages and supports healthy relationships, tolerance and inclusion.</p> <p style="text-align: center;">Relational based practice</p>	<p style="text-align: center;">Number of engagement/feedback session with parents/carers and young people's groups</p> <p style="text-align: center;">Staff report that they are more knowledgeable and skilled to support mental wellbeing and trauma.</p>

Working in Partnership – East Renfrewshire Children’s Services Planning Partnership



What we spend on services for children and families

Expenditure on Children's Services 2020/2021		
East Renfrewshire Council		£s
	Education	141,554
	Community Learning and Development	633,800
	Housing	560,000
	Environment - Family Firm/Youth Employability Programme/ Parental Employment Support	131,500
East Renfrewshire HSCP		
	Children and Families	9,674,542
	Health Visiting and School Nursing	1,615,000
	Specialist Children's Services	714,000
	Speech and Language Services	229,000
Community Planning Partners and Partner Agencies		
	Culture and Leisure Trust	3,202,000
	Skills Development Scotland	1,704,000
	Children 1st	375,000
Total		£18,980,396.00

How we evaluate and report on improvement

Implementation of the plan and evaluating its impact is a key responsibility of all children's planning partners. To support this task each year through the work of the Improving Outcomes for Children and Young People Partnership we will produce an annual performance report to demonstrate progress towards achieving the actions, outcomes and targets that have been agreed.

All four of the children's planning groups will work to a delivery plan with clear actions and the co-chairs of each group will report directly to the Improving Outcomes for Children and Young People Partnership on what is being achieved and also any challenges that are being experienced. The latter will scrutinise performance reports and provide support to the children's planning groups when necessary to find solutions to any challenges they encounter. The Children's Plan Annual Reports will be submitted to appropriate Council and HSCP committees each year.

Measuring Success

A suite of critical indicators has been agreed by local partners - drawn from national and local data sources - to gauge the extent to which we are collectively making progress on the wellbeing outcomes for children, young people and families. We are confident this set of indicators will allow us to measure improvement and identify areas of strength as well as areas where we need to redouble our efforts. In addition to these we will draw on other evidence and information to determine whether our activities are having the intended impact. This will include analysis of local improvement and evaluation activity carried out by partners. However the most important source of information on how well we are doing is from children, young people, and families themselves, and their experiences and views will be the final arbiter of whether we have got it right or not. In view of this we will be working even harder to ensure our services operate in a way that openly invites feedback and encourages frequent communication and dialogue with those who are using our services. This is especially important for children and families who are disadvantaged, or experiencing a range of complex difficulties.

BLANK PAGE

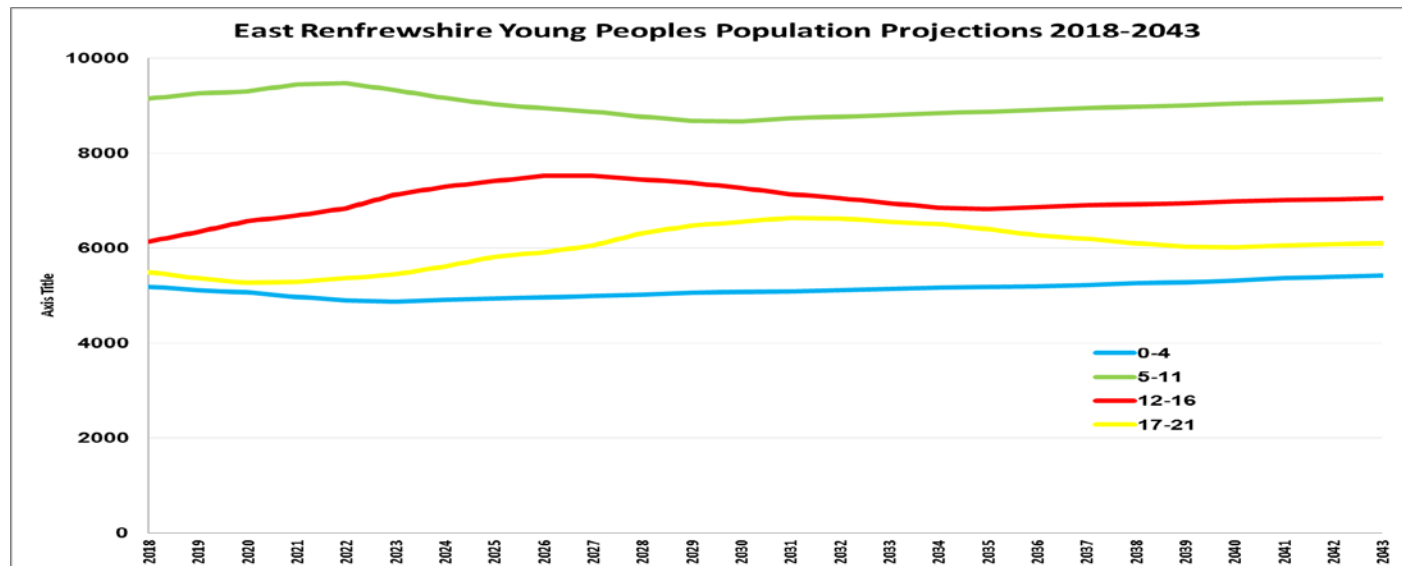
Appendix 1

Profile of Children and Young People's Needs in East Renfrewshire

Children and Young People's Population

East Renfrewshire has a population of approximately 96,000 people that is projected to grow to 108,000 by 2043 (2018 based). Some 22% of the population are aged 16 years or under. The total children and young person's population (0-21 years) is currently around 26,000 with live births per year numbering around 800. This equates to a fertility rate of 51 live births per 1,000 women (aged 15-44) and compares favourably with the Scotland rate of 48.4 live births per 1,000 women. There are 19,525 individuals aged between 0 and 15, this is the highest proportion of children in any local authority in Scotland. One in every five people living in East Renfrewshire is a child.

From the graph below we can see that approximately 5,000 children are currently under 5 years, 8,600 are between five and eleven, and just over 6,000 fall within the twelve to sixteen age group; it is this group.



The number of children and young people aged 0-15 has consistently increased over the last 10 years and has increased by nearly 3% since 2017. The picture across East Renfrewshire differs with the communities of Giffnock (-0.7%), Netherlee and Stamperland (-1.8%) and Clarkston and Williamwood (-2.3%) experiencing a reduction in the number of children and young people. However, all other areas increased the number of children and young people living within them. Projections also show the children and young people cohort continuing to grow over the next 25 years.

There is an increasing pattern of more people entering East Renfrewshire than leaving. In 2018/19 nearly 500 more children (0-14) migrated into the area than left, further adding to the number of children in the population. These levels of migration were the highest levels of any local authority. In comparison between 2017 and 2019, East Renfrewshire experienced a 8.8 per cent decrease in the number of births, dropping from 886 in 2017 to 808 in 2019. The number of births in Scotland declined by 5.7 per cent between 2017 and 2019.

Household Composition

East Renfrewshire has a higher than the Scottish average percentage of households with married / civil partners and dependent children (21.1 per cent). Joint second highest in Scotland for percentage who are married or same sex couples with the second lowest proportion of divorcees. Lone parent families accounted for 10 per cent of all households.

Ethnicity

Most people in East Renfrewshire (94 per cent) report their ethnicity as 'White'. The majority of these people belonged to the 'White: Scottish' category (87 per cent). The 'White: other British' was the second largest category at 4.1 per cent. Of the 'White' ethnic group, 2.9 per cent identified as 'non-British White' including 1.5 per cent of 'White: Irish' and 1.2 per cent 'Other: White' with 0.2 per cent 'White: Polish'.

Minority ethnic groups in East Renfrewshire have grown in size between 2001 and 2011, and generally, lived in more mixed areas in 2011, compared to 2001 (Table 4). The 'Asian' population showed the largest increase and now represents 5 per cent of the total East Renfrewshire population. 'Mixed or multiple' ethnic groups represented 0.4 per cent and 'Other Ethnic' groups 0.3 per cent of the population. The 'African, Caribbean or Black' groups made up 0.1 per cent of the population.

Religion

In the Census of 2011, there was a much higher percentage of people in East Renfrewshire who stated they have a religion (73 per cent) when compared with Scotland as a whole (63 per cent). After Christianity, the next largest reported religion is 'Muslim' which represents 3.3 per cent with an increase of 1.2 per cent from 2001. This is followed by 'Jewish' at 2.6 per cent which represents 41 per cent of the 'Jewish' population in Scotland. The other religions combined (including 'Hindu', 'Buddhist', 'Sikh' and 'Other religion') represented a further 1.4 per cent.

Socio Economic Factors

There are around 3,600 children living poverty within East Renfrewshire. This amounts to 16% of children living in East Renfrewshire. This is lower than the Scottish average and comparable with East Renfrewshire's family group in the Local Government Benchmarking Framework. However, there is disparity in levels of poverty across the authority; varying from around one in twenty children living in poverty in the more affluent areas, to almost one in three in the less affluent areas.

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

However within East Renfrewshire there are some communities considerably more deprived than others. Across East Renfrewshire 6.6% of the 18-24 age group were unemployed and claiming benefit in October the Scotland wide figure was 8.8%. Although East Renfrewshire has a proportionately large population of children living in the area, proportionately child poverty levels in comparison to the national average, are very low. However, there is disparity in levels of poverty across the authority; varying from around one in twenty children living in poverty in the more affluent areas, to almost one in three in the less affluent areas.

Out-of-Work Households: Six per cent of children in East Renfrewshire live in out of work households. This is significantly below the Scottish rate of 13.9%. However, there are significant differences across the authority area - 1.3% of children in Netherlee, Stamperland and Williamwood live in out of work households, whilst this figure rises to 18.7% in Barrhead. In terms of children with complex additional needs 3.9% of East Renfrewshire's 0-15 population were also in receipt of Disability Living Allowance compared to 4.7% nationally.

Free School Meals Entitlements: Another useful indicator of levels of deprivation among families is free school meals entitlement rates. At September 2019 6.3% of the primary and secondary school population were in receipt of free school meals, taking standard entitlement into consideration (however all P1-P3 children are entitled to and registered for free school meals). As expected, entitlement is concentrated mainly within the localities where deprivation levels are highest.

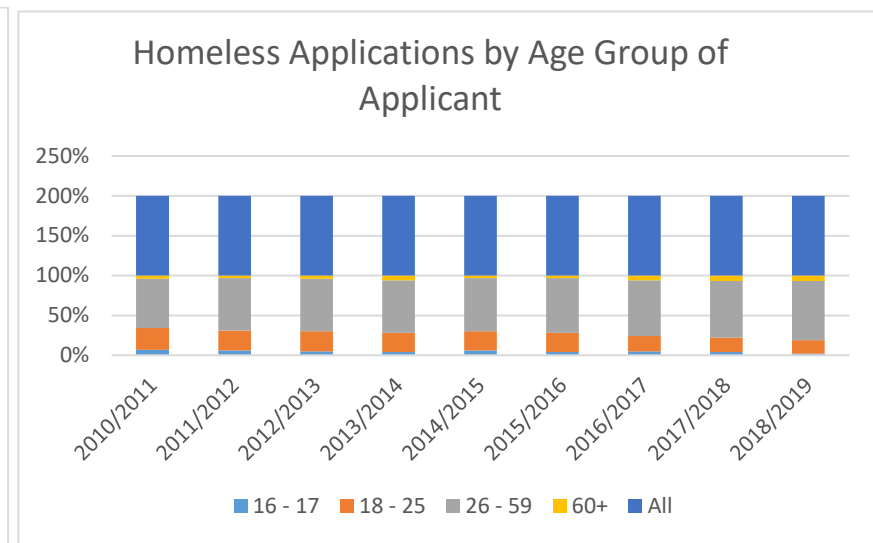
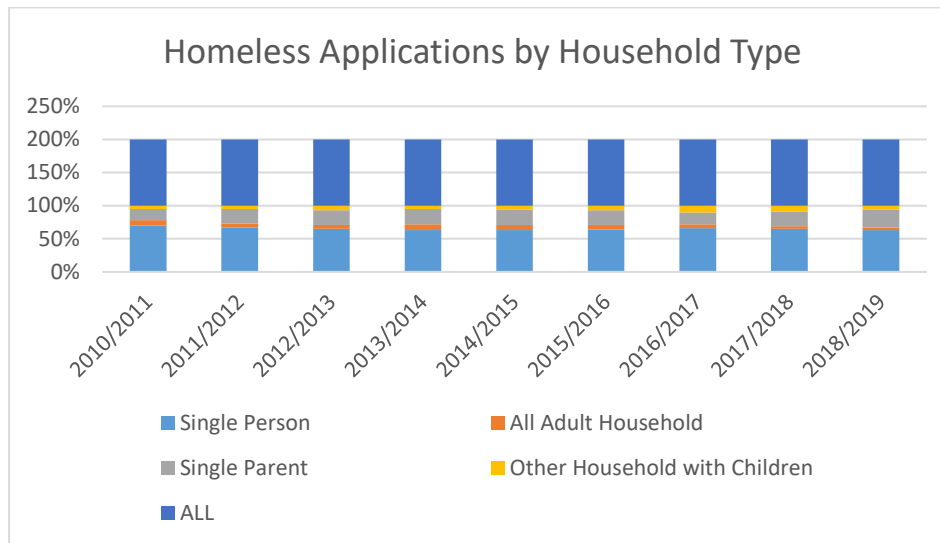
Economic Impact of Covid – top level data

ERC has had a 137.1% increase in unemployment between January and May 2020 (third highest % increase in Scotland). 2300 ERC residents are on the Income Support Self Employment scheme and 744 Business Support Grants have been issued. By end of first lockdown 10,100 residents were on furlough.

Housing

The Council's Housing Service and partners RSLs continue to prioritise the rehousing of vulnerable households faced with homelessness, and to respond to the Scottish Government's requirements to drive down the instances of homelessness and length of time people who are homeless wait to be suitably rehoused. The average length of time in temporary accommodation in 18/19 for homeless households was 98.5 days; a decrease from 108.9 days in 17/18, and reflects the pressure we have for additional affordable housing to be made available.

While applications from homeless families have increased slightly in 2018/19 as a proportion of overall applications, there has been an ongoing drop in the young people 25 and under who have had to make a homeless application, in part due to the other protocols we have in place to prevent this occurring.



Education

East Renfrewshire Council's Education Department has a strong reputation and record of high levels of attainment and sector leading evaluations of pupil experiences from HMIE evaluations. East Renfrewshire Council's Education Department is fully committed to securing positive outcomes for all children and young people.

The department's vision statement – 'Everyone Attaining, Everyone Achieving through Excellent Experiences' – clearly demonstrates an ambition for all children and young people and sets out the responsibility placed on everyone who works in education to meet the needs of all and develop their skills and capabilities. There is a consistent focus on excellence and equity and all educational establishments ensure that efforts and resources are targeted towards those who need support most

Attainment in the Broad General Education

Pupil progress in reading, writing, talking and listening and numeracy through the Broad General Education (P1 to S3) is measured by teacher professional judgement. Teachers make a professional judgement of each pupil's progress, with evaluations based on a wide range of evidence which takes account of breadth, challenge and application of learning. The evidence comes from a range of assessments including standardised assessments and on-going observation of learner progress. Teacher professional judgements at the P1, P4, P7 and S3 year stages are gathered each year by the Education Department and are submitted to the Scottish Government. Regrettably, as a consequence of the Covid-19 pandemic, teacher judgements will not be collected for the academic year 2019-20. The following tables provide details of the proportion of pupils who achieved the expected levels of progress within the Broad General Education in each of the curricular areas:

Primary Attainment (P1, P4, P7 Combined Values)

	2015-16	2016-17	2017-18	2018-19
% Attaining or Exceeding Expected Levels - Reading	88.4	89.2	91.2	90.7
% Attaining or Exceeding Expected Levels - Writing	85.5	86.6	89.4	88.3
% Attaining or Exceeding Expected Levels – Talking & Listening	90.5	91.6	94.0	94.5
% Attaining or Exceeding Expected Levels - Numeracy	88.6	90.3	90.8	90.7

Primary attainment in reading, writing, talking and listening and mathematics has increased over the last four years. The 2018-19 performance in talking and listening was the highest to date.

Secondary Attainment (S3)

At the S3 year stage, pupil attainment is recorded as achieving the 3rd or 4th level of the Broad General Education. The table below provides details of the proportion of S3 pupils which achieved the 4th level in each curricular area.

	2015-16	2016-17	2017-18	2018-19
% Attaining Fourth Level – Reading	69.7	77.0	78.4	80.9
% Attaining Fourth Level – Writing	63.5	71.7	76.6	79.7
% Attaining Fourth Level – Talking & Listening	72.5	76.9	80.1	81.5
% Attaining Fourth Level - Mathematics	76.2	76.1	78.2	78.4

Secondary attainment (S3) at fourth level in reading, writing, talking and listening and mathematics has increased over the last four years, with the 2018-19 performance the highest to date in all four curricular areas.

Performance in SQA examinations:

East Renfrewshire continues to outperform similar authorities and performance is well above the national average. In academic year 2019-20:

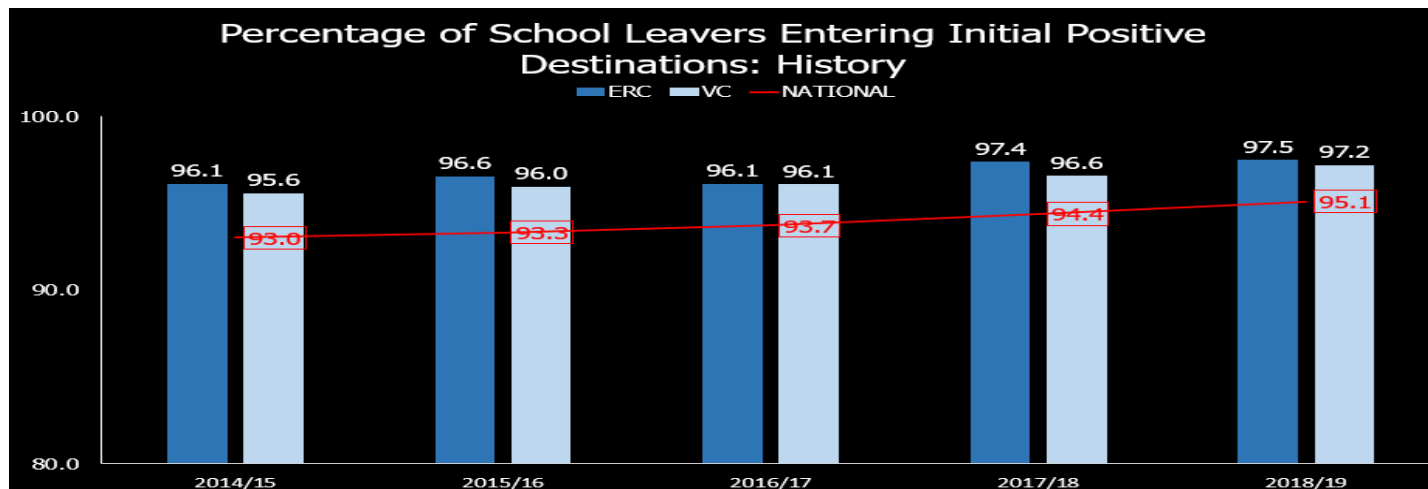
- Some 85% of S4 pupils achieved 5 or more awards at SCQF Level 5; this is the highest recorded for the Council and is 19% above the local authority's virtual comparator value.^[1]

^[1] Virtual comparator values provide context for the data. The virtual comparator is a standard benchmarking measure. The virtual comparator is a sample group of pupils from other parts of Scotland who have similar characteristics to the young people in the local authority (matched on gender, additional support needs, stage of leaving school (S4, S5 or S6) and the social context in which they live.

- Since 2018 the average amount of Insight points S4 pupils from the most deprived areas as defined by Scottish Index of Deprivation (SIMD) has increased by 11 percentage points; whilst the attainment of all SIMD groups increased over the period, the deprivation gap decreased as the middle and most affluent groups increased by 5% and 2% respectively.
- SCQF Level 6 (Higher) results for S5 year pupils continues to demonstrate very strong performance, with the proportion of pupils attaining 1 or more, 3 or more or 5 or more SCQF Level 5 awards being 14%, 19% and 20% above the Council's virtual comparator, respectively.
- At Advanced Higher in S6, 48% of the original S4 cohort achieved 1 or more SCQF Level 7 (Advanced Higher) awards, an increase of 4.5% since 2018 and 16% above the Virtual Comparator.
- East Renfrewshire continues to out-perform its virtual comparator for all key indicators at SCQF Levels 3 to 7.

School Leaver Destinations

The proportion of school leavers entering a positive destination has increased over the past 5 years to an all-time high for the Council of 97.5% in 2018-19. In each of the last 5 years the proportion of pupils leaving school for a positive destination has been in keeping with or above the virtual comparator and is significantly above the national values.



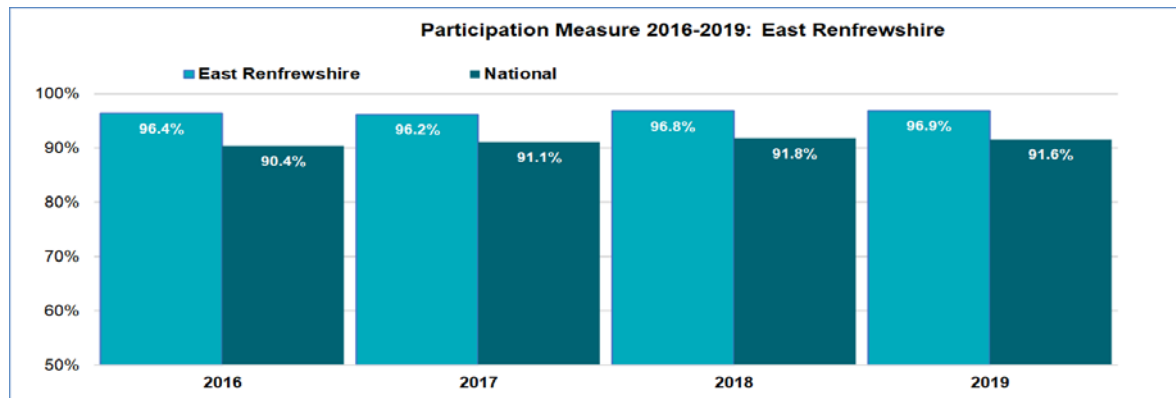
The proportion of young people residing in less affluent areas as defined by SIMD, leaving school and entering a positive destination has increased at a significantly greater rate than those from other decile groups.

Annual Participation Measure

The Scottish Government's Opportunities for All commitment offers a place in learning or training to every 16-19 year old who is not in employment, education or training. Skills Development Scotland (SDS) worked with the Scottish Government to develop a measure of participation which allows for the identification of the participation status of the wider 16-19 cohort.

The latest Annual Participation Measure report (published August 2020) marked the sixth release of statistics on the participation of 16-19 year olds at a national and local authority level. As agreed by Scottish Ministers the Annual Participation Measure has been adopted in the Scottish Government's National Performance Framework as the measure of young people's participation. This has replaced the school leaver destination follow up as the source of the national indicator, "Percentage of young adults (16-19 year olds) participating in education, training or employment".

The measure is drawn from records on SDS's Customer Support System, which are updated by SDS and by partners (including East Renfrewshire Council/schools, colleges, SAAS, DWP). It allows all partners to better understand the impact of interventions and the outcomes they deliver at every transition point for 16-19 year olds. The graph below shows the results over a four-year period in relation to levels of 'participation' within East Renfrewshire compared with the national averages. East Renfrewshire is above the National Comparator in the last 4 years as illustrated:



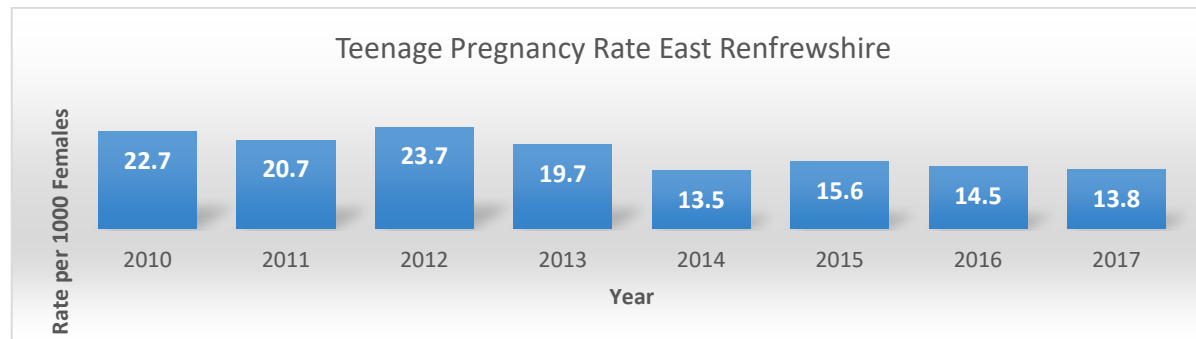
Attendance and exclusions: In the primary sector, the attendance rate for 2019/20 was 95.6%. In the secondary sector the attendance rate for 2019-20 is 92.8%. School exclusions remain very low within East Renfrewshire. In 2019-20 there were no temporary exclusions in the primary sector and there has been only one temporary exclusion in the primary sector over the past 5 academic years. Nationally, in 2018/19 the rate of exclusions in the primary sector is 4.9 exclusion incidents per 1000 pupils.

In the secondary sector, in 2019/20 the rate of temporary exclusion was 4.6 exclusions per 1000 pupils and is a decrease from the 2018-19 rate of 6.8 exclusions per 1000 pupils; nationally in 2018/19, the rate of exclusion is 24.7 exclusions per 1000 pupils.

Child and Maternal Health

East Renfrewshire Teenage Pregnancy rate

The most recently published data for teenage pregnancy is for the calendar year ending 2017 (published July 2019). Teenage pregnancy rates in East Renfrewshire have generally been decreasing since 2010. In 2017, East Renfrewshire had the lowest rate of all council areas for the second year running. In 2017 the teenage pregnancy rate (per 1000 births) in East Renfrewshire was 13.8 compared to 29.8 for NHS GGC, and 30.2 for Scotland.



Maternal Smoking

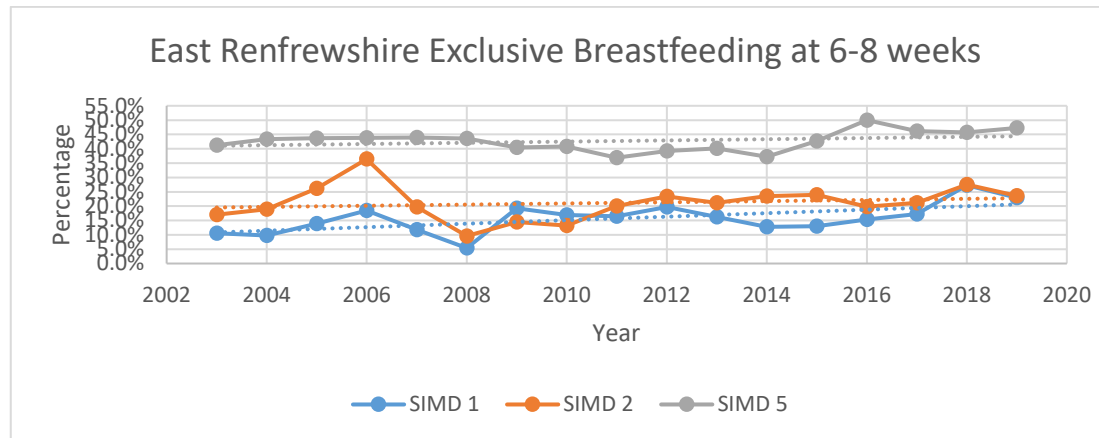
The health of a pregnant woman and her baby are closely linked and are influenced by a number of different factors including maternal smoking. In 2019, 5.7% (46) of women living in East Renfrewshire were recorded as smoking at the time of their antenatal booking appointment compared to 4.6% (39) in 2018. Maternal smoking in pregnancy in women living in East Renfrewshire remains significantly below figures for Scotland and NHS GGC at 14.6% and 11.7% respectively.

Maternal Smoking at Antenatal Booking Appointment

AREA	2018 (count)	2019 (count)
East Renfrewshire	4.6 (39)	5.7 (46)
NHSC GGC	11.5 (1340)	11.7 (1277)
Scotland	14.4 (7363)	14.6 (6989)

Breastfeeding Rates and Deprivation

There continues to be a difference in breastfeeding rates between women living in our most deprived areas of SIMD 1 & 2 and our most affluent in SIMD 5. In 2019 23% of women living in the most deprived areas of the authority (SIMD 1) were exclusively breastfeeding at 6-8 weeks compared with 47% of women living in our least deprived areas (SIMD 5). Indeed, this is a trend that is seen in our most deprived areas across Scotland. However, East Renfrewshire does continue to have one of the highest exclusive breastfeeding rates as a whole at 6-8 weeks in Scotland.

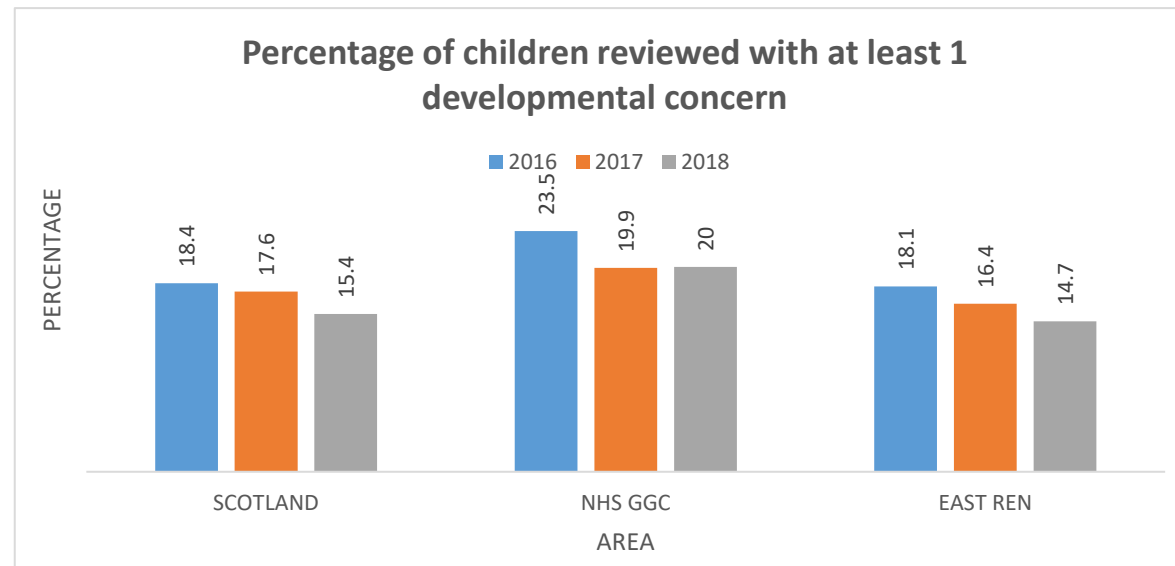


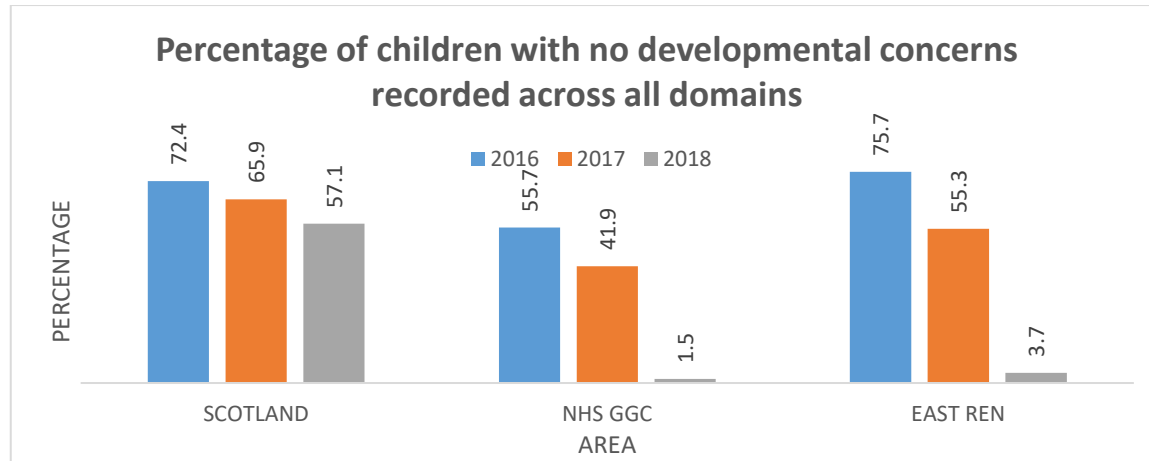
Children's development 27-30 month assessment

27-30 Month Review

Children's development is assessed during the health visitor 27-30-month child health review.

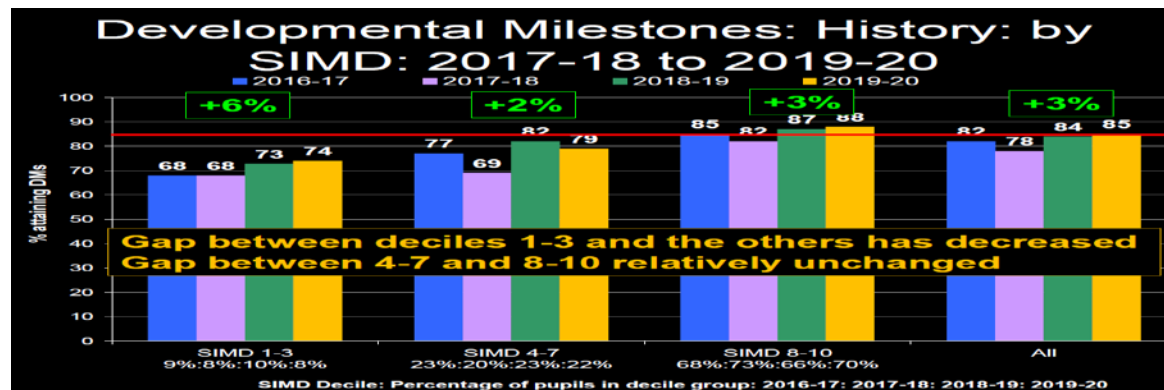
The latest information available comes from reviews provided to children turning 27 months between April 2017 and March 2018. In 2017/18, 15% of children in East Renfrewshire, undergoing a 27-30-month child health review had a concern recorded about at least one area of their development. This compares to 18% in 2016. The slight decrease is in comparison to other areas across GG&C. The recording of concerns may be due to the increase in number of Health Visitors within East Renfrewshire resulting in earlier interventions and management of developmental concerns with children and families.





P1 Pupils reaching developmental milestones

Since 2013-14 data has been gathered on the percentage of children achieving the expected levels of development on entry to primary 1. The following components are assessed: Attention, Speech, Expressive Language, Receptive Language, Communication, Gross Motor Skills, Fine Motor Skills and Behaviour. In East Renfrewshire, within each decile range, the increase in the percentage of children achieving their developmental milestones is greatest within the least affluent communities, SIMD deciles 1-3. This has contributed to a reduction in the gap between the achievement of those from the most affluent, SIMD 8-10, and least affluent, SIMD 1-3 residencies, which has decreased from around 26% in 2014-15 to 14% in 2019-20.



Oral Health

Dental Registrations 0-2 year olds

NHSGGC's target for children aged 0-2 years is - *a minimum of 60% should be registered with an NHS dentist*. Although this target has been in existence for several years no local authority in the health board area has reached it. Nor has the target been reached across NHSGGC as a whole, or in Scotland. As can be seen from the table below since 2016 the registration rate has fallen by almost 4% in East Renfrewshire.

Area	Year 2016	Year 2017	Year 2018	Year 2019
GGC	52.2 %	53%	52.9%	52.5%
East Renfrewshire	56.0%	55.1%	53.6%	52.4%
Scotland	49.0%	48.5%	48.2%	47.4%

Dental Caries in Primary 1 Pupils

The National Dental Inspection Programme (NDIP) is carried out annually but alternates on a sample of P 1 and P 7 children in each Local Authority area. The latest data for children age 5 years is from the school year 2018. As can be seen in the table below the percentage of P1 pupils in East Renfrewshire with no obvious decay experience in 2018 was 82.6%. This is an increase from the 2016 figure of 79.6%. East Renfrewshire also compares favourably with NHSGGC and Scotland wide too.

Percentage of P1 Children with no obvious decay

Area	Year 2018
East Renfrewshire	82.6%
NHS GGC	67.1
Scotland	71.0%

There is a link between deprivation and oral health and this is also reflected in local data. In 2018 only 33% of Primary 1 pupils living in the most deprived areas of East Renfrewshire had no obvious decay in their teeth compared with 90% of children living in the most affluent areas. These figures are however based on a very small number of children.

Childhood Obesity

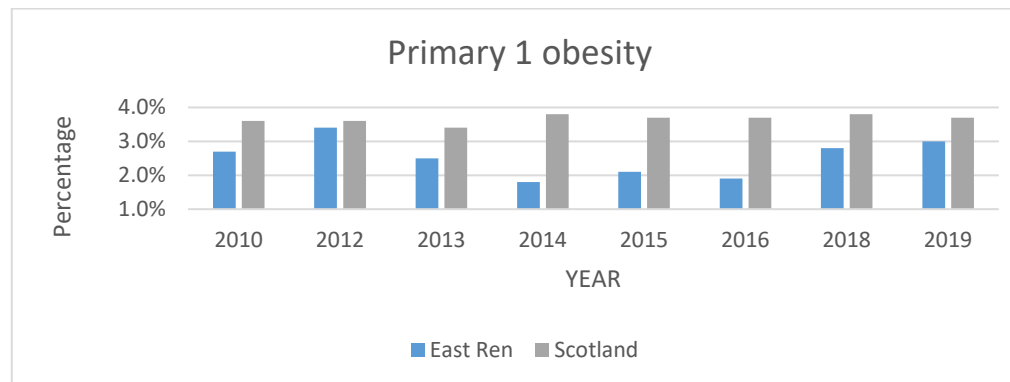
This data is derived from height and weight measurements recorded at Primary 1 Health Reviews and recorded on the Child Health Surveillance System Programme – Schools. Data is published annually in Nov/Dec by Information Services Division Scotland (ISD).

As can be seen from the graph below East Renfrewshire has a lower percentage of obese P1 children than Scotland wide, however this gap had narrowed over the last 4 years primarily due to an increase in East Renfrewshire figures. In 2019, 3% of P1 Children in East Renfrewshire who were measured, were classed as obese. This figure increased slightly from 2.8% in 2018. This compares to 1.4% in East Dunbartonshire (a comparator authority) and 3.7% Scotland wide.

The proportion of severely obese children in East Renfrewshire is less than the National average.

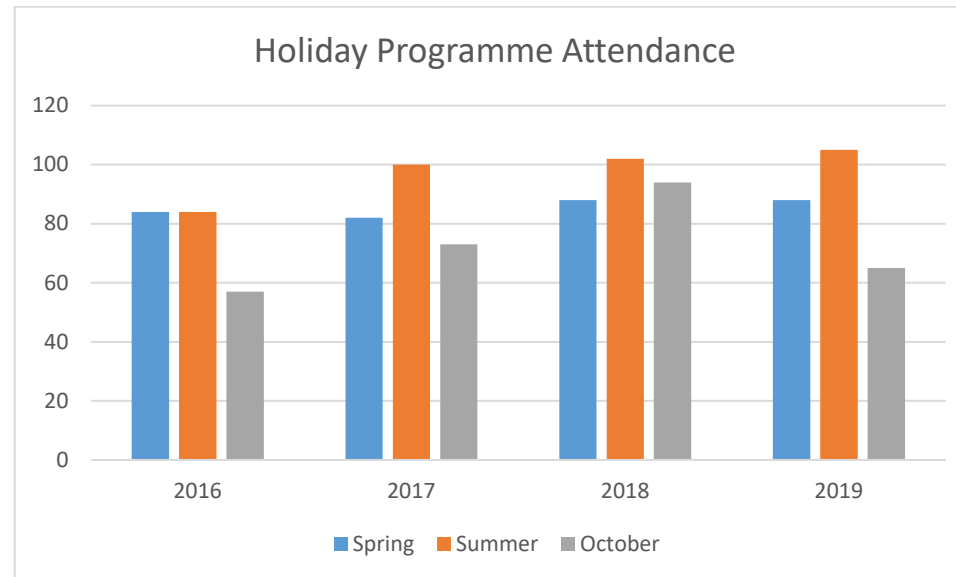
The proportion of children recorded as severely obese in East Renfrewshire increased between 2014 and 2018, similar to the national trend toward increasing overweight and obesity. In 2019 only 1.4% of P1 pupils were recorded as severely obese. This compares to 1.7% and 2.8% in East Dunbartonshire and Scotland wider respectively.

Proportion of Obesity in Primary 1 Pupils



Children with disabilities

Over recent years there has been an increase in children and young people with complex needs in East Renfrewshire. Information in the graph below highlights an increased trend in the number of children and young people with complex support needs attending holiday programmes offered by the Inclusive Support Service. The summer programme continues to be welcomed by families as they advise they struggle to cope during the long school break. The lack of structure and routine when not at school can be particularly challenging. Support levels required are also increasing in response to children and young people with complex health issues and behavioural support needs.



Alcohol and Drug Consumption among young people

The 2018 SALSUS survey findings indicate a change in attitudes and behaviours towards alcohol and drugs amongst young people in East Renfrewshire since the 2013 study. More 13 year olds believe it is "ok to try alcohol" compared to 2013 (43%). Three quarters of 15 year olds believe this, but there has been no change since 2013. Over a third of 15 year olds reported "being drunk more than ten times" – an increase of 14% from 2013 and 12% higher than in Scotland as a whole.

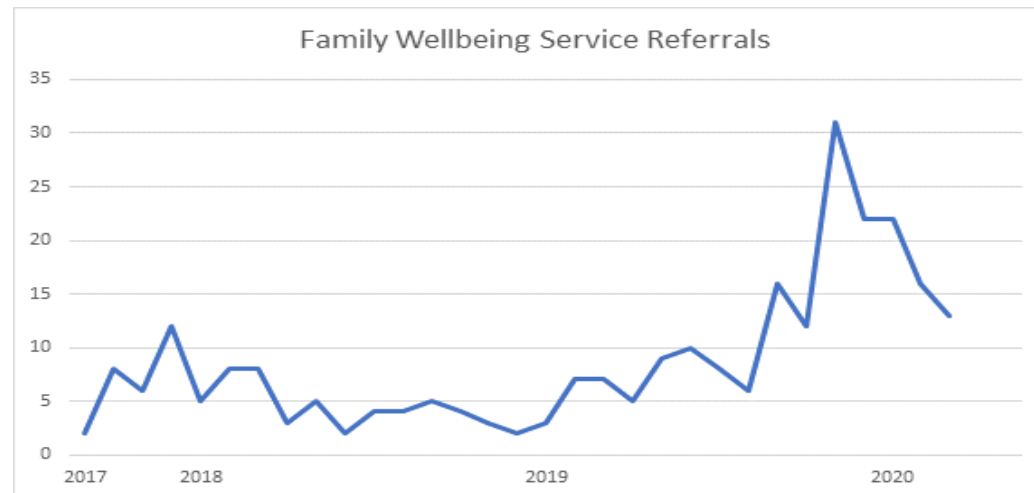
Positively the vast majority of 13 and 15 year olds respondents have not tried drugs. However half of 15 year olds say they have been offered drugs and agree it is easy to get access to drugs if they want to – cannabis is the most common drug.

Vulnerable Children and Young People

Mental Health of Children and Young People

Family Wellbeing Service (ERHSCP partnership with Children 1st and Robertson Trust)

The graph below shows the growth in referrals to the Family Wellbeing Service since the pilot began within 2 GP practices in September 2017. The service was then made available to a further 4 GP practices in early 2019 and again increased by a further 4 by autumn of 2019. The final 5 practices were offered the service late 2019; however only 2 of these practices have taken up the offer thus far. Currently the service can receive referrals from 12 out of a possible 15 GP Practices across the region. The tailing off of referrals coincides with the beginning of the Covid-19 pandemic; however, just prior to this period the service experienced a substantial rise in referrals, spiking at 31 in November 2019



Child and Adolescent Mental Health (CAMHS)

As detailed in the table below whilst there has been a slow rise in overall referral rate, in keeping with all CAMHS teams in the west of Scotland, the number of cases which do not meet criteria has significantly decreased increasing overall demand on services. The reasons for this reduction in referrals which do not meet criteria are threefold.

- 1) Updated guidance from the Scottish government on criteria for camhs service specification.
- 2) All referrals to be provided with a telephone mental health check up to confirm details
- 3) Updated referral from for GPs

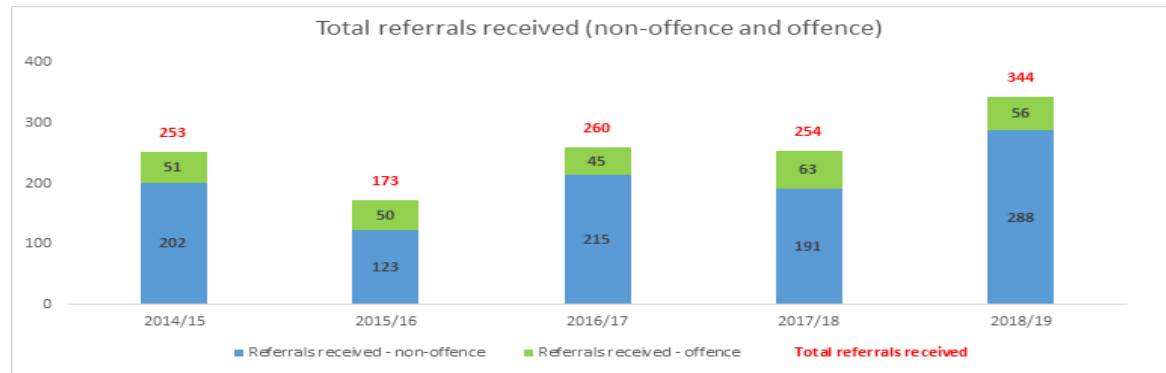
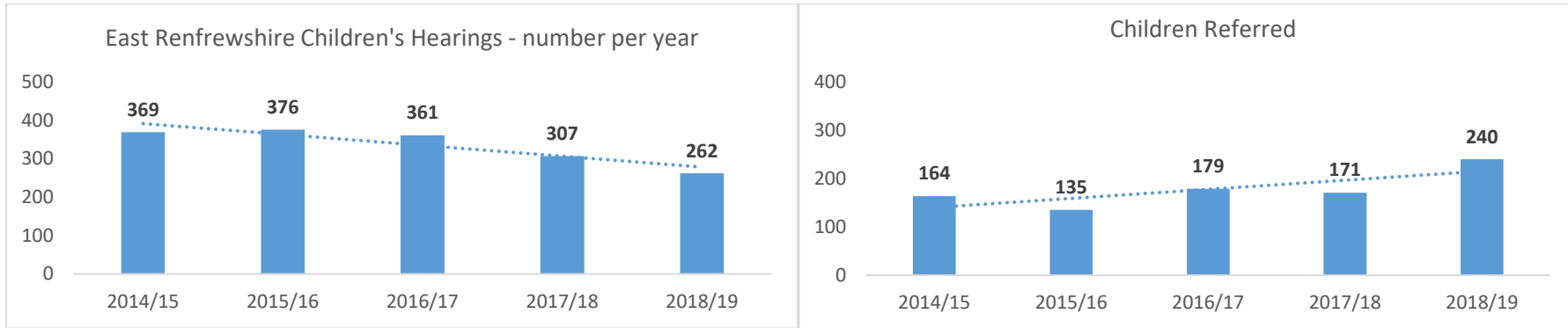
East Renfrewshire CAMHS Referrals 2017-2019			
Year	Total Received	Total Did Not Meet Criteria	Total Accepted
2017	657	216	441
2018	717	95	622
2019	733	52	681

Scottish Children's Reporters Administration Activity

There were 262 Children's Hearings in East Renfrewshire in 2018/19; this is a decrease when compared to previous years as illustrated in the graph 1 above. However 240 children were referred to SCRA in 2018/19 reflecting an upward trend since 2014/15 (164 children).

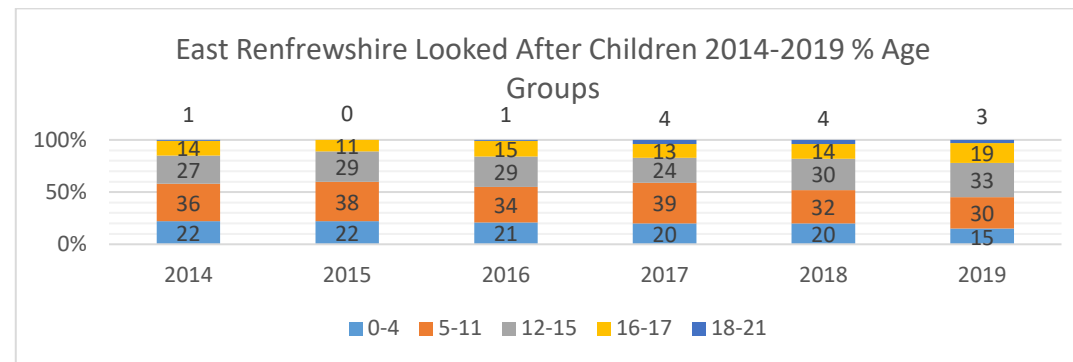
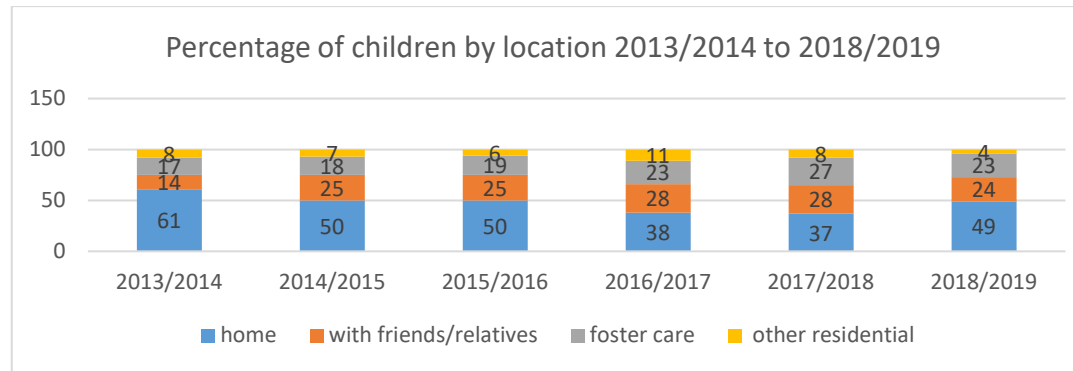
These children were involved in 344 referrals, again this has mirrored the increase in individual children referred since 2014/15 (253 referrals). Non-offence referrals accounted for some 90% of all children and 84% of all referrals received.

The breakdown of the number of offence and non-offence referrals to the Reporter show that children and young people have overwhelmingly been referred on care and welfare grounds with the most common grounds being "close connection with person who has carried out domestic abuse", followed by "lack of parental care".



Looked after Children and Young People

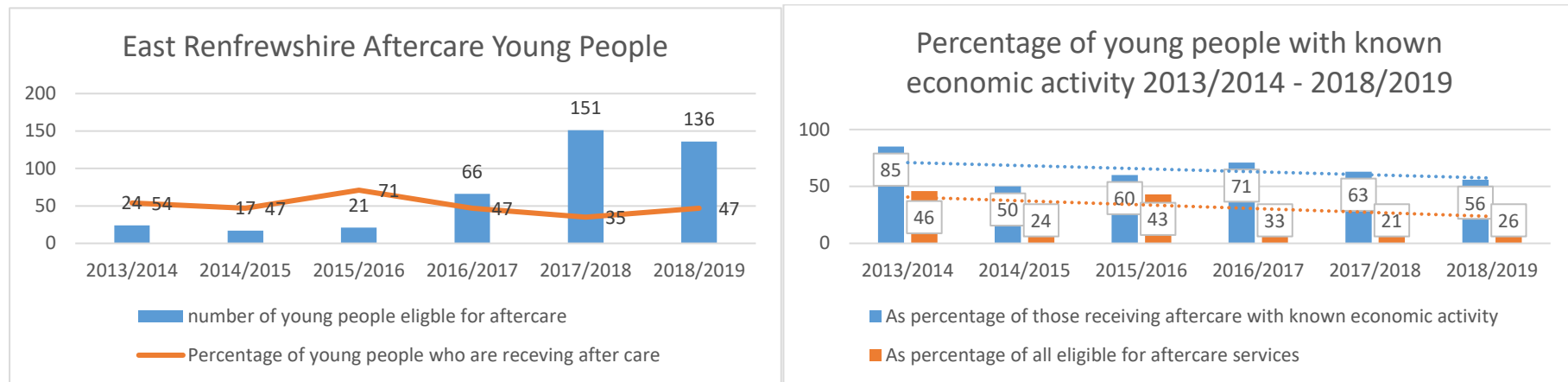
The long term trend has seen the number of children and young people who are looked after fall. The proportions of children looked after at home and away from home has remained fairly consistent with around half of children being looked after at home.



The age groups of children and young people who are looked after has remained fairly constant too with only a slight decrease in the number of under 0-4 year olds being looked after and a similarly small increase in the number of children older than 12 who are looked after.

Care Leavers and After Care

The figures for known economic activity show that those young people who receive a services are twice as likely to be engaged in economic activity. 56%of young people receiving after care services have known economic activity in 2018/2019 with compares favourably with national average of 44%. This However there appears to be a decline in economic activity in general for young people eligible for After Care with 26% in East Renfrewshire matching the national average of 25% for 2018/2019.

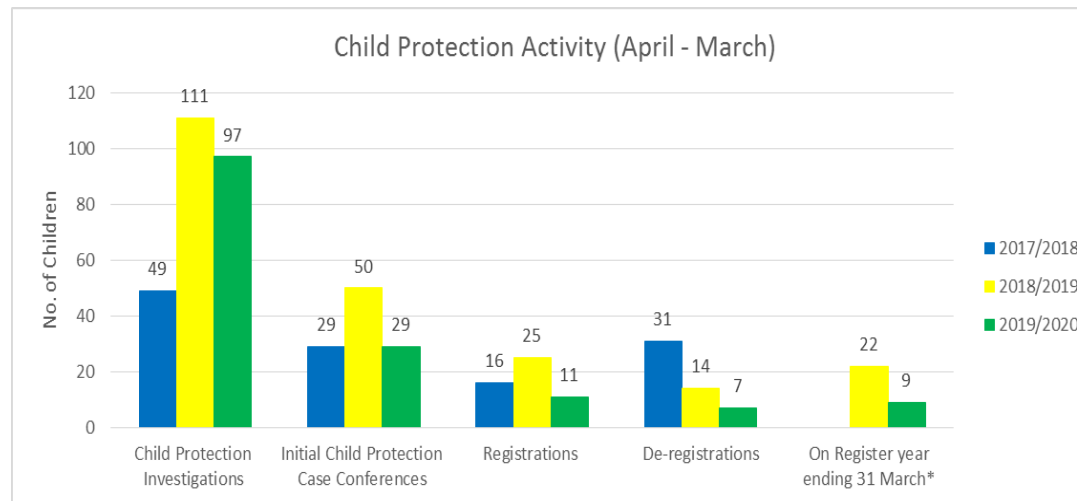
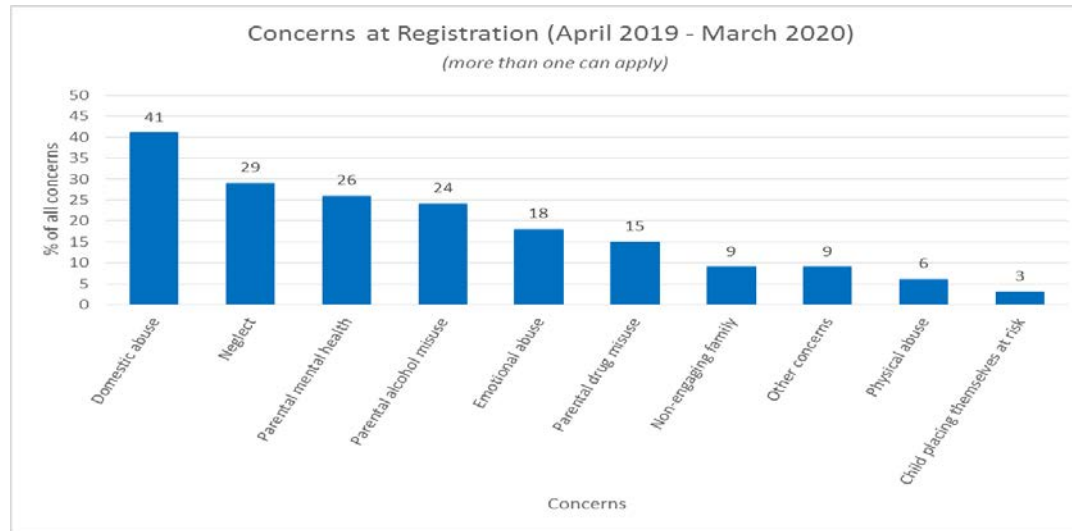


Child Protection

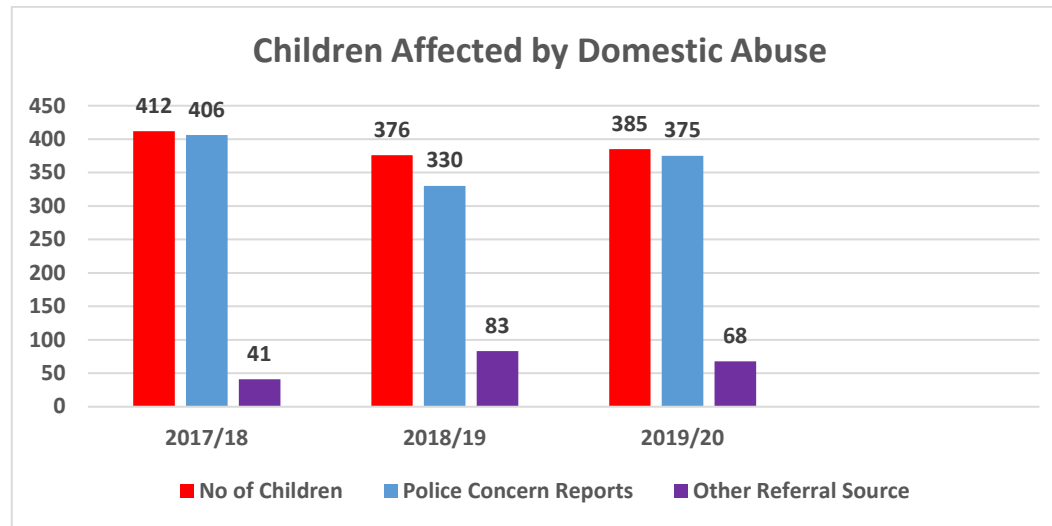
From 2018/2019 to 2019/2020 the proportion of children who were registered at the Initial Child Protection Case Conference stage decreased from 45% to 30%. Our total number of children registered in 2019/2020 more than halved from 2018/2019.

This decrease could be attributed to the implementation of the Signs of Safety approach allowing us to work with families in a more strengths based way. A child can be placed on the child protection register with more than one concern noted. Domestic abuse was the highest concern at the point of registration followed by neglect, parental mental health and parental alcohol misuse.

* Figure for 2017/2018



Domestic Abuse



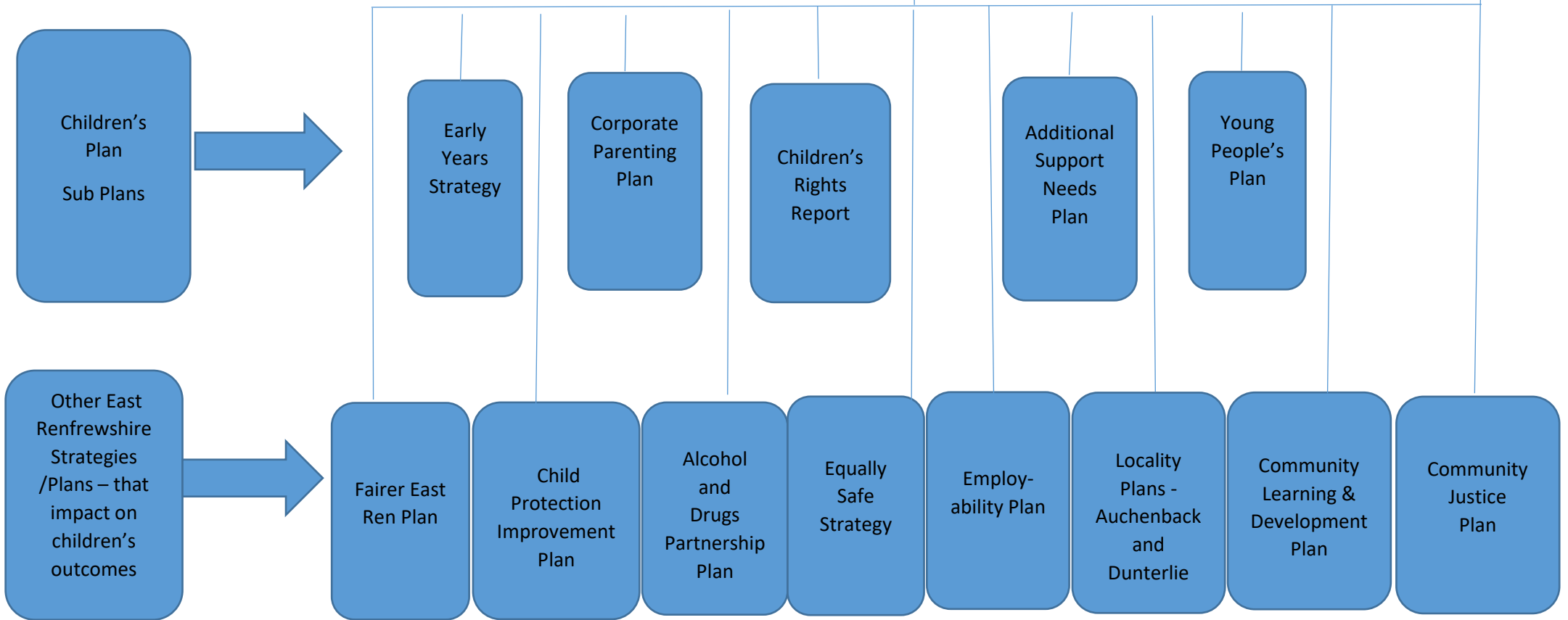
There has been a very small reduction in the total number of referrals for children affected by domestic abuse from 447 in 2017/18 to 443 in 2019/20. The number of police child concern reports for domestic abuse reduced from 406 in 2017/18 to 375 in 2019/20. The number of referrals from other agencies for children affected by domestic abuse increased from 41 in 2017/18 to 68 in 2019/20.

Over the last three year period there has been a reduction in the number of individual children affected by domestic abuse from 412 in 2017/18 to 385 in 2019/20 however it is evident that a significant number of these children each year were exposed to domestic abuse on more than one occasion; 17/18 – 35 (8%) of children, 18/19 – 37 (10%) of children and 19/20 – 58 (15%) of children.

Domestic Abuse continues to be the predominant reason for referral to the Request for Assistance Team.

Appendix 2

East Renfrewshire's Children's Services Planning Landscape



BLANK PAGE

Appendix 3Improving Outcomes for Children and Young People Partnership – Membership

<u>Name</u>	<u>Job Title</u>	<u>Organisation</u>	<u>Email Address</u>
Kate Rocks	Chief Social Work Officer (Chair)	ER HSCP	Kate.Rocks@eastrenfrewshire.gov.uk
Janice Collins	Head of Education Services (Equality and Equity) (Chair)	ER Education	Janice.Collins@eastrenfrewshire.gov.uk
Nick Smiley	Principal Educational Psychologist	ER Education	Nick.Smiley@eastrenfrewshire.gov.uk
Claire Coburn	Strategic Services – Senior Lead	ERC	Claire.Coburn@eastrenfrewshire.gov.uk
Susan Craynor	CLD Manager, Community Learning and Development	Corporate and Community Services	Susan.Craynor@eastrenfrewshire.gov.uk
Arlene Cassidy	Children’s Services Strategy Manager	ER HSCP	Arlene.Cassidy@eastrenfrewshire.gov.uk
Dougie Fraser	CAMHS	ER HSCP	Dougie.Fraser@ggc.scot.nhs.uk
Brian Dunigan	Money Advice & rights Team manager	ERC	Brian.Dunigan@eastrenfrewshire.gov.uk
Elaine Byrne	Senior Nurse	ER HSCP	elaine.byrne2@ggc.scot.nhs.uk
Fiona McBride	Assistant Director	Children 1st	Fiona.McBride@children1st.org.uk
Kirsty Gilbert	Service Manager	ER HSCP	Kirsty.Gilbert@eastrenfrewshire.gov.uk
David Gordon	Quality Improvement Officer	ER Education	David.Gordon2@eastrenfrewshire.gov.uk
Julie Paterson	Locality Reporter Manager	SCRA	Julie.Paterson@scra.gsi.gov.uk

John Kelso	Housing Services	ERC	John.Kelso@eastrenfrewshire.gov.uk
Debbie Lucas	Child Protection Lead Officer	ER HSCP	Debbie.Lucas@eastrenfrewshire.gov.uk
Maurice Gilligan	Area Manager East Renfrewshire & Renfrewshire	Skills Development Scotland	Maurice.gilligan@sds.co.uk
Raymond Prior	Senior Manager: Children and Families (Intensive Services) & Criminal Justice	ER HSCP	Raymond.Prior@eastrenfrewshire.gov.uk
Kay McIntosh	Strategic Services Development Manager	ER Corporate & Community Services	Kay2.McIntosh@eastrenfrewshire.gov.uk
Alan Coughtrie	Group Commander, Response and Resilience	Scottish Fire and Rescue	Alan.coughtrie@firescotland.gov.uk
Ken McKinlay	Area Convener	Children's Hearings Scotland	ken.mckinlay@childrenshearings.org.uk
Ian Pye	Head of Sport and Physical Activity	ER Culture and Leisure	Ian.Pye@ercultureandleisure.org
Kirstie Rees	Depute Principal Educational Psychologist	ER Education	Kirstie.Rees@eastrenfrewshire.gov.uk
Ally Robb	Senior Manager	ER HSCP	Ally.Robb@eastrenfrewshire.gov.uk
Karyn Shields	Lead Officer – Child's Plan	ER HSCP	Karyn.Shields@eastrenfrewshire.gov.uk
Rosamund Rodriguez	Quality Improvement Officer	ER Education	Rosamund.Rodriguez2@eastrenfrewshire.gov.uk



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board	
Held on	3 February 2021	
Agenda Item	10	
Title	HSCP Strategic Plan Update	
Summary		
<p>This report updates the Integration Joint Board on the progress made and ongoing development work for the HSCP Strategic Plan 2021-22. An initial draft of the plan has been developed and was considered at an IJB Seminar on 25 January. Following further consultation the final draft plan will be brought to the IJB in March for approval.</p>		
Presented by	Steven Reid: Policy, Planning and Performance Manager	
Action Required		
<p>The Integration Joint Board is asked to note the progress made and ongoing development work for the HSCP Strategic Plan for 2021-22.</p>		
Directions	Implications	
<input checked="" type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<input type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Workforce <input type="checkbox"/> Equalities <input type="checkbox"/> Risk <input type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty	

BLANK PAGE

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

3 FEBRUARY 2021

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 progress made and ongoing development work for the HSCP Strategic Plan 2021-22. The plan is a one year 'bridging' plan to cover a period in which we will continue our response and recovery from the Covid-19 pandemic. During 2021-22 we intend to undertake fuller development work to establish a subsequent three-year Strategic Plan for 2022-25.

RECOMMENDATION

2. The Integration Joint Board is asked to note the progress made and ongoing development work for the HSCP Strategic Plan for 2021-22.

BACKGROUND

3. Our approach to the next round of strategic planning was agreed at the last meeting of the IJB on 25 November 2020, recognising the context of undertaking planning activity during the Covid-19 pandemic period. It was agreed that the HSCP would depart from the normal approach of developing a three-year plan and establish a one-year 'bridging' plan for 2021-22 reflecting priorities during our recovery from the pandemic. It was also agreed that during the next financial year we would undertake a more comprehensive strategic needs assessment and full programme of community and stakeholder engagement to support the establishment of a full three-year strategic plan for the period 2022-25. This approach is in line with the other HSCPs required to review their strategic plans by 1 April 2021.

REPORT

4. Despite the ongoing response to the Covid-19 pandemic, significant work has been undertaken to develop the next iteration of our strategic plan resulting in the development of a consultative draft. The draft will be presented to the full IJB membership following review at an IJB Seminar held on 25 January 2021.
5. The following development work has been completed to date:
 - Consultation with Strategic Planning Group (SPG) on approach to development of strategic plan for 2021-22 and future years (including discussion on issues around ongoing participation and engagement).
 - Agreement on approach at Integration Joint Board.
 - Review of national and local strategic planning (including relevant local, regional and national plans relating to response and recovery from Covid-19 pandemic).
 - Refreshment of demographic, health and service information in Locality Profiles (in liaison with Public Health Scotland LIST analysts).

- Assessment of emerging lessons from the Covid-19 pandemic in consultation with HSCP service managers.
 - Discussion with SPG (Sept 2020) on Covid-19 lessons learned, impacts and responses from local people and communities.
 - Desk-based review of strategic performance reporting 2018-21 considering progress against priorities in previous strategic plan.
 - Discussion with SPG (Nov 2020) to review performance and demographic information, assess progress towards existing strategic priorities and consider suite of priorities for next plan in light of performance assessment, the ongoing Covid-19 pandemic and wider operational context.
 - High-level draft strategy for consultation produced.
 - Draft strategy considered at IJB Seminar – 25 January 2021.
6. The next steps and remaining tasks are:
- Update of consultation draft following IJB Seminar and circulation to full IJB membership.
 - Discussion of consultation draft at SPG.
 - Online public consultation on draft with short questionnaire. Promotion of consultation through stakeholders and engagement networks.
 - Completion of EqIA.
 - Final drafting of strategy recognising consultation feedback.
 - Presentation of draft final strategy to IJB – March 2021.
 - Submission and publication.

CONSULTATION AND PARTNERSHIP WORKING

7. We have convened three meetings of the Strategic Planning Group to support the development of our next Strategic Plan and gather views from local stakeholder organisations.
8. 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.
9. 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.
10. The third meeting of the group was held in November. The group reviewed strategic performance information, demographic data and a summary of Covid-19 impacts and changes to provision resulting from the pandemic. Participants considered progress toward our strategic priorities and proposed amendments to our priorities for the 2021-22 strategic plan.
11. The Strategic Planning Group is continuing to meet monthly to support the development of our strategic planning going forward.
12. An online public consultation will take place in February to gather view on the draft strategic plan for 2021-22. Feedback from the consultation exercise will inform subsequent drafting of the strategic plan.

IMPLICATIONS OF THE PROPOSALS

13. There are no implications arising from this report.

DIRECTIONS

14. There are no directions arising from this report.

CONCLUSION

15. Work on development of the 'bridging' strategic plan for 2021-22 is progressing to timescale. An initial draft has been developed in consultation with stakeholders and further consultation will take place through an IJB Seminar and a subsequent meeting of the SPG, before moving to public consultation. The final draft of the plan will be brought to the IJB for approval at its next meeting on 17 March 2021.

RECOMMENDATION

16. The Integration Joint Board is asked to note the progress made and ongoing development work for the HSCP Strategic Plan for 2021-22.

REPORT AUTHOR AND PERSON TO CONTACT

Steven Reid: Policy, Planning and Performance Manager

steven.reid@eastrenfrewshire.gov.uk

0141 451 0746

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB Paper: 25-11-2020 – HSCP Strategic Plan Update

https://www.eastrenfrewshire.gov.uk/media/4313/Integration-Joint-Board-item-9-25-November-2020/pdf/Integration_Joint_Board_Item_09_-_25_November_2020.pdf?m=637408713796270000

BLANK PAGE