

**Department of Business Operations and Partnerships**

**Director: Louise Pringle**

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Date: 20 October 2023

When calling please ask for: Colin Sweeney (0141-577-3023)

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TO: Provost Montague; Deputy Provost Campbell; and Councillors Anderson, Bamforth, Buchanan, Convery, Cunningham, Devlin, Edlin, Ireland, Lunday, Macdonald, McLean, Merrick, Morrison, O'Donnell, Pragnell and Wallace.

**EAST RENFREWSHIRE COUNCIL**

A meeting of the East Renfrewshire Council will be held in the Council Chamber, Council Headquarters, Giffnock on **Wednesday, 25 October 2023 at 5.00pm.**

The agenda of business is as listed below.

**Prior to the commencement of the meeting the Provost will make a statement that the meeting will be webcast live and recorded for later, publicly accessible archive viewing.**

Yours faithfully

**Louise Pringle**

L PRINGLE

DIRECTOR OF BUSINESS OPERATION AND PARTNERSHIPS

**PROGRAMME OF BUSINESS**

- 1. Report apologies for absence.**
- 2. Declarations of Interest.**
- 3. Submit for approval as a correct record and signature the Minute of the Meeting of the Council held on 13 September 2023.**
- 4. Submit for approval as a correct record and signature the Minute of the Special Meeting of the Council held on 26 September 2023.**

5. **Submit for approval as a correct record the Minutes of Meetings for the period 12 September to 24 October 2023.**
  
6. **Item Remitted to the Council**
  - (i) **Treasury Management Report for 2022/23 - Quarter 1 – Report by Head of Accountancy (Chief Financial Officer)(copy attached, pages 3 - 18)(Audit and Scrutiny Committee – 26 September 2023).**  
  
**Audit & Scrutiny Committee Recommendation**  
  
That that the attached organisations for investment of surplus funds, be approved.
  
7. **Statements by Conveners and Representatives on Joint Boards and Committees.**
  
8. **Provost’s Engagements – Report by Director of Business Operations and Partnerships (copy attached, pages 19 - 20).**
  
9. **Chief Social Work Officer’s Annual Report 2022/23 – Report by Chief Social Work Officer (copy attached, pages 21 - 64).**
  
10. **Health and Social Care Partnership Revised Integration Scheme - Draft for Consultation - Report by Chief Officer, Health and Social Care Partnership (copy attached, pages 65 - 108).**
  
11. **Statutory Review of Polling Scheme – Report by Director of Business Operations and Partnerships (copy attached, pages 109 - 116).**
  
12. **Post of Head of Place - Report by Director of Business Operations and Partnerships (copy herewith, pages 117 - 120).**

A recording of the meeting will also be available following the meeting on the Council’s YouTube Channel <https://www.youtube.com/user/eastrenfrewshire/videos>

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EAST RENFREWSHIRE COUNCILAUDIT & SCRUTINY COMMITTEE26 September 2023Report by Head of Accountancy (Chief Financial Officer)INTERIM (QUARTER 1) TREASURY MANAGEMENT REPORT FOR 2023/24**PURPOSE OF REPORT**

1. To advise the Audit & Scrutiny Committee on the Treasury Management activities for the Quarter ending 30 June 2023. The figures reported below are subject to change during the current audit process.

**RECOMMENDATION**

2. It is recommended that the Committee: -
- a) note the Interim Treasury Management Report for Quarter 1 2023/24; and
  - b) recommend to the Council that the attached organisations for investment of surplus funds be approved.

**BACKGROUND**

3. In line with the CIPFA Code of Practice on Treasury Management, the Audit & Scrutiny Committee is responsible for ensuring effective inspection of treasury management activities and this report is submitted in accordance with this requirement.

**SUMMARY**

4. Overall the report demonstrates a well-managed treasury function within the Council. The average interest rate on long-term borrowing has remained the same from that reported in August. The Council continues to adopt a prudent approach to treasury management and in particular the percentage of loans held as at 30 June 2023 that had variable interest rates was 7.17% which is well below the Council's approved upper limit of 15%. The resulting stability in borrowing assists the Council in responding to the current national economic pressures.

**RECOMMENDATION**

5. It is recommended that the Committee: -
- a) note the Interim Treasury Management Report for Quarter 1 2023/24; and
  - b) recommend to the Council that the attached organisations for investment of surplus funds be approved.

**REPORT AUTHOR**

Head of Accountancy (Chief Financial Officer): Margaret McCrossan

Chief Accountant: Barbara Clark

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Report Date: 14 September 2023

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## INTERIM TREASURY MANAGEMENT REPORT QUARTER 1 2023/24

Table 1

## 1. Actual External Debt

	<b>Borrowing 01/04/23 £M</b>	<b>Average Interest %</b>	<b>Borrowing 30/06/23 £M</b>	<b>Average Interest %</b>	<b>Change in year £M</b>
<b><u>Long Term Borrowing</u></b>					
Public Works Loan Board	112.85	3.30	112.85	3.30	0.00
Local Authority Bonds	14.40	4.60	14.40	4.60	0.00
PFI / PPP Finance Leases	73.50	7.18	73.50	7.18	0.00
<b>Total Long Term</b>	<b>200.75</b>	<b>4.81</b>	<b>200.75</b>	<b>4.81</b>	<b>0.00</b>
<b><u>Short Term Investments</u></b>					
Temporary Investments	<b>(68.54)</b>	<b>3.95</b>	<b>(48.94)</b>	<b>4.75</b>	<b>(19.60)</b>

## NOTES

- (i) For the purposes of this report long-term borrowing means loans taken on a long-term basis. This differs from the Annual Accounts, which have to categorise long-term loans with less than a year until repayment as short-term loans. Loans above totalling £0.365 million come into this category.
- (ii) The Treasury Strategy approved by the Council on 1st March 2023, ratified external borrowing of £58m from the Public Works Loan Board to be undertaken. However at present no new borrowing has been undertaken due to a recommendation by the Head of Accountancy to defer long term borrowing, where possible, until the current high interest rates come down. During the quarter loans totalling £0.002 million matured.
- (iii) The average interest rate on long-term borrowing has not changed from that reported previously.
- (iv) The Council's net external borrowing position has decreased in total by £19.6 million during the quarter due to both revenue and capital cash flows.
- (v) The Council's activity in the temporary investments market is shown along with the corresponding interest rate movements in Appendices 2 – 5. In response to difficulties in the financial markets and as part of a risk managed process designed to protect the principal of the sums invested, during the course of the year the maximum period of investment was restricted to 6 months.
- (vi) At 30 June 2023, the Council had 7.17% of its total debt outstanding in variable rate loans. For the Council to gain a high level of stability in overall borrowing costs the Council's Treasury Policy Statement requires the exposure to variable rate loans to be less than 15% of the total debt outstanding.

- (vii) Appendix 6 shows the Bank of England MPC base rate covering the period April 2022 to the date of this report.

## 2. PWLB

The primary source of medium/long term borrowing is from the UK Government through the Public Works Loan Board (PWLB). The PWLB provides loans to local authorities at rates, which are in general more attractive than loans available from other sources.

## 3. DEBT MATURITY PROFILE

The Council's debt maturity profile at 30 June 2023 is shown both below and in Graph format at Appendix 7.

It is a requirement of the Council's Treasury Policy Statement that the maximum amount of long-term debt maturing in any one year should be no more than 15% of the Council's long-term debt outstanding, at the time of borrowing.

The Council's Debt Maturity Profile as at 30 June 2023 was within the agreed limits.

### Long Term Debt Maturity Profile as at 30 June 2023

	PWLB	Local Authority Bond	Total	
	£M	£M	£M	%
<b>23/24</b>	0.36	0.00	0.36	0.28
<b>24/25</b>	0.00	0.00	0.00	0.00
<b>25/26</b>	0.00	0.00	0.00	0.00
<b>26/27</b>	5.01	0.00	5.01	3.94
<b>27/28</b>	2.01	0.00	2.01	1.58
<b>28/29</b>	0.00	0.00	0.00	0.00
<b>29/30</b>	0.00	0.00	0.00	0.00
<b>30/31</b>	0.00	0.00	0.00	0.00
<b>31/32</b>	0.00	0.00	0.00	0.00
<b>32/33</b>	0.00	0.00	0.00	0.00
<b>After 2033/34</b>	105.47	14.40	119.87	94.20
<b>Total</b>	<b>112.85</b>	<b>14.40</b>	<b>127.25</b>	<b>100.00</b>

## 4. PRUDENTIAL INDICATORS

In line with the agreed monitoring arrangements for the Prudential Indicators, listed below there is a table showing all the prudential indicators comparing the approved indicator, as reported to the Council on 1 March 2023 along with the actual figures recorded at 30 June 2023, demonstrating that the Council is operating well within the limits set.

<b>Prudential Indicator</b>	<b>Approved indicator</b>	<b>Actual</b>	<b>COMMENT</b>
1. Capital Expenditure	£81,167,000	£66,541,000	Movement is due to revised planning of capital projects within both the Housing and General Fund Capital Programmes.
2. Capital Financing Requirement	£304,873,000	£273,138,000	Movement is due to a reduction in net capital expenditure in both previous and current years.
3. Operational Boundary for External Debt	£309,855,000	£278,120,000	Movement is due to a reduction in permitted borrowing from that approved due to a reduction in capital spend in both the previous and current year.
4. Authorised Limit For External Debt	£345,308,000	£308,813,000	In addition to the variance explanation for the Operational Boundary for External Debt above, the Authorised limit for External Debt also includes a further 15% allowance to cover any unexpected temporary movements.
5. Gross Debt	£253,770,000	£228,270,000	Movement is due to the re-profile of capital expenditure to future years and to deferral of borrowing, if possible, until rates come down.
6. Gross Borrowing to CFR (Under)/Over	(£51,103,000)	(£44,868,000)	Movement is due to a reduced net borrowing requirement as a result of a reduction in capital expenditure in both previous and current years.
7. Financing to Net Revenue Stream Non – HRA HRA	6.7% 34.4%	6.7% 32.4%	HRA variation is in-line with a reduction in financing costs, along with increased rental income compared to the approved indicator
8. HRA - Ratio of Debt to Revenue	337.0%	305.8%	The variation is due to a combination of reduced debt and increased rental Income.

9. HRA – Debt Per Dwelling £	16,450	15,682	The variation is due to a combination of reduced debt and a reduction in the number of dwellings.
10. Code of Practice For Treasury Management	The Council has adopted the CIPFA Treasury Management in the Public Services: Code of Practice and Cross-Sectoral Guidance Notes	All of the approved activities within the Council Treasury Management Policy Statement have been complied with.	

The movement between the Capital Financing Requirement and the Gross Debt indicates the amount of internal borrowing required. This means that the capital borrowing need (the Capital Financing Requirement), has not been fully funded by external loan debt as the cash supporting the Council's reserves, balances and cash flow has been used as a temporary measure. This strategy remains both prudent and cost effective as borrowing costs are currently relatively high and the Head of Accountancy has requested that borrowing, where possible, is not undertaken until interest rates come down from their current level.

	Approved Indicator	Actual
Capital Financing Requirement	£304,873,000	£273,138,000
Gross Debt	£253,770,000	£228,270,000
Internal Borrowing Required	£51,103,000	£44,868,000

## 5. DEBT PERFORMANCE INDICATOR

The Treasury Strategy sets out the following two debt performance indicators

- i) Average "pool rate" compared to Scottish average:  
This information is only available after the year end.
- ii) Average borrowing rate movement year on year:
  - Average borrowing rate in 2021/22 was 4.99%
  - Average borrowing rate in 2022/23 was 4.81%. Although this a decrease of 0.18%, the variance is likely to increase as new loans are taken due to the high interest rates currently available. The target set in the Treasury Strategy to maintain or reduce rates year on year may therefore be difficult to achieve.

## 6. Liability Benchmark

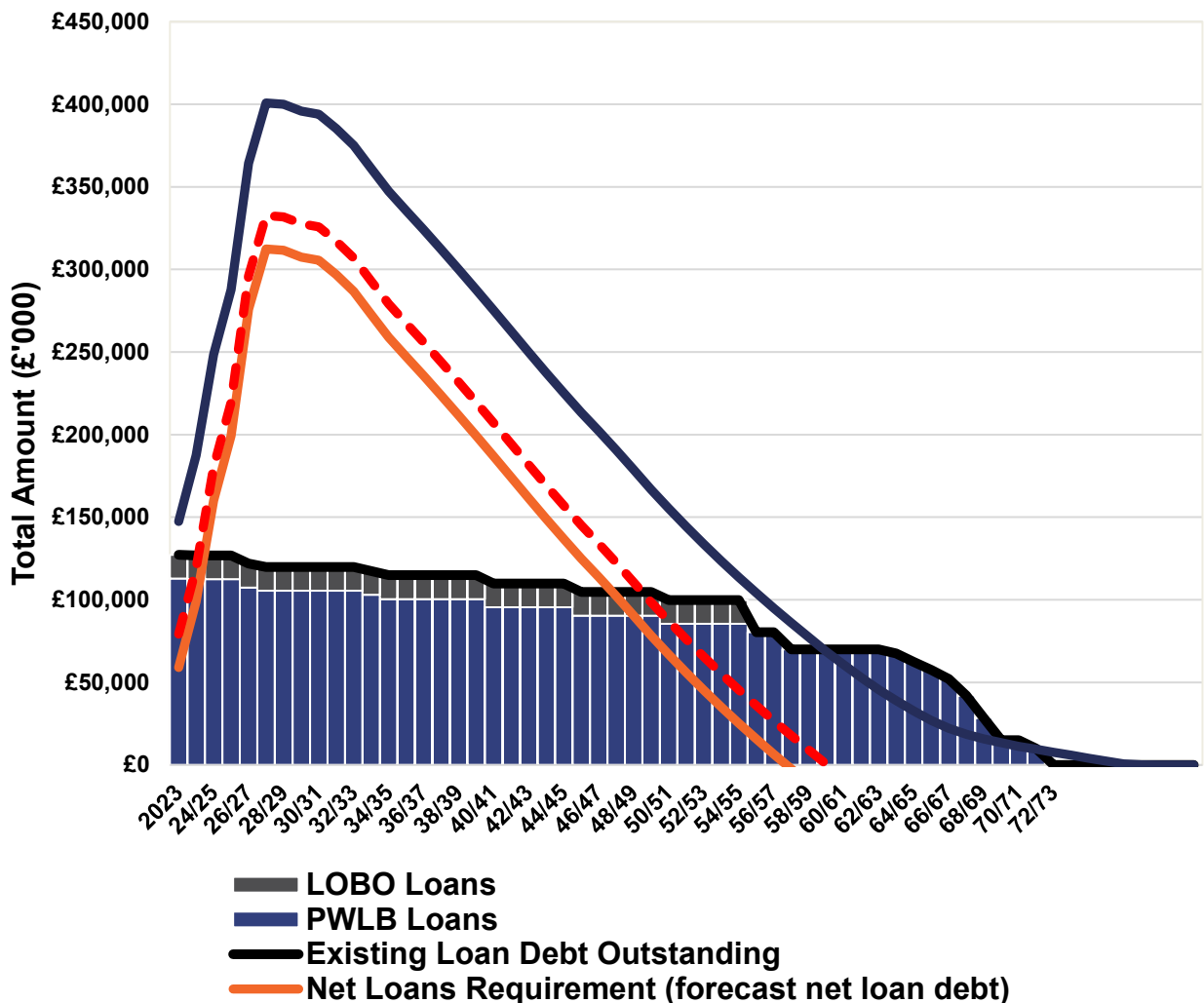
A third and new prudential indicator for 2023/24 is the Liability Benchmark (LB). The Council is required to estimate and measure the LB for the forthcoming financial year and the following two financial years, as a minimum. It is a projection of the amount of loan debt outstanding that the Council needs to fund its existing debt liabilities, planned prudential borrowing and other cashflows.

There are four components to the LB: -



1. **Existing loan debt outstanding:** the Authority’s existing loans that are still outstanding in future years.
2. **Loans CFR:** this is calculated in accordance with the loans CFR definition in the Prudential Code and projected into the future based on approved prudential borrowing and planned Loans Fund principal repayments.
3. **Net loans requirement:** this will show the Authority’s gross loan debt less treasury management investments at the last financial year-end, projected into the future and based on its approved prudential borrowing, planned Loans Fund principal repayments and any other major cash flows forecast.
4. **Liability benchmark (or gross loans requirement):** this equals net loans requirement plus short-term liquidity allowance.

**Liability Benchmark @ 30/06/2023**



**7. APPROVED ORGANISATIONS FOR INVESTMENT**

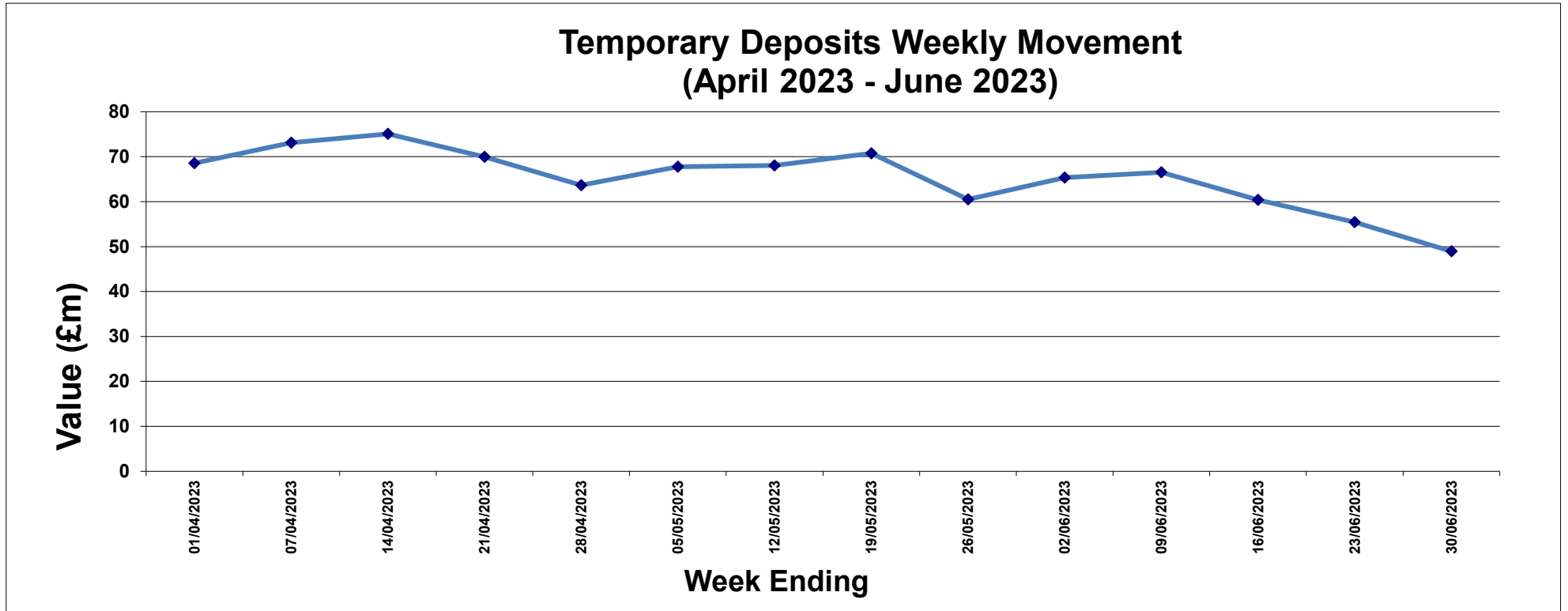
In line with normal practice the status of all Banks and Building Societies has been reviewed in order to amend the current list of approved organisations for investment (see appendix 8). No changes have been made to the list since last reported on 10 August 2023. All lending is in line with the permitted methods of investment which were approved by Council on 1 March 2023 as part of the Treasury Management Strategy report.

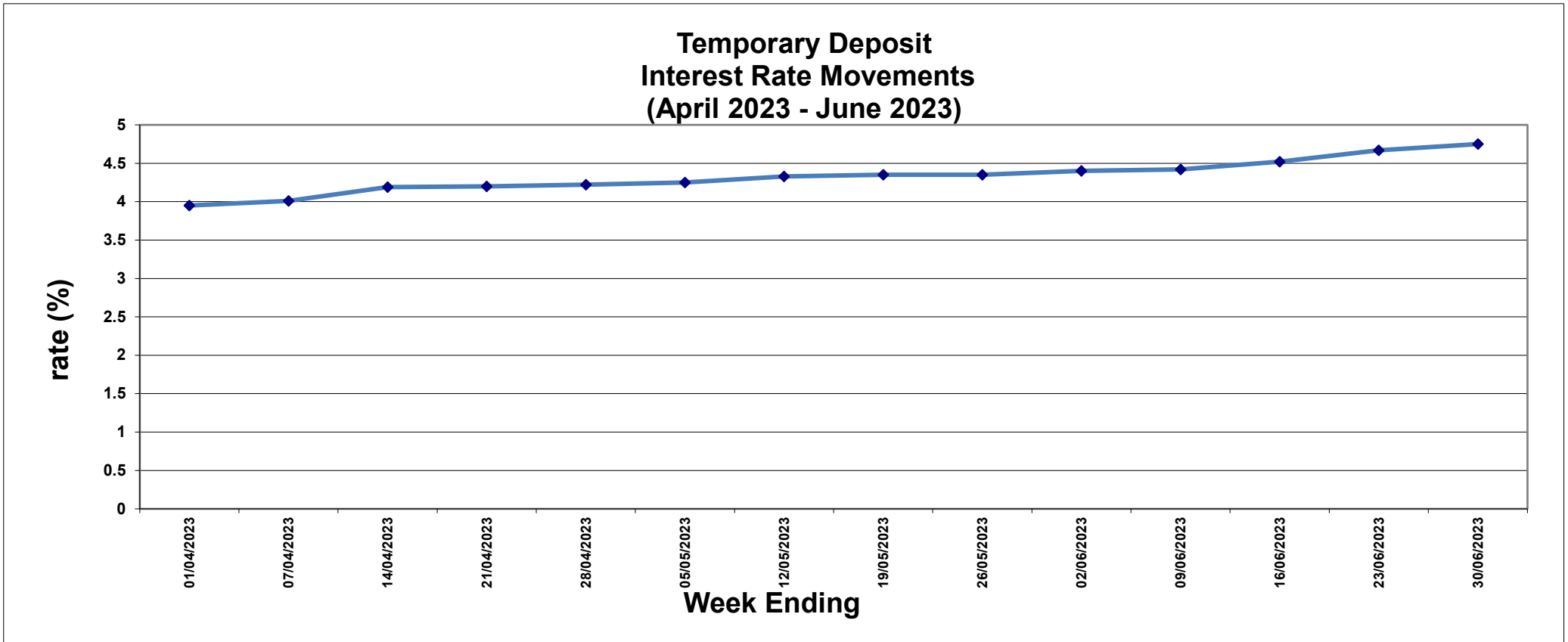
As a result of the banking crisis and in line with prudent financial management, investment has been restricted to UK organisations with high credit ratings. Also, the maximum period of investment was restricted to 6 months, in line with advice from our Treasury Advisers, Link Asset Services. These measures have been taken as part of a risk managed process designed to protect the principal of the sums invested.

Credit ratings of organisations on the counter-party list are subject to continuous monitoring and review to ensure that subject to available professional advice, approved organisations remain sound for investment purposes.

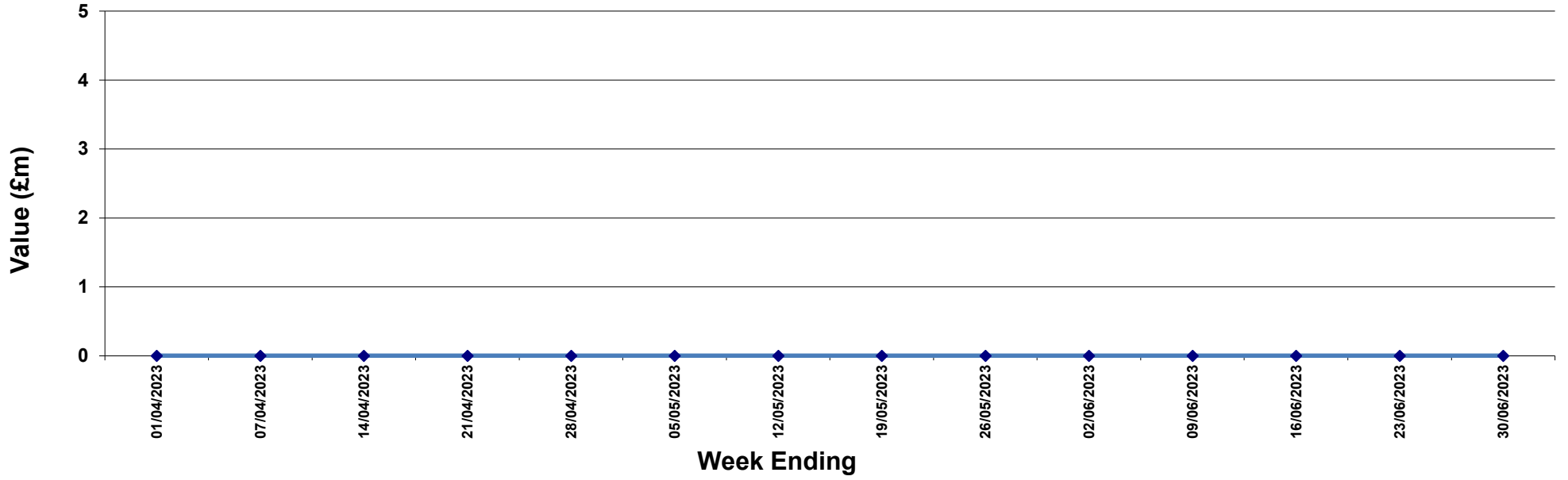
**8. TREASURY MANAGEMENT RISK**

Within the Operational Risk Register for Accountancy Services there is a risk listed that highlights the difficulty in obtaining sufficient institutions, that meet the Council's criteria, to invest surplus funds with. To minimise this risk the Council has six Money Market Funds which provide highly diversified investments.

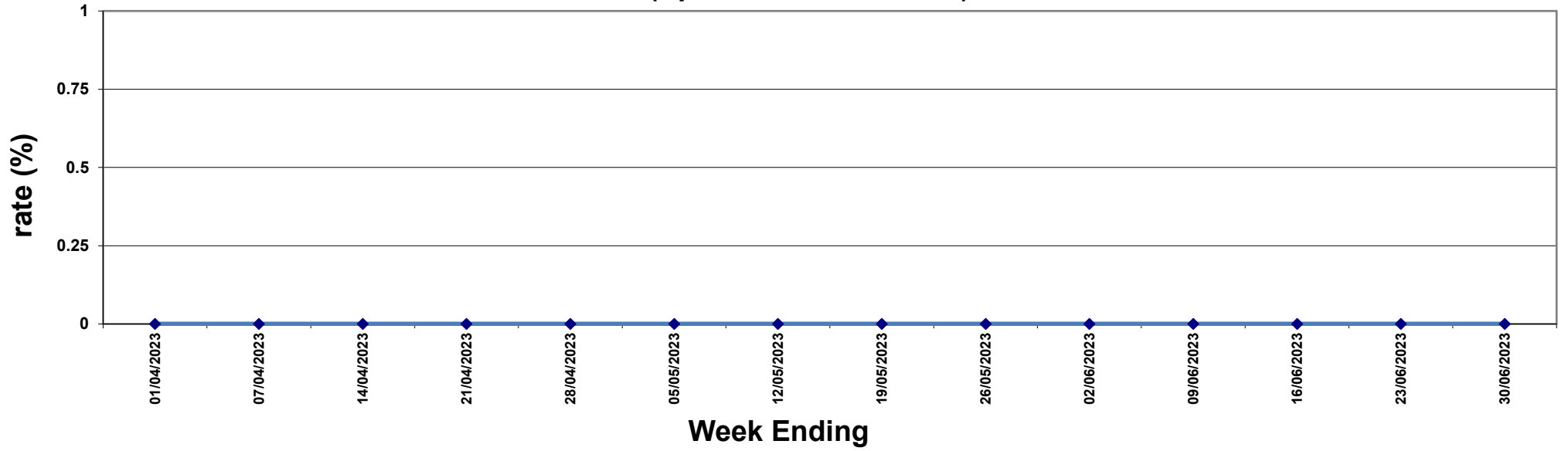




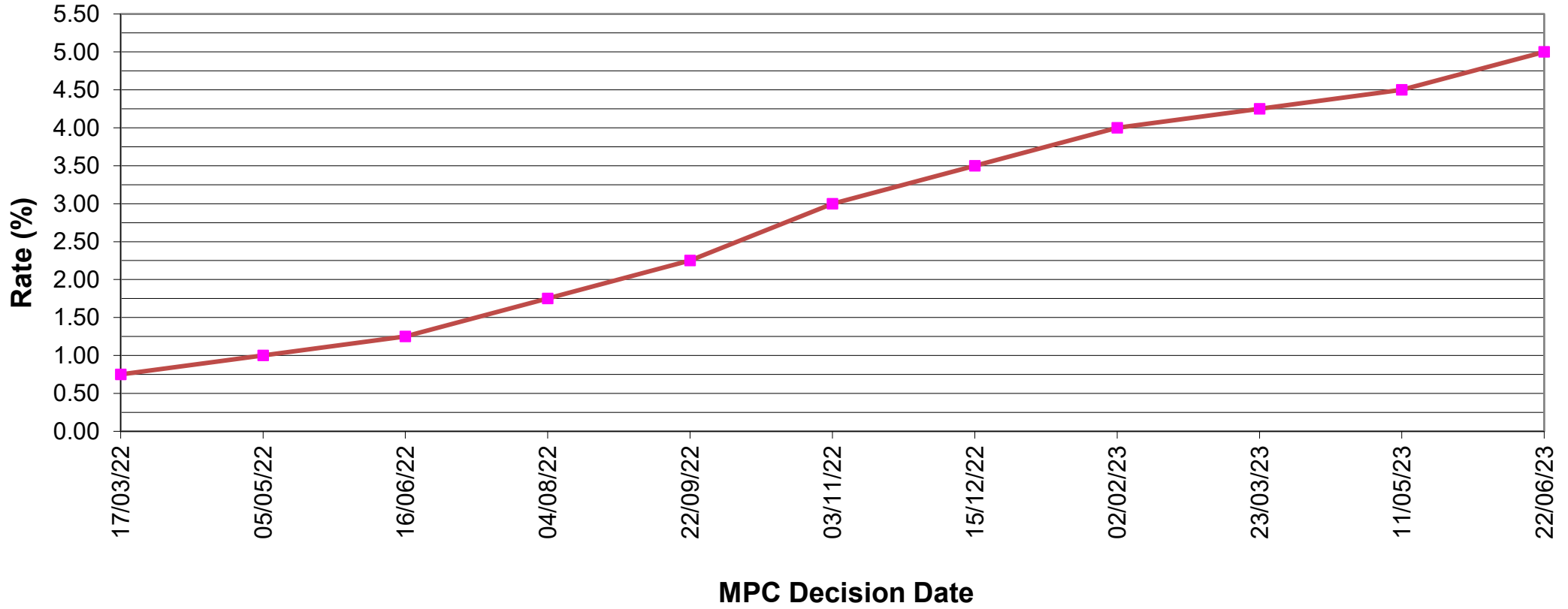
### Temporary Borrowing Weekly Movement (April 2023 - June 2023)



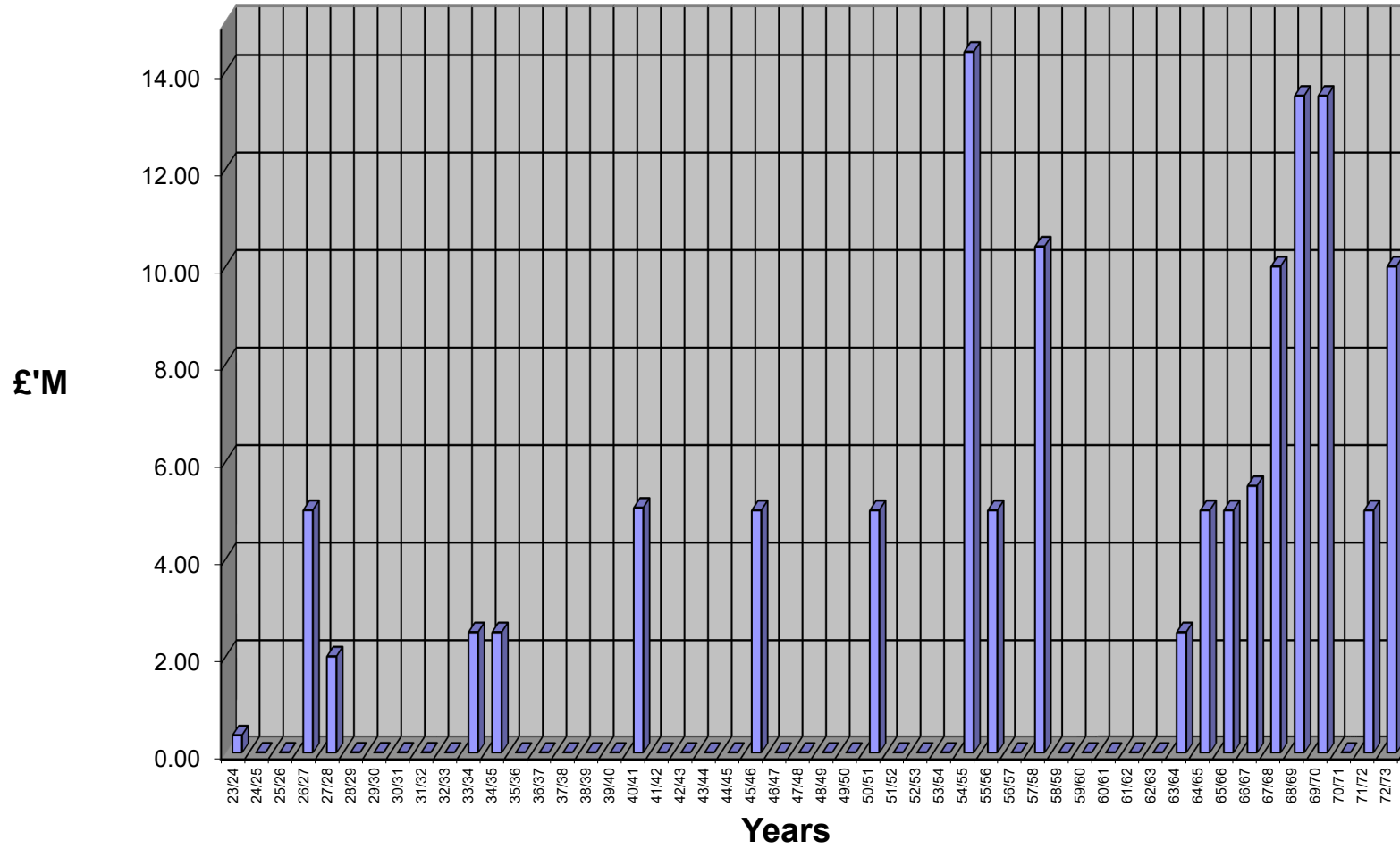
### Temporary Borrowing Interest Rate Movements (April 2023 - June 2023)



### Bank of England Base Rate Movements April 2022 to June 2023



Long Term Debt Maturity Profile as at 30/06/2023





## EAST RENFREWSHIRE COUNCIL

ORGANISATIONS APPROVED FOR THE INVESTMENT OF SURPLUS FUNDS  
Limits

Banking Group	Individual Counterparty	Deposit	Transaction
Bank of England	Debt Management Office	£30m	£10m
	UK Treasury Bills	£5m	£5m
Barclays Banking Group	Barclays Bank plc	£5m	£5m
Goldman Sachs International Bank		£10m	£10m
Lloyds Banking Group:	Bank of Scotland plc	£5m	£5m
	Lloyds Bank Corporate Mkt (NRF)	£5m	£5m
Royal Bank of Scotland Group:	Royal Bank of Scotland plc	} £5m	£5m
	National Westminster Bank		
Santander Group	Santander UK plc	£10m	£10m
Standard Chartered Bank		£10m	£10m
Clydesdale Bank		£5m	£5m
<b>Building Societies</b>			
Nationwide		£10m	£10m
<b>Local Authorities</b>			
All Local Authorities including Police & Fire		£5m	£5m
<b>Money Market Funds and Ultra-Short Dated Bond funds</b>			
Maximum limit of £10m per fund		£60m	£10m

**Credit Ratings**

	Fitch		Moody's		S&P	
	LT	ST	LT	ST	LT	ST
Minimum Criteria (unless Government backed) (please note credit ratings are not the sole method of selecting counterparty)	A-	F1	A3	P-1/P-2	A	A-1/A-2

**Limit**

Investment of surplus funds is permitted in each of the above organisations, limits can only be exceeded or another organisation approved with written permission of the Chief Financial Officer.

**Deposit Periods**

The maximum period for any deposit is based on the Link Asset Services suggested Duration matrix with a maximum of 6 months. These limits can only be exceeded with the written permission of the Chief Financial Officer.

Hub scheme deposit periods are dependent on the lifetime of the associated scheme.

EAST RENFREWSHIRE COUNCIL25 October 2023Report by Director of Business Operations and PartnershipsPROVOST'S ENGAGEMENTS**PURPOSE OF REPORT**

1. To advise the Council of the civic engagements carried out by Provost Montague since the meeting of the Council on 13 September 2023.

**RECOMMENDATION**

2. That the Council notes the report.

**REPORT**

3. Since the meeting on 13 September 2023, Provost Montague has carried out the following civic engagements:-

21 September	Attended the Autumn Opera Highlights Tour, Eastwood Theatre
28 September	Attended the Macmillan Coffee Morning, Clarkston
28 September	Attended That's TV Scotland Interview
29 September	Attended IncludeMe2 Gala Ball and Awards Ceremony, Glasgow
1 October	Attended East Renfrewshire Guiding Annual Review, Newton Mearns
4 October	Attended East Renfrewshire Citizenship Ceremony welcoming new citizens to East Renfrewshire, Council Chamber
7 October	Attended Mother Earth Green Consumer – Youth Day Event, Clarkston
12 October	Attended a Service of Prayer and Solidarity, Giffnock
15 October	Attended West Lowland Battalion Army Cadet Force League Event, Paisley
15 October	Attended and opened Bollywood Garba Event, Clarkston
18 October	Attended 2023 Scottish Poppy Appeal Reception, Glasgow
20 October	Attended Durga Puja Glasgow Celebrations, Paisley

**RECOMMENDATION**

4. That the Council notes the report.

Report Author

Linda Hutchison, Senior Committee Services Officer 0141 577 8388

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Background papers - None

**EAST RENFREWSHIRE COUNCIL****25 October 2023****Report by Chief Social Work Officer****Chief Social Work Officer's Annual Report 2022/23****PURPOSE OF REPORT**

1. The report presented to elected members is the Chief Social Work Officer Annual Report for 2022/23. The report is attached at Appendix 1.

**RECOMMENDATIONS**

2. The Council is asked to comment and approve the content of the Chief Social Work Officer Annual Report attached as Appendix 1 for submission to the Office of The Chief Social Work Advisor, Scottish Government.

**BACKGROUND**

3. In compliance with Chief Social Work Officers statutory functions under the Social Work (Scotland) Act 1968, they are required to produce an Annual Report. This is based on a template agreed with the Office of the Chief Social Work Adviser. This report was presented to the Integration Joint Board on 27<sup>th</sup> September 2023.
4. The report provides a narrative of statutory social work and social care activity. The template outlines the current pressures being experienced across the service and describes:
  - Governance and Accountability arrangements
  - Service Quality and Performance
  - Challenges and Improvements
  - Resources
  - Workforce
  - Training, Learning and Development
  - Looking ahead
5. Performance data and analysis is set throughout the report and reflects the operational delivery of services for childrens services, criminal justice, mental health and adult services including social care.

**CONSULTATION AND PARTNERSHIP WORKING**

6. The Chief Social Work Officer role is key in a number of partnership arrangements including the Health and Social Care Partnership, Multi Agency Public Protection Arrangements (MAPPA), East Renfrewshire Child Protection Committee, East Renfrewshire Adult Support and Protection Committee as well as being the professional advisor to the Council.

## IMPLICATIONS OF THE PROPOSALS

### Finance

7. There are no financial implications arising from this report, however the report does refer to the significant financial challenges facing the delivery of social work and social care services for the Health and Social Care Partnership.

## CONCLUSIONS

8. This report provides an overview of the professional activity for social work and social care within East Renfrewshire for 2022/23 through the delivery of the statutory functions and responsibilities held by the Chief Social Work Officer.
9. We have many examples of success to celebrate and build on. There continues to be a number of significant challenges and risks facing social work and social care within East Renfrewshire, financial instability and uncertainty being core pressures. We are unable to meet these challenges without the continued commitment and dedication of our social work and social care staff.
10. The experience of many in our communities post pandemic has been challenging with added complications and pressures such as the cost of living crisis. This has involved responding to higher demands for support and increased complexity in continued unpredictable times.
11. At the heart of the social work profession lies a commitment to enabling and supporting vulnerable individuals to make positive, sustainable changes to their lives to achieve the best outcomes for them, their families and communities as a whole.

## RECOMMENDATIONS

12. The Council is asked to comment and approve the content of the Chief Social Work Officer Annual Report attached as Appendix 1 for submission to the Office of The Chief Social Work Advisor, Scottish Government.

## REPORT AUTHOR

Raymond Prior,  
Chief Social Work Officer  
Head of Children Services and Justice,  
[raymond.prior@eastrenfrewshire.gov.uk](mailto:raymond.prior@eastrenfrewshire.gov.uk)  
0141 451 0748

October 2023

## BACKGROUND PAPERS

[Chief Social Work Officer Annual Report 2021-22](#)  
[Chief Social Work Officer Annual Report 2020-21](#)



**EAST RENFREWSHIRE  
HEALTH AND SOCIAL CARE PARTNERSHIP**

**CHIEF SOCIAL WORK OFFICER'S  
ANNUAL REPORT**

**1 April 2022 – 31 March 2023**



Contents

<b>Introduction – Reflection on the Past Year</b>	2
<b>Section 1: Governance, Accountability and Statutory Functions</b>	5
<b>Section 2: Service Quality and Performance</b>	8
<b>2.1 Children’s Services</b>	8
<b>2.2 Adult Social Work and Social Care</b>	20
<b>2.3 Mental Health</b>	23
<b>2.4 Criminal Justice</b>	26
<b>2.5 Public Protection</b>	28
<b>Section 3. Resources</b>	35
<b>Section 4. Workforce and Looking Forward</b>	39
<b>Conclusion</b>	41



## Introduction – Reflection on the Past Year

The role of social work professionals is to support, care for and protect people across the whole of the life course, to enhance the wellbeing of and improve outcomes for children, young people, families and adults. Our staff assess, respond to and manage risk and play a key role in managing public protection.

In the past year our workforce have continued to support individuals and families within East Renfrewshire during national and local difficult times. The experience of many in our communities post pandemic has been challenging with added complications and pressures such as the cost of living crisis. This has involved responding to higher demands for support in unpredictable times. Our staff have continued to respond and support creatively never losing sight of the individual and an attempt to help increase self-efficacy.

This report provides a summary of our statutory services activity and highlights the work and dedication of our staff in supporting our residents and improving outcomes. The report covers the period April 2022 – March 2023. In particular I would highlight the inspection of Children and Young People at Risk of Harm undertaken by the Care Inspectorate in this period. East Renfrewshire's Children's Services Partnership were graded excellent and had no improvements to make. This is a national first. In January 2023 East Renfrewshire Adult Protection Committee received notification of a joint Adult Support and Protection inspection. Although not captured in this timeframe we can now acknowledge that East Renfrewshire was assessed as very good in relation to our local adult support and protection arrangements. As Chief Social Work Officer I am immensely proud of these achievements and am assured that public protection in East Renfrewshire is of the highest standard.

We have other examples of success to celebrate and build on:

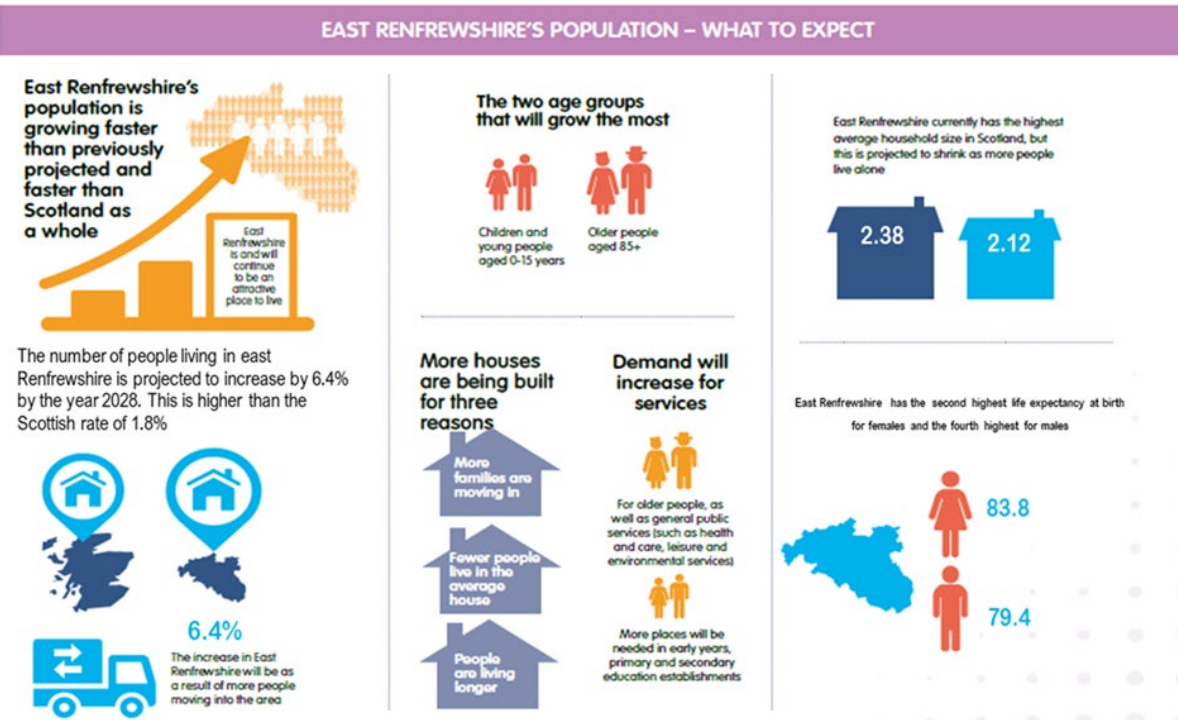
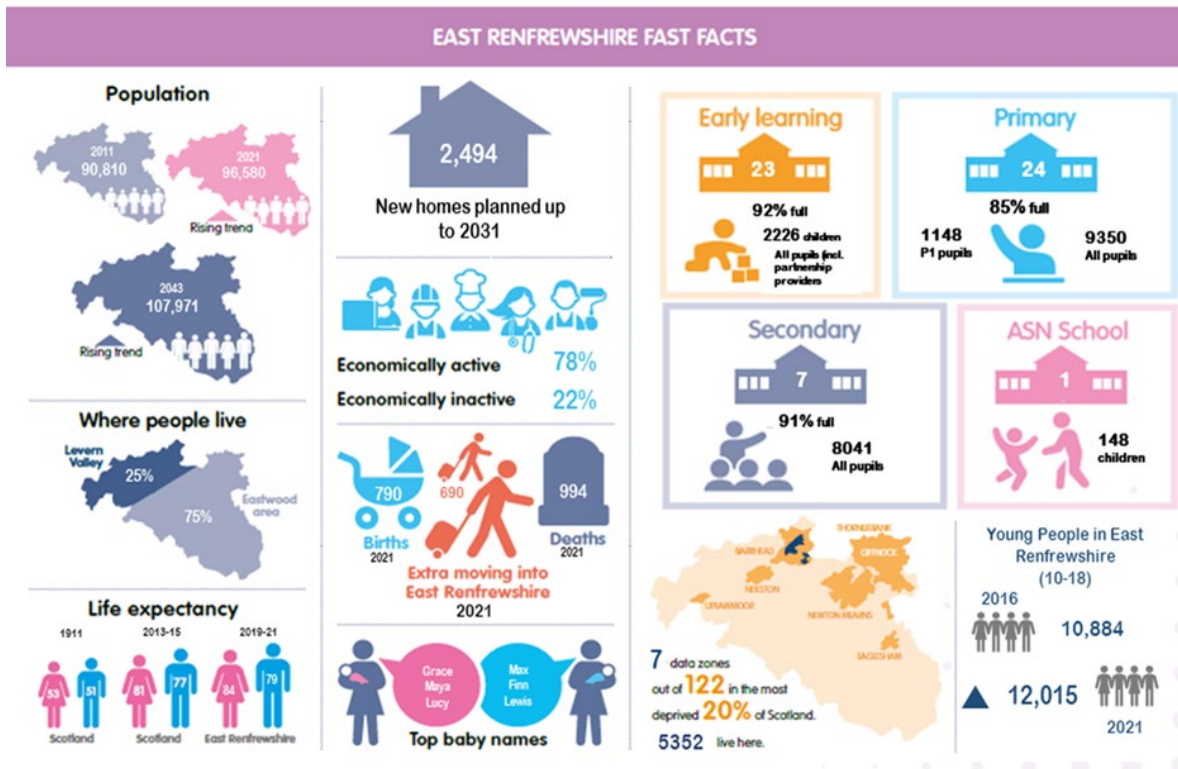
- Excellent partnership working with families and third sector colleagues.
- Multi-agency approaches to mental health and wellbeing.
- Evidenced relational based and trauma informed practice.
- Continued commitment to the principles of The Promise and system wide family support.
- Integrated health and social work teams.
- Commitment from elected members and Chief Executive to the Champions Board and participation of care experienced young people.
- Permanence planning for children unable to remain with birth families.
- Multi-agency neuro-developmental and disability planning and support.
- Commitment to uphold children's rights via UN Convention on the Rights of the Child (UNCRC).

- Transition planning into adult services for children with complex needs.
- Invaluable community engagement via Talking Points and older resident community groups.
- Excellent public protection services.
- Multi-agency partnership regarding the North Strathclyde Scottish Child Interview team and Barnahaus.
- Evident support to victims of domestic abuse and best use of Multi Agency Risk Assessment Conferences (MARAC) processes.
- Strengthened care home assurance visits.
- Learning Disabilities team implementation of the national Dynamic Support Register.
- Community Pathways teams partnership with Education.
- Implementation planning with Paisley Sheriff Court regarding electronic monitoring and bail supervision.

We are also aware of significant challenges that confront us:

- Ongoing arrivals of Unaccompanied Asylum Seeking Children (UASC) via the mandated National Transfer Scheme.
- Challenges of recruitment and retention of staff in particular care at home staff and mental health officers.
- Increase of children and adults with a neuro-developmental profile requiring support.
- Supervision of increased private guardianship orders.
- Delivery of high quality services across social work given the financial pressures placed on the sector.
- Crisis in recruiting and retention of learning disability staff.

# East Renfrewshire Population Facts



**Section 1: Governance, Accountability and Statutory Functions**

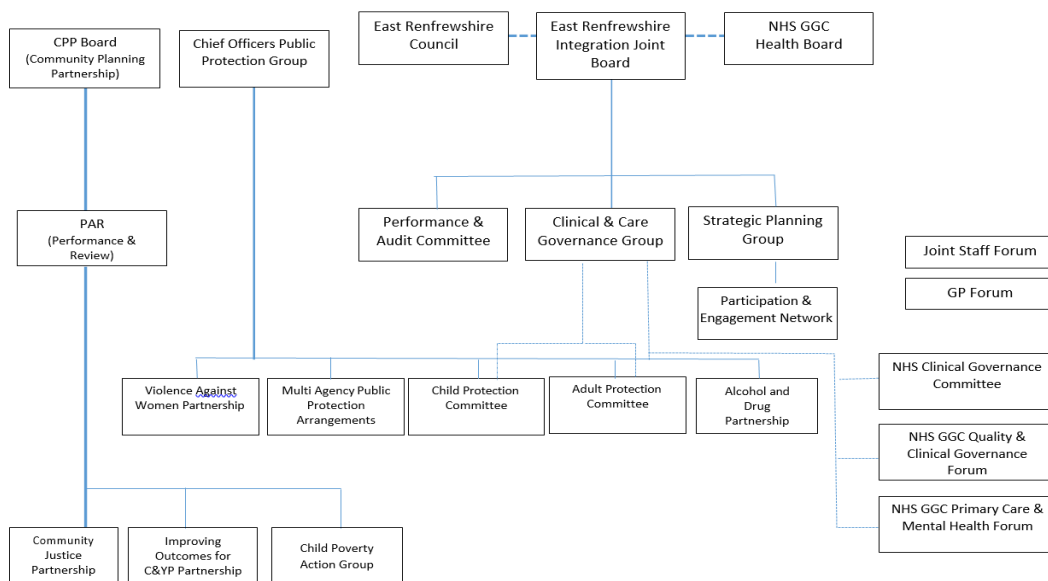
East Renfrewshire Health and Social Care Partnership (HSCP) was established in 2015 under the direction of East Renfrewshire’s Integration Joint Board (IJB) and it has built on the Community Health and Care Partnership (CHCP), which NHS Greater Glasgow and Clyde and East Renfrewshire Council established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

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

During the last 17 years our integrated health and social care management and staff teams have developed strong relationships with many different partner organisations. Our scale and continuity of approach have enabled these relationships to flourish. We have a history of co-production with our third sector partners and we are willing to test new and innovative approaches.

This Chief Social Work Officer report reflects the eighth year of the move to a Health and Social Care Partnership and whilst it outlines the key statutory social work functions, it also explains how they are delivered within the spirit of the Public Bodies (Joint Working) (Scotland) Act 2014 legislation. The Chief Social Work Officer provides the Health and Social Care Partnership and East Renfrewshire Council with professional advice, leadership and oversight of all social work and social care functions. The Chief Social Work Officer is responsible for the scrutiny and quality assurance of all public protection services in East Renfrewshire and reports to the Chief Executive for East Renfrewshire Council in his role. East Renfrewshire Council’s Chief Executive chairs the Chief Officer Public Protection Group. The group meets twice a year and the Chief Social Work Officer acts as their professional advisor.

The chart below shows the governance, relationships and links with partners.



## Our Strategic Vision and Priorities



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

## Strategic Planning and Commissioning

Our strategic plan is the third iteration since our initial plan in 2015. We have recently extended our priority for mental health to include mental health and wellbeing across our communities. We have changed the emphasis of our priorities relating to health inequalities and primary and community-based healthcare; and we introduced a new strategic priority focusing on the crucial role of the workforce across the partnership. For our current 2022-25 plan we also added a distinct priority focusing on protecting people from harm, reflecting the cross-cutting and multi-agency nature of this activity.

We will continue to build on our established relationship with our external provider and partners to work together to develop a shared approach to strategic commissioning and market facilitation for East Renfrewshire. Over the past year we have been working alongside external partners to develop a shared collaborative commissioning statement for East Renfrewshire. This shared statement of intent sets out agreed principles and approach which are co-designed with wider partners and stakeholders on how we will work together.

## Annual Performance Report

Our [Annual Performance Report 2022-23](#) has given us an opportunity to demonstrate how we have delivered on our vision and commitments over 2022/23. It provides information about the progress we are making towards delivering our strategic priorities and achieving the national outcomes for children, the national health and wellbeing outcomes, and criminal justice outcomes.

**Clinical and Care Governance Group**

The Clinical and Care Governance Group focuses on governance, risk management, continuous improvement, inspection activity, learning, service and workforce development, service user feedback and complaints. Although no longer a formal structure of the Integration Joint Board it continues to provide regular scrutiny on the areas requiring development and improvement.

## Section 2: Service Quality and Performance

### 2.1 Children's Services

#### Early Identification and Intervention

The Request for Assistance team ensures that children and their families receive a thorough and prompt response to any referrals and / or enquiries for a child or young person. We support our partner agencies at the earliest opportunity by sharing information and offering advice that strengthens our preventative approach to children, young people and their families.

From 1 April 2022 to 31 March 2023, the Request for Assistance team completed a total of 1734 enquiries and 754 initial assessments, with 29% of those initial assessments requiring targeted intervention, an increase from 2021/22. This highlights the increasing complexities evident in our communities post pandemic.

#### Children 1st Family Group Decision Making

This service is based alongside our request for assistance team and was offered to 51 families across the reporting period. Eight families were already being supported leading into this period and a further 43 families were introduced to the service.

From April 2022 to March 2023 there has been 48% increase in families connected to the Family Group Decision Making Service in comparison to the same period in 2021/22. Family Group Decision Making allows families to be the experts in their own lives and formulate their own plans to make change.

#### Family Group Decision Making Feedback

*"The violence and aggression has stopped. I've stopped reacting as quickly."*

**Parent A**

*"There is more understanding between everyone, and we are all more considerate of each other."*

**Parent B**

*"We are not seeing a lot of families referred back to Request for Assistance after having Family Group Decision Making support."*

**Team Manager, Request for Assistance**

*"Offering Family Group Decision Making put the power back to the family."*

**Social Worker, Request for Assistance**

*"Family Group Decision Making helps families to draw on their strengths and think about their wider network that perhaps they had not considered before."*

**Social Worker, Request for Assistance**

## **Children and Young People’s Mental and Emotional Wellbeing**

As a local authority, East Renfrewshire has recognised the extent of mental health concerns among the children and young people’s population. The impact of the Covid-19 pandemic has exacerbated the circumstances for many children, young people and their families, and we are now seeing a significant rise in the number of those experiencing challenges with their mental health and wellbeing. This includes those who have a neurodevelopmental diagnosis. In response to this a multi-stakeholder Healthier Minds Service aligned to school communities, continues to identify and ensure delivery of mental wellbeing support to promote children and families’ recovery. This is working alongside our existing Children 1st Family Wellbeing Service which links to GP practices. In addition local Youth Counselling provision has also been increased.

### **Children 1st Family Wellbeing Service**

Over the past year, the Family Wellbeing Service has continued to successfully support children, young people and their families. Families are still recovering from the physical, emotional and financial impact of the last couple of years and are presenting at GP surgeries with more acute wellbeing and mental health concerns. Our continued focus on building strong relationships with children and their families as well as partner agencies has enabled us to manage demand, meet the changing needs of families; improve emotional wellbeing and mental health and keep children safe.

At the end of the reporting period 2021/22 156 families were still being supported by the service with a further 146 referrals received during the reporting period 2022/23. This meant that across this reporting period 302 children, young people and their families were offered support from the Family Wellbeing Service.

The latest data suggests that support from the Family Wellbeing Service has reduced the re-presentations of children and young people experiencing emotional distress at GP surgeries by 86% (6 months post closure).

<b>Making a Difference Outcome</b>	<b>% of families who experienced improvement</b>
<b>Increased Safety</b>	92
<b>Improved Relationships</b>	88
<b>Recovery from trauma</b>	87
<b>Improved Wellbeing</b>	87

### **Healthier Minds Team**

In recognition of the identified increase in mental health concerns for children and young people, the partnership invested in multi-agency mental health provision. The Healthier Minds service is East Renfrewshire’s framework for supporting and nurturing the mental health and wellbeing of children, young people and families. It is also a resource for staff across the children services partnership.

The Healthier Minds hub has representatives from Child and Adolescent Mental Health Services (CAMHS), Social Work, Recovery Across Mental Health (RAMH) Youth



Counselling, Educational Psychology, Community Learning & Development and the Children 1st Family Wellbeing Service. Hub members meet weekly to consider referrals and the needs of the child or young person to determine the route for provision of the optimal support.

The three key elements of the service are:

1. Strategic mapping and support to maximise school community capacity to be trauma responsive.
2. Provision of direct services to children and families to build on strengths.
3. Emotional and mental wellbeing and strengthening of the existing school counselling model.

During 2022/23:

- 416 children & young people were referred to Healthier Minds, these were discussed over 43 multi-agency screening hubs.
- 39% were supported by Recovery Across Mental Health, Youth Counselling Service and 38% were supported by the Healthier Minds Team, with the remaining young people continuing support with existing services and support being offer from school or had sufficient supports in place.
- 122 re-referrals were received in this period. The three highest reasons for referral remain unchanged since the service was formed; anxiety, low mood and emotional regulation.
- 25% of the children & young people referred have an additional support need, half of which have a diagnosis of Autism with a further 7% of the total number of children & young people referred have traits associated with Autism. A growing number of those referred have a higher level of risk and complexity.
- 93% of the children & young people supported by the Healthier Minds Team reported improved mental health and wellbeing.
- Parents who completed the post evaluation would recommend the service to others.

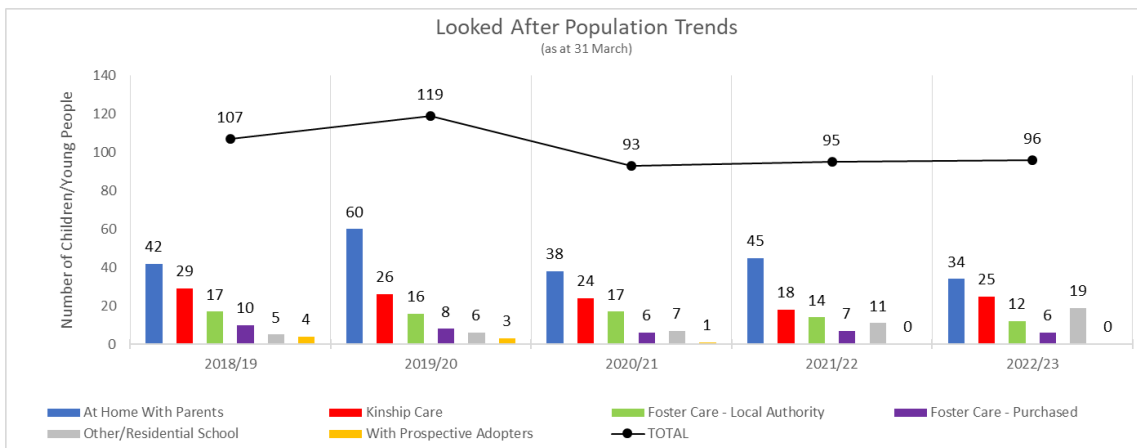
*One young person described how the trusting relationship with the staff had supported them to overcome many challenges such as not attending school, difficult relationships at home and an eating disorder. The young person detailed how this support impacted positively on their wellbeing.*

*"We don't always want to be referred to a 'specialist service' and instead want class teachers, janitors, peers and the whole school community to feel confident to let us talk about mental health."*

***ER Youth Voice and Champions Board Mental Health Working Group***

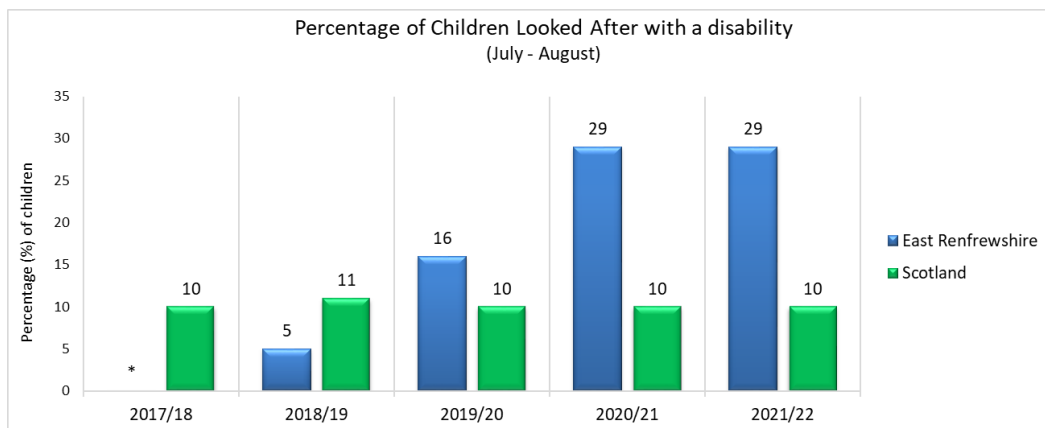
**East Renfrewshire’s Looked after Children and Young People’s Population - A Profile of our Children**

On 31 March 2023, 96 children and young people in East Renfrewshire were looked after in a range of settings. This constitutes approximately 0.4% of the total children’s population of the area and remains one of the smallest proportions in Scotland. The gender balance has been consistent in recent years with 56% boys and 44% girls. We have continued to work to improve outcomes for children by securing permanent destinations for them. The number of children looked after at home is below pre-pandemic levels and there is an overall reduction in the number of children looked after away from home.



In this year, the average amount of time children were looked after at home increased from 17 months in 2018/19 to 21 months in 2022/23.

As a result of the pandemic there has been a significant increase in the number of children with complex and additional support needs who have become looked after. Currently 29% of looked after children have a disability evidencing that the pandemic has significantly affected families with children who have additional support needs.



Source: Children’s Social Work Statistics, Scottish Government

### **Intensive Family Support Team**

The intensive family support service works alongside community social work, with families of children under the age of 12 years, where a need for more intensive support has been identified. In particular a referral to the team is recommended when children have been, or are at risk of being, removed from the care of their family and if child protection registration is being considered, including at the pre-birth stage. Integrating a Health Visitor within the team has strengthened the support and assessment for children and families for pre-birth and pre-school age children.

Between April 2022 and March 2023, 46 children received support from the Intensive Family Support Service. The majority of children supported (46%) were in 0 – 4 age group. Building and strengthening parent / carer strengths and safety was the primary intervention in 62.2% of cases. 46.7% of current cases are known to be at risk of accommodation. The team provide a high level of support to families across seven days with an ethos of upholding the aims of The Promise to keep families together wherever possible and provide the right support at the right time for as long as families need it.

The creation of a health visitor post in our Intensive Family Support team has afforded the opportunity to provide health advice, support and guidance to families we work with when they need it and as often as they need it covering topics such as home safety, sleep routines, nutrition, bonding and attachment. It allows a health visiting service to parents, who would ordinarily not have benefited from this. This includes mothers, whose babies are not in their care, but who have lots of supervised time with their children. The health support ensures parents are given the advice they need from an experienced health professional. This means we can strive to keep families together where it is safe to do so, recognising the importance of getting it right in the critical early stages of life.

Health visiting advice and guidance has also been given to fathers who do not have full-time care of their children, but are actively involved and want to be the best parent they can be. The impact of the health visitor being integrated into the intensive family support team is hugely beneficial and welcomed by parents.

### **Youth Intensive Support Service**

The Youth Intensive Support Service is the lead service for all looked after young people aged 12 - 26 years, recognising that more intensive interventions are required to improve recovery from trauma, neglect and abuse.

Using a relationship based model the team delivers the statutory duties within the Children and Young People's (Scotland) Act 2014, namely to support young people eligible for Continuing Care up to the age of 21 years and for Aftercare up to the age of 26 years. The service's aim is to successfully engage the most hard to reach young people in East Renfrewshire by providing and co-ordinating multifaceted support plans. The service has the following shared aims across social work and health services:

- To reduce the number of young people looked after and accommodated and at risk of hospitalisation and custody.

- To reduce the impact of historical trauma and abuse for young people.
- To ensure that the transition into adulthood achieves better long term outcomes.

In 2022/23 a total of 127 young people received support from Youth Intensive Support Service and the most common age group was nineteen plus years, which made up 37.0% of the total supported. In the reporting period:

- 48.4% were currently looked after.
- 31.0% were known to be at risk of accommodation.
- 16.7% were at risk of custody.
- 19.0% were at risk of hospitalisation.
- 20.6% received additional (commissioned) support.
- In 68.3% of open cases, a signs of safety plan and participation was the most common intervention, followed by support to gain employment, training or education.

### **Champions Board, Group Work and Participation**

We continue to support our Core Champions Board Group, Mini Champs and wider participation groups within East Renfrewshire to ensure that relationships and voice are at the heart of what we do. There is engagement with children, young people, families and communities, with the following successes:

- Young people engaged in 'Track to the Wall', a nine month programme based around Graffiti Art, song writing and performance leading to young people creating murals and releasing their own songs on Spotify.
- Children and Young People celebrated their care experience through attending Who Cares? Scotland Ceilidh, Time to Shine and the Love Rally alongside their corporate parents.
- Children, Young People, Parents and Carers met with the First Minister in Barrhead on Care Day 2023 to mark the three year anniversary of The Promise and to celebrate lived experience.
- The Champions Board held a premier of a mental health film for their corporate parents. This film was created by young people with lived experience, sharing the challenges they face and will be used as a training resource.
- Children, Young People, Parents and Carers attended workshops to share their views on how it feels to attend a Children's Hearing. This work was in

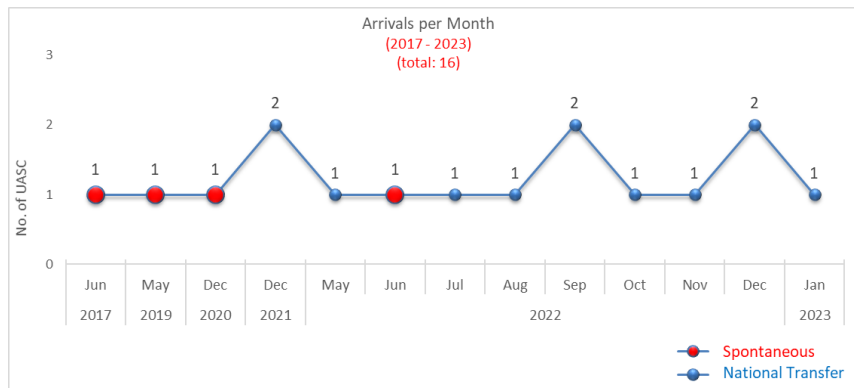
collaboration with CELCIS and will be used to inform practice both locally and nationally.

- East Renfrewshire hosted a National Leadership Network Roadshow, which was led by one of our Champions Board Members. The event was attended by both young people and Corporate Parents and explored leadership and opportunities available for young people.
- The Mini Champs continue to meet fortnightly to support care identity in a fun, nurturing way.

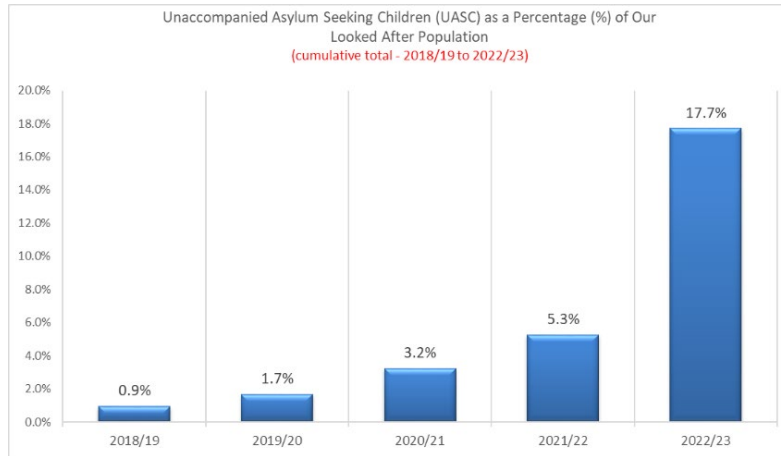
Our Aftercare group continues to meet on a monthly basis, offering support, peer interaction and a sense of belonging.

**Unaccompanied Asylum Seeking Children**

The UK Government has been operating the National Transfer Scheme for unaccompanied minors arriving in England to be transferred to Local Authorities across the UK. The number of unaccompanied asylum seeking children requiring accommodation is projected to increase for every local authority in Scotland. The Youth Intensive Support Service is the main support service for these unaccompanied children in East Renfrewshire. A total of sixteen Unaccompanied Asylum Seeking Children (UASC) have been accommodated in East Renfrewshire since 2017.



Since the implementation of the mandated National Transfer Scheme in November 2021 the proportion of Unaccompanied Asylum Seeking Children (UASC) in our looked after population in East Renfrewshire has risen significantly and is predicted to continue to increase.



## **Fostering, Adoption and Supported Care**

The Fostering, Adoption and Supported Care Team have sought to continue to provide safe and stable placements to meet the needs of children and young people. Our carers have been integral in continuing their support to our children and young people. They have provided consistency, stability and care to our children and young people throughout this year. We continued to progress assessments and foster carer annual reviews through our Adoption and Permanence Panel.

### **Fostering**

We have fourteen approved fostering households providing foster care to eleven children and young people along with two fostering households providing short breaks to two children and their families.

In 2022/23, we had young people ceasing to be looked after and moving into continuing care. The majority of our young people have been able to remain in the same placement and continue to have support from carers who they have developed strong relationships with. This is a real strength in practice for our team with carers showing commitment to young people beyond eighteen years of age.

*“Why my fostering community matters to me....*



***Foster Carers***

### **Adoption**

We have continued to offer our quarterly support group to adopters, any adoptive parents residing within East Renfrewshire or have been matched with East Renfrewshire children are welcome to attend. These allow parents to meet up, provide support to each other and hear from guest speakers or focused input.

Our team have provided support to children's social workers to complete Child's Adoption and Permanence Report paperwork and progress plans for children to permanence.

*“As Independent Chair of the Adoption and Permanence panel, I have the privilege of reading and hearing about many different aspects of the work that goes on across Children's Services. One of the biggest decisions we can ever make, is in relation to whether a child requires permanent care, away from home. This is complex and emotionally charged work, with many competing demands.*

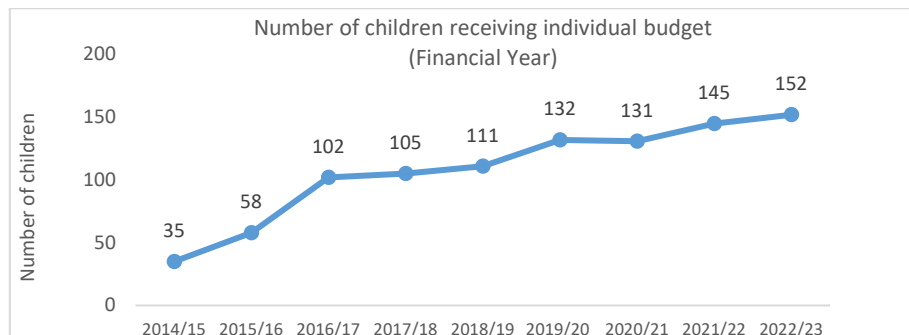
*We have been so impressed by the intentionally inclusive and sensitive practice of supporting parents, and on occasion, grandparents through this multi-layered process. The thought and sensitivity shown to families and time given to truly ensuring that families are supported to understand the very complex steps of permanence planning, has been inspirational to myself and other panel members. It is evident how this support has enabled them to work with (not against) the authority, without shame, for the benefit for their child.*

*To do this work in a way, which models positive working relationships, throughout emotionally challenging decision making, is nothing short of life-changing. As a panel we would wish to feedback our appreciation of the exceptional skills, values and dedication of the workers who carry out this work and we pass on our immense thanks.”*

**Chair of East Renfrewshire Adoption and Permanence Panel.**

### **Children with Disabilities**

We have fully adopted the principles of Self-Directed Support in partnership with children and their families. We recognise that good support planning is reliant on relationship based practice, starting with the family recognising what matters to them, and we are embedding this way of working throughout children's services. Given that 39% of children known to social work teams have a disability, we have undertaken a review of our assessment and planning and have implemented Signs of Wellbeing, a strengths based approach, adapted from Signs of Safety.



The number of children in receipt of an individual budget has increased by 334% since 2014/15 as shown in the chart above. In 2022/23, three quarters of children with disabilities allocated to social workers were in receipt of an individual budget. This will continue to be an area of significant growth and budgetary pressure. Expenditure has decreased from £611,222 for option one payments in 2021/22 to £573,634 in 2022/23

which is a 6% decrease with the same period last year. Although more children are receiving a budget, regular reviews of these have resulted in a decreased spend overall. It is anticipated that this will continue to be an area of significant demand over the years, considering the migration of families who have children with disabilities into East Renfrewshire.

### **Cygnnet Parenting Programme for Parents**

East Renfrewshire Cygnnet Parenting Programme for parents of children with an Autism diagnosis has been very successful with high attendance and completion rates and programme evaluation has consistently reflected improvement in parental confidence in supporting children and young people with Autism. Six programmes were delivered during 2022/23 to a total of 45 families. An offer was made to families where children (5 – 19 years) had received a diagnosis of Autism during the previous 2 / 3 years.

A further programme was provided to an existing group within the Carers Centre. This was the first time the programme was delivered to an established group exclusively within our Black and Minority Ethnic (BME) community. Of note were the more significant improvements in parental confidence within the Black and Minority Ethnic community. In part this may be reflective of the already established group or the fact that families reported they had minimal Autism specific support, with many children having received a diagnosis a number of years previous.

The majority of parents rated the course as excellent and commented that their understanding of Autism had increased and felt they had an increased awareness of behaviour management techniques.

### **Inclusive Support Service**

The Inclusive Support Service is comprised of three distinct services: holiday provision, out of school activity clubs and individualised support services. The service provides a range of targeted support for children and young people aged 5 – 18 years. All of the children and young people who access the service have either complex health or behavioural support needs, with a significant number having limited verbal communication.

During 2022/23 East Renfrewshire Inclusive Support Team in consultation with Social Work and partners in Education and Health worked to provide targeted support for our most vulnerable children and young people focusing primarily on those with complex support needs.

Our staff provide the nurturing care and support rated as excellent by The Care Inspectorate during an unannounced inspection in July 2022. Staff from within Inclusive Support have been crucial to the delivery of aspects of individualised care plans for some highly complex young people and this is an area of need we will build on.

We currently have 249 children registered with the service, and in 2022/23 we have supported young people to engage in out of school activities such as football, drama, music and cooking with activities provided over four evenings a week and Saturdays.



This work is carried out in conjunction with both SupERkids a parent led charity and East Renfrewshire Culture and Leisure Trust.

### **Rights of Children**

The UN Convention on the Rights of the Child (UNCRC) is a core international human rights instrument which was adopted by the UN General Assembly in 1989 and ratified by the UK Government in 1991. The UN Convention on the Rights of the Child sets out the human rights of every person under the age of eighteen and has 54 articles that cover all aspects of a child's life and set out the civil, political, economic, social and cultural rights that all children everywhere are entitled to.

The Children and Young People (Scotland) Act 2014 further strengthens children's rights and places duties on local authorities, health boards and partner agencies to plan, develop and deliver services in this policy and legal context.

Our new Children's Services Plan 2023-26 has been developed using a rights based approach and directly links to our commitment to promoting and protecting children and young people's rights. In preparation for incorporation of the UN Convention on the Rights of the Child into Scots Law, East Renfrewshire Council, the Health and Social Care Partnership along with the wider partnership, established a UN Convention on the Rights of the Child Implementation Group to ensure that all agencies and their staff are supported to consider the implications for how we deliver council services. This group are progressing three main themes linked to participation of children and young people, promotion of rights across all services and publicising children's rights to children and families.

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

### **Children's Services Planning and The Promise in East Renfrewshire**

Children's planning has a very high profile in East Renfrewshire and all partners have worked together to renew commitments to children, young people and their families; as set out in East Renfrewshire's Children and Young People's Services Plan 2023 - 2026 – "At Our Heart – The Next Steps". Our priorities remain keeping children safe, improving children's mental wellbeing, enhancing support to children with complex needs and ensuring that The Promise is at the centre of all we do.

The East Renfrewshire approach, as laid out in the new plan, is underpinned by the Refreshed Getting It Right for Every Child policy framework and informed by the United Nations Convention on the Rights of the Child. Across East Renfrewshire Health and Social Care Partnership Children and Families services the core values of relational

based practice, listening to children, focusing on the strengths of families, and being trauma informed, drive our delivery and inform our understanding of what we need to improve.

The Promise clearly identified the need to significantly upscale family support services and identified whole family support as a priority in the Promise Plan 2021 – 2024. Our support for families is integrated within our services through the Refreshed Getting It Right for Every Child and Signs of Safety approaches. This means that we focus on strengths and work in partnership with parents and children as we help them to identify and achieve their goals.

We have identified five priority groups that we will be focusing on over the next year: complex disability, complex neurodiversity (with co-morbid mental health presentations), domestic violence, child and family poverty, and young families.

## **2.2 Adult Social Work and Social Care**

### **Assessment and Review Activity**

The locality teams continue to undertake dynamic risk assessments and staff are encouraged to think creatively in relation to how we support individuals. Despite significant pressures our data show real progress over this period.

### **Care Home Assurance**

Nationally there has been noted to be a significant staffing crisis in our care homes, with difficulties in relation to recruitment and retention of staff. This has resulted in higher than average use of agency staff within some care homes and a more transient workforce. The local impact of this has been noted, and support and assurance continues to be provided and has been at the forefront of East Renfrewshire's response to the care homes since the pandemic.

The Care Home Assurance Team continues to report any relevant data to Scottish Government. There is an established programme of assurance visits to care homes, which post pandemic has enabled good relationships to be developed with care home staff and residents. There is a care home assurance tool, which is used to measure and benchmark the care and safety of residents, the skills and knowledge of the staff, and the overall appearance and facilities of the care home. This is currently being revised following feedback from all partnerships.

### **Initial Contact Team**

In 2022/23 the findings and recommendations from an independent review of the Initial Contact Team have been implemented with a number of strategic and operational improvements now in place.

The recommendations from the review have led to a change of structure and the addition of a number of new roles, designed to strengthen the multi-disciplinary team approach. The team now comprises of a multi-disciplinary health and social care workforce. It has also built excellent partnerships across all sectors on a local, regional and national level. Our partnership approach is broad and inclusive ensuring that we are able to develop and deliver our services in partnership with many other organisations, specifically through our "Talking Points" programme.

In the space of just six months from implementation, the team managed to reduce our waiting list by almost two thirds and have consistently maintained the level below fifty through the first few months of 2023.

### **Learning Disability Community Team**

The challenge facing the Learning Disability team over the past year has been the crisis in recruitment and retention of staff. Within Learning Disability this proves an even greater challenge due to the complexity of some of the people we work with.

The Learning Disability team were at the forefront of developing the Dynamic Support Registers<sup>1</sup>, as a long established team process ensuring greater visibility and collaborative practice for people at risk of placement breakdown, hospital admission or placement out of area.

The team are also undertaking work with Child and Adolescent Mental Health Services (CAMHS) colleagues to develop the transition pathway used in East Renfrewshire as a framework that can be rolled out across NHS Greater Glasgow & Clyde to improve outcomes for young people moving to adult services. The existing processes are easily adaptable to all young people requiring specialist support into adult services and not specific to those with a learning disability.

The team, in collaboration with the newly created Transitions Team, organised and hosted a Transitions Engagement Event. This provided young people, their families and a range of Health and Social Care Partnership and Education colleagues and third sector partners to congregate, share information and gather the views of young people around their aspirations and expectations of support during the transition to the adult world.

*“Ask about all the family members who might need support - transition can be difficult for the whole family”*

***Transitions to Adulthood Consultation with Service Users***

*“...use carer knowledge in a positive way. We want to be asked about our young person, be listened to, heard, and not dismissed”*

***Transitions to Adulthood Consultation with Service Users***

### **Community Pathways (Previously Day Opportunities)**

This service has continued to develop different models of service delivery that are flexible, responsive and adaptable to the prevailing situation. The team have been working closely with the Care Inspectorate to ensure the registration for the service moving forward reflects the service provision.

The biggest development in the service has been around the provision of support in all of the mainstream secondary schools with young people who require support during their transition from Education. Alongside the process of learning new skills, the development of life skills such as problem solving, communication and developing confidence are just some of the benefits from this work. The service also links in with the wider multi-agency transition mapping process and the specialist knowledge that staff have of working with people with additional support needs is a valued addition to transition signposting and planning.

### **Transitions Team**

This team was established in September 2022 and has been developing the existing pathways in place to support young people moving from children’s to adult services. The team has created strong links with colleagues in all secondary establishments across East Renfrewshire Council, partnerships across Health and Social Care

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<sup>1</sup> The Coming Home Implementation Report (2022) Scottish Government and Cosla

Partnership children's and adult services as well as a vast range of third sector partners in East Renfrewshire. The work being undertaken identifies those individuals who require long term transition planning to prevent crisis situations occurring during this pivotal stage in a young person's life.

By engaging with all agencies who work with young people the team are now able to provide data on future need that contributes to work force planning, financial forecasting and future housing needs.

### **Talking Points**

East Renfrewshire's Talking Points partnership continues to recover well from the impact of the pandemic, receiving almost 700 referrals in the previous twelve months. These referrals are subsequently triaged via the weekly screening group that consists of local partners Voluntary Action, ENABLE, The Carers Centre, Money Advice and Rights Team, Recovery Across Mental Health and the Talking Points Coordinator.

A schedule of drop-in sessions are back live across a number of community venues, alongside some positive group development activity. Three new Community Groups for older people across East Renfrewshire (Busby, Newton Mearns and Neilston) have been supported, and have approximately 120 older residents attending weekly.

*"The club is absolutely brilliant. It's great to have company, especially to those on their own. Lovely to meet new people and chatting to others."*

**Resident A**

### **Supporting Unpaid Carers - Carers (Scotland) Act 2016**

We continue to commission East Renfrewshire Carers' Centre and work in partnership to meet the duties of the Carers (Scotland) Act. To assist with identifying carers we introduced a 'tracker' with 1380 carers being identified across a range of Health and Social Care Partnership teams. This has highlighted an improvement opportunity to increase the number of carers being directed to access the support services available through the Carers' Centre, with referrals numbers remaining constant at 500.

Carers have been identified as one of the cohorts disproportionately affected by cost of living crisis and working in partnership with the Carers' Centre, grants totalling in excess of £80,000 have been awarded to 250 carers to mitigate these challenges and provide flexible access to short breaks.

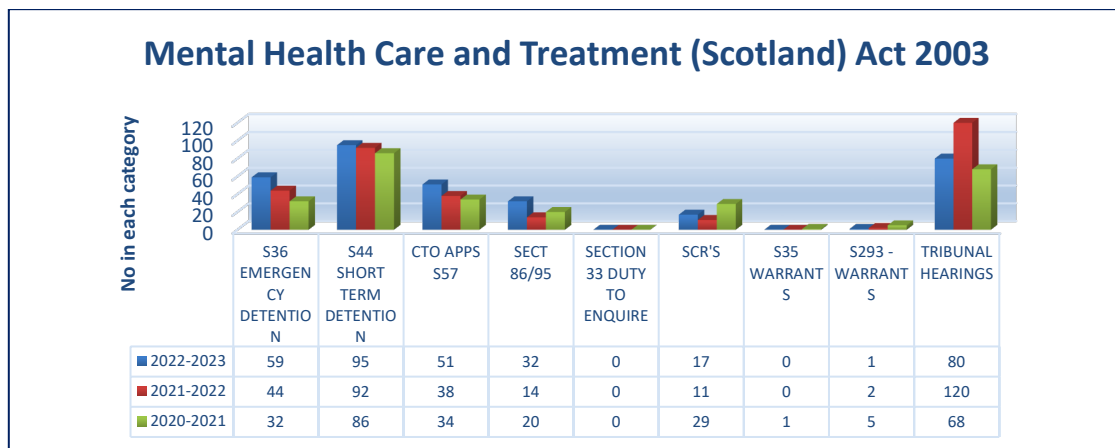
## 2.3 Mental Health

Mental Health Officers (MHOs) are responsible for carrying out specific duties on behalf of the local authority detailed within the Mental Health (Care & Treatment) (Scotland) Act 2003, Mental Health (Scotland) Act 2015, Adults with Incapacity (Scotland) Act 2000 and Criminal Procedures (Scotland) Act 1995.

In previous years, similar to other Health and Social Care Partnership's across Scotland, East Renfrewshire experienced challenges in recruiting Mental Health Officers. In order to address these challenges the team structure was adapted to include social workers who have taken on the majority of the care management responsibilities while we encouraged and invested in staff to undertake the post qualifying mental health officer award. Their main duties however remain in care management for individuals with complex needs associated with their mental health diagnosis.

Our Mental Health Officers and social workers work closely with other agencies and professionals across the partnership to improve the quality of experience of people subject to statutory measures and ensure their rights are protected.

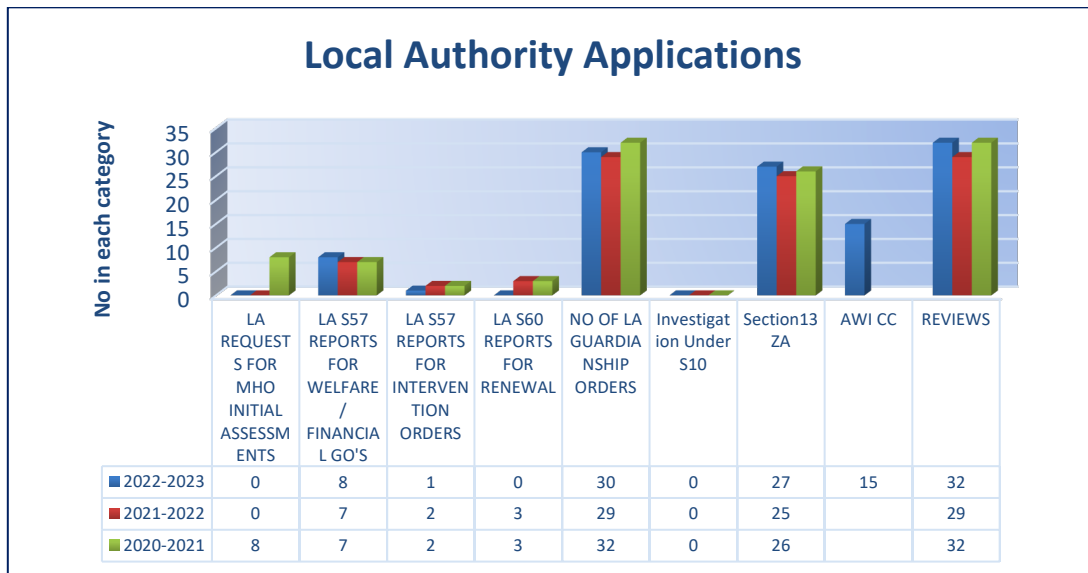
While the Mental Health Officers numbers within the partnership have remained the same, activity generated by the Mental Health (Care & Treatment) (Scotland) Act 2003 has continued to grow. The graph below highlights that statutory work relating to Emergency Detention Certificates, Short Term Detention Certificates and Compulsory Treatment Order applications has risen in comparison to the previous twelve months.



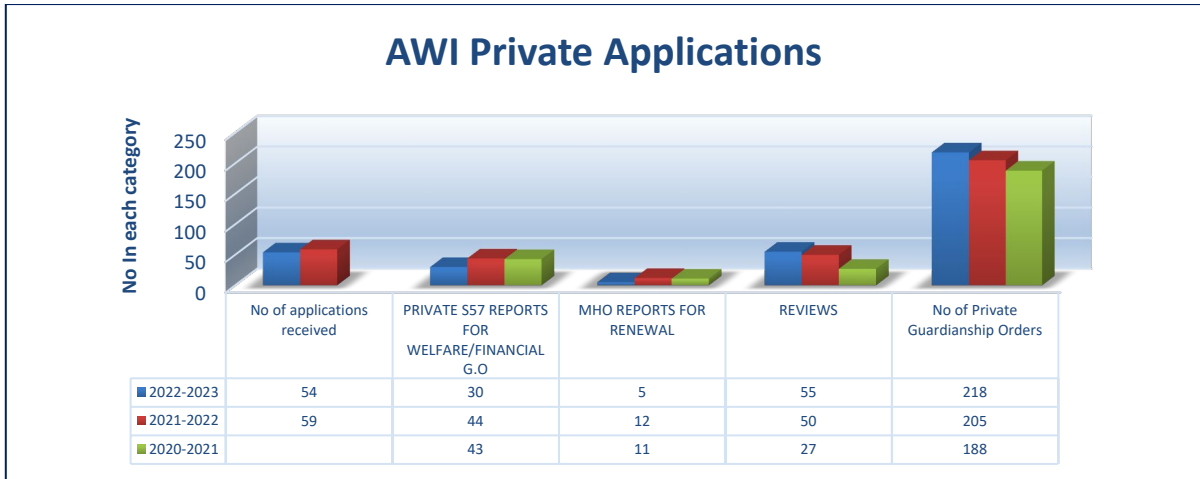
The Adults with Incapacity legislation section 57(2) places a duty on the Local Authority to make an application for Welfare and / or financial powers when specific criteria are met. All decision making has to be underpinned by the principles of the legislation, ensuring that interventions are to the benefit of the adult and the least restrictive option. Given this, consideration is primarily given to the application of 13za, which was an amendment to the Social Work (Scotland) Act 1968. To inform this decision a 13za review (if appropriate) is chaired by a Mental Health Officer. Should the criteria for this not be met an Adults with Incapacity Case Conference is held and chaired by the Service Manager for Mental Health.

The Chief Social Work Officer has overall responsibility for the governance and management of local authority welfare and financial orders which include both guardianship and intervention orders. The introduction of the new Adults with Incapacity procedures in July 2022 transferred the responsibility of delegated welfare guardians to the allocated social worker for those adults who were active cases. For the remaining Chief Social Work Officer Welfare Guardianship orders, this role remains with the Mental Health Officer service. The graph below indicates:

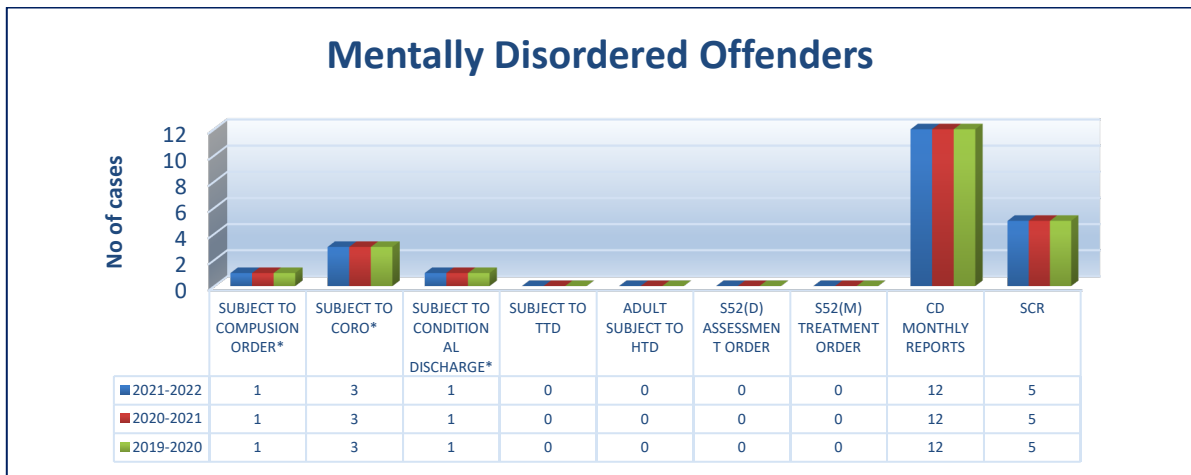
- Individuals currently subject to Local Authority Guardianship have increased slightly although applications to the sheriff court remain relatively stable.
- 13za reviews requiring the attendance of a Mental Health Officers to ensure appropriate application of the criteria and a human rights approach applied remained consistent.
- No renewal applications were required over the last twelve months.



Figures from graph below indicate that the demand for Mental Health Officers reports to accompany private applications for Welfare and Financial Guardianship remain consistent. The supervision of private guardians however, remains a challenge due to the ever increasing amount of guardians to be supervised. Many of these are joint guardians which can bring with it additional complexity.



Referral for mentally disordered offenders remains low with only four individuals subject to mental health court disposals.



The recruitment and retention of Mental Health Officers continues to present challenges across Scotland and East Renfrewshire. Recent national figures highlight a significant shortfall of Mental Health Officers across Scotland which has created a situation where local authorities are competing with one another for a scarce resource.



## 2.4 Criminal Justice

The Coronavirus pandemic has had a significant impact on the Justice System and associated Justice Service delivery during the previous year. With restrictions easing in 2022/23, efforts were undertaken to facilitate recovery.

### **Community Payback Orders (CPO)**

During 2022/23, the Justice Social Work team demonstrated notable recovery from Covid-19 restrictions across a number of key areas. 83% Community Payback Orders completed within Court timescale, this notably increased from 80% the previous year. Similarly, 86% of Community Payback Orders commenced within seven days, increasing from 61% the year prior.

Developments have been made with regards to our Unpaid Work Service. We complemented our workshop premises by securing an additional workshop. This increased our capacity, enabling the Justice Team to facilitate additional daily attendance to reduce the backlog of Unpaid Work hours. We have worked hard to ensure our premises enable service users to develop new skills. With the easing of restrictions, our Unpaid Work teams have further been able to resume community requests for assistance. This continues to strengthen our relationship with the local community and increase the profile of Unpaid Work. Throughout 2022/23, service users increased those hours completed by 9% from the previous year, amounting to some 9,629 hours completed within the community.

As part of our commitment to work in close partnership with the third sector, we commissioned the Wise Group to deliver Community Payback Orders Connect, an online flexible course which provides support in a number of domains including mental health and financial inclusion. This additionally strengthens the digital literacy of those who receive a service from Justice Social Work.

The Justice Service continues to deliver Moving Forward Making Changes programme. This enables us to provide individuals who meet the criteria for this programme, access to specialised interventions.

### **Court Services**

We have continued to work closely with our partners in Renfrewshire to ensure Bail Supervision is fully implemented. Renfrewshire and East Renfrewshire Justice have met regularly throughout 2022/23 to establish and implement the structure necessary to facilitate delivery of Electronic Monitoring and Bail Supervision services and are on course to implement these in the coming months.

### **Service / Staff Development**

The Justice team have sought to continue training and have completed a range of training. Staff continue to access appropriate risk assessment training including Structured Assessment of Protective Factors (SAPROF), Stable and Acute 2007 (SA07) refresher training and The Spousal Abuse Risk Assessment version 3 (SARA V3), alongside new staff undertaking training in Safe and Together. The Justice team have further participated in training to administer Naloxone, used to treat opioid

overdose, and completed accredited training in Scottish Mental Health First Aid for Young People.

East Renfrewshire Council hosted a Community Justice Partnership Development Session in January 2023, during which time the Justice team presented to partners with a view to strengthening local links.

The Justice Team continued to ensure 100% attendance at scheduled Multi Agency Risk Assessment Conferences (MARAC) to complement the work undertaken by the Service.

Following a second phase of training, all staff have now been trained in the Throughcare Assessment Release Licence (TARL) process which will strengthen collaborative risk assessments between community-based and prison-based Social Work.

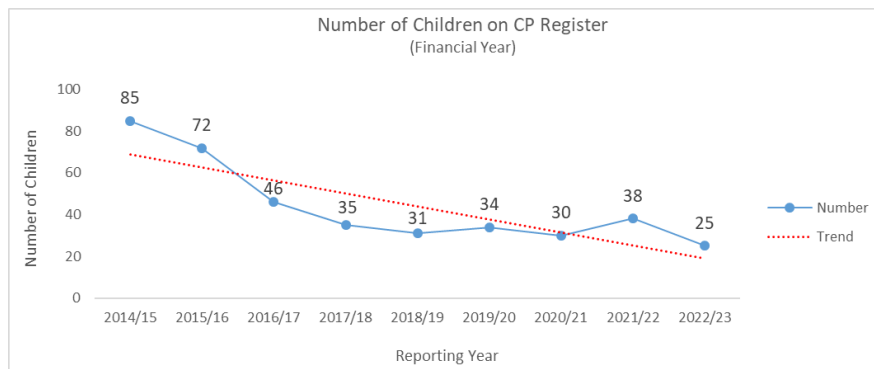
## 2.5 Public Protection

### Child Protection, Quality Assurance and Continuous Improvement

The number of children on East Renfrewshire’s Child Protection Register was 25 in 2022/23. This is a decrease of 34% on the previous year. This is contrary to the national data where there has been a decrease of 20% in the year 2022/23. There is a gap of one year in reporting periods so there may be an increase nationally for the year 2021/2022, before we can make any significant conclusions about this difference. In addition to robust management and audit activity, we continue to benchmark against comparator authorities to ensure that the rate of registration activity is proportionate and necessary.

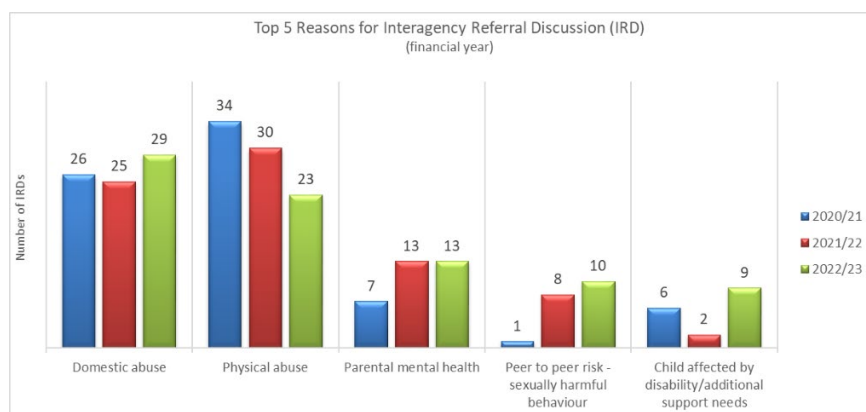
### Child Protection Registrations

The graph below highlights the number of children subject to child protection registrations from 2014/15 until 2022/23.



### Interagency Referral Discussions

During the period April 2022 – March 2023, we have undertaken 116 Interagency Referral Discussions (between social work, police, health and where appropriate Education services) in respect of 170 children (some children may have had more than one interagency referral discussions in the reporting period). This is a decrease on the previous year.



The most common reasons for initiating an Interagency Referral Discussion during 2022/23 are shown in the chart above. The highest reason for an Interagency Referral

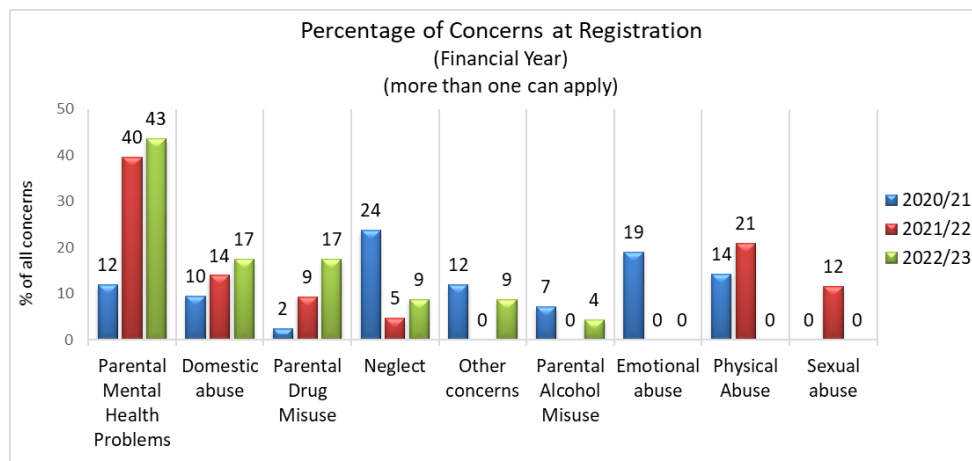
Discussion in the reporting period was domestic abuse. There has been a decrease in Interagency Referral Discussions for domestic abuse, physical abuse and parental alcohol misuse. There has been an increase in peer-to-peer sexually harmful behaviour, neglect and parental mental health.

Of the 167 children and young people subject to Interagency Referral Discussions, 37% were subject to a child protection investigation. Of these children and young people 35% went on to have an initial or pre-birth child protection planning meeting, with 45% having their names placed on the child protection register. This is a decrease on the previous year figure of 70%.

This equates to approximately 6% of all the children and young people who were subject to an Initial Referral Discussion, which is close to the 13% from the previous year.

### **Concerns Identified at Registration**

A child can be placed on the child protection register with more than one concern noted. Parental Mental Health is currently the highest concern at the point of registration followed by domestic abuse and parental drug misuse.



### **Interagency Referral Discussion Audits**

A quarterly programme of Interagency Referral Discussion audit continues to be an ongoing exercise of our continuous improvement programme for child protection, allowing us to maintain an overview of the initial decision making in child protection processes. We have moved to biannual audits across the academic year.

### **Joint Inspection of Services for Children at Risk of Harm**

This inspection was concluded in July 2022 with the report being published by the Care Inspectorate on 16 August 2022. The report was very positive and East Renfrewshire have received a grading of 'Excellent' for the quality indicator 2.1 Impact on Children and Young People. This is the first time a Health and Social Care Partnership / Local Authority have ever received this grading.

There were no recommendations for improvement in the report and several areas of sector leading good practice were highlighted. This again is a first for any Health and Social Care Partnership / Local Authority.

Below is an example of feedback from children, young people and their families gained during the inspection:

*People just need to not be scared to access it and I think it's the whole thought of, they're going to take your kids that needs to be gone and then I think you'll find that more people would reach out and ask for help.*

**Parent feedback to the joint inspection team**

*"I'm more confident because I know that she's [my support worker] always there, she's like a safety net.*

**Parent Feedback to the joint inspection team**

*"Instead of relying on social work to make the referral to services... can services reach out directly to care experienced young people?"*

**Pathway Planning Informal Consultation**

*"I'm involved with Children 1st and they give me a chance to speak and they'll help me. Children 1st would take me out and try and get to know me, what I like and what I don't like. Now I feel like I'm a lot smarter and I've got better life choices now."*

**Young person feedback to the joint inspection team**

*95% of all multi-agency staff respondents agree or strongly agree that they are proud of the contribution they are making to improve the well-being of children and young people at risk of harm and their families.*

**Joint Inspection Staff Survey 2022**

### **The North Strathclyde Child Interview Team / Barnahaus**

East Renfrewshire is part of a partnership with East Dunbartonshire, Inverclyde, Renfrewshire, Police Scotland and Children 1st, which went live with joint investigating interviews (JII) on the 10 August 2020. Children and young people in East Renfrewshire are now interviewed and supported by Police and Social Work who are highly skilled, utilising proven techniques to achieve best evidence. In addition, the child / young person and their non-abusing care giver will have access to trauma informed support and advice throughout the joint investigating interviews process from the Children 1st recovery and participation workers who provide the child / young person and their families an opportunity to express their views, needs and concerns.

A critical aim is to ensure that all interviews take place in a safe, child friendly, age appropriate way with consideration given to any developmental or additional needs. All children and their families will receive the practical and emotional support to assist their recovery.

In the reporting period, the team have received 333 referrals and completed 256 interviews. Our overall disclosure rate has been 87% throughout this reporting period (a maintained rate above 85% since the interview team went live). This provides

evidence that children / young person feels safe to speak, where the time taken by interviewers to develop the child's needs, planned in advance ensures a trauma informed approach throughout interview. The main primary concern recorded against referrals to the team in this reporting period was offences under the Sexual Offences (Scotland) Act 2009 (47%) with Physical Assault recorded as our second highest primary concern (34%) and Domestic Abuse as our third (11%).

Over this reporting period, East Renfrewshire made 40 referrals to the child interview team, where 75% progressed to a joint investigative interview. An overall disclosure rate of 80% was recorded against these interviews, which is equivalent to that of last year. An offence under the Sexual Offences (Scotland) Act 2009 was the primary reason for referral for children and young people who reside in East Renfrewshire (45%).

The partnership were successful in winning the award for Excellence in Children's Services at the Scottish Social Services Awards Ceremony in November 2022.

As part of the Barnahaus approach a 'Wee Bairns Hoose' is set to open in late summer 2023. This will be seen as beneficial for children and young people who previously would have been required to attend court as there will be a virtual link to the court.

Capelrig House has been given significant commitment both by East Renfrewshire Council and Children 1st. This development will see a Centre of Excellence open in East Renfrewshire with interest arising from all over the UK, Scottish Government and from colleagues in Iceland who have been instrumental in our journey so far.

### **Our Response to Domestic Abuse**

Domestic abuse continues to be one of the most common reasons for referral to children's social work services. In the reporting period 2022/23 East Renfrewshire Health and Social Care Partnership Request for Assistance Team received 425 referrals of which 34% recorded domestic abuse as a concern (compared to 29% in 2021/22). Similar to last year domestic abuse remains the main cause of referral to the Request for Assistance Team.

Women's Aid continue to provide emotional and practical support to women, children and young people. In total 1086 women and children were supported across the three core services, helpline and drop in enquiries. Levels of direct support provided to women in outreach have continued to increase by 13% and the levels of support provided across the core service remain similar to the previous year with 336 women, children and young people supported.

Domestic abuse is a significant factor in child protection interagency discussions. In 2022/23 there were 116 child protection Interagency Referral Discussions held for 170 children (11% decrease on previous year). 29 Interagency Referral Discussion's reported domestic abuse was a significant factor (compared to 25 in 2021/22), this is 25% of the total Interagency Referral Discussion's and a 27% increase in the number of children where domestic abuse was noted (45 children last year compared to 57 this year).

We continue to strengthen the capacity of our services and action across the whole system to mitigate the long-term effects of trauma and abuse experienced by women, children and young people and to ensure their recovery needs are recognised and addressed. We have targeted resources and funds to implement a new programme aligned to the principles of Children Experiencing Domestic Abuse Recovery (CEDER) for women and children affected by domestic abuse.

### **Multi-agency Risk Assessment Conference (MARAC)**

The Multi-Agency Risk Assessment Conferences (MARAC) is recognised nationally as best practice for addressing cases of domestic abuse that are categorised as high risk. The Multi-Agency Risk Assessment Conferences continues to demonstrate a high level of commitment and participation with 100% attendance from all agencies.

In the reporting period 2022/23 the Multi-Agency Risk Assessment Conferences reported an increase in referrals for high risk victims and children with 134 victims and 195 children discussed. This is an increase of 7% and a decrease of 5% respectively in cases discussed compared to the previous year. Police remain the main referrer to Multi-Agency Risk Assessment Conferences however East Renfrewshire demonstrates a significantly higher proportion of referrals from children and families and wider statutory services at 38% compared to 10% nationally and therefore we are able to capture families that might not be known and visible to other services.

A total of 461 actions have been agreed via Multi-Agency Risk Assessment Conference in this reporting period (compared to 428 the same period the previous year). It is important to note that in this reporting period, 32% of survivors did not have school aged children compared to 26% the previous year, an increase of 6%. Survivors without school aged children were not previously visible in the domestic abuse pathway prior to Multi-Agency Risk Assessment Conferences. The increase demonstrates increased awareness and identification of survivors across services and an improved pathway response from all agencies.

### **Workforce Development Capacity and Training**

Domestic Abuse, Risk Assessment, Multi-Agency Risk Assessment Conferences and Safe and Together training continues to be delivered in addition to the provision of bespoke sessions for key partners. Over the course of the last year 227 staff were trained across Adult Services, Children & Families, Mental Health, Addictions, Autism Specialisms, Housing, Education, Care at Home, Community Learning and Development, Health Visiting, Children's Panel and Libraries. An additional 31 participants took up the offer to observe Multi-Agency Risk Assessment Conferences or attend the monthly domestic abuse drop in. The evaluations and feedback have been positive with the range of support increasing the awareness of domestic abuse and understanding of the Multi-Agency Risk Assessment Conferences pathway.

### **Adult Support and Protection**

East Renfrewshire Council operates a single point of contact for all Adult Support and Protection and adult welfare concern referrals. This dedicated team has greatly strengthened our response to Adult Support and Protection activity locally and led improvements across the Health and Social Care Partnership.

East Renfrewshire has streamlined our approach to screening and triaging adult protection referrals and application of the three-point test. The team have provided coaching and mentoring support to council officers across the Health and Social Care Partnership and strengthened relationships between locality services, external partners, and Police and Fire Service colleagues. The Adult Support and Protection Team is supported on a rota basis by council officers and managers across the Health and Social Care Partnership.

In the reporting period there has been a total of 1010 inquiries undertaken by Council Officers (Adult Service Social Workers) of which 173 progressed to investigation. The 173 Adult Support and Protection investigations, representing a 5% decrease from the previous reporting period. We work closely with partners across East Renfrewshire that allow early intervention and support. This has allowed us to work in a more person centred and creative manner to address risks, reducing the requirement for further Adult Support and Protection activity.

Adults who experience dementia were the highest common client group to be subject to Adult Support and Protection investigation, accounting for 34% of all investigations. Physical Harm remains the most common harm experienced by adults, accounting for 23% of the recorded harms however this is slightly decreased since the previous reporting period.

Financial harm has increased during this reporting period to 14%. There is ongoing work in the Health and Social Care Partnership with partners to continue to raise awareness in this area within the community. It's also important to note that our trading standards colleagues continue to update Health and Social Care Partnership staff of the increasing sophistication of these criminal activities.

In East Renfrewshire, we have continued to strengthen the accuracy and qualitative analysis of our data reporting. This has included clearer reporting to track areas of performance and understand challenges particularly in delays at point of inquiry or investigation or access to advocacy.

Agreement was taken to build upon the success of the Adult Support and Protection Quality Framework process which brought managers together to sample cases and recognised that this could be enhanced to include peer file readers. The audit was envisaged as single-agency, however in our planning we received offers of support from Police Scotland and a request from the Chair of the Adult Protection Committee Continuous Improvement Sub Committee to include Nursing and Advanced Health Practitioners from the Health and Social Care Partnership to give access to the range of information which may be available on health systems. The results of this audit were very positive and areas of improvement were identified and an action plan put in place to progress development in these areas.

At all levels we have created and strengthened channels of communication between partners, providers, care homes and the third sector. These robust channels are meaningful and support information sharing and partnership working. Contacting our Adult Support and Protection team is viewed as a positive step, with the Adult Support and Protection Team providing advice and support to help identify risk at the earliest opportunity.



We have placed collaboration at the heart of our Adult Support and Protection activity. Our procedures are rooted in collaboration and multidisciplinary working, led by the council officer but engaging everyone to get the best outcomes for the adult.

We have developed recording and reporting tools that support our practice and give assurance that we are supporting adults at risk of harm in our community. We have strengthened our recording and reporting of domestic abuse, giving direction and focus to support council officers to identify and support survivors of domestic abuse. We work closely with the Violence Against Women partnership to improve our practice and contribute to the wider objectives of reducing violence to women and girls.

We have delivered Adult Support and Protection awareness sessions for partner agencies including specific, bespoke sessions for care homes and partner providers. We have developed a shared awareness of the complexity and multi-faceted nature of risk, particularly in relation to violence against women and girls, which has improved our joint working and understanding of the roles of other services and partners.

### **Joint Adult Support and Protection Inspection**

The Adult Protection Committee received notification of a joint Adult Support and Protection inspection on 30 January 2023. Examples of good practice and good outcomes for service users and families will be included to illustrate the practice of the Health and Social Care Partnership and partners.

The inspection process will include a staff survey. This has been shared across the Health and Social Care Partnership and partners. The inspection will also include an onsite multi agency file reading and focus groups.

We look forward to the Joint Inspection of Adult Support and Protection and the opportunity to evidence the great work undertaken across East Renfrewshire Health and Social Care Partnership.

### **Adult Support and Protection Improvements**

East Renfrewshire Health and Social Care Partnership, has undertaken an ambitious improvement journey to ensure adults at risk of harm are supported to live safely. We are proud of the creative partnership approach we have fostered across East Renfrewshire. This has given us greater confidence in our practice and supported council officers and colleagues to do what is right for the adult in their circumstances.

Much of the improvement journey of the last few years has been focused on Social work practice and procedure. We have worked with partners across East Renfrewshire and welcomed their support in this journey. As we moved forward we will continue to strengthen our joint working practices and the sharing of responsibility across partners and providers, in order to provide consistency and continuity to adults at risk of harm.

### Section 3. Resources

We ended financial year 2022/23 with a £0.590 million operational underspend (0.40% of our £145.9 million budget, excluding set aside), although this position was after significant use of reserves during the year.

The main variances to the budget were:

- £0.460 million underspend in Children and Families was mainly from care package costs and some staff vacancies.
- £1.534 million underspend within Older Peoples services was mainly from purchased nursing and residential care. This reflects the ongoing trend of reduction in nursing and care home admissions but does offset the increase in community activity, particularly in Care at Home. Given this continued trend budgets have been realigned in 2023/24 to recognise this shift in type of care.
- £0.646 million overspend within Intensive Services as our care at home costs reflect that we continue to see high demand post pandemic and we had additional costs delivering the service with diminished capacity, particularly over the winter period.
- £0.726 million overspend within Learning Disability Community Services mainly from care package costs, partially offset by staff vacancies. We have recognised this cost pressure in the 2023/24 budget, which in turn has added to our funding gap and associated saving requirement.
- £0.774 million overspend in the cost of prescribing as we saw increases in the volume of items prescribed and the costs are impacted by the economic climate and supply chain issues, compounded by Brexit and the war in Ukraine. This overspend is after the £0.456 million balance of the smoothing reserve, set up to meet fluctuation, was fully used.

In addition we spent £4.564 million on Covid-19 activity and this was fully funded by the Scottish Government through the ring-fenced reserve balance we brought into 2022/23.

#### **Future Challenges 2023/24 and beyond**

The Integration Joint Board continues to face a number of challenges, risks and uncertainties in the coming years and this is set out in our current Medium-Term Financial Plan (MTFP) for 2023/24 to 2027/28 and our Strategic Plan for 2022/23 to 2024/25. These key strategies also inform our strategic risk register and collectively support medium-term planning and decision making.

The most significant challenges for 2023/24 and beyond include:

- Delivering a difficult range savings to ensure financial sustainability, recognising this is at odds with our historic focus on prevention.

- Managing the real tension between reduced service capacity as a result of savings and maintaining discharge without delay from hospital.
- Understanding the longer term impacts of Covid-19 on mental and physical health in the longer term.
- Recruitment and retention of our workforce, particularly in the current cost of living crisis.
- Managing prescribing demand and costs in partnership with our GPs.
- Supporting the physical and mental health and wellbeing of our workforce and our wider population, again further impacted by the current cost of living challenges.
- Meeting increased demand for universal services without funding for growth, including increased population demand and new care homes opening with the area.
- We may also need to prepare for the challenges and opportunities that may arise from a national care service.

For 2023/24 the cost pressures identified in our budget are of £10.34 million is offset by available funding of £3.28 million leaving a funding gap of £7.06 million; a savings programme is identified to deliver this in full. We recognise there may be some areas where we will not achieve a full year by 31 March 2024 and this will be supported by the remaining earmarked reserves we hold. The prioritisation of care, to support those with the greatest need is required to deliver around 50% of our savings.

Whilst the scale of this challenge is significant to East Renfrewshire, particularly as one the smaller Health and Social Care Partnerships this is not unique; the national position across all public sector services shows a challenging financial outlook and a report compiled on a the position of 29 of the 31 Integration Joint Board's at the beginning of 2023/24 showed a collective financial gap of £305 million which is 3.6% of the respective total budgets; however within individual Integration Joint Boards this gap ranges from 1% to 9%. For East Renfrewshire Health and Social Care Partnership the total gap is 4.7%, which equates to 10% against the East Renfrewshire Council contribution and 0.4% against the NHS Greater Glasgow and Clyde contribution.

Our partner East Renfrewshire Council has agreed just over £0.75 million non-recurring support in 2023/24 for the Health and Social Care Partnership to deliver a number of initiatives related to Covid-19 recovery.

Looking forward to 2024/25 and beyond in any one year the modelled cost pressure could range from £3.4 million to £9 million depending on the combination of factors, recognising the next two years are likely to be particularly challenging before we see economic recovery.

Similarly the resulting potential unfunded gap, as modelled, could range from £2.3 million to £5.9 million. However this will ultimately be determined by the Scottish Government budget settlement each year.

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

The wider economic challenges are significant as we are seeing continued increasing inflation across a number of goods and services and in particular prescribed drugs on a global level, impacting nationally. The war in Ukraine has also impacted on supply of goods. The UK economy current intelligence suggests that the cost of fuel and utilities may begin to reduce during this year, however this is only one element of the cost of living crisis. Our population and households are not impacted equally by cost of living and those with lower income are disproportionately affected.

Prescribing will not only rise in line with population increases but is also subject to many other factors.

Maintaining discharge without delay performance is a key issue for us. In order to achieve the target we continue to require more community based provision and this is dependent on availability of care. The medium-term aspiration is that the costs of increased community services will be met by shifting the balance of care from hospital services.

We continue to use learning from how we delivered services during the pandemic to shape and inform future service models.

The longer term impact on the sustainability of our partner care provider market in the post Covid-19 pandemic and current economic climate is a significant issue. Our Strategic Commissioning plan sets out the detail on how we will work with our partners in the third and independent sectors in the coming years. The way we commission services may be impacted by the creation of a national care service. There is an increasing tension between cost expectations from care providers including those on national procurement frameworks and contracts and the funding, or more specifically the lack of that Integration Joint Boards have to meet any additional increases.

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

- Our Savings, Recovery and Renewal Programme continues and the scope has been widened to incorporate all change and savings activity recognising the cross cutting nature of many work streams. Progress will be reported to every meeting of the Integration Joint Board.
- We will update our Medium-Term Financial Plan on a regular basis reflecting the ongoing and legacy impact of Covid-19, the economic climate and any impact from the National Care Service and / or other policy decisions as these become clearer. This will allow us to continue to use scenario-based financial planning and modelling to assess and refine the impact of different levels of activity,

funding, pressures, possible savings and associated impacts. This will also inform our planning for our 2024/25 budget.

- We will continue to monitor the impacts of Covid-19, Brexit, economic and inflationary factors along with operational issues through our financial and performance monitoring to allow us to take swift action where needed, respond flexibly to immediate situations and to inform longer term planning.
- We will continue to progress and report on our Strategic Improvement Plan until fully complete; work on this was not a priority during the ongoing pandemic response.
- We will complete the review of our Integration Scheme; work that had been undertaken pre-pandemic has been refreshed during 2022/23 and an NHS Greater Glasgow & Clyde wide review is in place.
- We routinely report our performance to the Integration Joint Board with further scrutiny from our Performance and Audit Committee and our Clinical and Care Governance Group. The service user and carer representation on the Integration Joint Board and its governance structures is drawn from Your Voice which includes representatives from community care groups, representatives from our localities and representatives from equality organisations including disability and faith groups. We intend to continue the development our performance reporting during 2023/24, building on work done in 2022/23.
- Workforce planning will continue to support identification of our current and future requirements. Recruitment and retention of staff is key to all service delivery and we have mitigated as far as possible by minimising the use of temporary posts and developing our workforce and organisational learning and development plans. Given the overwhelming response to the pandemic over a prolonged period our staff are tired both physically and mentally and the wellbeing of our workforce is paramount. We will progress the action plan agreed as part of our Workforce Plan 2022-25.
- We will progress with the redesign of the Learning Disability Inpatient bed model and progress the programme of health checks for people with a learning disability.
- Governance Code; we have robust governance arrangements supported by a Governance Code.
- The Integration Joint Board continues to operate in a challenging environment and our financial, risk and performance reporting continue to be a key focus of each Integration Joint Board agenda.

The future challenges detailed above and our associated response include the main areas of risk that the Integration Joint Board is facing. The uncertainty of the longer term impact of Covid-19 on our population and the capacity for the Health and Social Care Partnership and its partners to deliver services and implement our savings, Recovery and Renewal programme whilst maintaining financial sustainability remain significant risks.

## **Section 4. Workforce and Looking Forward**

### **Workforce Development**

Learning and Development has continued to play an essential role in developing the workforce within East Renfrewshire, with a return to more face to face delivery and activity resembling pre-pandemic levels. Priorities for this year continued to be the delivery of a rolling induction programme for Care at Home staff to meet the staffing demands arising in the aftermath of Covid-19 pandemic.

There has also been a rolling training programme for adult support and protection that has moved to in person training and has included investigative interviewing. This has been consistently positively evaluated. There has also been a continued commitment to enabling staff to undertake post qualifying awards in the form of the Mental Health Officer Award, Masters in Applied Professional Studies and the post qualifying certificate in Child Welfare and Protection.

Work has continued to strengthen the multiagency workforce through the delivery of the Public Protection Programme and multiagency events such as “The Promise” which has been delivered in partnership with Who Cares Scotland. These events have helped facilitate essential multiagency discussions that have formed the basis for subsequent planning.

The implementation of the Scottish Government trauma strategy has continued to gather pace through the work of the local Trauma Multiagency Steering Group.

Following the publication of the outcome of joint inspection of children at risk of harm in East Renfrewshire a bespoke development session was delivered. This included all staff across the whole of the children’s community planning partnership to reflect on the inspection result and focus on next steps and areas of development. This will continue to prioritise relational and trauma informed practice, support to staff and delivery of the Promise.

### **Signs of Safety - Our Approach**

Over 2022/23 we have worked to consolidate the progress made with the implementation of the Signs of Safety approach and begin to plan how the implementation can progress by focussing on what staff and partners need. There has been a further review of the assessment and planning paperwork to ensure consistency across our service delivery and support to children and their families.

We continue to be one of the first local authorities recognised in Scotland as accredited Safe and Together champions, delivering gold standard child protection domestic abuse training to staff. Safe and Together and Multi-Agency Risk Assessment Conferences are recognised as best practice both nationally and locally and this was reflected in the recent Care Inspectorate Inspection of services for children and young people at harm in East Renfrewshire.

## **Adult Support and Protection**

We have continued to deliver a rolling programme of Adult Support and Protection training as part of the Public Protection Development Programme. This programme set out a multi-levelled structure of training, developed to support staff at all levels of knowledge and involvement to identify the right training for their role.

The suite of training materials drew on learning from our previous Large Scale Investigations and supporting organisations to improve their practice. This has provided a range of introductory and more detailed training events that focused on supporting improved practice. We have promoted the identification and communication of harm, effective risk assessment and risk management strategies, effective protection planning and preparation for case conference. The training sought to embed collaboration as a foundation of our practice and put the adult at the heart of our involvement and planning.

We have provided flexible and adaptable training opportunities to support staff, partners and providers, developing a strong partnership approach. We have delivered tailored learning experiences for Care Home staff. This training was developed to address the needs of a multi-agency audience with the assistance of Care Home Collaborative staff in NHS Greater Glasgow & Clyde, Health and Social Care Partnership Commissioning staff and Adult Support and Protection Team.

## **Workforce**

Similar to other areas East Renfrewshire faces challenges in the recruitment and retention of staff in care at home services and Mental Health Officers. We have a designated Health & Wellbeing Officer who has proactively linked with the workforce offering wellbeing support at an individual and team level.

East Renfrewshire is fortunate in regard to professional social work staffing levels. Although some vacant posts are experienced as in any organisation at any given time, this is not a systemic or pressing issue facing our local area or workforce.

## Conclusion

This report highlights and summarises the statutory duties and activities across the social work workforce in East Renfrewshire. It has profiled areas of service delivery that are excellent and that we should be justifiably proud of. It has also attempted to stress areas of challenge that we face moving forward. All of this is in the context of increased demand for social work services both in terms of the numbers of children, adults and families requiring support but also in relation to increased complexity of need.

We are unable to meet the challenges presented to us without the continued commitment and dedication of our social work and social care staff. I've had the privilege of accompanying staff as they undertake their work. I've witnessed care at home staff supporting vulnerable residents in mid-winter, social workers supporting care experienced young people to try new experiences offering resilience and hope, and have seen day to day how our social workers and managers deal with complexity, trauma and harm. These are not easy tasks to undertake and the challenges cannot be underestimated.

I would like to personally thank all of our workforce for the incredible job they do on a day to day basis. Their passion, values and aspiration to provide the best of services to our residents is an inspiration and makes me proud to represent them as East Renfrewshire's Chief Social Work Officer.



EAST RENFREWSHIRE COUNCIL25 October 2023Report by East Renfrewshire HSCP Chief OfficerHSCP REVISED INTEGRATION SCHEME – DRAFT FOR CONSULTATION**PURPOSE OF REPORT**

1. To update the Council on work to review the Integration Scheme between East Renfrewshire Council and NHS Greater Glasgow and Clyde, and to present a draft revised Integration Scheme for approval to go out for consultation.

**RECOMMENDATIONS**

2. The Council is asked to:
  - Note the content of this report; and
  - Approve the draft revised Integration Scheme for consultation.

**BACKGROUND**

3. The Public Bodies (Joint Working) (Scotland) Act 2014 (the 'Act') requires Local Authorities and Health Boards to jointly prepare an Integration Scheme. East Renfrewshire's Integration Scheme sets out the key arrangements for how Health and Social Care Integration is to be planned, delivered and monitored in our local area.
4. East Renfrewshire's first Integration Scheme, establishing the Integration Joint Board (IJB), was approved in June 2015. The IJB has now been operating for eight years with relevant functions delegated to it by both NHS Greater Glasgow and Clyde and East Renfrewshire Council as per the annexes in the Scheme. The Scheme was last amended in 2018 to meet requirements for the implementation of the Carers (Scotland) Act 2016 ('the Carers Act'). The current revision of the Scheme provides a light-touch update and does not result in any changes to the powers and functions of the IJB.
5. Integration Schemes are required by statute to be reviewed within a "relevant period" of five years from initial publication. The Schemes for the six HSCPs across the Greater Glasgow and Clyde Health Board area received parliamentary approval at different times and are therefore subject to different review schedules. In order to ensure consistency where possible across the six HSCPs and to reduce duplication of effort, it was decided to carry out simultaneous reviews to enable revised schemes to be agreed at the same time.
6. To take forward the joint review of the Schemes a pan-Partnership working group was established in the second half of 2019 to progress the review. The group is chaired by the Chief Officer of West Dunbartonshire HSCP (to provide a link back to the Chief Officers Group) and includes representatives from all six HSCPs and the Health Board. The group took responsibility for taking forward the review and revision of the Schemes, feeding back to and taking guidance from the Chief Officers Group with a view to developing revised Schemes for approval by the Cabinet Secretary, if approved by Councils and the Health Board.

7. Work to review the Schemes was delayed in 2020 shortly before going out to consultation following the intervention of the Chairman of the Health Board. The Chairman raised a number of queries in relation to the Schemes that required further discussion and editing. The review was subsequently further delayed by the focus on responding to the Covid-19 pandemic.

## REPORT

### Review Activity

8. The initial review of the Schemes for respective HSCPs sought to identify where edits were required; for example, due to the emphasis in the original Schemes on transitioning from shadow arrangements to fully implemented IJBs, and because they made reference to activity which was to be undertaken within the relevant period for the first Schemes, and which is now complete.
9. The core content and structure of the draft revised Scheme for East Renfrewshire remains consistent with the existing Scheme, and therefore retains its close alignment with the model Integration Scheme approved by the Scottish Government, and the requirements laid out within the [Public Bodies Joint Working Integration Scheme Scotland Regulations 2014](#).
10. Areas of the Scheme where minor revisions were made on review included the sections on Performance (section 4), Workforce (section 7), and Risk Management (section 13). These changes were to reflect activity completed since approval of the first Scheme, to update to reflect current arrangements and to ensure consistency across the six Schemes. The section on Participation and Engagement is also subject to review and will be completed following the consultation process to reflect how this was achieved, again in line with the expectations for the content of that section laid out in the guidance.
11. Section 4 (Local Operational Delivery Arrangements) has been edited to reflect a change in how we present arrangements in relation to the hosting of services in one HSCP area on behalf of one or more other HSCPs. The previous iteration of the Scheme contained an Annex (3) which listed the services subject to hosting arrangements and which HSCP area was responsible for those services. In the new Scheme, this annex has been removed to reflect the fact that the guidance on drafting Integration Schemes does not require this level of detail, which could become inaccurate should hosting arrangements change within the lifetime of the Scheme.
12. The Scheme instead (at sections 4.13 and 8.22) provides detail on how hosting arrangements are to be implemented, with the content jointly developed by representatives of all six HSCPs and adopted across each of the Schemes.
13. The Chief Finance Officer Group took the opportunity to collectively review Section 8 (Finance) and update for consistency of language, with revised text again adopted by all HSCPs within the Health Board area.
14. The group has been in contact with the Scottish Government throughout the review on processes and timescales to obtain Cabinet Secretary approval for revised Schemes. Dialogue with colleagues from the Scottish Government is ongoing and necessary amendments will be collected as part of the consultation process and will be reflected in the final drafts when they are placed before Council again for approval.

15. All six HSCPs have engaged with their Council's Legal Services Teams to review the drafts and reflect the comments of the Scottish Government. East Renfrewshire Council's Legal Services have reviewed the revised draft and will consider any further amendments resulting from the consultation process, if any.

### **Next Steps**

16. If approved by Council, the draft revised Scheme will be subject to consultation with prescribed consultees as laid out in the legislation.
17. It should be noted that the scope for consultation to influence the structure and content of the Scheme is limited due to the requirement to comply with the model Scheme prescribed by the Scottish Government and the nature of the arrangements outlined within an Integration Scheme. As a result, the working group is preparing a light-touch consultation plan to be run from October to January.
18. Following the consultation exercise the feedback received will be used to make the necessary revisions to the draft Scheme and the updated draft will be presented to Council (and the Health Board) for final approval in February/March 2024. If approved the Scheme will be presented to the Integration Joint Board for noting and subsequently submitted to the Cabinet Secretary for Ministerial approval.

### **FINANCE AND EFFICIENCY**

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

### **CONSULTATION**

20. As described above, the draft revised Scheme will be put out to a light-touch consultation exercise between October 2023 and January 2024. This will include availability on our website, sharing with key partners, and engagement with our Strategic Planning Group.

### **PARTNERSHIP WORKING**

21. As described, the revised draft has been developed in partnership with officers from the other five Health and Social Care Partnerships in the Greater Glasgow and Clyde Health board area, through a working group. This has allowed for greater consistency and has minimised duplication of effort in the revision of the Schemes.

### **IMPLICATIONS OF THE PROPOSALS**

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

### **CONCLUSION**

23. The IJB has now been operating for eight years with relevant functions delegated to it by both NHS Greater Glasgow and Clyde and East Renfrewshire Council as per the annexes in the Scheme. The revised Scheme provides a light-touch update and does not result in any changes to the powers and functions of the IJB.

## RECOMMENDATIONS

24. The Council is asked to:
- Note the content of this report; and
  - Approve the draft revised Integration Scheme for consultation.

## REPORT AUTHOR

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Chief Officer, IJB: Julie Murray

## BACKGROUND PAPERS

Scottish Government Letter of Approval of Integration Scheme under section 7(2)(a) of the Public Bodies (Joint Working) (Scotland) Act 2014

East Renfrewshire HSCP Integration Scheme

**East Renfrewshire  
Health and Social Care Partnership  
Integration Scheme**

**Between  
EAST RENFREWSHIRE COUNCIL  
And  
GREATER GLASGOW AND CLYDE HEALTH BOARD**

**October 2023**

**CONSULTATION DRAFT**

## I. Introduction

- i. In East Renfrewshire we have a long and successful experience of developing and running an integrated health and social care partnership for all community adult, children and families and criminal justice services. East Renfrewshire Community Health and Care Partnership was established in 2006 by East Renfrewshire Council and NHS Greater Glasgow and Clyde. The purpose of the CHCP was to:
  - manage local NHS and social care services;
  - improve the health of its population and close the inequalities gap;
  - play a major role in community planning;
  - achieve better specialist care for its population;
  - achieve strong local accountability through the formal roles for lead councillors and the engagement and involvement of its community; and
  - drive NHS and Local Authority planning processes.
- ii. From the outset East Renfrewshire CHCP focused on improving outcomes for East Renfrewshire residents, improving health and wellbeing and reducing inequalities.
- iii. In November 2013, East Renfrewshire Council and NHS Greater Glasgow & Clyde formally agreed to the transition of the Community Health and Care Partnership to a Shadow Health and Social Care Partnership; and for the Community Health & Care Partnership Committee to assume the role of Shadow Integration Joint Board in preparation for the full enactment of the Public Bodies (Joint Working) (Scotland) Act 2014 in April 2015.
- iv. Partners agreed to a body corporate arrangement which will be known as the East Renfrewshire Health and Social Care Partnership. The purpose of East Renfrewshire Health and Social Care Partnership is to work with the people of East Renfrewshire to improve lives.
- v. The boundary of the Partnership will be coterminous with the boundary of East Renfrewshire Council, covering a population of around 96,000 people. The main localities are Barrhead, Neilston and Uplawmoor; Giffnock and Thornliebank; Newton Mearns; and Netherlee, Stamperland, Clarkston, Busby and Eaglesham.
- vi. The main purpose of integration is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time. The Integration Scheme is intended to achieve the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act, namely:
  - People are able to look after and improve their own health and wellbeing and live in good health for longer.
  - People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
  - People who use health and social care services have positive experiences of those services, and have their dignity respected.
  - Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
  - Health and social care services contribute to reducing health inequalities.
  - People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.

- People using health and social care services are safe from harm.
  - People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
  - Resources are used effectively and efficiently in the provision of health and social care services.
- vii. NHS Greater Glasgow and Clyde and East Renfrewshire Council agreed that Children and Families Health and Social Work and Criminal Justice Social Work services and the minimum with regard to housing support should be included within functions and services to be delegated to the partnership therefore the specific National Outcomes for Children and Criminal Justice are also included.
- viii. National Outcomes for Children are:-
- Our children have the best start in life and are ready to succeed;
  - Our young people are successful learners, confident individuals, effective contributors and responsible citizens; and
  - We have improved the life chances for children, young people and families at risk
- ix. National Outcomes and Standards for Social Work Services in the Criminal Justice System are:-
- Community safety and public protection;
  - The reduction of re-offending; and
  - Social inclusion to support desistance from offending.
- x. The Partnership operates within the wider context of East Renfrewshire Community Planning Partnership and contributes to the Community Plan and the Single Outcome Agreement (SOA).
- xi. This scheme came into effect on 27 June 2015 when the East Renfrewshire Health & Social Care Partnership Integration Joint Board was established by Order of the Scottish Ministers as an entity which has distinct legal personality.
- xii. This scheme was reviewed and revised in accordance with section 44(2) of the Act and the changes will be applied on the date the revised scheme receives approval through delegation by the Cabinet Secretary.

## Integration Scheme

### 1. The parties:

**East Renfrewshire Council**, established under the Local Government etc (Scotland) Act 1994 and having its principal offices at Council Headquarters, Eastwood Park, Giffnock, East Renfrewshire, G46 6UG.

(Hereinafter referred to as the Council)

And

**Greater Glasgow Health Board**, established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as “NHS Greater Glasgow and Clyde”) and having its principal offices at J B Russell House, Gartnavel Royal Hospital Campus, 1055 Great Western Road, Glasgow, G12 0XH

(Hereinafter referred to as the Health Board)

(together referred to as “the Parties”)

In implementation of their obligations under the Act, the Parties hereby agree as follows:

In accordance with section 2(3) of the Act, the Parties have agreed that the integration model set out in sections 1(4)(a) of the Act will remain in place for East Renfrewshire Integration Joint Board namely the delegation of functions by the Parties to a body corporate that is to be established by Order under section 9 of the Act (an “integration joint board”). This Scheme came into effect on 27 June 2015 when the Integration Joint Board was established by Parliamentary Order. The Scheme was reviewed and revised in accordance with section 44(2) of the Act and these changes will be applied on the date the revised Scheme receives approval through delegation by the Cabinet Secretary.



## Definitions and Interpretation

“The Act” means the Public Bodies (Joint Working) (Scotland) Act 2014.

“The Integration Joint Board” means the Integration Joint Board to be established by Order under section 9 of the Act.

“Chair” means the Chair of the Integration Joint Board.

“Chief Officer” means the Chief Officer of the Integration Joint Board.

“Chief Financial Officer” means the officer responsible for the administration of the Integration Joint Board’s financial affairs.

“Chief Social Work Officer” means the individual appointed by the Council under section 10 of the act.

“The Council” means East Renfrewshire Council and “Chief Executive of the Council” means the individual appointed by the Council as its most senior official responsible for discharging the Council’s strategy and statutory responsibilities.

“The Health Board” means Greater Glasgow Health Board, operating as NHS Greater Glasgow and Clyde and “Chief Executive of the Health Board” means the individual appointed by the Health Board as its most senior official responsible for discharging the Health Board’s strategy and statutory responsibilities.

“Host” means the Integration Joint Board that manages services on behalf of the other Integration Joint Boards in the Health Board area.

“Hosted Services” means those services of the Parties which the Parties agree will be managed and delivered on a pan Greater Glasgow and Clyde basis by a single Integration Joint Board.

“Integration Joint Board” means East Renfrewshire Integration Joint Board as established by Order under section 9 of the Act.

“The Parties” means East Renfrewshire Council and Greater Glasgow Health Board, operating as NHS Greater Glasgow and Clyde.

“The Scheme” means this Integration Scheme.

“Strategic Plan” means the plan which the Integration Joint Board is required to prepare and implement in relation to the delegated provision of health and social care services to adults and children and criminal justice social work in accordance with section 29 of the Act.

“Strategic Planning Group” means the group established under section 32 of the Act.

“Set Aside Budget” means the monies made available by the Health Board to the Integration Joint Board in respect of those functions delegated by the Health Board which are carried out in a hospital within the Health Board area and provided for the areas of two or more Local Authorities.

“Outcomes” means the outcomes set out in the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014.

“Acute Services” means:

1. Accident and Emergency Services provided in a hospital
2. Inpatient hospital services relating to the following branches of medicine:
  - a. General Medicine
  - b. Geriatric Medicine
  - c. Rehabilitation Medicine
  - d. Respiratory Medicine
3. Palliative care services provided in a hospital

“Chief Operating Officer for Acute Services” means the individual appointed by the Health Board with lead responsibility for the operational delivery of Acute Services.

## 2. Local Governance Arrangements

### Voting Members

- 2.1 The arrangements for appointing the voting membership of the Integration Joint Board are that:-
- Each Party shall appoint four voting representatives.
  - The Integration Joint Board will consider nominations for additional non-voting members in accordance with the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland Order 2014 - Article 3(8)).

### Chair

- 2.2 The Chair and Vice Chair of the Integration Joint Board will be selected from amongst the identified eight voting members. The Parties will alternate nominating the Chair and Vice-Chair, with one nominating the Chair and the other nominating the Vice-Chair.
- 2.3 The term of office for the Chair and Vice-Chair shall be 2 years.

### Meetings

- 2.4 The Integration Joint Board made, and may subsequently amend, standing orders for the regulation and governance of its procedure and business. All meetings of the Integration Joint Board shall be conducted in accordance with them. Standing orders must include a description of how the Integration Joint Board will conduct its business.

### **3. Delegation of Functions**

- 3.1 The functions that are to be delegated by the Health Board to the Integration Joint Board are set out in Part 1 of Annex 1, and only to the extent that they relate to the services described in Part 2 of Annex 1.
- 3.2 The functions that are to be delegated by the Council to the Integration Joint Board are set out in Part 1 of Annex 2. The services to which these functions relate, which are currently provided by the Council and which are to be integrated, are set out in Part 2 of Annex 2.
- 3.3 Services set out at Annexes 1 (Part 2) and 2 (Part 2) may by agreement be hosted by the Integration Joint Board on behalf of one or more Integration Joint Board, or one or both of the Parties, or vice versa, where permitted by statute. These arrangements will be subject to review and may change from time to time.

### **4. Local Operational Delivery Arrangements**

#### **Responsibilities of the Integration Joint Board on behalf of the Parties**

- 4.1 The local operational arrangements agreed by the Parties are:
- 4.2 The Integration Joint Board has responsibility for the planning of services via the Strategic Plan.
- 4.3 The Integration Joint Board will be responsible for monitoring and reporting on performance on the delivery of those services covered by the strategic plan.
- 4.4 The Health Board is operationally responsible for the delivery of all health services commissioned by the IJB and the Council is operationally responsible for the delivery of all social work and social care services commissioned by the IJB. This will be achieved through the Chief Officer having delegated operational responsibility from the Health Board and Council for delivery of integrated services.
- 4.5 The Chief Officer will have day to day operational responsibility to monitor delivery of the services set out in Annexes 1 and 2, other than Acute Hospital Services on which the Chief Officer will work closely with the Chief Operating Officer for Acute Services. The IJB will have oversight of these operational management arrangements.
- 4.6 The IJB along with the other five IJBs in the Greater Glasgow and Clyde Health Board area will contribute to the strategic planning of Acute Hospital Services.
- 4.7 The Integration Joint Board will issue directions to the Parties taking account of the information on performance to ensure performance is maintained and improved.
- 4.8 The Health Board will provide information to the Chief Officer and the Integration Joint Board on the operational delivery of Acute Services.
- 4.9 The Health Board and the six Integration Joint Boards shall ensure that the overarching Strategic Plan for Acute Services shall incorporate relevant sections of the six Integration Joint Boards' Strategic Plans.

- 4.10 The Health Board will consult with the six Integration Joint Boards to ensure that the overarching Strategic Plan for Acute Services and any plan setting out the capacity and resource levels required for the Set Aside budget for such acute services is appropriately coordinated with the delivery of services across the Greater Glasgow and Clyde area.
- 4.11 The Parties shall ensure that a group including the Chief Operating Officer for Acute Services and Chief Officers of the six Integration Joint Boards will meet regularly to discuss such respective responsibilities for Acute Services.
- 4.12 Both the Health Board and the Council will undertake to provide the necessary activity and financial data for service, facilities or resources that relate to the planned use of services within other Local Authority areas by people who live within the area of the Integration Joint Board
- 4.13 Where an Integration Joint Board is the Host in relation to a Service set out at Annexes 1 (Part 2) and 2 (Part 2), the Parties will recommend that:
- a) It is responsible for the operational oversight of such Service(s);
  - b) Through its Chief Officer will be responsible for the operational management on behalf of all the Integration Joint Boards within Greater Glasgow and Clyde area; and
  - c) It is responsible for the strategic planning and operational budget of the Host Partnership Services.

### **Corporate Support**

- 4.14 The Health Board and the Council are committed to supporting the Integration Joint Board, providing resources for the professional, technical or administrative services required to support the development of the Strategic Plan and delivery of the integration functions.

### **Strategic Plan**

- 4.15 The Integration Joint Board is required to consult with the other Integration Joint Boards within the Health Board area to ensure that the Strategic Plans are appropriately co-ordinated for the delivery of Integrated Services across the NHS Greater Glasgow and Clyde area.
- 4.16 The Health Board shall ensure that the overarching Strategic Plan for Acute Services shall incorporate relevant sections of the six Integration Joint Boards' Strategic Plans.
- 4.17 The Health Board will consult with the six Integration Joint Boards to ensure that any overarching Strategic Plan for Acute Services and any plan setting out the capacity and resource levels required for the Set Aside budget for such Acute Services is appropriately co-ordinated with the delivery of Services across the Greater Glasgow and Clyde area. The parties shall ensure that a group including the Chief Officer for Acute Services and Chief Officers of the six Integration Joint Boards will meet regularly to discuss such issues.
- 4.18 The Health Board will share with the Integration Joint Board necessary activity and financial data for Services, facilities and resources that relate to the planned use of

Services by service users within East Renfrewshire for its service and for those provided by other Health Boards.

- 4.19 The Council will share with the Integration Joint Board necessary activity and financial data for Services, facilities and resources that relate to the planned use of Services by service users within East Renfrewshire for its Services and for those provided by other councils.
- 4.20 The Parties agree to use all reasonable endeavours to ensure that the Integration Joint Boards in the Health Board area and any other relevant Integration Authority will share the necessary activity and financial data for Services, facilities and resources that relate to the planned use by service users within the area of their Integration Authority.
- 4.21 The Parties shall ensure that their Officers acting jointly will consider the Strategic Plans of the other Integration Joint Boards to ensure that they do not prevent the Parties and the Integration Joint Board from carrying out their functions appropriately and in accordance with the Integration Planning and Delivery Principles, and to ensure they contribute to achieving the National Health and Wellbeing Outcomes.
- 4.22 The Parties shall advise the Integration Joint Board where they intend to change service provision of non-Integrated Services that will have a resultant impact on the Strategic Plan.

#### **Performance Targets, Measures and Reporting Arrangements**

- 4.23 The IJB will develop and maintain a Performance Management Framework in agreement with the Parties, which consists of a range of indicators and targets relating to those functions and services which have been delegated to the IJB. These will be consistent with national and local objectives and targets in order to support measurement of:
- i) the achievement of the National Health and Wellbeing Outcomes;
  - ii) the Core Suite of National Integration Indicators;
  - iii) the quality and performance of services delivered by the parties through direction by the IJB;
  - iv) the overall vision of the partnership area and local priorities as set out within the Strategic Plan;
  - v) the corporate reporting requirements of both parties; and
  - vi) any other performance indicators and measures developed by the Scottish Government relating to delegated functions and services.
- 4.24 The Parties will provide the IJB with performance and statistical support resources, access to relevant data sources and will share all information required on services to permit analysis and reporting in line with the prescribed content as set out in regulations. The Council, Health Board and IJB will work together to establish a system of corporate accountability where the responsibility for performance targets are shared.
- 4.25 The Parties will provide support to the IJB, including the effective monitoring of targets and measures, in line with these arrangements and in support of the Performance Management Framework.
- 4.26 The Strategic Plan will be reviewed and monitored by the IJB in relation to these targets and measures. Where either of the Parties has targets, measures or

arrangements for functions which are not delegated to the Integration Joint Board, but which are related to any functions that are delegated to the Integration Joint Board, these targets, measures and arrangements will be taken into account in the development, monitoring and review of the Strategic Plan.

- 4.27 The Performance Management Framework and associated reporting arrangements for the IJB will continue to be developed and reviewed regularly by the IJB and the Parties, consistent with all national targets and reflective of all relevant statute and guidance.
- 4.28 The IJB will consider service quality, performance and impact routinely at its meetings and each year through its annual performance report, with associated reports also provided to the Parties.

## 5. Clinical and Care Governance

- 5.1 Clinical and care governance is a system that assures that care, quality and outcomes are of a high standard for users of services and that there is evidence to back this up. It includes formal structures to review clinical and care services on a multidisciplinary basis and defines, drives and provides oversight of the culture, conditions, processes, accountabilities and authority to act, of organisations and individuals delivering care.
- 5.2 As detailed in this Scheme, all strategic, planning and operational responsibility for Services is delegated from the Parties to the Integration Joint Board and its Chief Officer.
- 5.3 The Parties and the Integration Joint Board are accountable for ensuring appropriate clinical and care governance arrangements for services provided in pursuance of integration functions in terms of the Act. The Parties and the Integration Joint Board are accountable for ensuring appropriate clinical and care governance arrangements for their duties under the Act. The Parties will have regard to the principles of the Scottish Government's Clinical and Care Governance Framework including the focus on localities and service user and carer feedback.
- 5.4 The Parties will be responsible through commissioning and procurement arrangements for the quality and safety of services procured from the Third and Independent Sectors and to ensure that such Services are delivered in accordance with the Strategic Plan.
- 5.5 The quality of service delivery will be measured through performance targets, improvement measures and reporting arrangements designed to address organisational and individual care risks, promote continuous improvement and ensure that all professional and clinical standards, legislation and guidance are met. Performance monitoring arrangements will be included in commissioning or procurement from the Third and Independent Sectors.
- 5.6 The Parties will ensure that staff working in integrated services have the appropriate skills and knowledge to provide the appropriate standard of care. Managers will manage teams of Health Board staff, Council staff or a combination of both and will promote best practice, cohesive working and provide guidance and development to the team. This will include effective staff supervision and implementation of staff support policies.
- 5.7 Where groups of staff require professional leadership, this will be provided by the relevant Health Lead or Chief Social Work Officer as appropriate.
- 5.8 The East Renfrewshire HSCP Learning and Development Plan will identify training requirements that will be put in place to support improvements in services and outcomes.
- 5.9 The members of the Integration Joint Board will actively promote an organisational culture that supports human rights and social justice; values partnership working through example; affirms the contribution of staff through the application of best practice, including learning and development; and is transparent and open to innovation, continuous learning and improvement.



- 5.10 The Chief Social Work Officer reports to the Council on the delivery of safe, effective and innovative social work services and the promotion of values and standards of practice. The Council confirms that its Chief Social Work Officer will provide appropriate professional advice to the Chief Officer and the Integration Joint Board in relation to statutory social work duties and make certain decisions in terms of the Social Work (Scotland) Act 1968. The Chief Social Work Officer will provide an annual report on care governance to the Integration Joint Board, including responding to scrutiny and improvement reports by external bodies such as the Care Inspectorate.
- 5.11 The Chief Officer has delegated responsibilities, through the Parties' Chief Executives, for the Professional standards of staff working in Integrated Services. The Chief Officer, relevant Health Leads and Chief Social Work Officer will work together to ensure appropriate professional standards and leadership. Where groups of staff require professional leadership, this will be provided by the relevant Health Lead or Chief Social Work Officer as appropriate.
- 5.12 The Parties have put in place structures and processes to support clinical and care governance, thus providing assurance on the quality of health and social care. A Clinical and Care Governance Group has been established by the Parties which, when not chaired by the Chief Officer, reports to the Chief Officer and through the Chief Officer to the Integration Joint Board. It contains representatives from the Parties and others including:
- the Senior Management Team of the Partnership;
  - the Clinical Director;
  - the Lead Nurse;
  - the Lead from the Allied Health Professions;
  - Chief Social Work Officer;
  - service user and carer representatives; and
  - Third Sector and Independent Sector representatives.
- 5.13 The Parties note that the Clinical and Care Governance Group may wish to invite appropriately qualified individuals from other sectors to join its membership as it determines, or as is required given the matter under consideration. This may include Health Board professional committees, managed care networks and Adult and Child Protection Committees.
- 5.14 The role of the Clinical and Care Governance Group is to consider matters relating to Strategic Plan development, governance, risk management, service user feedback and complaints, standards, education, learning, continuous improvement and inspection activity. When clinical and care governance issues relating to Lead Partnership Services are being considered, the Clinical and Care Governance Group will link with governance structures in other partnership areas.
- 5.15 The Clinical and Care Governance Group will provide advice to the strategic planning group, and locality groups within the Council area. The strategic planning and locality groups may seek relevant advice directly from the Clinical and Care Governance Group.
- 5.16 The Integration Joint Board may seek advice on clinical and care governance directly from the Clinical and Care Governance Group. In addition, the Integration Joint Board may directly take into consideration the professional views of the registered health professionals and the Chief Social Work Officer. The relationship between

professional leads and the Strategic Planning Groups, localities, the Chief Officer and the governance arrangements of the Parties is outlined at Annex 3.

- 5.17 Further assurance is provided through:
- a) the responsibility of the Chief Social Work Officer to report directly to the Council, and the responsibility of the Health Leads to relate directly to the Medical Director and Nurse Director who in return report to the Health Board on professional matters; and
  - b) the role of the Clinical Governance Forum of the Health Board which is to oversee healthcare governance arrangements and ensure that matters which have implications beyond the Integration Joint Board in relation to health, will be shared across the health care system. The Clinical Governance Forum will also provide professional guidance, as required.
- 5.18 The Chief Officer will take into consideration any decisions of the Council or Health Board which arise from (a) or (b) above.
- 5.19 The Health Board Clinical Governance Forum, the Medical Director and Nurse Director may raise issues directly with the Integration Joint Board in writing and the Integration Joint Board will respond in writing to any issues so raised.
- 5.20 As set out in Section 10 the Parties have information sharing protocols in place.

## 6. Chief Officer

### The arrangements in relation to the Chief Officer agreed by the Parties

- 6.1 The Chief Officer will be appointed by the Integration Joint Board and is employed by one of the Parties on behalf of both. The Chief Officer will have an honorary contract with the non-employing party. The Chief Officer will be seconded by the employing party to the Integration Joint Board and will be the accountable officer to the Integration Joint Board.
- 6.2 The Chief Officer will have delegated operational responsibility for delivery of integrated services, except acute hospital services with oversight from the Integration Joint Board. In this way the Integration Joint Board is able to have responsibility for both strategic planning and operational delivery.
- 6.3 The Chief Officer will provide a single senior point of overall strategic and operational advice to the Integration Joint Board and be a member of the senior management teams of the Parties. As a member of both corporate management teams the Chief Officer will be able to influence policy and strategic direction of both the Council and the Health Board from an integration perspective.
- 6.4 The Chief Officer will provide a strategic leadership role and be the point of joint accountability for the performance of services to the Integration Joint Board. The Chief Officer will be operationally responsible through an integrated management team for the delivery of integrated services.
- 6.5 The Chief Officer will be jointly line managed by the Chief Executives of the Health Board and the Council. This will ensure accountability to both Parties and support a system-wide approach by the Health Board across all of its component integration authorities.
- 6.6 In the event that the Chief Officer is absent or otherwise unable to carry out their functions, at the request of the Integration Joint Board, the Chief Executives of the Health Board and the Council will, in consultation with the Chair /Vice Chair of the Integration Joint Board, jointly appoint a suitable interim replacement.
- 6.7 There are no acute hospitals in East Renfrewshire and the Chief Officer has no acute hospital operational responsibilities. (The Integration Joint Board will be responsible for the planning of Acute Services but the Health Board will be responsible for the operational oversight and management of Acute Services.) The Health Board will provide information on a regular basis to the Chief Officer and Integration Joint Board on the operational delivery of these Services.
- 6.8 The Council agrees that the relevant Council lead responsible for the local housing strategy and the non-integrated housing function will be required to routinely liaise with the Chief Officer in respect of the Integration Joint Board's role in informing strategic planning for local housing as a whole and the delivery of housing support services delegated to the Integration Joint Board.
- 6.9 The Chief Officer will routinely liaise with their counterparts of the other integration authorities within the Health Board area in accordance with sub-section 30(3) of the Act.

## 7. Workforce

### **The arrangements in relation to their respective workforces agreed by the Parties are:**

- 7.1 Apart from the Chief Officer posts, all other appointments/staff will report to a single line manager, either the Health Board or the Council, who will be responsible for all aspects of supervision and management of these post holders.
- 7.2 Members of the management team may be employed by either the Health Board or the Council, and senior managers may be given honorary contracts from the party who is not their direct employer. These will allow delegated responsibility for both discipline and grievance with the Health Board and the Council employee groups.
- 7.3 Managers will promote best practice, integrated working and provide guidance and development equitably, regardless of whether they are managing a team of NHS staff, Council staff or a combination of both.
- 7.4 Where groups of staff require professional supervision and leadership, this will be provided by the relevant professional lead.
- 7.5 The Integration Scheme recognises that the employment status of staff does not change as a result of this Scheme. Employees of the Parties will remain employed by their respective organisations and will therefore be subject to the normal conditions of service as contained within their contract of employment
- 7.6 The Parties will develop, put in place and keep under review a joint Workforce and Development Plan by providing a group of Human Resources and Organisational Development professionals who will work with the Chief Officer, staff, trade unions and stakeholders to develop the Plan. Learning and development of staff will be addressed in the Plan.
- 7.7 The Parties will develop, put in place and keep under review an Organisational Development Strategy by providing a group of Human Resources and Organisational Development professionals who will work with the Chief Officer, managers and teams delivering integrated services, trade unions and stakeholders to develop the Strategy. The Strategy will address staff engagement and governance.
- 7.8 The Council, Health Board and IJB will work together to establish a system of corporate accountability for the fair and effective management of all staff, to ensure that they are:
- Well informed
  - Appropriately training and developed
  - Involved in decisions
  - Treated fairly and consistently with dignity and respect in an environment where diversity is valued
  - Provided with a continually improving and safe working environment promoting the health and wellbeing of staff, patients/clients and the wider community
- 7.9 A Joint Staff Forum will act as a formal consultative body for the workforce. The Forum is founded on the principle that staff and staff organisations will be involved at an early stage in decisions affecting them, including in relation to service change and development. Investment in and recognition of staff is a core value of the Parties and is key to supporting the development of integrated working. These Partnership

arrangements will meet the required national standards and link to the NHS GGC Area Partnership Forum and ERC Joint Consultative Committee.

## 8. Finance

### Introduction

8.1 This section sets out the arrangements in relation to the determination of the amounts to be paid, or set aside, and their variation, to the Integration Joint Board from the Council and Health Board.

8.2 The Chief Financial Officer (CFO) will be the Accountable Officer for financial management, governance and administration of the Integration Joint Board. This includes accountability to the Integration Joint Board for the planning, development and delivery of the Integration Joint Board's financial strategy and responsibility for the provision of strategic financial advice and support to the Integration Joint Board and Chief Officer.

### Budgets

8.3 Delegated baseline budgets were the subject of due diligence in the first part year of operation of the Integration Joint Board during 2015/16. This was based on a review of recent past performance, existing and future financial forecasts for the Health Board and Local Authority for the functions which were delegated. Where there are any subsequent additional functions to be delegated to the Integration Joint Board then these services will be also be the subject of due diligence, based on a review of the recent past performance and existing and future financial forecasts for the Health Board and the Council for those functions to be delegated. This is required to gain assurance that the associated delegated budgets will be sufficient for the Integration Joint Board to fund these additional delegated functions.

8.4 The Chief Financial Officer will develop a draft proposal for the Integrated Budget based on the Strategic Plan and present it to the Council and Health Board for consideration as part of their respective annual budget setting process. The draft proposal will incorporate assumptions on the following:

- Activity changes
- Cost inflation
- Efficiencies
- Performance against outcomes
- Legal requirements
- Transfer to or from the amounts set aside by the Health Board
- Adjustments to address equity of resource allocation

8.5 This will allow the Council and the Health Board to determine the final funding contribution to the IJB. This should be formally advised in writing by the respective Directors of Finance and/or Section 95 Officer to the IJB by 1st March each year.

8.6 The Draft budget should be evidence based with full transparency on its assumptions which should include:

- Pay Awards
- Contractual uplift
- Prescribing
- Resource transfer

- Ring fenced funds

In the case of demographic shifts and volume, each Party will have a responsibility for funding in respect of the service which each Party has delegated to the IJB. In these circumstances this will be incorporated into the draft proposals submitted by the Chief Officer, Finance and Resources and considered by each Party for funding as part of their budget deliberations each year.

8.7 Any material in-year budget changes proposed by either Party must be agreed by the IJB. Parties may increase the payment in year to the Integration Joint Board for supplementary allocations in relation to the delegated services agreed for the Integration Joint Board, which could not have been reasonably foreseen at the time the Integration Joint Board budget for the year was agreed.

8.8 The IJB will approve a budget and provide direction to the Parties by 31st March each year regarding the functions that are being delivered, how they are to be delivered and the resources to be used in delivery.

8.9 The IJB has strategic planning responsibility along with the Health Board for Set Aside. The method for determining the amount set aside for hospital services will follow guidance issued by the Integrated Resources Advisory Group and be based initially on the notional direct costs for the relevant populations use of in scope hospital services as provided by the Information Services Division (ISD) Scotland. The NHS Board Director of Finance and Integration Joint Board Chief Officer, Finance and Resources will keep under review developments in national data sets or local systems that might allow more timely or more locally responsive information, and if enhancements can be made, propose this to the Integration Joint Board. A joint strategic commissioning plan will be developed and will be used to determine the flow of funds as activity changes:-

- Planned changes in activity and case mix due to interventions in the Joint Strategic Commissioning Plan.
- Projected activity and case mix changes due to changes in population needs.
- Analysis of the impact on the affected hospital budget, taking into account cost-behaviour i.e. the lag between changes in capacity and the impact on resources.

The process for making adjustments to the set aside resource to reflect variances in performance against plan will be agreed by the IJB and the Health Board. Changes will not be made in year and any changes will be made by annual adjustments to the Financial Plan of the IJB.

## **Budget Management**

8.10 The IJB will direct the resources it receives from the Parties in line with the Strategic Plan, and in so doing will seek to ensure that the planned activity can reasonably be met from the available resources viewed as a whole, and achieve a year-end break-even position.

## **Budget Variance**

8.11 The Chief Officer will deliver the outcomes within the total delegated resources and where there is a forecast overspend against an element of the operational budget, the Chief Officer should take immediate and appropriate remedial action to endeavour to prevent the overspend and to instruct an action plan. If this does not

resolve the overspend position, then the Chief Officer, the Chief Financial Officer of the IJB and the appropriate finance officers of the Parties must agree a recovery plan to balance the overspending budget, which recovery plan shall be subject to the approval of the IJB. In the event that the recovery plan is unsuccessful and an overspend is materialises at the year-end, uncommitted general reserves held by the IJB, in line with the reserves policy, would firstly be used to address any overspend. If after application of reserves an overspend remains the Parties may consider making additional funds available, on a basis to be agreed taking into account the nature and circumstances of the overspend, with repayment in future years on the basis of the revised recovery plan agreed by the Parties and the IJB. If the revised plan cannot be agreed by the Parties or is not approved by the IJB, mediation will require to take place in line with the dispute resolution arrangements set out in this Scheme.

- 8.12 Where an underspend materialises against the agreed budget, with the exception of ring fenced budgets this will be retained by the IJB to either fund additional capacity in-year in line with its Strategic Plan or be carried forward to fund capacity in subsequent years of the Strategic Plan subject to the terms of the IJB's Reserves Strategy.

### **Unplanned Costs**

- 8.13 Neither the Council nor the Health Board may reduce the payment in-year to the Integration Joint Board to meet exceptional unplanned costs within either the Council or Health Board without the express consent of the Integration Joint Board and the other Party.

### **Accounting Arrangements and Annual Accounts**

- 8.14 Recording of all financial information in respect of the Integration Joint Board will be in the financial ledger of the Council.
- 8.15 Any transaction specific to the Integration Joint Board (e.g. expenses), will be processed via the Council ledger, with specific funding being allocated by the Integration Joint Board to the Council for this.
- 8.16 The transactions relating to operational delivery will continue to be reflected in the financial ledgers of the Council and Health Board with the information from both sources being consolidated for the purposes of reporting financial performance to the Integration Joint Board.
- 8.17 The Chief Officer and Chief Financial Officer will be responsible for the preparation of the annual accounts and financial statement in line with proper accounting practice, and financial elements of the Strategic Plan and such other reports that the IJB might require. The Integration Joint Board Chief Financial Officer will provide reports to the Chief Officer on the financial resources used for operational delivery and strategic planning. In order to agree the in-year transactions and year-end balances between the Council, Health Board and Integration Joint Board, the Chief Financial Officer will engage with the Directors of Finance and/or Section 95 Officer of the Council and Health Board to agree an appropriate process.
- 8.18 Monthly financial monitoring reports will be issued to the Chief Officer by the Chief Financial Officer in line with timescales agreed by the Parties. Financial reports will

include subjective and objective analysis of budgets and actual/projected outturn, and other such financial monitoring reports as the Integration Joint Board might require.

- 8.19 The IJB will receive a minimum of four financial reports during each financial year. This will include reporting on the Acute activity and estimated cost against Set Aside budgets.

### **Payments between Council and Health Board**

- 8.20 The schedule of payments to be made in settlement of the payment due to the Integration Joint Board will be:
- Resource Transfer, virement between Parties and the net difference between payments made to the Integration Joint Board and resources delegated by the Integration Joint Board will be transferred between agencies initially in line with existing arrangements, with a final adjustment on closure of the Annual Accounts. Future arrangements may be changed by local agreement.

### **Capital Assets and Capital Planning**

- 8.21 Capital and assets and the associated running costs will continue to sit with the Council and Health Board. The Integration Joint Board will require to develop a business case for any planned investment or change in use of assets for consideration by the Council and Health Board.

### **Hosted Services**

- 8.22 Some of the functions that are delegated by NHS Greater Glasgow and Clyde to all six Integration Joint Boards may be provided as part of a single Greater Glasgow and Clyde-wide service, referred to as a Hosted Service.
- 8.23 The Integration Joint Board has strategic planning responsibility for any services which it hosts on behalf of other Integration Joint Boards. In delivering a Hosted Service, through delegation of operational responsibility to the Chief Officer, the Integration Joint Board has primary responsibilities for the provision of the services and bears the risk and rewards associated with service delivery in terms of the demand and finance and resource required.
- 8.24 If the Integration Joint Board plans to make significant changes to a Service which it Hosts which increases or decreases the level of service available in specific localities or service wide, it will consult with the other Integration Joint Boards affected prior to implementing any significant change.
- 8.25 Integration Joint Boards are collectively required to account for the activity and associated costs for all hosted services across their population using a methodology agreed by all partner Integration Joint Boards.
- 8.26 Delegated hosted budgets were the subject of due diligence in the first part year of operation of the Integration Joint Board during 2015/16. This was based on a review of recent past performance and existing and future financial forecasts for the Health Board the functions which were delegated. Where there are any subsequent additional functions to be delegated to the Integration Joint Board then these services



will also be the subject of due diligence, based on a review of recent past performance and existing and future financial forecasts for the Health Board for those functions to be delegated. This is required to gain assurance that the associated delegated budgets will be sufficient for the Integration Joint Board to fund these additional delegated functions.

## **9. Participation and Engagement**

9.1A full consultation exercise will be carried out for the revised Integration Scheme. The consultation will follow the practice and principles set out in the East Renfrewshire HSCP Participation and Engagement Strategy.

## **10. Information-Sharing and Data Handling**

10.1 The Parties have revised their existing Information Sharing Protocol (ISP) as a tripartite agreement between the Health Board, Council and Integration Joint Board, updated in compliance with the European Union General Data Protection Regulations and the Data Protection Act 2018. The ISP is also compliant with the Data Sharing Framework set by the Information Commissioner's Office and subsumes data sharing arrangements within Health and Social Care Partnerships.

10.2 The Parties further agree that it will be the responsibility of the Information Joint Board itself, within a further 9 months of signing the revised Information Sharing Protocol, to determine, in consultation with the Data Protection Officers for the parties, whether any more specific protocols, procedures and guidance require to be developed around operational processes of information sharing involving the Integration Joint Board and to set a timescale for implementation of such protocols, procedures or guidance.

10.3 The Information Sharing Protocol itself will be thereafter be reviewed jointly by the Parties at least annually or in the circumstances set out in section 8 of the Information Sharing Protocol.

## **11. Complaints**

11.1 The Parties agree the following arrangements in respect of complaints.

11.2 The Parties will work together with the Chief Officer to ensure the arrangements for complaints are clear and integrated from the perspective of the service user.

11.3 In the event that complaints are received by the Integration Joint Board or the Chief Officer, the Parties will work together to achieve where possible a joint response, identifying the lead party in the process and confirming this to the individual raising the complaint.

11.4 The Parties agree that as far as possible complaints will be dealt with by front line staff. Thereafter the existing complaints procedures of the Parties provide a formal process for resolving complaints. Complaints to the Council can be made in person at any council office or premises, by phone, in writing, email or by submitting an online complaint form. Complaints to the Health Board can be made in writing, by

telephoning, or by emailing. A decision regarding the complaint will be provided as soon as possible and will be no more than 20 working days, unless there is good reason for requiring more time and this reason is communicated to the service user. If the service user remains dissatisfied the final stage will be the consideration of complaints by the Scottish Public Sector Ombudsman.

- 11.5 Details of the complaints procedures will be provided online and in complaints literature.
- 11.6 If a service user is unable, or unwilling to make a complaint directly, complaints will be accepted from a representative who can be a friend, relative or an advocate.
- 11.7 Complaints management, including the identification of learning from upheld complaints across services, will be subject to periodic review.

## **12. Claims Handling, Liability & Indemnity**

- 12.1 The Integration Joint Board, while having legal personality in its own right, has neither replaced nor assumed the rights or responsibilities of either the Health Board or the Council as the employers of the staff who are managed within the Partnership; or for the operation of buildings or services under the operational remit of those staff.
- 12.2 The Parties will continue to indemnify, insure and accept responsibility for the staff that they each employ; their capital assets and the respective services that each Party has delegated to the Integration Joint Board.
- 12.3 Liabilities arising from decisions taken by the Integration Joint Board will be equally shared between the Parties.

## **13. Risk Management**

- 13.1 The IJB will have in place a risk management policy and strategy that will demonstrate a considered, practical and systemic approach to identifying risks, forecasting the likelihood and impact of these risks to service delivery and taking action to mitigate them. This particularly includes those related to the IJB's delivery of the Strategic Plan.
- 13.2 The Parties will support the Chief Officer and the Integration Joint Board with relevant specialist advice, (such as internal audit, clinical and non-clinical risk advisors and health and safety advisors).
- 13.3 The Chief Officer will have overall accountability for risk management ensuring that suitable and effective arrangements are in place to manage the risks relating to the functions within the scope of the Integration Joint Board. The Chief Officer working with the Chief Executives of the Parties will review existing Strategic and Operational risk registers, identify the appropriate risks to move to the shared risk register and agree mitigations. This will be available within the first year of operation of the Integration Joint Board.

## **14. Dispute Resolution Mechanism**

- 14.1 Where either of the Parties fails to agree with the other on any issue related to this Scheme, then they will follow the undernoted process:

- a) The Chief Executives of the Parties, will meet to resolve the issue;
- b) If unresolved, the Parties will each agree to prepare a written note of their position on the issue and exchange it with the others for their consideration within 10 working days of the date of the decision to proceed to written submissions.
- c) In the event that the issue remains unresolved following consideration of written submissions, the Chief Executives of the Parties, the Chair of the Health Board and the Leader of the Council will meet to appoint an independent mediator and the matter will proceed to mediation with a view to resolving the issue.

14.2 Where the issue remains unresolved after following the processes outlined in (a)-(c) above, the Parties agree the following process to notify Scottish Ministers that agreement cannot be reached: the Chief Executives of the Parties, and the Chief Officer will jointly make a written application to Scottish ministers stating the issues in dispute and requesting that the Scottish Ministers give directions.

## Annex 1

### Part 1: Functions delegated by the Health Board to the Integration Joint Board

<i>Column A</i>	<i>Column B</i>
<p><b>The National Health Service (Scotland) Act 1978</b> All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978</p>	<p>Except functions conferred by or by virtue of— section 2(7) (Health Boards); section 2CB (functions of Health Boards outside Scotland); section 9 (local consultative committees); section 17A (NHS contracts); section 17C (personal medical or dental services); section 17I (use of accommodation); section 17J (Health Boards' power to enter into general medical services contracts); section 28A (remuneration for Part II services); section 48 (residential and practice accommodation); section 55 (hospital accommodation on part payment); section 57 (accommodation and services for private patients); section 64 (permission for use of facilities in private practice); section 75A (remission and repayment of charges and payment of travelling expenses); section 75B (reimbursement of the cost of services provided in another EEA state); section 75BA (reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25 October 2013); section 79 (purchase of land and moveable property); section 82 use and administration of certain endowments and other property held by Health Boards); section 83 (power of Health Boards and local health councils to hold property on trust); section 84A (power to raise money, etc., by appeals, collections etc.); section 86 (accounts of Health Boards and the Agency); section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services); section 98 (charges in respect of non-residents); and paragraphs 4, 5, 11A and 13 of Schedule 1 to the Act (Health Boards); and functions conferred by— The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989 The Health Boards (Membership and Procedure) (Scotland) Regulations 2001/302; The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000; The National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004;</p>

Column A	Column B
<p><b>Disabled Persons (Services, Consultation and Representation) Act 1986</b> Section 7 (persons discharged from hospital)</p>	<p>The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004; The National Health Service (Discipline Committees) (Scotland) Regulations 2006; The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006; The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009; The National Health Service (General Dental Services) (Scotland) Regulations 2010; and The National Health Service (Free Prescriptions and Charges for Drugs and Appliances) (Scotland) Regulations 2011.</p>
<p><b>Community Care and Health (Scotland) Act 2002</b> All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.</p>	
<p><b>Mental Health (Care and Treatment) (Scotland) Act 2003</b> All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.</p>	<p>Except functions conferred by— section 22 (approved medical practitioners); section 34 (inquiries under section 33: cooperation) section 38 (duties on hospital managers: examination, notification etc.); section 46 (hospital managers' duties: notification); section 124 (transfer to other hospital); section 228 (request for assessment of needs: duty on local authorities and Health Boards); section 230 (appointment of patient's responsible medical officer); section 260 (provision of information to patient); section 264 (detention in conditions of excessive security: state hospitals); section 267 (orders under sections 264 to 266: recall); section 281 (correspondence of certain persons detained in hospital); and functions conferred by— The Mental Health (Safety and Security) (Scotland) Regulations 2005; The Mental Health (Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005; The Mental Health (Use of Telephones) (Scotland) Regulations 2005; and The Mental Health (England and Wales Crossborder transfer: patients subject to requirements other than detention) (Scotland) Regulations 2008.</p>
<p><b>Education (Additional Support for Learning) (Scotland) Act 2004</b></p>	

<i>Column A</i>	<i>Column B</i>
<p>Section 23 (other agencies etc. to help in exercise of functions under this Act)</p> <p><b>Public Services Reform (Scotland) Act 2010</b> All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010</p> <p><b>Patient Rights (Scotland) Act 2011</b> All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011</p> <p><b><u>“Carers (Scotland) Act 2016(2)”</u></b></p> <p>Section 12  (duty to prepare young carer statement)”</p>	<p>Except functions conferred by— section 31(public functions: duties to provide information on certain expenditure etc.); and section 32 (public functions: duty to provide information on exercise of functions).</p> <p>Except functions conferred by The Patient Rights (Complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36.</p>

## Annex 1

### Part 2: Services delegated by the Health Board to the Integration Joint Board

- Accident and Emergency services provided in a hospital.
- Inpatient hospital services relating to the following branches of medicine:
  - General medicine.
  - Geriatric medicine.
  - Rehabilitation medicine.
  - Respiratory medicine.
  - Psychiatry of learning disability.
- Palliative care services provided in a hospital.
- Services provided in a hospital in relation to an addiction or dependence on any substance.
- Mental health services provided in a hospital, except secure forensic mental health services.
- Services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital.
  - Health Visiting services.
  - School Nursing.
  - Speech and Language Therapy.
  - Specialist Health Improvement.
  - Community Children's Services.
  - Child and Adolescent Mental Health Services
  - District Nursing services.
  - The public dental service.
  - Primary care services provided under a general medical services contract.
  - General dental services.
  - Ophthalmic services.
  - Pharmaceutical services.
  - Services providing primary medical services to patients during the out-of-hours period.
  - Services provided outwith a hospital in relation to geriatric medicine.
  - Palliative care services provided outwith a hospital.
  - Community learning disability services.
  - Rehabilitation and Recovery Services provided in the community.
  - Mental health services provided outwith a hospital.
  - Continence services provided outwith a hospital.
  - Kidney dialysis services provided outwith a hospital.
- Services provided by health professionals that aim to promote public health.

## Annex 2

### Part 1: Functions delegated by the Local Authority to the Integration Joint Board

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
<p><b>National Assistance Act 1948</b> Section 48 (Duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)</p>	
<p><b>The Disabled Persons (Employment) Act 1958</b> Section 3 (Provision of sheltered employment by local authorities)</p>	
<p><b>The Social Work (Scotland) Act 1968</b> Section 1 (Local authorities for the administration of the Act.) Section 4 (Provisions relating to performance of functions by local authorities.) Section 8 (Research.) Section 10 (Financial and other assistance to voluntary organisations etc. for social work.) Section 12 (General social welfare services of local authorities.) Section 12A (Duty of local authorities to assess needs.) Section 12AZA (Assessments under section 12A - assistance)</p>	<p>So far as it is exercisable in relation to another integration function. So far as it is exercisable in relation to another integration function. So far as it is exercisable in relation to another integration function. So far as it is exercisable in relation to another integration function. Except in so far as it is exercisable in relation to the provision of housing support services. So far as it is exercisable in relation to another integration function. So far as it is exercisable in relation to another integration function.</p>
<p>Section 13 (Power of local authorities to assist persons in need in disposal of produce of their work.) Section 13ZA (Provision of services to incapable adults.) Section 13A (Residential accommodation with nursing.) Section 13B (Provision of care or aftercare.) Section 14 (Home help and laundry facilities.) Section 28 (Burial or cremation of the dead.)</p>	<p>So far as it is exercisable in relation to another integration function.</p>
<p>Section 29 (Power of local authority to defray expenses of</p>	<p>So far as it is exercisable in relation to persons cared for or assisted under another integration function.</p>



<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
parent, etc., visiting persons or attending funerals.) Section 59 (Provision of residential and other establishments by local authorities and maximum period for repayment of sums borrowed for such provision.)	So far as it is exercisable in relation to another integration function.
<b>The Local Government and Planning (Scotland) Act 1982</b>	
Section 24(1) (The provision of gardening assistance for the disabled and the elderly.)	
<b>Disabled Persons (Services, Consultation and Representation) Act 1986</b>	
Section 2 (Rights of authorised representatives of disabled persons.) Section 3 (Assessment by local authorities of needs of disabled persons.) Section 7 (Persons discharged from hospital.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments within the meaning of section 16 and which have been delegated. In respect of the assessment of need for any services provided under functions contained in welfare enactments (within the meaning set out in section 16 of that Act) which are integration functions.
Section 8 (Duty of local authority to take into account abilities of carer.)	
<b>The Adults with Incapacity (Scotland) Act 2000</b>	
Section 10 (Functions of local authorities.)	
Section 12 (Investigations.)	
Section 37 (Residents whose affairs may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
Section 39 (Matters which may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
Section 41 (Duties and functions of managers of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions
Section 42 (Authorisation of named manager to withdraw from resident's account.)	Only in relation to residents of establishments which are managed under integration functions
Section 43 (Statement of resident's affairs.)	Only in relation to residents of establishments which are managed under integration functions
Section 44 (Resident ceasing to be resident of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions
Section 45 (Appeal, revocation etc.)	Only in relation to residents of establishments which are managed under integration functions
<b>The Housing (Scotland) Act 2001</b>	

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 92 (Assistance for housing purposes.)	Only in so far as it relates to an aid or adaptation.
<b>The Community Care and Health (Scotland) Act 2002</b>	
Section 4 (Accommodation more expensive than usually provided)	
Section 5 (Local authority arrangements for residential accommodation outwith Scotland.)	
Section 14 (Payments by local authorities towards expenditure by NHS bodies on prescribed functions.)	
<b>The Mental Health (Care and Treatment) (Scotland) Act 2003</b>	
Section 17 (Duties of Scottish Ministers, local authorities and others as respects Commission.)	
Section 25 (Care and support services etc.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 26 (Services designed to promote well-being and social development.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 27 (Assistance with travel.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 33 (Duty to inquire.)	
Section 34 (Inquiries under section 33: Co-operation.)	
Section 228 (Request for assessment of needs: duty on local authorities and Health Boards.)	
Section 259 (Advocacy.)	
<b>The Housing (Scotland) Act 2006</b>	
Section 71(1)(b) (Assistance for housing purposes.)	Only in so far as it relates to an aid or adaptation.
<b>The Adult Support and Protection (Scotland) Act 2007</b>	
Section 4 (Council's duty to make inquiries.)	
Section 5 (Co-operation.)	
Section 6 (Duty to consider importance of providing advocacy and other.)	
Section 11 (Assessment Orders.)	
Section 14 (Removal orders.)	
Section 18 (Protection of moved persons property.)	

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*Column A*  
*Enactment conferring function*

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*Column B*  
*Limitation*

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Section 22  
(Right to apply for a banning order.)  
Section 40  
(Urgent cases.)  
Section 42  
(Adult Protection Committees.)  
Section 43  
(Membership.)

### **Social Care (Self-directed Support) (Scotland) Act 2013**

Section 5  
(Choice of options: adults.)  
Section 6  
(Choice of options under section 5: assistances.)  
Section 7  
(Choice of options: adult carers.)  
Section 9  
(Provision of information about self-directed support.)  
Section 11  
(Local authority functions.)  
Section 12  
(Eligibility for direct payment: review.)  
Section 13  
(Further choice of options on material change of circumstances.)  
Section 16  
(Misuse of direct payment: recovery.)  
Section 19  
(Promotion of options for self-directed support.)

Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013.

### **National Assistance Act 1948**

Section 45  
(Recovery in cases of misrepresentation or non-disclosure)

### **Matrimonial Proceedings (Children) Act 1958**

Section 11  
(Reports as to arrangements for future care and upbringing of children)

### **Social Work (Scotland) Act 1968**

Section 5  
(Powers of Secretary of State).  
Section 6B  
(Local authority inquiries into matters affecting children)  
Section 27  
(supervision and care of persons put on probation or released from prison etc.)

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 27 ZA (advice, guidance and assistance to persons arrested or on whom sentence deferred)	
Section 78A (Recovery of contributions).	
Section 80 (Enforcement of duty to make contributions.)	
Section 81 (Provisions as to decrees for aliment)	
Section 83 (Variation of trusts)	
Section 86 (Adjustments between authority providing accommodation etc., and authority of area of residence)	
<b>Children Act 1975</b>	
Section 34 (Access and maintenance)	
Section 39 (Reports by local authorities and probation officers.)	
Section 40 (Notice of application to be given to local authority)	
Section 50 (Payments towards maintenance of children)	
<b>Health and Social Services and Social Security Adjudications Act 1983</b>	
Section 21 (Recovery of sums due to local authority where persons in residential accommodation have disposed of assets)	
Section 22 (Arrears of contributions charged on interest in land in England and Wales)	
Section 23 (Arrears of contributions secured over interest in land in Scotland)	
<b>Foster Children (Scotland) Act 1984</b>	
Section 3 (Local authorities to ensure well being of and to visit foster children)	
Section 5 (Notification by persons maintaining or proposing to maintain foster children)	
Section 6 (Notification by persons ceasing to maintain foster children)	
Section 8 (Power to inspect premises)	

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 9 (Power to impose requirements as to the keeping of foster children)	
Section 10 (Power to prohibit the keeping of foster children)	
<b>Children (Scotland) Act 1995</b>	
Section 17 (Duty of local authority to child looked after by them)	
Sections 19 (Local authority plans for services for children)	
Section 20 (Publication of information about services for children)	
Section 21 (Co-operation between authorities)	
Section 22 (Promotion of welfare of children in need)	
Section 23 (Children affected by disability)	
Section 24 (Assessment of ability of carers to provide care for disabled children)	
Section 24A (Duty of local authority to provide information to carer of disabled child)	
Section 25 (Provision of accommodation for children etc)	
Section 26 (Manner of provision of accommodation to children looked after by local authority)	
Section 27 (Day care for pre-school and other children)	
Section 29 (After-care)	
Section 30 (Financial assistance towards expenses of education or training)	
Section 31 (Review of case of child looked after by local authority)	
Section 32 (Removal of child from residential establishment)	
Section 36 (Welfare of certain children in hospitals and nursing homes etc)	
Section 38 (Short-term refuges for children at risk of harm)	
Section 76 (Exclusion orders)	

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*Column A*  
*Enactment conferring function*

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*Column B*  
*Limitation*

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**Criminal Procedure (Scotland) Act 1995**

Section 51

(Remand and committal of children and young persons)

Section 203

(Reports)

Section 234B

(Drug treatment and testing order).

Section 245A

(Restriction of liberty orders).

**Adults with Incapacity (Scotland) Act 2000**

Section 40

(Supervisory bodies)

**Community Care and Health (Scotland) Act 2002**

Section 6

(Deferred payment of accommodation costs)

**Management of Offenders etc (Scotland) Act 2005**

Section 10

(Arrangements for assessing and managing risks posed by certain offenders)

Section 11

(Review of arrangements)

**Adoption and Children (Scotland) Act 2007**

Section 1

(Duty of local authority to provide adoption service)

Section 4

(Local authority plans)

Section 5

(Guidance)

Section 6

(Assistance in carrying out functions under sections 1 and 4)

Section 9

(Assessment of needs for adoption support services)

Section 10

(Provision of services)

Section 11

(Urgent provision)

Section 12

(Power to provide payment to person entitled to adoption support service)

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
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Section 19  
(Notice under section 18: local authority's duties)

Section 26  
(Looked after children: adoption not proceeding)

Section 45  
(Adoption support plan)

Section 47  
(Family member's right to require review of plan)

Section 48  
(Other cases where authority under duty to review plan)

Section 49  
(Reassessment of needs for adoption support services)

Section 51  
(Guidance)

Section 71  
(Adoption allowances schemes)

Section 80  
(Permanence orders)

Section 90  
(Precedence of court orders and supervision requirements over order)

Section 99  
(Duty of local authority to apply for variation or revocation)

Section 101  
(Local authority to give notice of certain matters)

Section 105  
(Notification of proposed application for order)

**Adult Support and Protection (Scotland) Act 2007**

Section 7  
(Visits)

Section 8  
(Interviews)

Section 9  
(Medical examinations)

Section 10  
(Examination of records etc)

Section 16  
(Right to move adult at risk)

**Children's Hearings (Scotland) Act 2011**

Section 35  
(Child assessment orders)

Section 37  
(Child protection orders)

Section 42  
(Parental responsibilities and rights directions)

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
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Section 44  
(Obligations of local authority)

Section 48  
(Application for variation or termination)

Section 49  
(Notice of application for variation or termination)

Section 60  
(Local authority's duty to provide information to Principal Reporter)

Section 131  
(Duty of implementation authority to require review)

Section 144  
(Implementation of compulsory supervision order: general duties of implementation authority)

Section 145  
(Duty where order requires child to reside in certain place)

Section 153  
(Secure accommodation: regulations)

Section 166  
(Review of requirement imposed on local authority)

Section 167  
(Appeals to sheriff principal: section 166)

Section 180  
(Sharing of information: panel members)

Section 183  
(Mutual assistance)

Section 184  
(*Enforcement of obligations on health board under section 183*)

**Social Care (Self- Directed Support)(Scotland)  
Act 2013**

Section 8  
(Choice of options: children and family members)

Section 10  
(Provision of information: children under 16)

**Carers (Scotland) Act 2016(2)**

Section 6  
  
(duty to prepare adult carer support plan)

Section 21  
(duty to set local eligibility criteria)

Section 24  
  
(duty to provide support)



Section 25

(provision of support to carers: breaks from caring)

Section 31

(duty to prepare local carer strategy)

Section 34

(information and advice service for carers)

Section 35

(short breaks services statements)

## Annex 2

### Part 2: Services currently provided by the Local Authority which are to be integrated

- Social work services for adults and older people
- Services and support for adults with physical disabilities and learning disabilities
- Mental health services
- Drug and alcohol services
- Adult protection and domestic abuse
- Carers support services
- Community care assessment teams
- Support services
- Care home services
- Adult placement services
- Health improvement services
- Aspects of housing support, including aids and adaptations
- Day services
- Local area co-ordination
- Respite provision for adults and young people
- Occupational therapy services
- Re-ablement services, equipment and telecare

In addition East Renfrewshire Council will delegate:

- Criminal Justice Social Work Services, including Youth Justice
- Children and Families Social Work Services:-
  - Adoption and Fostering/Corporate Parenting Team;
  - Assessment and Planning Service;
  - Child Protection;
  - Children with Disabilities
  - Intensive Service for children and families
  - Looked After and Accommodated Children;
  - Throughcare Services
  - Transition Team
  - Young Peoples Intensive Service

### Annex 3 - Governance Relationships



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**EAST RENFREWSHIRE COUNCIL****25 October 2023****Report by Director of Business Operations and Partnerships****Statutory Review of Polling Scheme****PURPOSE OF REPORT**

1. To advise the Council of the need to carry out a statutory review of its Polling Scheme and to ask Members to approve for consultation the draft Polling Scheme detailed in Appendix 1 and the statutory review timetable as detailed in Appendix 2 to this report.

**RECOMMENDATION**

2. It is recommended that the Council:
  - a) Notes the requirements to undertake a Statutory Review of the Polling Scheme between 1 October 2023 and 31 January 2025;
  - b) Approves the timetable relating to the Statutory Review of the Polling Scheme, as outlined in Appendix 2, with authority being delegated to the Chief Executive to make such changes to the timetable as they consider necessary;
  - c) Approves for consultation the draft Polling Scheme at Appendix 1 and authorises the Chief Executive to commence the eight-week consultation on 1 November 2023; and
  - d) Notes that a further report will be presented to the Council at its meeting on 24 April 2024, or earlier, once the consultation has ended.

**BACKGROUND**

3. The Representation of the People Act 1983 (as amended), requires local authorities to divide their area into polling districts, to designate polling places for the purposes of elections and to keep those arrangements under review.
4. The Electoral Registration and Administration Act 2013 further amended the Representation of the People Act 1983 by introducing a change to the timing of compulsory reviews of UK Parliamentary polling districts and polling places. This means that compulsory reviews are to commence and finish within the period of 16 months that starts on 1 October of every fifth year after 1 October 2013.
5. The Council last carried out a statutory review in 2019. In terms of the legislation, it must now carry out the compulsory statutory review between 1 October 2023 and 31 January 2025.
6. It is therefore proposed to carry out the review in line with the timetable set out in Appendix 2 with a view to it being completed and coming into force by May 2024.

7. In terms of the Representation of the People Act 1983, local authorities are required to designate polling places for the purposes of elections, to review those arrangements within the statutory review timescale and to keep their arrangements under review.
8. The Council completed its last statutory review in 2019. The Council's practice has also been to review polling arrangements as each scheduled election approaches. In conducting its reviews, the Council must seek to ensure that:
  - (i) all electors in the constituency have reasonable facilities for voting as are practicable in circumstances; and
  - (ii) so far as is reasonably practical, all polling places should be accessible to all voters, including those who are disabled, and when considering the designation of a polling place, the Council must have regard to the needs of persons with disabilities.
9. The proposed timetable for the review is outlined in Appendix 2 commencing with the publication of the notification of the review and making contact with interested parties, such as Members, Community Councils and organisations representing the disabled.
10. The Council is committed to ongoing reviews of the Scheme and to exploring suitable options for polling place locations. The Council is also committed to minimising any disruption to schools during each election process and this will be looked at continuously.
11. In relation to the Statutory Review of the Polling Scheme, East Renfrewshire Council will only review the polling districts and polling places, which already fall within the East Renfrewshire area.

## **NEW LEGISLATION**

12. The Elections Act 2022 received Royal Assent on 28 April 2022 and introduced a series of changes to how UK elections are to be administered. Some of these changes, including the requirement to show photographic ID to vote in person, were implemented at the local government elections in England on 4 May 2023. Other measures are due to be implemented in the coming months and will apply at the next General Election. The impact of these changes is being carefully considered by officers, together with the Electoral Registration Officer and their staff, and will form part of the detailed planning for the next General Election, including ensuring there is suitable public awareness of these changes.

## **PROPOSALS**

13. It is to be noted that, subject to the confirmation of the boundary review, it is expected that once finalised, and following the upcoming consultation, the Polling Scheme for the East Renfrewshire County Constituency will be exclusive to those polling districts that are within East Renfrewshire Council's Wards.
14. The Council has previously delegated to the Chief Executive the authority to make any such amendments as may from time to time be necessary in the Polling Scheme in order to take account of any building works and/or closures in order to facilitate suitable and feasible polling arrangements.
15. Since the pandemic, the Council has utilised more schools than it previously did. This was to support social distancing and for other reasons such as greater space, parking and accessibility. The proposals put forward include continued use of schools highlighted. It is recognised that using schools will bring disruption to the education of some children and young people. For this reason, alternatives have been investigated where possible. In addition, we continue to work towards putting in place mitigating

factors to minimise disruption. This includes using parts of a school e.g. gym hall, which will allow the school to remain open, where it has been assessed and found suitable to do so. In addition, all efforts will continue to be made to synchronise polling days and school in-service days where election dates are known in advance. At all times, we will seek to minimise disruption to children, young people and families.

## **IMPLICATIONS**

16. The Council is required to receive this report in terms of the Representation of the People Act 1983 (as amended) and the Electoral Registration and Administration Act 2013.

## **FINANCE AND EFFICIENCY**

17. The cost of carrying out the review relates to officer time and is being met from existing resources.

## **CONSULTATION**

18. As part of the exercise, consultation will take place for eight weeks, following the publication of the statutory notice of review on 1 November 2023.

## **IMPLICATIONS OF THE PROPOSALS**

19. There is a legal requirement to conduct a review by January 2025 and failure to do so would mean the Council was in breach of its legal obligations. There are staffing implications associated with the conduct of the review, but it is being carried out using existing staff resources. There are implications for the scheme depending on the continuing availability of the Council premises currently in use as polling places.

## **CONCLUSIONS**

20. The Council is required to conduct a review of polling places and polling districts by 2025. The review that is being conducted takes into account future population growth, the Council's own development plans and, where possible, the concerns of parents and carers about needing to arrange alternative childcare on polling day.
21. Once the final scheme has been approved, a further review will not be required until October 2028. Further consideration will be given to any additional comments received and any alternative venues investigated. The responses to the comments will be contained in the next report.

## **RECOMMENDATION**

22. It is recommended that the Council:
  - a) Notes the requirements to undertake a Statutory Review of the Polling Scheme between 1 October 2023 and 31 January 2025;
  - b) Approves the timetable relating to the Statutory Review of the Polling Scheme, as outlined in Appendix 2, with authority being delegated to the Chief Executive to make such changes to the timetable as they consider necessary;
  - c) Approves for consultation the draft Polling Scheme at Appendix 1 and authorises the Chief Executive to commence the eight-week consultation on 1 November 2023; and
  - d) Notes that a further report will be presented to the Council at its meeting on 24 April 2024, or earlier, once the consultation has ended.

Legislation

Local Government (Access to Information) Act  
The Representation of the People Act 1983 (as amended)  
The Electoral Registration and Administration Act 2013

Report Author

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Background Papers

None



## Polling Places – East Renfrewshire by Ward

### No 1 – Barrhead, Liboside and Uplawmoor

PD	Address	No of Stations
ES01	Mure Hall, 13 Tannoch Road, Uplawmoor, G78 4AD	1
ES02	Cross Arthurlie Primary School, Fern Drive, Barrhead, G78 1JF	3
ES03	Dalmeny Community Centre, Barnes Street, Barrhead, G78 1EH	2
ES04	St Andrew's Parish Church, 2 Ralston Road, Barrhead, G78 2QQ	3
ES05	Carlibar Primary School, Carlibar Road, Barrhead, G78 1BD	3
ES06	Auchenback Resource Centre, 64 Aurs Drive, Barrhead, G78 2LW	3

### No 2 – Newton Mearns North and Neilston

PD	Address	No of Stations
EE01	St Cadoc's Primary School, Crookfur Road, Newton Mearns, G77 6TT	3
EE02	Crookfur Primary School, Capelrig Road, Newton Mearns, G77 6LF	4
ES07	Neilston Primary School, 43 High Street, Neilston, G78 3HJ <small>(See Note 1)</small>	4

### No 3 – Giffnock and Thornliebank

PD	Address	No of Stations
EE03	Thornliebank Primary School, Main Street, Thornliebank, G46 7RW	2
EE04	Giffnock Primary School, Academy Road, Giffnock, G46 6JL	4
EE05	Braidbar Primary School, Kyle Drive, Giffnock, G46 6ES	3
EE06	OLM Primary School, Robslee Road, Thornliebank, G46 7DD	2
EE07	St Ninian's High School, Eastwood Park, Giffnock, G46 6UG	2

### No 4 – Clarkston, Netherlee and Williamwood

PD	Address	No of Stations
EE08	Netherlee Primary School, Clarkston Road, Netherlee, G44 3SF	4
EE09	Clarkston Hall, Clarkston Toll, Clarkston, G76 8NE	4
EE10	Williamwood Parish Church, 4 Vardar Avenue, Clarkston, G76 7QP	2
EE11	Carolside Primary School, Ashfield Road, Clarkston, G76 7TX	3
EE12	Busby Primary School, Church Road, Busby, G76 8EB	4

### No 5 – Newton Mearns South and Eaglesham

PD	Address	No of Stations
EE13	Mearns Primary School, Hunter Drive, Newton Mearns, G77 6DP	3
EE14	Broom Parish Church, Mearns Road, Newton Mearns, G77 5HN	3
EE15	Kirkhill Primary School, Kirkhill Road, Newton Mearns, G77 5RJ	4
EE16	Mearns Kirk Church Hall, Eaglesham Road, Newton Mearns, G77 5DE	3
EE17	Eaglesham Primary School, 35 Strathaven Road, Eaglesham, G76 0LF	3

**Note 1** Neilston Primary School is being replaced with a new joint campus, the new name and address of which would be reflected in the Scheme, if used as a Polling Place in future.

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Public Notice given and initial comments invited	1 November 2023
Closing date for representation on current arrangements.	27 December 2023 (8 weeks)
Report on representations received and initial proposals for consideration by the Council	28 February 2024
Publication of draft proposals as approved by the Council for public consultation	8 March 2024
Conclusion of public consultation	3 May 2024
Final proposals considered by Council for adoption.	26 June 2024

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EAST RENFREWSHIRE COUNCIL25 October 2023Report by Director of Business Operations & PartnershipsPOST OF HEAD OF PLACE**PURPOSE OF REPORT**

1. The purpose of this report is to put arrangements in place to ensure continuity and stability within the Environment department and seek Council approval for an Appointments Committee for the Head of Place post.

**RECOMMENDATION**

2. It is recommended that the Council:
- notes the retirement of the Head of Place with effect from 25 April 2024;
  - approves the recruitment procedure as detailed;
  - delegate to the Head of HR & Corporate Services, in consultation with the Director of Environment to make the necessary arrangements;
  - provide nominations to the Appointments Committee;
  - authorises the Director of Environment to put in place appropriate interim management arrangements for the Department if required.

**BACKGROUND**

3. In the Environment department the Head of Place has intimated that she will retire with effect from 25 April 2024. The Head of Service has been in post since February 2020 and has worked in local government for over 22 years. During this time they have made a valuable contribution to the development of East Renfrewshire including overseeing the production of two Local Development Plans, major planning applications at Whitelee Windfarm and Greenlaw, strategic plans and development at Maidenhill, Barrhead North and South, Barrhead Regeneration, City Deal and wider environmental projects such as Dams to Darnley, Barrhead Waterworks and the recent, Lavern Water restoration. This notice period will allow time for her successor to be identified through a recruitment procedure.

4. Over the next few months there will be many opportunities to thank the Head of Service for their commitment to East Renfrewshire. The purpose of this paper is to agree the process for the recruitment.

**RECRUITMENT**

5. As agreed at Council on 23 June 2023 the three Heads of Service remits in Environment are:

- Head of Environment Operations
- Head of Housing, Property and Climate Change
- Head of Place

The Head of Place is responsible for Economic Development, Town Centre Regeneration, Transport Strategy and Sustainable and Active Travel resources, Strategic Planning and Development Management, Building Standards, City Deal and Infrastructure.

6. It is proposed that the Appointments Committee be established to recruit a new Head of place with the proposed timetable as follows:

Post advertised:	10 November 2023
Closing date:	1 December 2023
Shortlisting by Interview Committee:	11 December 2023
Shortlist by Assessment Centre:	11 January 2024
Interview date:	17 January 2024

7. An Appointments Committee, comprising 5 Elected Members, should be established to shortlist and interview candidates, and to make an appointment to the post.

8. The assessment centre will focus on ensuring the candidates have the correct skills mix to be considered for appointment by the Committee.

9. If for any reason a successor is not in place by 25 April 2024 the Director of Environment will put in place interim management arrangements to ensure stability and continuity within the service until such time as a suitable replacement can be recruited.

**FINANCIAL IMPLICATIONS**

10. There are no additional financial implications as the Head of Place has chosen to retire. All costs associated with the recruitment process will be found from within existing budgets.

**CONSULTATION AND PARTNERSHIP WORKING**

11. The Trade Union have been made aware of this proposed recruitment process.

**RECOMMENDATION**

12. It is recommended that the Council:

- notes the retirement of the Head of Place with effect from 25 April 2024;
- approves the recruitment procedure as detailed;
- delegate to the Head of HR & Corporate Services, in consultation with the Director of Environment to make the necessary arrangements;
- provide nominations to the Appointments Committee;
- authorises the Director of Environment to put in place appropriate interim management arrangements for the Department if required.

**REPORT AUTHOR:**

Sharon Dick, Head of HR and Corporate Services, Tel 0141 577 4079

**CONVENER:**

Councillor Owen O'Donnell, Tel 0141 577 3107

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