

Date: 10 March 2022  
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**TO: MEMBERS OF THE EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

Dear Board Member

**EAST RENFREWSHIRE INTEGRATION JOINT BOARD – 16 MARCH 2022**

Please find attached the undernoted items on the agenda for the meeting of the Integration Joint Board on Wednesday 16 March 2022.

Yours faithfully

**Councillor Caroline Bamforth**

Chair

**Undernote referred to:-**

Item 6 - East Renfrewshire HSCP Strategic Plan 2022-25 **N.B This is an amended version of the previous version of the paper with Section 7 of the Strategic Plan now updated.**

Item 8 - Budget 2022/23 – **Marked “to follow” on the agenda.**

Item 9 – Medium-Term Financial Plan - **Marked “to follow” on the agenda.**

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board	
<b>Held on</b>	16 March 2022	
<b>Agenda Item</b>	6	
<b>Title</b>	East Renfrewshire HSCP Strategic Plan 2022-25	
<b>Summary</b>		
<p>The purpose of this report is to seek approval of the HSCP Strategic Plan for the period 2022-25. The Plan has been produced following extensive engagement and development work during the past 12 months and succeeds the HSCP Interim Strategic Plan 2021-22. The plan sets out the principle strategic priorities for the partnership, key areas of focus and activity for the three years ahead; and recognises the continuing context of recovery from the Covid-19 pandemic. The paper also sets out planned activity for communicating the key messages in the plan.</p>		
<b>Presented by</b>	Steven Reid: Policy, Planning and Performance Manager	
<b>Action Required</b>		
<p>It is recommended that the Integration Joint Board:</p> <ul style="list-style-type: none"> <li>• approve the Strategic Plan for 2022-25;</li> <li>• note the development of user-friendly formats of the plan and proposals for wider communication.</li> </ul>		
<b>Directions</b>		<b>Implications</b>
<input checked="" type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC		<input type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Workforce <input type="checkbox"/> Equalities <input type="checkbox"/> Risk <input type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty

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# **EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**16 March 2022**

**Report by Chief Officer**

## **EAST RENFREWSHIRE HSCP STRATEGIC PLAN 2022-25**

### **PURPOSE OF REPORT**

1. The purpose of this report is to seek approval of the HSCP Strategic Plan for the period 2022-25.

### **RECOMMENDATION**

2. It is recommended that the Integration Joint Board:
  - approve the Strategic Plan for 2022-25;
  - note the development of user-friendly formats of the plan and proposals for wider communication.

### **BACKGROUND**

3. The Public Bodies (Joint Working) (Scotland) Act 2014 requires that Integration Authorities review their strategic commissioning plan at least every three years. Recognising the challenges of undertaking planning activity during the pandemic period and the unique circumstances that we were facing, it was agreed in November 2020 that the HSCP would establish a one-year 'bridging' plan for 2021-22 reflecting priorities during our recovery from the Covid-19 pandemic.
4. It was also agreed that during 2021-22 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 to be published by 1 April 2022. This work is now complete and represented in the content of the Strategic Plan.

### **REPORT**

5. In the context of continuing challenges from the Covid-19 pandemic, significant work has been undertaken to develop our Strategic Plan drawing in views of a wide range of stakeholders and communities. This has included:
  - Ongoing consultation with the Strategic Planning Group (SPG) during the development of both the interim (2021-22) plan and the new three year plan. The SPG has been convened monthly during significant stages of the plan's development.
  - Review of national and local strategic planning (including relevant local, regional and national plans relating to response and recovery from Covid-19 pandemic).
  - Assessment of lessons learned and impacts from the Covid-19 pandemic in consultation with HSCP service managers and the SPG.
  - Desk-based review of strategic performance reporting 2018-21 considering progress against priorities in previous strategic plan.

- Refreshment of demographic, health and service need information carried out in liaison with Public Health Scotland LIST analysts.
- Discussion with SPG to review performance and demographic information, assess progress towards existing strategic priorities and consider reviewed suite of priorities for the plan in light of performance assessment, the ongoing Covid-19 pandemic and wider operational context.
- ‘Festival of engagement’ – Community and stakeholder engagement carried out August to October 2021. Delivery of the engagement process was supported by partners in the HSCP Participation and Engagement Network. Twenty focus groups and workshops (principally delivered online with some face-to-face groups) were delivered involving nearly 200 participants. These included people with lived experience, unpaid carers, staff and management at support providers, HSCP staff and officers from internal and external partner organisations. People choosing not to attend workshop events could participate through online surveys and one-to-one discussions with support organisations.
- Engagement feedback shared and assessed with the SPG and summary findings shared with engagement participants and service managers.
- High-level draft strategy for consultation produced and reviewed by SPG 18 November 2021.
- Public consultation period including online survey ran 16 December 2021 to 13 February 2022. Promotion of consultation through social media and through stakeholders and engagement networks.
- Consultation draft shared for discussion with:
  - East Renfrewshire Council Corporate Management Team (CMT) (14 December 2021)
  - NHS Greater Glasgow and Clyde CMT (2 December 2021) and
  - NHSGGC Finance, Planning and Performance Committee (7 December 21).
- Draft strategy considered at IJB Seminar – 31 January 2022.
- Discussion of updates to draft plan at SPG February 2022 and further updating of content.
- Presentation of draft final strategy to IJB – March 2022.

The next steps are:

- Final drafting of strategy recognising comments from IJB and any outstanding feedback.
  - Publication of the Strategic Plan 2022-25, including accessible and interactive formats.
6. The three-year Strategic Plan meets the statutory requirements for planning set out in the Public Bodies (Joint Working) (Scotland) Act 2014. The strategy sets out:
    - the ambition, vision and priorities of the partnership for the three-year period;
    - key themes from our stakeholder and residents’ engagement;
    - our strategic priorities for 2022-25 – including key areas of focus for delivery;
    - East Renfrewshire’s current context – including summaries of demographics, recognised impacts from Covid-19 pandemic, medium and longer-term challenges for the partnership, and planning context (including planned National Care Service); a review of progress against our strategic priorities;
    - details of how we will resource our strategic plan;
    - explanation of how we measure success.
  7. The plan describes our partnership and vision recognising the benefits of working collaboratively as a broad and inclusive partnership and the opportunities that exist to build on the strengthened partnership working we have seen during the pandemic.

8. Where possible, reference has been made in the plan to relevant recovery/remobilisation planning at NHSGGC Board level, including the priorities set out in Moving Forward Together, and commitments reflected in the Five Year Strategy for Adult Mental Health Services, the Public Health Strategy: Turning the Tide through Prevention and the Joint Unscheduled Care Commissioning Plan. The plan also recognises the implications from the Independent Review of Adult Social Care and subsequent National Care Service proposals and national consultation exercise.
9. The draft plan illustrates how the HSCP will contribute to the priorities established in the East Renfrewshire Community Plan and Fairer East Ren. Under our strategic priorities we set out our key activities and critical indicators that link to the HSCP contribution to East Renfrewshire Council's Outcome Delivery Plan.
10. The consultation found that respondents were positive about our inclusive approach to engagement during the development of the plan; and there was strong support for this to continue throughout the delivery of the plan. People were supportive of our strategic priorities and the key areas of focus set out in the plan. A majority of consultees are confident that the approaches described in our plan will deliver on our priorities and wider objectives for HSCP – while recognising the challenges we face. Many people emphasised the crucial importance of partnership and collaborative working and there was a focus on ensuring the necessary support is in place for our staff and for local unpaid carers.
11. Key changes we have made to the final draft following the consultation period include:
  - Strengthening the emphasis in the plan on safety, preventing harm and addressing rising incidence of violence against women and girls following the pandemic.
  - Reference to the practical supports available for digital solutions; and recognition to the role of peer support in recovery and supporting independence.
  - More detail on how we are working to enhance mental health support through primary care; and local initiatives using the Community Mental Health and Wellbeing Fund.
  - Strengthen discussion of new approaches being developed in line with winter planning investment – in the context of the pandemic and changing demand patterns.
  - More references to the impact of the pandemic on unpaid carers and increased pressures for carers including increased caring requirement.
  - In our existing discussion of health inequalities, greater reference to the wider impacts of poverty and focus on supporting people with protected characteristics.
  - For our priority supporting staff wellbeing recognition our intention to be a 'listening' partnership; and outlining activities including wellbeing group, plan and appointment of wellbeing lead.
  - Inclusion of a 'plan on a page' summarising the main elements of the plan.
12. Our headline planning priorities build on those set out in our previous strategic plans. In the development of our interim plan for 2021-22, we extended our priority for mental health to include mental health and wellbeing across our communities. We changed the emphasis of our priorities relating to health inequalities and primary and community-based healthcare and we introduced a new strategic priority focusing on the crucial role of the workforce across the partnership. For the 2022-25 plan we have also added a distinct priority focusing on protecting people from harm, reflecting the cross-cutting and multi-agency nature of this activity. For each priority we set out the contributing outcomes that we will work to, key activities for the next three years and accompanying performance measures. Our strategic priorities for 2022-25 are:
  - Working together with children, young people and their families to improve mental and emotional wellbeing;

- Working together with people to maintain their independence at home and in their local community;
  - Working together to support mental health and wellbeing;
  - Working together to meet people's healthcare needs by providing support in the right way, by the right person at the right time;
  - Working together with people who care for someone ensuring they are able to exercise choice and control in relation to their caring activities;
  - Working together with our community planning partners on new community justice pathways that support people to stop offending and rebuild lives;
  - Working together with individuals and communities to tackle health inequalities and improve life chances;
  - Working together with staff across the partnership to support resilience and wellbeing; and,
  - Protecting people from harm.
13. The Strategic Plan outlines the range of thematic plans that support its implementation. We will revise our local delivery plans in light of the new plan, building on the intermediate outcomes and key activities outlines under each strategic priority.
14. We are working in collaboration with ERC Housing Services and other partners to support housing research that will inform the next Local Housing Strategy. In tandem with this activity we will revise and refresh the Housing Contribution Statement and present this to the IJB at a future date. Timelines for our updated Workforce Plan have also been revised to later in the year and will also be presented to a future meeting of the IJB.
15. To support the development of the Strategic Plan we are producing an Equality Impact Assessment (EqIA) in collaboration with a range of stakeholders. The EqIA considers positive and potentially negative impacts of the plan on people with protected characteristics. The finalised EqIA will be available alongside the published plan and, in line with good practice, we will review the EqIA during 2022-23 as we take forward its implementation.
16. East Renfrewshire Council Communications Team will revise the Strategic Plan document to include greater illustration and visualisation and we will produce an easy-read summary of the final plan. We will also produce an interactive online version of the plan including summaries and videos explaining our approaches. The plan will be made available in a variety of formats and languages as required to meet the needs of residents.
17. Subject to approval at the IJB, the Strategic Plan will be shared for agreement with NHS Greater Glasgow and Clyde finance, Planning and Performance Committee and East Renfrewshire Council.

## **CONSULTATION AND PARTNERSHIP WORKING**

18. We have convened regular meetings of the Strategic Planning Group (SPG) to support the development of the Strategic Plan and gather views from local stakeholder organisations, with six meetings taking place during 2021-22. Over the course of the meetings SPG members: reviewed the workplan and timetable for the development of the strategy, including the approach to wider engagement; considered key issues and priorities for the new plan; reviewed feedback from the engagement programme and public consultation and commented on draft versions of the plan.



19. A public engagement process was led by our multi-agency Participation and Engagement Network, delivered in line with the principles set out in the East Renfrewshire Health and Social Care Participation and Engagement Strategy 2020-23. Partner organisations supported facilitation of engagement events and over the three months we conducted 20 focus groups and workshops (principally delivered online with some face-to-face groups) involving nearly 200 participants. Workshops focused on key themes and were designed to be fun and participative using tools such as instant online polls (via mobile phones). Those unable to attend events or wishing to give individual views had the opportunity to complete short online surveys in relation to the engagement themes. The engagement drew in the voices of people with lived experience, unpaid carers, staff and management at support providers, HSCP staff and officers from internal and external partner organisations.
20. Following the development of a consultative draft of the strategic plan, a full public consultation exercise was carried out between December 2021 and February 2022. During the consultation period the draft plan was shared with our partners at East Renfrewshire Council and NHSGGC, considered in an IJB seminar event and promoted through social media and other communication channels.

## **IMPLICATIONS OF THE PROPOSALS**

21. There are no operational implications arising from this report.

## **DIRECTIONS**

22. There are no directions arising from this report.

## **CONCLUSION**

23. Significant work has been undertaken to develop our Strategic Plan for 2022-25 in consultation with stakeholders and East Renfrewshire residents, despite the continuing challenges of the pandemic. This includes a highly participative engagement process coproduced with wider partners through our Participation and Engagement Network. The plan represents a strong strategic footing for the partnership over the next three years as we continue our recovery and renewal following the Covid-19 pandemic. The key messages from the plan will be communicated through innovative, user friendly methods including development of an easy-read document and interactive online version of the plan. In the months ahead we will put in place a range of delivery plans and refresh thematic plans that support the implementation of the strategy.

## **RECOMMENDATION**

24. It is recommended that the Integration Joint Board:
- approve the Strategic Plan for 2022-25;
  - note the development of user-friendly formats of the plan and proposals for wider communication.

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

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## **BACKGROUND PAPERS**

HSCP Interim Strategic Plan 2021-22, 17 March 2021

[https://www.eastrenfrewshire.gov.uk/media/4738/IJB-Item-08-17-March-2021/pdf/IJB\\_Item\\_08\\_-\\_17\\_March\\_2021.pdf?m=637505417890570000](https://www.eastrenfrewshire.gov.uk/media/4738/IJB-Item-08-17-March-2021/pdf/IJB_Item_08_-_17_March_2021.pdf?m=637505417890570000)

**Working Together for  
East Renfrewshire –  
A Three Year Strategic  
Plan for Health and  
Social Care  
2022-25**

**East Renfrewshire  
Health and Social Care  
Partnership**

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## 1. Introduction

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Welcome to the third Strategic Plan for East Renfrewshire Health and Social Care Partnership (HSCP). The plan sets out the shared ambitions and strategic priorities of our partnership; and how we will focus our activity to deliver high quality health and social care to the people of East Renfrewshire. The plan covers the period 2022-25 and builds on our one-year 2021-22 'bridging plan' that was developed to support planning during our pandemic response phase.

Our strategic planning activity is taking place during an exceptionally challenging period for the partnership as we continue to support local residents through the Covid-19 pandemic and begin our recovery from the impacts of the crisis. The partnership continues to find itself in a period of change with significant uncertainty for the months and years ahead. At the same time, it is essential that we fully understand the lasting impacts of the pandemic as we work to deliver our strategic aims and objectives.

Our response to the pandemic has seen incredible resilience, commitment and creativity from staff at the HSCP, our partner providers and community groups in East Renfrewshire. Our teams have established and adapted to new ways of working and have continued to maintain and deliver safe and effective services to our residents. During the pandemic period there has been innovation and collaborative working across the health and care system building on and strengthening local partnerships. This positive response is informing current and future approaches and we will continue to build on innovation and best practice over the course of this strategic plan.

While the plan sets out fundamental strategic priorities for health and social care such as supporting people to living independently and well at home, supporting better mental health and wellbeing, and ensuring access to high quality local health care services we continue to operate in the context of the pandemic. Our plan will be reviewed annually, building on the experiences and new learning as we continue our recovery.

This plan is based on strong evidence of local needs and despite practical challenges has been developed through a highly participative process drawing in voices from our partners in the community, third and independent sectors as well as people with lived experience and unpaid carers. As an inclusive partnership we will continue to engage widely as we review the delivery of our commitments in this plan and work to bring in fresh and innovative ideas as we move forward.

## 2. Our ambition, vision and priorities

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### 2.1 Our ambition

This is a pivotal time for health and social care in Scotland and it is the ambition of East Renfrewshire HSCP to meet the challenges we face and embrace new opportunities with a renewed commitment to innovation and high quality services and supports, designed and delivered in partnership with local people and partners.

We want to ensure that health and care supports available in East Renfrewshire meet the needs, values and personal ambitions of the people who live here. We want supports to be truly person-centred, focused on human rights and empowering people to thrive at whatever stage they are at in life.

Building the health and social care system we want to see requires strong collaboration and over the life of this plan we will work to further strengthen collaborative practices, building on examples such as our digital partnership and local delivery of the Communities Mental Health and Wellbeing Fund.

Our focus is on prevention and early intervention, with a range of supports in place to meet health and care needs early, preventing deterioration and helping people avoid crisis situations. As a broad and inclusive partnership our ambition is to maximise the supports and opportunities that are available for local people in the community, supporting prevention and working to tackle health inequalities across our communities. We recognise the wider determinants of health and wellbeing including education, employment and income, and the importance of good quality, affordable and appropriate housing. Through collaborative and ethical commissioning we will work with communities, third sector organisations and our independent sector providers, championing the most innovative and effective ideas and approaches.

Everyone has the right to live in safety and be protected from neglect, abuse and harm. Our partnership has a key role in helping to keep vulnerable people in our communities safe; and in preventing harm and supporting people at risk of harm. Over the life of this plan we will continue to develop our responses to new risks and vulnerabilities as these emerge.



Our health and care system depends on those that provide care and support, both paid and unpaid. Our ambition in East Renfrewshire is to increase recognition of the role that unpaid carers play, and ensure that the supports needed by carers are in place. As a partnership our workforce are our greatest asset. We want to ensure that those providing invaluable health and care services are happy and motivated; and feel respected and fulfilled in their role for years to come.

## 2.2 Listening to the experiences of people in East Renfrewshire

To support the development of this Strategic Plan we carried out a highly participative engagement process during 2021 designed and delivered in partnership with our third and independent sector partners. A wide range of views were shared with us by people with lived experience, unpaid carers, staff and management at support providers, HSCP staff and officers from internal and external partner organisations. Some of the most prominent issues raised in relation to our strategic themes are given below along with the response we take as a partnership.



<b>Supporting people to maintain independence</b>	
<b>What people told us</b>	<b>How we respond as a partnership</b>
<ul style="list-style-type: none"> <li>• We need to move beyond the mindset of traditional services – look at innovative options for support.</li> <li>• We need to be serious about prevention and stopping people reaching crisis. We need to expand what’s available in the community – and communicate what’s available to those that need support.</li> <li>• We need to make sure that services are ‘joined-up’ and support providers are talking to each other.</li> <li>• We need to make sure we’re making the best use of digital technology.</li> <li>• We need to fulfil our commitment to expanding choice and control. We need a more effective framework needed around Self-directed Support – clarity on supports and criteria.</li> <li>• We need more collaborative working between support providers and with other partners – e.g. training, finance, and approaches to recruitment.</li> </ul>	<ul style="list-style-type: none"> <li>• We are committed to the principles and priorities set out in the Independent Review of Adult Social Care and the initial proposals for a National Care Service including: the commitment to person-centred, right-based approaches; more collaborative working and ‘joined-up’ approaches that focus on the experiences of individuals; and expanding choice and control through full delivery of self-directed support.</li> <li>• We will develop and delivery our Commissioning and Market-shaping Plan to support this strategy. Through collaborative practices we will develop and expand local market provision.</li> <li>• In partnership with our local providers’ forum we will explore practical steps for more collaborative working between local support providers.</li> <li>• We will promote and support the expanded use of digital communication technology for access to health and care supports; and promote use of health monitoring systems to support self-management of conditions.</li> </ul>
<b>Supporting better mental health and wellbeing</b>	
<b>What people told us</b>	<b>How we respond as a partnership</b>
<ul style="list-style-type: none"> <li>• Essential that we support and promote resilience and self-management – across a range of groups – e.g. elderly, disabled, men, young people, shielding group, carers.</li> <li>• More strengths based support – building on people’s lived experiences.</li> <li>• We need to ensure peer to peer support continues and is built on going forward.</li> </ul>	<ul style="list-style-type: none"> <li>• Working collaboratively with our wider community planning partners we are focused on supporting better mental wellbeing and resilience across our communities. Led by the third sector, innovative approaches are being supported through the Communities Mental Health and Wellbeing Fund.</li> </ul>

<ul style="list-style-type: none"> <li>• Encourage prevention – self-awareness and understanding around mental wellbeing.</li> <li>• We need to make sure we are giving individuals time/space – listening and directing to most appropriate support.</li> <li>• We need to tackle stigma – getting messages across; embed with managers and staff.</li> <li>• Communication and awareness of services before crisis; sharing resources across our partnership and more widely. There is an increasing group of people not connected to services – they need to know what to do when they require support.</li> <li>• Some people have benefited from greater community connectedness during the pandemic – we should build on positive experiences.</li> </ul>	<ul style="list-style-type: none"> <li>• We are focused on preventative approaches and will build on the strengths of approaches such as community link workers in GP practices and our peer support programme.</li> <li>• Through information and advice provision, digital communications, and greater awareness across services we will work to ensure access to the right mental health supports at the right time.</li> <li>• Through collaborative practices we will develop and expand local market provision for mental health and addiction supports.</li> <li>• Learning from our experiences during the pandemic, we will take full advantage of opportunities from digital technology to increase contact and improve access to mental health and addiction services.</li> </ul>
<b>Meeting local healthcare needs – and addressing health inequalities</b>	
<b>What people told us</b>	<b>How we respond as a partnership</b>
<ul style="list-style-type: none"> <li>• Better information and access to support – raising awareness of what is available.</li> <li>• Need choice and flexibility for health and wellbeing - Services must fit people rather than people fitting services.</li> <li>• We need to see services coming together and working collaboratively.</li> <li>• We need to refocus our efforts on wider health improvement activity. Need to return to pre-pandemic screening programmes</li> <li>• We must promote the prevention agenda through interventions such as Talking Points, community link workers, support for self-management. And recognise that loneliness / isolation is a massive issues for health and wellbeing.</li> </ul>	<ul style="list-style-type: none"> <li>• We are committed to working collaboratively to improve the health and wellbeing of our population. We are focused on delivering targeted health improvement interventions in communities experiencing greater health inequalities. With our community planning partners we are working to tackle the root causes of health inequalities including child poverty, housing and employment; working to promote health literacy and self-management; and working to strengthen community resilience and capacity.</li> <li>• We are focused on preventative approaches and will continue to develop the support provided by Talking Points, community link workers, and physical health interventions delivered in partnership with the Culture and Leisure Trust.</li> </ul>

<ul style="list-style-type: none"> <li>• Need to improve support for learning disabilities post pandemic – and return to collaborative practices.</li> <li>• Health inequalities – need to look at wider issues of poverty and housing. Significant health inequalities for people with physical and learning disabilities – exacerbated during the pandemic – delays, disruption to clinics.</li> <li>• There needs to be a focus on how we organise as communities to support health and wellbeing.</li> </ul>	<ul style="list-style-type: none"> <li>• In collaboration with NHS Greater Glasgow and Clyde we work to improve person-centred pathways for those accessing healthcare supports.</li> <li>• We are committed to early intervention and prevention for people with long-term conditions; minimising unplanned hospital use; and improving support in the community for people leaving hospital.</li> </ul>
<b>Supporting unpaid carers</b>	
<b>What people told us</b>	<b>How we respond as a partnership</b>
<ul style="list-style-type: none"> <li>• We need to be creative – shift from traditional approaches and shift thinking on what’s possible for families.</li> <li>• Collaborative working between organisations and better engagement / communication with unpaid carers is imperative.</li> <li>• We need to develop the availability of regular short breaks – many families at breaking point following the pandemic.</li> <li>• We need to build clarity/understanding on definition of breaks – wide ranging in length and nature – supporting carers as individuals.</li> <li>• We need to help people recognise their role and identify as carers – and overcome any barriers/stigma.</li> <li>• We need to return to face-to-face peer support for unpaid – this has important social aspect.</li> </ul>	<ul style="list-style-type: none"> <li>• In partnership with East Renfrewshire Carers Centre, we will work collaboratively with local carers in designing new, more flexible approaches to support.</li> <li>• We are committed to developing the range of short-break options and increasing availability for carers to allow them to continue in their caring role. Listening to the needs and experiences of carers, we will work collaboratively with providers to expand the range of options available.</li> <li>• We will work to widen understanding of caring, and the challenges faced by unpaid carers in East Renfrewshire through information and training.</li> <li>• As we move beyond the pandemic, we will ensure that vital informal supports are re-established and strengthened as appropriate to the needs of local carers.</li> </ul>
<b>Supporting staff wellbeing</b>	
<b>What people told us</b>	<b>How we respond as a partnership</b>
<ul style="list-style-type: none"> <li>• We need to recognise and reward the incredible contribution of our staff and the pressures they are under - before, during and after the pandemic.</li> </ul>	<ul style="list-style-type: none"> <li>• Across the partnership our workforce as gone above and beyond to continue delivering vital support to local people during extremely challenging circumstances. We are entirely focused on supporting the wellbeing of our staff –</li> </ul>

<ul style="list-style-type: none"> <li>• Important to recognise the wider mental health issues among staff (across our wider partnership).</li> <li>• We need to support our staff with new ways of working and adapting to a new landscape following the pandemic.</li> <li>• There is a need for flexibility and balance - providing staff autonomy.</li> <li>• We need to embed and sustain new meaningful supports for staff without stigma.</li> <li>• We need to focus on the wellbeing of staff e.g. through wellness sessions and 'champions' to take forward wellbeing issues alongside our management structures.</li> <li>• There should be better communication and sharing of resources across partnership – tapping into available supports.</li> <li>• We need to build on the raised profile and wider recognition of staff in care sector as a result of the pandemic.</li> <li>• We need to develop the skills of our managers to provide support – and have appropriate open conversations with staff.</li> <li>• We need to ensure we keep people connected where they are still working remotely.</li> </ul>	<p>and committed to embedding successful approaches as normal practice.</p> <ul style="list-style-type: none"> <li>• We have put in place new structures and new channels for communication and we will review and develop these approaches moving forward.</li> <li>• In the context of the pandemic, we are supporting managers to ensure team members feel connected and can access different levels of support for mental and emotional wellbeing.</li> <li>• Opportunities for physical activity, rest and relaxation will continue to be developed and promoted and will be available for staff across the wider partnership.</li> </ul>
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### **Listening to children and young people**

In accordance with the Children and Young People's (Scotland) Act 2014 local and national partners have been working together to identify the needs of children, young people and families across East Renfrewshire. This work culminated in the publication of the **East Renfrewshire Children and Young People's Services Plan 2020-2023**. Based on a wide ranging assessment of local needs carried out in 2020-2021 East Renfrewshire HSCP and partners agreed a set of priorities to drive change and improve the wellbeing of children and their families.

This activity has included extensive engagement with children, young people, parents/carers in a range of settings including early learning centres, youth facilities, parents and carers groups, and summer holiday programmes. Furthermore an emphasis has been placed on the need to specifically ensure the participation of vulnerable children and families including those care experienced and those with complex needs.

The range of information gathered from this engagement activity has also informed the development of this Strategic Plan and ensured we agree improvement priorities that will have the greatest impact across our statutory, specialist, and universal children's services provision over the three years ahead.

### **2.3 Our partnership**

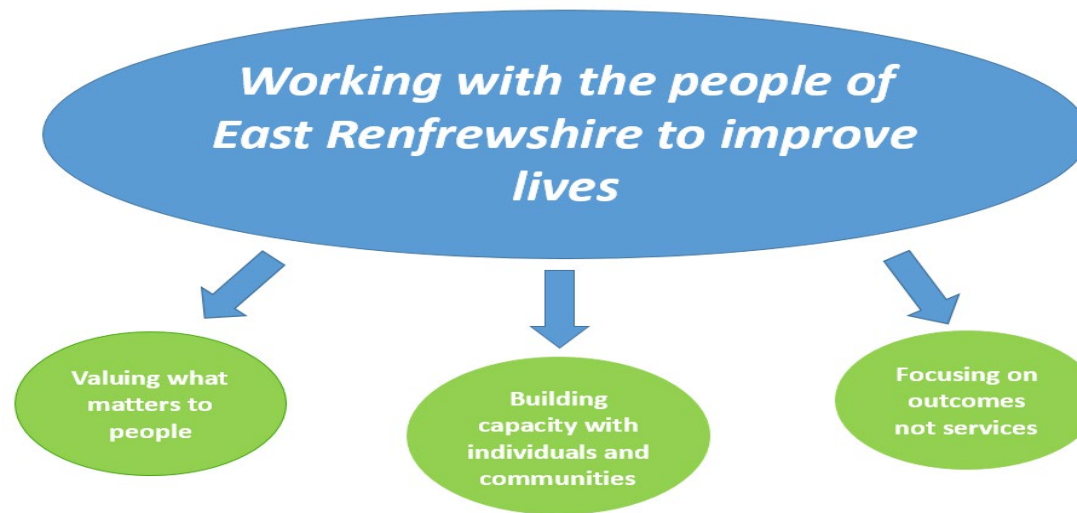
Under the direction of East Renfrewshire's Integration Joint Board (IJB), our HSCP builds on a secure footing of a 16 year commitment to health and social care partnership in East Renfrewshire. Our experiences throughout the Covid-19 pandemic have reinforced the benefits of working together as a broad and inclusive partnership. Moving forward we will further strengthen our supportive relationships with independent and third sector partners. It is also essential that we recognise the increased levels of participation in our communities and informal support within neighbourhoods that have developed in response to Covid-19. Our partnership must extend beyond traditional health and care services to a long-term meaningful partnership with local people and carers, volunteers and community organisations.

### **2.4 Our long-term vision**

Our vision statement, "*Working together with the people of East Renfrewshire to improve lives*", was developed in partnership with our workforce and wider partners, carers and members of the community. This vision sets our overarching direction and remains unchanged for this iteration of our Strategic Plan.

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

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



## 2.5 Our strategic priorities

In line with our vision and the wider priorities for our partnership, we have reviewed our strategic priorities. While our high-level strategic focus remains unchanged and the majority of our priorities from our previous 3-year (2018-21) plan will continue, we are building a wider focus on mental health to include community wellbeing. We have also added a strategic priority relating to the wellbeing of our workforce. Our strategic priorities are discussed in more detail at Section 4 and our operational planning will reflect how these priorities will be pursued as we recovery from the pandemic.

## 2.6 Delivering our strategy as we move beyond the Covid-19 pandemic

The plan covers 2022-25, a period in which we will continue to respond to the impacts of the pandemic as well as building our recovery based on learning and understanding of the shifting needs and priorities our East Renfrewshire residents.

As a broad and inclusive partnership we will continue to meet the needs of those directly impacted by Covid-19, including those receiving care and support and their carers. The continuing delivery of the local Covid-19 and flu vaccination programme is of



particular importance to residents and will remain a significant focus for our resources in the short and medium term. We will also continue to support NHS Greater Glasgow and Clyde (NHSGGC) to deliver vaccination programmes as efficiently as possible for East Renfrewshire residents.

New models and delivery approaches established in response to the challenges of the pandemic will continue as we deliver on the commitments in this plan. As a partnership we will take forward our approach to collaborative and ethical commissioning; and draw in wider opportunities including in relation to housing options and technology solutions in our market shaping strategy.

Recovery and Renewal Programme – aims and objectives:

- To establish a comprehensive programme of recovery and renewal to support key areas of change and development across the HSCP
- Support the operational challenges faced by the partnership as a result of the pandemic
- Focus on wellbeing and support of staff and those who use our services
- Build on the lessons learned and new ways of working during the response and initial recovery phase
- Work with those who use our services and our partners to develop and enhance services
- Delivery of financial efficiencies and savings and potential realignment of resource
- Be informed by and inform the delivery of current and future HSCP strategic plans

At the same time, we will take forward our Recovery and Renewal Programme. The programme seeks to ensure that the lessons learned during the pandemic are used to inform our recovery as well as bring transformational change to the delivery of services in the future.



## 2.7 Our engagement process

To support the development of this Strategic Plan we carried out a highly participative engagement process designed and delivered in partnership with our third and independent sector partners. Our 'Festival of Engagement' ran between August and October 2021 and in spite of the practical challenges of the pandemic drew in the voices of people with lived experience, unpaid carers, staff and management at support providers, HSCP staff and officers from internal and external partner organisations. Full details of the engagement and learning coming from it can be viewed in our supporting Summary of Engagement document.



The engagement process was led by our multi-agency Participation and Engagement Network, delivered in line with the principles set out in the East Renfrewshire Health and Social Care Participation and Engagement Strategy 2020-23. Partner organisations supported facilitation of engagement events and over the three months we conducted 20 focus groups and workshops (principally delivered online with some face-to-face groups) involving nearly 200 participants. Workshops focused on key themes and were designed to be fun and participative using tools such as instant online polls (via mobile phones). Those unable to attend events or wishing to give individual views had the opportunity to complete short online surveys in relation to the engagement themes.



Following development of a draft strategic plan a full public consultation exercise was carried out between November 2021 and February 2022. During the consultation period the draft plan was shared with our partners at East Renfrewshire Council and NHSGGC, considered in an IJB seminar event and promoted through social media and other communication channels. The engagement process has provided the partnership with a wealth of knowledge on the experiences and challenges being faced by those receiving support, unpaid carers and those delivering support in East Renfrewshire. This knowledge informs the priorities set out in this high-level strategy and will inform the operational plans that support it as well as our other thematic strategic plans.

Ongoing engagement with our communities is an essential part of our work. Through the Participation and Engagement Network we will continue to ensure that our engagement processes are robust, well-coordinated and reflect best practice. In East Renfrewshire engagement is recognised as a shared responsibility across our wider partnership and we will continue to ensure that as many voices as possible inform our planning and delivery.

### 3. Working Together for East Renfrewshire - our plan on a page

<b>The context for our Strategic Plan includes...</b>								
East Renfrewshire's population, demographics and patterns of needs	Our recovery from the Covid-19 pandemic	The Independent Review of Adult Social Care and National Care Service	National Health and Wellbeing Outcomes					
			National legislation, policies and strategies					
			Local plans, strategies and improvement/change programmes					
<b>Our vision is...</b>					<b>Our touchstones are...</b>			
Working together with the people of East Renfrewshire to improve lives					<ul style="list-style-type: none"> <li>Valuing what matters to people</li> <li>Building capacity with individuals and communities</li> <li>Focusing on outcomes, not services</li> </ul>			
<b>Our strategic priorities are... Working together...</b>								
...with children, young people and their families to improve mental and emotional wellbeing	...with people to maintain their independence at home and in their local community	...with people to maintain their independence at home and in their local community	...to support mental health and wellbeing	...to meet people's healthcare needs by providing support in the right way, by the right person at the right time	...with people who care for someone ensuring they are able to exercise choice and control	...on effective community justice pathways that support people to stop offending and rebuild lives	...with individuals and communities to tackle health inequalities and improve life chances	...with staff across the partnership to support resilience and wellbeing
<b>and... Protecting people from harm</b>								
<b>Our strategic enablers are...</b>								
Workforce and organisational development	Medium-term Financial and Strategic Planning	Collaborative, ethical commissioning	Communication and Engagement	Data and intelligence	Digital technology and Infrastructure			
<b>We will deliver this strategy through supporting plans and programmes, including...</b>								
HSCP Delivery and Improvement Plans	Commissioning and Market-shaping Plan	Medium-term Financial Plan	ER HSCP Workforce Plan	NHS Greater Glasgow and Clyde and ERC Improvement Plans	East Renfrewshire Children and Young People's Services Plan	East Renfrewshire Carers Strategy	Public Protection Improvement Plans	ER HSCP Participation & Engagement Strategy

## 4. Our strategic priorities

We have reviewed our performance in relation to the strategic priorities in our previous Strategic Plan (see Section 6), assessed our demographic profile and the lessons learned from the Covid-19 pandemic, and in consultation with key stakeholders and communities we have reviewed our strategic priorities and areas of focus within these. The majority of our high-level priorities remain unchanged from our previous three-year plan but we agreed in 2020 to widen our focus on mental health to include community wellbeing and have added a strategic priority relating to the wellbeing of our workforce. We also include a section looking at our cross-cutting, multi-agency work to protect people from harm. This activity underpins and enables the delivery of our other strategic priorities.



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

Our multi-agency approach to supporting the needs of children and young people in East Renfrewshire is set out in “*At Our Heart*” our Children and Young People’s Services Plan 2020-2023. Improving the mental and emotional wellbeing of children and young people will continue to be one of the highest priorities for East Renfrewshire Health and Social Care Partnership (HSCP) as we go forward in future 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. A co-production event which included children, young people and parents/carers supported relationship-based and nurturing approaches which bridge the gap between school and home. 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. From this it was agreed to develop a blended model of support which would incorporate new as well as existing approaches.

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 suite of support for families including the Family Wellbeing Service which links to GP practices and the CAMHS service. In addition, our Healthier Minds Framework is an evidence-based guide for children, young people, families and practitioners, outlining ways to support mental wellbeing in a holistic way and provides information about service and resources that can help at different stages in time.

An emerging area of increasing need is from children and young people with a neurodevelopmental diagnosis (including autism) or suspected diagnosis. In partnership with the Council and other partners we will ensure service responses are effective and the workforce is sufficiently equipped to help children and their families in the right way.

We continue to support our care experienced children and young people and are committed to fully implementing the findings of the national Independent Care Review report “The Promise”. As outlined in the Children and Young People’s Plan we will work in our role as Corporate Parents to ensure all care experienced children and young people have settled, secure, nurturing and permanent places to live, within a family setting.

**Mental and emotional wellbeing is improved among children, young people and their families**

Our contributions to delivering this outcome	How we will measure our progress
<p>Protect our most vulnerable children, young people and families</p> <p>Deliver on our corporate parenting responsibilities to our care experienced children and young people by fully implementing The Promise</p> <p>Respond to the mental and emotional health and wellbeing needs of children and young people</p> <p>Ensure children and young people with complex needs are supported to overcome barriers to inclusion at home and in their communities</p>	<p>% of children with child protection plans assessed as having an increase in their level of safety</p> <p>% of children subject to child protection who are offered advocacy service</p> <p>% Looked After Children with more than one placement within the last year</p> <p>% of young people in transition to young adulthood with a transition plan by age of 16</p>
<p><b>Key activities during 2022-25</b></p> <ul style="list-style-type: none"> <li>• Implementing the new Healthier Minds service linked to schools and communities</li> <li>• Support engagement and participation through East Renfrewshire Champions Board and Mini Champs</li> <li>• Work in partnership with children, young people and their families to implement the recommendations of the Independent Review of Care Report (The Promise).</li> <li>• Offer Family Group Decision Making at the initial referral stage through Request for Assistance (s12 duties)</li> <li>• Embed the Signs of Safety practice principles across all child and family interventions</li> <li>• Fully implement new Scottish Child Interview Model (SCIM), alongside key partner agencies ensuring trauma informed support from referral to recovery</li> </ul>	



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

Ensuring as many East Renfrewshire residents as possible can maintain their independence at home remains a priority of the partnership and a key area of focus as we move through and beyond the Covid-19 pandemic. Our approaches are person-centred and focused on the rights of individuals to exercise choice and control. We are able to deliver on this priority thanks to the enthusiasm and commitment of our partner providers and community support organisations and will continue to promote collaborative approaches.

We are aware that many older people, residents who were required to shield during the pandemic and those who live alone have become more isolated and had less opportunities for leisure, exercise and social activities. At the same time, the response to the pandemic in East Renfrewshire has demonstrated the resilience of our community-based supports with teams of volunteers and staff keeping touch with the most vulnerable and isolated, notably through the Community Hub. We work to minimise isolation and engage with those in need through approaches such as befriending, peer support and the work of our Kindness Collaborative and Talking Points, linking people to local supports. We will continue to build on this collaborative working going forward to increase the community supports and opportunities available. Recognising the impacts of the pandemic on individuals, we will ensure that the people we support receive timely review and reassessments as we move through the pandemic.

We will make best use of technology and health monitoring systems to support independence and self-management. With our partners we will support digital inclusion and the roll out of the AskSARA web based assessment and advice on equipment and solutions to support daily activities. We will support the increased use of digital technology, telephone and Near Me technology to support remote consultations and enable services to continue seeing patients in new ways. To support this we have linked with the Scottish Government's Connecting Scotland programme and we are working alongside partners in the third sector and our Culture and Leisure Trust to minimise digital exclusion. We will ensure that digital technology is used only as appropriate to the needs of the people we work with and that a range of options are available to people.

***“We need to focus on how we work together as a whole partnership under the ‘umbrella’ of the HSCP” Support staff***

***“It’s about feeling respected and trusting the support that’s there - not just ‘going along with things’. It’s about being understood and support providers seeing beyond ‘the mask’”*** Unpaid carer

We are committed to increasing choice and control and delivering the full potential of Self-directed Support. We will continue to review and embed our outcome-focused assessment tool and our individual budget calculator and ensure that people who require support have as much choice and control as they wish in relation to their supports. We will work collaboratively to ensure that we have an effective delivery framework in relation to supporting individuals and enabling innovative approaches. We will support our partner providers and in-house services to develop their business/service plans to adapt to these new approaches. As we recover from the pandemic we will build on our strong local partnerships and social enterprise approach, encouraging innovation that supports people to live independently in the community and offers alternatives to residential care.

As more people live longer with more complex conditions it is important that we work collaboratively with housing providers to support independent living in our communities. We will continue to work with colleagues in East Renfrewshire Council Housing Services and local housing providers to better understand local needs and discuss future models of housing, technology and support.

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<b>People are supported to maintain their independence at home and in their local community</b>	
<b>Our contributions to delivering this priority</b>	<b>How we will measure our progress</b>
<p>More people stay independent and avoid crisis through early intervention work</p> <p>The people we work with have choice and control over their lives and the support they receive.</p>	<p>Number of people engaged through Talking Points events and support</p> <p>Referrals to preventative support through Talking Point engagement</p> <p>% of people whose care need has reduced following re-ablement/rehabilitation</p> <p>Number of people self-directing their care through receiving direct payments and other forms of self-directed support.</p> <p>Percentage of people reporting 'living where you want to live' needs fully met.</p> <p>% of people aged 65+ with intensive needs receiving care at home</p> <p>Percentage of people aged 65+ who live in housing rather than a care home or hospital</p>
<p><b>Key activities during 2022-25</b></p> <ul style="list-style-type: none"> <li>• Promote the range of local supports and opportunities available through the Community Hub and Talking Points</li> <li>• Establishing greater choice and innovation by developing the local market for provision</li> <li>• Review and refresh our roll out of individual budget calculator and access to self-directed options</li> <li>• Promote the use of AskSARA and other digital opportunities that support independence</li> <li>• Support use of digital technology, telephone and Near Me technology</li> <li>• Improve links and pathways between our rehabilitation and re-ablement services</li> <li>• Work with housing providers to refresh our housing need assessment and consider future housing opportunities</li> </ul>	

## Working together to support mental health and wellbeing

In our previous plan our strategic priority had a focus on recovery for people experiencing mental ill health. In response to the impact of the pandemic we have extended this priority to working together to support mental health and wellbeing across our communities.

The experience of the Covid-19 pandemic has impacted on emotional wellbeing for people in all walks of life, and will continue to do so. Many of us have been anxious or worried about our health, our family and friends, and changes to our way of life. Some individuals, families and communities have struggled significantly over the period. During the pandemic we have adapted our approaches across services to support the mental wellbeing of the people we work with. As we move forward we will continue to focus on good mental wellbeing, and on ensuring that the right help and support is available whenever it is needed. We recognise that different types of mental health need will continue to emerge as time passes and that we will need to continually adapt our approach to reflect this. We are focused on close collaboration with primary care, and further enhancing the mental health and wellbeing supports within primary care settings. We will work with GPs, third sector partners and people with lived experience to develop our approach to ensure people get the right service, in the right place at the right time.

We are enhancing our approach to minimising drug-related harms and deaths and improving overall wellbeing amongst people with harmful drug or alcohol use and their families. This includes implementation of the Medication Assisted Treatment standards to ensure low barrier, person centred service provision, increasing access to residential rehabilitation and enhancing community based recovery supports. We recognise that there are often close links between individuals' mental health and substance use. Therefore, it is important that alcohol and drugs services have close connections with our mental health services in East Renfrewshire.

We will continue to work in partnership with people who use services, carers and staff to influence the Greater Glasgow and Clyde

Five Year Strategy for Adult Mental Health Services and contribute to its delivery to ensure the needs of East Renfrewshire residents are met. We will ensure a particular focus on prevention, early intervention and harm reduction; high quality evidence-based care; and compassionate, recovery-oriented care recognising the importance of trauma and adversity and their influence on well-being. We are working on improving access to psychological therapies to ensure individuals receive the right support at the right time. We will continue to test and develop the impact of lived experience in the delivery of services such as peer support and its contribution to individual's recovery journeys, alongside formal services.

Over the life of this plan we will continue to support the promotion of positive attitudes to mental health, reduce stigma and support targeted action to improve wellbeing among specific groups. Suicide prevention is a key focus, raising awareness, reducing stigma and ensuring effective responses to distress and crisis.

***“One approach won't fit for everyone – it's about being open minded and flexible and treating everyone as an individual.”***

Support provider

We have committed to working together with community planning partners on activities that support mental wellbeing and resilience across our communities, with Voluntary Action taking a leading role. The rollout of the Scottish Government's Community Mental Health and Wellbeing Fund in East Renfrewshire is enabling grassroots community organisations to provide vital supports and activities to local communities with £238,000 already distributed – ranging from community food, cooking and exercise initiatives, mindfulness courses, social activities to reduce loneliness and isolation, a recovery college and dementia support services. We will work closely with Voluntary Action and wider partners to assure the success and sustainability of funded programmes.

Over the life of this plan we will continue to support the promotion of positive attitudes on mental health, reduce stigma and support targeted action to improve wellbeing among specific groups. Supporting the wellbeing and resilience of our staff and volunteers is critical to ensuring they can support residents effectively. We will continue our partnership working with primary care and Recovery Across Mental Health (RAMH) in which link workers in all of our GP practices offer social and psychological interventions to improve wellbeing.

***“Helping people have resilience isn’t always about services - often it’s recognising small things we can do for ourselves and for one another.”*** Local resident  
***“Promoting self – management doesn’t mean you are on your own.”*** Local resident

<b>People are supported to look after and improve their own mental health and wellbeing</b>	
<b>Our contributions to delivering this priority</b>	<b>How we will measure our progress</b>
<p>Individuals can access a range of supports on their journey to recovery from mental health and alcohol and drugs harms</p> <p>Wellbeing is enhanced through a strong partnership approach to prevention and early intervention</p> <p>Staff and volunteers have the skills, knowledge and resilience to support individuals and communities</p>	<p>Percentage of people waiting no longer than 18 weeks for access to psychological therapies</p> <p>Percentage of people waiting no longer than three weeks from referral to alcohol / drug treatment</p> <p>Mental health hospital admissions (age standardised rate per 1,000 population)</p> <p>Positive outcomes for individuals supported through link worker interventions</p> <p>Positive outcomes for individuals receiving peer support</p> <p><i>Wellbeing measures being developed with CP partners</i></p>
<p><b>Key activities during 2022-25</b></p> <ul style="list-style-type: none"> <li>• Work with our communities to promote positive mental health and wellbeing</li> <li>• Support mental health and wellbeing interventions delivered through third sector and community-led activity</li> <li>• Enhance access to primary care mental health services</li> <li>• Continue to increase the mental health workforce through Action 15 funding, including occupational therapy provision in care homes and peer support for recovery</li> <li>• Implement the priorities set out in the Greater Glasgow and Clyde Mental Health Strategy in East Renfrewshire and the Coronavirus mental health transition and recovery plan</li> <li>• Enhance alcohol/drugs frontline staffing and service design to implement the Medication Assisted Treatment Standards and ensure fast, appropriate access to treatment.</li> <li>• Develop and deliver local action plan for suicide prevention with key partners.</li> <li>• Reflect and build on innovative ways services have been delivered during the pandemic (including digital solutions)</li> </ul>	

- Enhancing alcohol/drugs service provision to support Rights, Respect and Recovery and the Drugs Mission to prevent drug-related deaths
- Maximise opportunities for skills development in relation to mental health across services and the wider partnership

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## Working together to meet people's healthcare needs by providing support in the right way, by the right person at the right time.

Primary care is the cornerstone of the NHS with the vast majority of healthcare delivered in primary care settings in the heart of our local communities. It is vital in promoting good health self-care and supporting people with long-term health needs and as a result reducing demands on the rest of the health and social care system. Through our Primary Care Improvement activity we have been expanding primary care teams with new staff and roles to support more patients in the community. This should allow local GPs to spend more time in clinically managing patients with complex care needs.

During the pandemic we have strengthened our partnership working and opportunities for shared clinical conversations between the consultants and clinical leaders in hospitals and the GP as the expert medical generalists in the community. The vision set out by NHSGGC in its recovery and remobilisation planning is to have in place a whole system of health and social care enabled by the delivery of key primary care and community health and social care services. HSCPs are working in partnership to ensure effective communications, a consistent approach, shared information and the alignment of planning processes.

***“Better and quicker access to specialist services can help deal with problems early and result in an appropriate action plan”***  
Local resident

Significant investment in winter 2022 has helped add resilience to our health and care response. We have strengthened the capacity of our Care at Home Responder Service, Community Nursing and Community Rehabilitation teams and have established an intensive support service at our in-house care home for a multidisciplinary ‘step-up’, ‘step-down’ approach. This is supporting rehabilitation and reablement and timely discharge to home/homely settings. Additional resources are being used to address the accelerated demand pressures we have seen for Care at Home services, with increased frontline staff as well as management and support, and increased capacity for the Home First model and Technology Enabled Care. We are also building the capacity of our multi-disciplinary teams across the HSCP including: developing our multi-disciplinary Front Door model and leadership arrangements; additional capacity for social work and our Care Home and Community Review Team; support for the wider GGC frailty hubs; and increased capacity for frailty practitioners. We will continue to build on the collaborative working which has been further developed in response to the pandemic in order to support our care home community in maintaining residents in the community, and avoiding hospital admissions.

We have seen increasing use of digital communication as people interact with healthcare providers including, for example, extensive use of Near Me video appointments. We will take an evidence-based and inclusive approach to supporting the anticipated change

in the way our communities access healthcare. This means ensuring wider access to digital communication technologies, keeping pace with new approaches and opportunities and making sure a suite of options are available for those requiring alternatives.

We continue to work together with HSCPs across Glasgow, primary and acute services to support people in the community, and develop alternatives to hospital care. We will support the delivery of NHSGGC board-wide initiatives to help those experiencing frailty including the frailty pathway, Home First and other approaches supporting older people to stay well at home. In partnership we will support the national development of capacity for resilience and recovery, through the prioritisation of: the Covid Remote Health Monitoring Pathway; the Hospital@Home Pathway; the Community Respiratory Response Pathway; and, Out-patient Parental Antibiotic Therapy (OPAT).

In partnership we support the development and delivery of the joint strategic commissioning plan which outlines improvements for patients to be implemented over the next five years.

Our joint programme is focused on three key themes:

- **early intervention and prevention** of admission to hospital to better support people in the community;
- **improving hospital discharge** and **better** supporting people to transfer from acute care to community supports;
- **improving the primary / secondary care interface** to better manage patient care in the most **appropriate** setting.

**People's healthcare needs are met with support provided in the right way, by the right person at the right time.**

Our contributions to delivering this priority	How we will measure our progress
<p>Early intervention and prevention of admission to hospital to better support people in the community</p> <p>Improved hospital discharge and better support for people to transfer from acute care to community supports</p> <p>Improved primary / secondary care interface to better manage patient care in the most appropriate setting</p>	<p>No. of A &amp; E Attendances            Number of Emergency Admissions            A &amp; E Attendances from Care Homes            Emergency Admissions from Care Homes            Occupied Bed Days (Adult – non-elective)</p> <p>People waiting more than 3 days to be discharged from hospital</p> <p>Bed days lost to delayed discharge</p> <p>% of last six months of life spent in Community setting</p> <p>Percentage of people admitted to hospital from home during the year, who are discharged to a care home</p> <p>Number of clients supported into intermediate care</p>
<p><b>Key activities during 2022-25</b></p> <ul style="list-style-type: none"> <li>• Improve quality and quantity of Anticipatory Care Plans and Emergency Care Information Summaries</li> <li>• Progress local out of hours response arrangements to support implementation of Urgent Care Resource Hub.</li> <li>• Implement discharge to assess protocol.</li> <li>• Implement frailty pathway and initiatives to address frailty</li> <li>• Improve process for AWI patents learning from mental welfare commission recommendations and GGC wider review</li> <li>• Develop and test enhanced community support and intermediate care models in partnership with HSCPs across Glasgow</li> <li>• Continue support to local care homes and other supported living providers through safety and professional assurance arrangements.</li> </ul>	



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

The contribution of unpaid carers to our social care system is beyond measure and the daily efforts of families and loved ones to those needing support is fully recognised by the partnership. Carers have been significantly impacted by the pandemic and changes to a range of supports available to those providing care. Unpaid carers have also taken on increased caring during this time and have faced additional pressures. As we move beyond the pandemic we must ensure that the right supports and services are in place for carers. The ongoing work of the Carers Collective has demonstrated the need to maintain and strengthen our approach to involving carers throughout the planning process in identifying the outcomes that matter to them and by ensuring carers voices are valued and reflected within our strategic planning work.

***“It’s important to know there are people out there, who can, will and want to help you”***

Carer

Our Carers Strategy sets out how we will work together with partners to improve the lives of East Renfrewshire’s carers. Through our local engagement and discussion we know that we need to develop our workforce, pathways and supports for carers. We have committed to working together with East Renfrewshire Carers Centre to improve access to accurate, timely information. We will continue to encourage collaboration between support providers for advice, information and support for carers ensuring local provision

that best meets carers needs. We will provide information and training to raise awareness of the impact of caring responsibilities. We will continue to support the expansion of personalised support planning in collaboration with our unpaid carers and ensure that self-directed support options are offered to all adult carers who have been identified as eligible for support.

Our engagement for this plan reemphasised the importance of flexible and innovative approaches to the provision of breaks from caring. This will remain a focus for the partnership over the life of this plan. We will work collaboratively with providers to develop the range of options available; and we will make sure that carers are aware of and have access to appropriate breaks.

Peer support and having the opportunity to share experiences is highly valued by our carers but has been disrupted during the pandemic. As a wider partnership we will ensure that these informal supports that enable people to continue in their caring role are re-established and strengthened going forward.

***Having the opportunity to hear from other carers is great, and although problems and situations may be different the message you take home is “you are not alone”. Carer***

**People who care for someone are able to exercise choice and control in relation to their caring activities**

Our contributions to delivering this priority	How we will measure our progress
<p>Staff across the partnership are able to identify carers and value them as equal partners</p> <p>Carers can access accurate information about carers' rights, eligibility criteria and supports</p> <p>More carers have the opportunity to develop their own carer support plan</p> <p>More carers are being involved in planning the services that affect them and in strategic planning</p>	<p>Percentage of carers who feel supported to continue in their caring role. (NI8)</p> <p>People reporting 'quality of life for carers' needs fully met (%)</p> <p>Carers offered support to develop their own personal support plans</p> <p>Services involving carers in their design and planning process</p>
<p><b>Key activities during 2022-25</b></p> <ul style="list-style-type: none"> <li>• In partnership with Carers Centre provide information and training to raise awareness of the impact of caring and requirements of Carers Act.</li> <li>• Publicise our clear prioritisation framework for support and implement consistently</li> <li>• Work with providers to review and modernise our approach to breaks in light of Covid-19 requirements</li> <li>• Ensure that carers and support organisations are aware of the scope and different types of replacement care and short-break provision available.</li> <li>• Develop tools and supports to help carers identify the impact of their caring role and plan how best to meet their needs</li> <li>• Work with partners to ensure supports are available to carers to minimise the impact of financial hardship as a result of caring.</li> <li>• Implement carers' support planning including planning for emergencies with individual carers.</li> <li>• Work together with partners to ensure carers are being involved in planning the services that affect them</li> </ul>	

## **Working together with our community planning partners on effective community justice pathways that support people to stop offending and rebuild lives**

We will continue to work together with our multi-agency partners to ensure there are strong pathways to recovery and rehabilitation following a criminal conviction.

Through the East Renfrewshire Community Justice Outcome Improvement Plan we are committed to a range of actions with community planning partners. We are working together to support communities to improve their understanding and participation in community justice. As an HSCP our justice service will continue to promote the range of community justice services that we deliver and, in response to the challenges posed by the pandemic period, will continue to identify and build on opportunities for the unpaid work element of community payback orders to meet the needs of the local community and reduce the risk of further offending. We will build on the innovative approaches that have been developed during the pandemic and ensure we have the capacity to support people to complete unpaid work.

We will continue to strengthen our links with community services and programmes to provide greater access and support for people to stop offending. In the context of our recovery from the pandemic we will work to ensure that people moving through the justice system have access to the services they require, including welfare, health and wellbeing, housing and employability.

**People are supported to stop offending and rebuild their lives through effective community justice pathways**

Our contributions to delivering this priority	How we will measure our progress
<p>People have improved access to through-care</p> <p>People have access to a comprehensive range of recovery services</p> <p>Trauma-informed practice is embedded across justice services</p> <p>Structured deferred sentence and bail supervision is implemented</p> <p>The risk of offending is reduced through high quality person centred interventions</p>	<p>% of people reporting community payback order helped to reduce their offending</p> <p>% of people completing unpaid work requirements</p> <p>Positive employability and volunteering outcomes for people with convictions</p>
<p><b>Key activities during 2022-25</b></p> <ul style="list-style-type: none"> <li>• Use appropriate risk assessment tools to identify need and reduce the risk of further offending.</li> <li>• Delivering a whole systems approach to diverting both young people and women from custody</li> <li>• Delivering accredited programmes aimed at reducing reoffending</li> <li>• Working with local partners to ensure a range of beneficial unpaid work placements are taken up</li> <li>• Enhance skills and knowledge in trauma informed practice across justice services</li> <li>• Increase effective use of structured deferred sentence, bail supervision electronic monitoring.</li> <li>• Actively participate in the East Renfrewshire Employability Partnership to develop pathway and employability support</li> <li>• Ensure people subject to statutory and voluntary supervision including licence have early access to community mental health, alcohol and drug recovery services</li> <li>• Deliver multi-agency public protection arrangements with police, health and prisons which assess and manage sex offenders, serious and violent offenders</li> </ul>	

## Working together with individuals and communities to tackle health inequalities and improve life chances.

We are committed to the local implementation of Greater Glasgow and Clyde's Public Health Strategy: Turning the Tide through Prevention which requires a clear and effective focus on the prevention of ill-health and on the improvement of wellbeing in order to increase the healthy life expectancy of the whole population and reduce health inequalities. This includes a commitment to reduce the burden of disease through health improvement programmes and a measurable shift to prevention and reducing health inequalities through advocacy and community planning. We will work to ensure that the health improvement activities we support are accessible, well communicated, and flexible; driven by the needs of local people. We will coproduce targeted interventions recognising diversity and addressing the specific needs of people with protected characteristics.

***“Prevention work is key, now more than ever. The decline in general health following the pandemic is noticeable for many.”***

Support provider

The significance of health inequalities has been brought into even sharper focus as a result of the Covid-19 pandemic. We will continue to work together with community planning partners to improve health and wellbeing outcomes for our most disadvantaged localities and those who have been disproportionately impacted by the pandemic. We will also work collaboratively with local and regional partners to develop our understanding of health inequalities in East Renfrewshire and changing patterns of need as we recover from the pandemic. We will support equalities activities being taken forward under NHSGGC recovery and remobilisation planning including mainstreaming of changes shown to be effective in reducing inequalities.

***“We need to highlight inequalities and redress the current gaps for some of our most vulnerable individuals and families; to support families affected by poverty, mental health issues and addictions.”*** Support provider

This priority also reflects our longer-term ambitions for East Renfrewshire. The HSCP will continue to support community planning activity that aims to tackle the root causes of health inequalities as reflected in our Community Plan (Fairer EastRen). This includes activity to address child poverty, promote health literacy and strengthen community resilience. We will continue to promote digital inclusion with a particular focus on supporting people to live well independently; and play a proactive role in managing their health and wellbeing.

Through local delivery of the Universal Pathway we will ensure our children and young people have the best start in life with access to early support and help, and improved health and wellbeing with opportunities to maximise their growth,

development and learning. The Universal Pathway will ensure all 0–5 year olds receive core universal provision including through antenatal supports.

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**Minimise health inequalities and improve life chances working in collaboration with our communities**

Our contributions to delivering this priority	How we will measure our progress
<p>Increase in activities delivered in partnership which support prevention and early intervention, improve outcomes and reduce inequalities.</p> <p>Health inequalities will be reduced by working with communities and through co-produced targeted interventions</p>	<p>Male life expectancy at birth in 15 per cent most deprived communities</p> <p>Female life expectancy at birth in 15 per cent most deprived communities</p> <p>Premature mortality rate per 100,000 persons aged under 75.</p> <p>% increase in exclusive breastfeeding at 6-8 weeks in most deprived SIMD data zones</p> <p>Smokers supported to successfully stop smoking in most deprived SIMD data zones</p> <p>Cancer screening uptake in most deprived SIMD data zones</p> <p>Alcohol brief interventions delivered</p>
<p><b>Key activities during 2022-25</b></p> <ul style="list-style-type: none"> <li>• Work to understand the needs of the population and address longer term impacts of Covid-19 on our communities and protected characteristic groups</li> <li>• Work in partnership to build the capacity of community organisations, groups and individuals to deliver their own solutions for recovery from the coronavirus pandemic</li> <li>• Deliver tailored health improvement programmes and activities in communities with greater health inequalities and disproportionate effects of Covid-19</li> <li>• Continue to explore additional funding opportunities to support targeted health improvement interventions</li> </ul>	

- Continue to support local activity to tackle Child Poverty and mitigate its effects
- Work to ensure people in our most disadvantaged community are able to access digital opportunities that support independence and wellbeing
- Work with our partners to tackle inequalities and support residents with a number of long term conditions such respiratory illness, cardiovascular disease and obesity to provide physical and psychological health benefits
- Implement the Women's Health Plan and Maternal and Infant Nutrition Framework
- Lead on the development of the HSCP's Wellbeing Strategy for health and social care staff and implement staff wellbeing activities.

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## Working together with staff across the partnership to support resilience and wellbeing

In consultation with staff and stakeholders we added support for resilience and staff wellbeing as a new strategic priority during the pandemic, and this remains a key area of focus for our new 3-year plan. Working together with staff and our partners we will continue to develop and embed positive practices and interventions to promote staff wellbeing over the life of the plan. We will work to ensure that this priority is delivered across the wider partnership with advice, support and activities made available as widely as possible.

***“It’s important that we continue to support flexibility in the ongoing situation - as home life has been disrupted for staff as well as work life.”***

Support provider

During the pandemic the people who comprise the health and social care workforce have gone above and beyond to deliver much needed care to individuals under incredibly difficult circumstances. While these challenges are still evolving, we continue to rely on the workforce to support all aspects of health and social care and their wellbeing and resilience has never been more important.

The HSCP has established a health and wellbeing ‘champion’ who contributes to discussions at a national level and we have appointed a dedicated Health and Wellbeing Lead Officer for the wider partnership. A local Health and Wellbeing Group has been established to support the workforce across the partnership. The group is chaired by Head of Recovery and Intensive Services who also holds the national champion role. The group have put in place a wellbeing plan entitled ‘You care....We care too.’ The plan identifies four strategic objectives / outcomes and a supporting action plan:

- Overview and Communication - Staff have access to resources and information that can improve their wellbeing;
- Resilience and connectedness - Build resilience across HSCP ensuring all employees feel connected to their team or service and embed health and wellbeing culture across HSCP;
- Promotion of physical activity, rest and relaxation - Opportunities for staff to take part in physical activity are promoted across the HSCP and opportunities for rest and relaxation are provided;
- Staff feel safe in their workplace - Appropriate measures are in place to ensure staff feel safe in the workplace.

***“A key challenge is sustaining things going forward; especially low level interventions that can help with prevention”***

Support provider

Our activity aligns to the NHSGGC Mental Health and Wellbeing Action Plan and national objectives. We will continue to input at a national level to the health and wellbeing conversation and to the development and delivery of the NHSGGC vision to support the mental health and wellbeing of staff. This includes ensuring rest and recuperation, peer support,

helping staff fully utilise their leave allowance, and ensuring working arrangements are sustainable in light of continuing constraints and reflect ongoing changes to services and pathways.

<b>Staff resilience and wellbeing in supported across the partnership</b>	
<b>Our contributions to delivering this priority</b>	<b>How we will measure our progress</b>
<p>Staff have access to resources and information that can improve their wellbeing</p> <p>Staff feel connected to their team or service and we embed a health and wellbeing culture across the partnership</p> <p>Opportunities are promoted for staff to take part in physical activity, rest and relaxation</p> <p>Staff feel safe in the work place</p>	<p>Number of activities promoted</p> <p>Participation rates in health and wellbeing activities for staff</p> <p>iMatter feedback from staff, including:  <i>"My manager cares about my health and well-being"</i>  <i>"I am given the time and resources to support my learning growth"</i>  <i>"I feel involved in decisions in relation to my job"</i></p>
<p><b>Key activities during 2022-25</b></p> <ul style="list-style-type: none"> <li>• Ensure that all staff have access to universal information with regard to health and wellbeing across the partnership's services, including staff working from home</li> <li>• Develop leadership competencies across management in order to focus on resilience across the partnership</li> <li>• Ensure regular wellbeing conversations with staff and teams</li> <li>• Promote relaxation and physical activity opportunities across the partnership</li> <li>• Ensure all physical environments are adapted to be Covid-19 compliant</li> </ul>	

## Protecting people from harm

Fundamental to the work of the HSCP and cross-cutting the strategic priorities set out in this plan, is our responsibility to keep people protected and safe from harm. Everyone has the right to live in safety and be protected from neglect, abuse and harm. Our partnership has a key role in helping to keep vulnerable people in our communities safe and in preventing harm and supporting people at risk of harm. We deliver these through a variety of multi-agency public protection arrangements including: Child Protection; Adult Support and Protection; Violence Against Women Partnership; Multi-Agency Management of Offenders (MAPPA) and the Alcohol and Drugs Partnership. We also respond to new risks and vulnerabilities as these emerge, taking actions with our partners to prevent and respond and learning from each other to improve the ways we support and protect vulnerable people.

In our work to protect adults at risk from harm we will continue to respond to the changing needs that have arisen as a result of the pandemic and our learning from our experiences will help us to deal more effectively with ongoing challenges and ensure the right supports are in place. Through the delivery of our multi-agency **Adult Protection Improvement Plan 2021-23** we are focused on: ensuring that adults at risk, their families and carers views are heard and help shape the way we deliver services; making best use of all our opportunities for the prevention and identification of harm; and ensuring that we offer supports and services which meet the needs of Adults at risk of harm and those who support them. Over the life of this plan we will continue to strengthen the consistency and robustness of our processes and continue to develop awareness of Adult Support and Protection with our partners, providers and the public.

Through the delivery of our **Child Protection Business/Improvement Plan 2020-23** we are supporting a range of multi-agency activity to minimise harm to our children and young people. Through the plan we are focused on recovery from the Covid-19 pandemic, working to mitigate the impacts from the pandemic and minimising disruption to the provision of services to children, young people and their families. We are focused on ensuring that children, young people and their families are actively part of safety planning and these plans are accurately recorded and shared with them. Our multi-agency approach sees partners working together to ensure oversight and timeous responses to child protection concerns.

East Renfrewshire is leading the way in supporting children and young people impacted by abuse either as a victim or witness, with the establishment in 2022 of Scotland's first **barnahus** – or bairns' house. The barnahus model brings together all agencies involved in a case in one setting appropriate to the child. Key to the idea is that the child only has to tell their story once, minimising the time between a child disclosing abuse and being interviewed, so that they can move on to recovery as soon as possible, with all the specialist expertise for supporting children through the criminal process and therapies for recovery under one roof.

### **Violence Against Women and Girls (VAW&G)**

Evidence overwhelmingly indicates that domestic abuse is a widespread, chronic and damaging social problem. There is no doubt that the impact of the pandemic on women, children and young people who are victim-survivors of domestic abuse has been severe. The pandemic has put a spotlight on an existing crisis which has and continues to have a significant negative impact on survivors and children.

In East Renfrewshire, we have witnessed the devastating impact on women and children first hand through the increase in volume and complexity of domestic abuse referrals to our services. Domestic abuse continues to be the predominant reason for referral to our children's services and features as one of the most common concerns within child protection interagency referral discussions. In line with trends seen across Scotland we have seen a significant increase in referrals to our Multi Agency Risk Assessment Conference (MARAC) and to our specialist advocacy and support services provided by Women's Aid and ASSIST. It is expected that domestic abuse referrals will continue to increase longer term and recovering from the social and economic effects of Covid-19, and mitigating the long-term effects of trauma and abuse experienced by women, children and young people will require specific action to strengthen the capacity of our services and action across the whole system to ensure their recovery needs are recognised and addressed.

Our multi-agency approach to responding to all forms of violence against women and girls is set out in **The East Renfrewshire Equally Safe Improvement Plan 2020-2023**. The plan is underpinned with a clear focus on recovery and sets out how we will work collaboratively to achieve these aims and identifies the range of actions we will take to mitigate the impact of Covid-19. In the longer term it will ensure an effective and sustainable approach to preventing, reducing and responding effectively to all forms of violence against women and girls.

Our key priorities are:

- Ensure robust processes and pathways are in place to identify, protect and respond effectively to women, children and young people affected by domestic abuse and all forms of gender-based violence
- Strengthen the capacity of our services and action across the whole system to address the long-term effects of trauma and abuse experienced by women, children and young people
- Implementation of Routine Sensitive Enquiry, Multi Agency Risk Assessment Conference and Safe and Together practice to ensure a perpetrator pattern based, child centred, survivor strengths approach to working with domestic abuse.

#### **Key performance indicators**

##### Adult Support and Protection

People agreed to be at risk of harm have a protection plan in place

Number of ASP inquiries completed within our reporting period

% of ASP inquiries progressed to investigation

##### VAWG

Change in women's domestic abuse outcomes (safety and wellbeing)

Change in children's domestic abuse outcomes (safety and wellbeing)

<p>Type and locations of harm</p> <p><u>Child Protection</u>  % of children with multi-agency plans who have had contact with a professional  % of referrals to Request for Assistance referred for allocation  % of children and young people subject to child protection processes referred to the children's reporter</p>	<p>Number of referrals/number of new referrals to VAWG support services  Number of referrals/re-referrals to MARAC</p>
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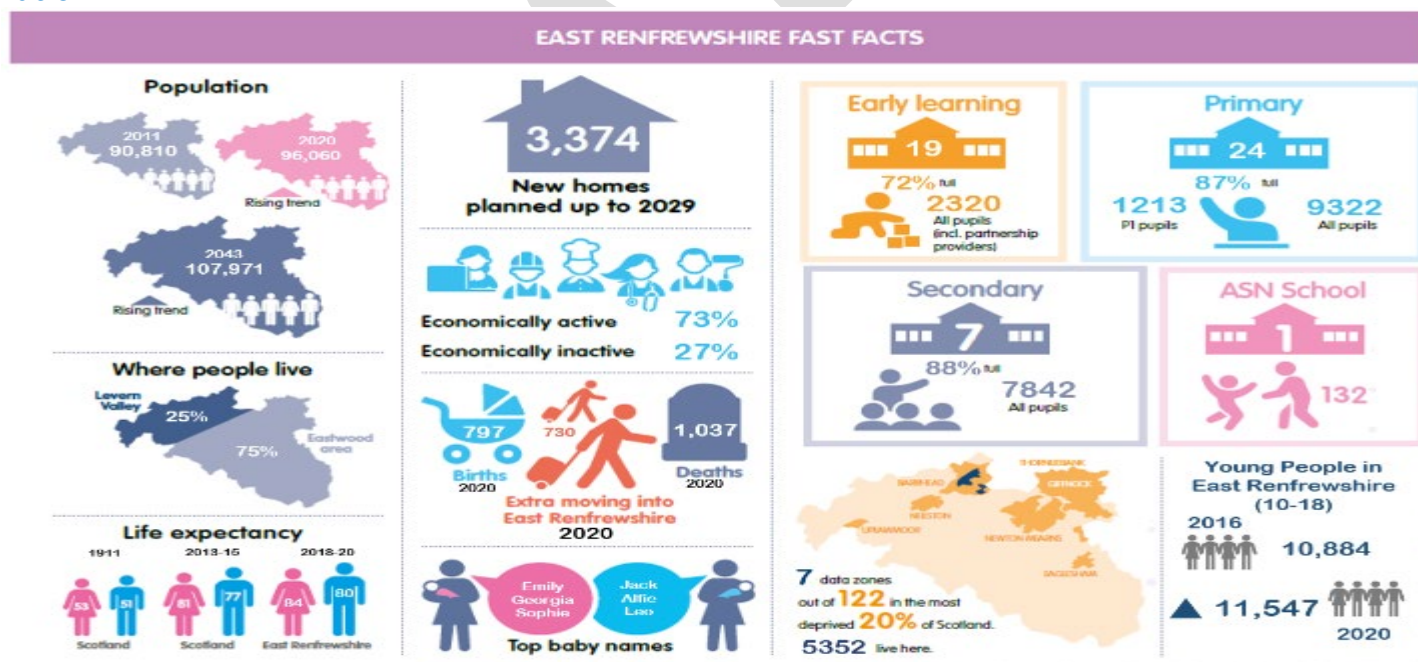
## 5. East Renfrewshire's current context

This section summarises our current context in relation to East Renfrewshire's demographic and health profile, future challenges and the impacts we are seeing from the Covid-19 pandemic, and our wider planning context for recovery.

### 5.1 East Renfrewshire's demographics

Detailed needs assessment work has been carried out to support the development of this plan and our full Joint Strategic Needs Assessment is available as a supporting document. A full socio-demographic profile has been developed for East Renfrewshire and covering our two localities (Eastwood and Barrhead) giving information on population, households, deprivation, health profile, life expectancy and use of services. This section provides an overview.

#### 5.1.1 Population





## EAST RENFREWSHIRE'S POPULATION – WHAT TO EXPECT

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



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



**7.6%**  
The increase in East Renfrewshire will be as a result of more people moving into the area

**The two age groups that will grow the most**



Children and young people aged 0-15 years



Older people aged 85+

**More houses are being built for three reasons**



**Demand will increase for services**



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



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



East Renfrewshire's population is growing and there is particular growth for our younger and older residents, who are the greatest users of universal health services.

There has been significant growth in our most elderly population with a 44% increase in the number of residents aged 85 years and over the last decade. The 85+ population is projected to increase by 18% between 2019 and 2024. People over 80 are the greatest users of hospital and community health and social care services.

### 5.1.2 Deprivation

Overall, East Renfrewshire is one of the least deprived local authority areas in Scotland. However, this masks the notable discrepancies that we see across the area with some neighbourhoods experiencing significant disadvantage.

The table below shows that more than half of East Renfrewshire's population (55%), and 67% of the Eastwood population live in SIMD datazones that are among the 20% least deprived in Scotland. All of East Renfrewshire's neighbourhoods that are among the 20% most deprived are concentrated in the Barrhead locality with a quarter of the population living in these datazones.

Indicators	Data Type	Time Period	Eastwood Locality	Barrhead Locality	East Renfrewshire HSCP	Scotland
Population in least deprived SIMD quintile	%	2020	67	17	55	20
Population in most deprived SIMD quintile	%	2020	0	25	6.4	20

### 5.1.3 Health outcomes and inequalities

In line with the socio-demographic profile we see differing health outcomes for the populations in our two localities. While life expectancy at birth is above the Scottish average for East Renfrewshire as a whole, it remains below average in the Barrhead locality. Early mortality rates and the prevalence of long-term conditions including cancers are also higher for Barrhead.

Data also shows poorer outcomes for the Barrhead local in relation to the percentage of the population prescribed medication for anxiety, depression and psychosis. Hospital admission related to alcohol and drugs are also higher for Barrhead.

Indicators	Data Type	Time Period	Eastwood Locality	Barrhead Locality	East Renfrewshire HSCP	Scotland
Male average life expectancy in years	mean	2014-2018*	81.7	76.3	80.7	77.1
Female average life expectancy in years	mean	2014-2018*	84.8	80.2	83.6	81.1
Early mortality rate per 100,000	rate	2016-2018	51	90	62	110
Population with long-term condition	%	2018/19	19	22	21	19
Cancer registrations per 100,000	rate	2015-2017	606	636	615	632
Anxiety, depression & psychosis prescriptions	%	2018/19	16	20	17	19

Data also shows discrepancies across the two localities in our objective to reduce unplanned hospital use with poorer performance in the Barrhead locality for most measures. However, people at the end of life are more likely to be supported



in their community during the last six months of life compared with the Eastwood locality. The Barrhead locality records a higher rate of mental-health related emergency admissions to hospital and unplanned bed days.

## 5.2 Impacts from the Covid-19 pandemic and future challenges

This section considers the impacts of Covid-19 and the changes we have made as a partnership. We continue to learn lessons as we move through and beyond the pandemic period. We also outline what we consider some of the key challenges we face following the pandemic and in light of other external factors facing the partnership.

### 5.2.1 Direct impacts of Covid-19

- **Impacts of increasing poverty on health and wellbeing.** While the full economic consequences of the pandemic are still developing it is clear that there have been negative consequences for businesses and employment prospects nationally and locally. The evidence clearly links economic disadvantage with poorer physical and mental health outcomes and we have seen the unemployment rate rise in East Renfrewshire. The 18-25 age group has been particularly impacted with the proportion of this group claiming unemployment related benefits increasing significantly.
- **Potentially worsening health inequalities.** National evidence shows that the pandemic has had a disproportionate impact for disadvantaged communities and specific vulnerable groups. The loss of social support during the pandemic due to diminished or interrupted care and support has made disabled people, black and minority ethnic people, older people and children and young people more vulnerable. We have also seen at the UK level, that disadvantaged neighbourhoods and areas with poorer, high-density housing have been particularly badly affected by the pandemic.
- **Negative impacts on mental health and wellbeing.** Evidence indicates that the Covid-19 pandemic has impacted on increased social isolation, distress, anxiety, fear of contagion, depression and insomnia in the general population. Studies have concluded there will be significant longer-term impacts on mental health and wellbeing. For some of the population this could exacerbate pre-existing psychiatric disorders and heighten risks of suicidal behaviour. A number of key groups are at higher risk of adverse mental health outcomes. These include front line staff, women, people with underlying health conditions, children and young people (up to age 25). Locally, we know that families and people we support have reported worsening mental wellbeing.
- **Increased frailty and vulnerability.** Although the HSCP has succeeded in maintaining the vast majority of services throughout the pandemic we have been required to adapt provision and prioritise those in greatest need, particularly during the tightest lockdown restrictions. Some service areas have seen increasing levels of need, frailty and

vulnerability among the individuals they are working with where lower level, preventative interventions have been reduced, and increased carer stress.

- **Impacts of ongoing Covid-19 restrictions.** It is unclear how long restrictions such as physical distancing will need to remain in place. These have impacted the way we are able to deliver our services, limiting the numbers of people we can bring into buildings and restricting face-to-face contact and group supports. Alternative approaches are in place and we are working with our partners to re-establish our services and preventative supports as rapidly as possible.
- **Impacts on the wellbeing and capacity on staff.** The Covid-19 pandemic has placed huge demands on the health and care workforce with frontline staff dealing with the immediate consequences of the pandemic and teams having to adjust to radically different ways of working. Staff teams have also had to work with reduced capacity as a result of sickness absence or staff self-isolating during the crisis. Given the level of stress staff are under and potential for staff to feel isolated it is essential that we continue to support staff resilience and connectedness.

### 5.2.2 Changes and opportunities as a result of Covid-19

- **Changing patterns of service use.** The pandemic period has seen new ways that people engage with services with increased use of telephone and video contact. In some instances such as 'wellness calls' people have been able to engage with services in quicker and more convenient ways. We must ensure that we understand people's expectations and preferences when accessing services and make sure that any positive changes to service delivery are retained (while not excluding any groups e.g. those without access to digital technology).
- **Stronger communication across the partnership.** As a partnership the pandemic has brought into sharp focus our shared goals and the shared level of commitment across partner organisations. We have seen increasingly supportive working relationships between statutory, independent and third sector partners. There have been better lines of communication between health professionals, including access to expert consultant advice for GPs, other primary care professionals and care home staff.
- **High levels of community and third sector activity.** Since the emergence of the Covid-19 we have seen high levels of support and participation in our communities. At the height of the pandemic we saw a local surge in residents offering their time as volunteers as well as informal support within neighbourhoods. The experience of the pandemic has reinforced the crucial role of the community and third sectors in delivering essential support to our residents.
- **Capacity for change and innovation.** Over the course of the pandemic we have seen incredible resilience, commitment and creativity from staff. We have seen innovation and collaboration, between partner organisations and with our communities. This capacity for change and innovation will underpin our activity as we move forward.

### 5.2.3 Future challenges for the partnership

This section sets out some of the key challenges that the partnership faces as we embark on our new Strategic Plan, in the context of the Covid-19 pandemic and other external factors.

- **Increasing and changing service demand pressures.** In the immediate aftermath of the Covid-19 pandemic we are seeing significant increases in demand across service areas and higher levels of complexity among the people we are working with. This includes: higher volume of referrals to adult and child protection; increased CAMHS referrals and increase cases allocated to our children's social work teams; increased referrals to Care at Home services (and capacity pressures on partner providers) and higher levels of frailty and complexity among those accessing adult services. We continue to monitor demand pressures as we move through and beyond the pandemic.
- **Demographic pressures** remain a very specific challenge for East Renfrewshire as we have an increasing elderly population with a higher life expectancy than the Scottish average and a rise in the number of children with complex needs resulting in an increase in demand for services.
- **Delivering a balanced budget.** The funding gap in future years could range anywhere from £0 to £5.7 million per year, excluding unknown factors and any additional savings requirements in future years. The resulting funding gap will be dependent on the funding settlement for each year. There are still many financial unknowns as we work our way towards recovery and the impact and implications from the plans for a National Care Service are currently unknown. Further information on our financial resources is available in our Medium-Term Financial Plan for 2022/23 to 2026/27 and our Annual Report and Accounts.
- **Minimising delayed discharges from hospital.** In order to achieve the target time of 72 hours we continue to require more community based provision. The medium-term aspiration is that the costs of increased community services will be met by shifting the balance of care from hospital services. The work to agree a funding mechanism to achieve this remains ongoing with NHS Greater Glasgow and Clyde and its partner IJBs through an Unscheduled Care Commissioning Plan.
- **Meeting our prescribing costs.** The cost of drugs prescribed to the population of East Renfrewshire by GPs and other community prescribers is delegated to the IJB. This is a complex and volatile cost base of around £16 million per year. The post Covid-19 impact on prescribing in the medium to long term is unclear. During 2020/21 the volume of items prescribed reduced by 4.8% over the year as a result of the pandemic. The post Covid-19 implication is not yet clear in terms of complexity of need, population demand and mental health impacts.

- **Supporting the care market and our local care providers.** The longer term impact on the sustainability of the care provider market following Covid-19 is unknown and we continue to work closely with all our partners to work through issues, support where we can and look to develop the best way of working building on our collaborative and ethical commissioning approach as we move forward. This will build on our work to date, including the move to national contractual frameworks along with the implications from the independent review of adult social care which may impact on how we commission services.
- **Impact of Brexit.** The consequences of Brexit have not manifested in any specific issues to date although there are some anecdotal concerns in relation workforce vacancies particularly among partner providers. However, given we remain in a comparatively volatile period, this will continue to be monitored and working groups with partners remain active.

### 5.3 Our planning context

East Renfrewshire Health and Social Care Partnership operates within an evolving framework of legislation, regulations and national guidance that shape our responsibilities to the people of East Renfrewshire and influence how we deliver our services. The Partnership is committed to incorporating and aligning the key elements of national, regional and local policies in the planning, design and delivery of our services. This section highlights some of the key planning considerations that influence our current strategic direction.

#### 5.3.1 A Fairer, Greener Scotland: Programme for Government 2021-22

Published in September 2021, A Fairer, Greener Scotland sets out the Programme for Government and recognises the priority continues to be addressing the impact of Covid-19 as the single greatest public health crisis of our lifetimes and the impact on our health, economy and society. The programme also recognises the need to prioritise the recovery of our health and social care services – rebuilding capacity, and establishing a new form of care which people can access in a way, place, and time which works for them. It requires us to redouble efforts to tackle the inequalities that continue to blight our society –eradicating poverty and discrimination, and ensuring opportunity is never limited by economic or social circumstance. The programme also focuses on securing an economic recovery which is green and fair – for everyone and in every part of Scotland – and delivers the Scottish Government’s ambition to become a net-zero nation.

#### 5.3.2 NHS Greater Glasgow and Clyde Remobilisation Plan

The NHS Greater Glasgow and Clyde Remobilisation Plan is the current operational plan for the health board area setting out planned activity in relation to key priority areas. It covers a number of activity areas of particular relevance to the HSCP

including supporting staff wellbeing, recognising the importance of providing on-going support to promote both physical and psychological wellbeing over the coming year and looking to embed systems of support for the longer term.

The remobilisation plan sets out the approach to full remobilisation across adult services including the provision of advice, support and guidance to Care Homes, provision of services to support people in their own homes including care at home, respite and day care services, whilst ensuring that safety remains the top priority at all times. The plan is clear that lessons learned and innovative approaches developed during the pandemic, irrespective of setting, should be maintained and examples of best practice shared and adopted across IJBs.

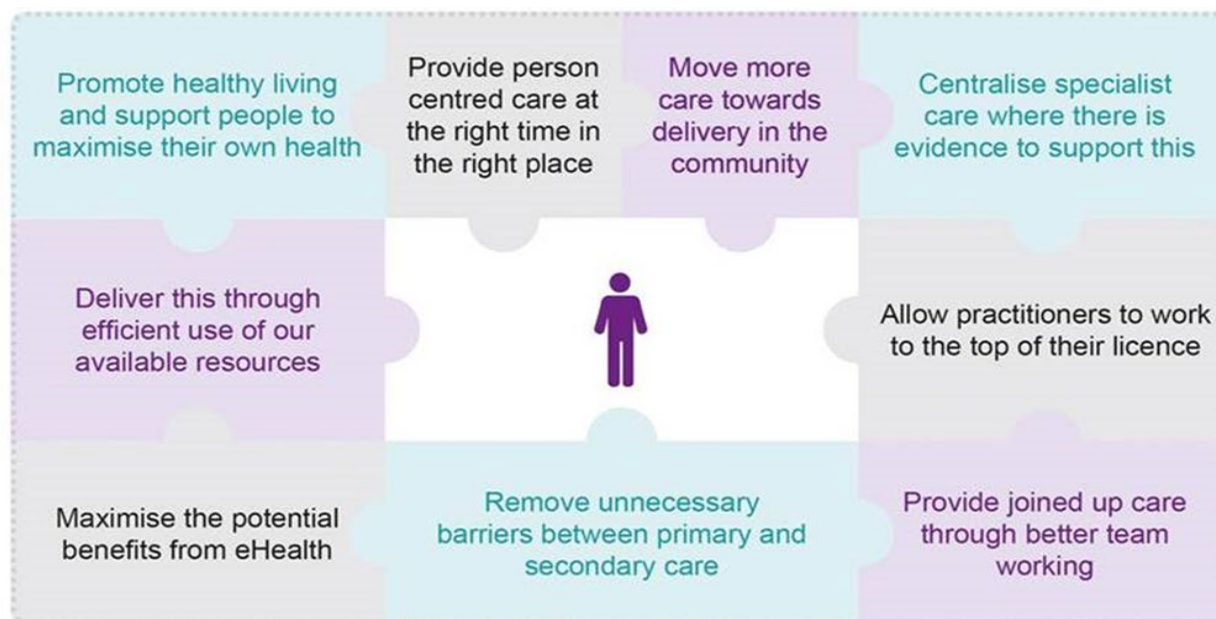
The plan supports the continuing safe delivery of (non-Covid) essential services in parallel with the response to Covid-19. It recognises that optimisation of self-care and an expansion of the role of primary care/community-based services will be a key element of the new “business as usual” following the pandemic. Key areas of activity include: enhancing the interface between primary and secondary care (including the development of Community Care and Treatment Room Services); sustaining Covid-19 pathways; primary care support to the essential roles/functions of care homes and care at home; responding to any increased demand for rehabilitation services (including potential impact of long Covid); and provision of key services in community including pain management, dentistry, and eye care.

The Remobilisation Plan supports a whole system approach to mental health and wellbeing in response to the mental health impacts of Covid-19, addressing the challenges that the pandemic has had, and will continue to have, on the population’s mental health. In line with the national Coronavirus (COVID-19): Mental Health - Transition and Recovery Plan, the Scottish Government will support Boards and IJBs to remobilise services and to improve performance against the CAMHS and Psychological Therapies waiting times standards.

The plan aims to ensure that provision reflects the service user perspective and experience across the whole health and social care system, and is structured around patient/service user pathways rather than service boundaries. It seeks to address the health inequalities that have been exposed and exacerbated by the pandemic and, as appropriate, embed innovative practices and new ways of working that have been evident during the pandemic response.

### **5.3.3 Moving Forward Together**

Moving Forward Together (MFT) is the strategic document which describes the vision for future clinical and care services in Greater Glasgow and Clyde. The key principles established through MFT are summarised below:



Although the formal governance arrangements for MFT were stood down due the pandemic, these priorities have continue to be delivered in partnership between clinicians, service users and the public. There has been significant progress since the start of the pandemic in relation to: maximising the potential benefits from eHealth (with higher volume of remote consultations); centralising specialist care where there is evidence to support this; providing person centred care at the right time in the right place (through the redesign of urgent care and strengthening of pathways); and, removing unnecessary barriers between primary and secondary care (though the cross system approach to recovery and remobilisation planning).

#### **5.3.4 Independent Review of Adult Social Care & National Care Service Consultation**

The Independent Review of Adult Social Care in Scotland (chaired by Derek Feeley, a former Scottish Government Director General for Health and Social Care and Chief Executive of NHS Scotland) was published on 3rd February 2021. The principal aim of the review was to recommend improvements to adult social care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and families; and the experience of people who work in adult social care.



The report put forward a bold vision for adult social care support in Scotland building on the opportunity for meaningful change as we move beyond the Covid-19 pandemic.

***Everyone in Scotland will get the social care support they need to live their lives as they choose and to be active citizens. We will all work together to promote and ensure human rights, wellbeing, independent living and equity.***

It calls for new thinking and a new positive narrative around the role of social care support, recognising its ‘foundational’ importance in society and moving towards a human rights based approach.

<b><i>Old Thinking</i></b>	<b><i>New Thinking</i></b>
<i>Social care support is a burden on society</i>	<i>Social care support is an investment</i>
<i>Managing need</i>	<i>Enabling rights and capabilities</i>
<i>Available in a crisis</i>	<i>Preventative and anticipatory</i>
<i>Competition and markets</i>	<i>Collaboration</i>
<i>Transactions</i>	<i>Relationships</i>
<i>A place for services (e.g. a care home)</i>	<i>A vehicle for supporting independent living</i>
<i>Variable</i>	<i>Consistent and fair</i>

It also argues that we must strengthen the foundations of the social care system. This means: fully implementing positive approaches such as self-directed support and the integration of health and social care; as well as nurturing and strengthening our workforce and supporting unpaid carers.

The independent review called for some structural changes including the establishment of a National Care Service (NCS) with accountability for social care support moving from local government to Scottish Ministers. The proposed NCS would oversee improvements in the consistency, quality and equity of care and support. The report also suggests a reformed role for Integration Joint Boards in implementing the social care vision outcome measures, and delivering planning, commissioning/procurement, managing local GP contracts, as well as local planning and engagement.

The report made 53 wide-ranging recommendations in relation to the following priorities:

- Mainstreaming and embedding a human rights approach;

- Ensuring better, more consistent support for unpaid carers;
- Establishing a National Care Service (NCS) for Scotland;
- Establishing a new approach to improving outcomes through a National Improvement Programme for social care;
- Developing models of care;
- Commissioning for the public good through collaborative commissioning and a greater focus on people's needs;
- Developing fair work arrangements with national oversight;
- Improving investment with a focus on prevention rather than crisis response.

The Scottish Government subsequently put forward proposals for the establishment of a National Care Service for Scotland. The proposals go beyond the scope and recommendations of the review and set out how a National Care Service will define the strategic direction and quality standards for community health and social care in Scotland. The consultation proposes that the NCS will have reformed local delivery boards which work with the NHS, local authorities, and the third and independent sectors to plan, commission and deliver support and services.

The consultation ran from 9<sup>th</sup> August to 2<sup>nd</sup> November 2021 and sought views from stakeholders on:

- Improving Care for People
- Establishing a National Care Service
- The Scope of the National Care Service
- Reforming Integration Joint Boards (as new Community Health and Social Care Board)
- Improving Commissioning of services
- Regulation
- Valuing people who work in social care

It is expected that the findings from the consultation exercise will have significant impacts for the delivery of social care and wider supports moving forward. We will support any changes that are adopted and will look to include these in our strategic and operational planning. During the life of this Strategic Plan we will implement any recommendations or specific actions arising from the review as requested by Scottish Government.

### **5.3.5 The Promise – the Independent Care Review for young people**



The national focus on young people emphasises improving access and equality to education and employment for all our young people including our looked after young people. This aligns with the outcome of the Independent Care Review for care experienced young people –The Promise. It works with all kinds of organisations to support shifts in policy, practice and culture so Scotland can keep the promise it made to care experienced infants, children, young people, adults and their families - that every child grows up loved, safe and respected, able to realise their full potential.

### **5.3.6 East Renfrewshire Community Plan & Fairer East Ren**

The East Renfrewshire Community Plan sets out how local services work together to create stronger and fairer communities together with the people of East Renfrewshire.

The Community Plan (2018-28) reflects residents' top priorities and serves as the main strategic document for the East Renfrewshire Community Planning Partnership (CPP). The Community Plan is structured around five strategic priorities:

1. Early Years and Vulnerable Young People
2. Learning, Life and Work
3. Economy and Environment
4. Safe, Supportive Communities
5. Older People and People with Long-Term Conditions

In supporting delivery of the plan, the HSCP has a specific focus on supporting vulnerable young people (Outcome 1), older people and people with long-term conditions (Outcome 5) as well as supporting Outcome 4 through our community Justice services.

The Plan also includes Fairer East Ren – our Local Outcomes Improvement Plan - as required by the Community Empowerment Act. Fairer East Ren focuses on reducing inequality of outcome across groups and communities and sets out the following strategic outcomes:

1. Child poverty in East Renfrewshire is reduced
2. Residents have the right skills, learning opportunities and confidence to secure and sustain work
3. East Renfrewshire's transport links are accessible, attractive and seamless
4. Residents' mental health and wellbeing is improved
5. Residents are safe and more socially connected with their communities

### **5.3.7 Planning in collaboration with housing**

Ensuring our communities have access to good quality housing and housing-related services is key to enabling people to live as independently as possible and also makes a significant contribution to reducing health inequalities locally. We have developed a shared strategic focus delivered through the **Housing Contribution Statement (HCS)** which we will update in line with the new East Renfrewshire Local Housing Strategy. The HCS operates as the “bridge” between strategic housing planning and that of health and social care. It constitutes an integral part of our strategic planning and identifies the contribution of the housing sector in achieving the aspirations of this plan. Housing services contribute positively to improving the health and wellbeing of our communities and ensuring that more people are cared for and supported at home or in a homely setting, in a way that is personal to them, respects their rights and maintains connections with important people and places.

The Local Housing Strategy (LHS) is the key planning vehicle that sets out how the Council and its partners will meet the housing requirements of people in East Renfrewshire. The priorities established in the strategy reflect those of the HSCP and set out the specific actions that the ERC Housing Services and local housing providers will undertake to support independent living and the integration of health, social care and housing. The strategy provides details of the services and supports that are available to achieve this goal and provides an estimate of future specialist provision, need and delivery options. The HSCP is working collaboration with housing colleagues to support the development of the next LHS for 2022-27.

## 6. Review of progress against our strategic priorities (2018-22)

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In developing our plan we reviewed the progress we have made towards the outcomes and strategic priorities set out in our previous Strategic Plan 2018-21 in collaboration with our Strategic Planning Group (SPG). The review recognised the impact of the Covid-19 pandemic in the final year of the previous Strategic Plan and during 2021-22 and the emerging lessons from the period. More information on our performance is available in our [Annual Performance Report](#).

### 6.1 Mental wellbeing for children and young people

We have made good progress in establishing and developing more appropriate and proportionate models to support wellbeing for children and young people with a focus on prevention and holistic support to families. Our Family Wellbeing Service which supports children and young people who present with a range of significant mental and emotional wellbeing concerns is delivering positive outcomes for individuals. The service is now well established and has expanded its reach to all GP practices. We are seeing improving outcomes for children after parent/carer completion of our Psychology of Parenting Project (PoPP). The programme offers support to families experiencing difficulties with behaviour, building confidence among parents.

We continue to perform well in keeping children safe in their local community wherever possible and acting quickly to make decisions. We have made progress with the implementation of the Signs of Safety model which focuses on developing relational interventions with children, young people, their families and carers in order to reduce risk and improve children's wellbeing. We continue to shift the balance of care and now have the highest proportion of children being looked after in the community in Scotland. Further progress has been made in ensuring our care experienced young people have a voice through our Champions Board with increased levels of participation and engagement.

### 6.2 Criminal Justice pathways

The IJB has been supporting multi-agency approaches to criminal justice through East Renfrewshire's Community Justice Outcome Improvement Plan with good progress in the establishment of stronger pathways to recovery and rehabilitative services.

High quality person centred interventions have been delivered through the Community Payback Team facilitating unpaid work, reducing the risk of reoffending and supporting individuals to overcome barriers into training and employment. We have enhanced our unpaid work service by ensuring that tasks are meaningful to communities and provide learning

opportunities for service users, including improving the environment and supporting charitable and voluntary organisations. We receive regular feedback from the public on the positive impact that community payback has had on their local community.

We continue to put effective interventions in place to protect people from harm and have seen improving personal outcomes for women and children who have experienced domestic abuse.

This work needs to continue into the next strategic plan.

### **6.3 Supporting health and wellbeing in our disadvantaged communities**

East Renfrewshire as a whole continues to perform well ahead of the Scottish average for life expectancy and premature mortality rates. Collaborative and targeted interventions with physical activity and health awareness have been delivered in Barrhead and Neilston. In partnership with the East Renfrewshire Culture and Leisure Trust we have been progressing our Ageing Well activity to support health and wellbeing for older residents.

Health inequalities persist in East Renfrewshire and may have been exacerbated by the impact of the pandemic. We will continue to work with our community planning partners to develop our understanding of health inequalities and target interventions appropriately.

### **6.4 Supporting people to remain independent and live well at home**

Supporting independence and minimising reliance on institutional care has been a significant area of focus for the IJB during the period. We have seen good progress in the development of our preventative and community-led supports, promotion of models that increase individual choice and control, and development of innovative support for people to maintain health and wellbeing in their own homes. In particular, prior to the Covid-19 pandemic, Talking Points hubs were established across East Renfrewshire as places where people can go to have a good conversation about their health and wellbeing and be directed to the right support at the right time. The approach has strengthened our work as a partnership, with clearer understanding among support providers of what is available across East Renfrewshire. This has resulted in increased availability of information and access to community supports.

The HSCP has introduced an 'individual budget' calculator to support self-directed support but further work is required to embed the new processes. We have made good progress in supporting independent living for people with learning disabilities including the development of a range of meaningful activities in the community. We have progressed

independent living with the promotion of telecare and the expansion of our Home and Mobile Health Monitoring (HMHM) service with GP practices.

We would like to see more improvement in our performance that indicates a shift in the balance of care. Supporting people to live independently and well remains a strategic priority for the IJB and we will work to progress the most appropriate models of care, including making best use of digital opportunities to support local people.

### **6.5 Supporting recovery from mental ill-health**

We continue to develop our approaches to ensure that people who experience mental ill-health can access the appropriate support on their journey to recovery. Community Link Workers have been introduced to all GP practices to support preventative and holistic approaches. Approximately 2000 people have benefitted from a wide range of physical, social and psychological interventions. We have progressed self-management through the promotion of computerised cognitive behavioural therapy (cCBT) and increased our referrals to specialised mental health services.

Available performance information for mental health remains limited and we will work to progress our understanding of local experiences through improved data and engagement. There is strong emerging evidence on the impact the pandemic is having on mental wellbeing across groups in the community. In recognition of this we will expand the scope of this strategic priority from tackling mental ill-health to supporting mental wellbeing in the community more widely.

### **6.6 Reducing unplanned admissions to hospital**

Not accounting for the exceptional impact of the Covid-19 pandemic on acute care and patterns of hospital use, we have seen good progress in our development of supportive pathways out of hospital. We perform well on minimising delayed discharges and are seeing a reduction in unplanned days spent in hospital. However, the data shows that (before the pandemic) we were not reducing the volume of emergency admissions to hospital and there had been an overall increase in the number of A&E attendances over the period of the strategy (although with modest improvement for 2019/20).

To minimise unplanned presentations at hospital we have been working closely with GP practices and at cluster level and focusing on local data (e.g. frequent hospital attenders) to support to patients and minimise use of acute services. Prior to the pandemic good collaborative working with local care homes, brought down emergency attendances and admissions from this sector. We have seen good progress in supporting people at end of life with improving performance on the proportion of time people are supported in their own homes.

Our overall performance on unscheduled care indicates that we continue to be very successful at putting support in place to allow people to return to the community after as stay in hospital. However, with attendance and admission rates not improving over the longer term, we must work to ensure that people have the appropriate level of support in the community. We must also continue to work to identify those at greatest risk and plan support accordingly.

### **6.7 Supporting unpaid carers to exercise choice and control**

We have seen continued progress in our development of support for East Renfrewshire's unpaid carers working in collaboration with our local Carers Centre. Our most recent report shows 92% of carers reporting satisfaction with their quality of life. This indicator has improved consistently year on year and by 22% since 2016/17. However, the 2017/18 Scottish Health and Care Experience Survey showed that just 37% of carers felt supported in their caring role, although 70% of the people who responded were able to report a positive balance in terms of their caring role and other interests in their life. Whilst our performance is similar to that across Scotland, we know that this is an area that we can improve and we remain focused on ensuring that local people who provide unpaid care are valued and supported.

Working in partnership with the Care Collective (East Renfrewshire Carers and Voluntary Action East Renfrewshire), the HSCP has undertaken a range of activities to support the implementation of the Carers Act and establish a holistic approach to supporting local carers. We believe we have developed a sound continuum of support for improving outcomes for carers of all ages. Our local Carers Centre. Carers Centre staff have been trained in outcome-focussed, asset-based planning and Good Conversations and have completed Adult Carer Support Plans (ACSP) with carers. Those carers identified as having a substantial or critical need for support were referred to the HSCP for further social work intervention.

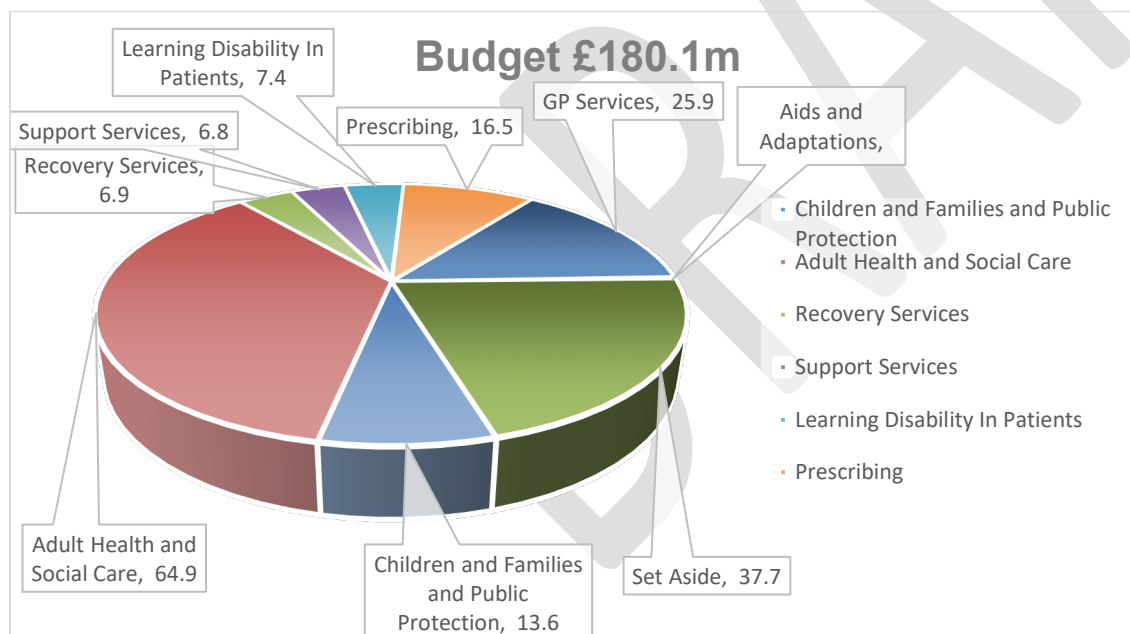
The HSCP appointed a Carers Lead in 2019/20 to promote the understanding and uptake of the legislation within East Renfrewshire. The Carers Lead is taking forward the development and implementation of the new East Renfrewshire Carers Strategy. Partners are clear that ensuring choice and control remains the key strategic priority for carers in East Renfrewshire.

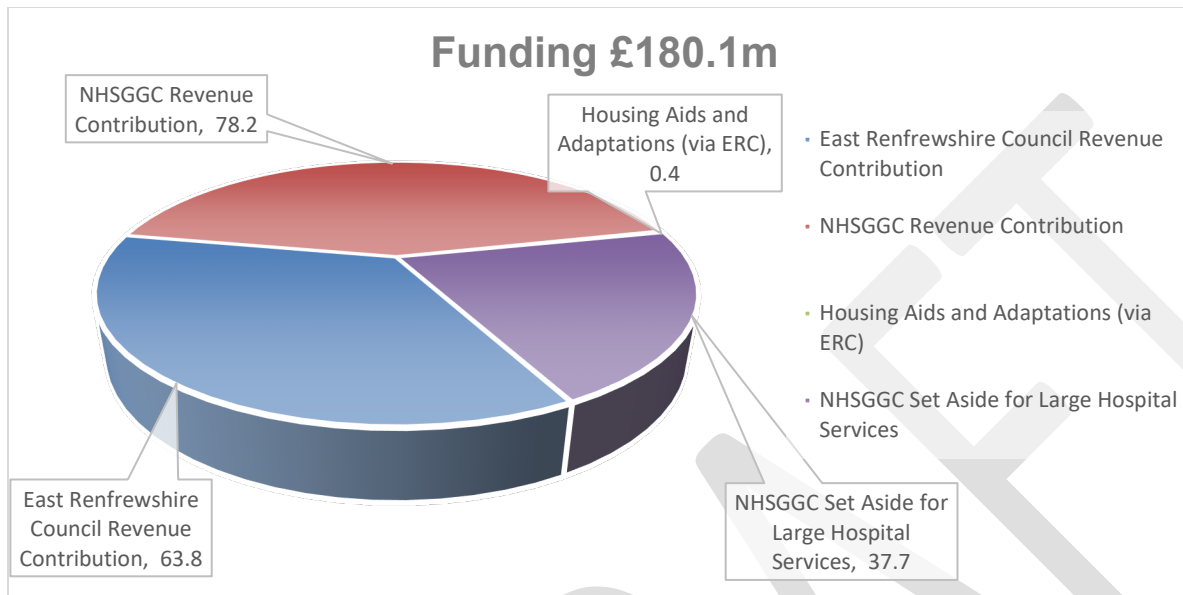
## 7. Resourcing our Strategic Plan

### 7.1 Financial Planning

The medium term financial plan for East Renfrewshire Integration Joint Board sets out the financial outlook covering the next five financial years for the IJB and the associated delivery of services through East Renfrewshire Health and Social Care Partnership, as directed by the IJB.

The IJB receives the vast majority of its funding from our two partners East Renfrewshire Council and NHS Greater Glasgow and Clyde as well as any specific grant funded initiatives from the Scottish Government and / or partner organisations. We recognise that these contributions are determined in the context of our partner funding settlements and any associated criteria and constraints. The IJB is engaged with partners in their respective budget setting processes. The first year of the plan shows the annual revenue budget (subject to IJB approval) for 2022/23 of £180.1 million and this will be spent delivering a range of health and social care services to the residents of East Renfrewshire.





Our budget broadly falls into two types of spending;

- the revenue budget to deliver health and social care services
- housing aids and adaptations and the budget for large hospital services which come under the strategic direction of the IJB.

The revenue budgets for those “day to day” health and social care services delivered by the HSCP is £142.4 million, with a further £0.6 million community justice funded by grant. We usually receive other ad-hoc funding and grants throughout the year to support various initiatives and this is reported within our routine financial reporting.

We also receive funding allocations for specific Scottish Government initiatives such as Primary Care Improvement Fund (c£2.4 million), Mental Health Action 15 (c£0.5 million) and Alcohol & Drugs Partnership (c£0.3 million).

We host the Learning Disability Specialist Services and Augmentative and Alternative Communication Service on behalf of the other 5 HSCPs within the Greater Glasgow and Clyde area, totalling £8 million and this cost is met by the HSCP.



Similarly each of the other 5 HSCPs host one or more services on behalf of the other HSCPs. Our use of a range of services is around £9.5 million but the costs are met by the host HSCP under current arrangements.

The respective use of hosted services is shown in each HSCPs annual report and accounts in order to demonstrate the total system wide cost of our populations use of services.

The funding gap in 2022/23 is £2.9 million and presents a significant challenge particularly when taken in context of recovery from Covid-19, however there is also increased investment through Scottish Government funding to support health and social care so this may provide a degree of flexibility where we need to redesign models of care.

The funding gap relates to the balance of the £4.2 million legacy savings from 2020/21 and 2021/22 we did not achieve as a result of the pandemic response. We received financial support from the Scottish Government to meet this pressure in both years as part of the additional costs associated with Covid-19.

The plans we had to review criteria and introduce charges for non-residential care have been overtaken by a combination of the impact of the pandemic with increased demand for services and people having more complex needs. We also know that as part of a national care service the intention is to have a national criteria for care and to eliminate charging for non-residential care, so to progress with previous plans could potentially have caused unnecessary distress and uncertainty. The majority of our care costs are for our older population where our demographic continues to have a high proportion of frail, older people.

The IJB recognises the scale of the challenge; that we are still in response mode at March 2022; that there are still many unknowns as we work our way towards recovery and the impact and implications from the plans for a national care service are unknown.

The IJB have recognised that 2022/23 will require an ongoing iterative approach and we will need to adapt, respond and flex in a timely manner. As one of the smaller IJBs we are nimble and can react quickly however we do have a significant financial risk; our funding gap is £2.9 million, we have c£2 million in reserves to phase in those savings we can achieve through change and redesign.

## **7.2 Medium Term Financial Outlook**

The funding pressures over the next 5 years relate to demand for services, legislative and policy changes, increasing population, inflation and economic uncertainty. Prescribing is a particularly volatile area as in addition to cost and demand

changes this can also be impacted by short supply of drugs, new drugs to the market, existing drugs coming off patent and other price mechanism changes.

Most significantly we do not know the ongoing impact and associated financial implications that Covid-19 has had on our population.

The 2022/23 cost pressures are per the proposed budget to the IJB and inform the modelled significant cost pressures for the following 4 years:

	2022/23 £m	2023/24 £m	2024/25 £m	2025/26 £m	2026/27 £m
Pay – assumed at 2% pa	1.5	1.0	1.0	1.0	1.1
Inflation and Policy (care costs) – assume 4% pa	4.5	1.9	2.0	2.1	2.1
Prescribing – assumed 2% pa	0.3	0.3	0.3	0.3	0.4
Demographic and Demand changes - assume 4% pa	1.5	1.9	2.0	2.1	2.1
Legacy Savings	3.6				
Cost Pressures	11.4	5.1	5.3	5.5	5.7
Funding to offset pressures	(8.3)				
Planned Savings – Firm	(0.2)				
Remaining Funding Gap – to be achieved	2.9	tbc	tbc	tbc	tbc

There will be other costs pressures such as general inflation and it is intended that these will be offset by efficiency savings where possible. Additional capacity funding included in the 2022/23 budget has resulted in increased pay and inflation for future years.

For those areas not yet quantified for future years the information and implications will be updated as issues emerge and become clearer. The resulting funding gap will be determined by the difference between pressures and the funding settlement agreed with our partners.

There are a number of areas where caseload or staffing ratio to number of patients will determine changes to the workforce. For example there are staffing models that determine how many District Nurses or Health Visitors are required for the population size, so where we have an increasing population we need to work with partners to assess the impact on the workforce and how this is to be funded.

We have a one year workforce plan in place and our three year plan will be finalised during 2022. This will help inform these discussions and associated cost implications.

### 7.3 Reserves

Since the IJB was established in 2015 we have prepared for the expected financial challenge of the last few years and pre Covid-19 we had a reserves policy and an agreed strategy that allowed us time to deliver our savings.

We continue with this strategy to phase in savings to minimise the impact on frontline services however the scale of the challenge in 2022/23 means we may fully deplete this reserve. We may receive some Covid-19 support depending on the capacity impact on service redesign.

The projected reserves balance to 31 March 2022 is £16.3 million including an in-year allocation of £14.8 million to support Covid-19 and unscheduled care costs in 2021/22 and 2022/23. Our projected reserves can be summarised into the following categories:

Reserves	Projected balance at 31/3/22 £m
Scottish Government ring-fenced initiatives; fully committed and unable to apply to general use.	10.6
Bridging Finance to support the phased implementation of savings and allow for any in year pressures and flux in activity	3.1
Earmarked funding for projects and initiatives	1.6
Transitional Funding to support the bed model redesign within Learning Disability In-Patients	0.7
General reserves	0.3
<b>Total</b>	<b>16.3</b>

Within the bridging finance reserves of £2.4 million is specifically to support a phased approach to savings and it is likely we will utilise this to support the delivery of our £2.9 million savings in 2022/23.

#### **7.4 Risk**

The medium term plan sets out modelled future implications and that in itself is a risk, underestimated costs pressures mean we may plan to save more than we need to and vice versa – both scenarios will impact on the funding available to deliver services.

Successfully closing the 2022/23 funding gap is a fundamental assumption when assessing future cost pressures. Any shortfall will impact on future year pressures and on financial sustainability.

The success of our Recovery and Renewal programme will be impacted by our ability to adequately resource the programme including wider recruitment and retention challenges.

The impacts of legislative, political or policy changes, with examples included in the national context and in particular any development of a national care service.

Prescribing has always been volatile due to the numerous factors involved and there is a real risk of significant increases post Covid-19. We do have a reserve to help us manage changes in cost and volume.

#### **7.5 Summary**

The IJB budget for 2022/23, subject to agreement, allows us to meet cost pressures, investment in capacity per the Scottish Government budget settlement and implementation of all policy decisions.

Despite this investment we still have a legacy savings challenge of £2.9 million and our Recovery and Renewal programme will support savings delivery to some degree. The programme will also be regularly refreshed based on the latest response, take into account the impact of investment and incorporate further workstreams as required.

As our understanding of the impact of Covid-19 becomes clearer we will review our financial planning and modelling to reflect the impact this will have on demand for services and how we deliver them to meet the needs of our population.

## 8. How we will measure success

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Our performance reporting is fully aligned to the strategic priorities set out in this plan. In addition to regular performance reporting to our Performance and Audit Committee and Integration Joint Board, we publish Annual Performance Reports giving a retrospective look at the previous year's performance. These reports set out progress made to deliver our strategic priorities over the previous 12 months. We review our performance data against agreed local and national performance indicators, including:

- National Core Suite of Integration Indicators
- Ministerial Strategic Group (MSG), and
- Statutory Performance Indicators.

In addition to data, our performance reports draw on personal experiences, views and examples of service developments and approaches to describe the improvement process and how improved outcomes are being achieved.

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<p><b>Meeting of East Renfrewshire Health and Social Care Partnership</b></p> <p><b>Held on</b></p>	<p>Integration Joint Board</p> <p>16 March 2022</p>
<p><b>Agenda Item</b></p>	<p>8</p>
<p><b>Title</b></p>	<p>Revenue Budget 2022/23</p>
<p><b>Summary</b></p> <p>To provide the Integration Joint Board (IJB) with a proposed 2022/23 Revenue Budget. The IJB is asked to note that some of the assumptions within this budget are subject to future revision and refinement based on the caveats identified in the report.</p>	
<p><b>Presented by</b></p>	<p>Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)</p>
<p><b>Action Required</b></p> <p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> <li>• Accept the expected budget contribution of £63.842 million from East Renfrewshire Council (£60.141 million confirmed with a further £3.701 to be allocated as budget redeterminations from the Scottish Government).</li> <li>• Accept the £0.614 million for Community Justice expenditure funded by grant via East Renfrewshire Council, subject to uplifts to this grant funding.</li> <li>• Accept the delegated budget for aids and adaptations of £0.4 million.</li> <li>• Accept the indicative budget contribution of £78.245million from NHS Greater Glasgow and Clyde (£77.018 million agreed and £1.227 million further funding expected), subject to due governance by the health board.</li> <li>• Accept the indicative set aside budget contribution of £37.653 million from NHS Greater Glasgow and Clyde.</li> <li>• Agree that directions are issued to East Renfrewshire Council and NHS Greater Glasgow and Clyde confirming the acceptance of the budget.</li> <li>• Agree the continued implementation of the Real Living Wage uplift to our partner providers including the increase in national insurance rates.</li> <li>• Note that the ongoing risks associated with the Covid-19 response and recovery and associated financial implications will continue to be reported through the regular revenue monitoring reporting to the IJB.</li> </ul>	
<p><b>Directions</b></p> <p><input type="checkbox"/> No Directions Required</p> <p><input type="checkbox"/> Directions to East Renfrewshire Council (ERC)</p> <p><input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)</p> <p><input checked="" type="checkbox"/> Directions to both ERC and NHSGGC</p>	<p><b>Implications</b></p> <p><input checked="" type="checkbox"/> Finance</p> <p><input type="checkbox"/> Policy</p> <p><input checked="" type="checkbox"/> Workforce</p> <p><input checked="" type="checkbox"/> Equalities</p> <p><input checked="" type="checkbox"/> Risk</p> <p><input type="checkbox"/> Legal</p> <p><input type="checkbox"/> Infrastructure</p> <p><input type="checkbox"/> Fairer Scotland Duty</p>

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# **EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**16 March 2022**

**Report by Chief Financial Officer**

**REVENUE BUDGET 2022/23**

## **PURPOSE OF REPORT**

1. To provide the Integration Joint Board with a proposed revenue budget for 2022/23.

## **RECOMMENDATIONS**

2. The Integration Joint Board is asked to:
  - Accept the expected budget contribution of £63.842 million from East Renfrewshire Council (£60.141 million confirmed with a further £3.701 to be allocated as budget redeterminations from the Scottish Government).
  - Accept the £0.614 million for Community Justice expenditure funded by grant via East Renfrewshire Council, subject to uplifts to this grant funding.
  - Accept the delegated budget for aids and adaptations of £0.4 million.
  - Accept the indicative budget contribution of £78.245million from NHS Greater Glasgow and Clyde (£77.018 million agreed and £1.227 million further funding expected), subject to due governance by the health board.
  - Accept the indicative set aside budget contribution of £37.653 million from NHS Greater Glasgow and Clyde.
  - Agree that directions are issued to East Renfrewshire Council and NHS Greater Glasgow and Clyde confirming the acceptance of the budget.
  - Agree the continued implementation of the Real Living Wage uplift to our partner providers including the increase in national insurance rates.
  - Note that the ongoing risks associated with the Covid-19 response and recovery and associated financial implications will continue to be reported through the regular revenue monitoring reporting to the IJB.

## **BACKGROUND**

3. This report is a continuation of regular revenue budget and revenue budget monitoring reports to the IJB to inform the board of its financial position. This report sets out a proposed budget for 2022/23 in line with information presented at the IJB budget seminar on 31<sup>st</sup> January 2022.
4. The Scottish Government announced its draft budget on 9<sup>th</sup> December 2021 and agreed its budget on 10<sup>th</sup> February 2022. This budget confirmed the £554 million national investment in social care, consolidating the winter funding announced during 2021/22. With the exception of Interim Care all funding is recurring:

Initiative	National £m	Local £m
Interim Care	20	0.351
Care at Home	124	2.174
Carers Act	20	0.350
Free Personal & Nursing Care	15	0.479
Real Living Wage baseline 2021/22	31	0.510
Real Living Wage full year impact of £10.02	144	2.346
Real Living Wage to £10.50 and other investment **	200	3.315
Total	554	9.525

\*\* Not included in council settlement distribution at time of council budget

5. In addition to the funding above there is a further £22 million for social work support and our expected share is £0.386 million. This will allow the additional capacity required to support demand increases. This is not included in the council settlement distribution at the time the council set its budget.
6. The NHSGGC indicative budget contribution is based on the recurring budget plus 2% uplift and funding for National Insurance increases and is in line with the Scottish Government budget conditions. Additional funding for Multi-Disciplinary Teams and increasing capacity through recruitment of Healthcare Support Workers has been included based on the allocations we expect to receive:

Initiative	National £m	Local £m
Multi-Disciplinary Teams	40	0.701
Healthcare Support Workers Bands 3 and 4	30	0.526
Total	70	1.227

7. The context for setting this budget is another unique year; whilst we work our way through the ongoing impacts from the pandemic we also need to consider what the future may hold both in terms of demand and also how a national care service may develop to meet that need.
8. The baseline for activity and demand that we would normally work to and benchmark against no longer exists; we continue working to reshape our services with many unknowns still to encounter.
9. The additional funding from the Scottish Government will go some way to supporting this work and progress on investment, recruitment and impact will be reported throughout the year to the IJB.
10. We agreed last year we would need to adopt an evolutionary approach to financial planning and service delivery during 2021/22 and this will continue in 2022/23 and beyond. The focus is still on the short term and to some degree is still reactive to the ongoing pandemic response and beginning to re-engage with recovery planning. As the care systems stabilises we should better understand the short term “catch up” in demand and the level and complexity of the ongoing needs of our population.
11. Our Recovery and Renewal programme is pivotal to providing a framework and governance structure to allow us to work through this in a controlled and informed manner. The programme has had a couple of short starts and we hope that we will have capacity to progress as we emerge into a proper recovery mode.

12. As we said last year our workforce remains an incredible asset and have clearly demonstrated not only their commitment but also their ability to flex and adapt to new ways of working with minimal notice. We will continue to build on the lessons learned through the pandemic and from our earlier recovery work.
13. The Scottish Government Budget settlement is for one year only and it is expected that from 2023/24 there will be a return to multi-year budget settlements. This will improve certainty for future financial planning. In the meantime, the Medium-Term Financial Plan has been revised to reflect the position outlined in this budget report. As previously agreed this will be revised and reported to the IJB at least annually and more frequently in the event of any significant change. The regular revenue monitoring reporting also identifies any in-year issues.
14. Whilst this budget includes significant investment the IJB will recall that the legacy savings challenge included in the current year 2021/22 budget is £3.566 million all relating to the ERC contribution to the IJB for social care.
15. The plans we had to review criteria and introduce charges for non-residential care have been overtaken by a combination of the impact of the pandemic with increased demand for services and people having more complex needs. We also know that as part of a national care service the intention is to have a national criteria for care and to eliminate charging for non-residential care, so to progress with previous plans could potentially have caused unnecessary distress and uncertainty. The majority of our care costs are for our older population where our demographic continues to have a high proportion of frail, older people.
16. For context from 2016/17 to 2019/20 (the last year pre pandemic) the HSCP savings we needed to make in social care were £8.4 million and from the first year of the IJB to date relating to social care are:

Year	Final Budget £m	Savings Target £m	Comments
2016/17	46.1	1.6	First full year of IJB and introduction of compliance requirement by SG
2017/18	45.1	3.6	
2018/19	47.6	0.4	
2019/20	49.6	2.8	Budget includes £0.3m in-year for school counselling from SG
2020/21	51.3	2.4	
2021/22	56.7	1.8	Budget includes £2.9m in-year winter pressures from SG

17. The 2020/21 savings target was a further £2.4 million and at the stage were clear that that this would have significant impact on care packages as we had exhausted all other options. Reducing care package costs meant tightening the criteria we use to assess need; this was not through choice as it goes against our preventative approach. We also recognised that reducing support takes time and we would need to smooth in the impact, supported by one-off reserve funding. The initial work we undertook to reduce overnight support was met with significant resistance by families.
18. Just as we set the 2020/21 budget our savings plans, along with change, development and other non-essential work was paused as we focussed on the first wave of the pandemic response. For 2020/21 we received full support for unachieved savings of £2.4 million from the Scottish Government as part of Covid funding.

19. In the current year our remaining savings target increased to £3.6 million (so a further £1.8 million new savings, on top of the unachieved £2.4 million and allowing for achieving £0.6 million) and we have confirmation of full Scottish Government support through Covid funding. Our strategy of smoothing in savings through the application of the earmarked reserve for this purpose is paused whilst we receive Covid-19 funding support and will recommence when support ends.

## REPORT

20. The Scottish Government budget announcement letters from 9<sup>th</sup> December 2021 are included at Appendices 1a and 1b refer to the compliance criteria:
- “In 2022/23, NHS payments to Integration Authorities for delegated health functions must deliver and uplift of 2% over 2021/22 agreed recurring budgets, and make appropriate provision for increased employer national contribution costs.” Extract from Appendix 1a.
  - “The funding allocated to Integration Authorities should be additional and not substitutional to each Council’s 2021/22 recurring budgets for adult social care services that are delegated.”
21. East Renfrewshire Council agreed its budget, including the proposed contribution to the IJB on 3<sup>rd</sup> March 2022; as detailed at Appendix 2. At the time of the Council agreeing its budget the full distribution of the £554 million included in the Scottish Government budget for Health and Social Care had not been finalised, therefore the Council contribution in this report comprises two elements; that agreed by the Council as included in its budget per the Scottish Government circular and the expected contribution for funding distributions subsequently confirmed.
22. The council approach to setting the IJB contribution was different this year and council took a flat cash approach for the IJB contribution. This meant no funding for uplifts and pressures, nor any savings allocated. The Scottish Government budget conditions determined that contributions should be no less than recurring budget plus share of new funding and on that basis the minimum contribution has been met.
23. The NHSGGC contribution has been agreed with our partner colleagues and is subject to due governance by the health board, as detailed at Appendix 3. This includes the minimum 2% uplift on the relevant elements of the budget and the offer has been verbally agreed and will be confirmed in the usual letter from NHSGGC to follow. The ultimate recurring budget for the current year may change by 31 March 2022 but will not significantly impact the figures reported.
24. This proposed budget for IJB consideration recognises cost pressures relating to pay, national insurance increases, inflation and demographic demand (estimated on 2021/22 activity so difficult to predict). The cost pressures also make allowance for the continued implementation of the Living Wage, increases to the national Care Home contract and uplifting Free Personal and Nursing Care.
25. The set aside budget offer is also included and reflects the latest activity and is inclusive of the 2% uplift. The unscheduled care work to support the implementation of a mechanism for the set aside budget was delayed by the pandemic. We expect this will resume in 2022/23 and there is a paper on the unscheduled care commissioning plan elsewhere on the agenda.
26. The Aids and Adaptations budget remains unchanged at £0.400 million and comprises two key areas; Care and Repair £0.155 million and Adaptations £0.245 million. This excludes any housing related capital spend. As we move towards recovery the activity and financial reporting for this service is an area we intend to develop including closer working with ERC Housing colleagues.

27. The Scottish Government have recently confirmed that sustainability support to our partner providers will be extended to the end of June 2022 and the funding allocations are included within earmarked reserves, as detailed in the revenue monitoring report elsewhere on the agenda.
28. In summary the proposed budget contributions to the IJB are:

	Opening Budget £m	Uplifts & SG Funding Confirmed £m	Contributions Identified with Partners (so far) £m	Further Funding Expected £m	Proposed Budget to IJB £m	Net Change £m
NHSGGC Revenue	75.876	1.142	77.018	1.227	78.245	2.369
NHSGGC Set Aside	36.915	0.738	37.653	0	37.653	0.738
ERC Revenue	53.705	6.436	60.141	3.701	63.842	10.137
ERC Aids & Adaptations	0.400	0	0	0	0.400	0

Note: Criminal Justice grant funded at £0.614m subject to grant increase for inflation etc.

29. The legacy saving challenge currently sits at £3.566 million to be achieved. The history to the savings is set out at paragraphs 14 to 19 above.
30. Taking into account the cumulative savings challenge the table below sets out a summary of our cost pressures, as detailed in the supporting appendices, the funding available to meet these pressures and the savings challenge to close the remaining funding gap.

Revenue Budget	ERC £m	NHS £m	TOTAL £
<b>1. Cost Pressures:</b>			
Pay Award, Incremental Increases and National Insurance	0.938	0.561	1.499
Inflation, Contracts and Living Wage	4.213	0.324	4.537
Demographic and Demand	1.269	0.200	1.469
Capacity	3.026		3.026
Prescribing		0.329	0.329
2021/22 Legacy Savings	3.566	0	3.566
<b>Total Pressures</b>	<b>13.012</b>	<b>1.414</b>	<b>14.426</b>
<b>2. Funding available towards cost pressures **</b>	<b>10.137</b>	<b>1.142</b>	<b>11.279</b>
<b>3. Unfunded Cost Pressures</b>	<b>2.875</b>	<b>0.272</b>	<b>3.147</b>
<b>4. Proposals to Close Funding Gap:</b>			
Learning Disability Bed Model Framework		0.200	0.200
Turnover and associated running costs		0.072	0.072
Recovery & Renewal supported by non-recurring application of budget phasing reserve to smooth this in (current balance estimated at £2.434m). Potential Covid support funding tbc	2.875		2.875
<b>Total of Identified Savings</b>	<b>2.875</b>	<b>0.272</b>	<b>3.147</b>

\*\* The balance of social care funding available (£0.691 million) has been used to offset existing investment and therefore reduce the social care legacy savings challenge per approach agreed at the seminar of 31<sup>st</sup> January 2022.

31. The pay and inflation cost pressures shown above include:
- Pay and National Insurance increases and the final year of the increment pressure resulting from Health Visitors regrading that the IJB previously committed to fund.

- Allowance is included for the National Care Home Contract; the uplift is yet to be finalised and is expected to be c 5% to 5.5%.
  - The Scottish Living Wage increases to £10.50 per hour and partner provider national insurance increases are allowed for.
  - Free Personal and Nursing Care increases are included at 10%.
  - Inflation takes account of increased utility and other increases.
  - Increases in Kinship and Fostering allowances are provided for.
  - Support costs recharges made by ERC have increased by £0.138 million and for 2022/23 the intention is to manage this on a non-recurring basis as work is required to better understand the recurring post Covid impact.
32. The demographic and demand pressures recognise the impact of our increasing population, including carers. The majority of this pressure historically resulted from both residential and care at home demand; the 2021/22 trend saw a shift to care at home. The demographic pressures also include costs for young adults transitioning from children's services to adult care.
  33. Whilst the Living Wage funding in the Scottish Government settlement refers specifically to adult social care we have made provision for those partner providers who support both children and adults in our communities. The split of this provision, particularly around learning disability and complex needs would be somewhat artificial.
  34. The post Covid-19 impact on the health and wellbeing of our population is still unclear and we will closely monitor the allocation of the provision we have identified for demographic pressures not only to determine the application but also the sufficiency. As we work through 2022/23 the impacts on our population may become clearer.
  35. It is impossible, for now at least, to understand what the impact of Covid has been and will be on long term demand. We do know that care at home in particular has seen a significant increase in demand as more people need services but want to remain at home. Demand for rehabilitation has almost doubled that of pre pandemic levels to 70-80 per week, referrals from hospital for Care at Home have doubled and community referrals for this service have trebled.
  36. In line with the rest of the country we are seeing increased demand across all services, increases in the number of new people needing to access services and we are seeing more complex needs when people do need support, much of which is compounded by cancellation or delays to routine medical services.
  37. The current prescribing cost pressure of £329k is included at 2% only i.e. funded to the same level of uplift received. At this stage this would appear sufficient and as previously discussed we will hold this sum centrally and allocate if required. We do have our existing reserve to allow fluctuation in the costs to be managed over financial years and based on the latest monitoring we are assuming this reserve will be c£510k.
  38. We have received additional Covid-19 funding during 2021/22 that will support those ongoing costs into 2022/23 (support to social care providers, PPE, testing and vaccination as examples) and it is hoped that this will continue to extend to unachieved savings; on the same basis as 2021/22 until we have capacity to recommence work on recovery. The letter of 25<sup>th</sup> February 2022 included at Appendix 1c sets out the allocations and confirms the balance of funding to be taken into 2022/23 should support Covid-19 and unscheduled care activity.
  39. Our Recovery and Renewal programme will be refreshed based on the latest response, taking into account the impact of investment and incorporate further

workstreams as required. This will be reported to the IJB on a regular basis when this work recommences. This will include financial modelling to support redesign and savings delivery to meet the required £2.9 million on a recurring basis.

40. This remains a significant challenge and the increase in funding and capacity as a result of the additional Scottish Government funding should allow some increased flexibility in service delivery and redesign. However in the event we are unable to deliver the full savings required during the year through a combination of recurring and non-recurring actions or be in a position where we are unlikely to have full year effect savings in place by 31 March 2023 we may need to invoke the financial recovery process included within our Integration Scheme.
41. In addition to the pressures set out above it is likely we will see continued observation and staffing ratio pressures within the Learning Disability Hosted Service, however as this relates to individual specific circumstances it is difficult to predict and will continue to be managed within the service and the redesign earmarked reserve.
42. The Chief Officer and Chief Financial Officer recognise the funding constraints and pressures that our partners are facing and along with the IJB are fully committed to continued partnership working to support whole system financial planning.
43. In addition to the proposed revenue budget contributions above we will utilise the expected allocations for the Primary Care Improvement Fund, Mental Health Action 15 and Alcohol and Drugs Partnership as well as any other funding initiatives that are announced during 2022/23. This will be reported through our regular budget monitoring reporting.

## **CONSULTATION AND PARTNERSHIP WORKING**

44. The Chief Financial Officer has consulted with our partners and will continue to work in partnership with colleagues to develop the budget setting and financial planning process for future years.

## **IMPLICATIONS OF THE PROPOSALS**

### Finance

45. The proposed 2022/23 budget, subject to the caveats on expected funding allocations to be distributed via redetermination through council and allocation through the health board, is set out in this report.

### Risk

46. The most significant risk to the IJB remains sustainability and delivering a balanced budget in 2022/23 and beyond. The IJB will most likely deplete reserves and this means we will be non-compliant with our policy on reserves. We may not meet our population's demand for services and may need to invoke the financial recovery process with our partners.
47. The post Covid-19 impact on our population and the impact on the demand for services and how these can be delivered is unclear. There may still be impact from Brexit and other economic challenges.
48. Whilst the implications relating to the National Care Service may not specifically impact on the 2022/23 budget the policy changes around eligibility criteria and charging for services limit the previous scope to make budget savings in these areas.

49. We need to adequately resource our Recovery and Renewal Programme if we are to achieve successful outcomes, recognising recruitment challenges across the sector and competing demand for fairly scarce resources.
50. There remains a cost pressure within the Learning Disability In-Patient Service from significant observation resource requirements.

#### Workforce

51. The proposed 2022/23 budget includes funding for staff pay award, allows for the final year cost of the Health Visitor regrading and provides funding for care providers to meet the increase in the Scottish Living Wage. The cost of the National Insurance increase has also been allowed for both within the HSCP and for partner providers.
52. Whilst it is difficult to envisage staffing reductions in the current circumstances and given our previous top down structure review as part of the Fit for the Future programme we cannot rule out any staffing impact from redesign and / or efficiency. There is also planned investment in a number of areas and we will maximise full flexibility available to us. We will continue to work closely with our Trade Union colleagues.

#### Equalities

53. We will complete full equalities impact assessments for all transformation work streams and savings proposals for the IJB to consider alongside proposals. This should ensure that no individual or groups are adversely impacted and that implementation of change is equitable.
54. There will need to be appropriate engagement and communication and we will need to be mindful of any “double hits” with potential for crossover within work streams or multiple impacts; this will require close scrutiny.

### **DIRECTIONS**

55. The directions to our partners will be issued upon agreement of the 2022/23 budget set out in this report and rolling updates will be included in the revenue monitoring report, subject to the caveats discussed in this report.

### **CONCLUSIONS**

56. The 2022/23 proposed budget will allow the IJB to set a budget that is balanced, but remains predicated on significant savings being achieved through change and redesign. This is supported by the application of non-recurring funding, in line with our pre-pandemic strategy and we remain alert to possible changes to the budget during the year resulting from any policy changes.
57. There is clearly risk associated with the 2022/23 financial position as it stands and the move to shorter term updates to our current and Medium-Term Financial Plan for the HSCP will allow the IJB to assess progress and to take risk based informed decisions throughout the year.
58. The report recognises the need to continue to engage with our partners for future financial planning and that an agreed mechanism to progress the set aside budget for 2022/23 is required, with the unscheduled care commissioning plan supporting this work.



## RECOMMENDATIONS

59. The Integration Joint Board is asked to:

- Accept the expected budget contribution of £63.842 million from East Renfrewshire Council (£60.141 million confirmed with a further £3.701 to be allocated as budget redeterminations from the Scottish Government).
- Accept the £0.614 million for Community Justice expenditure funded by grant via East Renfrewshire Council, subject to uplifts to this grant funding.
- Accept the delegated budget for aids and adaptations of £0.4 million.
- Accept the indicative budget contribution of £78.245million from NHS Greater Glasgow and Clyde (£77.018 million agreed and £1.227 million further funding expected), subject to due governance by the health board.
- Accept the indicative set aside budget contribution of £37.653 million from NHS Greater Glasgow and Clyde.
- Agree that directions are issued to East Renfrewshire Council and NHS Greater Glasgow and Clyde confirming the acceptance of the budget.
- Agree the continued implementation of the Real Living Wage uplift to our partner providers including the increase in national insurance rates.
- Note that the ongoing risks associated with the Covid-19 response and recovery and associated financial implications will continue to be reported through the regular revenue monitoring reporting to the IJB.

## REPORT AUTHOR

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7 March 2022

Chief Officer, IJB: Julie Murray

## BACKGROUND PAPERS

IJB Paper: 16.03.2022 – Item 10. Revenue Budget Monitoring Report

[https://www.eastrenfrewshire.gov.uk/media/7442/IJB-item-10-16-March-2022/pdf/IJB\\_item\\_10\\_-\\_16\\_March\\_2022.pdf?m=637822661469700000](https://www.eastrenfrewshire.gov.uk/media/7442/IJB-item-10-16-March-2022/pdf/IJB_item_10_-_16_March_2022.pdf?m=637822661469700000)

IJB Paper: 17.03.2021 – Item 5. Revenue Budget 2021/22

[https://www.eastrenfrewshire.gov.uk/media/4788/IJB-Item-05-17-March-2021/pdf/IJB\\_Item\\_05\\_-\\_17\\_March\\_2021.pdf?m=637511548486770000](https://www.eastrenfrewshire.gov.uk/media/4788/IJB-Item-05-17-March-2021/pdf/IJB_Item_05_-_17_March_2021.pdf?m=637511548486770000)

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Chief Executives, NHS Scotland

Copy to: NHS Chairs  
NHS Directors of Finance  
Integration Authority Chief Officers  
Integration Authority Chief Finance Officers

***Issued via email***

9 December 2021

Dear Chief Executives

**Scottish Government Budget 2022-23**

Following the announcement of the Scottish Government's Budget for 2022-23 by the Cabinet Secretary for Finance and the Economy in Parliament today, I am writing to provide details of the funding settlement for Health Boards. A breakdown of the total is provided in **Annex A** to this letter.

The Cabinet Secretary has set out that this is a transitional budget, paving the way for a full resource spending review in May 2022, and taking the next steps to deliver the Health and Social Care commitments outlined in the Programme for Government. As in previous years, the position set out in this letter will be subject to any amendments agreed through the Scottish Parliament's Budget Bill process, as well as recognising the further work that we will undertake with you specifically in relation to Covid-19 funding arrangements. I will keep you up to date with any changes to our planning assumptions.

**Baseline Funding**

All Boards will receive a baseline uplift of 2% along with further support for increased employer national insurance costs arising from the UK Health and Social Care Levy. In addition, those Boards furthest from NRAC parity will receive a share of £28.6 million, which will continue to maintain all Boards within 0.8% of parity.

In terms of pay, initial funding has been allocated in line with the Scottish Public Sector Pay Policy for planning purposes. This will be used as an anchor point in the forthcoming Agenda for Change pay settlement and funding arrangements for Boards will be revisited by the Scottish Government in line with the outcome of the pay negotiations.

Boards should make appropriate provision for medical, dental and other staff groups, and expect to accommodate these costs within the baseline uplift.

**Covid-19 Funding**

We recognise the scale of anticipated Covid commitments and expenditure for 2022-23 and are keeping this under close review. To this end, we are currently seeking clarity on the level of Covid-19 funding that will be provided by HM Treasury in 2022-23. In addition however to the baseline uplift we will provide:

- an initial £30 million in 2022-23 on a recurring basis to support the permanent recruitment of Vaccination staff. Further funding will be provided following review of staffing models across NHS Boards.

- funding of £33 million for the first six months of 2022-23 for the National Contact Centre staffing and Test and Protect contact tracing staffing, £17.5 million for mobile testing units, and a further £4.1 million for the regional labs staffing in 2022-23.

We will set out more detail on overall financial support as we receive further clarity from HM Treasury and as planning arrangements are developed. We will continue to work closely with NHS Directors of Finance and Chief Financial Officers, to ensure that all appropriate steps are being taken to deliver value and efficiency across totality of spending.

### Investment in Improving Patient Outcomes

In addition to the funding above, a total of £845.9 million will be invested in improving patient outcomes in 2022-23, as set out below:

Improving Patient Outcomes	2021-22 Investment in reform (£m) Restated	2022-23 Investment in reform (£m)	Increase for 2022-23 (£m)
Primary Care	250.0	262.5	12.5
Waiting times	196.0	232.1	36.1
Mental Health and CAMHS	231.1	246.0	14.9
Trauma Networks	37.8	44.3	6.5
Drugs Deaths	61.0	61.0	0.0
<b>TOTAL</b>	<b>775.9</b>	<b>845.9</b>	<b>70.0</b>

When combining the £70 million increase in investment set out above with the increase of £317.4 million in baseline funding for frontline NHS Boards, the total additional funding for frontline NHS Boards will amount to £387.4 million (3.2 per cent) in 2022-23 - see **Annex A**.

### Core Areas of Investment

Further detail on funding allocations and arrangements will be set out by individual policy areas, however please note the overall funding committed:

#### Primary Care

Investment in the Primary Care Fund will increase to £262.5 million in 2022-23 as a first step to increasing primary care funding by 25% over the life of this Parliament. Funding will continue to support the delivery of the new GP contract as well as wider Primary Care reform and new models of care including multi-disciplinary teams and increased use of data and digital.

#### Waiting Times Recovery

Investment of £232.2 million is being provided to support waiting times improvement, recovery and reform. This includes £60 million for NHS Recovery and an additional support for National Treatment Centres. As in previous years this includes £10 million for winter, to allow Boards maximum opportunity to plan as appropriate.

#### Mental Health and CAMHS

Funding of £246 million for Improving Patient Outcomes will be directed to a range of partners for investment to support mental health and children and young people's mental health. It will help fund a range of activities which support prevention and early intervention through offering a sustained increase in investment in mental health services. It will support our commitment to increase direct mental health funding by at least 25% over this parliamentary term. It will incorporate recurring funding of £120 million, which was provided in 2021-22 to support the delivery of the Mental Health Transition and Recovery Plan, published in October 2020, including significant funding to improve Child and Adolescent Mental Health Services and to reduce waiting times.

As part of the 2022-23 budget we are investing to deliver commitments across perinatal and infant mental health, school nursing service, increased funding for suicide prevention, enhanced services for children and young people, and action on dementia, learning disabilities and autism.

Health Boards and their partners are expected to prioritise mental health and to deliver the Programme for Government commitment that at least 10% of frontline health spending will be dedicated to mental health and at least 1% will be directed specifically to services for children and young people by the end of this parliamentary session.

### Trauma Networks

This funding will increase from £37.8 million to £44.3 million, taking forward the implementation of the major trauma networks.

### Alcohol and drugs

The total 2022-23 Portfolio budget of £85.4 million includes £50 million to be targeted towards reducing drugs deaths. This is part of the delivery of the National Drugs Mission, with a commitment to provide a total of £250 million of additional funding by 2025-26. Funding will support further investment in a range of community-based interventions, with a focus on supporting individuals and their families within their community, as well as an expansion of residential rehabilitation and improving delivery of frontline care as part of the overarching aim of reducing harms and avoidable deaths caused by substance misuse.

### Health and Social Care Integration

In 2022-23, NHS payments to Integration Authorities for delegated health functions must deliver an uplift of 2% over 2021-22 agreed recurring budgets, and make appropriate provision for increased employer national insurance costs.

The Health and Social Care Portfolio will transfer additional funding of £554 million to Local Government to support social care and integration, which recognises the recurring commitments on adult social care pay and on winter planning arrangements. In doing so, we recognise the potential range of costs associated with elements of the winter planning commitments, and that some flexibility in allocation of funding may be required at a local level.

The overall transfer to Local Government includes additional funding of £235.4 million to support retention and begin to embed improved pay and conditions for care workers, with the Scottish Government considering that this funding requires local government to deliver a £10.50 minimum pay settlement for adult social care workers in commissioned services, in line with the equivalent commitment being made in the public sector pay policy. The additional funding will also support uprating of FPNC and the Carers Act.

The funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2021-22 recurring budgets for social care services and therefore, Local Authority social care budgets for allocation to Integration Authorities must be at least £554 million greater than 2021-22 recurring budgets.

### Capital Funding

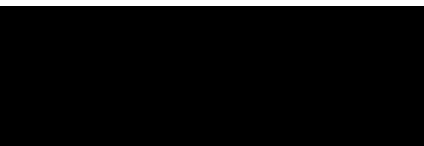
Territorial Boards should assume a five per cent increase in their initial capital formula allocation. National Boards formula capital will be unchanged.

### **2022-23 Financial Planning**

As previously confirmed, we will return to three year financial planning in 2022-23. It is expected that Boards will submit these plans in line with the timescales for three year operational plans, however we will provide further updates on this in advance of the new financial year.

It is recognised that some specific cost pressures have been highlighted by NHS Boards, such as those relating to CNORIS, Office 365 and PACS reprovisioning. We will undertake further work with Directors of Finance to determine the extent of these pressures and planning assumptions that should be made.

Yours sincerely



**RICHARD MCCALLUM**

Director of Health Finance and Governance

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## Annex A – Board Funding Uplifts

NHS Territorial Boards	2021-22	Recurring	Total 2021-	Uplift***	Uplift	2022-23	NRAC	Distance from
	Allocation	Allocations**	22 Allocation			Total Allocation	Funding	NRAC Parity
	£m	£m	£m	£m	%	£m	£m	%
Ayrshire and Arran	774.5	12.0	786.4	20.3	2.6%	806.8	0.2	-0.8%
Borders	222.7	3.7	226.3	8.5	3.7%	234.8	2.7	-0.8%
Dumfries and Galloway	320.6	5.2	325.8	8.3	2.6%	334.1	0.0	1.3%
Fife	712.6	11.2	723.8	25.5	3.5%	749.4	7.0	-0.8%
Forth Valley	569.4	9.2	578.7	19.4	3.4%	598.1	4.6	-0.8%
Grampian	1,027.9	17.6	1,045.5	26.7	2.6%	1,072.2	0.0	-0.5%
Greater Glasgow and Clyde	2,398.1	43.4	2,441.5	62.4	2.6%	2,504.0	0.0	1.9%
Highland	691.9	12.6	704.5	21.2	3.0%	725.6	3.1	-0.8%
Lanarkshire	1,286.1	20.2	1,306.3	40.6	3.1%	1,346.8	7.2	-0.8%
Lothian	1,569.5	26.0	1,595.5	43.8	2.7%	1,639.3	3.0	-0.8%
Orkney	54.8	0.9	55.7	1.4	2.6%	57.1	0.0	0.6%
Shetland	54.6	0.9	55.6	1.4	2.6%	57.0	0.0	2.4%
Tayside	819.9	14.4	834.4	22.2	2.7%	856.5	0.8	-0.8%
Western Isles	81.1	1.2	82.4	2.1	2.6%	84.5	0.0	12.1%
<b>Territorials Total</b>	<b>10,583.7</b>	<b>178.5</b>	<b>10,762.2</b>	<b>303.9</b>	<b>2.8%</b>	<b>11,066.1</b>	<b>28.6</b>	
<b>NHS National Boards</b>								
National Waiting Times Centre	60.9	4.9	65.9	2.2	3.4%	68.1		
Scottish Ambulance Service	283.7	14.2	297.9	8.0	2.7%	305.9		
The State Hospital	38.1	0.8	39.0	1.0	2.7%	40.0		
NHS 24	73.8	2.4	76.2	2.2	2.9%	78.4		
NHS Education for Scotland	471.7	8.3	479.9	12.4	2.6%	492.3		
NHS National Services Scotland	341.4	5.4	346.8	8.5	2.4%	355.3		
Healthcare Improvement Scotland	27.5	2.2	29.7	0.7	2.5%	30.4		
Public Health Scotland	48.6	1.7	50.4	1.7	3.4%	52.1		
<b>Nationals Total</b>	<b>1,345.8</b>	<b>39.9</b>	<b>1,385.8</b>	<b>36.8</b>	<b>2.7%</b>	<b>1,422.6</b>		
<b>Total NHS Boards</b>	<b>11,929.5</b>	<b>218.4</b>	<b>12,148.0</b>	<b>340.7</b>	<b>2.8%</b>	<b>12,488.7</b>		
<b>Improving Patient Outcomes****</b>	<b>775.9</b>		<b>775.9</b>	<b>70.0</b>		<b>845.9</b>		
<b>Total Frontline NHS Boards*</b>	<b>11,816.2</b>	<b>200.9</b>	<b>12,017.1</b>	<b>387.4</b>	<b>3.2%</b>	<b>12,404.4</b>		

\* Frontline NHS Boards comprise the 14 NHS Territorial Boards, National Waiting Times Centre, Scottish Ambulance Service, State Hospital and NHS 24.

\*\* Includes recurring allocations from 2020-21 and funding for Agenda for Change and Medical & Dental pay uplift in 2021-22.

\*\*\* Includes funding for increased employer NI contributions and NRAC parity adjustments.

\*\*\*\* Restated for Mental Health and NHS Recovery Funding

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Rùnaire a' Chaibineit airson Ionmhas  
Ceit Fhoirbheis BPA  
Cabinet Secretary for Finance  
Kate Forbes MSP



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Councillor Alison Evison  
COSLA President  
Verity House  
19 Haymarket Yards  
Edinburgh  
EH12 5BH

Copy to: The Leaders of all Scottish local authorities

09 December 2021

Dear Councillor Evison,

Today I formally set out the Scottish Government's proposed Budget for 2022-23 to the Scottish Parliament. Alongside the Budget I also published the Scottish Public Sector Pay Policy, the Medium Term Financial Strategy and the Resource Spending Review Framework. Further to the budget statement I write now to confirm the details of the local government finance settlement for 2022-23.

The intention is that the indicative allocations to individual local authorities for 2022-23 will be published in a Local Government Finance Circular on Monday 20 December. These can only be calculated following the publication next week of education statistics that are key to the distribution formula. That circular will begin the statutory consultation period on the settlement.

This Budget comes at a crucial juncture for Scotland. Over the past year, thanks to the hard work and sacrifices of everyone across Scotland, including the critical role Local Authorities have played in continuing to support our communities and administer financial support to our businesses, we have started to look beyond the immediate impact of the pandemic.

As the emergence of new variants demonstrates, we must remain vigilant and ensure the necessary resources are available for the continued protection of people and public services, but we must also look to the future. This Budget seeks to balance immediate pressures with long term imperatives – shifting the dial on inequalities, carbon emissions and economic prosperity. It also delivers on the Programme for Government and our Shared Policy Programme with the Scottish Green Party.

The total revenue funding to be provided through the settlement for 2022-23 will increase to £11,794.8 million, which includes distributable non-domestic rates income of £2,766 million.

The capital settlement has been set at £679.5 million. In parallel I am mindful of the challenges in delivering capital investment in the current economic climate so I will also explore the potential to offer flexibility to councils on carry forward of unspent capital from 2021-22 in light of the operation of the Fiscal Framework. This is subject to consideration about the impact on the Scottish Government reserve and I would hope to be in a position to provide confirmation in the early part of 2022 following the UK Government's Supplementary Estimates.

The total funding which the Scottish Government will provide to local government in 2021-22 through the settlement is therefore £12,474.3 million, an increase of £853.9 million and includes;

- £145 million for additional teachers and support staff in addition to the £88 million to maintain the pupil:teacher ratio nationally and secure places for all probationers who require one under the teacher induction scheme;
- funding to maintain 100 day commitments including the removal of curriculum and music tuition charges and expanded School Clothing Grant;
- £68.2 million for Child Bridging Payments;
- maintaining the £292.6 million provided in 2021-22 and providing a further £353.9 million transfer from Health for investment in health and social care and mental health services – including £174.5 million to support ongoing adult social care pay, £20.4 million to continue implementing improved rights and support for carers, £15 million to uplift free personal nursing care rates, £124 million of recurring care at home investment, and £20 million for interim care;
- In addition, a further £200 million will be transferred to support pay and sustainability of social care services bringing (with further detail set out below);
- £5.3 million for Assessors for Barclay implementation costs;
- an extra £62.5 million of Capital including:
  - £30 million for Free School Meals;
  - £20 million for the Local Bridge Maintenance Fund;
  - £11 million for Flood Prevention; and
  - £1.6 million for Coastal Protection

In terms of the broader Local Government Finance package, I have listened to the Live Well Locally campaign and intend to offer a number of flexibilities in direct response to that campaign.

I can confirm that councils will have full flexibility to set the Council Tax rate that is appropriate for their local authority area. In setting Council Tax rates, we expect councils to take full account of the local needs and impacts on household budgets of the decisions they make.

I acknowledge the argument in Live Well Locally that reserves are one off in nature and do not represent a substitute for recurring funding. However, I would also highlight that across Scotland some councils have accrued additional reserves during the pandemic,. Since we are likely to continue to face economic and fiscal challenges during 2022-23, I would encourage all councils to consider whether current levels of General Fund Reserve balances are an efficient use of public funds at this time.

In addition to flexibility on Council Tax rate setting, I recognise that local government have repeatedly called for removal of ring-fencing in the settlement and a greater focus on trust and partnership working. On that basis I commit to reviewing all ring-fenced funding as part of the forthcoming Resource Spending Review and would welcome your constructive engagement in that process so that removal of ring-fencing goes hand in hand with agreement about shared priorities and outcomes whilst ensuring maximum value for money.

More immediately, as recognised in correspondence from Councillors Parry and MacGregor on 06 December 2021, Scottish Government and COSLA officials are currently working together to develop a combined employability grant offer letter for 2022-23 which removes ring-fencing for the various employability programmes and instead focusses on the characteristics and needs of service users with the view of continuing to work together to develop options for a refreshed and collective approach to employability funding for 2023-24 onwards.

I and my ministerial colleagues fully recognise and value the work of Local Employability Partnerships and the important role that they play in shaping the crucial services that individuals need across their journey towards and into employment and that Scottish Government officials will continue to work in partnership with Local Authority employability leads and COSLA to achieve our shared ambitions.

Alongside reducing ring-fenced funding, the Scottish Government remains committed to working with COSLA to develop a rules based fiscal framework to support future funding settlements for local government. The development of a fiscal framework will have direct relevance to the Scottish Government's Resource Spending Review and I am keen to see some substantive work being taken forward during the first part of 2022.

It will be important for local government to bring forward proposals that can then be explored in partnership. The development of a fiscal framework is also an important part of the ongoing work on the Local Governance Review, which considers how powers, responsibilities and resources are shared across national and local spheres of government, and with communities.

The correspondence of 06 December 2021 referenced above also included a request from Leaders to provide flexibility to enable all 2021-22 employability funding to Local Government to be spent across 2021-22 and 2022-23. This request has unfortunately come too late to be factored into the Budget position I outlined today but I will prioritise the request in the coming days to try and agree a position which ensures that services to those requiring support is provided as swiftly as possible whilst reducing the administrative burden on those delivering the services.

I am also content to agree your request of 08 October 2021 for an extension of the flexibilities to allow capital receipts to be used to fund the financial impact of COVID and to fund transformational projects in 2022-23. I had previously stated that the COVID capital receipts flexibility was limited to two financial years, in the light of ongoing COVID impacts I will agree this extension for one further financial year. The extension of these flexibilities is dependent on confirmation from the UK Government that this will not result in an adjustment to Scotland's block grant. I am currently seeking that confirmation.

Similarly, I also agree to extend the period for the loans fund principal repayment holiday for one further year. I will deliver this through an administrative arrangement rather than a further statutory instrument. Any council looking to use this flexibility in 2022-23 should take the loans fund holiday in 2021-22 and carry that saving to their General Fund reserve. To keep with the original intent of this flexibility the increase in General Fund reserves from taking this holiday are to be earmarked as being to fund the financial impact of COVID, and that earmarked reserve must be used in the course of 2022-23.

In terms of your request for a change in policy on capital accounting for service concessions, I remain committed to continuing to work with Directors of Finance and CIPFA/LASAAC on the capital accounting review.

Finally, in acknowledgment of the calls for greater fiscal empowerment across local government, the Transport (Scotland) Act 2019 introduced a discretionary power for local authorities to implement workplace parking licensing (WPL) schemes. I can confirm that regulations to implement those powers will be laid early next year to enable this to progress.

Prior to the COVID-19 pandemic, the Scottish Government was developing legislation to introduce the power for local authorities to create a visitor levy, or tourism tax but this was paused due to the pandemic. Given the overall impact of the pandemic on the tourism sector in Scotland it would be prudent to carefully review that work and undertake further stakeholder engagement before making a firm decision on the next steps, however I am committed to taking this forward in 2022.

Building on previous years' settlements, Local Authorities will again be expected to deliver further certain specific commitments and outcomes.

This year, we will again work with local government to help ensure Integration Authorities use total resources to focus on delivery of key areas for improvement, including: reducing delayed discharges; improving availability of, and access to, community-based health and social care services; and ensuring more people are supported to stay at home.

We will also wish to ensure that the social care workforce is supported and sustained during and following the challenges of the Covid pandemic. To support retention, and begin to embed improved pay and conditions for care workers, the additional £200 million funding transfer requires local government to deliver a £10.50 minimum pay settlement for adult social care workers in commissioned services, in line with the equivalent commitment being made in the public sector pay policy.

The funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2021-22 recurring budgets for adult social care services that are delegated. We will provide support and challenge by working with local government to agree a shared national and local approach to accountability for delivery, building upon existing shared mechanisms for routine reporting of expenditure, activity and outcomes across Scotland.

This Budget cannot deliver the resources all our partners will want. It addresses key priorities, targets resources on low income households, and paves the way for future investment in this Parliament. Where possible, it seeks to cushion all sectors against the headwinds that COVID-19, Brexit and UK Government's settlement have created and it treats Local Authorities fairly and consistently with other portfolios.

The 2022-23 Local Government Settlement of almost £12.5 billion offers a like with like increase of 7.5 per cent in real terms and continues to provide local government with a funding settlement that is both fair and affordable, under the most challenging of circumstances. I look forward to working with COSLA in the year ahead to deliver the broader commitments set out in this letter.

Yours sincerely,



**KATE FORBES**

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HSCP Chief Finance Officers  
NHS Board Directors of Finance  
Cc:  
HSCP Chief Officers  
Local Government Directors of Finance  
NHS Chief Executives

via email

25<sup>th</sup> February 2022

Colleagues

**Further Covid funding 2021-22**

Following the recent submission of your Quarter 3 financial returns, I am writing to confirm further funding of £981 million for NHS Boards and Integration Authorities to meet Covid-19 costs and to support the continuing impact of the pandemic. This funding is being provided on a non-repayable basis and includes provision for under-delivery of savings. While I anticipate that funding will be allocated in line with **Annexes A and B**, it will be a matter for NHS Boards and Integration Authorities to agree any revisions where appropriate to take account of local circumstances.

Within the overall funding outlined above, £619 million is being provided for Integration Authorities, which includes funding for a range of Covid-19 measures. The significant disruption to services has created a backlog of demand as well as increasing unmet need and frailty of service users. Investment is needed across day care services, care at home and to support unscheduled care, to keep people within the community, where possible and safe to do so, to avoid unplanned admissions and impacts on delayed discharges. Alongside this is the impact on mental health and services have been stepped up through, for example, Mental Health Assessment Units. This funding will also cover sustainability payments to social care providers and additional staff costs across Health & Social Care.

Where funding remains at year end 2021-22, this must be carried in an earmarked reserve for Covid-19 purposes in line with usual accounting arrangements for Integration Authorities, and I expect that this funding to be used before further allocations are made through the Local Mobilisation Planning process. This can be used to support continuation of costs which were funded in 2021-22 as a direct result of Covid-19. Use of these allocations to meet Covid-19 expenditure should be agreed by the IJB Chief Finance Officer and the NHS Board Director of Finance. The funding should be targeted at meeting all additional costs of responding to the Covid pandemic in the Integration Authority as well as the NHS Board.

/cont'd

Any proposed utilisation of the earmarked reserves to meet new expenditure that had not been funded in 2021-22 will require agreement from the Scottish Government, and it will remain important that reserves are not used to fund recurring expenditure, given the non-recurring nature of Covid funding.

Thank you for your support and engagement during 2021-22 and I look forward to continued close work with you as we take forward plans for 2022-23 and beyond.

Yours sincerely



Richard McCallum  
Director of Health Finance and Governance



## **Annex A Funding by Board Area**

<b>Further Covid-19 Funding (£000s)</b>	<b>Health Board</b>	<b>HSCP</b>	<b>Total</b>	
NHS Ayrshire & Arran	14,420	42,765	57,185	
NHS Borders	7,471	17,575	25,046	
NHS Dumfries & Galloway	13,997	16,146	30,143	
NHS Fife	20,947	43,961	64,908	
NHS Forth Valley	7,531	32,355	39,886	
NHS Grampian	7,533	55,697	63,230	
NHS Greater Glasgow & Clyde	88,484	132,917	221,401	
NHS Highland	10,947	37,604	48,551	
NHS Lanarkshire	15,121	68,810	83,931	
NHS Lothian	31,641	114,566	146,207	
NHS Orkney	2,575	3,746	6,321	
NHS Shetland	999	3,620	4,619	
NHS Tayside	2,441	45,355	47,796	
NHS Western Isles	1,608	3,887	5,495	
NHS National Services Scotland	118,110	-	118,110	
Scottish Ambulance Service	11,326	-	11,326	
NHS Education for Scotland	-	1,909	-	1,909
NHS 24	-	-	-	
NHS National Waiting Times Centre	5,436	-	5,436	
The State Hospital	-	-	-	
Public Health Scotland	3,071	-	3,071	
Healthcare Improvement Scotland	-	176	-	176
<b>Total</b>	<b>361,573</b>	<b>619,004</b>	<b>980,577</b>	

Please note these figures represent the total funding across several allocations (PPE, Test & Protect, Vaccinations and General Covid Funding). A detailed analysis will be provided to each NHS Territorial Board setting out the split across Board and Integration Authorities.

## Annex B Total Funding by Integration Authority

Integration Authority	Further Covid-19 Funding £000s
East Ayrshire	14,143
North Ayrshire	15,891
South Ayrshire	12,731
Scottish Borders	17,575
Dumfries and Galloway	16,146
Fife	43,961
Clackmannanshire & Stirling	16,819
Falkirk	15,536
Aberdeen City	24,317
Aberdeenshire	19,675
Moray	11,705
East Dunbartonshire	9,930
East Renfrewshire	14,781
Glasgow City	73,130
Inverclyde	10,370
Renfrewshire	16,964
West Dunbartonshire	7,741
Argyll & Bute	11,881
North Highland	25,724
North Lanarkshire	32,102
South Lanarkshire	36,708
East Lothian	13,537
Edinburgh City	70,314
Midlothian	9,506
West Lothian	21,209
Orkney	3,746
Shetland	3,620
Angus	11,843
Dundee	16,784
Perth & Kinross	16,728
Western Isles	3,887
<b>Total</b>	<b>619,004</b>

Please note these figures represent the total funding across several allocations (PPE, Test & Protect, Vaccinations and General Covid Funding). A detailed analysis will be provided to each NHS Territorial Board setting out the split across Board and Integration Authorities.

	ERC £,000	CJ Grant £,000	Total £,000
<b>2021/22 Approved Opening Budget</b>	<b>53,705</b>	<b>614</b>	<b>54,319</b>
Base Budget Adjustments			
Trauma Informed Practice	50		50
Mental Health Officer Capacity	60		60
Pay Award 2021/22 Funding Adjustment	116		116
<b>Restated 2021/22 Base Budget</b>	<b>53,931</b>	<b>614</b>	<b>54,545</b>
<b>Scottish Government Investment in Health &amp; Social Care - £554m Nationally</b>			
<b>1 Allocations confirmed through Councils as at ERC budget setting date</b>			
Interim Care (Non Recurring allocation)	351		351
Care at Home	2,174		2,174
Carers Act	350		350
Free Personal & Nursing Care	479		479
Real Living Wage - 2021/22 Baseline	510		510
Real Living Wage - 2021/22 Full Year Impact of £10.02	2,346		2,346
	6,210	0	6,210
<b>2 Criminal Justice Grant Funding</b>		(614)	(614)
<b>2022/23 Contribution to the HSCP (agreed by ERC as at 3 March)</b>	<b>60,141</b>	<b>0</b>	<b>60,141</b>
<b>3 Further Known Funding Expected</b>			
Real Living Wage 2022/23 to £10.50, Providers NI, Other Uplifts & Investment	3,315		3,315
Social Work Support	386		386
<b>Total Expected 2022/23 Contribution to the HSCP</b>	<b>63,842</b>	<b>0</b>	<b>63,842</b>
<b>Cost Pressures Expected for 2022/23</b>			
<b>Inflationary Pressures</b>			
Pay Award and Increments (including Living Wage HSCP Staff)	938		938
Utilities, Transport and Fuel	52		52
National Care Home Contract / Free Personal Care / Living Wage / Contracts	4,125		4,125
Fostering and Kinship	36		36
<b>Demographic Pressures</b>			
Increase in Demand for Services - Older People	877		877
Increase in Demand for Services - Adults	123		123
Increase in Client Assessed Need - Transitions to Adulthood	269		269
<b>Capacity Pressures</b>			
Workforce Capacity - MHO & Trauma Informed Practice	110		110
Winter Planning - Full Year impact of Recurring Plans	2,179		2,179
Winter Planning - Non Recurring Plans	351		351
Additional Social Work Capacity	386		386
4 Adjustments to central support charges	0		0
<b>Total Cost Pressures 2022/23</b>	<b>9,446</b>	<b>0</b>	<b>9,446</b>
<b>Total Funding Available towards Cost Pressures</b>			
Included in ERC proposed Contribution of 3 March 2022	6,436		
Further redeterminations confirmed	3,701		
	<b>10,137</b>		
<b>5 Balance to offset against existing investment and reduce legacy savings</b>	<b>691</b>		

- 1 Not all confirmed in budget settlement at time of ERC budget setting at 3 March 2022  
Settlement conditions = minimum of flat cash plus share of new funding
- 2 Subject to uplift and any grant changes in 2022/23
- 3 Further funding confirmed by Scottish Government
- 4 Identified increases of £138k will be funded non recurrently until new baseline established
- 5 Legacy savings will reduce from £3.6 million to £2.9 million

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**NHSGGC - INDICATIVE BUDGET CONTRIBUTION**

**Appendix 3**

	Recurring Budget £'000	Eligible to Uplift £'000	Expected 2% Uplift £'000
<b>2021/22 Opening Recurring Budget</b>			
Pay	19,262	19,262	385
Non Pay	3,941	3,897	78
Prescribing	16,436	16,436	329
Resource Transfer	11,889	11,889	238
Family Health Services	26,285		0
Recurring Expenditure	<u>77,813</u>	<u>51,484</u>	<u>1,030</u>
		0	
Family Health Services Income	(568)		0
Other Income	(1,369)	(1,369)	(27)
<b>2021/22 Recurring Base Budget</b>	<b><u>75,876</u></b>	<b><u>50,115</u></b>	<b><u>1,002</u></b>
<b>Add:</b>			
Inflation Uplift		1,002	
National Insurance funding		140	
<b>2022/23 Recurring Opening Budget</b>		<b><u>77,018</u></b>	
<b>Further Known Funding Expected</b>			
Multi-Disciplinary Teams		701	
Healthcare Support Workers		526	
<b>Expected 2022/23 Budget Contribution excluding Set Aside</b>		<b><u>78,245</u></b>	
<b>Cost Pressures</b>			
Pay Award		405	
National Insurance increase		156	
Prescribing - limit to 2%		329	
Non Pay		39	
Resource Transfer		238	
Health Visitor Regrading Cost - Final Year		33	
Band 2 to Band 3 Regrading		14	
Learning Disability In Patient Observations (significant variable cost)		200	
Total Cost Pressures		<u>1,414</u>	
2% Uplift and National Insurance funding		1,142	
<b>Funding Gap</b>		<b><u>272</u></b>	

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	NHS £000	ERC £000	IJB £000	Total £000
<b>Funding Sources to the IJB</b>				
Original Revenue Budget Contributions	78,245	60,141		138,386
Subsequent redeterminations expected		3,701		3,701
Criminal Justice Grant Funded Expenditure		614		614
Criminal Justice Grant Income		(614)		(614)
Funding Outwith Revenue Contribution				
Housing Aids & Adaptations *		400		400
Set Aside Budget	37,653			37,653
<b>Total Proposed IJB Resources</b>	<b>115,899</b>	<b>64,242</b>	<b>0</b>	<b>180,141</b>
<b>Directions to Partners</b>				
Revenue Budget	78,245	63,842	0	142,087
Criminal Justice Grant Funded Expenditure		614		614
Criminal Justice Grant Income		(614)		(614)
1 Resource Transfer and other recharges	(13,009)	13,009		0
Carers Information Strategy	58	(58)		0
	65,294	76,793	0	142,087
Housing Aids & Adaptations *		400		400
Set Aside Budget	37,653			37,653
<b>Total Proposed IJB Resources</b>	<b>102,948</b>	<b>77,193</b>	<b>0</b>	<b>180,141</b>

\* excludes any capital spend

1 Based on 2021/22 plus uplift; subject to change for impact of winter funding and other recruitment etc.

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board								
<b>Held on</b>	16th March 2022								
<b>Agenda Item</b>	9								
<b>Title</b>	Medium Term Financial Plan								
<p><b>Summary</b></p> <p>To provide the Integration Joint Board with a refreshed Medium Term Financial Plan for the IJB covering the five year period 2022/23 to 2026/27.</p>									
<b>Presented by</b>	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)								
<p><b>Action Required</b></p> <p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> <li>▪ Approve the revised Medium Term Financial Plan</li> <li>▪ Agree to receive updates that reflect significant changes in the financial outlook for the Integration Joint Board</li> </ul>									
<p><b>Directions</b></p> <p><input checked="" type="checkbox"/> No Directions Required</p> <p><input type="checkbox"/> Directions to East Renfrewshire Council (ERC)</p> <p><input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)</p> <p><input type="checkbox"/> Directions to both ERC and NHSGGC</p>	<p><b>Implications</b></p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Finance</td> <td><input checked="" type="checkbox"/> Risk</td> </tr> <tr> <td><input type="checkbox"/> Policy</td> <td><input type="checkbox"/> Legal</td> </tr> <tr> <td><input type="checkbox"/> Workforce</td> <td><input type="checkbox"/> Infrastructure</td> </tr> <tr> <td><input type="checkbox"/> Equalities</td> <td><input type="checkbox"/> Fairer Scotland Duty</td> </tr> </table>	<input checked="" type="checkbox"/> Finance	<input checked="" type="checkbox"/> Risk	<input type="checkbox"/> Policy	<input type="checkbox"/> Legal	<input type="checkbox"/> Workforce	<input type="checkbox"/> Infrastructure	<input type="checkbox"/> Equalities	<input type="checkbox"/> Fairer Scotland Duty
<input checked="" type="checkbox"/> Finance	<input checked="" type="checkbox"/> Risk								
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# **EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**16 March 2022**

**Report by Lesley Bairden, Chief Financial Officer**

## **MEDIUM TERM FINANCIAL PLAN**

### **PURPOSE OF REPORT**

1. To advise the Integration Joint Board of the medium term financial outlook as set out in the refreshed Medium Term Financial Plan. This plan supports the strategic planning process and provides a financial context to support medium term plans and decision making.

### **RECOMMENDATIONS**

2. The Integration Joint Board is asked to:
  - Approve the revised Medium Term Financial Plan
  - Agree to receive updates that reflect significant changes in the financial outlook for the IJB

### **BACKGROUND**

3. This report builds on the Revenue Budget for 2022/23 and looks at the potential cost implications for the next 5 years. Given the numerous uncertainties we are facing this plan will be refreshed and assumptions refined and revised as we work through the coming year.
4. This is a refresh of the previous Medium Term Financial Plan 2022/23 – 2026/27 previously agreed by the IJB on 23 June 2021.

### **REPORT**

5. The Medium Term Financial Plan (MTFP) is a relatively straightforward document and considers:

Section	Contents
Executive Summary	Main messages and purpose
Local Context	Localities, accommodation and services delivered, budget 2022/23, demographic analysis and challenges, scale of purchased care, hosted services consumption
National Context	Legislative and Policy implications, Brexit, Economic considerations, Covid-19, Ministerial Steering Group review of Integration, Audit Scotland reports
Medium Term Financial Outlook	Sets out high level cost pressures over next 5 years with supporting assumptions
Our Response	2022/23 funding gap , reserves summary, possible future funding gaps and implications
Risk and Sensitivity	Key risks, indication of 1% change in factors and financial implications

6. This revised MTFP reflects the proposed budget for 2022/23 which is subject to IJB approval and uses this as the baseline for calculating future cost pressures. Additional information is included to reflect the impacts of Covid-19 and the investment by the Scottish Government into Health and Social Care.
7. The MTFP confirms the scale of the financial challenge in 2022/23 despite Scottish Government investment. There is a risk that our Recovery and Renewal programme may not deliver the full £2.9m required savings and therefore there are still significant risks around financial sustainability.
8. As we continue to respond to the pandemic, the focus remains very much in the short term. As and when we can properly move to recovery, we should have capacity to better understand the medium term implications that Covid-19 has had on our workforce, our population and on our forward planning and modelling.
9. The MTFP is a “living document” and will also be used to inform engagement with our partners in our future budget discussions.

## **CONSULTATION AND PARTNERSHIP WORKING**

10. The Medium Term Financial Plan is based on the 2022/23 opening budget which is subject to agreement by the IJB. The Chief Financial Officer will continue to work in partnership with colleagues to further develop budget setting and financial planning process for future years.

## **IMPLICATIONS OF THE PROPOSALS**

### Finance

11. The refreshed plan shows the future year cost pressures in the range of £5.1 to £5.7 million annually over the period of the plan, caveated that there are many unknowns. This cost pressure may reduce dependant on budget settlements.
12. The forward extrapolation over a 10 year period has not been reinstated given the level of uncertainty over demand, capacity, Covid-19 impact and the move to a National Care Service.

### Risk

13. The risk to the Integration Joint Board remains delivering a sustainable budget in 2022/23 and beyond. The plan includes a number of risks along with sensitivity assumptions.

### Staffing

14. There are no specific staffing implications in the MTFP however we recognise that capacity, recruitment and retention as well as staffing ratio models of care, continue to present a challenge.
15. The costs of the living wage and fair work practices are considered as part of the budget setting process and are assumed in forward planning.

## Equalities

16. None at present. Any equalities issues will be addressed through implementation of savings and investment programmes.

## **DIRECTIONS**

17. There are no directions in relation to the MTFP.

## **CONCLUSIONS**

18. The Medium Term Financial Plan 2022/23 - 2026/27 will support strategic planning and decision making along with engagement on future budget discussions with our partners.

## **RECOMMENDATIONS**

19. The Integration Joint Board is asked to:
  - Approve the revised Medium Term Financial Plan
  - Agree to receive updates that reflect significant changes in the financial outlook for the IJB

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0141 451 0746

10 March 2022

Chief Officer, IJB: Julie Murray

## **BACKGROUND PAPERS**

IJB Paper – 23.06.2021 Item 8: Medium Term Financial Plan

[https://www.eastrenfrewshire.gov.uk/media/5739/IJB-Item-08-23-June-2021/pdf/IJB\\_Item\\_08\\_-\\_23\\_June\\_2021.pdf?m=637596096756770000](https://www.eastrenfrewshire.gov.uk/media/5739/IJB-Item-08-23-June-2021/pdf/IJB_Item_08_-_23_June_2021.pdf?m=637596096756770000)

IJB paper – 20.03.19 Item 9: Medium Term Financial Plan

[https://www.eastrenfrewshire.gov.uk/media/2239/Integration-Joint-Board-Item-09-20-March-2019/pdf/Integration\\_Joint\\_Board\\_Item\\_09\\_-\\_20\\_March\\_2019.pdf?m=637351707429130000](https://www.eastrenfrewshire.gov.uk/media/2239/Integration-Joint-Board-Item-09-20-March-2019/pdf/Integration_Joint_Board_Item_09_-_20_March_2019.pdf?m=637351707429130000)

IJB paper – 17.03.21 Item 5: Revenue Budget 2021/22

[https://www.eastrenfrewshire.gov.uk/media/4788/IJB-Item-05-17-March-2021/pdf/IJB\\_Item\\_05\\_-\\_17\\_March\\_2021.pdf?m=637511548486770000](https://www.eastrenfrewshire.gov.uk/media/4788/IJB-Item-05-17-March-2021/pdf/IJB_Item_05_-_17_March_2021.pdf?m=637511548486770000)

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# East Renfrewshire Integration Joint Board

## Medium Term Financial Plan 2022/23 to 2026/27

(Subject to IJB budget approval for 2022/23  
on 16 March 2022)

Revision 3 at 16 March 2022

<b>Document Title:</b>	Medium Term Financial Plan					
<b>Owner:</b>	Chief Financial Officer			<b>Status:</b>	Final	
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3.0	16/03/2022	Lesley Bairden				

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## 1. Executive Summary

This medium term financial plan for East Renfrewshire Integration Joint Board sets out the financial outlook covering the next 5 financial years for the IJB and the associated delivery of services through East Renfrewshire Health & Social Care Partnership, as directed by the IJB.

The annual revenue budget for 2022/23 is £180.1 million and this will be spent delivering a range of health and social care services to the residents of East Renfrewshire.

We have a long standing history of integration and this allows the HSCP to continue to build on a solid foundation of providing health and social care. Our objectives and strategic direction, how we meet the national outcomes, where we need to make changes, how we work together with a wide range a partners and stakeholders is set out in our strategic plan and associated implementation plans.

Whilst our successful history of providing integrated services is a positive this does mean that we have already taken many of the opportunities to redesign services, remove duplication and make associated efficiencies in the last 16 years.

Our long standing history of integration also means we are well placed to understand the impacts and implications on the services we provide as we work our way into recovery from the Covid-19 pandemic as well as any changes that may come from the creation of a national care service in the coming years.

The demography of East Renfrewshire provides a specific challenge with growing populations of children and of older adults and in particular those aged over 85. As the youngest and oldest members of our society tend to be the biggest users of universal health and care services this means we have a relatively unique challenge in planning our services and ensuring we meet national outcomes.

The IJB is clear about the challenges and our Strategic Plan sets out or strategic priorities for 2022 to 2025:

- Working together with children, young people and their families to improve mental and emotional wellbeing;
- Working together with people to maintain their independence at home and in their local community;
- Working together to support mental health and wellbeing;
- Working together to meet people's healthcare needs by providing support in the right way, by the right person at the right time;
- Working together with people who care for someone ensuring they are able to exercise choice and control in relation to their caring activities;
- Working together with our community planning partners on new community justice pathways that support people to stop offending and rebuild lives;

- Working together with individuals and communities to tackle health inequalities and improve life chances;
- Working together with staff across the partnership to support resilience and wellbeing; and,
- Protecting people from harm.

This medium term financial plan will compliment and assist in the strategic planning process and will allow the IJB to take informed decisions when planning for the future and ensuring financial sustainability in the medium term.

Given the unprecedented period that we have worked through over the past two years during the Covid-19 pandemic we have delivered new services and changed some service delivery models; we are just beginning to see the impact of Covid-19 on the physical and mental health and wellbeing of our staff and our citizens. This will all impact on our strategic, operational and financial planning going forward. Our Recovery and Renewal programme will support much of this work and given the dynamic of frequent and rapid change the medium term financial outlook will be revised as existing assumptions crystallise or new issues arise.

The IJB needs to be financially sustainable to allow us to continue to plan for and deliver services in a difficult financial and challenging operational climate, whilst maintaining enough flexibility to allow us to adapt, invest where needed to redesign and to change models of service delivery as required moving forward towards recovery from the pandemic. We may need to retract services depending on the funding available to us in future years.

The funding gap in 2022/23 is £2.9 million and presents a significant challenge particularly when taken in context of recovery from Covid-19, however there is also increased investment through Scottish Government funding to support health and social care so this may provide a degree of flexibility where we need to redesign models of care.

The funding gap relates to the balance of the £4.2 million legacy savings from 2020/21 and 2021/22 we did not achieve as a result of the pandemic response. We received financial support from the Scottish Government to meet this pressure in both years as part of the additional costs associated with Covid-19.

The IJB recognises the scale of the challenge; that we are still in response mode at March 2022; that there are still many unknowns as we work our way towards recovery and the impact and implications from the plans for a national care service are unknown.

The plans we had to review criteria and introduce charges for non-residential care have been overtaken by a combination of the impact of the pandemic with increased demand for services and people having more complex needs. We also know that as part of a national care service the intention is to have a national criteria for care and to eliminate charging for non-residential care, so to progress with previous plans could

potentially have caused unnecessary distress and uncertainty. The majority of our care costs are for our older population where our demographic continues to have a high proportion of frail, older people.

For context from 2016/17 to 2019/20 (the last year pre pandemic) the HSCP savings we needed to make in social care were £8.4 million.

The 2020/21 savings target was a further £2.4 million and at this stage we were clear that that this would have significant impact on care packages as we had exhausted all other options. Reducing care package costs meant tightening the criteria we use to assess need; this was not through choice as it goes against our preventative approach. We also recognised that reducing support takes time and we would need to smooth in the impact, supported by one-off reserve funding. The initial work we undertook to reduce overnight support was met with significant resistance by families.

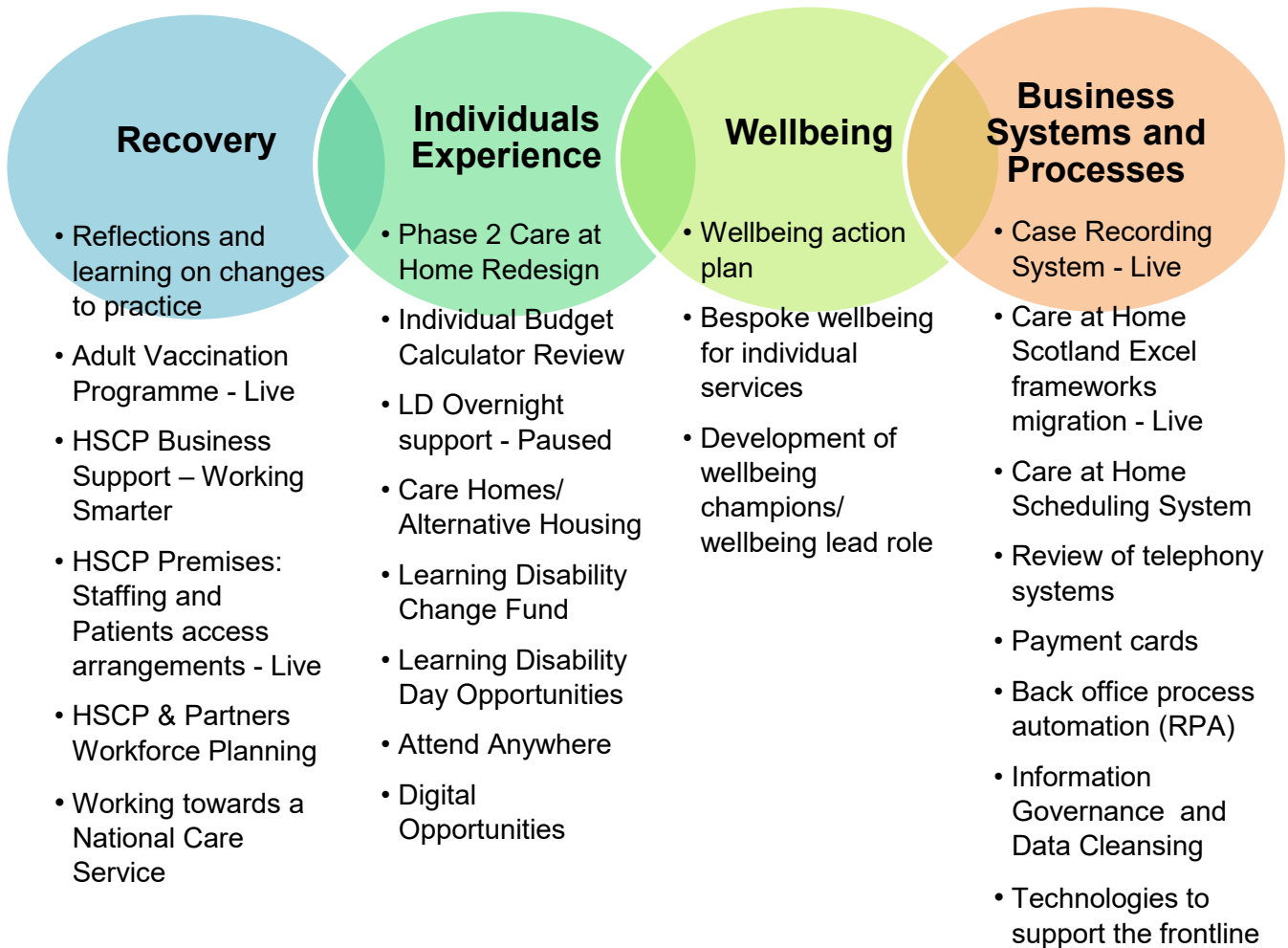
Just as we set the 2020/21 budget our savings plans, along with change, development and other non-essential work was paused as we focussed on the first wave of the pandemic response. For 2020/21 we received full support for unachieved savings of £2.4 million from the Scottish Government as part of Covid funding.

In the current year our remaining savings target increased to £3.6 million (so a further £1.8 million new savings, on top of the unachieved £2.4 million and allowing for achieving £0.6 million) and we have confirmation of full Scottish Government support through Covid funding. Our strategy of smoothing in savings through the application of the earmarked reserve for this purpose is paused whilst we receive Covid-19 funding support and will recommence when support ends.

During 2022-25 we will implement any recommendations or specific actions arising from the preparation and / or implementation of a national care service as requested by Scottish Government.

The IJB have recognised that 2022/23 will require an ongoing iterative approach and we will need to adapt, respond and flex in a timely manner. As one of the smaller IJBs we are nimble and can react quickly however we do have a significant financial risk; our funding gap is £2.9 million, we have c£2 million in reserves to phase in those savings we can achieve through change and redesign.

Our Recovery and Renewal programme, summarised in the diagram below, will be refreshed based on the latest response, take into account the impact of investment and incorporate further workstreams as required. This will be reported to the IJB on a regular basis when this work recommences. This will include financial modelling to support redesign and savings delivery to meet the required £2.9 million on a recurring basis.



This remains a significant challenge and the increase in funding and capacity as a result of the additional Scottish Government funding should allow some increased flexibility in service delivery and redesign. However in the event we are unable to deliver the full savings required during the year through a combination of recurring and non-recurring actions or be in a position where we are unlikely to have full year effect savings in place by 31 March 2023 we may need to invoke the financial recovery process included within our Integration Scheme.

## 2. Local Context

We are structured around two localities one for Eastwood and one for Barrhead. The localities also reflect our hospital flows with the Eastwood Locality linking to South Glasgow hospitals and the Barrhead Locality to the RAH.



Within the Eastwood locality the custom built Eastwood Health & Care Centre provides social work, district nursing, rehabilitation, care at home and mental health services for adults and older people. Social work and health visiting services for children and young people are also provided from this building, as are a number of GP practices. Thornliebank Resource Centre is based within the Eastwood locality and provides day opportunities to those with learning disability. Bonnyton House provides residential care, palliative care and intensive rehabilitation services support to older people.

Within the Barrhead (Levern Valley) locality there is also a custom built health & care centre which provides services including GP, social work, district nursing, and rehabilitation and is also the base for the Learning Disability team, Children & Adolescent Mental Health (CAMHS) team and Speech and Language Therapy. Children & Families social work and Health visiting teams are based in the adjacent council building. St Andrew's House is the location of the Community Addictions Team. Barrhead Resource Centre provides day opportunities to those with a learning disability.

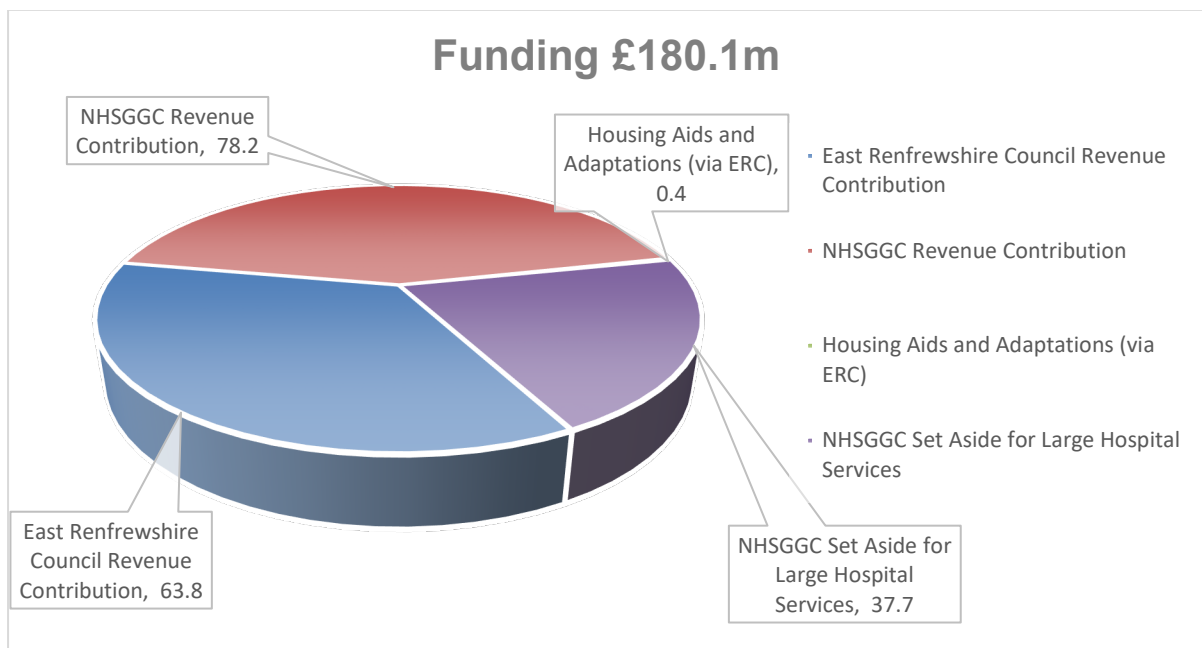
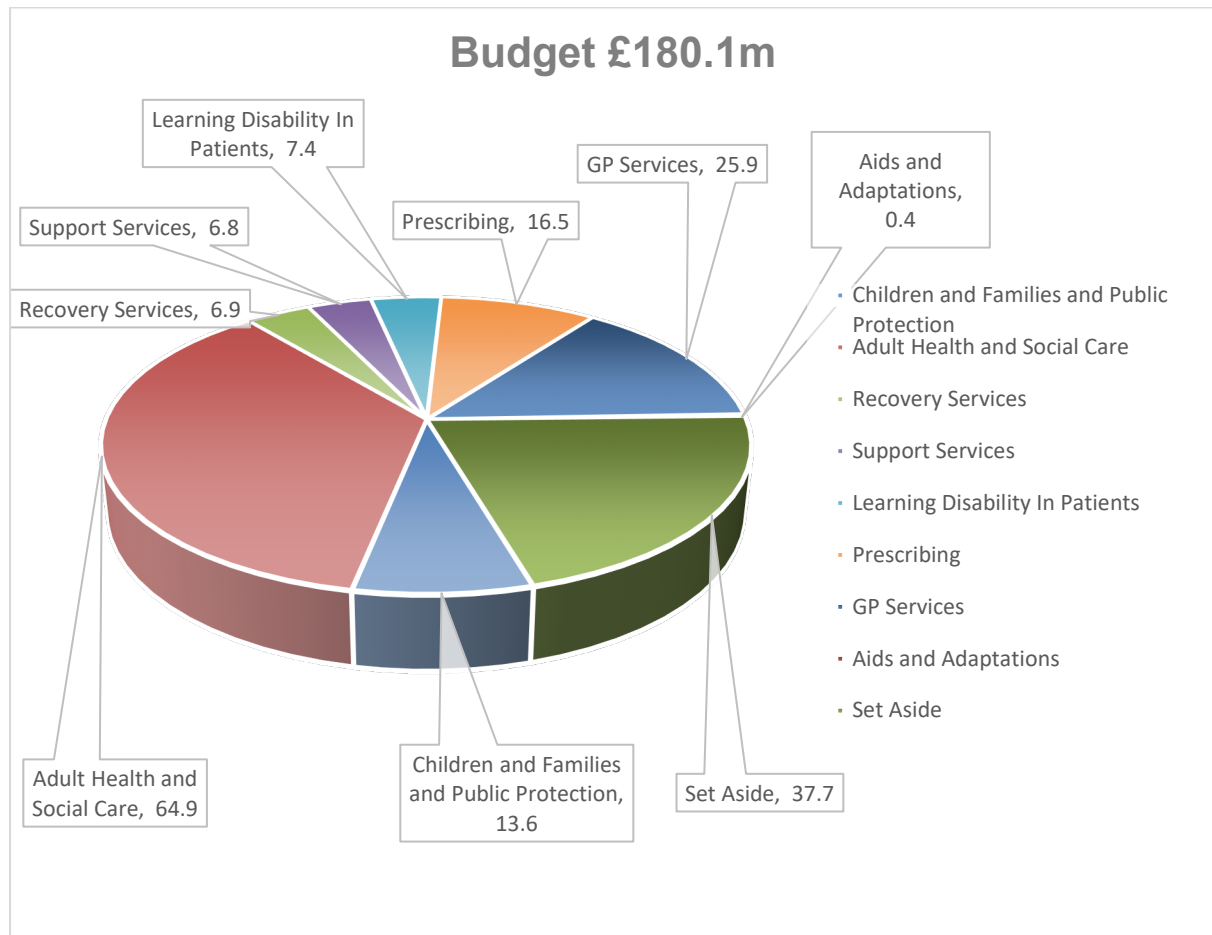
The Partnership also hosts two service on behalf of NHS Greater Glasgow & Clyde; the Learning Disability Specialist Services based in 3 in-patient buildings within the Greater Glasgow and Clyde area at Renfrew, Anniesland and on the Gartnavel site and the Augmentative and Alternative Communication service which provides specialist equipment across the board along with a national assessment service.

In addition to the 8 GP practices located within our two Health and Care Centres we also have 7 with their own premises. Given the population demographics and impact from factors such as new housing we recognise that the number of practices we will need is likely to increase. We are working closely with our GPs and with our partners and other stakeholders to identify potential locations and funding options.

The use of our buildings and the way we work has been significantly impacted in the response to the pandemic and how use our space in the future will be part of our Recovery and Renewal Programme.

## Our Budget 2022/23

The opening budget for 2022/23 is £180.1 million and this is likely to change during the year for any additional funding or adjustments to our budget.





Our budget broadly falls into two types of spending;

- the revenue budget to deliver health and social care services
- housing aids and adaptations and the budget for large hospital services which come under the strategic direction of the IJB.

The revenue budgets for those “day to day” health and social care services delivered by the HSCP is £142.4 million, with a further £0.6 million community justice funded by grant. We usually receive other ad-hoc funding and grants throughout the year to support various initiatives and this is reported within our routine financial reporting.

We also receive funding allocations for specific Scottish Government initiatives such as Primary Care Improvement Fund (c£2.4 million), Mental Health Action 15 (c£0.5 million) and Alcohol & Drugs Partnership (c£0.3 million).

During 2021/22 we expect to spend just over £9 million on Covid-19 related costs as we responded to the pandemic and this will be fully funded by the Scottish Government. This remains an evolving situation and is regularly reported to the IJB.

We host the Learning Disability Specialist Services and Augmentative and Alternative Communication Service on behalf of the other 5 HSCPs within the Greater Glasgow and Clyde area, totalling £8 million and this cost is met by the HSCP.

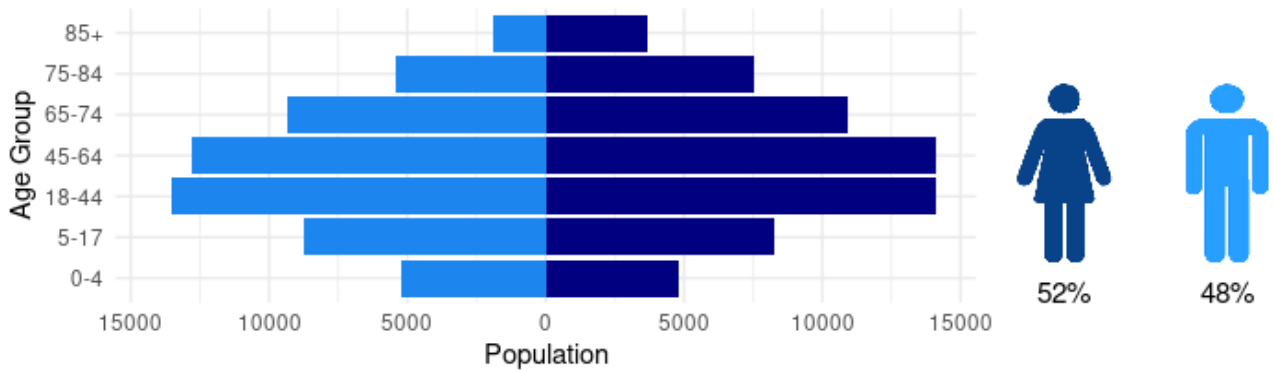
Similarly each of the other 5 HSCPs host one or more services on behalf of the other HSCPs. Our use of a range of services is around £9.5 million but the costs are met by the host HSCP under current arrangements.

The respective use of hosted services is shown in each HSCPs annual report and accounts in order to demonstrate the total system wide cost of our populations use of services.

## Our population demographic is one of our main challenges

In 2020, the total population of East Renfrewshire HSCP was 96,060. The graph below shows the population distribution of the HSCP.

Figure 1: Population breakdown in East Renfrewshire.

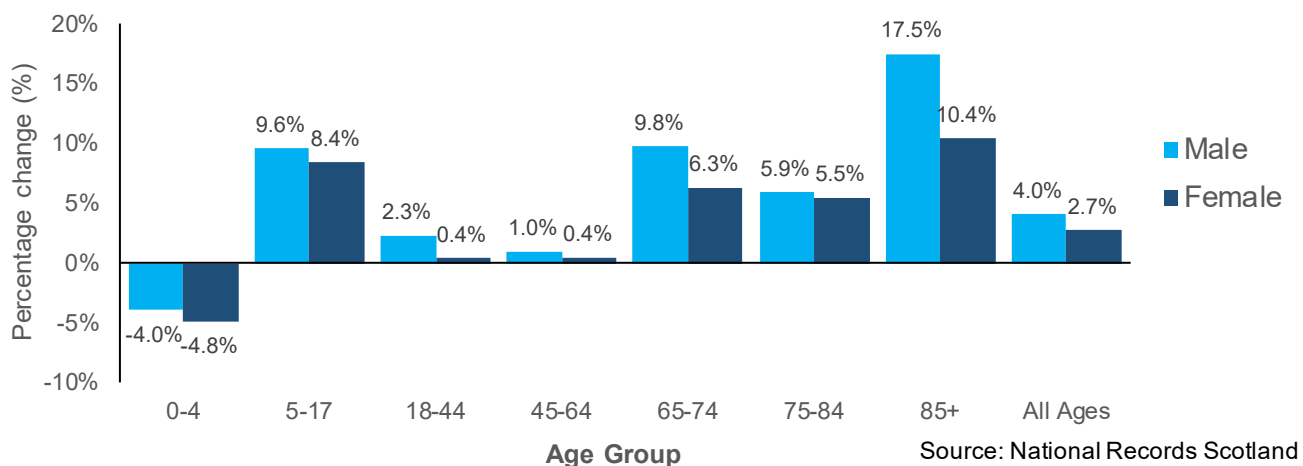


Source: National Records Scotland

Figure 2 shows the change in population structure in East Renfrewshire over the past five years from 2015 to 2020 based on NRS mid-year population estimates. The population has increased by 3.4% overall. The male population has been rising at a faster rate than the female population, particularly in the 85+ age group.

Figure 2: Change in population structure over the past five years.

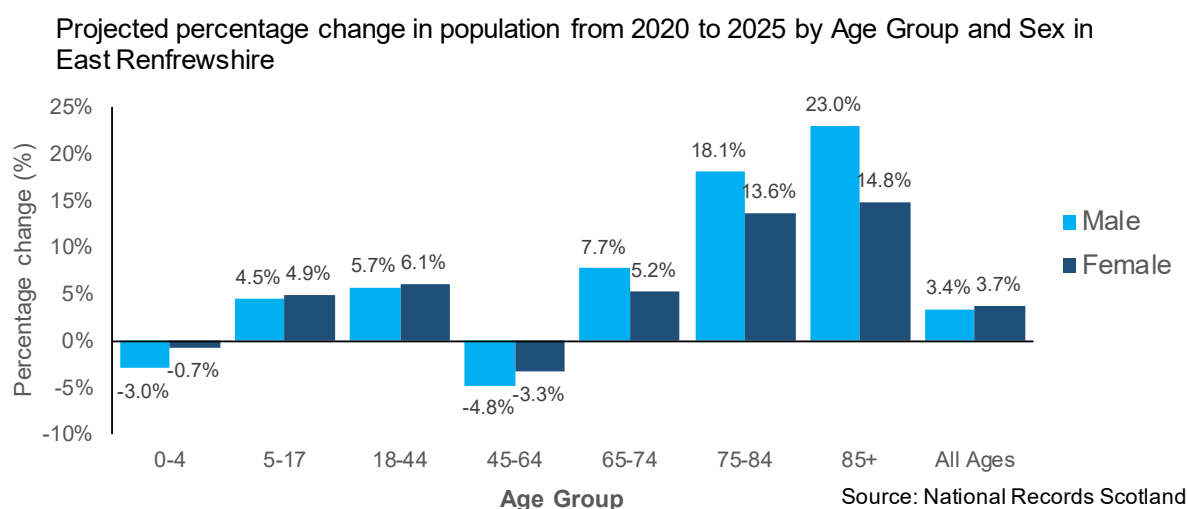
Percentage change in population from 2015 to 2020 by Age Group and Sex in East Renfrewshire



Source: National Records Scotland

Figure 3 shows the projected change in the population structure in East Renfrewshire over the next five years from 2020 to 2025. The NRS 2018-based population projections<sup>1</sup> and the 2020 mid-year estimates have been used to estimate a population increase of 3.5% over the next five years to 2025. Although the overall projected rise in population is similar to the increase seen in the last five years, the population aged 75 and over is projected to increase at more than twice the previous rate (16.1% versus 7.7%). The 65+ population is projected to increase from 20.2% of the population in 2020 to 21.7% of the population by 2025.

Figure 3: Projected change in population structure over the next five years.



Not all older adults will require health and social care but it is a reasonable assumption that many will. We know that people over 80 are the greatest users of hospital and community health services and social care. East Renfrewshire is attracting people of this age because more retirement and care homes are choosing to open in our area.

People with complex health conditions and profound and multiple disabilities are living longer and require intensive health and social care support.

The growth in the population over the next 25 years for children, those of working age and older people is summarised:

Age group	2016 population (base year for projections)	Predicted 2041 Population	Population growth (%)
0-15 years	18,662	21,991	17.8%
Working age (16-64)	56,795	61,598	8.5%
65+ years	18,353	26,455	44.1%
<b>Total population</b>	<b>93,810</b>	<b>110,044</b>	<b>17.3%</b>

Source: NRS 2016-Based Population projections, published March 2018

This growth in population will mean an increase in demand for all health and social care services however the significant growth in the 65+ population reflects the expected increase in those aged 85 and over.

This has an impact on our services because the number of people aged 85 and over is expected to grow at a faster rate than the rest of the population. As a result we can expect the number of people with a need for care at home or residential and nursing care to steadily increase year on year.

Similarly this increase will also manifest in an increase in demand for community based healthcare, equipment and adaptations, increased demand for GP services and an increase in prescribing costs.

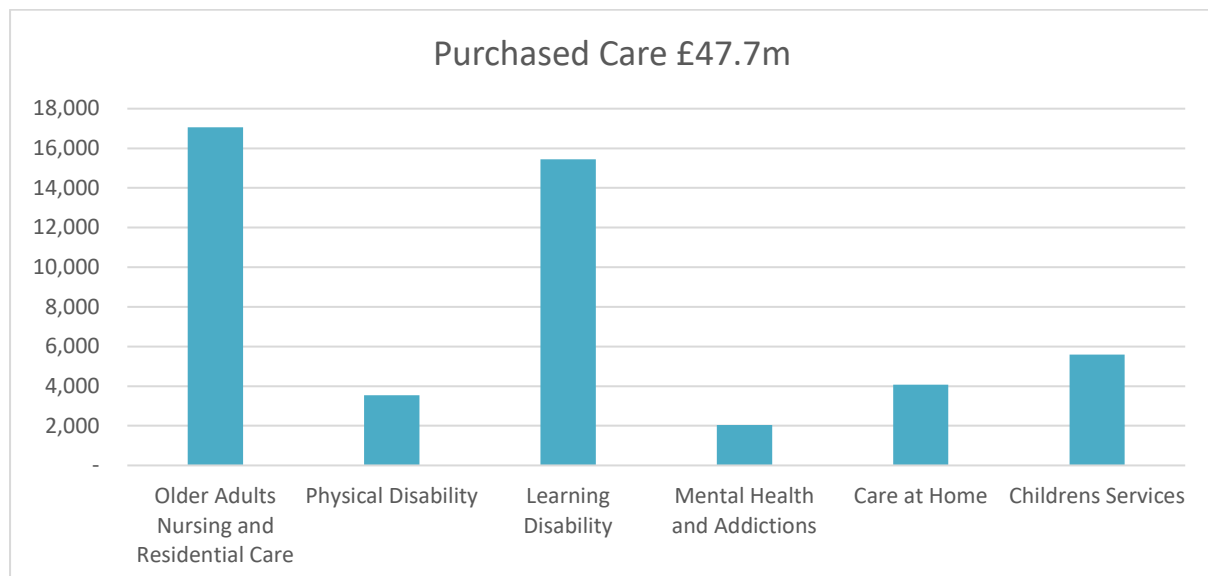
The post Covid-19 impact on the health and wellbeing of our population is still unclear and we will closely monitor the allocation of the provision we have identified for demographic pressures not only to determine the application but also the sufficiency. As we work through 2022/23 the impacts on our population may become clearer.

It is impossible, for now at least, to understand what the impact of Covid has been and will be on long term demand. We do know that care at home in particular has seen a significant increase in demand as more people need services but want to remain at home. Demand for rehabilitation has almost doubled that of pre pandemic levels to 70-80 per week, referrals from hospital for Care at Home has doubled and community referrals for this service have trebled.

In line with the rest of the country we are seeing increased demand across all services, increases in the number of new people needing to access services and we are seeing more complex needs when people do need support, much of which is compounded by cancellation or delays to routine medical services.

### Our Current Purchased Care Costs

The care that we purchase from a range of providers currently costs around £47.7 million for a year, with £46.6 million social care and £1.1 million healthcare, this is funded in part by individual contribution and resource transfer. The chart below shows how this relates to care groups:



### 3. National Context

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

UK and Scottish Government legislation and policies and how they are funded can have implications on the IJB and how and where we use our funding over time.

The most significant challenges for 2022/23 and beyond are the ongoing response and recovery from Covid-19, recruitment and retention of our workforce, the physical and mental health of our workforce and our population, financial sustainability and preparing for the challenges and opportunities that may arise from a national care service.

#### **Covid-19**

The last two years 2020-22 have seen the HSCP face the unprecedented challenge of the Covid-19 pandemic. During the crisis, staff across the HSCP have responded with incredible resilience, commitment and creativity. Within a very short space of time teams have established and adapted to new ways of working and have continued to maintain and deliver safe and effective services to our residents. Our strong local partnerships have responded with great innovation and greater collaborative working with and in support of our local communities. During the pandemic we established and ran a local Community Assessment Centre for people with respiratory problems. We successfully distributed high volumes of essential PPE supplies and have delivered an enhanced flu vaccination programme and Covid-19 vaccination programme. We have developed and coordinated many services and supports to care homes, who have been caring for some of our most vulnerable residents.

To support the wider wellbeing needs of our residents we worked in partnership to support the development of the Community Hub which has supported residents to access information and signposted to local community supports as well as establishing new shopping and prescription delivery service. It also responded to the growing need for social contact by those who were reporting feeling isolated, especially those who were shielding. With our colleagues in education we set up the Healthier Minds service to respond to the mental wellbeing of our children and young people.

Our Covid-19 response activity has happened in addition to our planned operational priorities. Much of the performance data for 2020-22 reflects the direct impact of the pandemic on operational activity and changed behaviours among the population during lockdowns and the pandemic period more generally.

The data shows that despite the significant challenges of the Covid-19 pandemic we have continued to support our most vulnerable residents and have performed well against many of our outcome-focused performance indicators. We have seen some

service areas more directly impacted by restrictions and areas where patterns of demand have shifted significantly during the reporting period. Through our recovery and renewal planning and the development of our next strategic plan we will ensure that our priorities and approaches meet the changing needs of our population.

The recovery and improvement actions that we will look at when we move beyond the pandemic include:

- Redesign of service delivery building on lessons from the pandemic e.g. Care at Home, Learning Disability, Day opportunities
- Review and development of our customer journey with those who use our services
- Development and maximisation of digital opportunities for connectivity and service delivery (e.g. Attend Anywhere)
- Ongoing development of our adult vaccination programmes
- Review of access arrangements for our premises – service users and staff
- Delivery of a Workforce Wellbeing Action Plan and support for staff wellbeing across the partnership
- Development of our workforce planning arrangements
- Redesign of our administrative and business support functions
- Establish arrangements to meet the priorities set out in the National Review of Adult Social Care

**Care Providers** the longer term impact on the sustainability of our partner care provider market following Covid-19 is another unknown and we continue to work closely with all our partners to work through issues, support where we can, and look to develop the best way of working building on our collaborative and ethical commissioning approach as we move forward. The way we commission services may be impacted by the creation of a national care service.

**Brexit** the withdrawal from the European Union (Brexit) has not manifested any specific issues to date, however we continue to monitor potential issues such workforce status and staffing gaps, shortage in supply of drugs, healthcare and other consumables and associated cost and sustainability implications to the labour market, care providers and suppliers of other goods and services.

**Economic** challenges are significant as we are seeing increasing inflation across a number of goods and services.

**Carers Act (Scotland) 2016** was effective from April 2018 and is intended to support carers' health and wellbeing and allows carers an assessment of need in their own right. Funding has been provided to meet additional costs and to date this remains working well.

**Primary Care Improvement Plan** funding to support the GP contract and develop sustainable services going forward. Our plans include both local and system wide work. The post Covid-19 impact and population increases will directly impact on

demand for GP services will inform future planning and application of investment of reserves held.

**Mental Health Action 15** funding is intended to allow improvement for a wide range of mental health services and increase the number of workers in this field by 800 nationally at the end of the programme. Our plans include both local and Greater Glasgow and Clyde system wide work and the demand for Mental Health Services is expected to increase significantly as we recover from the pandemic.

**National policy decisions** such as a National Care Service, Fair Work Practices including the Scottish Living Wage impact on the costs of the services we provide and purchase. Similarly any ongoing services we are required to provide in response to the pandemic will have local impact.

**The Scottish Government** announced its draft budget on 9<sup>th</sup> December 2021 agreed its budget on 10<sup>th</sup> February 2022. This budget confirmed the £554 million national investment in social care, consolidating the winter finding announced during 2021/22. With the exception of Interim Care all funding is recurring:

Initiative	National £m	Local £m
Interim Care	20	0.4
Care at Home	124	2.2
Carers Act	20	0.3
Free Personal & Nursing Care	15	0.5
Real Living Wage baseline 2021/22	31	0.5
Real Living Wage full year impact of £10.02	144	2.3
Real Living Wage to £10.50 and other investment **	200	3.3
<b>Total</b>	<b>554</b>	<b>9.5</b>

\*\* Final distribution to be confirmed

In addition to the funding above there is a further £22 million for social work support and our expected share is £0.386 million. This will allow the additional capacity required to support demand increases. This is not included in the council settlement distribution at the time the council set its budget.

The NHSGGC budget contribution is based on the recurring budget plus 2% uplift and funding for National Insurance increases in line with the Scottish Government budget conditions. Additional funding for Multi-Disciplinary Teams and increasing capacity through recruitment of Healthcare Support Workers has been included based on the allocations we expect to receive:

Initiative	National £m	Local £m
Multi-Disciplinary Teams	40	0.7
Healthcare Support Workers Bands 3 and 4	30	0.5
<b>Total</b>	<b>70</b>	<b>1.2</b>

**Audit Scotland** regularly provide reports in relation to health and social care integration with examples including: NHS in Scotland 2021 (February 2022), what we took to PAC, Guide for Audit and Risk Committees (August 2020) and Local Government in Scotland Financial Overview 2019/20 (January 2021).

**The Ministerial Strategic Group for Health and Community Care** Review of Progress with Integration of Health and Social Care' was published in February 2019 by the Scottish Government.

The proposals contained in the report are based around six features of integration highlighted in the Audit Scotland report Health and Social Care Integration, which are:

- Collaborative Leadership and Building Relationships;
- Integrated Finances and Financial Planning;
- Effective Strategic Planning for Improvement;
- Agreed Governance and Accountability arrangements;
- Ability and willingness to share information; and
- Meaningful and sustained engagement.

These proposals are aimed at improving integration and meeting the Scottish Government's original vision for IJBs. This will require considerable changes to systems, processes and operational methodologies to allow these to be met.

Work remains ongoing to adopt a mechanism to implement the intentions for the set aside budget for large hospital services, a delegated planning responsibility to the IJB. The latest Unscheduled Care Commissioning Plan and associated financial framework is being considered by the six IJBs who work within the NHS Greater Glasgow and Clyde boundary in March 2022.

The local actions relating to this report are incorporated into our strategic action plan.



## 4. Medium Term Financial Outlook

The IJB receives the vast majority of its funding from our two partners East Renfrewshire Council and NHS Greater Glasgow and Clyde as well as any specific grant funded initiatives from the Scottish Government and / or partner organisations. We recognise that these contributions are determined in the context of our partner funding settlements and any associated criteria and constraints. The IJB is engaged with partners in their respective budget setting processes.

The funding pressures over the next 5 years relate to demand for services, legislative and policy changes, increasing population, inflation and economic uncertainty. Prescribing is a particularly volatile area as in addition to cost and demand changes this can also be impacted by short supply of drugs, new drugs to the market, existing drugs coming off patent and other price mechanism changes.

Most significantly we do not know the ongoing impact and associated financial implications that Covid-19 has had on our population.

The 2022/23 cost pressures are per the proposed budget to the IJB and inform the modelled significant cost pressures for the following 4 years:

	2022/23 £m	2023/24 £m	2024/25 £m	2025/26 £m	2026/27 £m
Pay – assumed at 2% pa	1.5	1.0	1.0	1.0	1.1
Inflation and Policy (care costs) – assume 4% pa	4.5	1.9	2.0	2.1	2.1
Prescribing – assumed 2% pa	0.3	0.3	0.3	0.3	0.4
Demographic and Demand changes - assume 4% pa	1.5	1.9	2.0	2.1	2.1
Legacy Savings	3.6				
Cost Pressures	11.4	5.1	5.3	5.5	5.7
Funding to offset pressures	(8.3)				
Planned Savings – Firm	(0.2)				
Remaining Funding Gap – to be achieved	2.9	tbc	tbc	tbc	tbc

There will be other costs pressures such as general inflation and it is intended that these will be offset by efficiency savings where possible. Additional capacity funding included in the 2022/23 budget has resulted in increased pay and inflation for future years.

For those areas not yet quantified for future years the information and implications will be updated as issues emerge and become clearer. The resulting funding gap will be determined by the difference between pressures and the funding settlement agreed with our partners.

There are a number of areas where caseload or staffing ratio to number of patients will determine changes to the workforce. For example there are staffing models that determine how many District Nurses or Health Visitors are required for the population

size, so where we have an increasing population we need to work with partners to assess the impact on the workforce and how this is to be funded.

We have a one year workforce plan in place and our three year plan will be finalised during 2022. This will help inform these discussions and associated cost implications.

The other assumptions include above are:

The pay increases for 2022/23 are not yet finalised and are likely to vary across our partner organisations and the working assumption is 2%.

Inflation for care costs was previously assumed at the same rate as pay as a working assumption however based on the fair work policies, workforce and economic challenges this is assumed at 4%,

Demographic and Demand is based on 4% per annum reflecting the Scottish government assumption for social care. This is in line with the funding requirement estimated at 3.5% real growth needed in the independent review of adult social care as well as local assumptions on population growth.

Prescribing is shown at 2% based on 2022/23. However this may rise in line with population increases. This area is so volatile it is difficult to accurately predict and the post Covid-19 impact could be significant. The IJB holds a reserve to help manage fluctuation.

The pressures and funding included in the 2022/23 budget show the investment from the Scottish Government to support health and social care. The costs and savings relating to future changes including service redesign will be refined and revised as our recovery and renewal programme progresses. In this model grant funded activity is treated as ring fenced and does not impact on the pressures set out above; the assumption being costs will be fully funded.

## 5. Our Response

Since the IJB was established in 2015 we have prepared for the expected financial challenge of the last few years and pre Covid-19 we had a reserves policy and an agreed strategy that allowed us time to deliver our savings.

We continue with this strategy to phase in savings to minimise the impact on frontline services however the scale of the challenge in 2022/23 means we may fully deplete this reserve. We may receive some Covid-19 support depending on the capacity impact on service redesign.

For 2022/23 the cost pressures identified in our budget are of £11.4 million is offset by available funding of £8.3 million leaving a funding gap of £3.1 million; savings of £0.2 million are in place with the remaining £2.9 million to be delivered in year; supported by the earmarked reserve we hold to allow this to be incrementally smoothed in.

Our Recovery and Renewal programme will be refreshed based on the latest response, take into account the impact of investment and incorporate further workstreams as required. This will be reported to the IJB on a regular basis when this work recommences. This will include financial modelling to support redesign and savings delivery to meet the required £2.9 million on a recurring basis.

This remains a significant challenge and the increase in funding and capacity as a result of the additional Scottish Government funding should allow some increased flexibility in service delivery and redesign. However in the event we are unable to deliver the full savings required during the year through a combination of recurring and non-recurring actions or be in a position where we are unlikely to have full year effect savings in place by 31 March 2023 we may need to invoke the financial recovery process included within our Integration Scheme.

The projected reserves balance to 31 March 2022 is £16.3 million including an in-year allocation of £14.8 million to support Covid-19 and unscheduled care costs in 2021/22 and 2022/23. Our projected reserves can be summarised into the following categories:

Reserves	Projected balance at 31/3/22 £m
Scottish Government ring-fenced initiatives; fully committed and unable to apply to general use.	10.6
Bridging Finance to support the phased implementation of savings and allow for any in year pressures and flux in activity	3.1
Earmarked funding for projects and initiatives	1.6
Transitional Funding to support the bed model redesign within Learning Disability In-Patients	0.7
General reserves	0.3
<b>Total</b>	<b>16.3</b>

Within the bridging finance reserves of £2.4 million is specifically to support a phased approach to savings and it is likely we will utilise this to support the delivery of our £2.9 million savings in 2022/23.

Whilst it is appropriate that we set ourselves future efficiency savings targets it will not be possible to meet the scale of cost pressures we are facing without significant impact to the level of service we deliver. The backstop to balancing future budgets was previously to take a backwards step and look at implementing criteria based assessment so only those with the highest level of need would receive support; this is no longer viable following the impact of the Covid-19 pandemic.

On the basis of the pressures being in the region of £5.1 million to £5.7 million per year the good / average / poor implication could be:

- Good – fully funded plus some flexibility for investment
- Average – fully funded pressures; acceptance of a realistic efficiency target
- Poor – anything below average

For a budget falling into the range of average we may still struggle to deliver efficiency savings and may need to look at reduction or cessation of some service areas.

For a budget falling into the poor range it is possible the IJB will be unable to set a balanced budget and may need to consider financial recovery planning.

The Recovery and Renewal programme will allow us to explore opportunities for new ways of working as we emerge from the pandemic however this may not achieve the full savings required to balance 2022/23.

This strategy will be updated to reflect significant changes and policy decisions as they are identified.

## 6. Risk and Sensitivity

This medium term plan sets out modelled future implications and that in itself is a risk, underestimated costs pressures mean we may plan to save more than we need to and vice versa – both scenarios will impact on the funding available to deliver services.

Successfully closing the 2022/23 funding gap is a fundamental assumption when assessing future cost pressures. Any shortfall will impact on future year pressures and on financial sustainability.

There is a judgement and balance needed when estimating and planning for future savings.

The table below shows the impact of a 1% change to each of assumptions used to identify cost pressures for budget planning for the remaining four years of this MTFP:

Impact of 1% Change	2023/24 £m	2024/25 £m	2025/26 £m	2026/27 £m
Pay	0.5	0.5	0.5	0.5
Inflation and Policy (care costs)	0.5	0.5	0.5	0.5
Prescribing	0.2	0.2	0.2	0.2
Demographic and Demand	0.5	0.5	0.5	0.5

A change of 1% to the 2022/23 contribution from each partner would equate to:

- ERC Contribution £0.6 million
- NHSGGC Contribution £0.8 million
- NHSGGC Set Aside £0.4 million
- Housing Aids & Adaptations £0.0 million (negligible)

In addition to the funding assumptions and sensitivity impacts there are a number of other risks that need to be considered, including:

Financial sustainability and the conflict between delivering savings and efficiencies to the preventative agenda and increasing demand for services. The success of our Recovery and Renewal programme will be impacted by our ability to adequately resource the programme.

The impacts of legislative, political or policy changes, with examples included in the national context and in particular any development of a national care service.

The implication for the set aside budget moving from an allocation to the unscheduled care commissioning framework will have a “real cash” impact in the future.

Similarly any move to cross charging or commissioning arrangements for hosted services will impact on budgets. This could bring both “risk and reward” determined by planned versus actual consumption of services.

The Learning Disability In-Patient Service can incur significant cost pressures dependant on the complexities of the individuals within the service at any time and we are managing this through use of a reserve; although this funding is diminishing. The Community Change Fund work over the next three years may impact on how this service operates.

Prescribing has always been volatile due to the numerous factors involved and there is a real risk of significant increases post Covid-19. We do have a reserve to help us manage changes in cost and volume. The post Covid-19 impact on prescribing in the medium to long term is unclear. During 2021/22 the volume of items prescribed is returning to pre-pandemic levels; the post Covid-19 implication is not yet clear in terms of complexity of need, population demand and mental health impacts.