

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

Dear Colleague

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

A meeting of the East Renfrewshire Integration Joint Board will be held on **Wednesday 22 June 2022 at 10.30 am or if later at the conclusion of the Performance and Audit Committee.**

Please note this is a virtual meeting.

The agenda of business is attached.

Yours faithfully

Anne-Marie Monaghan

Vice-Chair

For information on how to access the virtual meeting please email eamonn.daly@eastrenfrewshire.gov.uk

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD
WEDNESDAY 22 JUNE 2022 AT 10.30 am**

VIRTUAL MEETING VIA MICROSOFT TEAMS

AGENDA

- 1. Apologies for absence.**
- 2. Declarations of Interest.**
- 3. Integration Joint Board and Performance & Audit Committee memberships (copy attached, pages 5 - 10).**
- 4. Minute of meeting held on 16 March 2022 (copy attached, pages 11 - 22).**
- 5. Matters Arising (copy attached, pages 23 - 26).**
- 6. Rolling Action Log (copy attached, pages 27 - 30).**
- 7. Minute of meeting of Performance and Audit Committee held on 16 March 2022 (copy attached, pages 31 - 36).**
- 8. Local Child Poverty Action Report – Year 4 (copy attached, pages 37 - 94).**
- 9. Unaudited Annual Report and Accounts (copy to follow).**
- 10. Recovery and Renewal Programme Update (copy attached, pages 95 - 108).**
- 11. Future of East Renfrewshire Learning Disability Day Opportunities Redesign and Transport (copy attached, pages 109 - 16).**
- 12. HSCP Workforce Planning Update (copy attached, pages 117 - 174).**
- 13. National Care Service Update – Oral Update by Chief Officer.**
- 14. Date of Next Meeting: Wednesday 10 August 2022 at 10.00 am.**

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board	
Held on	22 June 2022	
Agenda Item	3	
Title	Integration Joint Board and Performance & Audit Committee memberships	
Summary		
A report providing a position statement in relation to the new East Renfrewshire Council representatives on the IJB and seeking approval for changes to the membership of the committee as set out in the report.		
Presented by	Eamonn Daly, Democratic Services Manager, East Renfrewshire Council	
Action required		
That the Board approves the memberships as set out in the report.		
Directions	Implications	
<input checked="" type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<input type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Workforce <input type="checkbox"/> Equalities	<input type="checkbox"/> Risk <input checked="" type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

22 June 2022

Report by Chief Officer

**INTEGRATION JOINT BOARD AND
PERFORMANCE & AUDIT COMMITTEE MEMBERSHIPS**

PURPOSE OF REPORT

1. To provide information about the membership of the Board and committees following the recent local government elections.

RECOMMENDATION

2. That the Board:-
 - (a) notes the newly nominated councillors on the Board;
 - (b) notes that the position of lead councillor remains vacant and will be considered by the Council on 29 June 2022;
 - (c) homologates the appointment of Councillor Bamforth to the Performance and Audit Committee; and
 - (d) notes the appointment of Lynsey Allan (Scottish Care) as the replacement for Heather Molloy on the Board and the Performance and Audit Committee

REPORT

3. In terms of the Integration Scheme for the IJB, East Renfrewshire Council nominates 4 councillors to serve on the IJB. In addition, the Council identifies one of its 4 nominees to the Board to serve as lead councillor and Chair/Vice-Chair.
4. Following the recent local government elections, the following 4 councillors have been nominated by the Council to serve on the Board.
 - Councillor Caroline Bamforth (SNP)
 - Councillor Paul Edlin (Conservative)
 - Councillor David Macdonald (Independent)
 - Councillor Katie Pragnell (Labour and Co-operative)
5. Councillor Macdonald had been appointed as Convener for Social Work and Health and as the lead councillor to serve as Chair/Vice Chair, replacing Councillor Bamforth. However, subsequent to the appointments, Councillor Macdonald tendered his resignation as Convener and member of the IJB. The vacancies will be considered by the Council at its meeting on 29 June.
6. In terms of the Integration Scheme the posts of Chair and Vice Chair are held for a two year term by the lead persons appointed by the Council and the Health Board. At the end of the two year term the positions reverse.

7. Prior to the elections Councillor Caroline Bamforth held the post of Chair, with Ms Monaghan holding the post of Vice-Chair. Councillor Bamforth's term of office as Chair was due to run until 28 June. As the lead councillor position is now vacant, in terms of Standing Orders it will fall to the Vice Chair to Chair the meeting.

Appointments to Performance & Audit Committee

8. In light of the new Council nominations to the IJB it is necessary to revisit the councillor membership on the Performance & Audit Committee.

- Prior to the elections the councillors on the committee were Councillor Caroline Bamforth and Provost Jim Fletcher.

9. Councillor Bamforth was on the committee as a result of being the Council's lead councillor on the IJB and acted as Vice-Chair of the committee when Chair of the IJB and Chair of the committee when Vice-Chair of the IJB.

10. In light of developments the position on the committee held by the lead councillor will remain vacant until the positions of Convener for Social Work and Health, and lead councillor on the IJB, are considered by the Council at the end of June. In relation to the second position, as the meeting of the committee takes place in advance of this meeting of the IJB, expressions of interest have already been invited from the remaining councillors appointed to the IJB. In light of this, Councillor Bamforth has been appointed to the committee and homologation of this appointment is now sought.

11. One of the further vacancies on the committee relates to a co-opted member from the Council's Audit & Scrutiny Committee. That committee will consider the nomination of a co-optee at its meeting on 23 June.

Scottish Care

11. Following the resignation of Heather Molloy from the Board (and the Performance and Audit Committee), Lynsey Allan has been appointed as the replacement for Ms Molloy.

FINANCE AND EFFICIENCY

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

CONSULTATION AND PARTNERSHIP WORKING

13. As membership of the Board and committees is a matter for all members of the Board, there has been no consultation on the proposed memberships.

IMPLICATIONS OF THE REPORT

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

CONCLUSIONS

15. The review of memberships was required following the recent local government elections.

RECOMMENDATION

16. That the Board:-

- (a) notes the newly nominated councillors on the Board;
- (b) notes that the position of lead councillor remains vacant and will be considered by the Council on 29 June 2022;
- (c) homologates the appointment of Councillor Bamforth to the Performance and Audit Committee; and
- (d) notes the appointment of Lynsey Allan (Scottish Care) as the replacement for Heather Molloy on the Board and the Performance and Audit Committee

REPORT AUTHOR AND PERSON TO CONTACT

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BACKGROUND PAPERS

None

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**Minute of virtual meeting of the
East Renfrewshire Integration Joint Board
held at 10.30 am on 16 March 2022**

PRESENT

Councillor Caroline Bamforth	East Renfrewshire Council (Chair)
Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
Councillor Tony Buchanan	East Renfrewshire Council
Dr Claire Fisher	Clinical Director
Jacqueline Forbes	NHS Greater Glasgow and Clyde Board
Anne Marie Kennedy	Third Sector representative
Amina Khan	NHS Greater Glasgow and Clyde Board
Ian Marshall	Scottish Care
Dr Deirdre McCormick	Chief Nurse
Geoff Mohamed	Carers' representative
Anne-Marie Monaghan	NHS Greater Glasgow and Clyde Board (Vice-Chair)
Julie Murray	Chief Officer – IJB
Kate Rocks	Head of Public Protection and Children's Services (Chief Social Work Officer)
Lynne Rankin	Staff Side Representative (ERC)
Michelle Wailes	NHS Greater Glasgow and Clyde Board

IN ATTENDANCE

Liona Allison	Assistant Committee Services Officer, East Renfrewshire Council
Eamonn Daly	Democratic Services Manager, East Renfrewshire Council
Lee McLaughlin	Head of Adult Services – Communities and Wellbeing
Ian McLean	Finance Business Manager
Margaret Phelps	Strategic Planning, Performance and Commissioning Manager
Steven Reid	Policy, Planning and Performance Manager
Stephen Shaw	Audit Scotland

APOLOGIES FOR ABSENCE

Dr Angela Campbell	Consultant Physician in Medicine for the Elderly
Andrew McCready	Staff Side Representative (NHS)
Councillor Jim Swift	East Renfrewshire Council

DECLARATIONS OF INTEREST

1. There were no declarations of interest intimated.

MINUTE OF PREVIOUS MEETING

2. The Board considered and approved the Minute of the meeting held on 26 January 2022.

MATTERS ARISING

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

ROLLING ACTION LOG

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

Having heard the Chief Officer confirm that she had shared information with Ms Forbes in relation to the CAMHS overspend, and Ms Forbes confirm the information had been received, the Board noted the report.

EAST RENFREWSHIRE HSCP STRATEGIC PLAN 2022-2025

5. Under reference to the Minute of the meeting of the Performance and Audit Committee held prior to this meeting, the Board considered a report by the Chief Officer, presenting for consideration the HSCP Strategic Plan for the period 2022-25. A copy of the Plan accompanied the report.

The report set out the statutory basis for the review of the Plan at least every 3 years, reminding the Board that in November 2020 it had been agreed that the HSCP would prepare a one year “bridging plan” for 2021-22, reflecting priorities during recovery from the COVID-19 pandemic. It had also been agreed that during 2021-22, a more comprehensive strategic needs assessment and full programme of community and stakeholder engagement would be undertaken 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 was now complete and represented in the content of the Strategic Plan.

The report provided details of some of the engagement work that had taken place in preparing the Plan and set out the next steps following consideration by the committee and the IJB.

It was explained that the Plan illustrated how the HSCP would contribute to the priorities established in the East Renfrewshire Community Plan and Fairer East Ren. Under the strategic priorities, key activities and critical indicators that linked to the HSCP contribution to East Renfrewshire Council’s Outcome Delivery Plan were set out.

Overall, respondents to the consultation were positive about the inclusive approach to engagement with a majority of consultees being confident that the approaches described in the Plan would deliver on priorities and wider objectives for HSCP, whilst also recognising the challenges to be faced.

The report also highlighted some of the key changes made to the Plan as a result of the consultation, and that the headline planning priorities as listed built on those set out in previous strategic plans.

Further work in relation to helping to inform the next Local Housing Strategy, the production of an Equality Impact Assessment, and the inclusion of greater illustrations and visualisations in an easy read version of the Plan were also outlined.

The report concluded by emphasising the significant work that had been undertaken to develop the Strategic Plan for 2022-25 in consultation with stakeholders and East Renfrewshire residents, despite the continuing challenges of the pandemic. The Plan represented a strong strategic footing for the partnership over the next three years as recovery and renewal continued following the COVID-19 pandemic. The key messages from the Plan would 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, a range of delivery plans would be put in place and thematic plans that supported the implementation of the Plan would be refreshed.

Having heard the Policy, Planning and Performance Manager further on the Plan, Councillor Bamforth highlighted some of the issues that had been raised at the meeting of the Performance and Audit Committee, particularly in relation to the changes that had been made to the previous iteration of the Plan not being clear, and the timing of the meeting of the Performance and Audit Committee immediately prior to the meeting of the Board and the impact this had on any possible changes being sought by the committee being properly considered by the Board. In relation to the timing of meetings, the Chief Officer explained the historic reasons for both meetings taking place on the same day.

In response to a suggestion from Ms Khan, the Policy Planning and Performance Manager confirmed that the protected characteristics could be listed in the Plan.

Having heard Councillor Buchanan thank staff for their efforts and refer to the history of collaborative working in East Renfrewshire even prior to the establishment of the IJB, the Board:-

- (a) approved the Strategic Plan for 2022-25; and
- (b) noted the development of user-friendly formats of the Plan and proposals for wider communication.

HSCP COVID RESPONSE

6. Under reference to the Minute of the previous meeting (Item 4 refers), the Board considered a report by the Chief Officer providing an update on developments within the HSCP in response to the ongoing COVID-19 pandemic and continued pressure being faced by the HSCP, in common with health and social care services across the country.

The report explained that at the time of writing, 5 service areas were rated as “monitor carefully/prepare to take action” on the critical functions list, these service areas being noted as Children with Disabilities, School Nursing, CAMHS, Family Wellbeing Service (contracted), and Older Adult Mental Health Team

The report explained that major projects within the Recovery and Renewal Programme, including the Replacement Case Recording System and Care at Home Projects, had been paused to allow the HSCP to respond to the ongoing pandemic. The Programme Manager had also been realigned to support response activity. However, it was now expected that the

programme would fully re-commence in March 2022 with a detailed updated position being put to the Recovery and Renewal Board containing a plan for bringing the above projects back on stream, and a timescale for introducing further planned projects currently in the pipeline. Very positive discussions had taken place with the Council's new Business Operations & Partnerships Department, which would ensure sufficient resources could be deployed in the delivery of these projects.

Thereafter the report provided comprehensive information in relation to the challenges being faced across these service areas and the way in which these challenges were being addressed.

The Chief Officer then spoke at length in relation to the report, highlighting a number of further changes that had occurred since the report had been written.

Councillor Bamforth welcomed both the appointment of the Health and Wellbeing Officer to support staff and that the Mental Health Officer Team was now fully staffed.

Councillor Buchanan welcomed that although people were still contracting the virus the impact appeared to be less severe. However, it was important to remind people not to let complacency set in because of this.

In response to questions from Ms Khan on future service demand and vaccination of children, the Chief Officer outlined the resources available to the HSCP. In addition, the Chief Nurse provided information on arrangements being put in place for the vaccination of children, in respect of which it was explained that the focus at present was the rollout of the spring COVID booster programme.

Provost Fletcher highlighted that the lives of a large section of the population had been put on hold due to the pandemic and it was important that everything was done to allow people to live as "normal" a life as possible. He suggested that vaccination was the best route to this and questioned if it was the intention that further vaccinations would be rolled out to the general population.

In reply, the Clinical Director explained that there were no widespread vaccination expansion plans at present but that this was the most likely direction of travel. In addition, the Chief Nurse explained that the Joint Committee on Vaccination and Immunisation would provide advice on the way forward.

The Board noted the report.

REVENUE BUDGET 2022-23

7. The Board took up consideration of a report by the Chief Financial Officer proposing a budget for the 2022-23 financial year.

The report explained that the Scottish Government had announced their draft budget on 9 December 2021 with the final budget being agreed on 10 February 2022. The budget confirmed the £554m national investment in social care consolidating the winter funding announced during 2021-22, it being noted that with the exception of Interim Care, all funding was recurring. The local share of the funding was £9.525m in addition to which there would be a further £0.386m, which was the local share of £22m nationally for social work support.

The NHSGGC indicative budget contribution was based on the recurring budget plus 2% uplift and funding for National Insurance increases and was in line with the Scottish Government budget conditions. Additional funding for Multi-Disciplinary Teams and increasing capacity

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NOT YET ENDORSED AS A CORRECT RECORD

through recruitment of Healthcare Support Workers had been included based on the allocations the HSCP expected to receive. It was noted that the local share of the additional funding was £1.227m.

It was explained that the context for setting the budget was another unique year, and that whilst the ongoing impacts from the pandemic were being worked through, it was also necessary 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.

The baseline for activity and demand that would normally be worked to and benchmarked against no longer existed, and work to reshape services continued with many unknowns still to be encountered.

It was explained that the Scottish Government Budget settlement was for one year only and it was expected that from 2023-24 there would be a return to multi-year budget settlements. This would improve certainty for future financial planning. However, in the meantime, the Medium-Term Financial Plan had been revised to reflect the position outlined in the proposed budget. As previously agreed, this would be revised and reported to the IJB at least annually and more frequently in the event of any significant change.

Whilst the proposed budget included significant investment, the Board was reminded that the legacy savings challenge included in the current year 2021-22 budget was £3.566m all relating to the ERC contribution to the IJB for social care.

Plans to review criteria and introduce charges for non-residential care had been overtaken by a combination of the impact of the pandemic with increased demand for services and people having more complex needs. In addition, as part of a national care service the intention was 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. It was noted that the majority of care costs were for the older population where the East Renfrewshire demographic continued to have a high proportion of frail, older people.

The report referred to ongoing savings challenges facing the IJB and taking these into account the report set out a summary of cost pressures, the funding available to meet them, and the savings challenge to close the funding gap.

It was explained that in addition to the legacy savings of £3.556m brought forward, within each partner contribution there were a number of cost pressures totalling £14.426m, these being summarised. Also outlined was the funding of £11.279m available to meet the pressures and the proposals to close the £3.147m funding gap.

Further detailed information on pay and inflation cost pressures was provided, in addition to which the local demographic and demand pressures, as well as prescribing cost pressures and proposals to address these, were outlined.

It was also highlighted that while the Living Wage funding in the Scottish Government settlement referred specifically to adult social care, provision had been made for those partner providers who supported both children and adults in local communities, as it was considered that the split of the provision, particularly around learning disability and complex needs, was artificial.

The report explained that additional COVID-19 funding had been received during 2021-22 that would support those ongoing costs into 2022-23 and it was hoped that this would continue to extend to unachieved savings on the same basis as 2021-22 until capacity was available to recommence work on recovery.

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NOT YET ENDORSED AS A CORRECT RECORD

Having explained that the Chief Financial Officer had consulted with partners in the preparation of the budget and would continue to work in partnership with colleagues to develop the budget setting and financial planning process for future years, the report set out the various implications and risks the most significant risk continuing to be sustainability and the delivery of a balanced budget in 2022-23 and beyond.

In conclusion, the report explained that the 2022-23 proposed budget would allow the IJB to set a budget that was balanced, but remained predicated on significant savings being achieved through service change and redesign. This was supported by the application of non-recurring funding, in line with the pre-pandemic strategy, and officers remained alert to possible changes to the budget during the year resulting from any policy changes.

There was clearly risk associated with the 2022-23 financial position as it stood and the move to shorter term updates to the current and Medium-Term Financial Plan for the HSCP would allow the IJB to assess progress and to take risk based informed decisions throughout the year.

The Chief Financial Officer having been heard further, full discussion took place.

Councillor Bamforth having welcomed the additional funding but at the same time recognising the significant additional cost pressures to be faced, Ms Monaghan expressed frustration at the number of Scottish Government initiatives that were to be delivered but the funding for the delivery of these initiatives was not always provided in full. She welcomed the decision to pay Living Wage to staff in children's social care services as the Scottish Government decision that it was for adult social care workers failed to recognise the problems this would cause.

Ms Monaghan also referred to increasing costs of utilities in response to which the Chief Financial Officer explained the way in which utility costs were dealt with and that these would continue to be monitored.

Ms Forbes having referred to the importance of the financial position being carefully managed to ensure that all funding to which the HSCP was entitled was obtained, the Chief Financial Officer was heard in response to questions from Ms Wailes on bad debt provision and the existing write off arrangements in place. In addition, in response to a question from Ms Khan on additional funding to support refugees, the Chief Financial Officer explained that if the Scottish Government introduced new policies in relation to refugees that would impact on the HSCP there was an expectation that additional government funding would be provided. However, regular population changes was something that needed to be managed within the existing financial framework.

In relation to this issue the Chief Social Work Officer explained that 2 unaccompanied asylum seekers had been taken in by the HSCP before Christmas and both were being fully funded by the Scottish Government. Furthermore Councillor Buchanan explained that whilst the Scottish Government was doing what it could, decisions in relation to refugees sat with the UK Government.

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Ms Forbes left the meeting at this point.

Thereafter having heard Councillor Buchanan thank the Chief Financial Officer and her team for the work undertaken in preparing the budget, the Board:-

- (a) accepted the expected budget contribution of £63.842m from East Renfrewshire Council (£60.141m confirmed with a further £3.701m to be allocated as budget redeterminations from the Scottish Government);

NOT YET ENDORSED AS A CORRECT RECORD

- (b) accepted the £0.614m for Community Justice expenditure funded by grant via East Renfrewshire Council, subject to uplifts to this grant funding;
- (c) accepted the delegated budget for aids and adaptations of £0.4m;
- (d) accept the indicative budget contribution of £78.245m from NHS Greater Glasgow and Clyde (£77.018m agreed and £1.227m further funding expected), subject to due governance by the health board;
- (e) accepted the indicative set aside budget contribution of £37.653m from NHS Greater Glasgow and Clyde;
- (f) agreed that directions be issued to East Renfrewshire Council and NHS Greater Glasgow and Clyde confirming the acceptance of the budget;
- (g) agreed the continued implementation of the Real Living Wage uplift to our partner providers including the increase in National Insurance rates; and
- (h) noted 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.

MEDIUM-TERM FINANCIAL PLAN

8. The Board considered a report by the Chief Financial Officer seeking approval of a revised Medium-Term Financial Plan.

It was explained that the revised plan, which was a refresh of the 2022-23 to 2026-27 plan agreed by the Board in June 2021, built on the 2022-23 revenue budget and looked at potential cost implications for the next 5 years.

The Chief Financial Officer having summarised the key issues, the Chief Officer emphasised the high degree of uncertainty ahead, with a number of unknowns to take account of such as the establishment of a National Care Service. In relation to this, the Chief Social Work Officer highlighted the risk of service fragmentation and that it introduced challenges in terms of adopting a whole system approach to service delivery.

The Chief Financial Officer explained that the plan was a “living” document which would change as issues crystallised. It would be brought back to the Board as required and at least once a year.

The Board:-

- (a) approved the revised Medium-Term Financial Plan; and
- (b) agreed to receive updates that reflected significant changes in the financial outlook for the IJB

REVENUE BUDGET MONITORING REPORT

9. Under reference to the Minute of the previous meeting (Item 5 refers) the Board considered a report by the Chief Financial Officer providing details of the projected outturn position of the 2020/21 revenue budget as at 31 January 2021.

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

It was noted current COVID-19 related expenditure assumptions were £9.411m. These costs were reviewed monthly, with cost projections being continually revised as the service responded to the pandemic. The current estimated costs were included in the overall financial position with the bottom line being a nil impact as the current planning assumption remained that all costs would be fully funded by the Scottish Government.

The report explained that projected costs and confirmed funding in relation to remobilisation activity totalled £9.411m. Mobilisation funding confirmed and received to date was £3.365m with further funding confirmed and not yet received totalling £6.046m.

Thereafter it was reported that against a full year budget of £136.603m there was a projected operational underspend of £0.554m. This was a reduction in projected costs since the previous report. It was explained that the current projected revenue budget underspend of £0.554m would be added to the budget savings reserve, subject to final outturn and agreed reserves position at the end of the financial year. This was in line with the agreed approach, pre-pandemic, to smooth in budget savings.

Details of the main projected operational variances as well as ongoing financial risks were set out.

The Board:-

- (a) noted the projected outturn for the 2021-22 revenue budget; and
- (b) noted the projected reserves balances.

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Mr Marshall left the meeting at this point.

AGE OF CRIMINAL RESPONSIBILITY (SCOTLAND) ACT 2019

10. The Board considered a report by the Chief Social Work Officer providing an overview of changes in legislation through the introduction of the Age of Criminal Responsibility (Scotland) Act 2019 (the Act) and how this would impact on children's social work services.

By way of background, the report explained that the Act allowed Scottish Ministers to raise the age of criminal responsibility from 8 years old to 12 years old and was intended to protect children from the harmful effects of early criminalisation. The Act focused on events where a child demonstrated a serious risk to themselves or to others, and powers within the Act enabled Police to investigate incidents where children under the age of 12 years may pose a risk of causing significant harm.

Where police investigated the behaviour of children under 12 years old, a police officer may take any child to a Place of Safety (PoS) when they believed that the child was behaving, (or was likely to have behaved) in a way that was causing, or risked causing, significant harm to another

person. The Police Officer must have deemed that the child's removal was necessary to protect another person from an immediate risk of significant harm. The use of a Place of Safety was for a 24 hour period only.

The Act required Scottish Ministers to compile, maintain and publish a list of identified Places of Safety across Scotland. It was noted that the list did not involve the publication of addresses or any other information that may allow the identification of individual children. These Places of Safety may include being in the care of other family members and kinship arrangements and this would always be the first option for children's social work services. A Place of Safety could also be internal and external foster care and residential resources, health based acute resources e.g. hospital, a Police Station or the child's home address with a responsible adult.

Thereafter, the report explained that one of the difficulties in planning around the use of the Act was that it was highly likely to be an extraordinary event. The power to place a child in a Place of Safety was intended to be an emergency response to situations for a child under the age of 12 years who posed an immediate risk of harm to others, with the local authority being required to identify a Place of Safety. This was intended to minimise any time that children were kept in Police facilities (police stations, cells or vehicles), and it was expected that the facilities would be child friendly and nurturing environments for children. As such, a Place of Safety may be required without notice and could possibly be required for more than one child involved in the same incident, and meeting this requirement may offer some challenges to Children's Services.

It was also reported that local authorities in the West of Scotland, within the Police Scotland G division, were developing a collaborative approach. This was to develop increased training opportunities and resources and to monitor the demand across the partnership areas. Further discussions were underway to develop collaborative arrangement to create options where it may be desirable to use a Place of Safety located outside of East Renfrewshire.

Welcoming the raising of the age of criminal responsibility as a positive step, the Chief Social Work officer commented further on the report and was heard in response to both Councillor Bamforth and Ms Monaghan on suitable locations in the local area for a place of safety.

The Board:-

- (a) noted the arrangements set out in the report to allow the partnership to meet its statutory responsibilities under the Age of Criminal Responsibility (Scotland) Act 2019;
- (b) noted the collaborative partnership approach with City of Glasgow HSCP, East Dunbartonshire HSCP and G Division Police Scotland in relation to a shared approach to the implementation of the legislative guidance; and
- (c) supported proposals for a named establishment as a Place of Safety, which would be identified by the HSCP.

JOINT INSPECTION OF CHILDREN'S SERVICES

11. The Chief Social Work Officer reported that intimation had been received of a joint inspection of Children's Services. The inspection would start on 28 March.

Details of the inspection process were provided it being explained that it was a very time consuming exercise and that the East Renfrewshire HSCP was the first partnership to undergo this type of inspection.

Ms Monaghan highlighted that the inspection was being conducted following an extended period during which working practices were not normal, and questioned whether this would be taken into account. In reply the Chief Social Work Officer reassured the Board that she would ensure that pre-pandemic work was taken into account as part of the inspection. She also had reservations about being the first partnership to be inspected under the new arrangements as the HSCP would become the benchmark for others and there was no opportunity to compare against other partnerships.

The Chief Social Work Officer having noted the next steps in the inspection process and that the scores from the inspection were expected around the middle of July, the Board noted the information.

UNSCHEDULED CARE COMMISSIONING PLAN (DESIGN AND DELIVERY PLAN 2022-23 TO 2024-25)

12. Under reference to the Minute of the meeting of 22 September 2021 (Item 15 refers), the Board considered a report by the Chief Officer submitting for consideration the final version of the HSCP led Greater Glasgow and Clyde unscheduled care programme Design and Delivery Plan as the updated and refreshed Board-wide Strategic Commissioning Plan for unscheduled care. It was explained that since approval of the Board wide draft by all 6 IJBs in September 2021, comments had been received on the draft and comments made on a number of the key actions. In addition, Scottish Government allocated winter planning monies had been received.

The report explained that the purpose of the plan, a copy of which accompanied the report, was to show how it was planned to respond to the pressures on health and social care services in GGC, and meet future demand. The plan explained that with an ageing population and changes in how and when people chose to access services, change was needed and patients' needs met in different ways, and with services that were more clearly integrated and the public better understood how to use them.

The programme outlined in the plan was based on evidence of what worked and estimates of patient needs in GGC, focussing on three key themes following the patient journey. These were noted as 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; and, improving the primary/secondary care interface jointly with acute to better manage patient care in the most appropriate setting.

The draft plan also described how it was essential to communicate more directly with patients and the general public to ensure that people knew what service was best for them and could access the right service at the right time and in the right place.

The report further explained that the final Design & Delivery Plan updated the actions in the draft unscheduled care plan reported to the IJB in September 2021. The refreshed programme followed through on the three key themes from the 2020 plan, and showed the key priorities to be progressed in the current year (phase 1), actions for 2022-23 (phase 2) and future years (phase 3).

An updated action plan and revised performance trajectories were included. It was projected that the overall impact of the programme on emergency admissions (65+) taking account of future population increases and current trends, as currently funded, had the potential to reduce emergency admissions for over 65s by 5% during 2022-23.

The report then set out details of the financial framework that had been developed in partnership with the 5 other IJBs and the NHS Greater Glasgow and Clyde Board to support

the implementation of the Design and Delivery Plan, it being highlighted that the plan represented the first step in moving towards delegated hospital budgets and set aside arrangements within GGC.

It was noted that funding was in place for Phase 1 implementation in East Renfrewshire HSCP, with the exception of the funding for the Mental Health Assessment Units to which a contribution was made. Recurring funding from Scottish Government continued to be pursued for these. Phases 2 and 3 would be costed fully as tests of change and work streams further developed their proposals. Some actions in Phase 2 and 3 had funding which had already been secured in some IJBs. As a result, this investment was planned to proceed now as part of an early adoption of Phase 2 and 3.

Having provided details of the consultation and partnership working that had taken place, and set out some of the various implications of the proposals, the report concluded by explaining that Integration Authorities had responsibility for strategic planning, in partnership with the hospital sector, of those hospital services most commonly associated with the emergency care pathway, alongside primary and community health care and social care. This was known as unscheduled hospital care and was reflected in the set aside budget. The objective was to create a coherent single cross-sector system for local joint strategic commissioning of health and social care services and a single process through which a shift in the balance of care could be achieved.

The Board

- (a) approved the Design and Delivery Plan 2022-23 to 2024-25 as the updated and refreshed Board-wide unscheduled care improvement programme;
- (b) approved the financial framework as outlined in the report and in section 7 of the Plan;
- (c) noted the performance management arrangements to report on and monitor progress towards delivery of the Plan;
- (d) agreed to receive a further update on the delivery of the programme towards the end of 2022/23; and,
- (e) noted that the Plan would be reported to all six IJBs simultaneously and the Health Board Finance, Audit and Performance Committee.

EAST RENFREWSHIRE IJB CODE OF CONDUCT

13. The Board considered a report by the Chief Officer seeking the adoption of a revised Code of Conduct for members of the Integration Joint Board.

The report explained that the Standards Commission for Scotland had reviewed and revised both the Code of Conduct for Councillors and the Model Code of Conduct for Members of Devolved Public Bodies with both the Councillors' Code and Model Code having been approved by the Scottish Parliament in December 2021. A copy of the Model Code was circulated to Board Members in December.

Scottish Ministers had now written to the Chair asking the IJB to adopt the revised Code.

A copy of the proposed revised Code accompanied the report and the report summarised the key changes to the revised Code.

In particular the report explained that whilst the Model Code contained a new section in relation to collective responsibility, the Scottish Government had acknowledged that this section was not relevant to how IJBs operated. To remedy this the Scottish Government had proposed that the best way to resolve this point was by allowing IJBs to opt out of this paragraph when adopting their version of the Code if they chose to do so.

Having heard both Ms Monaghan and Ms Khan express support for opting out of the section on collective responsibility and the Democratic Services Manager in response to a question from Ms Khan on acceptable behaviour in relation to interaction with staff the Board agreed:-

- (a) to adopt the Code of Conduct for Members of the East Renfrewshire Integration Joint Board; subject to the deletion of Paragraph 3.11 in relation to collective decision-making and corporate responsibility; and
- (b) that the Code as adopted be sent to Scottish Ministers for approval.

VALEDICTORY

14. Councillor Bamforth drew the Board's attention to the fact that this was the last meeting before the forthcoming local government elections. This would see a change in the East Renfrewshire councillors on the Board. She thanked the Chief Officer and senior management team for their support during her time as the Council's senior representative on the Board and in relation to Provost Fletcher who was not standing for re-election, thanked him for his contribution to the Board.

Her comments were echoed by Councillor Buchanan. He had been a member of the Board since its establishment in 2015, prior to which he had also serviced on its predecessor, the Community Health and Care Partnership Committee.

Provost Fletcher also paid tribute to the work of officers, and how he had been witness to the development of health and social care provision in East Renfrewshire, initially during his time as Leader of the Council, and more recently as a member of the Board.

Ms Monaghan in turn thanked Councillor Bamforth and those other councillors who had served on the Board over the previous 5 years.

DATE OF NEXT MEETING.

15. It was noted that the next meeting of the Integration Joint Board would be held on Wednesday 22 June 2022 at 10.30 am.

CHAIR



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	22 June 2022
Agenda Item	5
Title	Matters Arising
Summary	
<p>The purpose of this paper is to update IJB members on progress regarding matters arising from the discussion which took place at the meeting of 16 March 2022.</p>	
Presented by	Julie Murray, Chief Officer
Action Required	
<p>Integration Joint Board members are asked to note the contents of the report.</p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

22 June 2022

Report by Chief Officer

MATTERS ARISING

PURPOSE OF REPORT

1. To provide the Integration Joint Board with an update on progress regarding matters arising from the discussion that took place at the last IJB meeting.

RECOMMENDATION

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

REPORT

HSCP Strategic Plan

3. We have produced an interactive easy read version of the HSCP Strategic Plan which is predominately video led and explains each of our priorities and how we will address them. This version will be presented to the Strategic Planning Group on 9th June and after which will be available live on the website. A communications plan will be developed to support this.

Age of Criminal Responsibility (Scotland) Act – Place of Safety

4. We are exploring accommodation options with the Council's Corporate Landlord to identify suitable premises as a named place of safety. In the meantime we have access to a child friendly space adapted within Pollok Police Station should we require it in circumstances where we are unable to use family and extended family as a place of safety which would be our first choice.

Inspection of Children's Services

5. The inspection remains ongoing however case file reading is now complete. Initial feedback on emerging themes from the case file reading and staff survey was positive. The Position Statement is being prepared for submission on 8 June 2022 and preparation for the interviews and focus groups for week beginning 20 June 2022 is underway.

6. The Care Inspectorate will provide their draft report on 13 July 2022 and it will be officially published week beginning 15 August 2022.

RECOMMENDATIONS

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

REPORT AUTHOR AND PERSON TO CONTACT

Lesley Bairden, Chief Financial Officer
Lesley.Bairden@eastrenfrewshire.gov.uk
May 2022

IJB Chief Officer: Julie Murray

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	22 June 2022
Agenda Item	6
Title	Rolling Action Log
Summary	
The attached rolling action log details all open actions, and those which have been completed since the last IJB meeting on 16 March 2022.	
Presented by	Lesley Bairden, Chief Financial Officer
Action Required	
Integration Joint Board members are asked to note progress.	

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Action No	Date	Item No	Item Name	Action	Responsible Officer	Status	Due / Closed	Progress Update / Outcome
359	16-Mar-22	6	East Renfrewshire HSCP Strategic Plan 2022-2025	The Board approved the Plan subject to the inclusion of a list of the protected characteristics, and noted the development of user-friendly formats of the plan and proposals for wider communication - Make the necessary arrangements.	PPPM	OPEN		Interactive version will be made available following Strategic Planning Group on 9th June
358	16-Mar-22	8	Budget 2022/23	Make the necessary arrangements to proceed as agreed	CFO	CLOSED		
357	16-Mar-22	9	Medium-Term Financial Plan	The Board approved the revised Plan which should now be implemented	CFO/HoS	CLOSED	Mar-22	Revised MTFP available online
356	16-Mar-22	9	Medium-Term Financial Plan	Submit updates on the Plan as required to reflect significant changes in the financial outlook for the IJB	CFO	CLOSED	Mar-22	Will be incorporated in revenue monitoring reports or as a standalone report when required
355	16-Mar-22	11	Age of Criminal Responsibility (Scotland) Act 2019	Make arrangements to identify a named establishment as a place of safety.	CSWO	OPEN		Working with Council Corporate Landlord to explore options
354	16-Mar-22	13	Unscheduled Care Commissioning Plan (Design & Delivery Plan 2022/23 – 2024/25)	The Board approved the plan in principle on the basis of the summary provided subject to a copy being shared with all members to allow them the opportunity to submit comments and questions. Make the necessary arrangements.	HAS - C&W	CLOSED		Plan was circulated to members following the meeting on 16 March
353	16-Mar-22	13	Unscheduled Care Commissioning Plan (Design & Delivery Plan 2022/23 – 2024/25)	Note that in the event any issues arose that could not be resolved the Plan should be submitted to a future meeting	HAS - C&W	CLOSED		No issues raised. Comments received noted robustness and detail of the plan.
352	16-Mar-22	14	East Renfrewshire IJB Code of Conduct	Send a copy of the amended Code to the Scottish Government for approval	DSM	CLOSED	Mar-22	The amended code has been submitted to Scottish Government - we are awaiting feedback
351	26-Jan-22	6	Revenue Budget Monitoring Report	Provide a separate note to Jacqueline Forbes on the issues around CAMHS overspend (Para 19 bullet point 3).	CFO	CLOSED	Mar-22	Information requested collated and shared with J Forbes
343	24-Nov-21	11	ER Peer Support Service - Mental Health and Addictions Final Evaluation Report	Consider the possibility of making a presentation on the evaluation report to a future meeting	HAS - LD&R	OPEN	Dec-22	Added to forward planner - scheduled for Dec-22
279	29-Jan-20	5	Rolling Action Log - Individual Budget Update	In the paper to be submitted to a future meeting in respect of Individual Budget Update (242) take account of the technical developments being introduced such as new technical substitutes for sleepovers, which will impact on individual budgets.	HAHSCL	OPEN	TBA	March IJB paper on Implementation of Budget Calculator and SDS available online . Report on Overnight Support scheduled for April'20 has been deferred to due to Covid-19
263	25/09/2019	8	Chief Social Work Officer's Annual Report	Submit a report to a future meeting on how the use of data in Children's Services has led to service improvements.	CSWO	OPEN	TBA	Deferred to due to Covid-19.
244	26/06/2019	10	Financial Framework for the 5-Year Adult Mental Health Services Strategy in GGC	Submit a progress report in due course.	CFO	OPEN	TBA	Added to forward planer - Timing of progress report will be dependent on system wide programme and agreement of all six HSCPs within Greater Glasgow and Clyde

Abbreviations

CCGC	Clinical and Care Governance Committee	BSM	Business Support Manager	GCO	Governance and Compliance Officer
IJB	Integration Joint Board	CD	Clinical Director	HAHSCL	Head of Adult Health and Social Care Localities
PAC	Performance and Audit Committee	CO	Chief Officer	HAS - C&W	Head of Adult Services - Communities and Wellbeing
		CFO	Chief Finance Officer	HAS - LD&R	Head of Adult Services - Learning Disability and Recovery
		CN	Chief Nurse	PPPM	Policy, Planning & Performance Manager
		CSWO	Chief Social Work Officer	SMRS	Senior Manager, Recovery Services
		DSM	Democratic Service Manager	LP (RS)	Lead Planner (Recovery Services)

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**Minute of virtual meeting of the
East Renfrewshire Integration Joint Board
Performance and Audit Committee
held at 9.00am on 16 March 2022**

PRESENT

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

Councillor Caroline Bamforth	East Renfrewshire Council
Provost Jim Fletcher	East Renfrewshire Council
Jacqueline Forbes	NHS Greater Glasgow and Clyde Board
Anne Marie Kennedy	Non-voting IJB member

IN ATTENDANCE

Liona Allison	Assistant Committee Services Officer (East Renfrewshire Council)
Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
Michelle Blair	Chief Auditor (East Renfrewshire Council)
Eamonn Daly	Democratic Services Manager (East Renfrewshire Council)
Ian McLean	Accountancy Manager
Julie Murray	Chief Officer – IJB
Margaret Phelps	Strategic Planning, Performance and Commissioning Manager
Steven Reid	Policy, Planning and Performance Manager
Stephen Shaw	Audit Scotland

APOLOGIES FOR ABSENCE

Councillor Barbara Grant	East Renfrewshire Council co-opted Member
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DECLARATIONS OF INTEREST

1. There were no declarations of interest intimated.

MINUTE OF PREVIOUS MEETING

2. The committee considered and approved the Minute of the meeting of 24 November 2021.

MATTERS ARISING

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

ROLLING ACTION LOG

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

Referring to the open action in relation to discussions with Council staff in respect of support cost recharges, the Chief Officer explained these discussions had not yet taken place as the Council had not produced a mid-year review as in previous years.

In addition, she reported that reviewing the format of performance reporting was ongoing.

Ms Monaghan and Ms Forbes both referred to the delay in the internal audit verification process, expressing concern at this, and questioned whether it should be considered for addition to the risk register in terms of any exposure the IJB may suffer as a result of audits not being verified. They also queried if any review of support cost recharges occurred, to reflect that work as originally agreed had not taken place.

Responding to the comments in relation to support cost recharges, the Chief Officer explained the changed funding arrangements in that the IJB now received a flat cash settlement to pay for these services. Consequently, there was a need for a review of the whole recharge process. The need was strengthened further by the proposals for the introduction of a National Care Service. Initial discussions had taken place with the Council's Chief Executive around this matter, who agreed that a review was necessary.

The Chief Financial Officer then gave an explanation of the current model in use and the number of services involved. She clarified that it was only in respect of the Council that the funding was delegated into the IJB budget with the relevant NHS support services provided on behalf of the IJB. This arrangement with the Council was understood to be unique in Scotland.

She clarified that an allocation methodology, not a service level agreement arrangement was used, with Council support services estimating what proportion of their activities related to the HSCP/IJB. Without the Council having a mid-year review of support cost recharges it meant that there was higher uncertainty around what the end-year allocation of support costs by the Council would be. She suggested that there was work that could be done which would improve the amount of information provided to enable planned activity against real time activity to be more accurately shown during the year. She highlighted that in many cases, due to the size of the teams providing support services, costs were fixed and would be there regardless of the level of activity. She also referred to other areas where recharges had increased and explained the reasons for this.

Ms Monaghan having suggested that the issue be added to the Rolling Action Log and that the IJB would be best served by the topic being the subject of a development session to ensure members had a better understanding of the issue, Ms Forbes questioned whether the issue of support service recharges should be covered by Direction, and that in the event the Council was looking to recover more than the agreed amount they needed to approach the IJB to have the Direction varied.

Responding to the comments made, the Chief Financial Officer intimated that subject to budget approval by the IJB, reference could be made in the Direction letter to concerns around support costs. To reassure the committee, she explained that discussions around the level of support cost recharges in the 2022/23 budget had been very robust.

The Chief Auditor then summarised some of the challenges that had faced the audit service in the preceding year, particularly in relation to staffing levels and long-term sickness absence. She clarified that the charges for audit services provided were normally based on actual time spent on any work being carried out.

Having heard Ms Monaghan on the importance of the Board having a better understanding of recharge arrangements, the committee:-

- (a) noted the report;
- (b) agreed that a development session on support cost recharges be arranged for a future seminar; and
- (c) agreed that the question of support cost recharges be added to the Rolling Action Log.

EAST RENFREWSHIRE HSCP STRATEGIC PLAN 2022-25

5. The committee considered a report by the Chief Officer, presenting for consideration the HSCP Strategic Plan for the period 2022-25. A copy of the Plan accompanied the report.

The report set out the statutory basis for the review of the plan at least every 3 years, reminding the committee that in November 2020 it had been agreed that the HSCP would prepare a one-year "bridging plan" for 2021-22, reflecting priorities during recovery from the COVID-19 pandemic. It had also been agreed that during 2021-22, a more comprehensive strategic needs assessment and full programme of community and stakeholder engagement would be undertaken 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 was now complete and represented in the content of the Strategic Plan.

The report provided details of some of the engagement work that had taken place in preparing the Plan and set out the next steps following consideration by the committee and the IJB.

It was explained that the Plan illustrated how the HSCP would contribute to the priorities established in the East Renfrewshire Community Plan and Fairer East Ren. Under the strategic priorities, key activities and critical indicators that linked to the HSCP contribution to East Renfrewshire Council's Outcome Delivery Plan were set out.

Overall, respondents to the consultation were positive about the inclusive approach to engagement with a majority of consultees being confident that the approaches described in the Plan would deliver on priorities and wider objectives for HSCP, whilst also recognising the challenges to be faced.

The report also highlighted some of the key changes made to the Plan as a result of the consultation, and that the headline planning priorities as listed built on those set out in previous strategic plans.

Further work in relation to helping to inform the next Local Housing Strategy, the production of an Equality Impact Assessment, and the inclusion of greater illustrations and visualisations in an easy read version of the Plan were also outlined.

The report concluded by emphasising the significant work that had been undertaken to develop the Strategic Plan for 2022-25 in consultation with stakeholders and East

Renfrewshire residents, despite the continuing challenges of the pandemic. The Plan represented a strong strategic footing for the partnership over the next three years as recovery and renewal continued following the COVID-19 pandemic. The key messages from the Plan would 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, a range of delivery plans would be put in place and thematic plans that supported the implementation of the strategy would be refreshed.

The Policy, Planning and Performance Manager having commented further on the Plan, Ms Forbes explained it had been challenging to establish what changes had been made to previous iterations of the Plan as the Plan was presented as a complete document not showing any revisions. She also commented on the issue of the committee meeting immediately prior to the meeting of the Board where the Plan was to be considered. She questioned what would happen in the event the committee had sought substantive changes and how these could not be presented properly to the Board under the current meeting arrangements.

In reply Ms Monaghan referred to the history of the meetings being held on the same day but that there may now be an opportunity for those arrangements to be revisited. She suggested that in the first instance the views of Members on the timing of the meetings be sought.

In relation to any comments made she reassured the committee that the Policy, Planning and Performance Manager would record them and present them to the IJB for consideration. Referring to the Plan, she welcomed the levels of engagement having taken place and the different engagement methods used, this having been an area of concern previously.

The committee:-

- (a) noted the report and Plan; and
- (b) agreed that Members be canvassed for their views on changing meeting arrangements.

PERFORMANCE REPORT 2021-22 - QUARTER 3

6. The committee considered a report by the Chief Officer providing an update on key performance measures relating to the delivery of the strategic priorities set out in the HSCP Interim Strategic Plan 2021-2022.

It was explained that the report included data for Quarter 3 (October to December 2021) and any earlier data for indicators from the Interim Strategic Plan that had not previously been reported to the committee. It provided charts for all measures, and presented each measure with a RAG (red, amber, green) status in relation to the target for the reporting period (where a target had been set), along with long-term and short-term trend arrows and commentary on performance. Many of the data trends continued to reflect the unique circumstances faced by services over the course of the COVID-19 pandemic. It also provided an update on the planned approach for reviewing performance reporting.

The report provided a summary of headline performance, which indicated that despite the continuing pressures exacerbated by the pandemic, there had been strong performance across service areas. Staff continued to work tirelessly during particularly challenging circumstances.

The Policy, Planning and Performance Manager was then heard on the report. He referred in particular to positive performance in children's services, increasing numbers of over 65s receiving their care at home; and provision of recovery treatments, amongst others.

Areas where performance improvement was still needed were also commented on, reference being made in particular to the waiting time target for psychological therapies, and staff absence targets, although an improvement on the NHS side in Quarter 3 was noted.

He further advised that work was ongoing to develop a new reporting format, and it was hoped to present proposals either to the next meeting or to a development session.

Full discussion then took place. Ms Monaghan reminded the committee that it had been 2 years since it had been agreed to review reporting arrangements and welcomed that it was now being taken forward. She suggested that as part of the review arrangements a small working group should be set up.

In reply the Chief Officer highlighted that the Quarter 3 data did show that steady progress was being made and that there was a plan of action in place which could be fed into any future discussions. In addition the Policy, Planning and Performance Manager explained that the Council was reviewing its performance management system and so this would be an opportune time to review arrangements to best deliver the committee's requirements.

Councillor Bamforth then commented on the report. Having referred to the fact that some of the data provided measured outputs rather than outcomes, she questioned the accuracy of the figure taken from the Public Health Scotland Infant Feeding Dashboard in relation to breastfeeding. In reply, the Policy, Planning and Performance Manager indicated he would seek clarification and notify members of the committee.

The committee:-

- (a) noted the report; and
- (b) agreed that a short life working group be set up to develop performance reporting arrangements.

AUDIT UPDATE

8. Under reference to the Minute of the previous meeting (Item 9 refers), the committee considered a report by the Chief Officer providing an update on new audit activity relating to the HSCP since last reported to the committee in November 2021, summarising all open audit recommendations and providing information on internal audit planned activity for the IJB and the HSCP. Accompanying the report were a series of appendices. These contained information regarding audit activity relating to the IJB and HSCP; and information on recommendations from previous audits. Summary information in relation to the appendices was contained in the report

Referring to the number of open actions awaiting verification by internal audit, the Head of Finance and Resources (Chief Financial Officer) confirmed that she intended to meet with the Chief Auditor before the end of the month to agree which actions were now confirmed as closed off. Subject to confirmation, it was now considered that there were 12 open actions across 5 different audits.

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NOT YET ENDORSED AS A CORRECT RECORD

She referred to the capacity issues from the current year and explained that postponed audits would be factored into the workplan for 2022/23.

Commenting on the report the Chief Auditor explained that in relation to IJB specific actions there was only one that needed to be discussed further with the Chief Financial Officer before a formal response was issued.

She also reassured the committee that audit work which impacted on the HSCP, albeit that they were Council audits, had been taking place throughout the year. These would be reflected in the assurance statement at the end of the year.

Ms Forbes welcomed the planned action, highlighted that the work of both the Council and the health board did have implications for the IJB so it was important to have a comprehensive overview of audit activity.

The committee noted the report.

IJB STRATEGIC RISK REGISTER UPDATE

9. Under reference to the Minute of the previous meeting (Item 10 refers), the committee considered a report by the Chief Officer providing an update on the Integration Joint Board Strategic Risk Register. A copy of the risk register accompanied the report.

Having set out the risk matrix used to calculate risk scores, the report then referred to the meeting of the committee on 24 November 2021 and explained that since then risk control measures in place had been condensed and updated to include any proposed mitigation which has been completed; no new risks had been added; no existing risks had been removed, and 3 risk scores had been reduced. These related to Death or significant harm to vulnerable individual; Scottish Child abuse Inquiry; and Increase in frail older population. In each case the risk level had been reduced from 12 (high) to 9 (medium) with the reasons for this outlined.

Having heard the Chief Financial Officer highlight that this left only one red risk post mitigation – Financial Sustainability, the committee noted the report.

DATE OF NEXT MEETING

10. It was reported that the next meeting of the committee would take place on Wednesday 22 June 2022 at 9.00am.

CHAIR



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board	
Held on	22 June 2022	
Agenda Item	8	
Title	Local Child Poverty Action Report: Year 4	
Summary		
<p>This report provides members of the Integration Joint Board with an overview of the statutory duty placed on health boards and local authorities to work together to develop, produce and deliver Local Child Poverty Action Reports (LCPARs). This is the fourth annual LCPAR which provides a profile of child poverty in East Renfrewshire plus details of both previous and planned actions to tackle the drivers of poverty.</p>		
Presented by	Julie Murray, Chief Officer	
Action Required		
<p>The Integration Joint Board is asked to approve and publish the Local Child Poverty Action Report to meet the requirements of the Child Poverty Act 2017.</p>		
Directions	Implications	
<input type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input checked="" type="checkbox"/> Directions to both ERC and NHSGGC	<input type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Workforce <input checked="" type="checkbox"/> Equalities <input type="checkbox"/> Risk <input type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input checked="" type="checkbox"/> Fairer Scotland Duty	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

22 June 2022

Report by Chief Officer

LOCAL CHILD POVERTY ACTION REPORT – YEAR 4

PURPOSE OF REPORT

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

RECOMMENDATION

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

BACKGROUND

3. The Child Poverty (Scotland) Act 2017 sets out ambitious targets for the Scottish Government to significantly reduce child poverty in Scotland by 2030. The Act also places a duty on health boards and local authorities to work together to develop, produce and deliver Local Child Poverty Action Reports (LCPARs). The reports are expected to represent a 'step change' in action to address child poverty locally, both describing the current excellent work underway in many areas and outlining plans for new and innovative efforts to tackle child poverty.
4. Tackling child poverty is a goal which is shared by both spheres of government; it cannot be solved by national or local government alone. This report should offer an opportunity to deliver a real focus in our approach to tackling child poverty. This focus will help identify more effective ways of working - for example to reflect on local governance arrangements, to build and strengthen local partnerships, utilise available data and evidence to identify and drive solutions and to involve communities in planning and delivering sustainable responses.
5. The LCPAR is produced in partnership with the health board and have agreed high level approaches which apply across all 6 NHS Greater Glasgow and Clyde local authorities. Where specific board level activity or actions are relevant to East Renfrewshire, this is referenced.

REPORT

6. The Council and its community planning partners are committed to addressing the issue of child poverty in East Renfrewshire. It is seen as integral to achieving the vision set out in our Community Plan to create an "attractive thriving place to grow up, work, visit, raise a family and enjoy later life". In relation to early years and vulnerable young people, we want to ensure "all children in East Renfrewshire experience a stable and secure childhood and succeed". The Community Plan contains our Local Outcome Improvement Plan priorities which focus on reducing inequality across groups and communities in East Renfrewshire.

7. The Children's Services Plan "At Our Heart" is one of the main delivery vehicles for the achievement of the children and young people's outcomes within the Local Outcome Improvement Plan. This includes a focus on reducing inequalities and the impact of them on children and families especially those residing in our more deprived communities.
8. In order to meet the requirements under the legislation, the local authority and health board are required to jointly demonstrate the actions being taken to address the drivers of poverty. These are identified by the Scottish Government as;
 - Increased income from employment
 - Increased income from social security and benefits in kind
 - Reduced cost of living for families
9. The Local Child Poverty Action Report (Annex 1) intends to highlight the key areas of progress between April 2021 and March 2022 to tackle the drivers of poverty, as well as identify the future actions planned for April 2022 onwards. It also notes actions taken to mitigate the impacts for those families experiencing poverty. Key findings of note from this report include:

Employment

10. We have achieved an increase in the number of Living Wage accredited employers in East Renfrewshire over the past year. This is a positive step towards addressing the issue of low pay locally whereby employees in East Renfrewshire are twice as likely to earn less than the living wage than the Scottish average. Work in this area will continue in 2022 and beyond.
11. Following a rise in unemployment in 2020-21, we are seeing early indications that unemployment rates are beginning to recover. The Parental Employability Support Fund (PESF) provides low-income parents with dedicated support to move into employment and/or access vocational training. PESF will continue to support parents to gain and progress within employment in 2022 and beyond.
12. Participation rates for 16–19-year-olds remains high, with almost all young people participating in learning, training or employment.

Social Security

13. There has been a slight decrease in the number of families accessing financial wellbeing advice and support from the Money Advice and Rights Team (MART) during 2021-22 compared to the previous year. However, this is still around a third higher than the pre-pandemic numbers so there is still high demand. It is anticipated that this demand will continue to increase due to the current cost of living crisis and we intend to respond to this by providing debt and benefit advice, increased referral pathways and producing digital self-service guides.
14. Scottish Welfare Fund applications have increased by around a third during 2021-22 which reflects the changing circumstances of families as a result of the pandemic. It is anticipated that demand on SWF will continue to remain higher than pre-pandemic level for some years to come. This is likely to entail additional budgetary demand which, at this stage, has not been identified.

Costs of Living

15. All eligible 3- and 4-year-olds are registered for their funded early learning and childcare place in 2021 which is a great achievement and should provide parents with affordable childcare options to enhance their employment opportunities. From 2022 onwards, we will work to provide a hot meal to all eligible children attending an East Renfrewshire Early Learning and Childcare setting, irrespective of their attendance pattern.
16. 12 schools across the authority area have worked in partnership with the Education department since May 2021 to audit the cost of the school day. The revised policy places increased emphasis on the importance of reducing the cost of uniform to families and stipulates that all school uniforms must be able to be purchased within the total amount of the school clothing grant.
17. It is important to acknowledge that at the time of producing this report, we cannot measure the longer-term of the impact of Covid-19 and the impact this will have on child poverty. Notably, there have been delays with the publication of national child poverty data, therefore we do not have an up-to-date measure of child poverty in East Renfrewshire. We will continue to monitor local and national data as it becomes available and will consider. Our action planning for 2022-2023 therefore is subject to change and development.

CONSULTATION AND PARTNERSHIP WORKING

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

IMPLICATIONS OF THE PROPOSALSFinance

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

Equalities and Fairer Scotland Duty

20. The integral aim of the LCPAR is to reduce socio-economic inequality amongst families in East Renfrewshire.
21. This is primarily a progress and performance update, therefore there are no particular implications in terms of workforce, infrastructure, legal, policy, equalities or sustainability.

DIRECTIONS

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

CONCLUSIONS

23. This report details the actions taken during 2021-2022 to support families in, or at risk of poverty and the intended actions for 2022-23. We recognise that there will be challenging times ahead and we expect to see needs change over time as the impact of Covid-19 changes the nature and profile of poverty in East Renfrewshire.

RECOMMENDATIONS

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

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May 2022

BACKGROUND PAPERS

[Local Child Poverty Action Report 2019-2020](#)

[East Renfrewshire Community Plan](#)

EAST RENFREWSHIRE LOCAL CHILD
POVERTY ACTION REPORT:
2021-2022
(YEAR 4)

Introduction

This past year has continued to be challenging for families experiencing financial difficulties. The ongoing and cumulative impacts of COVID-19, Brexit and the Cost of Living Crisis has seen families facing more financial pressures than ever before. Those previously experiencing poverty have seen this worsened and many previously 'just about managing' are now finding themselves in poverty.

We are fortunate in East Renfrewshire to have a comparatively low level of child poverty, however the challenges faced by families who do experience poverty are the same regardless of location. So we continue to focus on tackling the drivers of poverty whilst also mitigating the impacts of those who are in poverty.

As a Community Planning Partnership, we have worked together throughout the year to provide the support required to the families most in need. Inevitably, some of this support has been short-term, crisis response whilst other has been medium and longer-term with a focus on creating and embedding lasting change.

This report outlines the actions we have taken under each of the three drivers of poverty and describes the impact which these actions have had where possible. It also describes how we have listened to the experiences of local families experiencing poverty and used this to shape our ongoing actions and inform our future plans to tackle poverty.

At the time of writing this report, the Scottish Government recently released a new national Child Poverty Delivery Plan called Best Start, Bright Futures. We acknowledge the actions within this may subsequently impact our local delivery actions, therefore those noted in the report may be subject to change throughout the lifespan of this document.

We want all children in East Renfrewshire to experience a stable and secure childhood and succeed. We will continue to tackle child poverty to create a fairer future with all and make people's lives better.










Signed – Chair of CPP (to be added before publication)

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Executive summary

- East Renfrewshire has the highest proportion of children in any Scottish local authority, with almost 20,000 children aged 0-15 years
- The proportion of children in East Renfrewshire is the (joint) lowest in Scotland; around 3,000 children or 16%
- Almost one in five households (18%) are 'workless' meaning there is no individual in the household employed
- Those *living* in East Renfrewshire receive the highest average weekly pay in Scotland. However, those *working* in East Renfrewshire have the lowest average weekly pay
- East Renfrewshire residents are less likely than the Scottish average to receive income from social security and benefits. However, since the beginning of Covid-19, there has been a significant increase for financial support
- Uptake rates for benefits, Scottish Welfare Fund and Money Advice support are rising and, more recently, amongst new groups including those in work and those living in traditionally more affluent areas

EMPLOYMENT	SOCIAL SECURITY	COST OF LIVING
<p>Local Indicators:</p> <p> Increase in Living Wage Employers</p> <p> Decrease in unemployment</p> <p> Increase in 16–19-year-olds in work, training or employment</p>	<p>Local Indicators:</p> <p> Uptake of Free School Meals & Clothing Grants</p> <p> Slight decrease in number of families accessing financial advice but higher than pre-pandemic</p> <p> Increase in Scottish Welfare Fund applications</p>	<p>Local Indicators:</p> <p> Fuel poverty remains static but is expected to worsen</p> <p> All 3- & 4-year-olds registered for funded Early Learning & Childcare</p> <p> Increase in referrals for money advice and use of food supports</p>
<p>Local Actions:</p> <ul style="list-style-type: none"> • Encourage Living Wage accreditations • Support parents in the workplace, train and gain progression • Use participatory budgeting to design employability programmes • Implement a new Parental Transition Fund and Best Start, Bright Futures programme 	<p>Local Actions:</p> <ul style="list-style-type: none"> • Offer financial inclusion support to all parents receiving employability support • Provide financial wellbeing support in schools including parents, carers and staff • Increase affordable credit options in the area • Make use of data to best target supports to eligible families 	<p>Local Actions:</p> <ul style="list-style-type: none"> • Reduce energy costs • Increased affordable housing options • Reduce the cost of school attendance and participation • Reduce the cost of Early Learning and Childcare • Reduce the cost of the pregnancy pathway

Context

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

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

In March 2022, Scottish Government published its second delivery plan 2022-2026, [Best Start, Bright Futures](#). This delivery plan continues to focus on the drivers of poverty whilst also considering how best to support those who are currently experiencing poverty. The structure of this delivery plan is:

- Providing the opportunities and integrated support parents need to enter, sustain and progress in work
- Maximising the support available for families to live dignified lives and meet their basic needs
- Supporting the next generation to thrive

Given the recent publication of this new delivery plan and the, as yet unknown, impact this might have on local delivery, the following report will focus on actions taken to tackle three drivers of poverty but with an additional section to highlight mitigating actions to support the next generation to thrive.

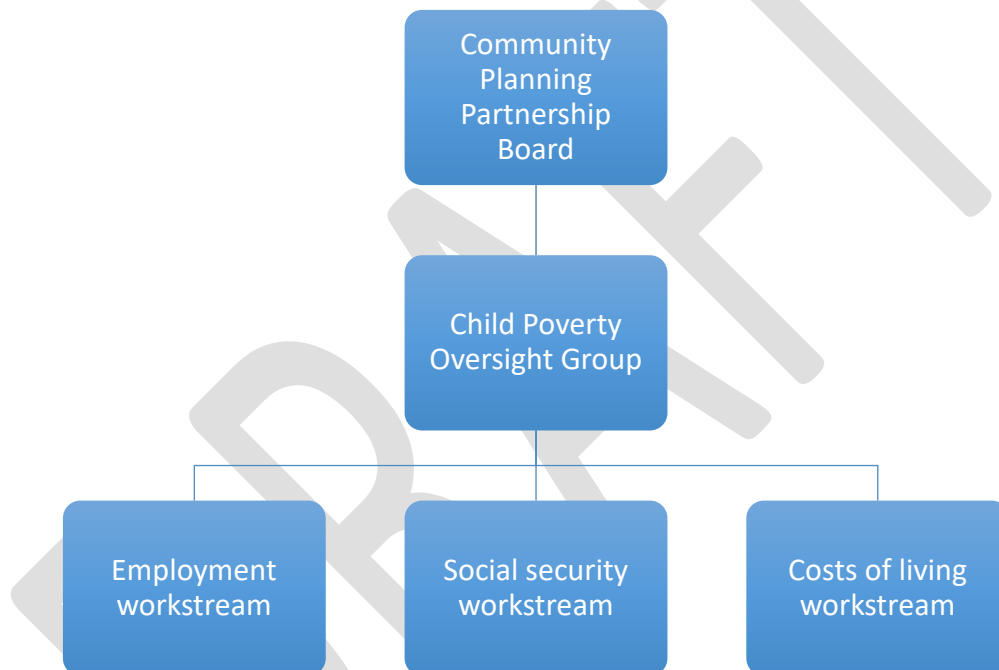
Both the previous and the new national delivery plans identify a number of priority groups where there is strong evidence that the risk of poverty is higher, specifically:

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

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

Governance

The Community Planning Partnership is responsible overall for the Local Child Poverty Action Report and is supported by a Child Poverty Oversight Group. The oversight group has responsibility for creating a strategic environment which cultivates step-change in relation to tackling child poverty. The oversight group is jointly chaired by the council's Director of Business, Operations and Partnerships and the Health and Social Care Partnership (HSCP) Chief Officer, and includes senior representatives from Education, HSCP, Employability, Money Advice, Environment Services, the Third Sector Interface, the Health Board and partner organisations including Barrhead Housing Association and Citizens Advice Bureau. The oversight group is supported by three workstreams aligned to each of the drivers of poverty. The workstream groups develop and deliver on critical activities to encourage step-change and identify critical indicators to measure progress.



Lived Experience and the Impacts of the COVID-19 Pandemic

The COVID-19 pandemic – through the direct impact of the virus and the secondary effects of measures introduced to control its spread – has been unprecedented in the breadth and depth of its impact on Scotland's society and economy. The pandemic has resulted in multiple prolonged periods where most schools and businesses were required to close, where a large proportion of the workforce were furloughed or required to adapt to new work from home directives, where public services were set on an emergency footing to protect the most vulnerable, and where there has been extensive disruption to community activities.

In Autumn 2021, we commissioned a study with the overall aim to improve our understanding of the impact of the pandemic. This included a particular focus on the lived experience of residents and

communities, how these have varied across key socio-economic groups, and the extent to which the pandemic may have added to existing inequalities.

The research used a mixed method approach, incorporating a desk-based review to make best use of available evidence, alongside fieldwork using a mix of survey and in-depth qualitative research to produce a rich set of evidence around the lived experience of the pandemic.

The research findings highlighted a number of key poverty-related impacts including:

- An increase in the number of benefit claimants
- Increased demand for financial support
- Increased applications for Scottish Welfare Funding
- A change in profile of those households requiring financial support, with more in-work residents facing difficulties and also more residents in 'traditionally affluent areas'
- An increase in 'work-ready' employability clients, often following redundancy
- Increased demand for support with fuel debt
- Increased use of Food Larders and Food Train
- Early indications of a worsening of the poverty-related attainment gap
- An increased awareness and better understanding of 'hidden poverty' within communities and people having a better understanding of the struggles many face

Further details of these findings are included within the relevant chapters of this report and the full findings are available [here](#). These findings will continue to inform the work of the CPP to tackle child poverty going forward.

Measures of progress

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

Indicator	Measure and source	Year 2 data	Year 3 data	Current data	Comments
OVERALL					
Children living in poverty	% age of children living in poverty (after housing costs) in East Renfrewshire: End Child Poverty 2019	16%	16%	No new data	This data has been delayed due to Covid
INCOME FROM EMPLOYMENT					
Real Living Wage employers in East Renfrewshire	Number of real Living Wage accredited employers: Living Wage Scotland 2021	11	16	23	East Renfrewshire Council, Business Gateway East Renfrewshire and Living Wage Scotland worked in partnership to promote Living Wage accreditation to employers based in East Renfrewshire. The Economic Development team will continue to promote and pay for this initiative in 2022/23.
Working age unemployment level	%age of economically inactive residents who want a job: NOMIS Jan-Dec 2020	18.1%	24.7%	17.1%	17.1% represents 2,500 of the population. 19.6% for the national level. There has been a slight decrease in the % of economically inactive residents who want a job. This is largely due to impacts of Covid on the local economy. Work EastRen and employability partners will continue to promote and engage with local residents who are seeking employment.
Children and young people participation level	%age of 16-19 year olds participating in learning, training or employment: SDS Annual Participation Measure Report 2019	96.9%	96.7%	97.2%	East Renfrewshire continues to perform well against % age of 16-19 In year olds participating in learning, training or employment.
INCOME FROM SOCIAL SECURITY AND INCOME MAXIMISATION					
Free School Meal uptake	%age uptake of free school meals	87.9%	87.7%	No data availabl	Due to the Covid-19 pandemic, there was no data collected for

at Primary School	at primary school (P1-P7): School healthy living survey 2020			e for 2021	uptake of free school meals in 2021.
Access to financial wellbeing advice	Number of families accessing MART financial wellbeing advice: Local data	997	1318	1232	There has been a slight decrease in the number of families accessing financial wellbeing advice this year but this is remains higher than pre-pandemic level.
COSTS OF LIVING					
Fuel poverty	Fuel poverty: Scottish House Condition Survey	16%	13%	13%	The level of fuel poverty has remained static although we note that the lag in data publication means that this does not present a true, current reflection.
Uptake of funded early learning and childcare entitlement	%age of 3 & 4 year olds registered for funded early learning and childcare Dec 2020: Scottish Government Schools Statistics	93%	95%	100%	All eligible 3 and 4 year olds are registered for their funded early learning and childcare place in 2021 which is a great achievement and should provide parents with affordable childcare options to enhance their employment opportunities.

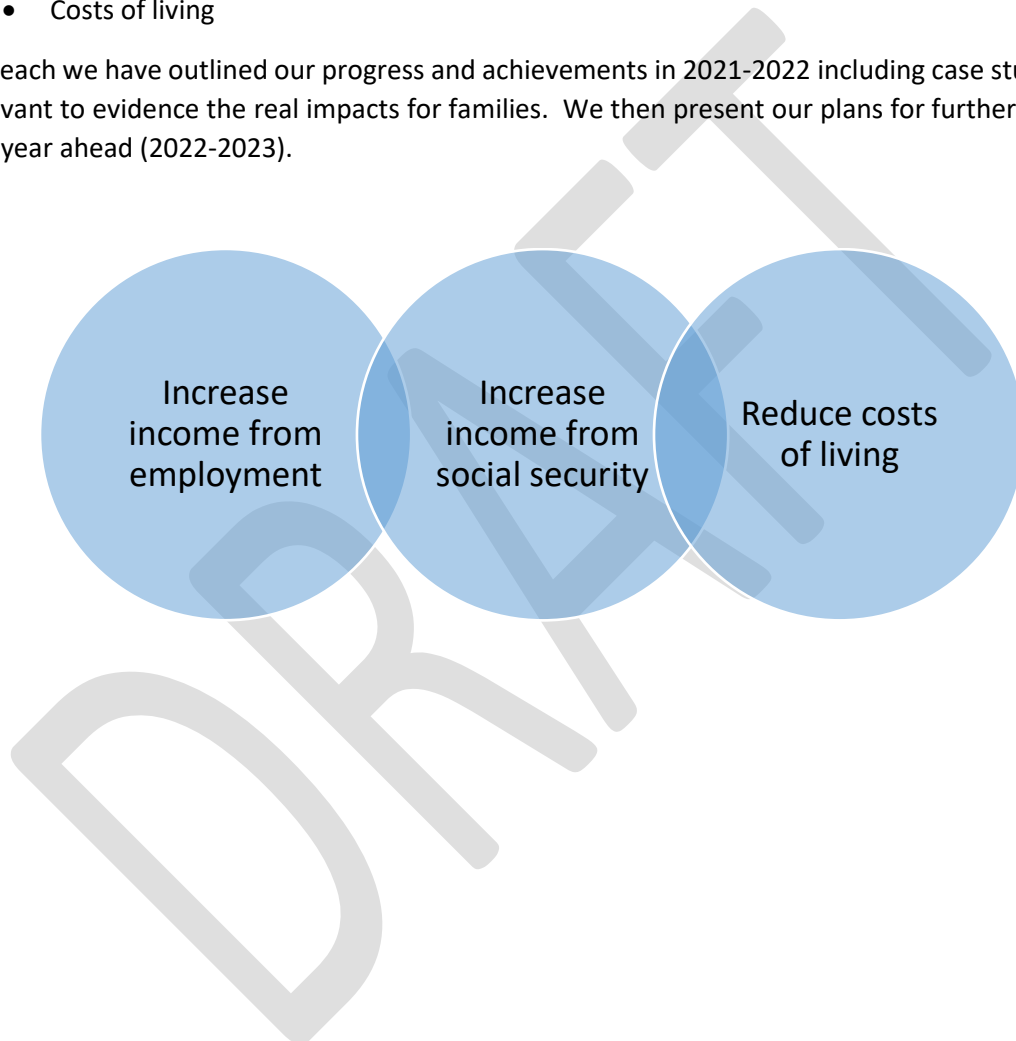
The format of our report

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

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

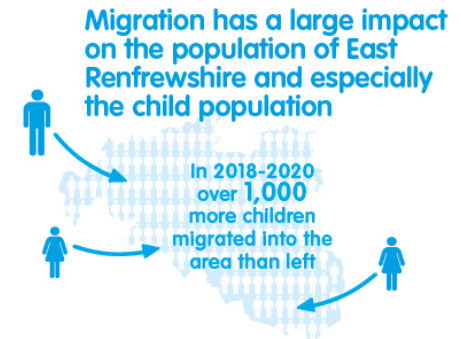
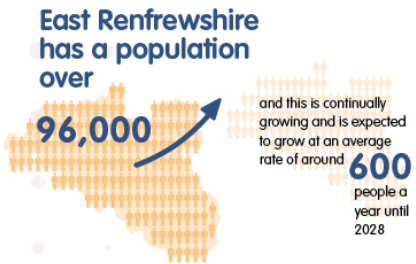
- Income from employment
- Income from social security
- Costs of living

For each we have outlined our progress and achievements in 2021-2022 including case studies where relevant to evidence the real impacts for families. We then present our plans for further action over the year ahead (2022-2023).

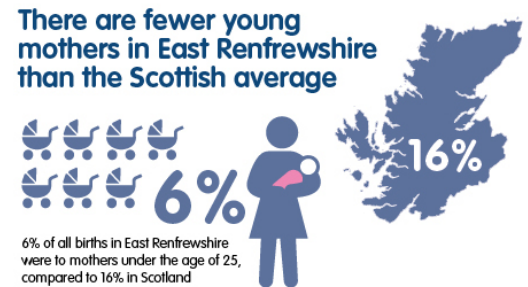


PROFILE OF EAST RENFREWSHIRE

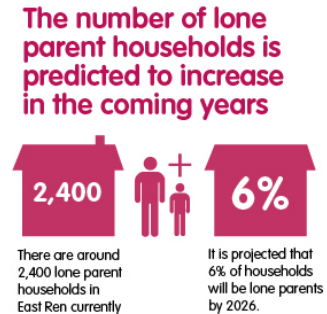
OVERALL



There are around 3,000 children living poverty in East Renfrewshire, which amounts to 16% of our children



6% of all births in East Renfrewshire were to mothers under the age of 25, compared to 16% in Scotland



There are around 2,400 lone parent households in East Ren currently

It is projected that 6% of households will be lone parents by 2026.

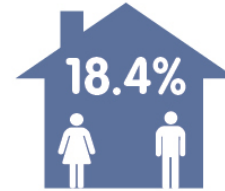
EMPLOYMENT

Those **LIVING** in East Renfrewshire receive the **HIGHEST** average weekly pay in Scotland ▲

The average weekly full time pay is  **£809** and the average weekly part time pay £308

However, East Renfrewshire ranks **LOWEST** average weekly pay in Scotland average when both full-time and part-time workers salaries are combined ▼

The average weekly full time pay is  **£626** and the average weekly part time pay is £224.90



18.4% of households in East Renfrewshire are 'workless' meaning there is no individual over the age of 16 in the household who is employed. This is up 4% from last year ▲

Over a third of children in East Renfrewshire come from 'mixed households'



This means a household contains at least one person aged 16 to 64, where at least one person aged 16 and over is in employment and at least one other is either unemployed or inactive

East Renfrewshire remains a generally active local economy, with early indications that unemployment rates are beginning to recover from the last two years



1,500 There are 1,500 of the working age population who are unemployed, which is a decrease of approximately 100 people since last year

72% Of residents of working age are economically active

SOCIAL SECURITY/BENEFITS



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



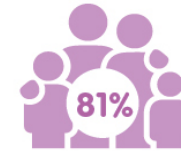
Nearly 1,130 individuals are claiming for out-of-work benefits

This is approximately 2% which is lower than the Scottish average of 4% | 165 of these claimants were between the ages of 16 and 24

7% of pupils from P5-7 are registered for free school meals



8% of secondary pupils are registered for free school meals



There are 15,920 children in families that are registered for child benefit, which equates to 81% of all children in East Renfrewshire

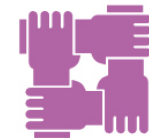
This is among the lowest proportion when compared to other Scottish local authorities



430 young people receive an Education Maintenance Allowance



East Renfrewshire has £120 clothing grant for Primary school pupils and £150 clothing grant for pupils in Secondary school



Since the beginning of COVID-19, there has been significant increase in demand for financial support

37% for Welfare Fund, 81% for MART, approximately 50% for food larders/food train

COSTS OF LIVING



The costs of living in East Renfrewshire are higher than average, particularly in relation to housing costs

The average weekly local authority rent is
£77.39



The average property price in East Renfrewshire is **£274,223** which is a 9.2% increase since early 2021



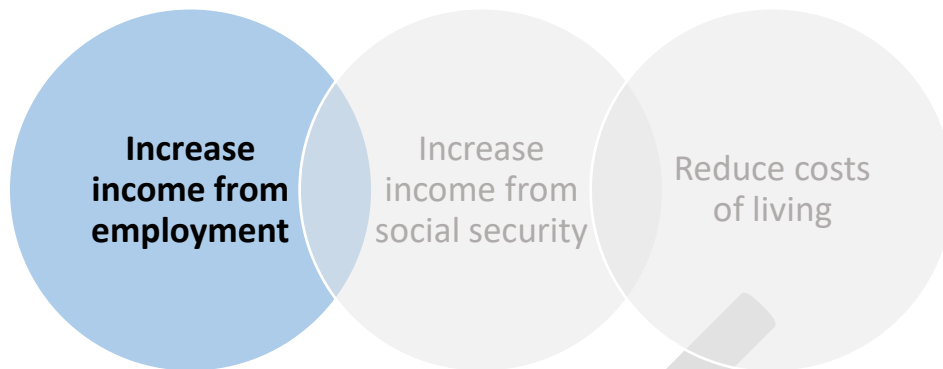
Nearly three quarters of East Renfrewshire's houses are classified as being Council Tax band D or above, compared to the Scottish average of 41%

On average art, drama and sports activities, cost

£45.50
for a three month class



Chapter 1: Income from employment



Workstream

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

NHS Greater Glasgow and Clyde has broadly been able to continue employability programmes as part of our Widening Access To Employment (WATE) strategy. Where activity was paused due to the pandemic this is now being rescheduled. New areas have included our Kickstart programme with Facilities and our wider focus on Community Wealth Building.

Data and lived experience feedback

As mentioned in the 'Context' chapter above, we gathered feedback from lived experience, community and stakeholder engagement and desk-based data sources to understand the impact of Covid in East Renfrewshire. There were several findings which related to employment and access to work.

We have seen a change in profile of those seeking employability support during the pandemic. Business Gateway and Economic Development services have seen a significant increase in the number of 'work ready' people looking for support, for example following redundancy. While these residents typically require less intensive support from services, the range of assistance available is limited by Scottish Government funding being primarily targeted towards those who are not job ready. Nevertheless, this change in profile of demand means that the 'core' client group (e.g. those facing multiple barriers to employment) are facing increased competition from more 'work ready' residents.

A significant increase in contacts from self-employed residents was seen in the early months of the pandemic, including those ineligible for government support programmes. However, these cases appear to have fallen back as public health restrictions on businesses have eased.

We have also seen the benefit claimant count significantly higher than pre-Covid level and particularly so for 16–25-year-olds which could include young mothers (one of the key priority groups).

The research further tells us about the challenges faced in terms of mental health impacts, particularly for those caring for young children. This included some evidence of differences in impact across genders, with several female participants highlighting a loss of structure in their day and the challenges of balancing child-care with remote learning and other pressures. However, it should be noted that support services have also seen an increase in male clients, some with some with significant existing mental health needs and others with anxiety associated with employment or income.

Action taken

During 2021/2022 the Community Planning Partners across East Renfrewshire have taken action to increase income from employment. This includes;

Encouraging more local businesses to become Real Living Wage accredited

Living Wage Scotland worked in partnership with Business Gateway East Renfrewshire and East Renfrewshire Council to promote Living Wage accreditation to employers based in East Renfrewshire.

Businesses can apply online to become an accredited Real Living Wage employer and the Council offered funding to cover the cost of accreditation for the first year.

There are now over 2000 employers in Scotland who pay the real Living Wage. This includes 23 employers in East Renfrewshire, across the public, private and third sector, including the Council and Barrhead charity Include Me 2 Club (IM2C).

Paul McIlvenny, of IM2C said: “We decided to register for the Living Wage accreditation as we operate in sectors that, for a long time, felt devalued, always entry-level and have historically paid the national minimum wage. The Living Wage accreditation enables us to recognise the fantastic effort, energy and impact our team have in people’s lives and across our communities.”

The Economic Development and Business Gateway East Renfrewshire will continue to promote the Living Wage accreditation to employers based in East Renfrewshire

Increased support for in-work parents to remain active in the workplace, train and gain progression

The Work EastRen team continue deliver the Scottish Government funded Parental Employability Support Fund (PESF). The Parental Employability Support Fund (PESF) is collaboratively managed by Scottish and Local Government, providing dedicated support for low-income families. PESF offers support to:

- Lone Parents
- Parents with disabilities
- Young parents age 25 years and less
- Minority ethnic families
- Families with a disabled child
- Families with 3 or more children
- Families where the youngest child is under 1 year

Key Workers take a holistic approach where parents are supported to upskill and/or re-train, increasing family income, lifting themselves and their families out of poverty.

The fund will provide personalised support for parents who face barriers to progressing their careers, including help to gain qualifications, improving skills or work experience; money advice, and motivational support.

To date the Work EastRen team have registered 38 clients with 16 moving into employment and 6 who have entered into further vocational training.

Those registered on the programme also have to financial support help with travel to work and interview clothing.

Case Study

Concern

Rebecca* is a 30 year old single parent living in East Renfrewshire, with a daughter that has additional support needs. Unfortunately, she has a criminal record relating to charges that were brought about when she was a teenager. Rebecca has always worked in hospitality and has managed to work her way to a supervisor in a well-known Glasgow Hotel. She hoped to move into work in the care sector but had concerns that her criminal record would prevent this.

Solution

Rebecca received financial support from the Parental Employability Support Fund (PSEF) to apply for a PVG which showed she would be able to work in this sector. The PES Adviser then worked alongside a job broker to find a work placement at a care home and supported her to complete an online learning course in Mental Health. This online course provided Rebecca with a boost for starting her work placement.

Rebecca attended a work placement which went really well. She was invited for an interview and the PES advisor supported her in preparing for this, so that she could attend feeling confident in her skills and knowledge and answer the questions given. Rebecca was offered a role with 21 hours and this works well with her childcare needs.

Impact

Rebecca is currently £34 a week better off and has explored her options in detail with the Money Advice Support Officer. Her mental health is much better and she feels she has gained some self-worth. Previously, Rebecca would not have taken this step, out of fear as to what her past had restricted her from doing, that people would judge her and that she wouldn't be able to work in the care sector. Now, with the help of the PES advisor, Rebecca has gained some care training, is in the process of starting to achieve qualifications related to her role and has progressed into a permanent position with further prospects.

Improving availability, access and update of good quality in-work support programmes

The NHS Greater Glasgow and Clyde employability programmes continue to provide ongoing recruitment of modern apprentices and support to existing apprentice cohorts; delivery of sector-based work academies and development of alternative pathways into employment; revised provision of careers awareness activity. They are further considering the feasibility of developing 'Academy approach' within HSCPs recruitment, adopting of Young Person's Guarantee and Kickstart.

Work EastRen undertook significant promotional work around the Parental Employability Support Fund programme in 2020/21. This included a new social media campaign and flyers that were distributed to partners.



Employability support for disabled parents

We know it is difficult for parents with a disability to increase the family income, but our new support service can help.

Through the Parental Employability Support Fund, our dedicated officer can help parents with a disability learn new skills, check they are accessing any benefits they are entitled to and help search for jobs.

**So if you are a parent with a disability, then get in touch:
Call: 07501388115 or email: lynsey.ross@eastrentnewshire.gov.uk**

For more information on how Work EastRen can help, visit www.workeastren.co.uk



work EastRen



Parental Employability Support Fund

If you're a working parent on a low income or would like to get a better paid job and increase your family income, then we can help.

Through this Scottish Government fund, we can help you:

- learn new skills to improve your employment prospects,
- maximise your income from employment as well as from benefits,
- search for jobs and prepare for interviews.

So, if you are a:

- lone parent,
 - family where the parent or child has a disability,
 - parent with 3 or more children,
 - parent from an ethnic minority,
 - parent with youngest child under 1 years old or
 - parent aged under 25 years old,
- then get in touch with us to find out more.

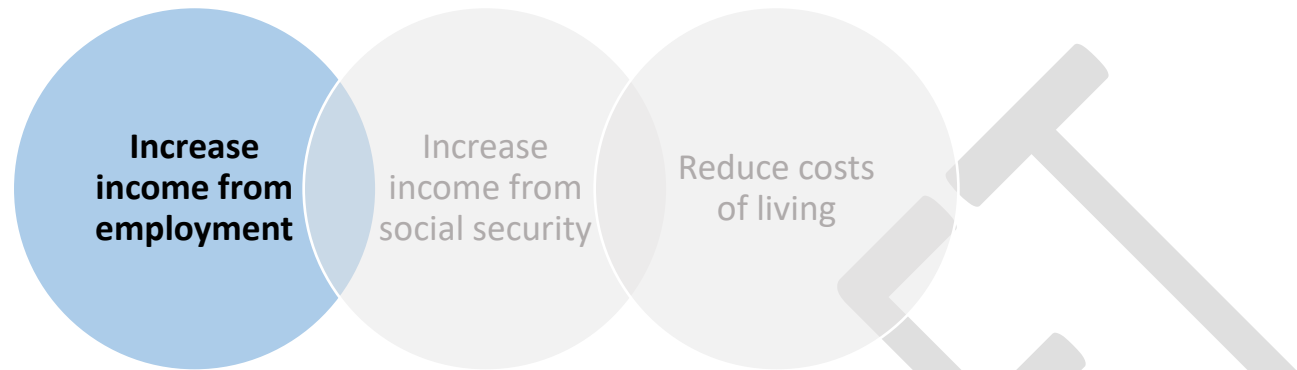
You can call 07920781991 or email naoml.nicol@eastrentnewshire.gov.uk



work EastRen



Future Actions 2022 onwards



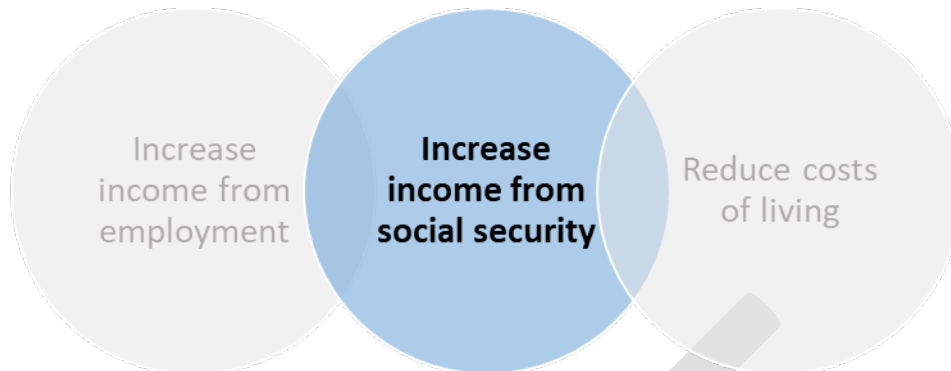
These actions are as accurate as possible at the time of writing. However, it is important to remember that actions will be subject to review as community planning partners further establish their recovery and renewal plans and once the impact of COVID-19 on the economy, jobs and income is more fully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

<p>Change required: Encouraging more local businesses to become real Living Wage accredited</p>	<p>What we will do: Establish the East Renfrewshire Living Wage Action Group to encourage and support new and existing employers, including NHS GGC, to work towards real Living Wage accreditation. Leads: Local Employability Partnership, NHSGGC Resources: Within existing resources Target Groups: Low income families</p>	<p>How we will measure progress:</p> <ul style="list-style-type: none"> • Increased number of accredited real Living Wage employers. • Increased number of local employers working towards real Living Wage accreditation.
<p>Change required: Increased support for inactive and in-work parents to remain active in the workplace, train and gain progression</p>	<p>What we will do: Implement the East Renfrewshire local model of the Parental Employability Support programme and the UK Shared Prosperity Fund. This will include employability support, vocational training and new employer recruitment incentives for businesses employing local residents Lead: Work EastRen and delivered in partnership with Money Advice. Resources: To be confirmed</p>	<p>How we will measure progress:</p> <ul style="list-style-type: none"> • Number of participants achieving qualification, increasing skills • Number of participants achieving an increase in income • Number of employed participants gaining new employment or self-employment • Number of participants sustaining employment or self-employment

	Target Groups: Lone parents, economically inactive parents, person with a disability, 3+ children, ethnic minorities, youngest child <1, parents aged <25	<ul style="list-style-type: none"> • 13/26/52 weeks after new employment start date • Increase in the take up of employer recruitment incentives
Change required: Design and inputs to employability programmes via Participatory Budgeting	<p>What we will do: Engage with relevant stakeholders to help shape the design of future PES activity via a pilot scheme.</p> <p>Lead: Work EastRen in partnership with the Local Employability Partnership</p> <p>Resources: To be confirmed</p> <p>Target Groups: Women, lone parents, person with a disability, 3+ children, ethnic minorities, youngest child <1, parents aged <25</p>	<p>How we will measure progress:</p> <ul style="list-style-type: none"> • Number of participants achieving qualification, increasing skills • Number of participants achieving an increase in income • Number of employed participants gaining new employment or self-employment <p>Number of participants sustaining employment or self-employment 13/26/52 weeks after new employment start date</p>
Change required: Delivery of new Parental Transition Fund and Best Start, Bright Futures programme	<p>What we will do: Design and delivery new Parental Transition Fund and Best Start, Bright Futures Programme via Scottish Government monies to meet local needs and to tackle the financial barriers parents face in entering the labour market, particularly over the initial period of employment and provide pathways into sustainable employment.</p> <p>Lead: Work EastRen in partnership with the Local Employability Partnership</p> <p>Resources: Budget from Scottish Government to be confirmed</p> <p>Target Groups: Women, lone parents, person with a disability, 3+ children, ethnic minorities, youngest child <1, parents aged <25</p>	<p>How we will measure progress:</p> <ul style="list-style-type: none"> • Number of participants achieving qualification, increasing skills • Number of participants achieving an increase in income • Number of employed participants gaining new employment or self-employment • Number of participants sustaining employment or self-employment 13/26/52 weeks after new employment start date

As part of Fairer East Ren (our Local Improvement Outcome Plan), we have a specific plan to ensure residents have the right skills, learning opportunities and confidence to secure and sustain work.

Chapter 2: Income from Social Security



Workstream

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

In NHSGGC, financial advice services have continued and are returning to hospital settings. This includes the Special Needs in Pregnancy and Royal Hospital for Children financial advice and advocacy services which between them have supported over 400 families, many on very low incomes. A high proportion of these families fall in to one or more of the child poverty priority groups.

Lived experience

As mentioned in the 'Context' chapter above, we gathered feedback from lived experience, community and stakeholder engagement and desk-based data sources to understand the impact of Covid in East Renfrewshire. There were several findings which related to employment and access to work.

The Council's Money Advice and Rights Team (MART) and East Renfrewshire CAB both report that a significant proportion of those seeking financial advice and support during the pandemic were also experiencing mental health challenges. Research participants made clear that loneliness and isolation have been a key challenge for many, and that extended periods of isolation without in-person contact with family members have affected all parts of the community. In addition to the widespread effects of social isolation, some also highlighted the extent to which their mental wellbeing had been affected by job and financial insecurity, including reduced hours of work and reduced income.

There has been a significant increase in cases being handled by the Council's Money Advice and Rights Team (MART), and in Scottish Welfare Fund applications:

- MART case numbers in 2020/21 represented a 75% increase from 2019/20, and an 83% increase from 2018/19. This was in large part due to MART being involved in COVID relief efforts during 2020/21, although by summer 2021 case numbers remained above pre-COVID levels

- Applications to the Scottish Welfare Fund increased by 37% between Jan-Mar 2020 and Jan-Mar 2021, translating into a 46% increase in Fund awards
- This increase was driven primarily by a 94% increase in Community Care Grant applications, translating into a 108% increase in awards
- CAB has also experienced a significant increase in demand for services, with 46% of CAB customers in August 2021 using the service for the first time

The experience of local services providing financial advice and support also indicates some shift in the profile of households requiring support. This has included an increasing number of in-work residents experiencing financial difficulties as a result of reduced hours and/or increased living costs, and more families affected by poverty for the first time. This contrasted with the more typical profile of demand for financial advice and support, and included residents in more affluent areas struggling with high housing costs and little or no savings following a reduction in their income.

Other key trends in the characteristics of those experiencing financial difficulties during the pandemic are summarised below:

- A significant increase in contacts from self-employed residents was seen in the early months of the pandemic, including those ineligible for government support programmes. However, these cases appear to have fallen back as public health restrictions on businesses have eased.
- An initial reduction in debt-related cases appeared to be the result of mortgage and credit freezes, and the Council ceasing to pursue arrears. However, this now appears to be changing as creditors begin to pursue debt that was on hold during the pandemic, and which may have increased over this period.
- Services have been contacted by substantial numbers of residents who have not had to ask for help before. These residents were typically referred via other services (such as schools or health services) or through the Council website. While services have sought to raise awareness of available support for those encountering difficulties for the first time, there is potential that some of these residents will be unaware of their options.

Between April 2021 and March 2022, the Money Advice and Rights Team (MART) worked with 1232 families with children and generated income of £852,000. In total MART assisted 3420 clients and generated income of £5,600,000.

Priority Group	Count Number of Cases
Carer for a disabled person	124
Child under 1 in household	16
Household with a disability	561
Lone Parent	147
Minority Ethnic Household	42
Parent/guardian 25 or under	3
Three or more children household	35

East Renfrewshire Citizens Advice Bureau provided assistance to 1141 families within the Child Poverty key groups, including assistance for 248 families who experienced a family breakdown, 37 parents seeking maintenance from a non-resident parent, and 27 application for pregnancy and baby payments.

Action taken

During 2021/2022 the Community Planning Partners across East Renfrewshire have taken action to increase income from social security, including;

Providing all PACE and PESF employability clients with financial inclusion support

All clients involved in either the Partnership Action for Continuing Employment (PACE) programme or the Parental Employability Support Fund (PESF) programme were offered individual financial inclusion support. This resulted in 62 families with children being given financial inclusion support in conjunction with employability advice and support and generated a financial gain for families of £514,000.

Case Study

Concern

Amy* first approached the team with struggles financially having just moved home and in the midst of one of the coronavirus lockdowns. She is a single parent with a son who is not yet two years old. She had signed up to Universal Credit, however this led to her getting into debt through advanced payments which she was desperate for at the time.

Solution

The adviser gathered some of Amy's information, implementing an approach that ensured that while the immediate problems were dealt with, she was also supported to make a long-lasting change in her life.

Firstly adviser talked Amy through the process of a benefit check, making sure every step had been completed and that all information was up to date and accurate. This showed an opportunity to improve the council tax reduction she receives, which the adviser completed for her, leading to a saving of around £900 a year. To ensure that Amy was coping, weekly budgeting meetings were arranged to help her maintain a budget and avoid future debt, she was especially struggling with their utility bills.

Over the next four months these meetings continued with adviser helping arrange crisis grants and the team supporting person with a food bundle over Christmas. The adviser supported Amy in a holistic and bespoke way, assisting with communication with employability and internet usage as well. The adviser has also managed to arrange refunds and the cancellation of a contract client mistakenly took out several months ago.

Impact

Today Amy is feeling much more positive and in control. She is putting £10 a month aside into a savings account for their son, which is boosting her self-esteem tremendously. The adviser and the team have arranged for an energy grant to be paid to Amy to alleviate the stress, this will cover the energy bills for up to the next 3 months.

Amy is now looking forward to the future with their son and has built up the confidence and energy to arrange to move, currently saving for a deposit and looking for a job that will lead to a career.

Improving the knowledge of financial wellbeing within education

We have identified two primary schools as part of a pilot to embed advice services into an education setting. This will be delivered from April 2022. We have also agreed to provide training to nursery staff in identifying the signs of poverty.

Working alongside Early Learning and Childcare colleagues, the Money Advice and Rights Team have agreed a new referral process and policy to look at financial disadvantage when considering discretionary nursery placements for 0-3 years olds

Improved parental access to benefits and income maximisation information and advice, including new referral pathways

We have continued to work in partnership to improve the Cancer Journey Service and have a well-established two-way referral system between Macmillan Cancer and money advice services. 51 referrals were received from MacMillan Cancer.

The Council Housing Team introduced a new direct referral process to the Money Advice and Rights Team (MART) for any tenant in arrears.

In addition to the 6 priority groups, we have identified staff as a key group to support and treat any employee from the ER family organisations as a priority group. This includes referrals to MART from Human Resources case officers. With the backdate pay award MART were available to offer advice to staff on how the backdate may impact their Universal Credit. 16 members of East Renfrewshire Council staff have been assisted by this service.

Further to this, to support employees with families at risk of child poverty, NHSGGC has a range of family friendly working policies and personal development programmes for career enhancement including bursary scheme. A pilot, in partnership with Home Energy Scotland, of staff energy and money advice has had good uptake extending the number of staff using our fuel poverty and staff money worries programme, although we cannot quantify how many of these are East Renfrewshire residents.

We continue to work in close partnership to deliver poverty-related training and briefing sessions to frontline staff including midwives, the Carers Centre, health visitors, GP Practices and others.

We are working in partnership to deliver the 'The Promise' including offering bespoke and dedicated services for income maximisation, debt reduction and employability advice to all care experienced young people and carrying out a financial assessment and benefit check for all kinship carers. All of East Renfrewshire's kinship carers have been offered a financial assessment and social security advice as part of the Kinship care support offered by HSCP and the council.

Case study

Concern

Luke* is young 22 year old single parent, with a two-year old daughter. His daughter has complex medical needs and receives Disability Living Allowance. He is a former care leaver and was referred to MART from the Care Experienced Young People team. He recently split up from his partner who was claiming Child Benefit and Carers' Allowance in respect of their daughter. They were joint tenants, therefore the Universal Credit housing element was split between them.

When his partner moved out, Luke failed to notify DWP or HMRC. He was also only receiving 50% of Universal Credit because ERC housing needed partners to complete the relevant paperwork to allow housing to verify full housing costs with UC. This led to a build-up in rent arrears of £1124.

Solution

MART worked in partnership across the Council in order to support Luke to maximise his income and reduce his debts. MART worked with the Housing service to advise that they were assisting Luke and helped him get his UC housing costs backdated. They also worked with the HSCP, to get a supporting letter which was sent to UC, HMRC and DWP to get the DLA, Child Benefit and Carers Allowance paid to him. Lastly, MART provided a Humanitarian grant to Luke, to allow him to buy additional items like clothing and furniture for his daughter.

Impact

This partnership work allowed for housing costs to be backdated and ensured that Luke and his daughters' income from social security was maximised. This support and guidance allowed Luke to pay his arrears and helped him to manage his budget on an ongoing basis. This has massively helped his confidence and his mental health. He is no longer burdened with the anxiety of debt or confusion around his entitlements, and can now focus on parenting his daughter and improving both of their lives.

Improved parental access to benefits and income maximisation advice within NHSGGC health services

A pilot quality improvement programme to increase financial enquiry and referral to support within maternity has been progressed in one (GCC) area in 2021/22, learning from this will be shared more widely in 2022/23. Improving access to maternity services will be considered as part of ongoing Best Start implementation. The first awareness raising session with the Springburn Community Midwifery team was completed in March 2022. Referral pathways have been updated and supporting guidance has been developed and disseminated. Baseline and follow up referral data is being extracted from Badgernet to track progress. Data from local money advice providers for each HSCP/sector show the following **direct** referrals from maternity services as follows:

HSCP/Sector	21/22	20/21
North East Glasgow	93	48
North West Glasgow	200	107
South Glasgow	130	81
East Dunbartonshire	1	3
Inverclyde	0	1
Renfrewshire	15	18
West Dunbartonshire	61	36
East Renfrewshire	4	10

A Scottish Government financial inclusion quality improvement practicum to increase financial enquiry and referral to support within Health Visiting has been progressed in one (GCC) area in 2021/22, learning from this will be shared more widely in 2022/23. The QI approach will be supported and rolled

out to support the delivery of the Universal Pathway in NHSGGC. Data from local FI service providers for each HSCP/sector show the following **direct** referrals from Health Visitors as follows:

HSCP/Sector	21/22	20/21
North East Glasgow	674	737
North West Glasgow	620	312
South Glasgow	1290	1424
East Dunbartonshire	69	49
Inverclyde	0	10
Renfrewshire	137	32
West Dunbartonshire	51	250
East Renfrewshire	14	7

The Money & Debt with Advocacy Service - Maternity Matters supports any women and when required her family, who attends the Special Needs In Pregnancy (SNIP) Maternity Service in Glasgow. It sees women who have multiple vulnerabilities. The service supports women to develop an action plan and an Advocate will work with the women to support the plan and facilitate attendance at other services from anything from 3 months upwards. A total of 243 referrals were made to the service during 2021/22 and a total of 258 repeat clients were also seen. 46% of new clients seen had an annual income of <£6k, 37% had an annual income of <£10k and a further 15% had an annual income of <£15k. Only 1% of new clients seen had an annual income >£15k to £25k. Therefore 99% of those the service has seen would be classed as living in poverty before seeing the service. 61% of service users identified that they had a disability. Financial gains were a total of £381,978.34 and a total of £51,380.85 in both housing and non housing debt was managed for clients. A total of 49% of new service users were BAME and a total of 52% of service users needed an interpreter to engage with the service. 53% of those who used the service were <25 years old. 22% were lone parents with dependants and a further 43% were single parents who were expecting their first child. A total of 40 travel cards were provided to women who had no money to pay for travel to their Maternity Appointments. 8 clients who used this service lived in East Renfrewshire.

The NHSGGC Children's Hospital money advice service saw 339 referrals in 2021/2022 with a total 406 repeat clients also seen. There was a total of £2,007,066.33 in financial gains and a total of £146,799.19 in debt, housing and non housing managed. Of those who used the service 77% had an annual income of <£15k before seeing the service and were living in poverty. 46% of those who used the service identified as having a disability with the service reaching families with a total of 238 children (<16) who also had a disability. 17% of those who used the service were BAME and 20% required a translator for their appointments. 11 clients were from East Renfrewshire.

NHSGGC has an equality outcome to improve perinatal care for women in poverty, minority ethnic communities and those experiencing gender based violence. Of the 10,472 women who booked for maternity care in 2021/22, 45% were in SIMD 1 and 2 zones. For those requiring an interpreter, 78% were in SIMD 1 and 2 zones. Baseline research with minority ethnic women, including women in persistent poverty, highlighted barriers to service access (including use of interpreting) and ways in which the experience could be improved. Initial actions to address structural barriers in the maternity pathway include piloting video interpreting in the early pregnancy pathway and improving access to the Maternity Booking Line through use of a patient interpreting code.

NHSGGC aims to understand families experience and impact of poverty for families with a child with a disability around the 3 key drivers of poverty. Plans to convene a Steering Group, scope out and commission research into needs of families with children and a disability in NHSGGC are underway. This research will identify themes and make recommendations for progress.

Additional demand on existing social security supports

Free School Meal (FSM) and Clothing Grant (CG) recipients have both increased from 2020/21 to 2021/22, with an 18% increase in FSM and 5% increase in CGs. There has been an increase in demand, and the new Revenues & Benefits system now automatically awards where applicable.

Council Tax Reduction (CTR) caseload has also increased – since March 2020, CTR has increased by 8% reflecting the impact of residents’ changed financial circumstances over the past 2 years since Covid-19. Demand for the Scottish Welfare Fund (Crisis and Community Care Grants) has also increased significantly during this period.

New, pandemic related social security supports

Throughout 2021 – 2022 we have worked to deliver the Covid Self Isolation Support Grants and Low-Income Pandemic Payments. Residents accessing either of these grants were provided with the opportunity for a benefit check and information on managing debt.

We administered Family Bridging payments on behalf of Scottish Government and also provided additional ‘top-up’ payments from Humanitarian Support funding. £948,000 of Family Bridging Payments were made during 2021/22 (during Summer, Autumn, Winter and Spring). These payments supported around 1,700 school pupils. Free School Meal payments of £93,000 were also made, replacing the voucher scheme which had been used previously. Two “top up” payments were made during the Winter/Spring from Humanitarian funding, with an additional £84,000 supporting pupils receiving Free School Meals and a further £78,000 supporting 500 pupils receiving Clothing Grants only.

In addition to this, we provided a cash payment to all Looked After and Accommodated in December 2021 towards the cost of Christmas.

Throughout 2021-22, we operated a discretionary grant aimed at low-income households affected by the pandemic. Approximately £83,000 was paid to 390 households, 186 of which were families with children.

East Renfrewshire Citizen’s Advice Bureau (ERCAB) is one of six bureaus in the country participating in a Scottish Government pilot aimed at eradicating the need for foodbanks. As part of this pilot, ERCAB has been providing shopping cards in place of referrals to the Foodbank, whilst also providing access to emergency income, money advice and wider holistic support services. We have issued £40,000 worth of vouchers to over 600 households with children; 1360 children reached in total. ERCAB are participating in an analysis with Citizens Advice Scotland and Scottish Government to assess the pilot, and if it can be progressed.

Case Study

Concern

In March 2021, Laura* was supported to complete a Personal Independence Payment (PIP) review form by a ERCAB welfare advisers. In September 2021 Laura received a decision of ‘no points’ meaning the award of Standard Rate Daily Living and Enhanced Rate Mobility had now ended.

Losing a vital 'gateway' Benefit such as PIP has had a devastating impact on Laura and her husband as they lost their entitlement to; Carers Allowance, Income Support and Housing Benefit. With no other source of income, the only suitable option was for them to make a joint Universal Credit claim. Being on UC has provided the couple with a regular income, but unfortunately they are financially worse off as entitlement only covered Standard Allowance and Housing Element.

Solution

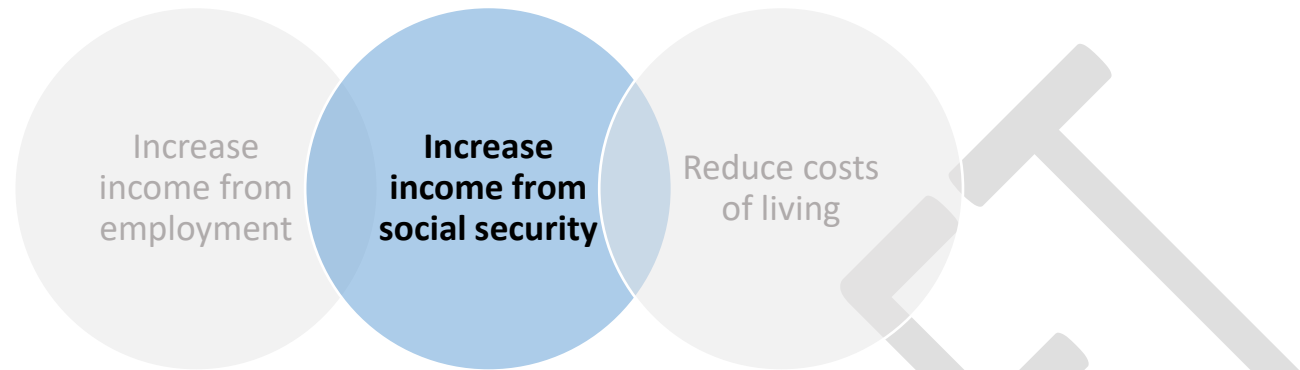
While the PIP award is being challenged ERCAB have been able to relieve some of their financial pressures by providing regular fuel and food assistance – currently totalling to an estimated £500 client financial gain.

Impact

Having the shopping cards has made an incredible difference to this family as they have the freedom of going into a shop, browsing and picking up items of their choice, on a day that suits them.

From Jan 2022, the Money Advice and Rights Team (MART) has worked alongside ER Carers Centre to deliver a discretionary carers grant. MART carried out benefit checks for all applications. This grant was advertised via partners to focus on carers who have not been in touch with services before. The Carers Centre registered all applicants to their service and promoted their 'respitality' card: a local discount scheme aimed at carers. MART referred 104 clients to the carers centre and 72 grants were paid out.

Future Actions 2022 onwards



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

<p>Change required: All parents involved with employability programmes are offered financial inclusion support</p>	<p>What we will do: Employ a 1 year temporary Income Maximisation Officer to support clients seeking employment support Lead: Money Advice and Rights Team Resources: c.£30,000 for 1 Grade 7 post Target Groups: recently redundant, people on furlough and those facing redundancy, those on low wage seeking to enhance skills and income</p>	<p>How we will measure progress:</p> <ul style="list-style-type: none"> • Number of clients accessing services • Number of clients having a positive outcome • Verified financial gain
<p>Change required: Improved knowledge of financial wellbeing among school aged residents, parents and carers and staff.</p>	<p>What we will do: Deliver the Government's financial inclusion plan Lead: Education Department / Money Advice and Rights Team Resources: within existing resources Target Groups: school pupils , parents, carers and staff</p>	<p>How we will measure progress:</p> <ul style="list-style-type: none"> • Number of participants • Feedback from events

<p>Change required: Improved parental access to benefits and income maximisation information and advice, including new referral pathways</p>	<p>What we will do: Provide debt and benefit advice in local communities through a Community Hub. Lead: ERC Money Advice, Social Security Scotland, Citizen's Advice and Neilston Development Trust. Resources: Staff from each agency Target Groups: Low income families living in and around Neilston</p>	<p>How we will measure progress:</p> <ul style="list-style-type: none"> • Number of families seeking assistance • Number of clients having a positive outcome • Verified financial gain • Soft outcome feedback analysis
	<p>What we will do: Develop a GP referral pathway to money advice services Lead: ERC Money Advice and Rights Team Resources: within existing resources Target Groups: all priority groups</p>	<p>How we will measure progress:</p> <ul style="list-style-type: none"> • Number of GP referrals • Number of clients having a positive outcome • Verified financial gain • Soft outcome feedback analysis
	<p>What we will do: Produce digital resources aimed at residents more able to self-serve. 'How to guides' will be added to the Internet page along with links and descriptions to other services. Lead: MART, CAB and Barrhead Housing Association Resources: within existing resources Target Groups: all priority groups, particularly new social security claimants</p>	<p>How we will measure progress:</p> <ul style="list-style-type: none"> • Page 'hits' • Social media post 'reach'
	<p>What we will do: Financial Assessments/Income maximisation for all priority HSCP children and family cases in East Renfrewshire Council including midwifery / health visiting and capitalising on NHSGGC's improvement work with BME communities and families with a disability Lead: Health and Social Care Partnership / Money Advice and Rights Team / NHSGGC Resources: within existing resources Target Groups: Care experienced families</p>	<p>How we will measure progress:</p> <ul style="list-style-type: none"> • Number of clients accessing the service • Verified financial gains • Soft outcome feedback analysis • For NHSGGC, assessing patient experience of maternity pathway

	<p>What we will do: Provide non English speakers with access to volunteer interpretation services for assistance in claiming Social Security</p> <p>Lead: Voluntary Action East Renfrewshire / Money Advice and Rights Team</p> <p>Resources: within existing resources</p> <p>Target Groups: non-English-speaking residents, residents with English as a second language</p>	<p>How we will measure progress:</p> <ul style="list-style-type: none"> • Number of clients accessing the service • Client feedback • Verified financial gain
<p>*NEW*</p> <p>Change required: Improved availability of affordable credit options within East Renfrewshire</p>	<p>What we will do: Explore affordable credit options available for and seek to implement one or more provider within East Renfrewshire</p> <p>Lead: Child Poverty Oversight Group</p> <p>Resources: within existing resources</p> <p>Target Groups: all priority groups</p>	<p>How we will measure progress:</p> <ul style="list-style-type: none"> • Affordable credit available for East Renfrewshire residents
<p>*NEW*</p> <p>Change required: Enhanced use of data to provide insights and interactivity</p>	<p>What we will do: Explore options to enhance the use of data to allow the characteristics of those in poverty to be better understood and. In turn, to design and implement impactful solutions</p> <p>Lead: Insights and Data Team</p> <p>Resources: within existing resources</p> <p>Target Groups: all priority groups</p>	<p>How we will measure progress:</p> <ul style="list-style-type: none"> • Availability of insight reports • Enhanced understanding of characteristics of child poverty in East Renfrewshire

Chapter 3: Costs of Living



Workstream

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

NHSGGC continues to have a partnership agreement with Home Energy Scotland for patients and staff. To support our staff with money worries; another Staff Money Worries campaign was run in March 2022 and we are working in partnership with Home Energy Scotland to provide online information sessions

Lived experience feedback

As mentioned in the 'Context' chapter above, we gathered feedback from lived experience, community and stakeholder engagement and desk-based data sources to understand the impact of Covid in East Renfrewshire. There were several findings which related to employment and access to work

Fuel debt has been a significant factor during the pandemic, reflecting increased energy use as more people worked from home and continuing fuel price inflation. CAB has distributed around £80,000 in fuel vouchers during the pandemic to date, primarily to help those who had accumulated debt.

Services have seen an increase in demand for other support services for those in financial difficulty, such as food larders and clothing banks. This is also reflected in a 50%+ increase in demand for the Food Train service at the peak of lockdown, and the establishment of two food larders during the pandemic. Food larders appear to have played a particularly important role for households who may have fallen into financial difficulties for the first time, and for whom stigma associated with existing food banks may have been an issue (also reflected in the successful trialling of shopping vouchers being offered as an alternative to food banks). While this has clearly been a positive change for many residents, it is unclear the extent to which food larders have been as effective as other food banks in referring residents to other sources of advice and support.

In addition to the changing profile of demand during the pandemic, services also expressed concern around potential for a significant increase in need for financial support and advice over the coming period. This reflected concern that ‘hidden’ debt cases could emerge as creditors continue to re-activate pursuit of debt, and the impact of recent and further anticipated increases in fuel costs for levels of fuel debt. In relation to the latter group, it was noted that fuel poverty cases can take time to emerge as residents accumulate debt, and suggested that “the worst is still to come” in terms of the impact of fuel costs.

Similar concerns were also expressed in relation to other pressures on household finances. This included the effect of housing market inflation on private rent levels and concern around a potential rise in evictions, and a “perfect storm” of removal of the Universal Credit uplift, planned national insurance increases, and continuing price inflation.

Action taken

During 2021/2022 the Community Planning Partners across East Renfrewshire have taken action to reduce the costs of living, including;

Reducing energy costs for vulnerable families

East Renfrewshire Council has employed an Energy Cost Advisor to provide holistic advice and support to households facing energy poverty. The support includes reviewing bills and tariffs; switching suppliers; applying for grants; wiping out debts from pre-pay meters; reducing customer’s payments; and helping people to get back on supply.

The Energy Cost Advisor works in partnership with other Council services, Barrhead Housing Association, support workers, Barrhead Health and Care Centre, RCA Trust and Home Energy Scotland.

The service started in October 2021 and the Energy Cost Advisor has helped over 40 households saving them approximately just over £10,000.

Case Study

Concern

Sharon* is a 46-year-old single parent to a 22-year-old son and a 13-year-old daughter. Sharon has severe mental health issues as well as physical issues. Sharon had no electricity after tampering her meter and her gas was capped. Sharon’s energy supplier wanted to remove her meter and would only replace it if she paid off the full debt and £300 for a new meter.

Solution

The Energy Cost Advisor arranged a home visit with Sharon along with her Housing Officer, Social Worker and her Community Psychiatry Nurse. The Advisor then worked with the provider on Sharon’s behalf and arranged to have her electric meter fixed free of charge and get her gas uncapped.

Impact

Fortunately, this enabled Sharon to her supply back on just before Christmas. This meant her son, who is in the army, was able to stay with her whilst home on leave and her daughter was able to spend Christmas in a warm home.

The Energy Advisor continued to work with the Housing Officer, Social Worker, Psychiatry Nurse and the Adult Support and Protection team to ensure Sharon is well-supported in a warm and comfortable home.

East Renfrewshire Citizens' Advice Bureau (ERCAB) worked in partnership with Barrhead Housing Association and East Renfrewshire Council to provide a fuel support scheme to help households with gas and electricity costs. Payments were made to households to support them with the weekly or monthly energy costs, and also as one-off payments to manage any energy debt. The scheme ran between June 2020 and March 2022 and during that time over 350 households have been supported, with approximately £100,000 being paid out.

Case study

Concern

Emily* had been in debt with British Gas and was struggling to setup a payment plan which was affordable to her. Emily is a single parent to three young children and is in receipt of Universal Credit. Emily struggles with poor mental health.

Solution

Emily discussed her situation with ERCAB and was able to receive a lump sum of £400 towards her debt. This brought the debt down significantly meaning she was now able to afford a payment plan for the rest of the debt.

Impact

Emily was extremely grateful as this reduced the financial pressure on a day-to-day basis and she was now able to afford her gas and electricity payments. This has improved her financial situation and also helped with her mental wellbeing.

Increasing provision of affordable housing options to vulnerable groups

East Renfrewshire Council's Housing Service lets up to 250 empty homes per year and has a new build programme which aims to deliver an additional 362 new council homes. To date 98 homes have been delivered with a further 91 due for completion in 1st half of 2022/23. In addition, as the Strategic Housing lead for East Renfrewshire, the Housing Service supports the delivery of an additional affordable housing through Strategic Housing Investment Plan (SHIP). The SHIP and the Council's lettings plan aims to ensure that all existing and new social housing in East Renfrewshire is target to those most in need.

Reducing costs to families of school attendance and participation

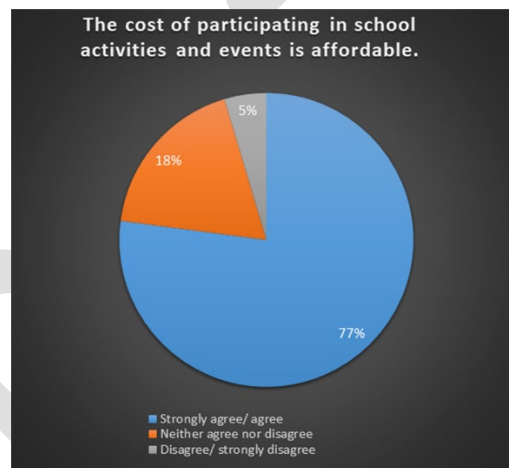
12 schools across the authority area have worked in partnership with the Education department since May 2021 to audit the cost of the school day. This builds on work undertaken together with all schools to raise awareness and deepen understanding of child poverty, including hidden poverty. The cost of

the school day practice sharing group met in October, January and March to collaborate on the audit process and create local action plans based on findings.

The audit process has been designed to allow analysis and comparison of the most significant costs to families in different school communities. Due to the impact of Covid-19 there have been delays in the audits in some locations therefore the audit overview is not yet complete. However, early indications suggest that school uniform is by far the most challenging costs for families in connection with school attendance and participation. Further results and analysis will be available later in the year.

The Education Department revised the Dressing for Excellence school uniform policy in February 2022 following thorough consultation with a wide range of stakeholders. The revised policy places increased emphasis on the importance of reducing the cost of uniform to families and stipulates that all school uniforms must be able to be purchased within the total amount of the school clothing grant. Adjustments to the lists of approved items have been made to enable savings for families where possible.

In a recent East Renfrewshire Council parental involvement and engagement census, more than three quarters of parents agreed that the cost of participating in school activities and events is affordable.



East Renfrewshire Council worked in partnership with local school uniform charity Back to School Bank to fund approximately 60 full uniform packs including winter items. The charity noted an ongoing increase in demand since 2020 including higher demand from older pupils and higher demand for Winter items, which both come with higher associated costs.

Reducing costs to families of Early Learning and Childcare

Pandemic restrictions meant that the Scottish Government delayed the legislative requirement to deliver 1140 hours of funded Early Learning and Childcare until August 2021. East Renfrewshire Council was able to implement 1140 hours from August 2020 in order to support families, but with reduced flexibility and without the provision of lunches for every child. However, during this period we did provide lunches to vulnerable children and families, including those impacted by poverty. A self-referral scheme was put in place and was publicised well within each Early Learning and Childcare setting, including during parents' inductions. With full implementation from August 2021, every child who is eligible for funded Early Learning and Childcare now receives a lunch as part of their provision in addition to milk and healthy snacks.

Within local authority settings food is provided by Facilities Management for 1875 three to five year old children and 123 eligible two year olds. 565 children access their 1140 hours entitlement with childminders and private or voluntary nurseries. These funded providers received an additional payment to cover food ensuring that all children receive this part of their ELC entitlement no matter where they access their provision.

Reducing costs to families of the pregnancy pathway

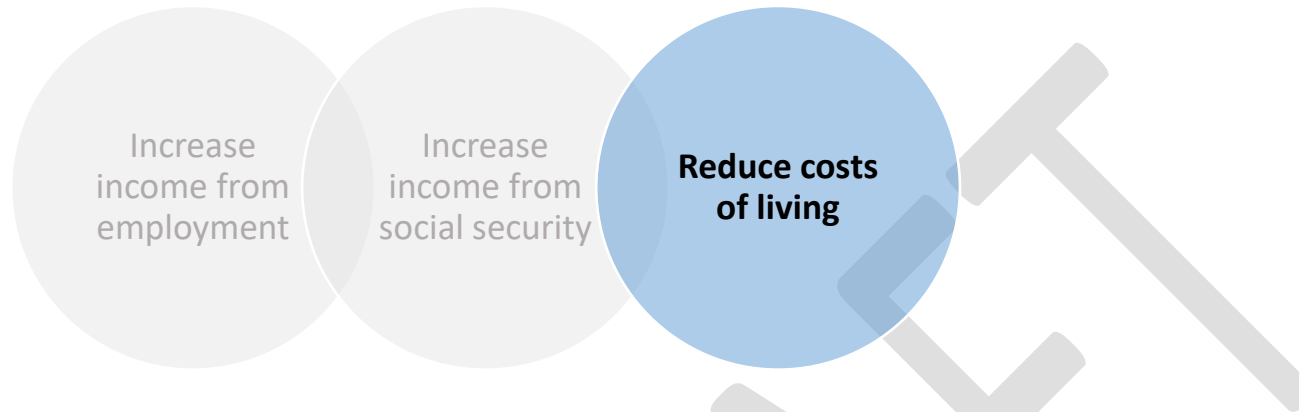
NHS Greater Glasgow and Clyde has progressed a pilot quality improvement project to increase financial enquiry and referral to support within maternity in one local authority area in 2021/22. The learning from this will be shared more widely with the other local authority areas within NHSGGC, including East Renfrewshire, in 2022/23. Improving access to maternity services will be considered as part of ongoing Best Start implementation

NEW: Humanitarian Food Access Fund

This one-off, temporary fund using Scottish Government Covid Funding, was administered through the East Renfrewshire Humanitarian Covid Response group. This fund was focused on providing financial resource to those food banks/larders that set up in response to the pandemic.

Three newly established food larder groups received a share of the £25,000 fund. The groups were set up as a direct response to the increased demand on local food banks to provide access to food for those hardest hit by the pandemic. East Ren Food Larder provides breakfast, lunch and dinner packs to over 50 households per week and offers a delivery service. Eaglesham Food Larder offers a trolley service open to anyone to help themselves once a week. Neilston Primary School Larder provides a breakfast trolley outside the school gates each morning, and also offers a holiday and weekend provision.

Future Actions 2022 onwards



Change required: Reduced energy costs for vulnerable families	What we will do: Employ a fuel poverty officer to develop advice and guides to support those struggling to manage the costs of their household fuel. Leads: East Renfrewshire Council Resources: £35,000 (funded until March 2023, but unclear source of funding thereafter) Target Groups: Workless households, low income households, lone parents	How we will measure progress: <ul style="list-style-type: none"> • Number of people receiving energy advice • Increase in the number of people with affordable household fuel costs
	What we will do: NHSGGC partnership with Home Energy Scotland Leads: NHSGGC Resources: NHSGGC Health Improvement staff time Target Groups: Workless households, low income households, lone parents	

<p>Change required: Increased provision of affordable housing options to vulnerable groups</p>	<p>What we will do: Work with local Housing Associations to consider their allocation policy in line with the priority groups Lead: Housing Department and local Housing Associations Resources: Within existing resources Target Groups: Low income families</p>	<p>How we will measure progress:</p> <ul style="list-style-type: none"> • Increase in the number of vulnerable families accessing affordable housing provision
<p>Change required: Reduced cost to families of school attendance and participation</p>	<p>What we will do: Develop a Social Justice Strategy with a focus on resources, equity, participation, diversity and rights. This will incorporate our approaches to Pupil Equity Funding, Cost of the School Day and Closing the Poverty Related Attainment Gap. Reporting will continue to include a requirement to report on impact of interventions to reduce CoSD Lead: Education Department Resources: School PEF awards Target Groups: Families in receipt of Free School Meals, other groups of children and young people identified by schools as experiencing poverty-related inequality and all families experiencing hidden poverty</p>	<p>How we will measure progress:</p> <ul style="list-style-type: none"> • % school PEF Plans and Reports detailing planned interventions and positive impact on reducing the cost to families of attendance and participation in school • Outcomes of Cost of the School Day audits across the authority area will be evaluated and used to plan next steps
	<p>What we will do: Work with equalities coordinators and Head Teachers on CoSD including discussion on the clothing grant, Dressing for Excellence Policy and increased national provision of Free School Meals to P4 and P5 pupils Lead: Education Department Resources: School PEF awards Target Groups: Families in receipt of Free School Meals, other groups of children and young people identified by schools as experiencing poverty-related inequality and all families experiencing hidden poverty.</p>	<p>How we will measure progress</p> <ul style="list-style-type: none"> • % schools actively adopting CoSD approaches will increase • % schools with universal uniform support strategies in place will increase
<p>Change required: Reduced cost to families of Early Learning and Childcare</p>	<p>What we will do: Provide a hot meal for all eligible children attending an Early Learning and Childcare setting in East Renfrewshire, irrespective of their attendance pattern Lead: Education Department</p>	<p>How we will measure progress</p> <ul style="list-style-type: none"> • Increase in the number of children and families accessing free food entitlement

	<p>Resources: Within existing resources</p> <p>Target Groups: Children aged 2, 3, 4 and 5 attending Early Learning and Childcare settings as part of their funded entitlement</p>	<ul style="list-style-type: none"> • Reduced food bill costs to families of children attending nursery
<p>Change required: Reduced cost to families of the pregnancy pathway</p>	<p>What we will do: Work in partnership to look at how the cost of attending services can be reduced and how families can be supported to reduced costs of purchasing items for a new baby from the learning within this report.</p> <p>Lead: NHS GGC</p> <p>Resources: Within existing resources</p> <p>Target groups: Children <1, other groups</p>	<p>How we will measure progress:</p> <ul style="list-style-type: none"> • Reduced costs to families during pregnancy

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Child poverty mitigating actions

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

Family Wellbeing

In 2021-22, in addition to fulfilling their statutory duties, East Renfrewshire's HSCP Children and Families Social Work teams have supported families to gain access to their early years' childcare entitlement and helped young people return to face-to-face teaching in schools' full time.

The continuous sharing of data and insights between HSCP and Education colleagues has ensured that all vulnerable families have access to the practical, emotional and financial support that they require, including individuals experiencing domestic abuse (particularly women) and families affected by parental mental health concerns and addiction. In turn, this has minimised incidents of crisis, family breakdown and ultimately, helped to keep children safe. Our close partnership work with Police, Women's Aid and Recovery Services has also reduced these risks and prevented more children and young people from being placed into care settings.

Our Social Work staff are vigilant to the signs of poverty and are familiarized with East Renfrewshire's approach to tackling this; being particularly conscious of the stigma surrounding this issue and the vulnerability for hidden poverty in our Local Authority.

The Social Work service also direct some of their activities towards supporting financial inclusion for families, working in partnership with the Money Advice and Rights Team (MART) to consider income maximisation as part of routine contacts. This helps to improve their income from social security, in order to mitigate the impact of poverty on children and families.

In addition, we identified our most vulnerable families and offered them assistance in purchasing items for winter wellbeing activities, including winter clothing such as wellies, waterproofs and insulated clothing. This provision helped to reduce the stress and financial burden in fraught households and encouraged healthy wellbeing and positive interactions that helped support their children. Our Support Workers also assist families by making charitable applications on their behalf for essential items such as white goods, beds, duvets, curtains etc.

Our Health Visiting Service play a vital role in mitigating the impacts of families most at risk of poverty. The team work alongside MART to identify and refer families onwards who would most benefit from assistance with income maximisation. This support includes promotion of the Best Start Grant and Early Learning Payment for families who are eligible, as well as highlighting and signposting families to local foodbanks and food share services.

Health Visitors will also refer at risk families to the Council Employability Officer for assistance with skills development and job applications. Alongside this, there is also continuous communication between the Team and the Job Centre, so that awareness of any local enterprise initiatives can be shared to parents/guardians. Referrals to Housing are also supported and promoted where existing accommodation is identified as a health and wellbeing barrier.

Overall, East Renfrewshire Council's HSCP Children and Families Social Work teams have worked in partnership with a multitude of wider Council services to provide wrap-around support that mitigates the impact of poverty and prevents further social inequalities for children and families most at risk, whilst also improving their physical and emotional wellbeing.

Adult Learning

During 2021 – 2022 Adult Learning Services worked with 48 parents to deliver blended learning opportunities supporting them to achieve their learning goals across the four areas of life: personal, family, work and community. Programmes included Literacy and Numeracy for Work & Family, Digital Cafés, ESOL for Work and Conversation Clubs to increase skills and confidence.

Within our ESOL provision, we supported 36 parents to engage and improve their English language using online learning options including WhatsApp groups and video calls. We created videos and padlets to support families who were new to Scotland and East Renfrewshire; sharing information and signposting to support services. ESOL for Parents courses have been delivered to ensure parents understand the Scottish education system and feel confident to support their children with learning and develop the language required to become more involved with educational establishments. This year, there was a demand for numeracy support and this programme has been supported by teachers from the ERC Maths Champions Network. We continue to run the ESOL for Parents Hub to share information and offer support.

Adult Learning Services delivered 12 digital devices and mobile Wi-Fi connections to parents this year through the Connecting Scotland programme. The team are trained as Digital Champions and continue to support the families to get online and gain confidence using the devices to support their children's learning, their own learning journey including completion of accredited courses, attending college courses and searching and applying for work.

As a team, we supported 17 parents to gain SQA qualifications working in partnership with Clyde College and West College Scotland, supporting them to work towards their employability goals. Courses included; ESOL, IT and Early Years & Childcare and Wellbeing. 5 parents were also supported to pass the B1 Life in the UK test.

Get into Summer 2021

During Summer 2021, we provided a range of Get into Summer activities which were planned and delivered in partnership between Education, Community Learning and Development, Culture and Leisure Trust, Social Work and East Renfrewshire Carers Centre.

Children and young people who were allocated places in the ERCL summer camps met a wide range of the criteria set out by the government. This included: 22 care experienced children and young people; 17 young carers; 83 from low income families; and 90 who were defined on SEEMIS as having an additional support need.

Of the 107 young people, aged 14 to 18, who took part in the range of trips and activities they co-designed with our CLD team: 27% live in poverty; 11 care experienced and 4 were young mothers who benefitted from provisions made for their young children (aged 2 and under) to join them. Certain activities were co-designed with our LGBT+ Youth group, and ring fenced for their participation at their request.

All families (770 children) who were provided with play kit bags lived in SIMD1-2. Furthermore, 41 of these children were care experienced.

Our two ASN summer programmes were targeted at 130 children and young people with significant additional support needs, most of whom attend specialist educational provision within East Renfrewshire. It should be noted that many other children and young people with significant additional support needs participated in other summer activities, such as the ERCL Trust summer camps, and adaptations were made as required to ensure they were able to enjoy the best possible experience.

In total over 2200 children and young people had first-hand experience of Get Into Summer activities. Many other family members, in particular parents and carers, will have benefitted through removing the need for them to provide child care and lunch.

Feedback

"It was great to get out of the house and try different sport. I really liked basketball and netball." (Child)

"I really liked the camps, getting outdoors and making new friends." (Child)

"I liked all the different activities and I wish I could go back to the camp again." (Child)

"a good way to catch up with... (community worker)" (Young person)

"the first thing I've done apart from school since before covid" (Young person)

"Just wanted to send a message to you and the team to say thank you so much for the time and effort you put into the activities during the summer holiday! Hope you guys realise the great impact you all had on child and all of us by giving child the opportunity to go out and experience activities he would never have done!" (Parent)

"Just thought I'd let you know child had a great time at Castle Semple, came home, said how tired they were, went upstairs for a shower then feel asleep. He even never came down for dinner, it's great what you are offering the young people, they normally don't do activities like these." (Parent)
"She has been more confident with a new group and being outdoors." (Parent)

"He has gained confidence within himself, showing us what he's learned." (Parent)

"So crucially important for all of our family; provided respite for siblings, allowed mum to work and I cannot state how important it was for child to be back in his familiar school environment (over the summer) as he is so thoroughly routine driven." (Parent)

"Child is not able to visit many places or enjoy summer holiday activities the way other children can. So having a dedicated club for him to attend where his needs are well understood and well catered for is absolutely fantastic. It helps him enjoy activities outside of the home and to have a little exposure to socialising with other children." (Parent)

Provision of breakfast carts

Children and young people from 2 Secondary School and 8 Primary Schools in Barrhead, Neilston and Thornliebank have benefited from a no cost grab-n-go breakfast provision funded by the Humanitarian Fund. Over the course of this session, pupils have been able to help themselves to toast, cereal and fruit from a breakfast cart, prior to the start of the school day. Approximately 400 children and young people have benefited from this on a daily basis.

Removal of charges for instrumental lessons

As part of the first 100 days commitments of the new parliament, the Scottish Government abolished fees for instrumental music tuition in schools with effect from the start of session 2021/22. Funding was provided to support this policy with the intention that pre-pandemic levels of provision in local authorities could be sustained at no cost to families, and is intended to cover the cost of instrument hire as well as tuition. In terms of impact, families will no longer need to pay the £300 (or £225 for each sibling) annual charge for instrumental music lessons. Pupils eligible for free school meals or those studying music as part of national qualifications already received a full concession.

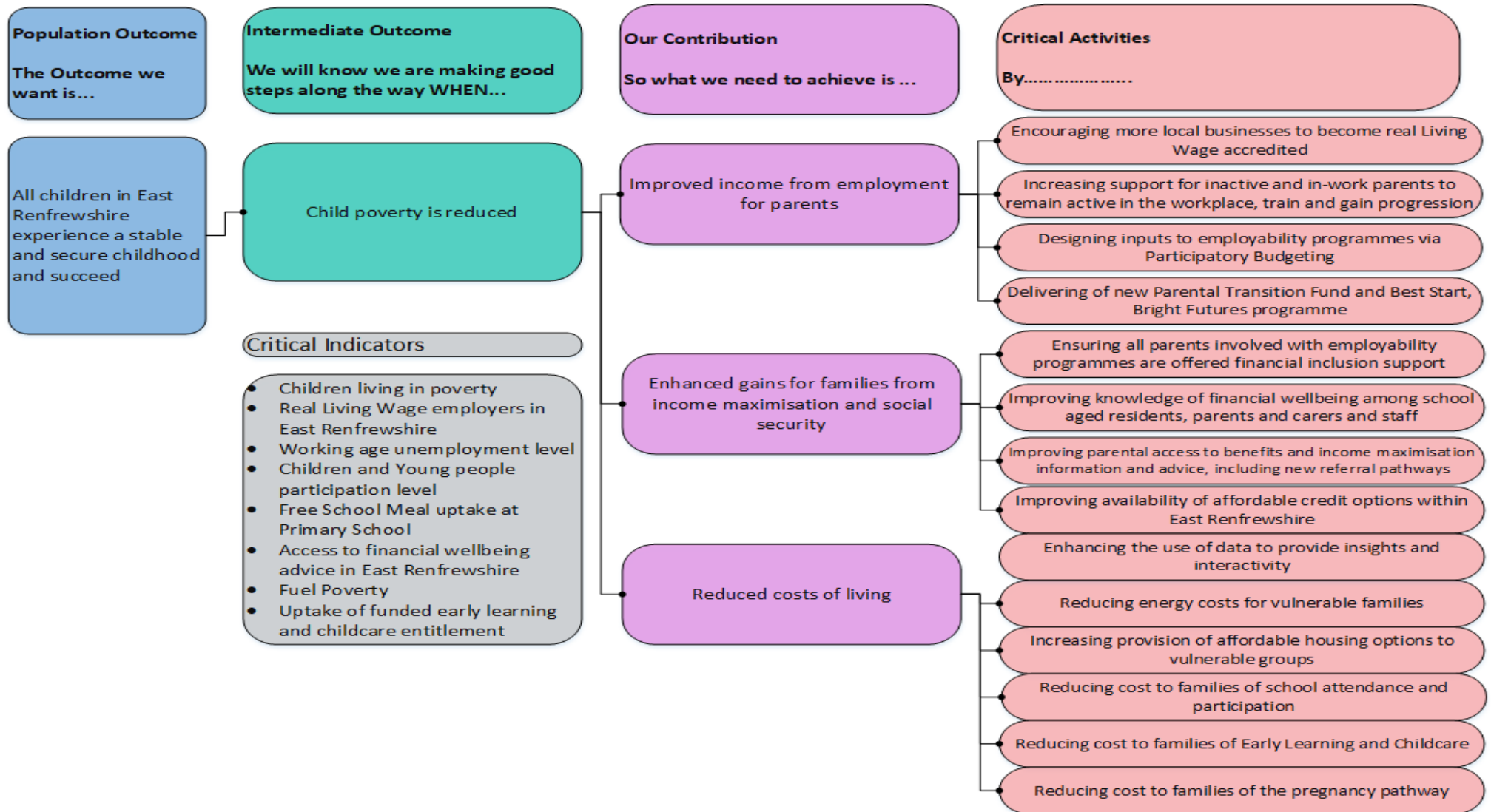
Conclusion

East Renfrewshire Community Planning Partnership has continued to keep a strong focus on child poverty and our role in both prevention and mitigation actions. We have engaged with those with lived experience of poverty, both directly and through frontline staff feedback, to inform and drive the required step-change in our area. Further, we have sought to increase the level and quality of data we collect to best identify the priority target groups.

This report outlines our intended future actions to continue to tackle child poverty. However, we acknowledge that the profile of poverty and demand on services continues to evolve as a result of the pandemic. Therefore, we will continue to monitor data and listen to lived experience feedback and use this to shape our decision making, actions and resources.

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

Annex 1: Future Actions 2022 onwards



Annex 2: Agreed long term objectives for NHSGGC and associated local authorities

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

1. Role as an employer

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

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

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

3. Role as a partner

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

In addition, NHSGGC will -

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

Annex 3: Full profile of East Renfrewshire

Our analysis of the available datasets identifies the scale of child poverty in East Renfrewshire, compared to the benchmarking authorities, and Scotland as a whole. The data profile looks at differences in East Renfrewshire communities. We would expect this profile in upcoming reports, as more data becomes available in relation to the impact of COVID-19, particularly around the ‘four harms’.

General

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

East Renfrewshire has a proportionately large population of children living in the area and a proportionately low level of child poverty in comparison to the national average.

East Renfrewshire has a population over 96,000^[1] and this is continually growing and is expected to grow at an average rate of around 600 people a year until 2028^[2]. Based upon National Records of Scotland (NRS) figures, this increase will be proportionally, the fourth largest of any local authority in Scotland.

There are 19,646 individuals aged between 0 and 16, this is the highest proportion of children in any local authority in Scotland. One in every five people living in East Renfrewshire is a child. 14.5% of people who report having a limiting long-term mental or physical condition have dependent children.

The proportion of children living in poverty in East Renfrewshire is the (joint) lowest in Scotland

Migration has a large impact on the population of East Renfrewshire and especially the child population. In 2019/20 over 570 more children (0-14) migrated into the area, with none leaving^[3], and in 2018/19 this figure was also nearly 500, meaning over 1000 more children have been added to the area in this two year period.

Child poverty rates are higher in some ward areas than others

There are around 3,000 children living poverty within East Renfrewshire. This amounts to 16% of children living in East Renfrewshire^[4]. This is lower than the Scottish average and comparable with East Renfrewshire’s family group in the Local Government Benchmarking Framework^[5].

In Barrhead, Liboside and Uplawmoor Ward has the highest rate of child poverty; whilst Clarkston, Netherlee and Williamwood Ward has the lowest. Poverty rates are very much influenced by housing costs therefore the overall rates are reported as poverty level ‘after housing costs’. Housing data is not available at this level therefore the measures at ward level are ‘before housing costs’ therefore they are not comparable with the overall measures and we should assume the true levels of poverty are higher than those reported. With that caveat in mind, the before housing cost child poverty levels by ward are as follows:

Barrhead, Liboside and Uplawmoor	21%
Newton Mearns North and Neilston	12%
Giffnock and Thornliebank	9%
Newton Mearns South and Eaglesham	8%
Clarkston, Netherlee and Williamwood	5%

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

There were 48 children born in 2020 to mothers who were under the age of 25, this accounted for 6% of all births in East Renfrewshire. This was the lowest rate amongst the LGBF group authorities, along with being lower than the Scottish Average of 16%^[6]

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

Within East Renfrewshire there are over 11,650 households with children. Around 2,400 of these are lone parent households, a priority group highlighted by the Child Poverty Act as being at greater risk of poverty. It is projected that lone parent households will make up a greater proportion of the households in East Renfrewshire by 2026 growing to 6%^[7], which is higher than the average Scottish increase.

Income from employment

East Renfrewshire remains a generally economically active local authority, with early indications that employment levels are beginning to recover from the last two years.

Generally, residents of East Renfrewshire are economically active, with low unemployment rates and low proportion of workless households.

There are around 57,000 individuals in East Renfrewshire of working age and 72% of these individuals are economically active. Black and Minority Ethnic groups are less likely to be economically active than East Renfrewshire as a whole, at 73%, however both are lower than the Scottish rate of 78%^[8].

There are 1,500 people who are unemployed who are of working age which is a decrease of approximately 100 people compared to the previous year. This remains the lowest rate of the LGBF group.

18.4% of households in East Renfrewshire are 'workless' meaning there is no individual over the age of 16 in the household who is employed. This is an increase of 4% from the previous year. There is no reliable data available to identify how many of these households have children living in them, however the Scottish figure is 12.1%^[9] and it is assumed that the rate in East Renfrewshire is significantly lower than the Scottish average.

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

31% of children in East Renfrewshire come from mixed households (where a household contains at least one person aged 16 to 64, where at least one person aged 16 and over is in employment and at least one other is either unemployed or inactive)^[10]. Local knowledge suggests this could be due to a common family dynamic of one high-earner parent and one stay-at-home parent, however there is no data available to evidence this. This type of household could be particularly vulnerable to poverty should their circumstances change, for example a relationship breakdown or loss of employment which many may have experienced in the two years.

The average weekly full time pay of residents in East Renfrewshire is £809, the highest in Scotland, and the average part time pay for residents is £308, which is also the highest in Scotland. However, we recognise that many of these residents are not employed locally as compared to the other LGBF groups, East Renfrewshire ranks as having the lowest weekly pay average when both full time and part

time workers' salaries are combined. The average weekly pay for those working within the authority for full time workers is £626 and for part time workers is £224.90^[11]. Further, 31% of employees over 18 earn less than the living wage in East Renfrewshire, which is the highest rate against the LGBF local authorities and is more than double the Scottish average of 15.2%^[12].

There are 2,500 individuals in East Renfrewshire who have no formal qualifications, this translates to 4.4% of the working age population, compared to 5.7% the previous year. This is lower than the Scottish average of 7.7% and is the fourth lowest rate in Scotland.

Income from social security and benefits in kind

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

There are 2,096 children in low income families within East Renfrewshire. Of these, 880 children are in families where there is a lone parent^[13]. 1,130 individuals are claiming for out-of-work benefits, this rate in East Renfrewshire (2%) is lower than the Scottish average of 3.8%^[14] and 165 of these claimants were between the ages of 16 and 24. Overall, there are 15,920 children in families that are registered for child benefit, which equates to 81% of all children in East Renfrewshire however this is among the lowest proportion when compared to other Scottish local authorities^[15].

Overall, 57.2% of pupils in East Renfrewshire are registered for free school meals, with the figure being so high due to the universal roll out for pupils in P1-4. Within East Renfrewshire 7.5% of all primary pupils from P5 to P7 were registered for free school meals, which is lower than the Scottish average of 21.3%. In secondary schools 7.7% of pupils are registered for free school meals, which is, again, lower than the Scottish average of 17%, however this figure has been rising every year since 2018 when 6.2% of pupils were receiving free school meals^[16].

East Renfrewshire has a £120 for primary and £150 for secondary school uniform grant which parents/carers can apply for. We have an automated system to issue this grant each subsequent year without having to reapply. In East Renfrewshire 430 young people receive an Education Maintenance Allowances, across Scotland over 31,000 receive an EMA^[17].

Costs of living

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

The average property price in East Renfrewshire in 2022 has increased by 9.2% since early 2021 to rise to £274,223. This average is the second highest of Scotland's local authorities behind only the City of Edinburgh, with the average house price there being £315,070, with the Scottish average being £161,847^[18]. The average weekly local authority rent for a property in East Renfrewshire is £77.39, which is the 7th highest weekly rent for a Scottish local authority^[19]. This average is affected by the proportion of larger properties within the housing stock in the area. Anecdotally, we are aware of a high private rental market across the authority, with associated high weekly costs. However, there is no data available at a local level to evidence this as private rent statistics are broken down into Broad Rental Market Areas, with East Renfrewshire being part of Greater Glasgow.

In East Renfrewshire, 73% of households are in Council Tax Band D-F, 33% more than the Scottish average. The average amount of council tax that is paid in East Renfrewshire is £1,573, the highest price paid in Scotland. In the period 2017-2019, the fuel poverty rate varied from 13% in East Renfrewshire, although it is expected that this figure is much higher in 2022, due to energy costs climbing significantly.

There are a wide range of activities available to children in East Renfrewshire. On average art, drama and sports activities, run by East Renfrewshire Culture & Leisure, cost £45.50 for a three month class and there are classes that are paid for on arrival, which cost between £3.15 and £5^[20]. On average there is a 30% discount in these prices for concessions. There are also a wide range of more expensive privately run activities, and we believe this to be a thriving market, however there is no available data to evidence this.

The Active Schools programme delivered over 7,200 activity sessions in the 2018/19 academic year involving 8,200 individual children in East Renfrewshire^[21]. The number of sessions and the number of participants has increased compared to those observed in the previous three academic years.

^[1] ONS mid-year population estimates 2021

^[2] NRS 2018-based Population Projections by Council Area in Scotland

^[3] NRS Total Migration to or from Scotland

^[4] End Child Poverty 2019

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

^[6] NRS Vital Events – Births

^[7] NRS Household projections for Scotland, 2018-2028

^[8] ONS Annual Population Survey 2021

^[9] ONS Annual Population Survey 2021

^[10] ONS Annual Population Survey 2021

^[11] ONS Annual Survey of Hours and Earnings 2021

^[12] Annual Survey of Hours and Earnings Scotland, 2021

^[13] DWP Households Below Average Income, 2019

^[14] ONS Claimant Count March 2022

^[15] HMRC Child Benefit Statistics, 2021

[\[16\]](#) Scottish Government Pupils Census 2021

[\[17\]](#) Scottish Government, Education Maintenance Allowances 2018

[\[18\]](#) UK House Price Index Scotland, February 2022

[\[19\]](#) Housing Revenue Account Statistics 2020-2021

[\[20\]](#) East Renfrewshire Culture and Leisure

[\[21\]](#) Local Authority Active Schools data 2018-2019

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board	
Held on	22 June 2022	
Agenda Item	10	
Title	HSCP Recovery and Renewal Programme	
Summary		
The purpose of this report is to update the Integration Joint Board on the HSCP Recovery and Renewal Programme.		
Presented by	Lesley Bairden, Head of Finance & Resources (Chief Financial Officer)	
Action Required		
Members of the Integration Joint Board are asked to note and comment on the progress of the HSCP Recovery and Renewal Programme		
Directions	Implications	
<input checked="" type="checkbox"/> No Directions Required	<input type="checkbox"/> Finance	<input type="checkbox"/> Risk
<input type="checkbox"/> Directions to East Renfrewshire Council (ERC)	<input type="checkbox"/> Policy	<input type="checkbox"/> Legal
<input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)	<input type="checkbox"/> Workforce	<input type="checkbox"/> Infrastructure
<input type="checkbox"/> Directions to both ERC and NHSGGC	<input type="checkbox"/> Equalities	<input type="checkbox"/> Fairer Scotland Duty

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

22 June 2022

Report by Chief Officer

HSCP RECOVERY AND RENEWAL PROGRAMME

PURPOSE OF REPORT

1. The purpose of this report is to update the Integration Joint Board on the HSCP Recovery and Renewal Programme.

RECOMMENDATION

2. It is recommended that the Integration Joint Board note and comment on the progress of the HSCP Recovery and Renewal Programme

BACKGROUND

3. Previous reports provide the full background and context to the programme. Given the magnitude of the planned work regular update reports to the Integration Joint Board were agreed. Given the size, scale and timeframe of the programme it is likely that progress reports may at times, show small incremental changes whilst on other occasions provide significant updates.
4. Members will continue to receive the detailed appendices with each report which outlines individual project status (Appendix 1) and high level project timelines (Appendix 2).
5. Programme updates will provide an overview of progress from the previous report as well as the next planned steps. It is intended that this will provide the Integration Joint Board with a rolling update on the programme.
6. As a point of reference, the HSCP recovery and renewal programme consists of four overarching themes under which projects are aligned. The four themes of the Recovery and Renewal Programme are:
 - Recovery
 - Wellbeing
 - Individuals Experience
 - Business Systems and Processes

REPORT

7. The report to the November meeting of the Integration Joint Board outlined the progress the HSCP had made in developing and progressing with the recovery and renewal programme. In December 2021 the HSCP once again moved into response mode as the latest Covid variant emerged. As a result of this the recovery and renewal programme was again paused as the HSCP worked to ensure frontline services were delivered to those most in need.

8. Whilst preparatory work continued throughout this period, the programme restarted in April 2022. As referenced in previous reports, the replacement of the HSCP case recording system is a key project spanning three financial years. Funding to undertake this project is in place and the first project board meeting took place in April 2022. Recruitment to the project team to support delivery of the project is underway. In addition to recruitment soft market testing will be undertaken in the coming weeks, this will allow the project team to gain a broad overview of the products on the market within framework, prior to framing detailed requirements.
9. To support delivery of the wider recovery and renewal programme, additional project resource has also been agreed, recruitment to these posts is progressing. Although the posts have still to be filled progress has been made for example, within the Care at Home Scheduling System Replacement project, in which the procurement exercise is now well underway.
10. There are also three projects that are due for completion in June 2022. This includes the migration of external Care at Home contracts to the new Scotland Excel Framework and the successful completion of our Covid Spring Booster programme to care homes and housebound patients. A review of business support processes and skillsets has also been undertaken in light of the pandemic response. This has enabled us to identify different ways of working both remotely and in our buildings which will help inform our future approach to hybrid working both in terms of people and infrastructure. In order to have a hybrid workforce we know we need to improve our telephony system. We will continue to build and capitalise on areas of improvement over the pandemic including upskilling our workforce in areas such as statutory minute taking and developing new systems and processes to support new initiatives such as care home testing and administrative support to vaccination programmes. All of these skills are transferable across the service which will give greater flexibility moving forward.
11. A financial framework has been drafted as part of the overall programme governance and this needs to be refreshed as the programme has recommenced and work is still required to quantify the expected benefits from a range of projects.
12. There are currently 3 projects that should support delivery of savings as a combination of cash and efficiencies, which in turn should allow us to manage demand and release budget:
 - Care at Home redesign (phase 2) – staffing and balance of in-house and purchased care
 - Replacing the Scheduling system for Care at Home (referred to above) – more efficient use of resources
 - Learning Disability redesign – use of technology as an alternative to sleepovers and more individualised approach from outreach work; better outcomes
13. Appendix 1 and Appendix 2 provide a detailed overview of current projects. There are no significant risks or issues to the programme to note. The next Programme Board is scheduled for 23rd June 2022.

CONSULTATION AND PARTNERSHIP WORKING

14. As the programme evolves and projects are formally established, appropriate representation from staff, those who use our services, staffside representatives and partner providers will continue to be invited onto projects as appropriate.

IMPLICATIONS OF THE PROPOSALS

Finance

15. Financial implications are detailed in the report above.

Equalities

16. Where an Equalities Impact Assessment may be needed this will be undertaken.

17. At present there are no policy, risk, legal, workforce or infrastructure implications.

DIRECTIONS

18. There are no directions arising from this report.

CONCLUSIONS

19. The HSCP continues to progress work on the Recovery and Renewal Programme.

RECOMMENDATIONS

20. It is recommended that the Integration Joint Board note and comment on the progress of the HSCP Recovery and Renewal Programme

REPORT AUTHOR AND PERSON TO CONTACT

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

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Chief Officer, IJB: Julie Murray

31 May 2022

BACKGROUND PAPERS

IJB Presentation: 12 May 2021 Item 6. Recovery and Transformation Programme

IJB Paper: 23 Jun 2021 – Item 10. Recovery & Renewal Paper, June 2021

https://www.eastrenfrewshire.gov.uk/media/5721/IJB-Item-10-23-June-2021/pdf/IJB_Item_10_-_23_June_2021.pdf?m=637590085619970000

IJB Paper: 22 Sep 2021 - Item 10. Recovery and Renewal Programme

https://www.eastrenfrewshire.gov.uk/media/5991/IJB-Item-10-22-September-2021/pdf/IJB_Item_10_-_22_September_2021.pdf?m=637668671028500000

IJB Paper: 24 Nov 2021 – Item 10. Recovery and Renewal Programme

https://www.eastrenfrewshire.gov.uk/media/7146/IJB-Item-10-24-November-2021/pdf/IJB_Item_10_-_24_November_2021.pdf?m=637727671012970000

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Project Status Overview

Theme: Recovery					
Project	Status	Lead Service	SRO/Project Sponsor	Project Manager	Comments
HSCP Business Support – Working Smarter	Live	Governance & Systems	MC Armstrong	K. Marklow	Project completed, with findings being used to feed into wider review of Business Support. Closure Report currently being finalised for submission.
Adult Vaccination Programme	Live	Adult Services	D McCormick	J. Anderson	Spring Covid Booster programme now on target for completion in next week or so. Uptake forecast around 90% of these eligible. Exec Group meets weekly. All milestones remain on target. Closure Report including Lessons Learned will be submitted to DMT in June.
Staffing & Patients Access Arrangements – HSCP Premises	Live	Governance & Systems	MC Armstrong	TBC	Short-Life Working Group continues to meet and will progress project aims and report back via DMT/R&R Board in due course.
Reflections and Learning from working during the pandemic	Live	Governance & Systems	MC Armstrong	TBC	Interim proposal to carry out 'mini-project as a pilot using existing resources approved by DMT/R&R Board on 30 September 2021. Work ongoing.
Review of Adult Social Care	Future	Adult Services	TBC	TBC	Project Scope will be reflective of ongoing developments arising from the Feeley Report

Theme: Individual's Experience

Project Status Overview

Project	Status	Lead Service	SRO/Project Sponsor	Project Manager	Comments
Learning Disability Development	Pipeline	Learning Disability Team	T Kelly	TBC	<p>Project Brief approved by R&R/DMT on 18 November. Project Board in place.</p> <p>Project dependent on project and staffing resources, the funding for which has been agreed. Expect movement once Project Manager is in place – expected August 2022. Project timescales will be amended accordingly.</p>
Care at Home Review Phase 2	Pipeline	Care at Home	L McLaughlin	D Walker	<p>Project Mandate approved by DMT on 7 October 2021. Focus group chaired by SRO now set up to explore vision for the service. Project Brief will be developed from this. Expect Project Brief submission to board post-summer holidays.</p>
Individual Budget Calculator Review	Future	Finance	J Clinton	TBC	<p>Project Mandate submission delayed due to significant staffing pressures. Subject to future Project review.</p>
Care Homes/ Alternative Housing Options	Future	TBC	TBC	TBC	<p>Require discussion with HoS on Aims, Objectives and Scope of project.</p> <p>New Strategic Planning Performance & Commissioning Manager will play a key role in the development of this project</p>
Digital Opportunities	Future	TBC	TBC	TBC	<p>Discussions have commenced with ERC PMO on wider corporate digital planning within the new reporting arrangements. Also commenced exploratory discussions with Digital Scotland on learning from digital projects elsewhere.</p>
Attend Anywhere	Future	TBC	TBC	TBC	<p>Require discussion with HoS on Aims, Objectives and Scope of project.</p>
Review and developing the journey with those who use our services	Future	TBC	TBC	TBC	<p>Require clarity around lead service and discussion with HoS on Aims, Objectives and Scope of project.</p>

Project Status Overview

Theme: Wellbeing					
Project	Status	Lead Service	SRO/Project Sponsor	Project Manager	Comments
East Renfrewshire Workforce Wellbeing Action Plan	Live	Wellbeing Group	L Gregson	n/a	Wellbeing Lead received existing Wellbeing Action Plan in April from HR, and is in process of updating document with progress on staff wellbeing work-streams relating to role, Updated version available currently on request.
Development of Wellbeing Champions/Wellbeing Lead Role	Live	Wellbeing Group	L. McLaughlin	G. Mitchell	<p>Early work has included staff wellbeing survey March 2022 (150 staff responses), with offer to participate as 'staff wellbeing champion'. Wellbeing Lead developing and designing a response entitled '<i>You Care so We Care - Summer of Wellness</i>' which will act as a launch for all staff wellbeing offers. Expected in June.</p> <p>Staff wellbeing champions will act as network of support for this and will be regularly updated re: the wellbeing offer.</p> <p>One to one wellbeing conversation also ongoing as offer to staff.</p> <p>Work ongoing in developing peer support network is (in collaboration with NHS peer support network programme).</p>
Bespoke Wellbeing Support for individual services	Live	Wellbeing Group	L. McLaughlin	G. Mitchell	<p>Ongoing wellbeing offers monthly in staff bulletin.</p> <p>Ongoing work with Comms and Digital Content Officer, to develop wellbeing focussed page for all health and wellbeing related information and offers.</p> <p>Staff wellbeing survey findings have been analysed and organisation wide wellbeing offer is being developed in</p>

Project Status Overview

					<p>response to survey feedback. The <i>'You Care so We Care - Summer of Wellness'</i> offer is being developed and will launch in late June with a series of online and face to face staff wellness offers (in response to staff expressions re their wellbeing needs in wellbeing survey).</p> <p>H&W Lead also meeting individual services and working collaboratively to determine wellbeing needs of services that are engaging and responding positively to wellbeing offer, including GP Practices, CAMHS and others.</p> <p>H&W Lead also working with Business Support to improve facilities to support provision of wellbeing initiatives.</p> <p>Workforce Wellbeing Fund application being prepared for C@H staff for a wellbeing element to be introduced to patch meetings (patch meetings have been paused since Covid restrictions started). Opportunity to re-introduce with wellbeing focus added.</p> <p>Staff health walks now being delivered at both main Health Centres.</p> <p>One to one 'wellbeing conversations' available to all staff. Ongoing updates re all wellbeing developments to H&W monthly meeting.</p>
Compassionate/Trauma Informed Responsive Leadership	Pipeline	Wellbeing Group	TBC	TBC	Ongoing – H&W lead involved in working group re: this role, chaired by Learning & Quality Assurance Manager.

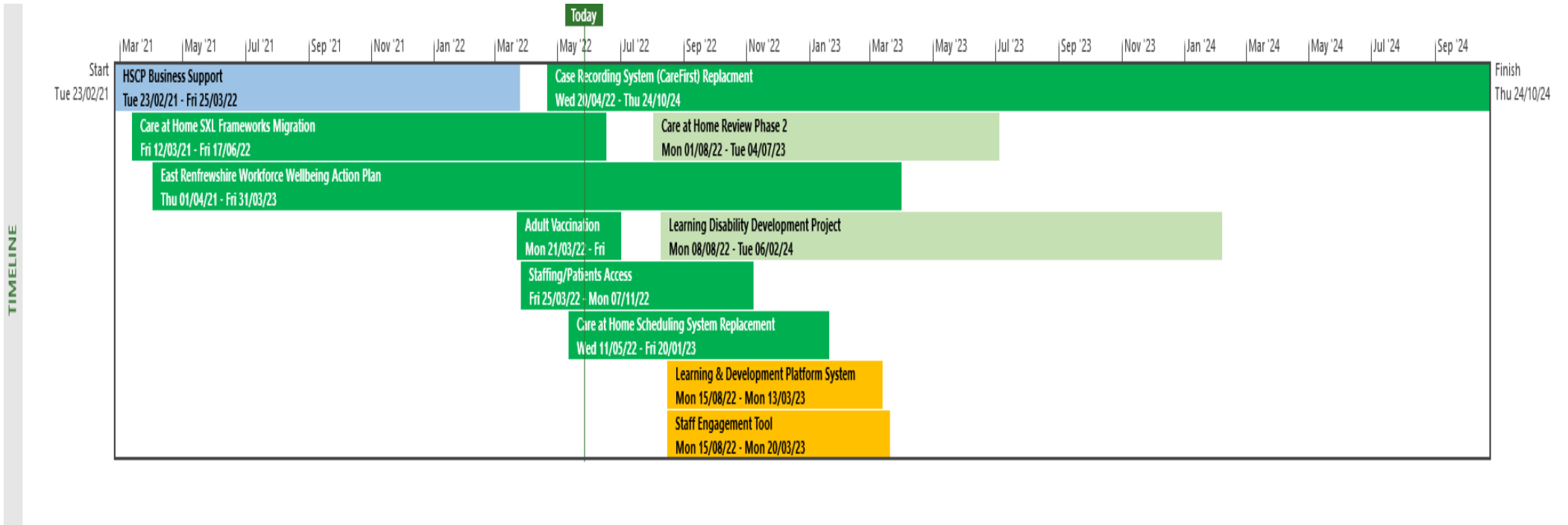
Project Status Overview

Theme: Business Systems & Processes					
Project	Status	Lead Service	SRO/Project Sponsor	Project Manager	Comments
Care at Home SXL Frameworks Migration	Live	Commissioning Team	M. Phelps	N. Nemeth	Project was due for completion, but remained open to allow local care at home providers who wished to join the SXL Care & Support Framework, which opened again in November 2021 for new members, to do so. Final sign off has therefore been delayed to include these new members. Expect Closure Report to be submitted to R&R Board/DMT immediately after summer holidays.
Case Recording System (CareFirst) Replacement	Live	Governance & Systems	L. Bairden	J Anderson	Project Board met for first time on 20 April and approved Project Initiation. Project Team recruitment now underway. Service SME has been appointed. Expect all roles to be filled by August 2022. Soft market testing now being mapped out with Procurement.
Care at Home Scheduling System Replacement	Live	Care at Home	G Smart	N. Hay	Project Brief now approved by R&R Board/DMT. Project Team now working with Procurement on 'route to market' strategy. 12-month contract extension with current supplier agreed and will run now till 23 December 2022.
Learning Management System	Pipeline	Learning & Development	K Rocks	J Reade	Project Brief approved by R&R Board/DMT on 18 November. ICT/PMO have requested further information on possible alternative

Project Status Overview

					arrangements before allowing project to progress as outlined in Project Brief. Project currently paused due to key staff engagement in Children's Services Inspection.
Payment/Pre-paid Cards	Future	Finance	TBC	TBC	Requires fresh Project Mandate. Subject to future Project review.
Review of Telephony System	Future	Governance & Systems	TBC	TBC	Met with ICT, NHS telephony colleagues and system supplier to discuss potential for joint telephony solution for HSCP. Further meeting with NHS Telephony to be arranged to agree on way forward. Also, subject to future Project review.
Back office process automation (RPA)	Future	TBC	TBC	TBC	Discussion have commenced on 'fit' with ERC Digital Strategy. Fresh Project mandate will be required following this.
Information Governance and Data Cleansing	Future	TBC	TBC	TBC	Requires discussion with HoS and Information Governance Officer to agree scope of project.
Technologies to support the frontline	Future	TBC	TBC	TBC	Require discussion with HoS on Aims, Objectives and Scope of project.

Projects Timeline (Current and Pipeline)



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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	22 June 2022
Agenda Item	11
Title	Future of East Renfrewshire Learning Disability Day Opportunities Redesign & Transport
Summary	
<p>This report sets out the work we have been doing to ensure our day services continue to provide essential support through a person centred approach and the changes we wish to embed in relation to transport arrangements and plans for the future.</p>	
Presented by	Tom Kelly, Head of Adult Services – Mental Health and Recovery
Action Required	
<p>The Integration Joint Board is asked to:-</p> <ul style="list-style-type: none"> • note the content of the report • agree the transport plan 	
Directions	Implications
<input type="checkbox"/> No Directions Required <input checked="" type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<input checked="" type="checkbox"/> Finance <input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Workforce <input type="checkbox"/> Equalities <input type="checkbox"/> Risk <input checked="" type="checkbox"/> Legal <input checked="" type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

22 June 2020

Report by Chief Officer

**FUTURE OF EAST RENFREWSHIRE
LEARNING DISABILITY DAY OPPORTUNITIES REDESIGN AND TRANSPORT**

PURPOSE OF REPORT

1. The purpose of this report is to update the Integration Joint Board on the work we have been doing to ensure our day services continue to provide essential support, and in particular, the transport arrangements and plans for the future. In March 2022 we updated the HSCP Directorate Management Team on the status of the service. IJB members will recall that during the difficulties experienced throughout the period of Omicron, day services were reduced to support all essential services.
2. The service has incrementally increased provision in the previous months and is progressing in line with our Phase 2 plan which has included a number of new ways of working which are more resilient and person centred and we intend to continue on this journey. This report looks to update the IJB but also to seek agreement on changes we want to embed in transport arrangements.

RECOMMENDATION

3. The Integration Joint Board is asked to note the content of the report and agree the transport plan and policy.

BACKGROUND

4. Pre-pandemic East Renfrewshire Day Opportunities provision consisted of a blend of building based support, projects and workshops with 65 individuals having a 'placement' within the service. This has been a static group of service users who continually attended groups / activities / events within the service and for some of those their 'placement' included transport to and from the buildings. Additionally, a variety of projects were facilitated offering short term placements (the duration of which was dependent on need/assessed outcome but always of a fixed term nature). In the calendar year 2019 just over 200 individuals accessed Day Opportunities projects/groups/activities.
5. The other main service provided was in-reach into Woodfarm High School working with the senior school pupils from Isobel Mair School. This involved workshops preparing young people for adulthood with the option of attending a placement in one or more of the projects. Transport was not required / provided for these young people.
6. Pre-pandemic reshaping of the service was underway however, there was a consistent level of apprehension and concern about changes from the families/carers of those who had a permanent placement. Any movement on this was when an individual decided to leave the service or their needs changed to the extent that they were no longer able to access the service. The experience of the last two years has, by exploring different approaches, illustrated to us all, service users, carers/families, and our team, services can be provided differently and that accessing a building is not the central pillar of achieving good outcomes. In short the building has become more of a hub and resource to enable wider opportunity in our local communities.

REPORT

Current Service and Future Model

7. The service historically provided transport to some of those with a permanent placement whereby people would be collected from their home address, bussed to one of the resource centres and bussed home at the end of the session. .
8. Individuals could spend upwards of two hours per journey on a mini bus to be brought to a resource centre with potential onward travel to attend their activity, travel back to the centre and then travel home. The journey could be noisy and upsetting and travel plans could be disrupted in response to the prevailing situation on the transport. Planned activities for the day could not commence until those arriving by bus arrived at the building base meaning those not arriving by bus could be forced to wait, which had the potential to disrupt other activity within the buildings.
9. In 2018 two wheelchair adapted cars were purchased to provide more opportunities for those with mobility issues. This mode of transport provides greater flexibility in terms of service provision. An electric vehicle was introduced to the service in early 2020 and last year a people carrier was introduced.
10. Since the onset of the Coronavirus Pandemic the service has been operating differently, involving supporting people within their local communities and homes on an outreach basis.
11. Going forward our intention is to retain this blended model and will look to engaging more with young people, aged 14.5 upwards. This aligns our evolving approach to transitions for those leaving school with an emphasis on support to explore and find meaningful further education, employment, activity and development of independent living skills. As such the configuration of staffing and the skills required need to adapt. This is described in the workforce development section of this report. Should transport be required to facilitate wider engagement of young people as part of transitions we would be looking to implement the approach we describe later in this paper in order to ensure we focus on individual outcomes.
12. The process of providing support to individuals on an outreach basis affords an opportunity to modernise the service and create more opportunities for a greater number of individuals. There is a small cohort of individuals who do require a building based service due to their own particular circumstances and level of need. The number of service users who require support with transportation is relatively small.

Engagement with Carers and Supported People

13. Carers and supported people have been working with us throughout the various stages of the pandemic. This engagement has taken two forms, regular dialogue about the current and future shape of the service with an already established carers group and individual conversations with people and their families about their own individual circumstances. In taking this approach we have been able to develop individual support plans throughout the restrictions including transport arrangements to and from community based activity and building based options. It is important to recognise that, for some, there is an anxiety about a potential loss of one or both buildings and a move too far towards community and individual support however we believe we can achieve a mixture of support options important to all. To do so we will require to retain both buildings but aim to fundamentally change the usage to a hub model which supports the new ways of working.

14. Ongoing engagement will be an important part of how we develop the services and will include a number of opportunities for our supported people and carers to suggest and try different options and ways of doing things which will help us shape the broader possibilities, we see this very much as using our resources to maximum benefit.
15. We will work in conjunction with East Renfrewshire Carer's Centre to facilitate ongoing consultation with the people who use our services and their carers/family members.

Registration and Governance

16. The Care Inspectorate have been apprised of the situation at all stages and have been granting temporary variation to the registration to reflect our outreach model. This has been extended and the Inspectorate have advised the service requires to be registered as a 'Care at Home' service. Although this is not the correct term it does reflect the community aspect of the services we are implementing. In line with this staff would require to register with the SSSC (Scottish Social Services Council) which has not been the case up until now.

Future Model and Workforce Development

17. Our teams have been pivotal to the delivery of services and have adapted to new ways of working not just because of necessity but also because there is a recognition that we cannot return to the model previously in place. Our teams have now been operating in a very flexible way and we believe this is essentially more person centred.
18. As a first step job descriptions have been revised to appropriately reflect the community based nature of the role, on par with care at home staff. This will enable us to take forward the wider plans to explore new more individual ways of working less focussed on the buildings themselves and the historical transport arrangements and more focussed on the aspirations of the people we support. Costs related to workforce development were approved by DMT.
19. We are also proposing that all staff become registered with the SSSC and that the HSCP meets the cost of the first year registration fee (in keeping with previous commitment by HSCP to staff where re-grading has resulted in registration requirements).
20. New ways of working have also brought opportunities for staff development in terms of adapting and developing skills. This is being supported with coaching, mentoring, peer support and training. Staff have always been encouraged to work collaboratively with the users of the service to suggest ideas for projects (e.g. the Bling costume jewellery project) and this has continued over the past two years, an example being the use of digital technology to support group activities. As the service transforms staff will be supported by us to develop new skills, expand on their existing expertise have the competence and confidence to work in a service that maximises opportunity for development, encourages creativity and is flexible enough to respond to changing need and demand.

Provision of Transport

21. Historically the service provided transport to a number of service users which involved pick up and drop off runs across the HSCP area in large wheelchair converted vehicles. This stopped in March 2020 and has not re-started partly because of the difficulties in respect of infection control and partly because alternative arrangements have been implemented including use of service users own cars and the adapted vehicles utilised by the service.

22. There is no obligation to provide transport to and from the service and no existing policy on the provision of transport.
23. Infection control will require to be maintained going forward and it is likely we will see ongoing infection outbreaks for some time to come. This and alternative arrangements questions the need for these types of large vehicles and the concept of transporting people in the high risk category together, on long journeys. This model also requires staff hours which, in a more individually focussed service, could be better used to provide direct individualised support.
24. The large vehicles require a specific driving license category which prior to 1997 was held by anyone who passed a manual standard driving test. The impact of this has not been felt given the age profile of our staff however, as staff with these licenses retire, new staff will require to undertake a specific test. It is important to recognise this is not something all staff will feel confident or wish to do and adds a further complicating factor to the ongoing running of these vehicles.
25. We are therefore proposing to adopt a policy of not providing transport as a standard offering to all and instead offer transport to those who have no other means of accessing the service. This approach will mean the types of vehicles required will also change. We are proposing to dispose of the two large vehicles but retain the existing smaller people carriers, 4 of which are adapted for wheelchair access, and 1 electric vehicle. In addition we propose to lease/hire additional cars and adapted vehicles as we require them therefore ensuring we have a range of vehicles which reflects the service being delivered with greater flexibility.
26. In terms of cost, the existing budget is approximately £54k and is underspent given large buses are not being used, we would wish to use this budget flexibly to establish the best fit in respect of vehicle needs going forward. We also believe this aligns with our obligations to reduce carbon emissions and greener alternatives. There remains ongoing resource implications associated with retaining the larger vehicles as they require to be serviced every six weeks and staff time is needed to take them for a long run every week to maintain the battery.
27. Each person who uses the service has unique abilities and requirements in terms of travel. All people who use the service have a mobility component included in their State Benefits. Some people have a bus pass and some have a Motability vehicle and within the latter group some people's families and/or carers use the Motability vehicle as the 'family car'.
28. The criteria we propose for use of transport as part of the service is;
 - Where an individual has a Motability vehicle but can't use it due to working parent/carer working at allocated drop off/pick up time.
 - Where an individual has a Motability vehicle and the parent/carer is a non-driver.
 - Where an individual has a Motability vehicle and the parent/carer has difficulty supporting them in the vehicle.
 - Where the individual would require an escort to use a taxi.
29. We would not normally provide transport where,
 - an individual lives within walking distance of the Centres
 - an individual is able to use public transport.
 - an individual has a Motability vehicle and none of the points above apply.
 - an individual has the mobility component of PIP (or legacy DLA) – use of taxis for 2 days maximum.

30. The service will continue to be flexible in terms of support with transport requirements, for example where a carer is unavailable due to health care issues or other circumstances, we would keep this under review. Equally worth noting is that our new model of service delivery provides us with greater flexibility in terms of responding to changing needs, exceptional circumstances or crisis situations.

CONSULTATION AND PARTNERSHIP WORKING

31. In terms of staff partnership meetings have continued throughout the duration of the pandemic and the changes in how support is provided a main point of discussion as this has been constantly evolving as restrictions have changed. We have also been working with colleagues in staffside and HR in a consultation process with staff in the grade 4 and 5 roles. A new job description has been created that reflects the changes in how service provision, this has been shared with all parties and following a further period of consultation will now go through the job evaluation process.
32. From the onset of the first lockdown the service has been in regular communication with those who use the service and with carers and families – the frequency by mutual agreement. In addition we have had regular meetings with representatives of the carers group via MS Teams whereby queries from the wider group would be submitted and discussed in depth and a summary of the meeting would be collated by us and circulated afterwards. In addition we have been providing updates on the service detailing at each stage how services would be provided and how we envisage service provision moving forward which has brought us to this stage and shaped the service as it now currently stands. As the service evolves and we explore new ideas with service users and carers we intend to develop a further engagement and consultation process with all of those who use our services, their carers, families and stakeholders in collaboration with East Renfrewshire Carer's Centre and community engagement staff from the HSCP. We aim to have August 2022 and to provide feedback following evaluation in September. As part of the ongoing work around transitions we are supporting the parents and carers of 2023 school leavers (from Isobel Mair in the first instance) to establish a forum which will help us inform how the service continues to involve. Colleagues in Education are going to carry out a similar exercise with final year students.

IMPLICATIONS OF THE PROPOSALS

Finance

33. The annual transport budget is £54,500. During the last two financial years the spend has been approximately half of the budget, which has been almost exclusively arising from the cost of maintaining the two minibuses, ie, 6 weekly servicing, MOT, insurance and petrol used to ensure the engine and battery are maintained. By dispensing with the minibuses we anticipate a reduction in transport costs of at least 30% which can be re-invested in a more flexible approach.
34. The current cost of registration for staff is £25 annually. Fully staffed the service employs 32 people therefore the cost to the HSCP will be £800 for the first year only, staff will be expected to meet the annual registration cost thereafter (this is an essential criteria in the new job description). The latter costs have already been agreed by the DMT.

Workforce

35. We have been working with colleagues in staffside and HR in a consultation process with staff in the grade 4 and 5 roles. A new job description has been created that reflects the changes in how service provision, this has been shared with all parties and following a further period of consultation will now go through the job evaluation process.

Infrastructure

36. There will be changes to the vehicle fleet as outlined in the report. We will continue to use the building as flexibly as possible.

Policy

37. Moving forward we propose that our policy is that provision of transport is based on assessed need, in line with the criteria outlined earlier in this paper.

Legal

38. A permanent variation to the service's care inspectorate registration to a 'Care at Home' model will be progressed.

DIRECTIONS

39. The Integration Joint Board is asked to direct the Council to adopt the agreed policy.

CONCLUSIONS

40. The new ways of working adopted during the pandemic has proven to be more person centred and is in line with the HSCP's strategic direction of supporting individuals in the community. Being able to engage more with younger people aligns with the HSCP's new transition strategy. Our aim is to deliver a more agile service, reflective of individual needs and aspirations whilst continuing to offer stability to the broad group of people and carers who value the service.

RECOMMENDATIONS

41. The Integration Joint Board is asked to note the content of the report and agree the transport plan and policy.

REPORT AUTHOR AND PERSON TO CONTACT

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Chief Officer, IJB: Julie Murray

1 June 2022

BACKGROUND PAPERS

None



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	22 June 2022
Agenda Item	12
Title	HSCP Workforce Planning Update
Summary	
<p>This report provides the Integration Joint Board with a draft copy of the HSCP's three year workforce plan ahead of submission in draft to the Scottish Government at the end of July 2022. The Scottish Government will provide feedback on the plan by end of August 2022 and the plan will then be updated to include any feedback. A final draft of the plan will be submitted to the IJB for approval ahead of publication by the end of October 2022.</p>	
Presented by	Julie Murray, Chief Officer
Action Required	
<p>The Integration Joint Board is asked to provide any comments on the plan ahead of submission in draft to the Scottish Government at end of July 2022.</p>	
Directions	Implications
<input type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<input type="checkbox"/> Finance <input type="checkbox"/> Policy <input checked="" 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

22 June 2022

Report by Chief Officer

HSCP WORKFORCE PLANNING UPDATE

PURPOSE OF REPORT

1. This report provides the Integration Joint Board with a draft copy of the HSCP's three year workforce plan ahead of submission in draft to the Scottish Government at the end of July 2022. The Scottish Government will provide feedback on the plan by end of August 2022 and the plan will then be updated to include any feedback. A final draft of the plan will be submitted to the IJB for approval ahead of publication by the end of October 2022.

RECOMMENDATION

2. The Integration Joint Board is asked to provide any comments on the plan ahead of submission in draft to the Scottish Government at end of July 2022.

BACKGROUND

3. The Integration Joint Board has received previous updates with regard to the requirement to develop a three year workforce plan. The plan builds on the work of the interim workforce plan covering the period 2021-22 previously shared with the IJB.
4. The purpose of the workforce plan is to develop a cohesive picture of health and care workforce need across the HSCP geographic areas. The document is not intended to be a workforce plan for the workforce of wider partnership, however representatives from the Third Sector, Private providers and Primary Care Improvement, have been a part of the group developing the plan to ensure they are aware of the HSCP's workforce plan and any wider implications it may hold for the wider workforce across the partnership.

REPORT

5. The plan follows the guidance provided by Scottish Government in April 2022 included at appendix 1. HSCP's were asked to detail health and wellbeing training and incorporate the 'Five Pillars of Workforce Planning' set out within the National Health and Social Care Workforce Strategy. In order to ensure consistency with the NHS Greater Glasgow and Clyde workforce plan East Renfrewshire HSCP has adopted the same headings. The plan has eight sections as detailed below.
6. Section one *Introduction* provides an introduction to East Renfrewshire HSCP and its wider population. This section also sets out wider work at a National and Board level that is relevant to its development and details the stakeholder engagement and governance arrangements
7. Section two *Nurture: Health and Wellbeing* includes information about HSCP and partner wellbeing activity. It also sets out the work being undertaken by NHSGGC and East Renfrewshire Council to improve equalities.

8. Section three *Plan Short Term workforce drivers*, covering the period until March 2023, sets out the workforce planning, intentions, challenges, risks and mitigations in the shorter term.
9. Section four *Plan Medium term workforce drivers*, covering the period March 2023 until March 2025, sets out the workforce planning intentions, challenges, risks and mitigations in the medium term.
10. Section five *Current Workforce Demographics* sets out the details of the current workforce
11. Section six *Attract & Employ* provides a summary of the recruitment challenges and how the HSCP intends to address them in attracting staff.
12. Section seven *Train* provides details the skills and development the HSCP is prioritising to develop and support the work.
13. Section eight details the key priorities and associated action plan.

CONSULTATION AND PARTNERSHIP WORKING

14. Following discussion with the Strategic Planning Group in March 2021, a workforce planning group consisting of representatives from HSCP services, Primary Care, Independent/ Voluntary sectors and Trade Union colleagues was established to develop both the Interim Workforce plan covering period and Three Year Workforce plans. In order to develop the three year plan the group has met monthly, since September 2021 over Microsoft Teams. The work of the group paused between December 2021 and March 2022 in order to allow an operational response to the Omicron variant.
15. The workforce planning group agreed the draft copy of the document. The document has subsequently been reviewed by the Head of HR and Corporate Services in the Council and the NHSGGC Workforce Planning Board. The plan will be reviewed at the Joint Staff Forum meeting on the 21st June 2022. Following any comments received from both the IJB and the Joint Staff Forum meeting, the plan will be updated ahead of submission, in draft, to the Scottish Government.

IMPLICATIONS OF THE PROPOSALS

Workforce

16. This workforce plan details some of the workforce risks / challenges faced by the HSCP in the both the short and medium term and sets out actions to address these.

Equalities

17. The guidance asks that HSCPs reference equalities within the plan. This includes setting out how we will collect good quality data on ethnicity as well as all other protected characteristics.

DIRECTIONS

18. There are no directions required at this stage.

CONCLUSIONS

19. The Three Year Plan has been developed in accordance with Scottish Government guidance issued in April 2022. The plan will be submitted to workforce planning colleagues at Scottish Government in draft and feedback is anticipated by the end of August 2022. Following any updates required a final draft of the plan will be submitted in the Autumn for the IJB to approve ahead of publication of the plan.
20. The plan is intended to set out a cohesive picture of health and care workforce need across the HSCP geographic area. Local work to develop the plan was carried out in partnership.

RECOMMENDATIONS

21. The Integration Joint Board is asked to provide any comments on the plan ahead of submission in draft to the Scottish Government at end of July 2022.

REPORT AUTHOR AND PERSON TO CONTACT

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Chief Officer, IJB: Julie Murray

June 2022

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APPENDIX 1 WORKFORCE PLANNING GUIDANCE

INTRODUCTION: ABOUT THIS GUIDANCE

This document provides guidance to NHS Boards and HSCPs on completion of their Three Year Workforce Plans, for submission by **31 July 2022**, and for publication on organisations' websites by **31 October 2022**.

This guidance follows the March publication of the National Workforce Strategy for Health and Care, and should be read alongside the NHS Recovery Plan published in August 2021.

Although plans for social care reform are still in development, Three Year Workforce Plans should address the need to achieve a sustainable social care workforce, leading to the introduction of a National Care Service for Scotland.

NHS Boards and HSCPs are asked to assess upcoming workforce demand and need in their Three Year Workforce Plans, taking into account:

- their current workforce (undertaking a gap analysis comparing demand analysis with current workforce);
- their assessment of workforce needs to fill the gap;
- and an action plan to address the gap predicated on the Five Pillars of the Strategy

NHS Boards and HSCPs should:

Reflect the local workforce implications of the National Workforce Strategy (Recovery, Growth and Transformation) by describing:

- Short-term (12 months) workforce drivers focusing on recovery and remobilisation of local health and care services;
- Medium-term (12-36 months) workforce drivers focusing on sustaining growth and supporting longer term transformation;
- Outcomes of local establishment gap analysis comparing demand for future staff with current workforce numbers and skills; and in three year plans;
- Profile the numbers of staff and new roles required to achieve the above.

Use the 5 Pillars in the Workforce Strategy (Plan, Attract, Train, Employ, Nurture) as a framework in Three Year Workforce Plans, to:

- Detail the actions which organisations will take to recruit and train staff in sufficient numbers to deliver the future workforce;
- Describe the current workforce and issues affecting the quality of staff experience, wellbeing and actions to support the retention of current staff;
- Identify any short/medium-term risks to service delivery in meeting projected workforce requirements and outline actions in place to mitigate shortfalls.

While Three Year Workforce Plans are an important element of organisations' local plans (including service and financial plans), they should also inform national developments, providing workforce planning information to support Scottish Ministers' decisions on health and social care services. A checklist of content is suggested at **Appendix A** to support local organisations in achieving this balance.

NHS Boards and HSCPs should ensure that their workforce planning uses an approach which best meets their individual organisational needs. Further guidance on workforce planning methodologies and supporting tools currently in use across local authorities, the third and independent sector, and NHS Scotland is set out at **Appendix B**.

1. PURPOSE OF GUIDANCE

1.1 The purpose of this guidance is to support a consistent and collaborative approach to the development of local Three Year Workforce Plans by NHS Boards and Integration Authorities (though Health and Social Care Partnerships), across an integrated landscape.

1.2 Following publication of the National Workforce Strategy in March 2022¹, this guidance provides further advice on the process for development and submission of Three Year Workforce Plans and sets out the main aspects that NHS Boards and HSCPs should consider.

1.3 In developing Three Year Workforce Plans, NHS Boards and HSCPs should provide workforce planning information aligning local activity with the Strategy. Using the “5 Pillars” identified in the Strategy (Plan, Attract, Train, Employ, Nurture) they should clearly outline actions to address these objectives at a local level.

What this Guidance will be used for

1.4 Three Year Workforce Plans will inform Scottish Ministers’ decisions on:

- planned future models of care for health and social care services;
- aggregating local workforce needs into a national picture of workforce demand and supply requirements; and
- national approaches supporting the recruitment, training, and retention of a skilled and sustainable workforce.

1.5 It is imperative that organisations respond to each of the key questions set out in the ensuing sections as fully as possible, including quantitative detail throughout and clear narrative assessment.

1.6 Three Year Plans will also inform the Strategy’s commitment² to build a national projected growth trajectory based on the Medium-term Financial Framework. This will help achieve better understanding, for example, of the linkages between staffing capacity and affordability and modelling around pay, terms and conditions.

1.7 A suggested checklist for Three Year Workforce Plan content is attached to this guidance in **Appendix A**.

1.8 NHS Boards and HSCPs should ensure that workforce planning uses an approach which best meets their individual organisational needs. Workforce planning methodologies and tools currently in use across local authorities, the third and independent sector, and NHS Scotland are set out at **Appendix B**.

¹ National Workforce Strategy <https://www.gov.scot/isbn/9781804350058>

² Page 45, National Workforce Strategy, “We will, for the first time, publish our indicative projections for Health and Social Care Workforce growth later this year. This will allow us to expressly incorporate evidence from a range of sources, including Three Year Workforce Plans and the forthcoming revised Medium-Term Financial Framework. We will review these projections annually, in line with new and emerging evidence.”

2. NATIONAL WORKFORCE STRATEGY

2.1 The National Workforce Strategy for Health and Social Care in Scotland published in March 2022 sits within a wider planning landscape, supported at local level by NHS Boards' and HSCPs' Strategic, Operational, Financial and Workforce Plans:



2.2 The Strategy includes the following vision:

“A sustainable, skilled workforce with attractive career choices and fair work where all are respected and valued for the work they do”

focuses on three objectives:

- **Recovery**
- **Growth**
- **Transformation**

and sets out “Five Pillars of the workforce journey”:

- **Plan** – supporting evidence-based workforce planning;
- **Attract** – using domestic and ethical international recruitment to attract the best staff into health and care employment in Scotland;
- **Train** – supporting staff through education and training to equip them with the skills required to deliver the best quality of care;
- **Employ** – making health and social care organisations “employers of choice” by ensuring staff are, and feel, valued and rewarded;
 - **Nurture** – creating a workforce and leadership culture focusing on the health and wellbeing of all staff.

3. THREE YEAR WORKFORCE PLAN CONTENT

3.1 To support the Strategy, Three Year Workforce Plans must respond to the following four questions:

- i. What are your current service demands (including recovery requirements and projected Board/HSCP) population health needs), and the workforce requirements associated with these?
- ii. What is your current staffing profile (including quantitative detail)?
- iii. What is the establishment gap between projected service demand and your current staffing profile?
- iv. What actions are you taking at a local level, in accordance with the 5 pillars of workforce set out in the Strategy, to support service growth and transformation, in line with your gap analysis (as set out at iii. above)?

Organisations are expected to provide a sufficient level of detail in their responses to fully reflect their key local challenges and priorities. They should align their action planning with recovery objectives and new resource allocations, and prioritise actions accordingly.

3.2 Using the Five Pillars in the Strategy, Three Year Plans should:

- Detail actions to attract, recruit and train staff in sufficient numbers to deliver the future workforce in the context of changing local workforce demography - reflecting local, national and international employment markets;
- Describe the current workforce and issues affecting the quality of staff experience, wellbeing and actions to support the retention of current staff;
- Identify short/medium-term risks to service delivery in meeting projected workforce requirements, and outline mitigating actions including service design and implementation of new technology-enabled care;

4. ALIGNMENT WITH SERVICE AND FINANCIAL PLANS

4.1 A key aim of the national approach to workforce planning is to ensure a robust and aligned approach across workforce, operational service and financial planning. Three Year Workforce Plans should therefore align with local service priorities identified in Medium-term Operational Plans (incorporating Board Annual Delivery Plans for 2022/23). These plans will be developed in partnership with Integration Authorities and submitted to the Scottish Government at the end of July 2022.

4.2 Three Year Workforce Plans should also align with local Financial Plans and financial planning assumptions, reflecting appropriately any issues of affordability in achieving the required future workforce.

5. NHS RECOVERY PLAN

5.1 The Scottish Government published the **NHS Recovery Plan**³ in August 2021 which set out key ambitions aimed at addressing the backlog of care across the next five years while maintaining continued delivery of high quality health and care.

5.2 NHS Boards and HSCPs should ensure Three Year Plans reflect workforce implications associated with the priority areas outlined in the Recovery Plan i.e. Social, Primary & Community Care, Planned Care (including Outpatients and Diagnostics), Cancer Care, Unscheduled Care and Mental Health services.

6. NATIONAL CARE SERVICE FOR SCOTLAND

6.1 The Scottish Government's proposals for the development of a National Care Service (NCS)⁴ recognise the significant challenges facing social care in Scotland, exacerbated by the Covid-19 pandemic.

6.2 Although the scope and nature of social care reform is still in development, Three Year Workforce Plans (particularly for HSCPs) should consider workforce implications of ongoing social care demand in advance of the development of a National Care Service. Based on organisations' existing service provision responsibilities, they should describe their projected workforce needs across social care and social work services in the short and medium-terms.

7. HEALTH AND CARE (STAFFING) (SCOTLAND) ACT

7.1 Progress is continuing on measures within the Health and Care (Staffing) (Scotland) Act, with the Scottish Government (SG) continuing to fund the Healthcare Staffing Programme (HSP) through Healthcare Improvement Scotland (HIS), and the Safe Staffing Programme (SSP) through the Care Inspectorate. HIS and Chief Nursing Officer Directorate (CNOD) have also developed a number of real-time staffing resources (for use during Covid-19), which will inform further developments.

7.2 HIS has developed a Self-Assessment Template to support NHS Boards in preparations for implementing the Act and its reporting requirements once in force. Feedback from testing indicates that this is a useful tool, both for external reporting to Scottish Government and internal reporting within local Health Boards.

7.3 A care management safety huddle tool⁵ developed during the pandemic for use in care homes for older people is being used by HSCPs and others to mitigate identified risk. The tool is also informing the Care Inspectorate's approach to developing workload tools for social care.

7.4 NHS Boards and HSCPs should use all available workforce modelling tools to inform their assessments of projected workforce demand in Three Year Workforce Plans.

8. DEVELOPING PLANS IN PARTNERSHIP

³ NHS Recovery Plan 2021-2026 [NHS Recovery Plan 2021-2026 \(www.gov.scot\)](https://www.gov.scot/nhs-recovery-plan-2021-2026)

⁴ [National Care Service - Social care - gov.scot \(www.gov.scot\)](https://www.gov.scot/national-care-service-social-care)

⁵ [Safety Huddle Care Management Tool - update for Care Inspectorate newsletter - Final 20 August 2020.pdf \(careinspectorate.com\)](https://www.careinspectorate.com/newsletter/safety-huddle-care-management-tool-update)

8.1 NHS Board and HSCP workforce planning leads should develop their Three Year Plans in partnership with stakeholders (including those in third and independent sectors and in primary care) and Trade Unions, to present an aligned and cohesive picture of health and care workforce need across their geographic areas.

8.2 There are also strong interconnections between strategic commissioning, service procurement and workforce planning. To support longer term workforce planning, third and independent sector providers will need strategic commissioning and workforce plans to be clear about what kind of care and support will be required, in order that they can plan and develop their workforce appropriately.

9. SUBMISSION, FEEDBACK AND PUBLICATION TIMESCALES

9.1 The timescales below align as far as possible with other extant requirements of NHS Boards and Integration Authorities:

- **By end July 2022:** Three Year Workforce Plans should be submitted in draft to the National Health and Social Care Workforce Plan Programme Office WFPPMO@gov.scot
- **By end August 2022:** Draft Three Year Workforce Plans will be reviewed and feedback provided by Scottish Government;
- **By end October 2022:** Three Year Workforce Plans to be published on organisations' websites with electronic side copy to the email link above.

10. ANNUAL REVIEW OF WORKFORCE PLANS

10.1 NHS Boards and HSCPs will require to review and update their Workforce Plans annually in the years between publication of full Three Year Plans. This will not require full new Workforce Plans and should reflect progress on actions and workforce planning assumptions.

10.2 Annual revisions to Workforce Plans should be submitted to the Scottish Government WFPPMO@gov.scot and updated Plans published on organisations' websites by the end of October each calendar year.

11. REVIEW OF WORKFORCE PLANNING GUIDANCE

11.1 Scottish Ministers strongly support the role of clear and consistent guidance in supporting employers to improve and integrate workforce planning so it fully informs and addresses national as well as local responses to demand. They recognise the need for more consistent linkage between workforce, service and financial planning, as well as commissioning processes.

11.2 While this Guidance relates to the submission of Three Year Workforce Plans, existing guidance on wider workforce planning will be revised to reflect this document and other developments including those on the Health and Care (Staffing) (Scotland) Act and the National Care Service for Scotland and published in due course.

THREE YEAR WORKFORCE PLAN – INDICATIVE CONTENT CHECKLIST

Heading	Indicative Workforce Plan Content	Yes	No	n/a
Methodology	Our Workforce Plan has been developed using a methodology appropriate to the organisation's needs.			
Partnership Working	Our Workforce Plan describes the process for developing the three year plans.			
	A Responsible Officer has been appointed to ensure the development, submission and publication of our Three Year Workforce Plans in line with the timescales outlined.			
	Our Workforce Plan reflects discussions with stakeholders, including: <ul style="list-style-type: none"> • Local Service Planning Leads • Financial Planning Leads • Trades Unions • NHS/Local Authority/HSCP Workforce Planning Leads • Social work/social care Leads <ul style="list-style-type: none"> • Professional lead officers, including Nursing and Medical Directors, AHP Directors and Healthcare Science Leads • HR Leads • Third and Independent Sector Representatives • Primary Care Contractor Representatives • Other identified stakeholders 			
	Our Workforce Plan development process has support from the organisation's senior management team.			
Alignment with other strategic documents	Our Workforce Plan aligns with other local strategic, service and financial plans.			
	Our Workforce Plan reflects service priorities identified in our: <ul style="list-style-type: none"> • Medium-term Operational Plans (incorporating Board Annual Delivery Plans for 2022/23) • Strategic Plans 			
	Our Workforce Plan reflects our local Financial Plan assumptions and affordability in achieving the required future workforce.			
Planning the required workforce	Our Workforce Plan describes how the workforce will support recovery, growth and transformation.			
	Our Workforce Plan analyses the health and care needs of the population and identifies the impact on local workforce demand.			
	Our Workforce Plan has considered internal and external environments and how they may impact on our services and workforce.			

	Our Workforce Plan has been informed by the use of available national workforce planning and workload tools.			
	Our Workforce Plan describes and summarises the workforce required in the short (12 months) and medium-term (36 months) to deliver the key service recovery and growth priorities, outlining <ul style="list-style-type: none"> • Required staff numbers (FTE/WTE) • Job Families and Professional Roles 			
	Our Workforce Plan analyses our current workforce profile and considered the impact of <ul style="list-style-type: none"> • Age profiles and retiral projections • Leavers and turnover projections 			
	Our Workforce Plan contains an analysis/description of the establishment gap between the projected future workforce need and current staffing in terms of overall numbers (WTE/FTE).			
	Our Workforce Plan considers options to meet required workforce demand (e.g. increased supply, improved productivity, demand suppression including surge capacity, bank use etc.).			
Action Planning	Our Workforce Plan details local actions required to achieve necessary changes to the workforce through: <ul style="list-style-type: none"> • Domestic Recruitment • International Recruitment • Service Redesign • Role Redesign • Staff Training and Development 			
	Our Workforce Plan describes and quantifies opportunities to transform the delivery of health and care services identified or accelerated during the pandemic – e.g.: <ul style="list-style-type: none"> • Embedding and extending the role of Digital Health and Telecare using Virtual/Remote Consultations • Virtual Wards • Hospital @ Home • Extension of MDT (multidisciplinary team working) • Opportunities to support Mutual Aid, Joint and Regional Working. 			
	Our Workforce Plan describes areas of workforce skills development that will be required to support future models of care/ service. Our workforce plans describe the need for and development of new posts/new roles/extension of current duties including: <ul style="list-style-type: none"> • Advanced Practice roles; • Physicians Associates; • Assistant Practitioners roles; • Extended Social Care roles in Primary Care and Community settings • Other new roles 			

Staff Wellbeing	Our Workforce Plan describes actions supporting the physical and mental wellbeing of our staff.			
	Our Workforce Plan considers workforce diversity and inclusion as a key part of profiling and defining future workforce requirements and needs.			
	Our Workforce Plan describes key workforce issues affecting the quality of staff experience, and projected impact of these on staff retention.			
Summary of Actions	Our Workforce Plan summarises actions being taken to address identified workforce challenges			
	Actions being taken align to the Five Pillars of the Workforce Journey contained within the National Workforce Strategy: <ul style="list-style-type: none"> • Plan • Attract • Train • Employ • Nurture 			
Implementing and Reviewing	Our Workforce Plan identifies key workforce targets to be achieved.			
	Our Workforce Plan describes how/when targets and milestones will be measured.			

Workforce Planning Methodologies and Guidance Documents

Workforce Planning Methodologies and Supporting Documents		
Publishing Organisation	Document Title	Content Description
Skills for Health - Workforce Projects Team	The Six Steps Methodology to Integrated Workforce Planning http://www.skillsforhealth.org.uk/resources/guidancedocuments/120-six-steps-methodology-to-integratedworkforce-planning	Developed for use in the NHS, this methodology provides a practical guide to sustainable and evidence based workforce planning applicable across workforce and service based planning to support designing new ways of working
Skills for Care	Practical Approaches to Workforce Planning http://www.skillsforcare.org.uk/Document-library/NMDS-SC_workforce-intelligence-and-innovation/Workforceplanning/Workforce-planning-guide.pdf	This guidance, is aimed at owners, managers and organisational leads responsible for workforce planning in small and medium sized organisations delivering adult social care. Though developed for use by social care providers in England the advice contained will, in part, be transferable.
Voluntary Sector Social Services Workforce Unit	Workforce Planning - A Toolkit for Voluntary Sector Social Services in Scotland http://www.ccpscotland.org/wp-content/uploads/2014/02/Workforce-Planning-Update-July-2009.pdf	Developed for application within the voluntary sector, the toolkit provides an introduction to the key stages involved in workforce planning. The tools included help build up the information required for voluntary sector organisations to develop workforce plans. The toolkit is structured around a set of six key stages of Workforce Planning.
National Improvement Service for Local Government in Scotland	http://www.improvementservice.org.uk/workforce-planning.html	A suite of tools, checklists and training materials which promote better understanding of the requirements for workforce planning and ensure effective workforce planning within Councils



East Renfrewshire Health and Social Care Partnership

Workforce Plan 2022-2025

Draft – June 2022

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DRAFT

Section One: Introduction

1.1 East Renfrewshire HSCP Workforce Plan

East Renfrewshire Health and Social Care Partnership is required by the Scottish Government to develop and publish a workforce plan for approval by the Integrated Joint Board, which sets out the strategic direction for workforce development and the resulting changes to our workforce. This Workforce Plan covers the period 2022-2025 and builds on the work of the HSCP's initial workforce plan and subsequent interim workforce plan.

The plan is a strategic document which sets out the vision and future direction of health and social care services in East Renfrewshire. It is not intended to be a list of actions outlining everything that East Renfrewshire HSCP are doing or plan to do over the coming years. The plan shows the objectives that we want and need to achieve in order to improve the health and wellbeing of the population of East Renfrewshire, making best use of all the resources available to us. The detail about how we achieve those things will be developed through our local engagement structures in collaboration with all partners in the public, independent and voluntary sectors, and in local communities, over the lifetime of the plan.

1.2 East Renfrewshire Health & Social Care Partnership an Overview

The Partnership was established in 2006 by East Renfrewshire Council and NHS Greater Glasgow & Clyde Health Board (NHSGGC). In 2015 in accordance with the requirements of the Public Bodies (Joint Working) Scotland Act, East Renfrewshire Council and NHS Greater Glasgow & Clyde formally agreed to the transition of the Community Health and Care Partnership to a Health and Social Care Partnership. The Integration Joint Board of East Renfrewshire Health and Social Partnership had its inaugural meeting in August 2015, with formal delegation of health and care services commencing in October 2015.

Through an integrated management team East Renfrewshire HSCP directly manages over 900 health and care staff. In addition to the directly managed workforce of the Partnership, there is a significant workforce in our independent NHS contractor service e.g. GPs, Dentists, Optometrists and Community Pharmacists and in our third sector and independent sector social care providers.

In addition, the HSCP hosts the Specialist Learning Disability Inpatient Services, Autism Service and the Scottish Centre of Technology for the Communication Impaired (SCTCI) service on behalf of NHSGGC. The services within East Renfrewshire are community based with the exception of the inpatient wards for people with learning disabilities. There are no acute hospital sites in East Renfrewshire.

A more detailed breakdown of the workforce is provided in section 5 of this document.

1.3 Vision & Key Priorities

The Workforce plan takes account of the Health and Social Care Partnership's 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. Everything we do to deliver that vision relies on our workforce.

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

Our health and care system depends on those that provide care and support, both paid and unpaid. 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.

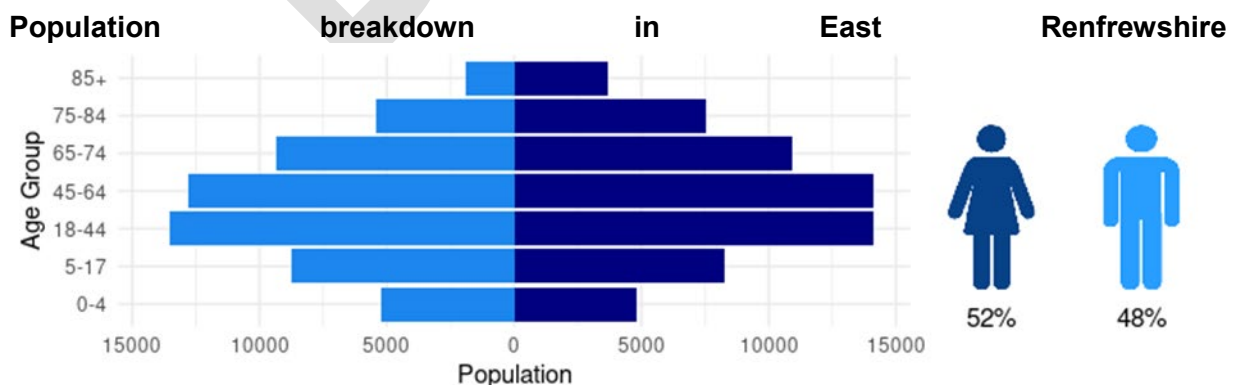
Our Strategic Plan 2022-25 reinforces the values and principles that underpin our approach as a partnership. It sets out how we will deliver the following strategic priorities:

- 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.

1.4 Population and Health Equalities

1.4.1 Population

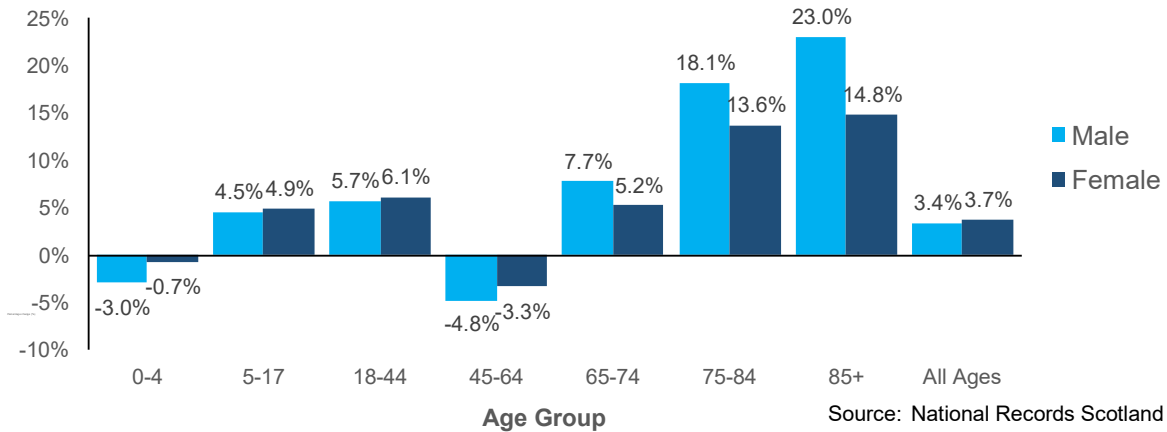
In 2020, the total population of East Renfrewshire HSCP was 96,060. Future projections show that the population will grow and we will have an increasingly ageing population profile. The graph below shows the current population distribution of East Renfrewshire



Source: National Records Scotland

The chart below 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 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.

Projected percentage change in population from 2020 to 2025 by Age Group and Sex in East Renfrewshire



1.4.2 Health inequalities

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 data zones 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 data zones.

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

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 locality 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.

1.4.3 Health & Social Care needs of East Renfrewshire

The biggest challenge for East Renfrewshire HSCP, both currently and in the future, is the demand on services for health and social care for older people. These demands are significant and will increase further due to the projected increase in the over 85 population as outlined above. Older people are more likely to suffer from long term conditions such as Diabetes and increased frailty that require on-going support from our community health services. In addition emergency admissions for the 65 aged group are higher in East Renfrewshire than the rest of Scotland as are elective admissions for this age group. As such there is significant demand and complexity required at discharge, placing demand on social care services.

East Renfrewshire has a projected increase in the school age population as children move into the authority in order to attend mainstream or specialist schooling. Therefore we anticipate demand for specialist children's services to support children who are neurodiverse, have disabilities or mental health problems.

1.5 Financial Context

The Health & Social Care Partnership continues to operate within the context of longer term financial uncertainty, reflecting both the local and national landscape.

As part of the consultation leading to a National Care Service it was estimated that additional investment of c£0.66 billion per annum was required to support the recommendations and that future funding for social care needed to be as a minimum sufficient to meet the increased needs due to demographic change. This would require a 3.5% real terms increase in funding each year.

With our local dynamics of an ageing population combined with the post Covid-19 impact on our residents we will need to manage increased demographic demand and complexity of need over the coming years.

The Scottish Government recognised this to some degree with additional funding to support winter pressures and increase capacity, both within the HSCP workforce and in supporting our partner providers with increases to the living wage.

Whilst the investment in the 2022/23 budget was welcomed we still face financial pressures from demand, pay and inflation which is particularly volatile at the time of writing.

The post Covid-19 financial impact is unclear and it will take time to fully understand, in the short term non-recurring funding support is place.

The HSCP starts 2022/23 with legacy savings from pre-pandemic of £2.6 million which we need to deliver through redesign and new ways of working. This needs to be balanced with the increasing workforce to support policy initiatives and demand for services.

Our Medium Term Financial Plan shows we expect cost pressures to range from c£5 to £6 million over the coming years and any funding settlement that does not meet this in full will result in a new savings challenge.

1.6 National Care Service

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. It called 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.

It also argued 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.

Following the consultation Scottish Government has put forward proposals for the establishment of a National Care Service for Scotland. This 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.

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. East Renfrewshire HSCP will support any changes that are adopted and will look to include these in our strategic and operational planning. During the life of this plan we will implement any recommendations or specific actions arising from the review as requested by Scottish Government.

1.7 The impact of Covid 19

The COVID-19 pandemic has had a profound impact on health, economy and society, with damaging effects on the population's way of life and wellbeing. The pandemic has impacted disproportionately on vulnerable population in poverty, low-paid workers, children and young people, older people, disabled people, minority ethnic groups and women. Isolation and loneliness have increased. As such there has been a significant increased demand across all services and our staff have had to work hard, for a sustained period and flex in response. The pandemic also brought opportunity to revisit pathways and improve services making significant positive changes that may have otherwise taken years.

1.7 Remobilisation / Annual Delivery Plan

The HSCP has contributed to NHS GGC Annual Delivery Plan for 2022/23 which focuses on the need to stabilise and focus on improvement work as services recover from the pandemic.

The priorities of the Annual Delivery Plan are:

- Staff wellbeing
- Recruitment and retention of our health and social care workforce
- Recovery and protection of planned care
- Stabilising and improving urgent and unscheduled care
- Supporting and improving social care
- Sustainability and value

1.8 Recovery & Renewal Programme

The HSCP has its own recovery programme launched in May 2021, as operational capacity started to allow some forward momentum. The HSCP's formal Recovery & Renewal Programme has expanded a previous transformation programme, launched prior the pandemic, to incorporate recovery. The programme now seeks to ensure that the lessons learned during the pandemic are used to inform recovery as well as transform services in the future. The programme consists of four overarching themes under which projects are aligned.

The four themes are:

- Recovery
- Wellbeing
- Individual's Experience
- Business Systems and Processes

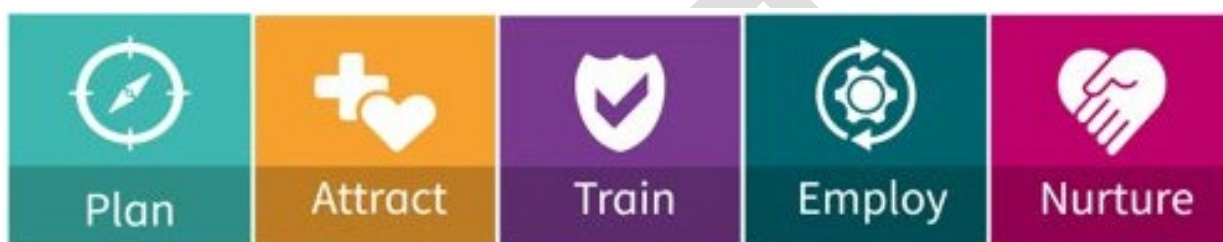
Each theme now has both live and pipeline projects, linking closely with East Renfrewshire Council's Programme Management Office, especially in the digital elements of the programme. The workforce plan will take account both the remobilisation and recovery plans detailed.



1.9 National workforce Strategy

East Renfrewshire HSCPs workforce plan is aligned to the National Workforce Strategy which sets out the ambitions of recovery, growth and transformation of the health and social care workforce. The strategy introduces the concept of the 5 pillars of the workforce journey as set out below. Our action plan will be aligned with the pillars as follows:

- Plan – ensure a whole system approach to workforce planning
- Attract – improve the recruitment of staff, incorporating equality and diversity working with partners in the NHS and Council.
- Train – ensure career conversations maximise learning and education pathways, develop a digitally enabled workforce
- Employ – focus on retention, fair and consistent treatment, professional registration
- Nurture - focus on staff health and wellbeing and engagement with staff, improving culture, leadership.



1.10 Stakeholder Engagement

The HSPC has well established joint working arrangements in place to develop and deliver services which meet the needs of our residents. These arrangements have been further expanded as part of the response to Covid 19 to ensure our wider workforce within the independent, third and voluntary sectors are supported and sustained. Thus allowing partners to quickly identify areas of concern and work collaboratively to find solutions.

The HSCP had previously established a workforce planning group to develop previous plans. The current workforce groups consists of representatives from across the HSCP including service, HR leads, Trade Union colleagues, third and independent sector representatives. The group also has primary care improvement representation. GP practices are currently still at Pandemic escalation level 1 and as a result direct engagement on this plan has been limited.

1.11 Governance & Monitoring

The HSCPs workforce planning group will have local responsibility for monitoring the progress of the HSCPs workforce plan. The HSCPs Integration Joint Board, Directorate Management Team and Joint Staff Forum will receive 6 monthly updates on progress against the agreed action plan.

Section Two: Nurture Supporting Staff Wellbeing

2.1 Health and Wellbeing

We recognise how difficult the last two years have been. As such, in consultation with staff and stakeholders *Working together with staff across the partnership to support resilience and wellbeing* has remained a strategic priority for the period 2022-25

Our local health and wellbeing group continues to operate with links to our and wider partnerships and both the National and NHSGGC wellbeing groups. Additional funding has been received from the Scottish Government and the Local Council to enable activities to support staff health and wellbeing within East Renfrewshire. Our local health and wellbeing group will continue to protect and prioritise staff wellbeing activities and opportunities to maximise staff health and create a culture where staff mental health and wellbeing is always prioritised.

A Wellbeing Officer for the HSCP has been recruited in order to create capacity across the partnership. The Officer is building on the work of the wider group to date in terms of championing and embedding initiatives such as peer support, physical activity, mental wellbeing sessions and sharing information across the partnership ensuring colleagues within primary care, independent and third sector have access to support. Ongoing engagement and consultation with staff remains essential to the Health and Wellbeing Lead Officer to ensure staff views and suggestions are heard and supported.

In addition to the work set out above, the Voluntary Action established wellbeing network continues to run. The network provides space for likeminded people to share and act together to ensure East Renfrewshire residents and the people who work there can improve their physical and mental wellbeing.

2.2 Trauma Informed Organisation

A Trauma Steering Group was established by East Renfrewshire HSCPs Learning & Development team in September 2021 to guide, support and oversee the planning, implementation and development of the HSCP wide transformation of becoming a trauma informed and trauma responsive organisation. The remit of the group is to:

- To better inform how to create nurturing practice, teams and environments.
- To use key trauma informed principles to align policy, practice and build resilience.
- To share best practice, research, and trauma informed approaches to achieve the vision.
- To use the five key drivers to support transformation and act as a coordination point to ensure that there is a consistent trauma informed and responsive approach across the Council
- To promote collaboration between all services and agencies that develops a clearer understanding of trauma informed approaches.
- To recognise and celebrate progress of ongoing developments working towards the local vision

2.3 Staff Governance

The HSCP has been founded on a very strong local track record of positive joint working between health and social care staff and services. The Joint Staff Forum is an important component of the governance of the HSCP and alongside management oversees the staff governance which has been adopted across the HSCP for all employees;

- Fair and consistent treatment
- Well informed
- Involved in decisions
- Safe working environment
- Appropriately trained

2.4 Staff Engagement

The HSCP has a commitment to staff engagement ensuring the voice of staff is listened to and actions developed to address any concerns. The most recent iMatter Team Engagement Survey took place over summer 2021. The HSCP was pleased with results as detailed below;

- Response rate was 61%
- Employee Engagement Index Score (EEI score) 76
- Action planning percentage 83%

2.5 Addressing Workforce Inequalities

The HSCP is committed to equalities and supports the work of East Renfrewshire Council and NHSGGC. East Renfrewshire Council is currently working as part of a Scottish Government and Public Sector working group to address actions from The Equality and Human Rights Commission Committee Report on Race Equality, Employment and Skills. The NHSGGC Workforce Equality Group oversees addressing inequalities in the workplace working to a five year rolling plan.

2.6 Fair Work

Established in 2015, the Fair Work Convention acts as an independent advisory body to Scottish Ministers. The Convention's vision is that, by 2025, people in Scotland will have a world-leading working life where fair work drives success, wellbeing and prosperity for individuals, businesses, organisations and society. The HSCP seeks to ensure, through its approach to engagement and staff governance, a culture that reflects 5 Dimensions of the Fair Work Framework (effective voice, opportunity, security, fulfilment and respect)

Section 3 Plan Short Term Drivers

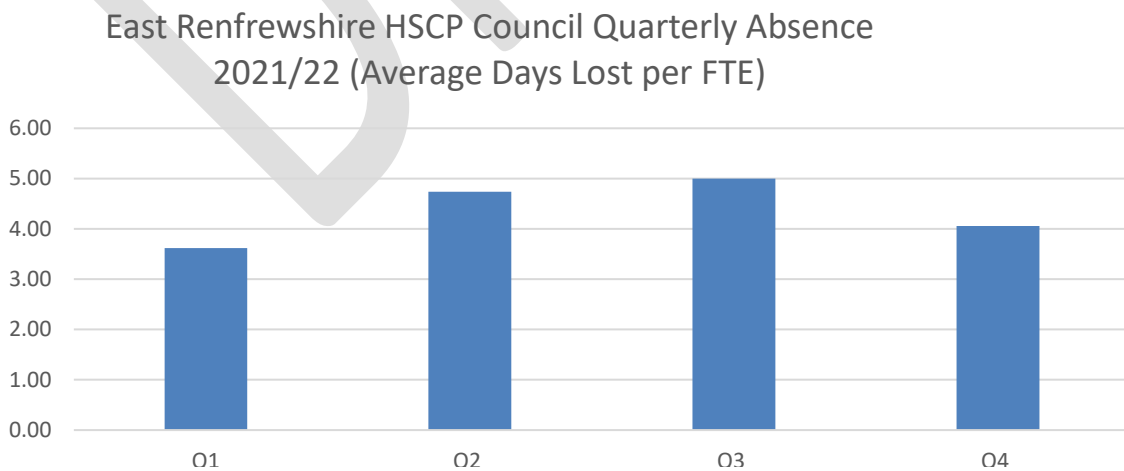
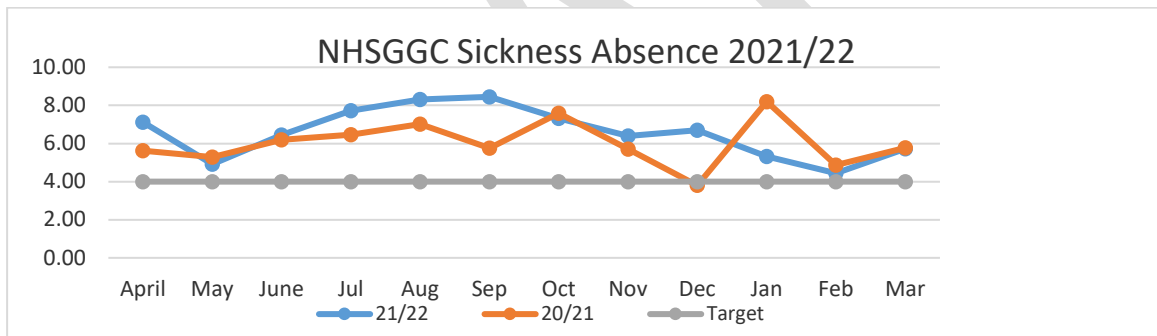
3.1 Staffing Considerations

Effective planning of staffing and resources is critical to maintaining service delivery. The pandemic has led to both new clinical pathway changes across the majority of services and capacity expanding in key areas where staff continue to respond flexibly, adapting to alternative ways of working in extremely challenging circumstances.

This section provides an overview of the predicted workforce planning challenges and solutions during the period from October 2023 to March 2023.

Staff Availability

Sickness levels increased during Winter 2021/22 in the Council though have remained stable in the NHS. Sickness rates have been reducing since the New Year and are anticipated that levels will fall further towards the summer. It can be realistically expected that sickness rates will increase as we move to winter 2022/23 as levels of social interaction and exposure to common infections and illnesses return to pre-pandemic levels. It is also important to recognise the older age demographic of some of our teams within the HSCP such as Care at Home. Our staff experience the same range of chronic health conditions as the wider population and this is reflected in our long term absence statistics. In addition, as set out within the previous sections of the plan, it is recognised the impact the pandemic has had on the mental health and wellbeing of our staff which can manifest in both mental and physical illness. The graphs below detail sickness absence for both our Council and NHSGGC workforce.



COVID-related absences are expected to sharply decline and then to remain at a low level in the period to March 23. Overall within the HSCP at the time of writing there are 11 cases of Long Covid. Whilst the numbers overall are not high, recovery times are long approximately 6

months to a year and have a significant impact in smaller services where the headcount is low or larger services where absence relates to a specialist post.

The planning assumption for Maternity leave within NHSGGC nursing services is generally 1%, however predictions for 2022/23 are at 3%. The HSCP's workforce is predominately female. In addition there are certain services where the workforce has a younger age profile. These services include social work, children's services, health visiting and the Learning Disability Hosted Service, therefore planning assumptions should be greater than 1%.

Pensions / Retirement Risks

Changes to the NHS Scotland Pension scheme have been deferred until October 2022. Although benefits accrued in previous schemes are protected and remain the same the planned changes, specifically changes to contribution rates and the move from final salary linked to a career average revalued earnings (CARE) model, may be seen as an impetus for some NHS staff considering retirement. Access to robust and practical pension advice may help allay staff fears and enable them to make well informed decisions. The NHSGGC Retire and Return policy, which allows retirees to return following voluntary retirement, may also provide some mitigation in terms of reduced staff availability. In the same way the Councils flexible retirement scheme allows employees to access their pension and then work a limited number of hours.

Immediate Remobilisation

Whilst the HSCP move towards longer term operational planning, there are several elements of recovery and remobilisation which will continue to affect staffing levels and workforce planning decisions in the short term such as the housebound vaccination programme and wider support to Care Homes. Whilst all service areas are impacted by the staffing availability considerations outlined earlier we anticipate that the HSCPs Hosted Learning Disability Inpatient Service and Care at Home Services will be more vulnerable to staff availability.

New Ways of Working

Prior to the pandemic the HSCP already had a model of agile working in place that allowed staff working within the community to touch down in an office space when required. The pandemic required us to change the way we worked overnight in terms of digitising how we work and maximising the benefits for the HSCP and our staff.

As a result of the pandemic and the capacity restrictions in our buildings a significant number of our employees were required to work from home for full time or for part of the working week. Technology such as Microsoft Teams and Attend Anywhere were used as a means to communicate across teams with partners and also where appropriate with those who use our services. During the course of the pandemic the HSCPs Learning and Development Team provided digital upskilling for staff across the partnership to enhance their digital skills.

NHSGGC has now introduced a blended working guide and the Council has introduced The Way We Work project. Both sets of guidance classify workers as either fixed, hybrid or homeworkers. The HSCP sees the advantages of the hybrid working. ACAS describe hybrid working as helping to;

- Increase productivity and job satisfaction
- Attract and retain a more diverse workforce
- Improve trust and working relationships

Over the coming months services will work with staff and in partnership with Trade Union colleagues within the HSCP look at future service requirements taking into account staff preferences and service delivery requirements

3.2 Challenges Facing Social Care within East Renfrewshire

It is anticipated that during the next 12 months local service delivery will remain challenging particularly during winter 2022/23. Post Covid there has been an increased demand in Care At Home Services, an increase in the complexity of care required and a reduction in capacity from external providers. Given the increasing older population within East Renfrewshire service demand will continue to increase.

The HSCP recruitment campaigns for Care at Home staff in August 2021 and January 2022 were successful however it only compensated for the reduction in capacity identified above. In addition anecdotally a number of new employees left the Care at Home Service within the first few weeks of starting the role; further analysis is being done to look at this. Across comparative sectors there is low unemployment and a high number of vacancies and competitive pay rates and therefore staff turnover will be higher.

During the Covid pandemic the HSCP redeployed staff from other Care services and trained volunteers from HSCP and wider Council who do not work within the sector. The HSCP has agreed an additional recruitment campaign that started in April 2022 to strengthen capacity across Care at Home due to increased demand, complexity and growing trend in reduced external provider capacity. This will include recruitment of an additional 30 Home Care Reablement Workers and 2 Home Care Organiser posts. Ahead of winter 2022/23 we will ensure staff from other services and wider volunteers have refresher training. In addition the HSCP will work with external providers and look at additional further targeted recruitment in late summer 2022 to meet anticipated demand. There is also the opportunity to explore employability programmes to support services, which due to training and support requirements, were difficult during the pandemic because of the social distancing requirements. However, going forward, removal of social distancing provides an opportunity to revisit this.

Moving Forward Together (MFT)

Moving Forward Together is the NHSGGC strategic transformation programme, NHSGGCs MFT Portfolio of Projects currently comprises a range of short, medium and longer term initiatives, those which affect East Renfrewshire HSCP and fall within the short term are detailed below:

- Primary Care – increased levels of activity during COVID adding adoption of virtual appointments alongside face to face consultations add impetus to progression Primary Care Improvement Plans aimed at releasing capacity of General Practice within the context of a widened primary care team.
- NHSGGC Mental Health 5-year strategy - focussed on re-design, expansion and improvement of services, to incorporate increased funding across a range of areas and work in relation to this is ongoing in the shorter term.

Section 4 Plan Medium Term Drivers March 2023 -2025

4.1 Redesign and Workforce Changes

This section provides the medium term drivers for change and identifies any known workforce implications and associated actions, by service area, over the medium term period outlined above.

4.2 Public Protection & Children's Services

4.2.1 The Promise Scotland

The Promise Scotland is a commitment to do all we can to keep children with their families, ensuring there is more support for families based in the communities where they live.

"Where children are safe in their families and feel loved they must stay – and families must be given support together to nurture that love and overcome the difficulties which get in the way".

The recent publication of the Change Programme one www.thepromise.scot/change-programme-one provides more detail.

East Renfrewshire HSCP has received 2 separate lots of funding from the Cora Foundation relating to The Promise. £50k was awarded to appoint a Promise Transition Manager to work alongside care experienced young people and corporate parents. This is to specifically analyse, support and strengthen transition points into adulthood that young people may face. £88k was awarded in relation to "A Good Childhood" fund. The HSCP has match funded this award to allow for a 2 year period of joint work with the children's charity, Aberlour. This initiative will seek to support and challenge the HSCP and Housing partners to explore differing forms of support for care experienced young people in relation to their housing support and housing options.

4.2.2 Whole family support

The Scottish Government has announced investment on Whole Family Support across the lifetime of this parliament. This is a significant investment and will lead to new models of service structure and delivery. Service redesign and outcomes will be agreed, monitored and evaluated through the children's services Improving Children's Outcomes Group.

4.2.3 School Nursing Review

The School Nursing service is undergoing redesign as part of an NHSGGC programme with funding from Scottish Government. East Renfrewshire will receive 3.94 WTE School Nurses added to the current establishment.

4.2.4 Neurodevelopmental Redesign

East Renfrewshire has a significant number of children presenting across all services with this profile and services will require investment. There is a wider piece of work within NHSGGC and Local Implementation Group will be formed to implement the Board wide redesign. It is anticipated that the work will build on tests of change and lead to an upscaling of the service. This work is similar to redesign of neurodevelopmental pathways for adults and we will be focussing on the transitions pathways and neurodevelopmental approaches within a family based context.

4.2.5 Health Visiting

Health Boards use the Common Staffing Method as prescribed by Scottish Ministers who have authority to issue guidance/specifications on tools/frequency. The Health and Care (Staffing) (Scotland) Act 2019 provides a list of areas in which the Common Staffing Method is required to be completed on at least an annual basis. The purpose of using the Common Staffing Method (CSM) is to recommend the number of staff required to ensure safe staffing in a clinical area.

The Caseload Weighting Tool (CWT) uses a formula to calculate the core numbers of health visitors required to meet wider population need and uses the Scottish Index of Multiple Deprivation (SIMD) in its calculations. The tool was developed to facilitate the effective allocation of resources to areas of greatest need and was designed to ensure that the right numbers of health visitors are available to respond to the needs of children and their families. It also provides guidance around caseload size related to deprivation and complexity. This tool, along with the Community Nursing Workforce and Workload Assessment Tool supports the Partnership in workforce planning, managing vacancies and planning for retirements and to ensure that workforce numbers continue to reflect ongoing need. The application of caseload caps to health visiting caseloads using Scottish Index of Multiple Deprivation (SIMD) deciles as indicators of deprivation is as follows:

SIMD Decile 1 – Caseload Cap of 100/wte, SIMD Deciles 2 – 4 – Cap of 150/wte, SIMD Deciles 5-7 – Cap of 300/wte, SIMD, Deciles 8-10 – Cap of 350/wte*

* Please note that the Government have allowed each Health Board to determine the cap at SIMD deciles between 300 and 400. NHSGGC opted for a 350 for SIMD centiles 8-10.

The combination of adopting a cap of 350 (decile 8-10) and the use of CWT (predicated on deprivation) rather than NRAC (population) to disburse funds across NHSGGC introduced risk in East Renfrewshire around capacity to deliver the universal pathway. This is exacerbated by long term sickness absence and maternity leave which results in large caseloads having to be shared amongst remaining practitioners whose existing caseloads $n = 350$. To date no NHSGGC wide agreement has been reached as to how to address this risk therefore local solutions have been sought. Whilst the IJB agreed to fund the cost from band 6 to band 7 (previously awarded by the National Job Evaluation Panel to an Advanced Practitioner Health Visiting profile) the increase in workforce by 3 WTE is not funded on a recurring basis. This is being met on a non-recurring basis in order to deliver the pathway but this is not sustainable without permanent funding. The HSCP will continue to fund this additionality for the next 12 to 24 months to allow time for either a reduction to modelled numbers or a permanent funding solution to be agreed. It is anticipated that the full impact of the pandemic has yet to be realised in terms of need within the population with emerging concerns identified relating to increased detection of developmental delay in children, increase in domestic violence and the impact of poverty.

4.2.6 The Family Nurse Partnership (FPN)

Glasgow City HSCP host and support the development of FNP and ensure the strategic delivery and essential links with local community teams within the respective Partnership. The FPN has undergone a period of rapid expansion in NHS GGC, now comprising of seven teams operating across the Board. FNP have been able to offer the service to the target group, as per the Scottish Government vision, to all young women 19 (at LMP) and under having their first baby since September 2017. The Scottish Government vision is to increase the age of eligibility to 21 and under (at LMP) and in a targeted way up to age 25 for care experience young parents for example. Workforce modelling is currently underway and will form part of the self-assessment process due 30 June 2022.

4.2.7 Child and Adolescent Mental Health Services (detail still required)

There continues to be significant demand for CAMH's community services within East Renfrewshire with the number referrals increasing over the last year. This can be attributed to the increase in school age children in East Renfrewshire and the lasting effects of the Covid 19 pandemic. There have been vacancies within the service that have been difficult to recruit to and recruitment of experienced staff remains a challenge. At the time of writing staffing levels now good. However, there are 4 WTE within the nursing structure that are newly qualified and / or have no CAMHS experience and therefore staff training and induction is the priority. In the medium term we anticipate demand to remain high for the service and recruitment of experienced staff to remain a challenge.

4.2.8 Healthier Minds Service

In response to the demand for CAMH services East Renfrewshire introduced a multi stakeholder Healthier Minds Service approach aligned to school communities to identify and ensure delivery of mental wellbeing support to promote children and families' recovery. The service has embedded well and will be developed further in the medium term.

4.3 Finance & Resources

The services within Finance & Resources continue to support operational colleagues and have developed a number of new processes and ways of working during the pandemic. How we use our buildings and systems will allow the HSCP to optimise on capacity and skills finance has been particularly complex during the pandemic and presents a challenging landscape in the coming years.

Our work with our partner organisations is fundamental to developing innovative and sustainable care and support for our residents.

We will build on learning from the pandemic response as we move forward and begin to deliver on the Recovery & Renewal programme for the HSCP detailed earlier in the plan. Resourcing this programme may present significant challenge, particularly where some posts are time limited to supporting specific projects. We will continue to work closely with our partners to mitigate the impact as best we can.

There will be a review of areas of responsibility within the Finance and Resources Management Team with the intention to realign some areas of responsibility to better reflect how we provide our services.

4.3.1 Business Support Review

Covid 19 has impacted on the HSCPs service delivery models and as a response to the pandemic there has been a requirement for additional Business Support Staff to support HSCP in areas such as Care Homes, Vaccination and Testing. A significant proportion of the current workforce are temporary; over 50%. Development of new services across seven days requires a more flexible Business Support service operating across the full week and a realignment of staff to HSCP service areas. The review will take a bottom up approach to look at realigning the temporary workforce at the lowest grades across service areas into permanent posts before looking at additional higher graded roles.

4.4 Adult Services; Communities and Wellbeing

Adult Services Communities and Wellbeing include Adult Social Work Services, Older people / Intensive services, Community Nursing, Rehabilitation, Pharmacy and Primary Care

Improvement that are delivered on a Locality based model. It should be noted that Physiotherapy Services are hosted by West Dunbartonshire HSCP and details will be provided in their workforce plan.

Prior to the pandemic, demand for all services had increased across the HSCP. Post pandemic, again we have seen demand increase. Within Care at Home the number of service users requiring 2-1 support has doubled. Within Rehab services demand has increased from 40 referrals to between 70-100 referrals and demand from the HSCPs rapid access service has increased as has the complexity of cases the District nursing Team are supporting.

To meet existing demand there has been significant investment from the Scottish Government in order to support Discharge and Prevention and Intermediate Care, which provides the opportunity to redesign services and improve outcomes. It allows us to strengthen the whole sector response model outlined below.



Following the additional investment from Scottish Government we will develop and improve services to meet the increased demand in the medium term as set out in the redesigns detailed below.

4.41 Intensive Services Redesign

Intensive Services incorporates Care at Home, Telecare and Residential and Older People's day care and out- reach. As an integral part of our recovery and renewal programme, the key objectives are to:

- Enhance Re-ablement and Self –Management
- Increased Capacity: Home First, Overnight, Management Team
- Facilitating Hospital Discharge and Community Response
- Improve data and Business Support
- Developing Further Technology Enabled Care

Ahead of moving the redesign of Care at Home forward a collaboration session is planned over summer 2022 with partners and stakeholders to look at demand and develop a new service specification.

4.42 Initial Contact Team

In 2018 the HSCP developed an initial contact team to ensure that as service users made an initial contact they were supported or signposted in order that they could receive the right care at the right time. The team will be strengthened with a further developed multidisciplinary approach, building capacity ensuring people see the right person, at the right place, right time to ensure their needs are met and consist of an additional 11 WTE.

4.43 Intermediate Care

An Intensive Support multidisciplinary team will be recruited and be based at Bonnyton House Care Home to provide intermediate care and rehabilitation to people in step up and down beds to allow them to return to their own home. The team will consist of 7 WTE.

4.44 Adult Social work services

In addition to the winter planning investment, the Scottish Government has provided additional £386,000 funding specifically for adult social work services in order to improve assessment and care management and strengthen leadership and associated support services. Locally the HSCP will use this investment to strengthen and realign leadership across management levels in order to provide quality assurance, professional governance and assist with transformation of services. In addition, due to the demand and complexity of needs being presented, a new Transitions Team will be created and a Long Term Conditions Team within Adult Localities will be developed. The new team created will include service managers, team managers, social workers and business support and equate to 8 WTE.

4.45 Community Nursing

The District Nursing (DN) service includes District Nurses, Registered Community Nurses and Health Care Support Workers. In 2012 the Greater Glasgow and Clyde District Nursing Review advocated that the model for District Nursing across NHSGGC partnership areas would be 1 WTE Band 6 per 9,000 PP, with varying numbers of Bands 7, 5, and 3 proportionate to the WTE Band 6. Adjustments have been made based on local context and the needs of individual services.

East Renfrewshire are working to this model with all grades of staff in place which includes having a future focus on recruitment to the Post Graduate Diploma - Advancing District Nursing Practice with Specialist Practitioner Qualification to maintain our band 6 District Nursing posts. Within East Renfrewshire HSCP the recent investment from Scottish Government to enable the expansion of our District Nursing service, as set out in the National Workforce Plan, has enabled the recruitment of additional Health Care Support Workers (Band 3) and Community Nurses (Band 5) to the service. Despite this investment, the recruitment of staff particularly qualified band 6 caseload holders remains a challenge across NHSGGC and is the subject of local and national discussion at the SEND (Scottish Executive Nurse Directors) group.

Due to the Covid-19 pandemic use of the Community Nursing Workload and Workforce Assessment Tool was suspended in 2020. The tool was run at the end of 2021, the results of which are currently being analysed with a view to identifying and escalating any identified gaps between the required workforce and existing funded establishment.

As outlined in section 1.4.1 East Renfrewshire are experiencing an increasingly ageing population placing more demands on the health service. The District Nursing service will therefore play a pivotal role in preventing hospitalisations, keeping more people at home or in a homely setting by coordinating care needs and delivering essential care interventions including the provision of palliative and end of life care. Shifting the balance of care will therefore

require growth and additional investment in district nurses as key members of integrated community nursing teams. At the time of writing this plan it has been agreed to pull together a working group across HSCPs in order to review the District Nursing role within NHSGGC.

Additionally, proposals for Advanced Nurse Practitioner roles within the HSCP in terms of the Transforming Roles programme are currently in development which will augment existing ANPs already in post in line with our Primary Care Implementation Plan, The focus on admission avoidance / early intervention as part of the unscheduled care work stream, anticipatory care planning support and supporting GPs to focus on their most complex patients are key tenants of the role.

Within East Renfrewshire the service has responsibility for Community Assessment and Treatment Centres which are experiencing increasing demands. Work is underway to explore the most effective and efficient use of the treatment rooms which will include merging other developing work streams i.e. demand for acute phlebotomy services within the community where we have employed additional Health Care Support workers.

The Scottish Government has invested significantly in Health Care support workers. East Renfrewshire has recently recruited to 6 roles based within Community Nursing.

4.4.7 Allied Health Professionals

East Renfrewshire has a skilled team of AHPs working within our integrated teams across service areas and has developed a new Lead AHP post for the partnership. AHPs have a broad skillset which enhances our services for our residents. In recent years AHPs have formed part of multi-disciplinary teams and we are building on this in our recovery and renewal work and within the development of the initial contact team detailed in section 4.4.2 above.

As detailed within the wider NHSGGC workforce plan the National Transforming Roles Agenda to develop Advanced and Consultant level Allied Health Professionals (AHPs) across all service areas. These practitioners will have advanced critical thinking, advanced expert knowledge, extended scope skills and will contribute to the research evidence base and facilitate the learning across MDTs. These roles will be pivotal in delivering revised models of care within community services, enabling AHP practitioners to work to their maximum skill level, leading services and supporting health and social care colleagues in MDTs, within newly defined job profiles and professional practice.

In addition to developing advanced AHP roles there is a need to focus on unregistered AHP roles. Locally we have recruited 6 additional unregistered AHPs as part of the investment in Health care Support Workers. With the wider support of NHSGGC there is a need to ensure that we develop the AHP career development pathway to move from an unregistered role to registration through supporting study or utilising Apprenticeship model.

4.4.8 Pharmacy

Pharmacy services have a five year strategic plan during which there will be a NHSGGC review of current and future skill mix requirements of Clinical Teams particularly increasing the use of pharmacy technicians to support traditional pharmacist posts. Locally within East Renfrewshire skill mix of staff utilising both Pharmacists and Pharmacy Technicians and a Pharmacy Support worker has increased capacity and a hub working model is being tested to achieve further increased efficiency. Details of the increase in Pharmacotherapy posts are detailed below within Primary Care Improvement section.

4.4.10 Primary Care Improvement

The introduction of the services aligned to the new General Medical Services (GMS) Contract (2018) through the PCIP (2018-21) relies on the establishment of a new multi-disciplinary workforce to be part of general practice teams but not employed by the GP practices. The practice based staff are employed by NHS GGC, HSCP and the third sector and embedded in GP practices. Between 2018 and 2021 an additional 52.5 WTE were recruited. East Renfrewshire HSCP were successful in our bid for additional funding to further recruit 6.0 wte MDT staff as part the implementation of the GMS Contract to further support GP Practices over the winter period and build in some contingency for services. Our application will allow us to accelerate delivery for the three MOU priority areas of Vaccination Transformation, Pharmacotherapy and Community Treatment and Care, as per below:

At the time of writing we anticipate further details of phase 2 of the GMS role which will form part of the HSCPs workforce planning for the PCIP programme. Wider primary care services such as Dentistry, Optometry and Community Pharmacy will be detailed within Boards workforce plan.

4.5 Adult Services: Learning Disability and Recovery

4.51 Learning Disability Hosted Service

East Renfrewshire HSCP hosts the Learning Disability Inpatient Services for NHS GGC and is the strategic lead for Learning Disabilities across HSCPs within NHS GGC. The service has worked closely with the Scottish Government's short life working group to address issues of delayed discharge and out of area placement which is consistent with shared ambition to redesign both community and inpatient services to reduce the need for hospital admission.

A new Community Living Change Fund offers an opportunity to address these issues as we develop new ways of working across partnerships and build expertise and increase capacity in the community and reshape our inpatient services to work more flexibly with a wider range of service models. We will be taking forward resettlement of people remaining in our longer stay service which will require an organisational change process and our review of assessment and treatment beds will lead to differing approaches and new roles across inpatient and community teams aligned to our workforce change processes. This will be a detailed piece of work taken forward in partnership with staff side and HSCPs across NHS GGC over the next two years.

Each HSCP will have a local approach to workforce planning in respect of learning disability teams which is guided by professional leadership. NHS GGC Learning Disability workforce is relatively small and therefore good collaborative approaches are required across all HSCPs. This has been evident during the pandemic and as a result of our shared co-dependency arrangements we have achieved workforce flexibility to support the wider learning disability family of services across NHS.

4.52 Learning Disability Day Services

The service has re-design plans in the medium term to build upon the work carried out in relation to Phase 1 of the remobilisation of day opportunities following the enforced COVID-19 service suspension of these services. The review will provide the opportunity to assess how the reintroduction of both building based and outreach services can be best individualised, and provide a better fit with a modernised integrated Learning Disability support service. Also seek to develop a transition service for young people still in education.

4.53 Community Addictions Team

Within the Alcohol and Drugs Partnership across NHS GGC there is a wider redesign plan to encompass the new 5 year funding for Drug Deaths Prevention which will be referenced in the Boards workforce plan. Locally the following areas of work are underway, increasing and diversifying the workforce to support people experiencing alcohol and/or drug related harms: Implementation of Medication Assisted Treatment Standards to ensure rapid access to services, ideally on the same day of presentation, provision of harm reduction and psychosocial supports and supporting people to remain in treatment. Increased team capacity is critical to successful delivery and we have agreed a workforce profile from using investment in this area these include Addiction Practitioners, additional prescribers and Business Support posts. Following review and consideration of recommendations from current and future Peer Led Research we are looking to identify and implement continuous improvement opportunities increasing the workforce and enhancing the multi-agency approach that brings a range of services together to deliver on a recovery orientated framework of support for people affected by alcohol and drug harms. This includes enhancement of the multi-disciplinary team to include occupational therapy.

4.54 Primary Care Mental Health and Wellbeing Services

In response to the national Enhancing Mental Health and Wellbeing in Primary Care guidance and increased investment, the HSCP is working with key stakeholders across primary care, mental health services, third sector and communities to increase the variety of pathways to support in primary care. Through growing the workforce required in primary care settings for all ages, the right support will be provided in the right place at the right time. Identified gaps in workforce include strategic coordination role with capacity to work with key stakeholders, gather evidence of what works, review existing supports, and identify gaps. Adding mental health practitioner interventions to the workforce is a priority for year 1, testing the impact they could have through 1:1 and group supports that can be easily accessed in a timely manner. Additional roles will be identified in years 2 and 3 of the programme.

6.55 Adult Mental Health

The HSCP has worked to increase the workforce locally through Transforming Mental Health Funding (Action 15), in recent years including peer support workers, nursing, psychology and counselling roles. Action 15 is now embedded and the organisation will focus on maintaining the workforce levels.

The HSCP is contributing to the development of neurodevelopment pathways to address waiting times at a local and NHS GGC level. East Renfrewshire has enhanced recruitment locally to address service demand. We will be exploring working on a NHS GGC wide pathway that will utilise the available workforce to ensure equitable access to services across all of NHS GGC.

Improving psychological therapies waiting times remains a key priority. To address challenges of workforce capacity following evaluation around resources vs number of individuals being seen we have increased the numbers of staff and will continue to work with NHS GGC to maximise the use of psychological therapies funding across our mental health services.

Psychiatry shortages are a challenge nationally and NHS GGC are not immune to these challenges. More recently become an acute challenge for East Renfrewshire at local level with consideration of system wide support for psychiatry from across service areas.

6.56 Older Adults Mental Health

The national dementia strategy, expected later in 2022, will drive significant work at local level. Use of post-diagnostic support, provided by Alzheimer’s Scotland, demonstrates the critical relationships with third sector providers that are embedded within older adult mental health team. Mental health practitioners within proposed mental health primary care services will deliver an all age approach, with early identification of dementia and appropriate referral on to OAMHT. Relationships with Care Homes essential to provide services and build on recent successful test of change around Care Home Liaison role.

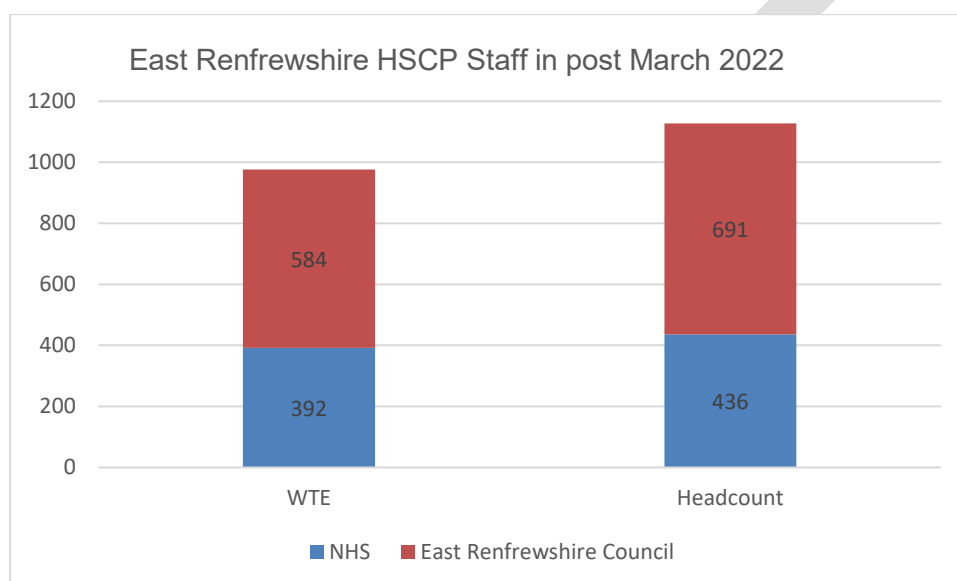
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Section Five: East Renfrewshire HSCP Workforce

5.1 Current Numbers of Staff and Whole Time Equivalent (WTE)

As at the 31st March 2022 the HSCP workforce comprised of 1127 employee head count (976 WTE). This figure includes the staff cohorts for Learning Disabilities Inpatients service which the HSCP hosts on behalf of NHSGGC. All figures shown are as at 31st March 2022 unless otherwise stated. These figures do not include casual posts or any vacant posts in the process of recruitment.

5.2 NHS & Council Staff Headcount and WTE



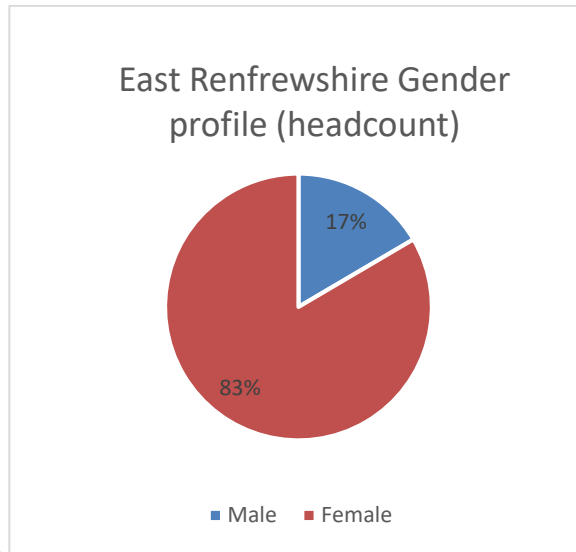
5.3 HSCP Workforce by Service Area

Staff in post as 31 st March 2022 (WTE)			
Service Area	NHS WTE	Council WTE	Total WTE
Finance & Resources	13	83	96
Public Protection & Children's Services	54	95	149
Adult Services: Communities & Wellbeing	124	350	474
Adult Services: Learning Disability & Recovery	67	56	123
Learning Disability Inpatients & Hosted Services	134		134
Total	392	584	976

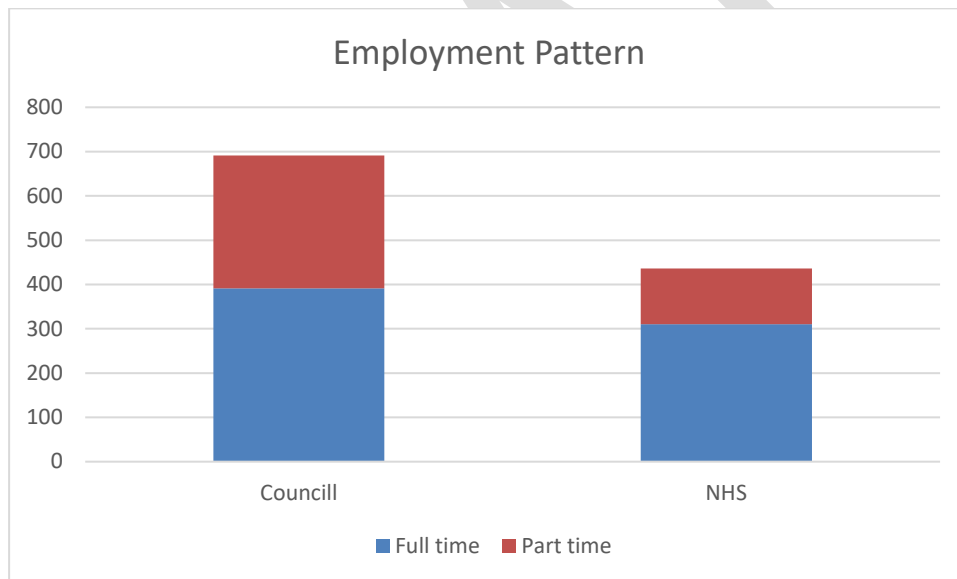
5.4 Gender Profile

The gender profile for the overall HSCP workforce shows that it is predominantly female (83% female and 17% male). There is little variance between the NHS and Council gender profile. Within the NHS the split is 83% female 17% male. Within the Council the split is 84% female and 16% male. This is not unexpected within a health and social care environment and does

not cause problems in terms of service. However we need to be mindful of the need to move to more gender balanced services and look to attract more male staff into health and social care roles.



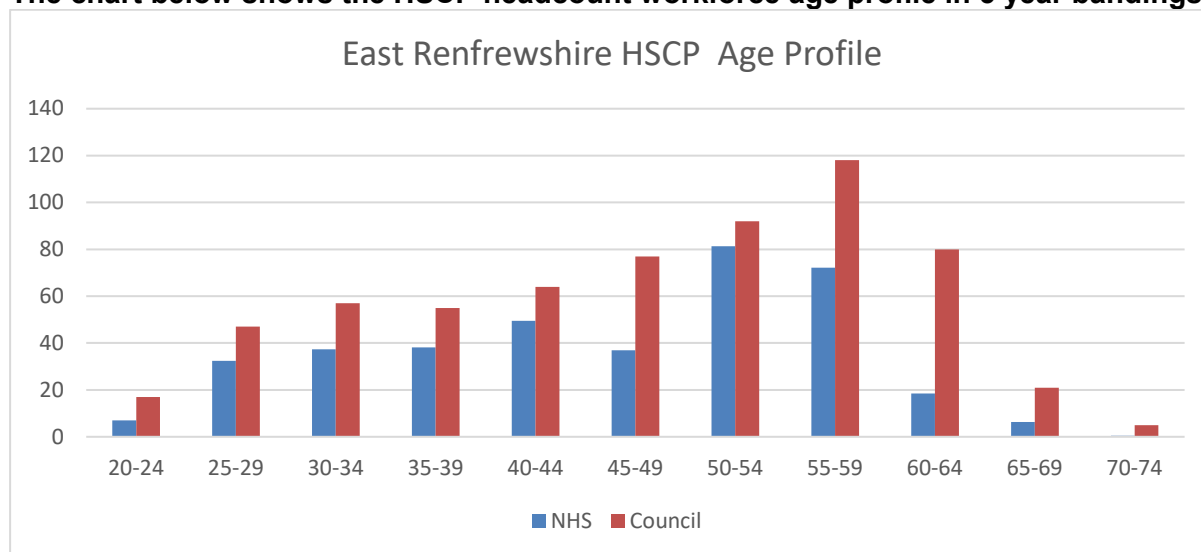
5.5 Employment Profile



Overall in the HSCP a considerable number of the workforce are part time and reflected by the fact the majority of workforce is female and caring responsibilities often fall to this group. In addition within the HSCP it can be seen that approximately a quarter of the NHS workforce are part time whereas within the Council workforce this is closer to a 50% split. In part this is because of the Social Care workforce of whom a significant number work part time. It is predicted that the part time workforce will increase as employees want more flexible employment.

5.6 Age Profile

The chart below shows the HSCP headcount workforce age profile in 5 year bandings.



The profile displays a number of workforce characteristics detailed below

- 30% of the HSCP workforce is over 55 years old
- The largest age band falls between 55 and 59 years of age.
- 13% of the workforce are over 60 years old with some staff working beyond the “historic” retiral age of 67.
- There are only 23 HSCP staff under 25 years old and only one staff member within the HSCP under 20

Looking at the age profile broken down into the different employers it suggests that there is a greater tendency among council employed staff to work into their sixties and beyond. Within lower graded roles within the Council there was a tendency for staff not join the pension scheme. This has been addressed by auto enrolment and promotion of the pension scheme and also that there is more opportunity for youth employment within council employment as NHS staff such as nurses and AHPs join the HSCP once they have obtained a professional qualification.

5.7 Ethnicity Data

Table East Renfrewshire HSCP Ethnicity Data

Ethnicity	NHSGGC Headcount	Ethnicity	ERC Council Headcount
Bangladeshi	<5	African - (inc Scottish/British)	1
Indian	<5	Any mixed or multiple	3
Pakistani	<5	Asian - Bangladeshi (Inc Scottish/British)	1
Other Asian	<5	Asian - Indian (Inc Scottish/British)	1
African	5	Asian - Pakistani (Inc Scottish/British)	1
Caribbean	<5	Black - (Inc Scottish/British)	1

Chinese	<5	Caribbean or Black - Other	1
Other Black	<5	Mixed	1
Other Ethnic Background	<5	Other White	8
White British	56	Pakistani	1
White Irish	<5	Unknown	111
White Polish	<5	White - Any Other Ethnic Group	6
White Scottish	251	White - Eastern European	3
Other White	23	White Irish	7
Information not available	90	White - Other British	12
Prefer not to say	<5	White - Polish	2
Sum:	436	White Scottish	531
		Sum:	691

The ethnicity data for both NHSGGC staff and ERC Council staff within the HSCP is similar. Whilst the data labels differ the largest workforce grouping is Scottish and the second largest grouping is where the information is unknown / not available. Ethnicity information is now recorded for all new starts however historical information is not available. East Renfrewshire has a diverse population and locally we need to work with NHSGGC and ERC to improve recruitment to in order to increase diversity within the HSCP workforce profile.

5.8 Workforce Profiles Professional grouping

Overall the HSCP has an ageing workforce and the workforce planning process has identified that the main risk to service delivery across the next 5 to 10 years is the impact of the workforce age profile. Some professional groups are more affected by the age profile than others.

5.8 The Nursing Workforce

The Nursing workforce by age and grade

Headcount	Grade/ Band									
	3	4	5	6	7	8A	8B	8C	Non AFC	Grand Total
25-29	4			1						5
30-34	1	1	8	5	9					24
35-39	3	1	5	3	4					16
40-44	5		6	4	5			1		21
45-49	2	2	3	5	6		1		1	20
50-54	5	2	6	4	5	2				24
55-59	6	1	9	9	12	1		1		39
60-64	7		1	3	2		1			14
Grand Total	33	7	38	34	43	3	2	2	1	163

The HSCP (nb this does not include nursing within the hosted services) comprises of 163 staff (148 WTE) including registered and nonregistered staff. The gender split is 91% female and 9 male%.

The data table above show age by grade, It can be see that 32 % of nursing staff are over the age of 55 and 47% of are aged over 50. This creates a retrial risk and there is a need to look at succession planning locally across services.

5.9 The Social Work Workforce

The Social work workforce by age and grade

Headcount	Grade						
Age	10	11	12	13	15	17	Grand Total
20-24	2						2
25-29	10						10
30-34	20	1					21
35-39	11	6	1		1		19
40-44	6	4	8	1			20
45-49	13	2	4	2			21
50-54	7	2	2		3	2	16
55-59	7	3	2	1	2	1	16
60-64	2	2	1	2			7
65-69	2	1					3
Grand Total	80	21	18	6	6	3	134

The age profile within Social Work shows that the majority of main grade Social Work staff (grade 10) are below the age of 55. This shows that there is no immediate retrial risk within the next 5-10 years. Due to the younger workforce there is a skills/ experience gap as younger employees also tend be newly qualified. Whilst this improves over time as the workforce develops there is a need to focus future recruitment in attracting more experienced workers.

The other 9 employees are between ages 50-59 in grade 15 to 17 (senior management roles). This means that there is a potential risk of retrial within the senior social work team within the next 5-10 years. This gives the council an opportunity to focus on personal development and succession planning of existing social work employees to ensure there are opportunities for current employees to be promoted.

5.10 The Social Care Workforce

The HSCP Social Care workforce comprises of 436 staff (282 WTE) and is the largest section of workforce within the HSCP. The difference in headcount and WTE can be explained by the fact large number of the workforce work part time. The gender split is 84% female and 16% male.

Age by Grade Social Care workforce

Headcount	Grade												
Age	1	10	11	12	15	2	4	5	6	7	8	9	Grand Total
16-19								1					1
20-24		1						14	1		1		17
25-29	2						1	15	2	4	4		28
30-34		1	1			1	3	18	2	5	2		33
35-39			2			1	1	17	3	5	1		30
40-44		1	1		1		1	20	2	6		1	33

45-49		2	1			1	2	34	2	10	4	3	59
50-54	3	2	1	1			3	42	3	8	3	4	70
55-59	1	2	2				5	57		11	3	3	84
60-64				1			5	44	4	6	3	2	65
65-69							2	4	1	1	1	1	10
70-74		1						4		1			6
Grand Total	6	10	8	2	1	3	23	270	20	57	22	14	436

The age profile within Social Care ranges from 16-74. 60% of the workforce are over the age of 50. 56% of employees within this service are grade 5 which are made up of predominantly front line social care workers. 65% of the employees who are grade 5 are age 50 or over which poses a potential retiral risk within the next 5-10 years. There is only one employee under the age of 20 and only 4% of employees between the ages of 20-24. There is opportunity to target a younger workforce through future recruitment campaigns and promote apprenticeship and qualification opportunities and work with employability partners to support the longer term unemployed, within our community, back into work.

As detailed within the introductory section of this plan their significant workforce consists of independent, voluntary and third sector providers that make up the overall social care workforce within the partnership. Whilst the intention of this plan is not to provide the detail of the social care provider workforce with East Renfrewshire the two workforces are inextricably linked. The graphic from SCVO provides more details.

State of The Third Sector in East Renfrewshire

Organisations and activities



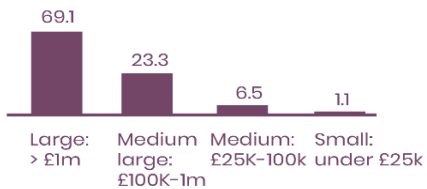
People

959 Trustees volunteering their time and skills locally

566 paid staff, employed in:



Paid Staff by Size of Charity (%)



Source: 'State of the Sector 2020' SCVO
Contains information from the Scottish Charity Register supplied by the Office of the Scottish Charity Regulator and licensed under Open Government Licence v.3.0.

The graphic sets out information about the numbers of people working within the third sector within East Renfrewshire as well as those volunteering their time. In addition it should be recognised care and support at home is also provided by unpaid Carers, whilst it may be difficult to collect data that unpaid Carers play the biggest part in delivering care across the partnership.

5.11 The Hosted Services LD Inpatients & SCTCI

Table Age by Grade LD Inpatients & SCTCI

Headcount	Grade / Band										Medical and Dental	Grand Total
Age	3	4	5	6	7	8A	8B	8C	8D			
20-24	3		8									11
25-29	4		11	6								21
30-34	2		7	3	1							13
35-39	2	1	5	3	1	1						13
40-44			9	1	2	1						13
45-49	5		3			1		1	1			11
50-54	23	2	5	3	1	1	1				1	37
55-59	14			1	2						1	18
60-64	7	1									1	9
65-69	4											4
Grand Total	64	4	48	17	7	4	1	1	1		3	150

It is useful to look at the hosted services workforce separately as it has different characteristics, notably a younger workforce profile than the wider HSCP. The table above show age by grade for staff within the hosted services the largest staffing group is aged between 50- 54 and equates to 25% of the workforce however this poses no immediate risk of retriial. The next second largest age group is 25-29 which equates to 14% of the workforce. Unlike the community services LD inpatients takes a quota of newly qualified nurses annually. The workforce requirements and the profile of the workforce in the service will change as a result of the, earlier mentioned, redesign activity. As we take this forward agreed workforce planning tools for all disciplines.

5.12 Turnover

Table HSCP turnover

	01 April 2019	01 April 2020	01 April 2021	01 April 2022
HSCP Turnover %	8.01%	10.59%	11.81%	12.3%

The HSCP turnover data is shown from 2019 to date. There has been an increase in overall turnover since 2022. 10% is average level of turnover, however, following the pandemic there has been increased number of leavers over the period including some Care at Home staff who left shortly after taking up post which inflated the number of leavers in the year 2021/22. It is anticipated that turnover will increase going forward due to the availability of posts within the wider health and social care sector.

Section 6 Attract & Employ (The Future Workforce)

6.2 Vacancies across Health & Social Care

There has been significant investment in 2021/22 in health and social care posts across the health and social care system. This has allowed greater opportunity across all professional groups and specialities in terms of developing career and moving to other or promoted posts.

Although this has been positive for the workforce and the wider system we are now seeing increased staff movement between HSCPs and other Boards and Councils; something that we haven't experienced the past. Locally within East Renfrewshire we have gained staff but equally we have lost experienced staff in some areas. Where appropriate the posts within the HSCP are jointly appointable posts, however the two different sets of terms and conditions from two different employers can act as a disincentive to movement.

Due to the availability of roles the HSCP has struggled to recruit to fixed term posts and where possible our posts are recruited on a permanent basis where funding allows.

As an example, development of new posts such as Advanced ANP & AHP posts across the health and social care system, including in East Renfrewshire system, provides opportunities for staff progression but also poses risk to our currently stable District Nurse and AHP workforce who may choose to move for promoted posts elsewhere. However our succession planning and retention strategies need to take account of a more mobile workforce.

The sections below detail the vacancies that are particularly difficult to fill.

6.22 Mental Health and Psychiatry

Psychiatry shortages are a challenge across Greater Glasgow and Clyde and more recently become an acute challenge for East Renfrewshire at local level with consideration of system wide support for psychiatry from across service areas. Locally we are supporting the wider work with colleagues in psychiatry in NHSGGC to attract psychiatrists.

6.23 Social Workers and MHO's

As detailed previously whilst we do not have a significant number of vacancies within social work our recent recruits have been newly qualified social workers. To address this we have developed a new pathway to support newly qualified social workers. However we need to look at the trend going forward, as post pandemic there may be more movement in qualified social workers so we need to ensure that we attract them to work within East Renfrewshire. Within East Renfrewshire Council managers are now able to promote vacancies themselves through social media sites, such as LinkedIn, which should allow managers to share vacancies more widely within their own professional networks and attract more experienced workers.

Whilst the recruitment of MHOs has traditionally been a challenge we have revisited the job description in line with the changing demands of the role and created an advanced practitioner post. This post is graded at a higher grade to reflect the additional responsibilities the role now carries and at present have a full complement of staff. In addition we are currently funding the training of two MHOs within the HSCP. There is a need to continue to monitor this due to the workforce demographic and ensure that we continue to invest in the MHOs of the future.

6.24 Social Care Staff / Health Care Support Workers

As outlined in section 3, social care recruitment remains a challenge as is the case nationally. Our main strategy has been targeted poster campaigns throughout the local area that links to

a previous TV and media campaign. This has been supported by recruitment on social media reaching out beyond traditional job sites and streamlining the application and interview process. The interview process is a value based process to ensure that the vacancies are filled by those “Who Care”. The Health Care Support Worker roles were initially difficult to recruit to and the centralised recruitment campaign was less successful. Local recruitment has been more successful and the majority of the roles advertised have now been filled.

6.3 Overall attracting and retaining the workforce

In order to attract candidates the HSCP has promoted East Renfrewshire as a good place to work at application stage and interview. The HSCP worked alongside traditional recruitment sites of NHSGGC and ERC in order to promote roles on Social Media. Within the Council managers are now able to share vacancies on social media. In addition streamlining the application process for high volume recruitment such as Care Home Re-ablement Worker roles has also helped to improve recruitment

The retention of our existing staff is key to the success of the partnership. Our activities to nurture staff as set out in section 2 of the plan forms part of our action plan for retaining staff.

We will further develop our actions in order to continue to attract and retain people into the health and social care sectors. We will:

- Work with employability partners to attract applicants within our community;
- Work with the NHS and the Council as part of their equalities agenda to attract more ethnic minority candidates to work within East Renfrewshire;
- With partners develop Career Pathway locally and consider how to attract younger workers into a career in care;
- Work with local schools and colleges to encourage applicants and promote career opportunities and pathways;
- Support and upskill staff focusing on their abilities and transferable skills;
- Use the appraisal systems in both the NHS and Council to focus on career planning and development which will underpin succession planning.
- Promote e-learning and attendance at virtual training events to bridge skills gaps and build multi-disciplined teams across the workforce

The HSCP has well established relationships with employability partners, placements will resume as part of our recovery and renewal work. We have developed a modern apprentice programme for young people leaving care and further work is under development in relation to other initiatives.

As part of our retention initiative we will develop an exit interview questionnaire to be used across the partnership so that we can better understand people’s reasons for leaving. This information will be better used to inform both recruitment and retention.

In addition as outlined above there is a need to understand the ambitions and motivations of our workforce and use this to form part of succession planning and development opportunities.

Section 7 Train (Workforce Skills Development)

7.1 Learning and Education

We will aim to strengthen collaborative working across the partnership to ensure that HSCP staff have access to a range of courses in the HSCP, Council and NHSGGC. The HSCP will ensure that our staff have the necessary skills to deliver on the key priorities of both the workforce plan and our new strategic plan 2022-25, working to develop learning opportunities specifically for our HSCP. The focus will be on equipping staff to manage the key challenges arising from the pandemic and recovery, with a specific focus on mental health and wellbeing and developing digital skills. We will also be updating our training on mental health legislation and our new procedures to support the delivery of our Authority to Discharge Plan.

We will deliver on key national priorities, specifically the following:

- Implementation of the NES trauma training framework as part of a wider Trauma Informed Services Strategy
- Creation of a new pathway for Newly Qualified Social Workers to ensure they meet the new requirements for the supported year.
- We intend to secure a new Learning Management System that will improve reporting and our technical capabilities, thus enabling us to deliver a range of flexible learning opportunities to all of our HSCP workforce.

7.2 Leadership

The HSCP has a commitment to developing future leaders and invests in staff development and support to allow progression to their next roles by:

- Supporting and empowering team leads and managers in their roles.
- Promoting performance coaching
- Building a culture that demonstrates compassionate leadership.
- Supporting staff to attend leadership programmes


The HSCP ensures that all staff have access to both Leadership programmes developed by the Council and NHSGGC and National programmes developed by NES and the SSSC. Staff who attend courses are asked to share their learning with colleagues.

Section 8 Key Priorities & Action Plan



8.1 Key Priorities


Our key priorities for the 2022-25 plan are


- **Plan** Setting out the workforce implications for the partnership working with external providers and partners to redesign local services and contributing to wider pieces of redesign work across NHSGGC. Building expertise and increasing capacity in the community and reshaping our services to work more flexibility.
- **Attract:** Ensuring that we develop and implement the workforce plan to recruit a highly skilled and motivated workforce who care.
- **Train:** Ensure our staff have skills required meet the needs of our population and develop the health and social care workforce for the future.
- **Employ:** Over the medium term ensuring we have sufficient workforce to meet the demographic challenges of our local area in particular the growing young and elderly populations and deliver the agreed pathways and services.
- **Nurture:** To provide continued support and intervention to support the health and wellbeing of our staff and ensure that our staff feel valued and listened too.

Theme	Service Area	Action	Lead	Timescale	Update
 Plan	Finance and Resources	Review Finance and Resource Services.	Chief Finance Officer		
	Finance and Resources	Review Business Support Service.	Governance and Systems Manager		
	Adult Services: Learning Disability and Recovery	Progress Learning Disability Hosted Services Community Living Learning Disability Change Fund Redesign Programme.	Assistant General Manager		
	Adult Services: Learning Disability and Recovery	Progress development of Addictions Services.	Senior Manager Recovery		
	Adult Services: Learning Disability and Recovery	Progress local Mental Health Services Redesign. Contribute to Board wide Mental Health redesign, as part of MFT.	Senior Manager Mental Health		

Adult Services: Communities and Wellbeing	Progress Intensive Services Redesign: Care at Home Older Peoples Day Services	Senior Manager Intensive Services		
Adult Services: Communities and Wellbeing	Develop Intensive Support Service at Bonnyton House Care Home	Senior Manager Intensive Services		
Adult Services: Communities and Wellbeing	Take forward Primary Care Improvement as part of GMS contract.	PCIP Implementation and Development Officer		
Public Protection and Children's Services	Take forward workforce actions associated with The Promise Scotland and Whole Family Support Funding.	Senior Manager Children's Services		
Public Protection and Children's Services	Implement Board-wide review of school nursing.	Senior Manager Children's Services		
Public Protection and Children's Services	Progress Neurodevelopmental Redesign.	Senior Manager Children's Services		

	HSCP wide	Develop AHP Advanced Practitioner roles within the HSCP.	Lead AHP		
	HSCP wide	Develop Nursing Advanced Practitioner roles within the HSCP.	Lead Nurse		
 Attract	HSCP wide	Work with HSCP Comms Lead, NHS & Council Partners to improve recruitment.	HR Business Partner		
	HSCP wide	Develop actions to fill difficult posts outlined within the workforce plan.	HR Business Partner and Senior Managers		
	HSCP wide	Work with Council and NHS partners to improve ethnic minority recruitment.	HR Business Partner and Senior Managers		
	HSCP wide	Work with employability partners.	All Managers		
 Employ	HSCP wide	Ensure governance process is in place to ensure professional registration.	Governance and Systems Manager		
	HSCP wide	Ensure that Career Conversations are	Learning Development		

		embedded into the KSF and Quality Conversations process.	and Quality Assurance Manager		
	HSCP wide	Develop HSCP wide exit process to improve retention.	HR Business Partner		
	HSCP wide	HSCP Learning and Development System.	Learning Development and Quality Assurance Manager		
	HSCP wide	Implementation of the NES Trauma training framework.	Learning Development and Quality Assurance Manager		
	HSCP wide	Creation of a new pathway for Newly Qualified Social Workers to ensure they meet the new requirements for the supported year.	Learning Development and Quality Assurance Manager		
	HSCP wide	Promote Leadership Development.	Learning Development and Quality Assurance Manager		

	HSCP wide	Implement refreshed succession planning process.	HR Business Partner and Learning and Development Quality Assurance Manager		
	Adult Services: Communities and Wellbeing	Establish continued links with Wellbeing Network which includes local communities (Voluntary Action).	Health and Wellbeing Lead Officer		
	Adult Services: Communities and Wellbeing	Facilitate the improvement of mental and physical wellbeing within the community through Voluntary Action Group.	Health Improvement Lead and Health and Wellbeing Lead Officer		
	HSCP wide	Implement NHS GGC Blended Working model and Councils The Way We Work model within the HSCP.	Systems and Governance Manager		
	HSCP wide	Develop and Promote HSCP Peer Support Network.	Health Improvement Lead and Health and Wellbeing Lead Officer		

	HSCP wide	Continue to develop Health and Wellbeing Group to promote and encourage local initiatives for staff.	Health and Wellbeing Lead Officer		
	HSCP wide	Continue to promote iMatter to engagement, and ensure action plans are developed in teams across partnership.	HR Manager		

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