Date: 10 November 2023
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TO: **MEMBERS OF THE EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

Dear Colleague

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

A meeting of the East Renfrewshire Integration Joint Board will be held on **Wednesday 22 November 2023 at 10.30 am**.

Please note this is a virtual meeting.

The agenda of business is attached.

Yours faithfully

Anne-Marie Monaghan

Chair

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

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD
WEDNESDAY 22 NOVEMBER 2023 AT 10.30 am

VIRTUAL MEETING VIA MICROSOFT TEAMS

AGENDA

1. **Apologies for absence.**

2. **Declarations of Interest.**

3. **Minute of Previous Meeting held 27 September 2023 (copy attached, pages 5 – 14).**

4. **Matters Arising (copy attached, pages 15 – 16).**

5. **Rolling Action Log (copy attached, pages 17 – 20).**

6. **Minute of Performance and Audit Committee held 27 September 2023 (copy attached, pages 21 – 26).**

7. **Revenue Budget Monitoring Report (copy attached, pages 27 – 56).**

8. **Savings Recovery and Renewal Programme (copy attached, pages 57 – 72).**

9. **Refresh of the Strategy for Mental Health Services in Greater Glasgow & Clyde 2023 – 2028 (copy attached, pages 73 – 178).**

10. **HSCP Draft Winter Plan 2023/24 (copy attached, pages 179 – 188).**

11. **Delayed Discharge position - Presentation by Chief Officer**

12. **HSCP Three Year Workforce Plan 2022-25: Annual Update (copy attached, pages 189 – 204).**

13. **Revised Integration Scheme – Consultation Draft (copy attached, pages 205 – 248).**

NOT YET ENDORSED AS A CORRECT RECORD

Minute of virtual meeting of the East Renfrewshire Integration Joint Board held at 2.30pm on 27 September 2023

PRESENT

Anne-Marie Monaghan	NHS Greater Glasgow and Clyde Board (Chair)
Mehvish Ashraf	NHS Greater Glasgow and Clyde Board
Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
Councillor Paul Edlin	East Renfrewshire Council
Dr Claire Fisher	Clinical Director
Julie Fitzpatrick	Interim Chief Nurse
Jacqueline Forbes	NHS Greater Glasgow and Clyde Board
Dianne Foy	NHS Greater Glasgow and Clyde Board
Anne Marie Kennedy	Third Sector Representative
Geoff Mohamed	Carer’s Representative
Julie Murray	Chief Officer – IJB
Councillor Owen O’Donnell	East Renfrewshire Council
Councillor Katie Pragnell	East Renfrewshire Council (Vice-Chair)
Raymond Prior	Head of Children’s Services and Criminal Justice (Chief Social Work Officer)
Lynne Siddiqui	Lead Allied Health Professional

IN ATTENDANCE

Pamela Gomes	Governance and Compliance Officer
Lee McLaughlin	Head of Adult Services: Communities and Wellbeing
Margaret Phelps	Strategic Planning, Performance and Commissioning Manager
Kirsty Ritchie	Senior Communications and Campaigns Officer
Colin Sweeney	Democratic Services Manager (ERC)

APOLOGIES FOR ABSENCE

Councillor Caroline Bamforth	East Renfrewshire Council
Tom Kelly	Head of Adult Services: Learning Disability and Recovery
Andrew McCready.	Staff Side Representative (NHS)
Lynsey Allan	Independent Sector Representative
Lynne Rankin	Staff Side Representative (ERC)

NOT YET ENDORSED AS A CORRECT RECORD

DECLARATIONS OF INTEREST

1. There were no declarations of interest intimated.

MINUTES OF PREVIOUS MEETING

2. The Board raised a number of issues with the content of the minute of the previous meeting, held on 16 August 2023. The Chief Officer acknowledged that with the change in democratic services staffing the content and approach would be reviewed for future meetings and appropriate support offered to the Democratic Services Manager. It was agreed that the following changes be reflected.

a) Anne Marie Kennedy's title to be amended to reflect her position as the 'Third Sector Representative'.

b) Spelling of Geoff Mohamed's name to be amended.

c) Minute No 2. (Minutes of Previous Meeting) be amended to reflect that Mehvish Ashraf, NHS Greater Glasgow and Clyde Board had submitted apologies for the June meeting

d) Minute No.11 (Joint Inspection of Adult Support and Protection in East Renfrewshire) be amended to include a vote of thanks to all involved in the inspection, by Councillor Pragnell.

e) Minute No.12 (Delayed Discharge Position) be amended to include a vote of thanks to all involved, by Councillor Pragnell.

f) Minute No.8 (Revenue Budget Monitoring Report) be amended as requested by Jacqueline Forbes.

g) Minute No.10 (Health Checks for Adults with a Learning Difficulty) be amended at paragraph 7 as requested by Jacqueline Forbes.

h) Paragraph 14 to Minute No. 5 (East Renfrewshire Children and Young People's Service Plan) be amended by replacing "improve on" with "include", by Councillor O'Donnell.

MATTERS ARISING

3. The Board considered a report by the Chief Officer, which provided an update on the following matters, which arose from discussions that had taken place at the previous meeting.

The Chief Officer further noted that the Children and Young People's Services Plan was well received when considered at Council the previous week.

The Board noted the report.

ROLLING ACTION LOG

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

The Chief Officer also advised there has been progress in relation to the Mental Health Strategy which was recently approved by NHS Greater Glasgow & Clyde Board therefore it is anticipated we will be in a position to present a report at the November meeting.

The Board noted the report.

AUDITED ANNUAL REPORT AND ACCOUNTS

5. The Board considered a report by the Chief Financial Officer which provided an overview of the audited annual report and accounts for the Integration Joint Board (IJB) covering the period 1 April 2022 to 31 March 2023, which are subject to Ernst & Young final sign off after today's meeting. A summary overview of the financial year is included as an easy read summary document.

Councillor Pragnell, Chair of Performance and Audit Committee, reported that the Committee was very pleased that it was a clean audit and confirmed it had been agreed to remit the audited annual report and accounts to the IJB without any changes to the report being presented.

The Chief Financial Officer was pleased to report the annual report and accounts were unqualified, had been properly prepared, met legislative requirements, addressed best value and that appropriate governance was in place. She said that the main messages from the auditors, Ernst & Young, were set out in the table at paragraph 13. She pointed out that since writing the report the Best Value comment was no longer RAG rated, and all areas were Green with the exception of financial sustainability, which is expected given the current financial situation.

The Chief Financial Officer said that the two recommendations made by Ernst & Young were detailed at paragraph 18 along with the HSCP responses. She said that both she and the Chief Officer would continue to engage with partners in relation to the current and future year funding.

The Chief Financial Officer went on to say that the main messages included in the report remained unchanged since that reported in June and the detail was summarised at paragraph 24. The level of general reserve remained below that set in the reserves strategy and that this had been discussed at length in prior years.

In conclusion, the Chief Financial Officer thanked colleagues for their input into the annual report and accounts. There was a significant amount of work behind the scenes to ensure the HSCP met its statutory obligations and to support the audit process. She also thanked Ernst & Young for taking time to get to know the HSCP and its services as well as the more formal audit activity itself.

Anne Marie Monaghan thanked the Chief Financial Officer on behalf of the IJB for her leadership and what is effectively a great clean bill of health with the exception of financial sustainability position, and recognised that other IJBs are in a similar position. Councillor O'Donnell also thanked the team however questioned financial sustainability contradicting going concern which was rated as green. Grace Scanlin clarified that under auditing standards there is a presumption that a body will be a going concern as long as the services will continue to be provided.

The Board:

a) Approved the audited annual report and accounts as remitted from the Performance and Audit Committee.

b) Authorised the Chair, Chief Officer and Chief Financial Officer to accept and sign the annual report and accounts on behalf of the IJB for submission to Audit Scotland.

c) Noted and commented on the summary overview of financial performance document for 2022/23 prior to publication on the IJB website

REVENUE BUDGET MONITORING REPORT

6. The Board considered a report by the Chief Financial Officer advising of the projected outturn position of the 2023/24 revenue budget as at 31st August 2023.

The report shows a potential overspend for the year of just over £3 million and the Chief Financial Officer noted that the position had worsened by £0.4 million since last reported in August. She advised this was despite early impact from the actions being developed to mitigate costs and work was ongoing to allow costs to be reduced where possible. The initial plans had looked at tightening vacancy management and ensuring all non-pay was minimised but this would not in itself meet the required level of cost reduction needed.

The Chief Financial Officer said that a voluntary redundancy and early retirement exercise was currently open to council employed staff which would allow the HSCP to look at service redesign options which needed to be considered alongside vacancy management. Workload prioritisation will also need to be considered as well as what could be stopped or delayed, even if for a period of time only.

Fundamentally, the HSCP could not continue to deliver and purchase the same levels of service as before.

There was also further risk in that the current budget was inclusive of just over £7 million savings in the current year and the projected overspend assumed this would be delivered, including £1.6 million of reserves the HSCP had to support phasing.

The Chief Financial Officer referred to Appendix 6 in the report, which showed the latest position on savings progress with 34%, or £2.4 million, as green. The coming months were crucial, as the review work for the Supporting People Framework would show the savings coming from the review of existing care packages, which was profiled towards the second half of the year.

The recently announced changes in superannuation was good news and would bring some non-recurring benefit to the HSCP in 2024/25 and 2025/26 and she would update the IJB and refresh the Medium-Term Financial Planning as required as the HSCP prepared for the coming year budget discussions.

The Chief Financial Officer said that, as part of the annual report and accounts, the key recommendation was the urgent need to work with partners to develop a sustainable funding position.

She said that both partners were aware of the HSCP's position and that both she and the Chief Officer were engaged in ongoing discussions.

Jacqueline Forbes commended the open and honest nature of the report and asked whether there was anything else the Board could do to improve the position.

In response, it was advised that a number of Chief Financial Officers had met the previous week and unfortunately were in agreement that managing staffing and care costs were the only options for most areas.

Councillor O'Donnell asked about the scale of pension benefit for the coming years and stressed the importance of investment to ensure sustainability. The CFO confirmed this was part of ongoing discussions with partners, and it was expected that the recurring benefit would be £400k per year, with a one-off benefit of £2.2m in both 2024/25 and 2025/26.

The Head of Adult Services: Communities and Wellbeing provided some context in terms of the current complexity of demand and needs, never seen before. The Scottish Government and Department of Public Health England have both produced reports demonstrating the impact of Covid-19 on the frail and elderly and locally we are seeing similar trends. She also noted that over the past few years there has been significant time spent on adult protection work including Large Scale Investigations which is very resource intensive.

The Chief Officer said that as part of the voluntary redundancy trawl the HSCP is currently considering how the service could manage without certain roles which may impact on some of the governance and assurance work. It was noted that the outcome of this would be reported back to the Board.

Anne Marie Monaghan reminded the Board of its statutory duties and recognised that the reason we are in the current position is due to an increase in demand with limited resources and noted that the HSCP has done a really good job under difficult circumstances.

The Board:

a) Noted the projected outturn for the 2023/24 revenue budget

b) Noted that the Chief Officer and her management team continue to work on actions to mitigate cost pressures in the current year

c) Approved the budget virement as requested

d) Requested that the Scottish Government and Department of Public Health England reports documenting the impact of covid-19 be shared with IJB members for information.

HSCP SAVINGS, RECOVERY AND RENEWAL PROGRAMME

7. The Board considered a report providing an update on the HSCP Savings, Recovery and Renewal Programme which included exception updates and was accompanied by a detailed overview of the projects and savings.

The Chief Financial Officer asked the Board to agree to close off the lessons learned from the pandemic. Originally, it had been intended to produce a report and action plan, however this was always a lower priority than other work and capacity challenges meant that HSCP has reprioritised this. She hoped the Board would agree that the HSCP had embedded new ways of working over the last three years, giving the HSCP more tools and knowledge at its disposal as it faces current and future challenges.

It was also noted that the invitation to tender for the replacement case recording system had now closed and was at the evaluation stage. It was expected to have identified a preferred bidder by the end of October.

Appendix 1 of the report provided a summary of the status of the savings required in the current year of which £2.4 million are achieved and this was an increase of just under half a million since last reported. In conclusion, she confirmed that progress would continue to be reported to every meeting of the Board.

Councillor O'Donnell was pleased to see savings progress. With regard to lessons learned, he asked whether East Renfrewshire had made submissions to the Scottish Government's Covid Inquiry and whether these could be shared with the Board. He also referred to institutional memory in respect of the Covid years and asked whether we should record the lessons to ensure if something similar happens in future we would have a record of why things changed and how we reacted.

In response, the Chief Financial Officer advised that HSCP information was included in our partners Covid submissions. She also acknowledged Councillor O'Donnell's point in relation to institutional memory and provided reassurance that we have already implemented much of the learning for instance by agile working, the use of teams as well as how we use our buildings and our ability to quickly respond to ever changing situations. The Chief Officer also noted that we won't lose the strong relationships we have developed with care homes. Collaboration between staff and other partnerships has also greatly improved.

The Board:

a) Noted the progress of the HSCP Savings, Recovery and Renewal Programme.

b) Agreed that a formal lessons learned report was not required.

CHARGING FOR SERVICES

8. The Board considered a report by the Chief Financial Officer, which provided the proposed increases to existing charges for 2024/25 along with an update from the income generation short life working group and the latest charging policy.

There was significant discussion around the issue of charging for services including whether or not the contribution element should be implemented. There were differing views recognising a range of perspectives. Board members were mindful that at least two to three years of significant savings challenges lay ahead and also recognised the generation of additional income would come with associated costs.

There was discussion on financial assessment and any alternatives with benchmark information requested alongside ethical considerations.

In response to questions on the rate on inflation used at 4.4%, the Chief Financial Officer advised this is the inflationary rate set by the Council who have the legal obligation to set charges.

There was some discussion on the membership of the working group and Anne Marie Monaghan advised this should be extended and welcomed others to join and to contribute.

The Chief Officer agreed that of the amount HSCP might gain, would be marginal but did not want to stifle ideas. She said it would be useful for the Working Group to meet to see if there was anything new that could be done or to review existing ideas since the situation would get remain challenging for the next few years.

The Board:

a) Noted the report;

b) Agreed that any additional income through government initiatives that individuals may receive towards the cost of living is disregarded in financial assessments;

c) Agreed the draft annual proposed inflation increases to existing charges for 2024/25, be remitted to East Renfrewshire Council's Cabinet in November 2023, with the request to bring a further report, if required;

d) Considered the contribution element of the individual budget calculator; and

e) Noted the Short Life Working Group progress so far and agreed further work is required by this group.

CHIEF SOCIAL WORK OFFICER'S ANNUAL REPORT 2022/23

9. The Board considered the Chief Social Work Officer's Annual Report for 2022/23 which provided an overview of statutory social work and social care activity along with the current pressures being experienced across the HSCP.

The Chief Social Work Officer said he had been incredibly proud of the public protection services provided in East Renfrewshire and highlighted a number of examples of excellent partnership working and input from a wider range of stakeholders.

He also highlighted the challenges being faced, including recruitment and retention, unaccompanied asylum seekers and continued public protection as well as the complexity of need and demand for services we are seeing.

He went on to thank the workforce who deal with the most vulnerable people in the communities and questioned whether services could still be delivered if key staff were lost.

Board members expressed their thanks and gratitude to the Chief Social Worker and his team in what was a positive and comprehensive piece of work.

Anne Marie Monaghan was delighted the report was so well balanced. Both Diane Foy and Councillor O'Donnell praised such a comprehensive report and Councillor O'Donnell suggested that outcome examples would help bring the report to life.

The Board approved the Chief Social Work Officer's Annual Report for submission to Council.

CLINICAL AND CARE GOVERNANCE ANNUAL REPORT 2022/23

10. The Board considered a report which described the main governance framework and demonstrated the work to provide assurance for the HSCP. There was an emphasis on the HSCP Workforce Plan and the importance of building resilience and supporting staff wellbeing.

The Clinical Director spoke on the report and the excellent inspection of adult support services; adult assurance tool and privacy care improvement programme. She also spoke of the community treatment and care services and said that both treatment rooms were now up and running. The Clinical Director gave an overview of the wide ranging activity set out in the report.

Councillor O'Donnell suggested that in future, an index and Executive Summary may be helpful given such a detailed report.

The Board:

a) Noted the Clinical and Care Governance Annual Report 2022-2023, and

b) Noted that the IJB would retain oversight of the role and function of the Clinical and Care Governance Group, where clinical and care governance would be taken forward.

IJB STRATEGIC RISK REGISTER ANNUAL UPDATE 2023

11. The Board considered the annual update on the IJB Strategic Risk Register.

The Chief Financial Officer said that the report summarised the changes since the Strategic Risk Register was last reported in September 2022 and whilst the Board received an annual report, she reminded them that an update is provided to every meeting of the Performance and Audit Committee.

It was noted there were no new risks and no risks had been deleted. The main changes were summarised at paragraphs 7 to 11.

The Board noted the strategic risk register.

NATIONAL CARE SERVICE – PRESENTATION

12. The Chief Officer provided a brief update on the National Care Service (Scotland) Bill, which was introduced by the Scottish Government in June 2022 with the intention of reforming how social care, social work and community health services were delivered in Scotland.

She noted that the Bill is currently at stage 1 of the parliamentary process which has been extended to January 2024 following a discussion with a range of stakeholders including CoSLA and SOLACE. Agreement has been reached around more of a partnership approach which aims to provide a shared legal accountability with a national oversight board. This means that local government will retain the function, assets and the staff. Agreement has still to be reached on whether or not children's services and criminal justice will be included.

In conclusion, she said that slides produced by Health and Social Care Scotland could circulated since there was limited time at the meeting to present, and that she would bring further updates as and when received.

The Board:

a) Noted the update, and

b) Requested Health and Social Care Scotland presentation be circulated to members.

DELAYED DISCHARGES

13. The Head of Adult Services - Communities and Wellbeing delivered a presentation on delayed discharges. She said that East Renfrewshire was 3rd in Scotland for standard delays, 12th for "Code 9" delays (2nd in NHS GGC) and currently had16 acute delays, which was unusually high.

Delays are mainly as a result of care at home capacity and the HSCP is engaged in negotiations with providers around market reshaping.

The Board noted the presentation.

CALENDAR OF MEETINGS 2024

14. The Board considered a report, which detailed proposed meetings dates for 2024.

It was suggested that consideration be given to the Board meeting in-person on occasion.

The Board:

a) Approved the Calendar of Meetings for 2024, and

b) Agreed there would be further consideration at the next meeting as to whether to hold occasional meetings in-person.

DATE OF NEXT MEETING

15. Wednesday 22 November 2023 at 10.30am.

CHAIR

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AGENDA ITEM No. 4

Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	22 November 2023
Agenda Item	4
Title	Matters Arising

Summary

The purpose of this paper is to update IJB members on progress regarding matters arising from the discussion which took place at the meeting of 27 September 2023.

Presented by	Julie Murray, Chief Officer

Action Required

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

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

22 November 2023

Report by Chief Officer

MATTERS ARISING

PURPOSE OF REPORT

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

RECOMMENDATION

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

REPORT

Audited Annual Report and Accounts

3. The Annual Report and Accounts were signed and submitted following approval by the Integration Joint Board at its meeting on 27 September 2022.

Charging for Services and Income Generation Short Life Working Group

4. A further meeting of the working group took place on Monday 30th October 2023 and included additional IJB members who had expressed a wish to join the group. At the meeting it was agreed that the HSCP would provide a number of case studies to support the discussions on charging.

Chief Social Work Officer's Annual Report 2023/24

5. The Chief Social Work Officer's Annual Report was presented to Council on 25th October 2023 where it was approved for submission to the Office of the Chief Social Work Advisor at Scottish Government.

Calendar of Meetings 2024

6. IJB members will be contacted for their views on whether they wish to hold some of the 2024 IJB meetings in person or whether meetings continue virtually on MS Teams, following a request at the last meeting.

RECOMMENDATIONS

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

REPORT AUTHOR AND PERSON TO CONTACT

IJB Chief Officer: Julie Murray

9 November 2023

AGENDA ITEM No. 5

Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	22 November 2023
Agenda Item	5
Title	Rolling Action Log

Summary

The attached rolling action log details all open actions, and those which have been completed since the last IJB meeting on 27 September 2023.

Presented by	Julie Murray, Chief Officer

Action Required

Integration Joint Board members are asked to note progress.

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ACTION LOG: Integration Joint Board (IJB) **November 2023**

Action No	Date	Item Name	Action	Responsible Officer	Status	Due / Closed	Progress Update /Outcome
423	27-Sep-23	3. Minute of Meeting held 16 August 2023	Minute to be amended to reflect comments made at the IJB meeting on 27 September 2023	DSM	CLOSED	Nov-23	Minute of the meeting held 16 August 2023 has been amended
422	27-Sep-23	6. Annual Report and Accounts	The Chair, Chief Officer and Chief Financial Officer should now accept and sign the annual report and accounts on behalf of the Integration Joint Board.	CFO	CLOSED	Sep-23	The Annual Report and Accounts were signed by all parties following the meeting of the IJB on 22 November 2023 and submitted to Ernst & Young.
421	27-Sep-23	7. Revenue Budget Monitoring Report	Scottish Government and Department of Public Health England reports documenting the impact of covid-19 be shared with IJB members for information.	GCO	CLOSED	Sep-23	Papers circulated to IJB by email on 28 September 2023
420	27-Sep-23	9. Charging for Services	Further discussion on the 5% increase to charging policy to deferred to SLWG with invitations extended to all interested IJB members.	CFO	OPEN	Oct-23	Meeting of the SLWG took place on 30 October 2023 - updated included in Matters Arising (IJB, 27.11.23, Item 4)
419	27-Sep-23	10. Chief Social Worker Annual Report	Arrange for the report to be submitted to the Council for consideration	CSWO	CLOSED	Oct-23	Report presented to Council 25 August 2023
418	27-Sep-23	11. Clinical and Care Governance Annual Report	Consideration to be given to amending format of future Clinical and Care Governance Annual reports to include index and executive summary.	CD	OPEN	Sep-24	This will be included in future reports
417	27-Sep-23	13. National Care Service Update	Health and Social Integration Scotland presentation to be circulated to IJB members for information.	GCO	CLOSED	Sep-23	Copy of presentation circulatuted to IJB by email on 28 September 2023
414	16-Aug-23	8. Strategic Commissioning Plan	Plan to be updated to reflect wider engagement that has taken place over the past year as part of our collaborative commissioning work.	SPPCM	OPEN	Sep-23	This will be included in final published plan
385	23-Nov-22	11. HSCP Workforce Plan	Arrange for the completion of the actions as set out in the associated Action Plan	CO	CLOSED	Nov-23	Update on actions included on IJB agenda 22.11.23 (Item 12)
379	21-Sep-22	6. Annual Performance Report	Consider submitting a report on the use of The Promise funding for early intervention measures	CSWO	OPEN	Nov-23	Added to forward planner - provisionally scheduled for March 2023 - deferred to January 2024
376	21-Sep-22	8. Chief Social Work Officer Annual Report	Arrange for a report on all neurodivergent activity taking place to be added to the rolling action log for presentation at a future meeting.	CSWO	OPEN	Nov-23	Added to forward planner - this will be included in The Promise paper as per action 379 which will be presented in January 2024
244	26-Jun-19	10. Financial Framework for the 5-Year Adult Mental Health Services Strategy in GGC	Submit a progress report in due course.	CFO	CLOSED	Nov-22	Refresh of the Strategy for Mental Health Services in GGC included on IJB agenda 22.11.23 (Item 10).

Abbreviations

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

CD	Clinical Director
CO	Chief Officer
CFO	Chief Finance Officer
CN	Chief Nurse
CSWO	Chief Social Work Officer
DSM	Democratic Service Manager
GCO	Governance and Compliance Officer

HAHSCL	Head of Adult Health and Social Care Localities
HAS - C&W	Head of Adult Services - Communities and Wellbeing
HAS - LD&R	Head of Adult Services - Learning Disability and Recovery
HRBP	HR Business Partner
LP (RS)	Lead Planner (Recovery Services)
PPPM	Policy, Planning & Performance Manager
SPPCM	Strategic Planning, Performance and Commissioning Manager
SSLO	Strategic Services Lead Officer (ERC)

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NOT YET ENDORSED AS A CORRECT RECORD

AGENDA ITEM No. 6

Minute of the Virtual Meeting of the
East Renfrewshire Integration Joint Board
Performance and Audit Committee
held at 1.00pm on Wednesday 27 September 2023

PRESENT

Councillor Katie Pragnell	East Renfrewshire Council (Chair)
Lynsey Allan	Scottish Care
Jacqueline Forbes	NHS Greater Glasgow and Clyde Board
Anne Marie Kennedy	Non-voting IJB Member
Anne Marie Monaghan	NHS Greater Glasgow and Clyde Board

IN ATTENDANCE

Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
Michelle Blair	Chief Auditor (East Renfrewshire Council)
Pamela Gomes	Governance and Compliance Officer
Ian McLean	Accountancy Manager
Julie Murray	Chief Officer – IJB
Margaret Phelps	Strategic Planning, Performance and Commissioning Manager
Grace Scanlin	Ernst & Young
Colin Sweeney	Democratic Services Manager (ERC)

APOLOGIES FOR ABSENCE

Tom Kelly	Head of Adult Services: Learning Disability and Recovery
Rob Jones	Ernst & Young

DECLARATIONS OF INTEREST

1. There were no declarations of interest intimated.

MINUTES OF PREVIOUS MEETING

2. The Committee considered and approved the Minute of the meeting of 26 June 2023, subject to the spelling of Anne Marie Kennedy's name being corrected.

MATTERS ARISING

3. The Committee considered a report providing an update on matters arising from the discussions that had taken place at the previous meeting, held in June 2023.

In response to a question around the Learning Disability Inpatient Performance report, the Chief Officer noted she had not received any response from other partnerships but had suggested they may wish to take the report to their own respective audit committees. The

Chief Officer also noted that the topic is on other board agendas so will hopefully be subject to further discussion.

The committee noted the report.

ROLLING ACTION LOG

4. The Committee considered the rolling action log, which detailed all actions, including those completed since the previous meeting held on 26 June 2023.

Commenting on the report, the Chief Financial Officer advised that Committee that, since June 2023, Actions 58, 65, 69 and 70 had closed.

In respect of Actions 64 (CIPFA Financial Management Code), it was reported there was a deadline of March 2024 for updates on those areas identified for potential improvement. It was recognised that some timescales would be longer-term.

In respect of Action 31 (Internal Audit Annual Report 2020-21 and Internal Audit Plan 2021-22), it was reported that this remained with Police Scotland, and that an update had been requested. Officers were aware there has been a change in personnel within the police.

The Committee noted the report.

INTERNAL AUDIT ANNUAL REPORT 2022/23

5. The Committee considered the Chief Internal Auditor's Annual Report for 2022/23, which contained an independent opinion on the adequacy and effectiveness of the governance, risk management and internal controls. The main purpose of which is to provide an assurance statement based on the work carried out relevant to the IJB. The Chief Internal Auditor concluded that reasonable assurance can be placed on the framework operated in East Renfrewshire Integration Joint Board in the year to 31 March 2023.

During discussion it was suggested that some of the audit reports the Committee received in relation to governance and procedures were quite light and questioned whether the Committee should be asking for more detail in reports moving forward.

Jacqueline Forbes suggested it may be worthwhile benchmarking against some other IJBs in terms of the level of detail within audit reporting. It was confirmed that all activity is reported to the Committee however should Members have any specific areas they would like considered in future to contact the Chief Internal Auditor as it may be worth being more proactive in terms of how we want to use audit days. It was noted that in terms of the Council's audit function, any audits impacting the HSCP are shared within the regular audit updates to Performance and Audit Committee along with details of NHS audits undertaken by Azets.

The Chief Financial Officer provided further assurance that should the HSCP have any specific concerns, the Council's Chief Auditor would make time, on request, for any investigative work needed.

The Committee:

(i) Noted the contents of internal audit's annual report 2022/23; and

(ii) Noted the annual assurance statement and the conclusion that the IJB had adequate and effective internal controls in place proportionate to its responsibilities in 2022/23.

UNAUDITED ANNUAL REPORT ACCOUNTS 2022/23 AND ISA 580 INDEPENDENT AUDITORS REPORT

6. Grace Scanlin from Ernst & Young presented the independent auditors report which gave an overview of the external audit annual report for the year ending 31 March 2023. This summarised the key findings and conclusions from the audit of the IJB. The report remains provisional until the accounts are signed.

Grace Scanlin highlighted the key issues and noted that whilst there was a net underspend for the year, financial sustainability was a red risk relating to the recommendation to work with partners to achieve a more sustainable financial position. There was one minor recommendation reflecting hosted services. In conclusion the reporting arrangements were good; that best value was achievable and that fees had been set in line with the Scottish Government's expectations.

Anne Marie Monaghan was pleased that the audit gave a clean bill of health despite the red rating around financial sustainability. The pressures we have are not in relation to poor management of finances but are a result of insufficient funding to meet service demand.

Jacqueline Forbes echoed Anne Marie Monaghan's comments and was reassured that the new auditors highlighted the issues the Board expected.

The Committee noted the report.

AUDITED ANNUAL REPORT AND ACCOUNTS 2022-2023

7. The Committee considered a report which provided an overview of the audited annual report and accounts for the Integration Joint Board covering the period 1 April 2022 to 31 March 2023.

The Chief Financial Officer was very pleased to report the annual report and accounts were unqualified, had been properly prepared, met legislative requirements, addressed best value and that appropriate governance was in place. She said that the main messages from Ernst & Young were set out in the table at paragraph 13 of the report. It was confirmed that since the report was written, the Best Value comment was no longer RAG rated so all areas were Green with the exception of financial sustainability. Discussion on the financial position is ongoing with partners.

The two recommendations made by Ernst & Young were detailed at paragraph 18 along with the HSCP responses and it was noted that the Chief Officer and Chief Financial Officer would continue to engage with partners in relation to the current and future years.

The main messages included in the report remained unchanged since that reported in June and the detail was summarised at paragraph 24.

The HSCP's level of general reserves remained below the level set in the reserves strategy and this had been discussed at length in prior years.

Following this meeting, the Chair would confirm this Committee's decision on the recommendations in the report, with any pertinent comments, to the chair of the IJB.

Finally, colleagues were thanked for their input into the annual report and accounts. There was a significant amount of work behind the scenes to ensure statutory obligations were met and to support the audit process. Similarly, thanks went to Grace Scanlin and her colleagues, for taking the time to get to know the business as part of the audit.

The Committee:

a) Agreed the audited annual report and accounts be remitted to the Integration Joint Board for approval; and

b) Noted the summary overview of financial performance document for 2022/23 prior to publication on the IJB website.

INTERNAL AUDIT PLAN 2023/24

8. The Chief Internal Auditor presented her internal audit plan for 2023/24 which has been developed following consultation with the Chief Financial Officer. The Chief Auditor noted that no specific IJB audit was planned but that 11 days had been set aside if needed and in reference to the earlier discussion advised she would be happy to consider any suggested areas for audit.

The Chief Internal Auditor also advised the service is currently working on a payroll audit. Whilst not specific to the HSCP, any associated recommendations would be brought to the Committee. Jacqueline Forbes noted that it was reassuring that these things are being looked at.

The Committee approved the plan.

PERFORMANCE REPORT – QUARTER 1

9. The Committee considered a report providing an update on key performance measures relating to the delivery of the strategic priorities set out in the HSCP Strategic Plan 2022-2025. The report includes available data for quarter 1, along with more detailed exception reports for two performance indicators. The format for exception reports have been developed in partnership with Committee members at the working group and provide more detailed discussion on performance trends.

As previously reported to the Committee, the performance system remains in development however the Planning and Performance Team have set out requirements for HSCP level reporting with the aim of introducing more flexibility and automation which should be in place for our mid-year report.

It was noted that the HSCP continues to operate at a high level of performance across service areas, including many that continue to face significant challenges and pressures.

There was discussion on a number of targets and a questioned raised in relation to 1:1 therapists rather than online treatment and whether any stats were available and whether there were any difference between areas.

The Committee were pleased with the new format of the report which is much improved and they welcomed the new exception reporting templates which show ‘what good looks like’.

COMMISSIONED SERVICES ANNUAL UPDATE

10. The Committee considered a report providing an annual update on commissioned services and the contract and commissioning arrangements in place to support service delivery.

Margaret Phelps provided an overview of engagement activity and annual spend giving a summary of the HSCP position.

Anne Marie Monaghan noted the report was very helpful and was supportive of the collaborative commissioning approach.

Anne Marie Kennedy expressed her thanks for the work undertaken with the third sector.

The Committee noted the report.

AUDIT UPDATE

11. The committee considered a report providing an update on new audit activity relating to the IJB and HSCP since last reported to the committee in June 2023, and summarising all open audit recommendations. Accompanying the report was a series of appendices containing information relating to specific audit activity within the IJB and HSCP.

In response to Jacqueline Forbes question around the verification process, the Chief Auditor confirmed that follow-up work is undertaken in a certain order and where there are Council wide audits these would not be followed up until all department's implementation dates had passed, however these are generally done within a year of the original audit. She further confirmed that a follow-up of the Council's Environment department audits are currently underway which will include the recommendations noted in appendix 2J. A follow up of HSCP specific audits will also be undertaken once all implementation dates have passed.

The Committee noted the report.

POLICY UPDATE

12. The Committee considered the annual policy update which details timeframes for review of IJB policies and governance documents.

It was noted that the Integration Scheme is currently under review and will be considered by the health board and local authority in October. There are no significant changes and if approved, the scheme will go for consultation and feedback will be used to make necessary revisions before being presented for final approval.

A copy of the report to Council will be shared with the IJB for information.

The Committee noted the report.

IJB STRATEGIC RISK REGISTER

13. The committee considered an update report on the Integration Joint Board Strategic Risk Register. A copy of the risk register accompanied the report. The Chief Financial Officer noted that since last reported to the committee in June, no new risks had been added and no existing risks had been removed. Details of the changes, which included one score being increased, are contained within the report. It was noted that financial sustainability remains red post mitigation reflecting the ongoing challenges and that failure of a provider, although amber, was included in the exception report given the volatility in the market. Whilst the particular concerns in relation to 3 local care homes have improved, we remain alert as the system is in such crisis.

Anne Marie Monaghan queried how many providers have handed back care packages. Exact details were not available however the Intensive Services Manager advised that we

have not had a full service handback for a number of years; only specific packages which is usually due to staffing issues. Given the good working relationships, partners are usually able to honour notice periods which is important for those who use our services.

Anne Marie also asked whether we had done everything we possibly can in relation to the historic abuse and was assured by the Chief Officer that all appropriate actions have been taken.

The Committee noted the report.

DATE OF NEXT MEETING

14. It was reported that the next meeting of the committee would be held on Wednesday 22 November 2023 at 9am.

CHAIR

AGENDA ITEM No. 7

Meeting of East Renfrewshire Health and Social Care Partnership **Held on**	Integration Joint Board 22 November 2023
Agenda Item	7
Title	Revenue Budget Monitoring Report 2023/24; position as at 30th September 2023

Summary

To provide the Integration Joint Board with financial monitoring information in relation to the revenue budget, as part of the agreed financial governance arrangements.

Presented by	Lesley Bairden, Chief Financial Officer

Action Required

The Integration Joint Board is asked to note:

- the projected outturn for the 2023/24 revenue budget
- that the Chief Officer and her management team continue to work on actions to mitigate cost pressures in the current year
- that East Renfrewshire Council have indicated support to the IJB for social care cost pressures on a non-recurring basis this financial year

Directions	**Implications**	
☐ No Directions Required	☒ Finance	☒ Risk
☐ Directions to East Renfrewshire Council (ERC)	☐ Policy	☐ Legal
☐ Directions to NHS Greater Glasgow and Clyde (NHSGGC)	☐ Workforce	☐ Infrastructure
☒ Directions to both ERC and NHSGGC	☐ Equalities	☐ Fairer Scotland Duty

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

22 NOVEMBER 2023

Report by Chief Financial Officer

REVENUE BUDGET MONITORING REPORT

PURPOSE OF REPORT

1. To advise the Integration Joint Board of the projected outturn position of the 2023/24 revenue budget. This projection is based on ledger information as at 30th September 2023 and allowing for latest intelligence.

RECOMMENDATIONS

2. The Integration Joint Board is asked to note:
   - the projected outturn for the 2023/24 revenue budget
   - that the Chief Officer and her management team continue to work on actions to mitigate cost pressures in the current year
   - that East Renfrewshire Council have indicated support to the IJB for social care cost pressures on a non-recurring basis this financial year

BACKGROUND

3. This report is part of the regular reporting cycle for ensuring that the HSCP financial governance arrangements are maintained. This is the third report for the financial year 2023/24 and provides the projected outturn for the year based on our latest information recognising we remain in a very challenging financial position.

4. The projected outturn shows a potential overspend for the year of £2.998 million, based on current costs; this is a negligible change since we reported the position as at 31 August to the last IJB. The Chief Officer and her management team continue to work on actions to mitigate cost pressures as far as is possible in the current year.

5. The projected position also assumes that the full savings target of £7.06 million will be achieved in year, including a draw from the budget savings, pressures and general reserves. However the work on delivering the Supporting People Framework has been slower to gain momentum and early indications suggest this may have been optimistic as we are seeing some increased costs as well as reductions. Whilst we are concerned there is not enough data to revise the projection with any degree of certainty, so this is unchanged, we do expect significant activity over the coming weeks which will allow us enough information to base future projections.

6. Since the IJB met last month action plans continue to be developed and so far have identified cost reductions have increased to £0.6m (a further of £0.1m since last reported). As last reported the action plan savings include further tightening of vacancy management, ensuring non pay spend is minimised including equipment and running costs where there is any flexibility to do so.

7. The voluntary severance trawl, with our staff employed by the council, is nearing completion. This will inform the options available for cost reduction and / or service redesign

8. The Chief Officer and her management team continue to work on actions to mitigate cost pressures in the current year. However discussion with both partners is ongoing to explore any options available to support the IJB to meet the cost pressures, demand and capacity challenges we continue to experience. Our council partner has agreed to support us on a non-recurring basis in the current year with our projected social care cost pressures and this will continue to be monitored and discussed throughout the year. This support is very much welcomed.

9. The projected costs against budget will continue to be reviewed as the year progresses and every action taken where possible to contain or minimise the projected overspend, whilst continuing to deliver our significant savings, recovery and renewal programme. The current year pressures will also inform the ongoing budget preparation work for the coming financial year 2024/25.

REPORT

10. The consolidated budget for 2023/24 and projected outturn position, shows a possible overspend of £2.998 million against a full year budget of £153.562 million (1.95%) after planned contributions from reserves. We have identified a further £0.327 million that we think we can release so need to find c£2.7 million further reductions and / or increased funding. The Senior Management Team continue to identify options to prioritise workload to allow greater focus on cost reduction activity.

11. The HSCP ongoing costs relating to Covid-19 now need to be contained within our budget as Scottish Government funding has now ceased, with exception of £2k to support PPE for carers.

12. East Renfrewshire Council has agreed c£0.75 million non-recurring funding to support Covid recovery activity and this is expected to be utilised in full, with the detail included at Appendix 11.

13. The consolidated revenue budget and associated financial direction to our partners is detailed at Appendix 4. This is reported to each Integration Joint Board and reflects in year revisions to our funding contributions and associated directions.

14. The reserves position is set out at Appendix 5 and shows the planned in-year use of reserves, the committed spend to take forward and also shows that we may be able to un-hypothecate £327k to mitigate current year costs. The IJB will be asked to take a decision on this, if necessary, as the year progresses. We will continue to review all reserves balances.

15. The IJB may also be asked to further consider recovery planning proposals and associated discussion with our respective partners as the year progresses. As stated above we are concerned about the Supporting People Framework.

16. The main projected operational variances are set out below and as stated this is the projected position based on known care commitments, vacant posts and other supporting information from our financial systems as at 30th September 2023 and allows for the latest known information. The projected costs include minimal provision

for further activity over the remainder of the year including the winter months. We also have the council Covid support for Care at Home of £0.25 million to help maintain services during the coming months.

17. **Children & Families and Public Protection £169k underspend;** is a further reduction in costs of £147k since last reported. The remains a result of vacancy management and maximising reserves. This is allowing us to contain pressures in the current year from:
    - The number of unaccompanied asylum seeker children continues to grow with more children requiring support early in the financial year (£161k). This will change during the year depending on the number of children supported and the type of support required and / or available.
    - There is a pressure around residential care costs and fostering and adoption costs (£212k).

18. **Older Peoples Services £218k underspend;** this is a result of current care commitments and staff turnover within teams, however is an improved position since last reported as we have revised our more prudent projections on staffing costs:
    - Residential and nursing care remains broadly to budget with a £19k overspend.
    - In localities directly purchased care at home and direct payment commitments mean an overspend of £257k.
    - Adult and Community Services we are underspent by £400k mainly from turnover and recruitment challenges.

19. **Physical & Sensory Disability £50k underspend;** is due to three factors:
    - Care package projected costs are now at a £25k overspend for the year, this has reduced as we have had a reduction in the number of people supported.
    - Continuous review of how we use the equipment contract have reduced the cost projections, although still overspent by £43k.
    - Staffing turnover of £99k offsets the pressures above.

    This is a reduction in projected costs of £200k since last reported as costs of care and equipment have reduced.

20. **Learning Disability Community Services £271k overspend;** care package costs are projected to overspend (£474k). This is offset in part by staffing vacancies and reduced supply costs within day services (£155k) and within the Community Autism Team (£50k).

21. This is an increase in projected costs of £377k since last reported. We have seen an increase in out of area costs along with transition costs for young adults much higher value than previously modelled.

22. When we look at the collective position across the three adult care groups above (in paragraphs 18 to 20 this gives a projected overspend across Barrhead and Eastwood localities of £3k and the locality split is shown as an extract in Appendices 1 to 3 as an alternative presentation of these budgets and projected costs.

23. **Intensive Services £1,408k overspend;** the most significant cost pressures remain staffing and the purchase of care:
    - Within Care at Home we are seeing continued capacity constraints along with increased demand and complexity (both purchased and the in-house service) of £1,279k
    - Telecare Responders £239k overspend based on staffing and working patterns.

- Bonnyton House £250k predominately staffing and agency costs to meet staff ratios given current absence levels.
  Offset in part by:
- Staff turnover and vacancies within Day Services and the Home from Hospital team (£362k).

24. The overall costs have reduced by £93k since last reported reflecting the recruitment challenges across the sector.

25. As part of the Savings, Recovery and Renewal programme the service redesign will consider staffing and purchased care, with a view to delivering savings as well as containing costs in the current year.

26. **Learning Disability Inpatients £800k overspend;** this continues to reflect the ongoing pressure in the service around increased observation costs as staff ratios must be maintained within the inpatient units. The projected costs have increased by £400k since last reported based on the current patient dynamics.

27. Given this cost pressure relates to specific patient needs this will constantly change. Going forward this should be mitigated to some degree by the redesign of the service.

28. The IJB will recall this budget was reduced pre Covid to reflect a saving associated with redesign and discussions remain ongoing with other HSCPs as the transitional funding reserve was fully depleted in 2022/23.

29. **Augmentative and Alternative Communication £nil variance;** it is anticipated that spend will remain on budget with the reserve in place available to smooth any developing pressures, recognising the national element of this services. It should be noted however the IJB may be asked to consider whether to release any of this reserve depending on action planning to contain costs as the year progresses.

30. **Recovery Services Mental Health & Addictions £118k underspend;** projected turnover within Mental Health Adult Community Services is now projected at £150k (a further reduction in costs of £50k). We have seen a reduction in care costs of £102k since last reported as a number of people have now left the service.

31. **Prescribing £1,000k overspend: t**here are ongoing issues with reporting of prescribing data so it is not possible to predict a year end position. The information we have seen relating to the first couple of months data suggests continued increased costs and volumes, despite local actions. The systems issues are national and once we have further data we will be in a position to better try and estimated the cost pressure. In the meantime this has been increased by £250k. The IJB will recall we fully used the reserve in 2022/23, so a funding source needs to be identified to meet any overspend.

32. We have a local action plan in place and continue to work closely with colleagues at the Health Board analysing and modelling various scenarios, informed by national working groups.

33. **Finance & Resources £74k overspend;** this budget meets a number of HSCP wide costs, including charges for prior year NHS pension costs that will diminish over time. This is a minor reduction in costs of £6k since last reported.

34. **Primary Care Improvement Plan, Alcohol and Drugs (Local Improvement Fund) and Mental Health Action 15;** we still await confirmation from the Scottish

Government of our current year allocation for Mental Health Action 15, with the others confirmed. The balance of funding we are projecting to carry forward within the Alcohol and Drugs funding is ring-fenced for property to support a recovery hub.

35. Appendices 8 to 10 give a summarised position against each funding stream, showing the planned activity against each initiative. The reserves position for Mental Health Action 15 should become clearer once the Scottish Government confirm final allocation and / or agree use committed reserves.

Other

36. The current projected overspend of £2.998 million is inclusive of the early gains from action plans have been put in place and the IJB should take some assurance that work to support cost reductions is priority. We have insufficient reserves to bridge this cost, with a potential small offset of £327k reserves, which will continuously be reviewed.

37. We signalled in the 2021/22 budget that funding may not be sufficient to meet the increasing demand for services, recognising the historic level of savings delivered (£11.5 million on social between 2015/16 and 2022/23) and despite best efforts we may not be able to contain costs in the current financial year, with the complexities and demand of the post Covid landscape. We have signalled above our concern around the Supporting People Framework, which will continue to be closely monitored.

38. We continue to look at every action where it could be possible to minimise cost pressures in year and are closely monitoring our Savings, Recovery and Renewal programme where progress is reported on all change activity. For ease of reference Appendix 6 in this report also provides a position statement on savings progress. This remains incredibly challenging in the current environment given the capacity constraints and focus on service delivery, recognising the tensions when trying to reduce costs and deliver change and savings.

39. The support cost charge from the council is currently projected to the budget agreed by the IJB and work is required to ensure the activity levels are reduced, based on prior years, to allow us to stay within that budget.

40. There are no budget virement requests, per Appendix 7, for this reporting period.

41. As with every year there are a number of variables such as pay award, inflation, demand, economic volatility, workforce capacity that will all impact on our cost projections and detailed monitoring will continue throughout the year.

42. As previously reported the recently announced changes to the rate of employer's superannuation will mitigate some pressures in the coming years, but will not impact this financial year.

IMPLICATIONS OF THE PROPOSALS

<u>Finance</u>

43. The financial implications are detailed in the report.

Risk

44. Delivering services and the savings recovery and renewal programme within existing funding is clearly our most significant risk and we are nervous about the Supporting People Framework.

45. There are other risks which could impact on the current and future budget position; including:
    - Maintaining capacity to deliver our services
    - Achieving all existing savings on a recurring basis and containing the current projected overspend
    - The ongoing impact of Covid-19 on our partner providers and the care service market
    - Prescribing costs and the ability to accurately model and project the position, particularly in the early part of the year
    - Observation and Out of Area costs within Specialist Learning Disability Services

DIRECTIONS

46. The running budget reconciliation which forms part of financial directions to our partners is included at Appendix 4.

47. The report reflects a projected overspend of £2.998 million after the expected draw from reserves to support savings delivery. Discussions in relation to recovery and / or support funding will be required during 2023/24. The council's support for in-year pressures will be reflected for our final outturn.

CONSULTATION AND PARTNERSHIP WORKING

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

49. This revenue budget reflects the consolidation of funding from both East Renfrewshire Council and NHS Greater Glasgow and Clyde. The HSCP operates under the Financial Regulations as approved by the Performance and Audit Committee on 18 December 2015 and reviewed March 2020; the latest review of the financial regulations and reserves policy were agreed by the Performance and Audit Committee on 22nd September 2022.

CONCLUSIONS

50. The current projected overspend is £2.988 million for the year to 31 March 2024. This is the position after the early impact of action plans to reduce costs have been put in place and work is ongoing to reduce costs where possible. However, discussions in relation to recovery and / or support funding will be required during 2023/24.The Chief Officer and Chief Financial Officer are in regular contact with our partners and the support for in-year pressures from the council is very much welcomed.

51. At present there is c£0.327 million reserves which could possibly be released as a modest offset of the overspend.

RECOMMENDATIONS

52. The Integration Joint Board is asked to note:
    - the projected outturn for the 2023/24 revenue budget
    - that the Chief Officer and her management team are working on actions to mitigate cost pressures in the current year
    - that East Renfrewshire Council have indicated support to the IJB for social care cost pressures on a non-recurring basis this financial year

REPORT AUTHOR

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0141 451 0749

3 November 2023

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB 27.09.2022 – Revenue Budget Monitoring Report
https://www.eastrenfrewshire.gov.uk/media/9554/IJB-Item-07-27-September-2023/pdf/IJB_Item_07_-_27_September_2023.pdf?m=638307310024030000

East Renfrewshire HSCP - Revenue Budget Monitoring 2023/24 **Appendix 1**

Consolidated Monitoring Report

Projected Outturn Position as at 30th September 2023

	Full Year			
Objective Analysis	**Budget £'000**	**Projected Outturn £'000**	**Variance (Over) / Under £'000**	**Variance (Over) / Under %**
Public Protection - Children & Families	13,102	12,962	140	1.07%
Public Protection - Criminal Justice	29	-	29	100.00%
Adult Localities Services				
Older People	25,049	24,831	218	0.87%
Physical & Sensory Disability	6,048	5,998	50	0.83%
Learning Disability - Community	18,675	18,946	(271)	(1.45%)
Learning Disability - Inpatients	9,152	9,952	(800)	(8.74%)
Augmentative and Alternative Communication	76	76	-	0.00%
Intensive Services	15,326	16,733	(1,408)	(9.18%)
Recovery Services - Mental Health	5,397	5,353	44	0.82%
Recovery Services - Addictions	1,737	1,663	74	4.26%
Family Health Services	29,406	29,406	-	0.00%
Prescribing	16,706	17,706	(1,000)	(5.99%)
Finance & Resources	12,859	12,933	(74)	(0.58%)
Net Expenditure	**153,562**	**156,559**	**(2,998)**	**(1.95%)**
Contribution to / (from) Reserve	**-**	**-**	**-**	**-**
Net Expenditure	**153,562**	**156,559**	**(2,998)**	

Projected overspend by Partner	£'000
Health	(1,170)
Social Care	(1,828)
	(2,998)

Net Contribution To / From Reserves **	327
Financial Recovery Action Planning Required to balance budget	2,671
	2,998

** will be reviewed as year progresses

Additional information - Adult Localities

	Full Year			
Objective Analysis	**Budget £'000**	**Projected Outturn £'000**	**Variance (Over) / Under £'000**	**Variance (Over) / Under %**
Localities Services - Barrhead	24,238	24,397	(159)	(0.65%)
Localities Services - Eastwood	25,534	25,378	156	0.61%
Net Expenditure	**49,772**	**49,775**	**(3)**	**(0.01%)**

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East Renfrewshire HSCP - Revenue Budget Monitoring 2023/24 **Appendix 2**

Council Monitoring Report

Projected Outturn Position as at 30th September 2023

Subjective Analysis	Full Year			
	Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Employee Costs	28,372	29,268	(896)	(3.16%)
Property Costs	976	958	18	1.84%
Supplies & Services	2,637	3,705	(1,069)	(40.52%)
Transport Costs	307	298	9	2.93%
Third Party Payments	50,050	52,732	(2,682)	(5.36%)
Support Services	2,455	2,455	-	0.00%
Income	(17,757)	(20,549)	2,792	(15.72%)
Net Expenditure	**67,040**	**68,867**	**(1,828)**	**(2.73%)**
Contribution to / (from) Reserve	**-**		**0**	**-**
Net Expenditure	**67,040**	**68,867**	**(1,828)**	**-**

Objective Analysis	Full Year			
	Budget £'000	Projected Outturn £'000	(Over) / Under £'000	(Over) / Under %
Public Protection - Children & Families	10,460	10,340	120	1.15%
Public Protection - Criminal Justice	29	0	29	100.00%
Adult Localities Services				
Older People	15,544	15,726	(182)	(1.17%)
Physical & Sensory Disability	5,302	5,252	50	0.94%
Learning Disability	12,528	12,849	(321)	(2.56%)
Intensive Services	14,232	15,639	(1,408)	(9.89%)
Recovery Services - Mental Health	1,985	2,041	(56)	(2.82%)
Recovery Services - Addictions	263	239	24	9.13%
Finance & Resources	6,697	6,781	(84)	(1.25%)
Net Expenditure	**67,040**	**68,867**	**(1,828)**	**(2.73%)**
Contribution to / (from) Reserve	**-**		**0**	
Net Expenditure	**67,040**	**68,867**	**(1,828)**	

0

Notes

Notes

1. Contribution To Reserves is made up of the following transfer:

	£'000
Net Contribution to / (from) Reserves	tbc

2. In addition to the above addition spending from reserves is detailed at Appendix 5

3. Additional information - Adult Localities

Objective Analysis	Full Year			
	Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Localities Services - Barrhead	17,233	17,464	(231)	(1.34%)
Localities Services - Eastwood	16,141	16,363	(222)	(1.38%)
Net Expenditure	**33,374**	**33,827**	**(453)**	**(1.36%)**

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East Renfrewshire HSCP - Revenue Budget Monitoring 2023/24 **Appendix 3**

NHS Monitoring Report

Projected Outturn Position as at 30th September 2023

Subjective Analysis	Full Year Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Employee Costs	19,780	20,150	(370)	(1.87%)
Non-pay Expenditure	56,671	57,471	(800)	(1.41%)
Resource Transfer/Social Care Fund	12,146	12,146	-	0.00%
Income	(2,075)	(2,075)	-	0.00%
Net Expenditure	**86,522**	**87,692**	**(1,170)**	**(1.35%)**
Contribution to / (from) Reserve	**-**		**-**	**-**
Net Expenditure	**86,522**	**87,692**	**(1,170)**	**-**

Objective Analysis	Full Year Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Childrens Services	2,536	2,516	20	0.79%
Adult Community Services	6,025	5,625	400	6.64%
Learning Disability - Community	1,108	1,058	50	4.51%
Learning Disability - Inpatients	9,152	9,952	(800)	(8.74%)
Augmentative and Alternative Communication	76	76	-	0.00%
Family Health Services	29,406	29,406	-	0.00%
Prescribing	16,706	17,706	(1,000)	(5.99%)
Recovery Services - Mental Health	2,617	2,517	100	3.82%
Recovery Services - Addictions	913	863	50	5.48%
Finance & Resources	5,837	5,827	10	0.17%
Resource Transfer	12,146	12,146	-	0.00%
Net Expenditure	**86,522**	**87,692**	**(1,170)**	**(1.35%)**
Contribution to / (from) Reserve	**-**		**-**	**0.00%**
Net Expenditure	**86,522**	**87,692**	**(1,170)**	**0.00%**

Notes

Resource Transfer and the Social Care Fund is re allocated across client groups at the consolidated level as detailed below:

	£'000
Public Protection - Children & Families	106
Adult Localities Services	
Older People	3,480
Physical & Sensory Disability	746
Learning Disability	5,039
Intensive Services	1,094
Recovery Services - Mental Health	795
Recovery Services - Addictions	561
Finance & Resources	325
	12,146

Localities Resource Transfer - alternative presentation

Localities Services - Barrhead	5,258
Localities Services - Eastwood	4,005

	£'000
Net Contribution to / (from) Reserves	tbc

In addition to the above addition spending from reserves is detailed at Appendix 5

Additional information - Adult Localities

Objective Analysis	Full Year Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Localities Services - Barrhead	1,747	1,675	72	4.12%
Localities Services - Eastwood	5,386	5,008	378	7.02%
Net Expenditure	**7,133**	**6,683**	**450**	**6.31%**

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East Renfrewshire HSCP - Revenue Budget Monitoring 2023/24 **Appendix 4**
Budget Reconciliation & Directions

	NHS £000	ERC £000	IJB £000	Total £000
Funding Sources to the IJB				
1 Expected Revenue Budget Contributions per March 2022 Budget	82,051	67,040		149,091
Funding confirmed in opening budget but not yet received	(1,023)			(1,023)
Criminal Justice Grant Funded Expenditure		616		616
Criminal Justice Grant		(616)		(616)
CAMHS - transfer to East Dun HSCP	(745)			(745)
Prescribing - including Apremilast	(109)			(109)
Health Visitors - Central Training Allocations	36			36
Pay Award - One off Payment	262			262
Pay Award 23-24	1,736			1,736
Winter Planning Band 2-4 Funding	553			553
ADP - Programme for Govt	268			268
ADP - Tranche 1	416			416
District Nursing	184			184
PCIP - Tranche 1	2,087			2,087
Winter Planning - Multi Disciplinary Team Funding	608			608
School Nursing	188			188
Learning Disability Inpatients Services	10			10
	86,522	67,040	-	153,562
Funding Outwith Revenue Contribution				
* Housing Aids & Adaptations		438		438
Set Aside Hospital Services Opening Budget	28,430			28,430
Total IJB Resources	**114,952**	**67,478**	**-**	**182,430**
Directions to Partners				
Revenue Budget	86,522	67,040	-	153,562
Criminal Justice Grant Funded Expenditure		616		616
Criminal Justice Grant		(616)		(616)
1 Resource Transfer & Recharges	(12,146)	12,146		0
Carers Information	58	(58)		0
	74,434	79,128	-	153,562
* Housing Aids & Adaptations		438		438
Set Aside Hospital Services Budget	28,430			28,430
	102,864	**79,566**	**-**	**182,430**

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

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East Renfrewshire HSCP - Revenue Budget Monitoring 2023/24
Projected Reserves as at 31 March 2024

Appendix 5

Earmarked Reserves	Reserve Brought Fwd from 2022/23	2023/24 Projected spend	2023/24 Potential Release	Projected balance 31/03/24	comment
	£'000	£'000	£'000	£'000	
Scottish Government Funding					
Mental Health - Action 15	118	118		0	Based on latest projected costs, NB awaiting confirmation of current year allocation
Alcohol & Drugs Partnership	851	362		489	Projected balance is funding for recovery hub premises and work is ongoing
Primary Care Improvement Fund	628	628		0	Based on latest projected costs, however subject to SG revision to allocation
Primary Care Transformation Fund	33	33		0	
GP Premises Fund	181	130		51	
COVID-19	2	2		0	To support Carers PPE
Scottish Government Funding	**1,813**	**1,273**	**0**	**540**	
Bridging Finance					
Budget Savings Reserve	1,434	1,434		0	Will be required to cover savings at risk
In Year Pressures Reserve	165	165		0	Will be required to cover savings at risk
Current Year Projected Overspend	0	0		0	
Prescribing	0			0	
Bridging Finance	**1,599**	**1,599**	**0**	**0**	
Children & Families					
Health Visitors	82	82		0	
School Counselling	382	364	18	0	Projected costs for Family wellbeing project Year 2
Mental Health Recovery Monies	473	473		0	Committed for system wide programme and local care cost
Trauma Informed Practice	100	40		60	Year 2 funding commited for post
Whole Family Wellbeing	466	466		0	Assumed fully committed, being reviewed
Unaccompanied Asylum Seekers Children	9	9		0	
Children & Families	**1,512**	**1,434**	**18**	**60**	
Transitional Funding					
Community Living Change Fund	254	254		0	To support redesign programme
Total Transitional Funding	**254**	**254**	**0**	**0**	
Adult Services					
Mental Health Officer/Community Psychology/Capacity	61		61	0	Potentially release if required
Care Home Oversight Support and Lead Nurse	77		77	0	Potentially release if required
Augmentative & Alternative Communication	104			104	Potentially release if required
Addictions - Residential Rehabilitation	37		37	0	Potentially release if required
Learning Disability Health Checks	32	32		0	
Armed Forces Covenant	13	13		0	
Wellbeing	45	45		0	
Dementia Support	109	109		0	Assumed fully committed, being reviewed
Telecare Fire Safety	18	18		0	
Total Adult Services	**496**	**217**	**175**	**104**	
Repairs & Renewals					
Repairs, Furniture and Specialist Equipment	100		50	50	Possibly release £50k to offset pressures - limits development opportunities
Repairs & Renewals	**100**	**0**	**50**	**50**	
Total All Earmarked Reserves	**5,774**	**4,777**	**243**	**754**	
General Reserves					
East Renfrewshire Council	109	100	9	0	Will be required to cover savings at risk
NHSGCC	163	88	75	0	Will be required to cover savings at risk
Total General Reserves	**272**	**188**	**84**	**0**	
Grand Total All Reserves	**6,046**	**4,965**	**327**	**754**	

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East Renfrewshire HSCP - Revenue Budget Monitoring 2023/24 **Appendix 6**

Analysis of Savings Delivery

Saving	Funding Gap £'000	Savings Achieved £'000	Remaining Balance On Track £'000	Remaining Balance At Risk £'000	Comments
HSCP Wide Savings					
Review of Commissioned Services	225	82	143	0	Work in progress - some crossover with SPF
Further Funding Expected on Pay Award	261	261	0	0	Awaiting confirmation of funding
Living Wage on Pay element of contracts rate only	148	148	0	0	Agreed as part of budget and adjustment applied
Limit Use of Support Services to contain cost pressures	219	0	219	0	Actions to be confirmed to move towards SLA Capacity concern
Supporting People Framework (SPF)	3,400	94	2,456	694	£94k to date net of £33k increases. Full year savings £144k net of full year increases £50k
Structure Proposals	928	410	149	369	Timing of saving at risk, work ongoing to refine including impact of voluntary severance trawl
Allocate Turnover Target 1%	200	200	0	0	All NHS staffing budgets now include turnover target saving
Learning Disabilities					
Sleepover Review	150	150	0	0	£169k achieved so far with the excess saving shown against Supported Living
Supported Living	130	19	111	0	Work continues
Intensive Services					
Efficiencies from Care at Home Scheduling System	75	5	0	70	Efficiencies being reviewed with a view to reducing Agency costs/budget
Care at Home Review Phase 2	200	0	0	200	Not progressed to the extent that we will see any savings in this financial year.
Review of Vacant posts and Associated running costs	179	90	0	107	Vacant posts deleted, balance at risk of timing delay
Children and Families					
Review of Connor Road funding	60	0	0	60	Full year saving expected 24/25
Family Functional Therapy	52	52	0	0	Service discontinued, alternative model in place.
Residential Costs - review of Care options	226	219	7	0	Activity under way - monitoring ongoing
Health Improvement - review of service to rationalise	50	0	0	50	Timing of saving at risk
Trauma Informed Practice	0	50	0	0	Service model in place - vacancy deleted
Finance and Resources					
Review of Structure and Processes	296	296	0	0	All savings identified have been achieved, work continues to identify further savings
Localities					
Rehab Team Mini Restructure	61	0	0	0	Saving no longer achievable - alternatives identified and delivered
Eastwood localities Team - Mini Restructure	53	0	0	0	Saving no longer achievable - alternatives identified and delivered
Review of Vacant posts and associated Running Costs	28	150	0	0	On track vacant posts and running cost efficiencies achieved, further post in October, includes alternative savings for non achievement above
District Nursing - Vacancy Management	50	0	0	50	Timing of saving at risk
New - Tech Enabled Care	0	80	0	0	Development budget given up
Mental Health and Addictions					
Review of Structure and Care Packages	65	65	0	0	Vacant post deleted and care package costs revised
Sub Total	**7,056**	**2,371**	**3,085**	**1,600**	
		34%	43%	23%	

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East Renfrewshire HSCP - Revenue Budget Monitoring 2023/24 **Appendix 7**
Budget Virement - ERC Contribution Only

	2023/24 Budget Virement					
Subjective Analysis	**Ledger as Last Reported £'000**	**(1) £**	**(2) £**	**(3) £**	**2023/24 Budget £'000**	**Total Virement £'000**
Employee Costs	28,372				28,372	0
Property Costs	975				975	-
Supplies & Services	2,637				2,637	-
Transport Costs	307				307	-
Third Party Payments	50,050				50,050	-
Support Services	2,456				2,456	-
Income	(17,757)				(17,757)	-
Net Expenditure	**67,040**	**-**	**-**	**-**	**67,040**	**-**

	2023/24 Budget Virement					
Objective Analysis	**Ledger as Last Reported £'000**	**(1) £**	**(2) £**	**(3) £**	**2023/24 Budget £'000**	**Total Virement £'000**
Public Protection - Children & Families	10,460				10,460	-
Public Protection - Criminal Justice	29				29	-
Adult Health - Localities Services						
Older People	15,544				15,544	-
Physical & Sensory Disability	5,302				5,302	-
Learning Disability	12,528				12,528	-
Adult Health - Intensive Services	14,232				14,232	-
Recovery Services - Mental Health	1,985				1,985	-
Recovery Services - Addictions	263				263	-
Finance & Resources	6,697				6,697	-
Net Expenditure	**67,040**	**-**	**-**	**-**	**67,040**	**-**

Note:
1. No budget movements since last reported

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East Renfrewshire HSCP - Revenue Budget Monitoring 2023/24 **Appendix 8**
Primary Care Improvement Plan

Service	Budgeted Programme Costs	Projected Programme Costs	Projected Variance
	£'000	£'000	£'000
Pharmacy Support	876	876	-
Advanced Nurse Practitioners - Urgent Care	173	173	-
Advanced Practice Physiotherapists	190	190	-
Community Mental Health Link Workers	85	85	-
Community Healthcare Assistants / Treatment Room *	418	418	-
Vaccine Transformation Programme	1,019	1,019	-
Programme Support / CQL / Pharmacy First	112	112	-
Total Cost	**2,873**	**2,873**	-
Funded by:			
In Year Maximum Funding Allocation		2,245	
Reserve - Opening Balance		628	
Total Funding		**2,873**	
Surplus/Deficit		-	

NB Vaccine Transformation costs to be confirmed at Board level

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East Renfrewshire HSCP - Revenue Budget Monitoring 2023/24 **Appendix 9**
Mental Health Action 15

Service	Budgeted Programme Costs	Projected Programme Costs	Projected Variance
	£'000	£'000	£'000
Staff costs - Board wide including Nursing, Psychology and Occupational Therapy	169	169	0
Programme Support	29	29	0
Staff Costs East Ren HSCP including Psychology, CAMHS and Occupational Therapy	207	207	0
Other - Peer Support Delivery Service	47	47	0
Total Cost	**452**	**452**	**0**
Funded by:			
In Year Funding (2023/24 tbc - based on prior year allocation)		334	
Reserve - Opening Balance		118	
Total Funding		**452**	
Potential reserve at year end based on current projection		0	

NB Plans to utilise existing reserve being refined, subject to any SG conditions, most prudent assumption until confirmed

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East Renfrewshire HSCP - Revenue Budget Monitoring 2023/24 **Appendix 10**
Alcohol & Drugs Partnership & Local Improvement Funding only

Service	Budgeted Programme Costs	Projected Programme Costs	Projected Variance
	£'000	£'000	£'000
Additional Peer support and Staffing Provision	317	317	-
Additional National Mission uplift	207	207	-
Residential Rehab	189	189	-
MAT Standards	173	173	-
Whole family Approach framework	55	55	-
Lived and Living Experience	24	24	-
Taskforce Response Fund	84	84	-
Alcohol Brief Interventions	25	25	-
Early Intervention - Youth Outreach	30	30	-
Whole Family Support Activity	45	45	-
Recovery Hub	500	11	489
Total Cost	**1,649**	**1,160**	**489**
Funded by:			
In Year Maximum Funding		798	
Reserve - Opening Balance		851	
Total Funding		**1,649**	
Potential reserve at year end based on current projection		489	

NB Plans to utilise existing reserve are in place and include committed spend for future years - also includes Programme for Government spend which has now been baselined

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East Renfrewshire HSCP - Revenue Budget Monitoring 2023/24 **Appendix 11**

ERC Funded Covid Reserves Activity

Initiative	2023/24 Funding £'000	Comments
Development of Talking Points	48	Post recruited
Recovery Café spaces in health centres	10	Expect to use full allocation by 31 March 2024 across Eastwood and Barrhead localities
HSCP winter staff to cover frontline service continuity	250	Expect to use full allocation by 31 March 2024 to support winter pressures
Go-bags for Domestic Abuse Survivors	2	In place
Support to Fostering households	11	Payments to support foster carers have been made
HSCP staff wellbeing programme - extension	24	Programme in place to March 2024
Justice Social Work - reducing backlog of Unpaid Work Hours	5	In place
Justice Social Work - materials for Unpaid Work Service to increase output	4	In place
Carers Support	80	Post recruited and other supports in place
Housing Support for young people	43	Post recruited
Mental Health Support for Children	50	Recruitment of post in progress and training booked
Healthier Minds Hub - Children & Young People's Mental & Emotional Wellbeing	74	Recruitment process ongoing
Recovery support for Domestic Abuse Survivors	37	Programme being delivered with partner
Additional Support Needs - transition to adulthood	91	Posts recruited
Young people affected by drugs and alcohol	43	Post recruited
	772	
In addition to the above:		
Social Work support to vulnerable families at Christmas	10	Agreed in principle, decision to be formalised later in year

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AGENDA ITEM No. 8

Meeting of East Renfrewshire Health and Social Care Partnership **Held on**	Integration Joint Board 27 November 2023
Agenda Item	8
Title	HSCP Savings, Recovery and Renewal Programme

Summary

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

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

Action Required

Members of the Integration Joint Board are asked to note and comment on the progress of the HSCP Savings, Recovery and Renewal Programme.

Directions	**Implications**	
☒ No Directions Required	☒ Finance	☒ Risk
☐ Directions to East Renfrewshire Council (ERC)	☐ Policy	☐ Legal
☐ Directions to NHS Greater Glasgow and Clyde (NHSGGC)	☐ Workforce	☐ Infrastructure
☐ Directions to both ERC and NHSGGC	☐ Equalities	☐ Fairer Scotland Duty

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

22 November 2023

Report by Chief Officer

HSCP SAVINGS, RECOVERY AND RENEWAL PROGRAMME

PURPOSE OF REPORT

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

RECOMMENDATION

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

BACKGROUND

3. The Savings, Recovery and Renewal programme provides information to the IJB across three levels:
   - Strategic: projects that cover HSCP wide activity
   - Service: projects specific to one area/service
   - Operational Deliveries: activities at a service level not related to significant change.

REPORT

4. Since the last report to the IJB in September the programme has continued to progress. Appendix 1 provides a detailed update on individual projects. By exception the updates in the interim period are detailed below.

5. **Supporting People Framework** – Case reviews are ongoing with progress being closely monitored. The revised individual budget calculator has been implemented and practice support sessions with staff continue. The project status has been changed to amber to reflect the significant work required to deliver savings in this financial year and to meet the full recurring saving by April 2024.

6. As detailed in the revenue monitoring report we are concerned about the level of saving this will achieve. Significant work over the coming weeks will allow us to better quantify expectations.

7. **Case Recording Replacement System project** – The tender evaluation process was successfully completed within the expected timescales. The next step in the process will be contractual award to the successful bidder. Data cleansing work continues in preparation for transition to a new system.

8. **Care at Home Review Phase 2** – Work remains ongoing and timelines are currently being revised for this project. The board meets weekly to review progress and considerable work has been done to promote the current recruitment campaign which is fundamental to new service models.

9. **Income Generation** - the short life working group will continue to consider income generation opportunities for the HSCP. Case studies and further benchmarking have been requested.

10. **Planned Projects** – the appendix reflects the brief for scoping telephony works will be considered in November and that work an payment cards is now paused as this requires set-up and recurring revenue costs, for which there is no funding source at present.

11. **Financial Implications** - the savings target for 2023/24 is £7.056 million, Appendix 2 provides a breakdown of the detail showing progress by saving. As previously agreed a broad de-minimus of £50k has been used so that smaller savings are amalgamated.

12. The appendix can be summarised:

Savings Progress	£ million	%
Achieved to date	2.371	34%
On track to be achieved	3.085	43%
At risk of slippage / shortfall	1.600	23%
Total	7.056	

13. The projected saving for supporting people is unchanged per the information included in the revenue monitoring report.

14. The percent breakdown in the table above remains unchanged however the actual to date has reduced by £42k as non-recurring savings relating to direct payments have been removed from the savings progress, however are included in service projections.

15. If all the current at risk savings of £1.6 million were not achieved in year this will need to be met from reserves; the current reserves balance to support delivery of savings is £1.599 million, with a further general reserve of £0.272 million.

16. This would mean there would be very little, if any, useable reserves to meet operational costs above budget. The current year position and associated risk is included in the revenue monitoring report.

CONSULTATION AND PARTNERSHIP WORKING

17. Representation from staff, those who use our services, staffside representatives and partner providers will continue to be invited onto projects as appropriate.

IMPLICATIONS OF THE PROPOSALS

Finance

18. The 2023/24 savings targets and associated progress will be reported to future meetings as part of this programme.

Equalities

19. We will undertake Equality, Fairness and Rights Impact Assessments where required.

Risk
20. There is a significant financial risk should the full savings not be achieved on a recurring basis by 31 March 2024. There remains a capacity challenge to support change and savings delivery, particularly the Supporting People Framework, while maintaining operational service delivery and associated demands.

Workforce
21. There are no specific workforce issues arising as result of this paper and savings relating to staffing are discussed through our HR Sub-Group, Joint Staff Forum and other appropriate governance.

22. There are no legal, policy or infrastructure implications arising as a result of this paper.

DIRECTIONS

23. There are no directions arising from this report.

CONCLUSIONS

24. The Savings, Recovery and Renewal Programme is continuing to progress and will be reported to each meeting of the IJB.

RECOMMENDATIONS

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

REPORT AUTHOR AND PERSON TO CONTACT

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

Chief Officer, IJB: Julie Murray

1 November 2023

BACKGROUND PAPERS

IJB Paper: 27 September 2023 – Item 8 Savings, Recovery and Renewal Programme
https://www.eastrenfrewshire.gov.uk/media/9528/IJB-Item-08-27-September-2023/pdf/IJB_Item_08_-_27_September_2023.pdf?m=638303735211430000

Appendix 1 - Project Timelines and Summaries as at 01 November 2023

LIVE PROJECTS				
Project	**Project Owner**	**Project Start Date**	**Project End Date**	**RAG Status**
L1: Learning Disability Development	Tom Kelly	August 2022	December 2024	**AMBER**
L2: Case Recording System (CareFirst) Replacement	Lesley Bairden	April 2022	October 2024	**GREEN**
L3: Information Governance and Data Cleansing	Raymond Prior	November 2022	October 2024	**GREEN**
L4: Review of Commissioned Services	Margaret Phelps	November 2022	March 2025	**GREEN**
L5: Care at Home Review Phase 2	Julie Murray	July 2023	June 2024	**AMBER**
L6: Supporting People Framework	Tom Kelly, Lee McLaughlin, Raymond Prior	April 2023	March 2024	**AMBER**

PLANNED PROJECTS				
Project	**Project owner**	**Expected Project Start Date**	**Project End Date**	**RAG Status**
P1: Pre-Payment Cards	Lesley Bairden	n/a – see below		

FUTURE PROJECTS				
Project	**Project owner**	**Expected Project Start Date**	**Project End Date**	**RAG Status**
F1: Review of Telephony Systems	Lesley Bairden	November 2023	June 2024	

LIVE PROJECTS SUMMARY

Project Title	**L1 – Learning Disability Development**
Project Owner	Tom Kelly
Purpose - what do we want to achieve	• To undertake an extensive review of our current approach to supporting those who use our Learning Disability support services and introduce a modern integrated service that puts the needs of those who use our services at the heart of what we do, whilst identifying viable and sustainable options for creating efficiencies in service provision. • The project will encompass a review of the overnight support service ('sleepovers'), facilitating a fresh assessment of overall support needs, and looking at ways of utilising modern technology to provide personalised support alternatives, introducing less intrusive and more efficient methods of meeting assessed need and managing more successful and fulfilling outcomes. • The project will also build upon the work carried out in relation to Phase 1 of the remobilisation of day opportunities following the enforced COVID-19 service suspension of these services. The review will provide the opportunity to assess how the reintroduction of both building based and outreach services can be individualised, and provide a better fit with a modernised integrated Learning Disability support service.
Expected Outcomes – Non financial	• Ensuring those that who use our learning disability service are supported and encouraged to thrive with enhanced day opportunities • The creation of a modern, integrated and efficient support service
Expected Outcomes – financial	Indicative savings are: • 2022/23: £200k (not achieved) • 2023/24: £300k (£169k achieved to date) • 2024/25: £100k (£8k additional full year effect)
Current Update	• CareFirst training completed and pilot for 2 seniors underway. • Option 1 reviews to continue monitor returns of options 1 payments requested. • Monitoring reports received from SOL early October 23 and monthly reports were requested, this is being monitored. • Information on equipment at each client's home and responder service has been obtained from SOL. • Data protection Officer confirmed that a full DPIA is not required for this project. • Delay in progress for overnight support reviews due to lack of resources within SOL and risk assessment charge now being approved.
Next Steps	• Reviews will continue to be undertaken • Training continues for Community Pathways Team for SSSC registrations • Ongoing liaison with partner provider regarding monitoring and future use
RAG Status	**AMBER**
Timeline	18 August 2022 – 16 December 2024

Project Title	**L2 - Case Recording System Replacement**
Project Owner	Lesley Bairden
Purpose - what do we want to achieve	• The HSCP Case Management solution is the mechanism by which HSCP staff record and capture information relating to those who use our services. • To procure and implement a new comprehensive case management solution for the recording and management of service user information and case recording within all aspects of Social Work managed by the HSCP
Expected Outcomes – Non financial	• A system that can be accessed and updated from anywhere on any device • Lean and person centred recording processes • Data as an asset- using data available to drive future service improvement
Expected Outcomes – financial	Indicative savings are: • 2024/25: £75k • 2025/26: £75k
Current Update	• Evaluation of both supplier bids received from ITT closed on 31 October 2023 • Evaluations responses now being reviewed by ERC Procurement Team. • Working with ICT colleagues and existing supplier to develop a ‘bulk deletion’ script to delete all records on CareFirst system no longer required in line with ERC data retention policy and GDPR • Liaison work also commenced with BO&P colleagues with regards to the simultaneous deletion of related obsolete data contained within the Information at Work records management system. • Process Mapping work has now moved onto ‘to-be’ processes. • Commenced discussions on optimum way to fill Systems Implementation posts in Project Team Recruitment Phase 2
Next Steps	• Tender Evaluation complete on 31 October 2023, at which point we anticipate appointing a preferred bidder. • Implementation work will follow on from this in conjunction with preferred supplier, who will be invited to join Project Board as Senior Supplier. • Progress Project Team Recruitment Phase 2 in relation to planned System Implementation resource.
RAG	**GREEN**
Timeline	20 April 2022 – 31 October 2024

Project Title	L3: Information Governance and Data Cleansing
Project Owner	Raymond Prior
Purpose - what do we want to achieve	• Implement a robust approach to information governance across the HSCP ensuring statutory duties are met • Embed good information governance practices into business as usual activity • Ensure staff have the training and information to manage associated risk accordingly • Fully prepared for a transition to a new case recording system and online collaboration tools such as One Drive.
Expected Outcomes – Non financial	• HSCP has a defined approach to information governance • HSCP processes are reviewed to ensure information governance requirements are adhered to • Reduced risks of data breaches and potential Information Commissioner fines
Expected Outcomes – financial	• There are no expected financial outcomes as a result of this project.
Current Update	• Review of physical files at Thornliebank now completed except Finance • Focus is now on files saved on DVDs and CDs • Work in progress with files saved at St Andrews Houses • Home Care Dairies are being scanned into Information at Work system while backlog of old diaries is being sorted for easy access • Work in progress with electronic files. This includes Scan files saved on old system
Next Steps	• Complete Thornliebank physical files related to Finance • Complete Phase 2 review work (electronic files) • Organise electronic records • Saving files on I-Drive · Review and list Scan Files • Complete the review of files at St. Andrew's House • Complete work on Indexing and logging old Home Care diaries location for destruction in line with retention policy • Relevant staff to be identified to undertake Information Asset Register (IAR) Training
RAG	**GREEN**
Timelines	16 November 2022 – 31 October 2024

Project Title	L4: Review of Commissioned Services
Project Owner	Margaret Phelps
Purpose - what do we want to achieve	• To review a number of arrangements to ensure we are maximising all framework and contractual opportunities
Expected Outcomes – Non financial	• Resilience in local partnership working
Expected Outcomes – financial	An indicative saving of: • 2022/23 - £75k (achieved) • 2023/24 - £225k (£82k achieved to date) • 2024/25 – £500k (£1k additional full year effect achieved) NB Need to consider crossover with Supporting People Framework
Current Update	• Reviews of grants are continuing. • Actual reviews of top 20 high-cost packages and older service agreements effectively transferred to SPF. • Of the original 130 clients who were identified as having high packages, 36 reviews were completed, 8 have had savings identified under SPF and are reported through that mechanism. • The remainder of the have been referred to the Professional Peer Review group. • Supporting brokerage work linked with Care at Home Phase 2 Project.
Next Steps	• Refocus of work streams in light of Supporting People Framework continues
RAG	GREEN
Timelines	November 2022 – March 2025

Project Title	**L5: Care at Home Review Phase 2**
Project Owner	Julie Murray
Purpose - what do we want to achieve	• Structure redesign • Defined offering to the external market place • An operating model that is effective and efficient • Care at Home and Telecare services aligned and cross service opportunities maximised
Expected Outcomes – Non financial	• A sustainable, resource and cost efficient operating model
Expected Outcomes – financial	Indicative savings are: • 2022/23 - £100k (not achieved) • 2023/24 - £200k (unlikely to be achieved in current year) • 2024/25 - £200k (will require additional £200k from 2023/24)
Current Update	• Project added to Project Web App (PWA) to facilitate tracking and reporting • New/updated jobs specifications drafted for priority posts within structural redesign and work on job evaluation documentation has commenced • Market share transition planning and refinement of draft communication plan in relation to external providers completed • EQIA drafted and being reviewed by wider project team
Next Steps	• Continue to progress work-streams as noted above and accelerate the pace of benefits delivery.
RAG	**AMBER**
Timeline	July 2023 to June 2024

Project Title	**L6 – Supporting People Framework**
Project Owner	Tom Kelly, Lee McLaughlin, Raymond Prior
Purpose - what do we want to achieve	• To adopt a formalised eligibility criteria for social care in response to the highly challenging current financial position facing the HSCP • To carry out reviews of care packages across all services to identify savings and efficiencies where possible
Expected Outcomes – Non financial	• Streamlined and uniformed approach to assessment and service provision based on need.
Expected Outcomes – financial	• 2023/24 - £3.4m (£94k to date with £144k full year effect net of increases)
Current Update	• With the exception of ASP and duty activity all adult social work will focus on completion of reviews for an 8 week period • The Professional Peer Review group has been established and is also completing quality assurance of reviews completed. A weekly review group meets to monitor the progress of reviews. • Training and implementation to introduce forms and procedures completed. • A full review of the Adult assessment and procedures will be completed in February 2024 to address any areas of improvement required. • Asset based outcomes assessment for adult services has been developed and was launched on the 1 October 2023. This incorporates the individual budget calculator based upon the SPF criteria
Next Steps	• Fortnightly update to SMT on progress, risks and issues
RAG	**AMBER**
Timeline	April 2023 to March 2024

PLANNED PROJECTS

Project Title	P1- Pre-Paid Cards
Project Owner	Lesley Bairden
Purpose - what do we want to achieve	• Explore the technology and governance required to introduce new functionality and processes for payment disbursement. • The improved mechanism would be utilised for various purposes such as crisis grants, imprest accounts and petty cash. • Reduce cash handling by staff where appropriate to do so.
Expected Outcomes – Non financial	• More efficient process for issuing money for example to Foster Carers to buy necessary items for an emergency placement • Potential reduction in business support time managing and overseeing petty cash and imprest accounts • A more resilient process for issuing money in an emergency situations
Expected Outcomes – financial	• Potential financial savings are unknown at this stage
Current Update	• Following discussions at senior management level within HSCP, it has been decided, that whist there may be some benefits from use of cards, the commitment to funding one-off set-up as well as ongoing revenue costs could not be justified during the current moratorium on non-essential expenditure. • It is hoped that the background work carried out to date in developing the Project Brief will be useful should the project become viable at a future date.
Next Steps	• n/a
Timelines	• n/a

FUTURE PROJECTS

Project Title	F1 – Review of Telephony Systems
Project Owner	Lesley Bairden
Purpose - what do we want to achieve	• Delivery of a unified telephony system that supports and enhances service delivery • A telephony system that supports hybrid working and future technological developments • Access to telephony and communications data reports
Expected Outcomes – Non financial	• A modern, flexible telephony and communications system • Technology that support hybrid working and enables further integration across health and social care • A solution that enables HSCP to provide a better experience for those who contact the partnership • Access to data which enabling HSCP to understand telephony data, demands and trends that can be used to influence future service redesign
Expected Outcomes – financial	• Potential savings not known at this stage
Next Steps	• Project Mandate submitted to SR&R Programme in November 2023 for consideration
Timelines	November 2023 –January 2025

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SAVINGS RECOVERY & RENEWAL

Appendix 2

Analysis of Savings Delivery

Saving	Funding Gap £'000	Savings Achieved £'000	Remaining Balance On Track £'000	Remaining Balance At Risk £'000	Comments
HSCP Wide Savings					
Review of Commissioned Services	225	82	143	0	Work in progress - some crossover with SPF
Further Funding Expected on Pay Award	261	261	0	0	Awaiting confirmation of funding
Living Wage on Pay element of contracts rate only	148	148	0	0	Agreed as part of budget and adjustment applied
Limit Use of Support Services to contain cost pressures	219	0	219	0	Actions to be confirmed to move towards SLA Capacity concern
Supporting People Framework (SPF)	3,400	94	2,456	694	£94k to date net of £33k increases. Full year savings £144k net of full year increases £50k
Structure Proposals	928	410	149	369	Timing of saving at risk, work ongoing to refine including impact of voluntary severance trawl
Allocate Turnover Target 1%	200	200	0	0	All NHS staffing budgets now include turnover target saving
Learning Disabilities					
Sleepover Review	150	150	0	0	£169k achieved so far with the excess saving shown against Supported Living
Supported Living	130	19	111	0	Work continues
Intensive Services					
Efficiencies from Care at Home Scheduling System	75	5	0	70	Efficiencies being reviewed with a view to reducing Agency costs/budget
Care at Home Review Phase 2	200	0	0	200	Not progressed to the extent that we will see any savings in this financial year.
Review of Vacant posts and Associated running costs	179	90	0	107	Vacant posts deleted, balance at risk of timing delay
Children and Families					
Review of Connor Road funding	60	0	0	60	Full year saving expected 24/25
Family Functional Therapy	52	52	0	0	Service discontinued, alternative model in place.
Residential Costs - review of Care options	226	219	7	0	Activity under way - monitoring ongoing
Health Improvement - review of service to rationalise	50	0	0	50	Timing of saving at risk
Trauma Informed Practice	0	50	0	0	Service model in place - vacancy deleted
Finance and Resources					
Review of Structure and Processes	296	296	0	0	All savings identified have been achieved, work continues to identify further savings
Localities					
Rehab Team Mini Restructure	61	0	0	0	Saving no longer achievable - alternatives identified and delivered
Eastwood localities Team - Mini Restructure	53	0	0	0	Saving no longer achievable - alternatives identified and delivered
Review of Vacant posts and associated Running Costs	28	150	0	0	On track vacant posts and running cost efficiencies achieved, further post in October, includes alternative savings for non achievement above
District Nursing - Vacancy Management	50	0	0	50	Timing of saving at risk
New - Tech Enabled Care	0	80	0	0	Development budget given up
Mental Health and Addictions					
Review of Structure and Care Packages	65	65	0	0	Vacant post deleted and care package costs revised
Sub Total	**7,056**	**2,371**	**3,085**	**1,600**	
		34%	43%	23%	

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AGENDA ITEM No. 9

Meeting of East Renfrewshire Health and Social Care Partnership **Held on**	Integration Joint Board 22 November 2023
Agenda Item	9
Title	A Refresh of the Strategy for Mental Health Services in Greater Glasgow & Clyde 2023-2028

Summary

To update the Integration Joint Board on the Refresh of the Strategy for Mental Health Services in Greater Glasgow & Clyde 2023 – 2028

Presented by	Tom Kelly, Head of Adult Services: Learning Disability and Recovery

Action Required

The Integration Joint Board is asked to:

- Note progress made against the Mental Health Strategy 2018 - 2023 outlined in the proposed strategy refresh
- Approve the Refresh of the Strategy for Mental Health Services in Greater Glasgow and Clyde 2023-2028

Directions	**Implications**	
☒ No Directions Required	☒ Finance	☐ Risk
☐ Directions to East Renfrewshire Council (ERC)	☒ Policy	☐ Legal
☐ Directions to NHS Greater Glasgow and Clyde (NHSGGC)	☒ Workforce	☐ Infrastructure
☐ Directions to both ERC and NHSGGC	☒ Equalities	☐ Fairer Scotland Duty

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

22 NOVEMBER 2023

Report by Chief Officer

A REFRESH OF THE STRATEGY FOR MENTAL HEALTH SERVICES IN GREATER GLASGOW & CLYDE 2023 – 2028

PURPOSE OF REPORT

1. The purpose of this report is to provide the Integration Joint Board with an update on the Refresh of the Strategy for Mental Health Services in Greater Glasgow & Clyde 2023 – 2028, included at appendix 1.

RECOMMENDATION

2. The Integration Joint Board is asked to:-
   - Note progress made against the Mental Health Strategy 2018 - 2023 outlined in the proposed strategy refresh
   - Approve the Refresh of the Strategy for Mental Health Services in Greater Glasgow and Clyde 2023-2028

BACKGROUND

3. The Health Board's Moving Forward Together: Greater Glasgow and Clyde's vision for health and social care document set the blueprint for the future delivery of Health and Social Care Services in Greater Glasgow and Clyde. This remains in line with Scottish Government national and West of Scotland regional strategies and requirements and the projected needs of the GGC population. Strategies for Mental Health Services in Greater Glasgow and Clyde are also aligned to the Scottish Government's Mental Health Strategy and the NHSGGC 'Healthy Minds' report.

4. The existing Mental Health Strategy proposes a system of stepped/matched care, allowing for progression through different levels of care, with people entering at the right level of intensity of treatment. The aims of the strategy include:
   - Integration across services to provide a condition-based care approach.
   - Shifting the balance of care further into the community.

5. A community based model will be more cost effective and deliver services earlier, better meeting the needs of the patients in the community as people access more care through and wholly within those community-based services.

6. In the context of services within East Renfrewshire, members will be aware that we have been operating integrated services for some time and are committed to further development. We provide community services but access inpatient care via hosted arrangements with Glasgow City and Renfrewshire HSCPs.

REPORT

Mental Health Strategy Refresh

7. The Strategy Refresh:

    - Widens the scope of the existing strategy and establishes a joint approach to, or strengthens the relationship with, strategies covering the whole family of mental health services in NHSGGC.
    - Describes progress against the recommendations in the existing strategy and other areas. This includes creation of a regional CAMHS Intensive Psychiatric Care Unit (Adolescent IPCU) adjacent to the existing Adolescent inpatient facilities, Skye House located on the Stobhill site in NHSGGC.
    - Reflects changes in context and policy drivers, and identifies changed or new recommendations in response. In particular, includes recognition of and response to the significant impact of the Covid-19 Pandemic both in terms of those needing, and the staff and services delivering, mental health care and support.

8. The vision for the Strategy Refresh includes community focus on:

    - Delivering Prevention and Early Intervention; including Mental Wellbeing and Suicide Prevention training for all staff, expanding computerised Cognitive Behavioural Therapy (cCBT) services and supporting Wellbeing in primary care.
    - Expanding the development of Recovery Peer Support Workers in community teams and inpatient settings.
    - Improving the effectiveness of community services; developing group based Psychological Therapies and Patient Initiated Follow Up (PIFU). PIFU gives patients control over follow up appointments allowing them to be seen quickly when they need to be, such as when symptoms or circumstances change, and avoiding the inconvenience of appointments of low clinical value.
    - Developing Unscheduled Care; commissioning non-clinical response services for situational distress; developing community mental health acute care services offering treatment as an alternative to hospital admission; and Mental Health Assessment Units diverting people with Mental Health problems who do not require physical / medical treatment from Emergency Departments.
    - Supporting faster discharge to the community; integrating health and social care to ensure joint prioritisation of resources; community services that support rehabilitation and recovery from complex mental health problems nearer to the home and in the least restrictive setting.

9. At an East Renfrewshire level, there is much work ongoing to support delivery of the strategy at the local level, as outlined below. Our local Mental Health and Recovery Planning Group take a lead role in the local implementation of both board wide and local strategy.

Early Intervention and Prevention

- Increased awareness raising / community delivery on mental health supports via partnership working with organisations such as the Samaritans.
- Partnership working with Veteran Wellbeing Officer to increase awareness / support local veteran health and wellbeing. Developing a steering group that aims to bring together a diverse range of mental health professionals to discuss and collaborate on improving veterans' mental health services.
- Management of preventative community initiatives such as Walking for Health and physical activity programmes, delivered in partnership with organisations such as Voluntary Action East Renfrewshire, RAMH, and East Renfrewshire Culture and Leisure Trust
- Local commissioning of Alcohol Brief Interventions service and Alcohol Counselling service in partnership with GCA – Glasgow Council on Alcohol

Enhancing local delivery of community mental health services

- Progressing the development of Distress Brief Intervention Services
- Working in partnership with Alzheimer's Scotland on Post Diagnostic dementia support
- Development and design of peer support services for mental health & alcohol and drugs recovery
- Further implementation of Patient Initiated Follow Up (PIFU) in adult mental health services to promote people's independence in managing their recovery
- Continued development of Alcohol and Drug Recovery Services to implement Medication Assisted Treatment Standards and enhance recovery community provision
- Continuing to meet Psychological Therapies waiting time standard across mental health services

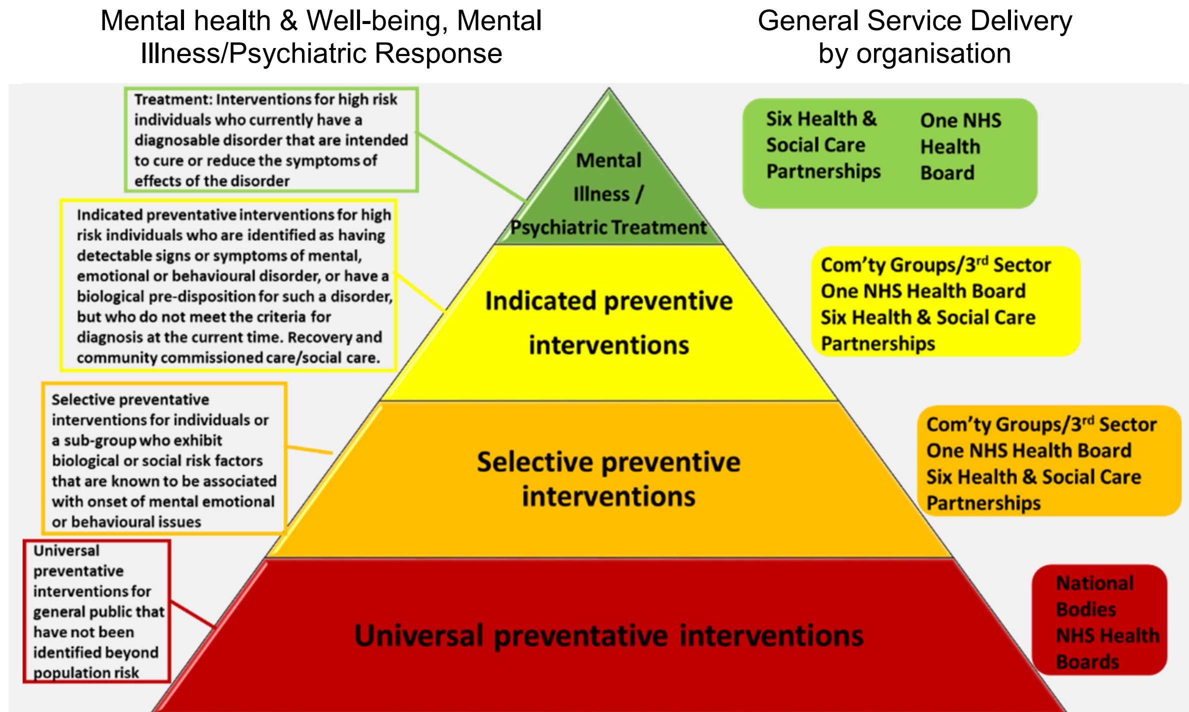
Suicide prevention action planning

- Local suicide prevention working group established including multi sector and cross agencies partners and deep dive work into the circumstances surrounding suicide in our area to support future planning for early intervention.
- Increased opportunity for training / capacity building for staff and partners on mental health and associated topics including suicide prevention and self-harm through partnership working with SAMH.

Supporting mental health in in General Practice

- As part of our Primary Care Improvement Plan, Community Link Workers (CLWs) were introduced to support GP Practices to provide problem-solving, listening and signposting to community services and support for physical, mental and social problems, to enable patients to optimise their own health.
- NHS Greater Glasgow & Clyde (NHSGGC) provides access to computerised Cognitive Behavioural Therapy (cCBT) to all GP Practices as part of the national roll out.

10. The service model (below) increases the level of mental health care delivered in the community. The Strategy refresh recognises that transitional finance is a challenge requiring alternative approach to support further community development. Longer term planning for Wellbeing and early intervention will be needed to more effectively create the infrastructure that prevents or reduces the need for downstream mental health service responses in secondary mental health care.



CONSULTATION AND PARTNERSHIP WORKING

11. The Strategy Refresh seeks to further develop relationships with commissioned providers integral to pathways such as unscheduled care, which includes Distress Response Services. It also seeks to improve co-production, including and involving Carers.

12. The matters contained within this paper have been previously considered by the following groups as part of its development.
    - Health Board Corporate Management Team
    - NHSGG Moving Forward Together Programme Board
    - HSCP Chief Officers Group
    - NHSGGC Mental Health Strategy Programme Board

13. Strategic planning for Mental Health Services continues to progress as a component of the Health Board's Moving Forward Together (MFT) programme.

IMPLICATIONS OF THE PROPOSALS

<u>Finance</u>

14. The Strategy refresh recognises the current environment.

15. The associated financial framework proposes a phased approach to delivery. Decisions will be taken on a system wide approach. As part of developing future implementation thinking, consideration will include what elements of cross funding between adult and older people's

services might support implementation of the Strategy as a whole. This approach will target developments initially to those community services which will derive the greatest benefit with equity of investment by the end point. This is essential to secure the wider ambition of this programme.

Workforce

16. Staff engagement currently includes Area Partnership Forum membership on the Mental Health Strategy Programme Board and sub groups / workstreams. Staff engagement on specific issues will take place as detail emerges. The relevant HR policies and procedures will apply on implementation.

Infrastructure

17. The strategy sets out changes to inpatient estates in the longer term and the continued develop development of patient centred digital options.

Risk

18. For implementation, mitigation of risk will initially focus on where there is existing capacity and oversight of risk will be considered at the Mental Health Programme Board

Equalities

19. Mental Health is not experienced equally across the population, with higher risk of poor mental health in specific groups. These inequalities are driven by the wider determinants of mental health. In addition to social determinants, the strategy recognises the need to focus on inequalities including people with protected characteristics in developing equalities sensitive services matching care to need.

20. Programmes of work will be developed to address mental health wellbeing within such communities and groups.

Policy

21. The Strategy Refresh supports the shift in the balance of care within available resources. Over the next two decades however, expanded and recurring funding for public mental health, wellbeing promotion and early intervention will be needed to more effectively create the infrastructure that prevents or reduces the need for downstream psychiatric service responses in secondary mental health care.

Legal

22. There are no legal implications

Fairer Scotland Duty

23. Ensuring compliance with the Fairer Scotland duty will be relevant when considering options for the rationalisation of the mental health bed estate and site impact.

DIRECTIONS

24. There are no directions arising from this report.

CONCLUSIONS

25. The Refresh is relevant to all national health and wellbeing outcomes and, in relation to its primary aim to shift the balance of care, particularly to Outcome 2; “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.

26. The Mental health Strategy is a Board wide programme of work outlining longer term service change. This also recognises the different demographic profiles of need across all HSCPs. East Renfrewshire HSCP representatives will continue to work collaboratively with the wider programme board to ensure our residents benefit from strategic direction at both Board wide and local level.

27. East Renfrewshire has, on average, a low use of Mental Health inpatient services and we are keen to continue to develop and provide local services, in partnership with our residents, third sector colleagues and others.

RECOMMENDATIONS

28. The Integration Joint Board is asked to:

    - Note progress made against the Mental Health Strategy 2018 - 2023 outlined in the proposed strategy refresh
    - Approve the Refresh of the Strategy for Mental Health Services in Greater Glasgow and Clyde 2023-2028

REPORT AUTHOR AND PERSON TO CONTACT

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BACKGROUND PAPERS

None

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A Refresh of the Strategy for Mental Health Services in Greater Glasgow & Clyde: 2023 – 2028

25 05 2023

Document Version Control

Date	Author	Rationale
04/05/23	V McGarry	To CMT 04/05/23
12/05/23	V McGarry	Bed numbers updated - Child Psychiatry / Totals
17/05/23	V McGarry	Perinatal section – progress updated, service description moved to supplement
25/05/2023	D Harley	Narrative site number correction
03/08/2023	V McGarry	Recommendations numbering update

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1. Introduction: context, drivers and principles for change

1.1. Scope of this Strategy refresh

This strategy refresh updates on the NHSGGC five year adult mental health strategy 2018-2023 and expands on its scope to take account of the range of services relevant to the wider complex of mental health services and the continuing impact of COVID-19 as services go about restoring and refreshing the focus on Strategy changes, initially for the next 5 years.

The Strategy refresh approach to implementation will include:

- No wrong door, so any appropriate referral for secondary specialist mental health care will not be sent back to Primary Care with a suggestion of an appropriate response but discussed and progressed between secondary specialist services
- More people with lived and living experience, along with families and carers, will be involved in everything for co-production
- Prevention will be better explained as addressing wellbeing
- A focus on inequalities including people with protected characteristics and those affected by the socio-economic determinants of poor health.
- Improved access for Mental Health and situational crisis
- Commitment to more established points of access & clear referral pathways
- Self-management resources for people with long term mental health issues, that are accessible and do not exclude access to services where appropriate
- Workforce Strategy

COVID-19 Pandemic

The Scottish Government notes in its COVID-19 strategic framework February 2022 update[1] that "The past two years have tested the resilience of everyone in Scotland. There will have been very few of us who did not, at some stage, feel a strain on our mental health. It is crucial to understand that the mental health impacts of such a traumatic time will continue to emerge and evolve. The longer-term mental health effects will continue to be felt by many of us, across various levels of need. This will include mental ill-health in some cases." This sentiment also applies to the staff, who are to be thanked in demonstrating their commitment in the face of pressure and supporting patients. This strategy review and refresh recognises and responds to the significant impact of the COVID-19 Pandemic both in terms of those needing, and the staff and services delivering, mental health care and support at a time when demand for acute inpatient services is so high.

There are both positive and negative legacies of COVID-19 that will persist for a long time. Specific learning from the pandemic in areas such as Mental Health Assessment Units, digital developments, physical estate and infection control, will inform what we do.

The 2018 Adult Mental Health Strategy identified a range of principles on which service Strategies and implementation plans were based. The primary aims of increasing community based responses and increasing access to services remain relevant to and are inclusive of the whole complex of mental health services:

[1] Coronavirus (COVID-19): Scotland's Strategic Framework update - February 2022

1. **Integration and collaboration**
   A whole-system collegiate approach to Mental Health across Health and Social Care Partnerships (HSCPs) and the NHS Greater Glasgow and Clyde (NHSGGC) Board area, recognising the importance of interfaces and joint working with Primary Care, Acute services, Public Health, Health Improvement, Social Care and third sector provision.

2. **Prevention**
   Services should maintain a focus on prevention, early intervention and harm reduction as well as conventional forms of care and treatment.

3. **Choice and voice**
   Providing greater self-determination, participation and choice through meaningful service user, carer and staff engagement and involvement in the design and delivery of services. Staff wellbeing at work is recognised to be an important part of the provision of quality patient care.

4. **High quality, evidence-based care**
   Identification and equitable delivery of condition pathways, based on the provision of evidence-based and cost-effective forms of treatment.

5. **Data Analysis**
   Routine data collection and analysis is used to improve service quality, productivity and strategy implementation.

6. **Matching care to needs**
   - A model of stepped/matched care responding to routine clinical outcome measurement and using lower-intensity interventions whenever appropriate: “all the care they need, but no more”.
   - A focus on minimising duration of service contact consistent with effective care, while ensuring prompt access for all who need it – the principle of “easy in, easy out”.
   - Shifting the balance of care from hospital to community services where appropriate.
   - Equalities sensitive services

7. **Compassionate, recovery-oriented care**
   - Attention to trauma and adversity where that influences the presentation and response to treatment.
   - Recognition of the importance of recovery-based approaches, including peer support and investment in user and carer experience that generates community and social impact.

Existing strategies covering the complex of mental health services continue to be jointly progressed by the six Health and Social Care Partnerships (HSCPs) within Greater Glasgow and Clyde, in partnership with NHS Greater Glasgow & Clyde (NHSGGC). All remain committed to the need to take a whole-system approach to the strategic planning of Mental Health Services, particularly given the interdependence and connectivity across HSCPs in relation to Mental Health services. The refresh should be read in conjunction with the current individual mental health strategies and proposals.

The production of strategies recognised the beginning of the change and improvement process and were open to further modification as necessary as implementation plans to support delivery of the proposed recommendations developed. The implementation plan will be supported by a further revision of workforce, financial and risk management frameworks designed to reflect the dynamic nature of the proposed changes, with careful checks and balances at each major phase of implementation. The impact of COVID-19 on people’s individual and collective needs also continues to evolve and there remains therefore a commitment to engage further with key stakeholders to shape evolving plans.

1.2. Summary of the Proposed Service Changes and Improvements

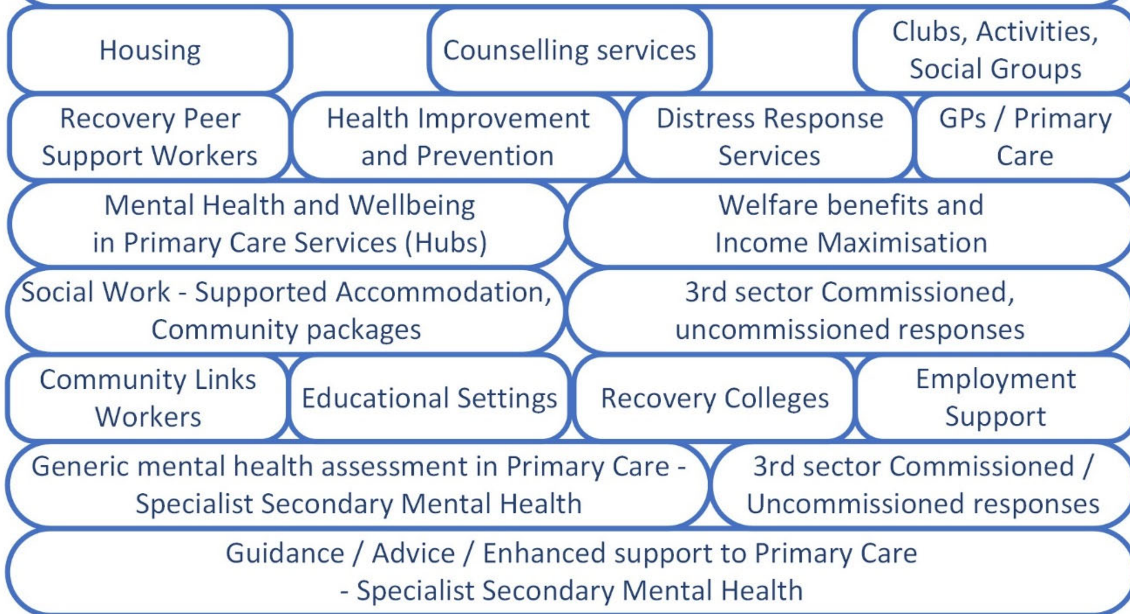
What causes mental health issues is very complex. It is important to understand that just because we may not know exactly what causes someone to experience a mental health issue or distress, this doesn't mean it is any less serious than any other health issue, any less deserving of recognition and treatment or any easier from which to recover. Mental Health issues and distress can have a wide range of causes. It is likely that for many people there is a complicated mix of factors and different people may be more or less deeply affected by certain things than others. Factors that could contribute to a period of poor mental health or distress can include:-

- Childhood abuse, trauma or neglect;
- Social isolation or loneliness;
- Experiencing discrimination and stigma including racism;
- Social disadvantage, poverty or debt;
- Bereavement;
- Severe or long term stress;
- Having a long term physical health problem;
- Unemployment or losing your job;
- Homelessness or poor housing;
- Being a long-term carer for someone
- Drug & alcohol misuse;
- Domestic violence, bullying or other abuse as an adult;
- Significant trauma as an adult;
- Physical causes e.g. head injury and / or neurological condition
- Neurodevelopmental vulnerabilities, especially those previously unrecognised

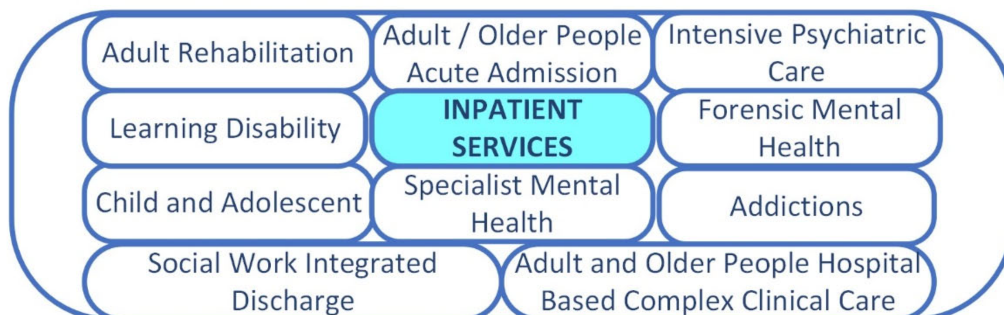
There are separate and specific strategies for organised health and social care service responses for each of the NHSGGC wide mental health complex of services (Health Promotion & Prevention; Child and Adolescent Psychiatry [CAMHS]; adult mental health; older people's mental health; alcohol and drug recovery; Learning Disability and also Forensic mental health).

The recommendations described later in each section of this refresh will require implementation through multiple delivery work streams or other related strategies as appropriate to how they are interrelated or interdependent, such as those that contribute to the response to, or reduction of, Adverse Childhood Experiences.

The delivery of service responses are many and varied as illustrated by the following:


Primary and Community Care
Housing
Counselling services
Clubs, Activities, Social Groups
Recovery Peer Support Workers
Health Improvement and Prevention
Distress Response Services
GPs / Primary Care
Mental Health and Wellbeing in Primary Care Services (Hubs)
Welfare benefits and Income Maximisation
Social Work - Supported Accommodation, Community packages
3rd sector Commissioned, uncommissioned responses
Community Links Workers
Educational Settings
Recovery Colleges
Employment Support
Generic mental health assessment in Primary Care - Specialist Secondary Mental Health
3rd sector Commissioned / Uncommissioned responses
Guidance / Advice / Enhanced support to Primary Care - Specialist Secondary Mental Health

Secondary Specialist Mental Health Care
Mental Health Assessment
Emergency Departments
Acute Hospital Liaison Services
Group Therapies Service
Community Mental Health Rehabilitation
Child and Adolescent Mental Health Services
Primary Care Mental Health Teams
Adult Community Mental Health Teams
Older People Mental Health Teams
Community Alcohol and Drug Recovery Services
Specialist Community Mental Health Services
Recovery Peer Support Workers
Computerised Cognitive Behavioural Therapy
Community Learning Disability Services


Adult Rehabilitation
Adult / Older People Acute Admission
Intensive Psychiatric Care
Learning Disability
INPATIENT SERVICES
Forensic Mental Health
Child and Adolescent
Specialist Mental Health
Addictions
Social Work Integrated Discharge
Adult and Older People Hospital Based Complex Clinical Care

All services set out the issues and recommended actions necessary to deliver their aims. Particular, but not exclusive, attention was drawn to the following service changes proposed:

1.2.1. Prevention, Early Intervention and Health Improvement.

A range of organised mental health service responses can all contribute to their own versions of prevention, early intervention and health improvement and do this in very different ways.

This refresh makes more of a distinction between services that promote people's mental health and prevent people's mental distress and illness from services that are organised to respond to people's mental illness when they are referred to secondary care mental health services in the community and in inpatient wards. The relevant services will:

- Up-scale Mental Health training and support for all non-mental health and mental health staff in Partnerships and related services including; trauma informed, ACE-aware (Adverse Childhood Experience), one good adult, Mental Health first aid.
- Support community planning partners to develop and implement strategies to address adverse childhood experiences and child poverty within their area.
- Work with multiple partners to build awareness of practical steps to promoting mental wellbeing and challenging stigma and discrimination with a priority focus on groups with higher risk, marginalised groups and people with protected characteristics.

1.2.2. Physical Health

- On-going application of the Physical Healthcare and Mental Health Policy approach for people not in mental distress.
- On-going application of the Physical Healthcare and Mental Health Policy approach for people in mental distress who don't need contact with specialist mental health services.
- On-going application of the Physical Healthcare and Mental Health Policy for people in contact with specialist mental health services.
- Improve assessment and referral pathways to ensure that people with a serious mental illness have their physical health monitored and managed effectively with no barriers to service access.
- Continuing the commitment within Mental Health Services to a programme of training and development for mental health staff to ensure that the delivery of physical healthcare meets current standards.

1.2.3. Recovery Orientated and Trauma-aware services

- Collaboration with people with lived and living experience of mental health distress and / or of mental health illness
- Work with partners to pilot the introduction of Recovery Colleges in the Board area
- Develop and implement models of Peer Support Workers in the community

1.2.4. Community and Specialist Teams

- A focus on maximising efficiency and effectiveness of our Community Mental Health Teams (CMHTs) with standardised initial assessment, Patient Initiated Follow up Pathway (PIFU), Clinical risk reference panel development, peer support in CMHTs to reduce inpatient care, consider new roles, and refresh clinical outcomes measures.
- Implementation of Esteem review outcomes.
- Development proposals for child, adolescent and adult eating disorders.
- Trauma informed clinical practice training.

- The introduction of a matched care approach to the provision of care and treatment for Borderline Personality Disorder.

1.2.5. *Primary Care*

- To assess post pandemic the implications of the new GP contract, particularly around the potential for additional service and support options for people before needing to be referred to secondary specialist mental health community and inpatient services.
- Work to manage and support those with long term physical conditions should be expanded and prioritised. There should be a focus on effective communication of physical and mental health condition management requirements being shared between clinicians in both Primary Care / GP settings and also specialty secondary care mental health services in the community and in hospital.

1.2.6. *Social Care*

- An even more integrated management of supported accommodation (or equivalent) and care home placements with 'health' bed management to optimise "flow" in and out of integrated Health and Social Care beds/accommodation/places.
- Consider commissioning 'step-down' intermediate care provision to maximise the opportunity to support people to live as independently as possible in community settings.
- Review specialist and mainstream care home commissioning needs, including to support people over 65 years of age potentially suitable for discharge as part of the re-provision programme
- Additional alcohol and drug recovery rehabilitation and harm reduction

1.2.7. *Child and Adolescent Psychiatry*

- Fuller implementation of the Child and Adolescent Mental Health Services (CAMHS) community specification, including supporting expansion of community CAMHS from age 18 up to 25 years old for targeted groups and those who wish it
- Additional transition planning to adult services and follow-up
- Implementation of the 2021 National Neurodevelopmental Specification for Children and Young People: Principles and Standards of Care
- Community waiting list initiatives

1.2.8. *Perinatal Mother and Baby*

- Increased investment in staffing for Mother and Baby inpatient services
- Review reimbursement support for families of Mother and Baby Unit (MBU) patients for transport, meals, accommodation
- Ongoing development of the new infant health service – Wee minds matter

1.2.9. *Infant Mental Health*

- Ongoing development and evaluation of infant mental health service – the wee minds matter team

1.2.10. *Learning Disability*

- Implement 'coming home', particularly focusing on developing plans to return people from where they are living out of area where this is appropriate for them
- Reduce reliance on bed-based models and support people who are at risk of admission, particularly where clinical need is not the primary reason.

- Provide a forum for multiple partner providers to explore and deliver on a range of alternative and innovative response support models for those individuals with complex needs

1.2.11. Community Services: Non-statutory Services

- Expand contact with non-statutory services for implementation plans and identifying priorities

1.2.12. Unscheduled Care

- Liaison / Out of Hours (OOH): provision of a single Adult Mental Health Liaison service across Greater Glasgow and Clyde, providing one point of access for referrals for each Acute Hospital, with defined response and accessibility criteria for departments.
- Crisis Resolution and Home Treatment / OOH: provide a consistent model of crisis resolution and home treatment across the NHS Board area available for community care and home treatment as an alternative to hospital admission
- OOH: streamline communications for all Unscheduled Care arising OOH including consideration of offering guidance to referrers, directing calls to local Community Mental Health Acute Care Teams (CMHACS) (or CMHTs and other daytime services)

1.2.13. Older People's Mental Health

- Focusing on early intervention to reduce admission to in-patient beds
- Continued investment and focus on Care Home Liaison Services to support Care Homes to maintain residents in their Care home environment
- Expanding access to psychological interventions, including non-pharmacological interventions for the management of ''stress and distress'' in dementia.
- Engaging with commissioning to further develop care settings in the community for care options for Older People with mental health issues as their condition progresses in terms of both individual care packages and residential care.
- A focus on reducing delays in discharge

1.2.14. Forensic Psychiatry Mental Health

- Focusing on maintaining safe and effective management of risk
- Continued investment in rehabilitation, repatriation of out of area placements and maintaining the flow of patients through levels of security and general mental health services

1.2.15. Shifting the Balance of Care / Bed Site Impact

- Collective approach for the complex of mental health services on site impact of end point inpatient investment and bed reductions
- Framework for collective engagement process
- Progress initial phase of bed reductions
- Reinvestment of mental health resources in community expansion

2. Strategic Context - Shifting the Balance of Care

2.1. Moving forward Together Transformational Plan and Clinical Services Review

The NHS GG&C extensive Moving Forward Together Transformational Plan, Clinical Services Review (CSR) and the Scottish Government's national vision of core principles set the main drivers for change.

2.2. Integration of Health and Social Care

The integration of Health and Social Care services under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014[2] has enabled Health and Social Care Partnerships (HSCPs) to re-examine how services are delivered to our services users to strive for improved outcomes through delivering and commissioning care in a more integrated, co-ordinated and efficient way. The specific actions for achieving this, along with achieving the statutory National Health and Wellbeing Outcomes, are set out in the respective Integration Joint Board Strategic Plans of HSCPs. In addition to the Service Improvements set out in the CSR, the 5 year strategy will build current developments and good practice delivered by HSCPs.

2.3. Mental Health Recovery and Renewal

The Mental Health Recovery and Renewal plan (MHRR) for Scotland forms part of the NHS Scotland recovery plan 2021-2026[3] which sets out key ambitions and actions to be developed and delivered now and over the next 5 years in order to address the backlog in care and meet ongoing healthcare needs for people across Scotland. The Plan commits to ensuring that at least 10% of frontline health spending will be dedicated to mental health with at least 1% directed specifically to services for children and young people by the end of this parliamentary session. The Plan contains over 100 actions, which focus on four key levels of need:

- Promoting and supporting the conditions for good mental health and wellbeing at population level.
- Providing accessible signposting to help, advise and support.
- Providing a rapid and easily accessible response to those in distress.
- Ensuring safe, effective treatment and care of people living with mental illness.

2.4. National Care Service

The National Care Service (Scotland) Bill[4] was introduced to the Scottish Parliament on 21.06.22. The bill sets out the principles for the National Care Service (NCS). Its stated aim is to ensure that everyone can consistently access community health, social care, and social work services, regardless of where they live in Scotland. Subject to parliamentary approval, there is provision for a power to transfer accountability for a range of services, including adult social care and social work services, to Scottish ministers from local government.

The development of the National Care Service will remain a key area.

[2] Public Bodies (Joint Working) (Scotland) 2014
[3] NHS Recovery Plan 2021-2026
[4] National Care Service (Scotland) Bill

2.5. Perinatal and Infant Mental health

The Delivering Effective Services: Needs Assessment and Service Recommendations for Specialist and Universal Perinatal Mental Health Services (Mar 2019)[5] draws on the findings of the Perinatal Mental Health Network's NHS board visits, professionals' workshops and online survey of women's views, conducted in 2017-18, and the existing evidence base on service provision, to make recommendations on what services Scotland should develop to meet the needs of mothers with mental ill health, their infants, partners and families.

The report makes recommendations across all tiers of service delivery, with the aim of ensuring that Scotland has the best services for women with, or at risk of, mental ill health in pregnancy or the postnatal period, their infants, partners and families.

2.6. Child and Adolescent Mental Health

The Child and Adolescent Mental Health Services: national service specification[6] was launched in 2020 and sets outs a set of standards for CAMHS.

The Sottish Government also published the National Neurodevelopmental Specification[7] which identifies seven standards for services to support children and young people who have neurodevelopmental profiles with support.

2.7. Learning Disability

The Keys to Life: Implementation framework and priorities 2019-2021[8] are guided by four rights-based strategic outcomes which are closely aligned to the strategic ambitions in Scotland's disability delivery plan, A Fairer Scotland for Disabled People.

The 'Designing an Effective Assessment and Treatment Model, NHS Greater Glasgow and Clyde, 2018' report details engagement with people with learning disabilities and those who support them in exploring what was needed to be done next.

"We believe that people with learning disabilities should be given the right support so that they can live fulfilling lives in the community. This support should always be person centred, preventative, flexible and responsive. People should only be admitted to inpatient assessment and treatment services when there is a clear clinical need which will benefit from hospital based therapeutic intervention. Challenging behaviour, with no identified clinical need, is not an appropriate reason to admit people to inpatient assessment and treatment services"

NHSGGC has been heavily involved in the shaping of national policy, in particular;
Coming home: complex care needs and out of area placements 2018[9] highlights that some people with learning disabilities and complex needs are living far from home or within NHS hospitals; there is an urgent need to address this issue. This report is the first time that a collective and comprehensive overview has been made available in Scotland on both the characteristics and

[5] Perinatal Mental Health Network Needs Assessment Report 2019
[6] Child And Adolescent Mental Health Services: national service specification
[7] Children and young people - National neurodevelopmental specification: principles and standards of care
[8] Keys to life: implementation framework and priorities 2019-2021
[9] Coming home: complex care needs out area placements report 2018

circumstances of people with complex needs who are placed into care settings that are distant to their families and communities, or who remain in hospital settings beyond the clinical need of them to be there.

Coming Home Implementation: report from the Working Group on Complex Care and Delayed Discharge Feb 2022[10] builds on the earlier 2018 report. The goal is to provide high-quality, local, community-based services where, regardless of complexity of need or behavioural challenge, people's right to live a full and purposeful life, free of unnecessary restrictions can be realised. The report includes a recommendation (subsequently supported by the Scottish Government) for a Community Living Change Fund[11] to drive the redesign of services for people with learning disabilities and complex care needs.

A number of reviews associated with the mental health act are also likely to have an impact on Learning Disability services.

2.8. Older People's Mental Health

The National dementia strategy: 2017-2020[12] builds on progress over the last decade in transforming services and improving outcomes for people affected by dementia and emphasised the vision of a Scotland where people with dementia and those who care for them have access to timely, skilled and well-coordinated support from diagnosis to end of life which helps achieve the outcomes that matter to them.

2.9. Alcohol and Drugs Recovery Services

Scottish Government strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths is described in the document 'Rights, respect and recovery: alcohol and drug treatment strategy'[13]. This highlights commitments to achieve outcomes in the following four key areas, delivering evidence based interventions through a public health approach:

- Prevention and early intervention
- Developing recovery oriented systems of care
- Getting it right for children, young people and families
- A Public Health approach to justice.

The Alcohol Framework 2018[14] retains three central themes, which are well accepted and understood:

- Reducing consumption
- Positive attitudes, positive choices
- Supporting families and communities

This document sets out the national prevention aims on alcohol: the activities that will reduce consumption and minimise alcohol-related harm arising in the first place.

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[10] Coming Home Implementation: report from the Working Group on Complex Care and Delayed Discharge
[11] Community Change Fund - Coming Home Implementation
[12] National dementia strategy: 2017-2020
[13] Rights, respect and recovery: alcohol and drug treatment strategy
[14] Alcohol Framework 2018

The national focus on preventing drug related deaths increased in 2019 with the establishment of the Drugs Deaths Taskforce (DDTF). It aims to improve health by preventing and reducing drug use, harm and related deaths. There are 6 priorities:

- Targeted distribution of naloxone
- Implement an immediate response pathway for non-fatal overdose
- Optimise the use of medication-assisted treatment (MAT)
- Target the people most at risk
- Optimise public health surveillance
- Ensure equivalence of support for people in the criminal justice system.

The national Drugs Mission was then launched by the Scottish Government in January 2021, including additional funding, focusing on:

- Whole family support
- Development of lived experience panels and community networks
- Residential rehabilitation

The national mission places significant responsibilities on ADPs to deliver on the Medication Assisted Treatment Standards and substance use treatment target to increase the numbers of people in treatment for opiate use.

The DDTF published the 'Medication Assisted Treatment (MAT) standards: access, choice, support'[15] in May 2021. The document lists 10 standards with 63 criteria aimed to enable 'the consistent delivery of safe, accessible, high quality drug treatment across Scotland'. The standards aim to put people at the center of their care and how it is delivered. They were developed following extensive consultation with multiagency partners delivering care, with individuals, families and communities with experience of problematic drug use. The 10 standards are:

1. Same Day Access - All people accessing services have the option to start MAT from the same day of presentation
2. Choice - All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose.
3. Assertive Outreach an Anticipatory Care - All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT
4. Harm Reduction - All people are offered evidence-based harm reduction at the point of MAT delivery.
5. Retention - All people will receive support to remain in treatment for as long as requested.
6. Psychological Support - The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.
7. Primary Care - All people have the option of MAT shared with Primary Care.
8. Independent Advocacy and Social Support - All people have access to independent advocacy and support for housing, welfare and income needs.
9. Mental Health - All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.
10. Trauma Informed Care - All people receive trauma informed care.

The Glasgow City ADRS Senior Management Team commissioned an independent review of Glasgow ADRS in Jan January 2021. This focused on the following key areas:

- Resource and capacity
- Workforce and development

[15] Medication Assisted Treatment (MAT) standards: access, choice, support

- Performance and governance
- MAT standards implementation
- Residential rehab.

2.10. Digital / eHealth

NHSGGC Digital Health and Care Strategy focuses on recovery priorities and transformation opportunities within the theme of "Digital on Demand".

A changing nation: how Scotland will thrive in a digital world[16] goes beyond the adoption of the latest digital technology and focuses on the adoption of digital thinking, the way we lead organisations, and how we embrace the culture and processes of the digital age. It sets out the measures which will ensure that Scotland will fulfil its potential in a constantly evolving digital world.

2.11. Finance

The Scottish Government is committed to improving Mental Health, and as part of its evolving National Mental Health Strategy identified investment in Mental Health services, providing a commitment to ensure funding grows to 2027. The Scottish Government's Resource Spending Review (May 2022) highlights the challenging financial climate and the constraints which exist in delivering investment in public sector services during the rest of this parliament. As a result of this and exceptional inflationary pressures being experienced across the sector it will be challenging to deliver a real term increase in funding. As a result, significant financial challenges remain;

- The balance of resource within Mental Health Services is not presently optimally deployed.
- Transitional monies need to be sourced to enable change.
- While the aims of the strategy are to increase community based services and improve access to services, changes in inpatient bed numbers will also be necessary to enable community and inpatient budgets to keep pace with inflationary pressures whilst keeping Mental Health in balance.

The purpose is to achieve marked improvement in the quality of people's lives and to optimise the utilisation of resources across the GG&C system in support of the strategy.

Cost of living

The current cost of living crisis, inflationary pressures, impact upon people's bills, childcare, housing, travel, energy and fuel costs are some of the social, physical and economic conditions in society that impact upon mental health. Financial restrictions will also impact on services' ability to deliver. The actions arising from the strategy refresh will recognise and aim to ameliorate the impact of these.

[16] Digital Education and Skills - A changing nation: how Scotland will thrive in a digital world

3. Public Mental Health

The term Public Mental Health means taking a systematic approach to working towards the best mental health possible for the whole population. Forming a key element of strategy, public mental health efforts work at multiple levels and across multiple sectors including those out with the health sector to address determinants of poor mental health as people's susceptibility to mental health problems can be influenced by settings and in turn by broader socioeconomic, cultural and political factors. Higher level recommendations are provided below with more specific recommendations indicated in the Prevention, Early Intervention and Health Improvement section as per the extant strategy.

3.1. Recommendations

Frameworks for action - The key elements of a public mental health approach are summarised both for adults and children and young people in separate evidence based strategic frameworks.

1. Review these existing frameworks, in the context of post-pandemic impacts and to ensure alignment with the new Scottish Government Mental Health Strategy (due Summer 2023) to ensure they are still fit for purpose.

Population Health

2. Use the results from the NHSGGC Health & Wellbeing, other surveys, and develop an ongoing programme of data analysis to support monitoring of changes within the population, understanding of needs and effective targeting of interventions.
3. Advocate for support or action to address where identified needs are not being met.
4. Review existing frameworks to ensure alignment with local and national strategies and ensuring they are still fit for purpose.

Inequalities - Mental health is not experienced equally across the population, with higher risk of poor mental health in specific groups. These inequalities are driven by the wider determinants of mental health. Groups who experience stigma and discrimination are also more likely to experience poor mental health. The pandemic has had a disproportionately negative impact on those who already had higher risk of poor mental health.

5. Programmes of work will be developed to address mental well-being within such communities and groups.

Finding the right help at the right time - Finding and accessing the right support at the right time is imperative to supporting good mental health and early or acute intervention when needed.

6. Explore how people seek support for mental health and undertake an options appraisal to determine how to improve navigation of supports
7. Review and refine online resources and supports to ensure they are fit for purpose, easy to use and accessible.

Partnership Working - Many of the opportunities and mechanisms for action and change sit out-with the direct control of the NHS or HSCPs: e.g. in communities, Local Authorities and Third Sector.

8. Work through our partnerships to sustain and develop key interventions that promote connectedness, including volunteering, with community planning partners.

9. Work closely with Third Sector Organisations to support the use of the Communities Mental Health and Wellbeing Fund, supporting training, evaluation and other identified needs, to strengthen evidence of impact and expansion

3.2. Progress:

Scottish Government funding (2020/21 and 2021/22) was used by Partnerships to complement local provision to support those at risk of isolation, mental health recovery, bereavement and loss and suicide prevention activities and to develop innovative interventions and activities to address mental health stigma.

HSCPs have worked closely with Third Sector partners to rapidly use remobilisation funding and to support them in disbursing the Communities Mental Health and Wellbeing Fund from Scottish Government to complement local provision to address a range of impacts during the pandemic: e.g. loneliness and isolation, bereavement and suicide prevention.

We are working with national directory providers and Third Sector to work on joint solutions to support navigation.

'Aye Mind' – a digital resource for those working with young people has been updated and work is being developed to understand and mitigate online harms.

4. Prevention, Early Intervention & Health Improvement

4.1. Recommendations

1. Continue to work to improve the quality of care experienced by looked-after children and young people, for whom HSCPs have Corporate Parenting responsibilities.
2. Continue to improve processes that promote more integrated working across Adult Mental Health Services and Children and Family services.
3. Support community planning partners to develop and implement strategies to address child poverty within their area.
4. Significantly up-scale Mental Health training and support for all staff in Partnerships and related services (including trauma informed, ACE-aware, one good adult, mental health first aid).
5. Work with multiple partners to build awareness of practical steps to promoting Mental Wellbeing and challenging stigma and discrimination (linking to initiatives such as Walk a Mile, See Me and the Scottish Mental Health Arts Festival) – with a priority focus on groups with higher risk, marginalised and protected characteristics.
6. Work with community planning partners to extend the development of community-based initiatives that build social connection, tackle isolation and help build skills, confidence and productive engagement, with particular attention to marginalised groups.
7. Coordinate and extend current Partnership work for the prevention of suicide through joint training, risk management and acute distress responses, including with primary care.
8. Continue to support initiatives to promote physical exercise and active transport amongst Partnership staff as well as the general population
9. Access to 'distress' services delivered as part of the Unscheduled Care Review (see later chapter in this Strategy).
10. "Chronic" (long term, persistent) distress responses in collaboration with Primary Care for adults, relating to the Link worker role out and utilising social prescribing and allied methods. A programme to coordinate reduced exposure to ACEs, and to mitigate the effects of ACEs once they occur, for example by developing a 'Family Nurture' strategy in every Partnership with a community infrastructure of support. This should include relational and parenting support, especially for families with ACEs risks.
11. A new collaboration with Education and Social Care services to conduct and behavioural problems in primary-school age children.
12. A new collaboration with Criminal Justice services to develop and implement a Mental Health strategy for young people involved in the justice system, including early intervention access services.

Additional 2023 recommendation

13. Support community physical activity provision for the general population, given the significant contribution to supporting mental health, mental health recovery and maintenance of positive mental health and wellbeing.

4.2. Progress:

Each HSCP has first phase implementation plans in place for the national Children's and Young Persons Community Mental Health and Wellbeing Framework.

Healthy Minds training modules are accessed by approximately 1,000 people per annum.

Other mental wellbeing training, commissioned early 2020, has been delivered to over 4,000 staff across NHSGGC, HSCP's, Local Authorities and the Third Sector. This includes; looking after your wellbeing, supporting others, building resilience, healthy minds health awareness, Suicide Talk and Safe Talk.

Sessions have been developed & delivered, in addition to a one day skills and awareness course, supporting the network of educational psychologists trained as Trainers to deliver self-harm training to teaching and other staff.

- A Suicide Prevention Concordat was agreed December 2020 and provides for collaboration between NHSGGC, HSCPs, Community Planning Partnerships and other partners such as Police Scotland to enhance local suicide prevention action planning. Initiatives include: delivery of suicide prevention training across the Board area, despite pandemic-related challenges
- progress in developing a cluster response policy in conjunction with Public Health Scotland as a national development
- continued clinical liaison to track progress in suicide prevention and patient safety developments for clinical services
- Developing a focus on Youth and Young Adults
- Improving data and intelligence, including the "more timely data" initiative to ensure the availability of more current information.
- suicide-related bereavement support

Third Sector Interface organisations (TSIs) in each HSCP area were tasked to lead the dispersal of the Scottish Government Community Mental Health and Wellbeing Fund (2021/2022). Each HSCP supported the TSIs in developing their selection processes. Grants covered a wide range of areas including telephone befriending sessions, a community café with 'pay it forward', community growing and events to bring vulnerable and isolated residents together. These benefitted many people facing socio-economic disadvantage, diagnosed with mental illness, affected by psychological trauma, experiencing bereavement or loss and people with protected characteristics. Glasgow City alone awarded grants to 308 organisations and it is hoped the government will continue to provide this fund via the TSIs on an ongoing basis.

A children & young people's mental health subgroup of the Public Health Improvement Group (PHIG) has been established to bring together representatives specific to children and young people which can support prevention in this population. We have been active partners in the development and delivery of the annual Local Child Poverty Action Reports (LCPAR) in each of the 6 Local Authorities within GGC NHS. LCPAR's describe the actions taken to mitigate the impact of poverty in childhood, impacting on life chances and well-being. We have enabled significant programmes of delivery from the Children and Young People's Mental Health and Well-being (CYPMHW) investments within our six partnerships, enhancing earlier intervention services. We have built capacity in all 6 Local Authority education areas by ensuring there are Self harm trainers skilled up to deliver self-harm training within school communities.

5. Physical Health

5.1. Recommendations

1. The continued application of the measures set out within the Physical Healthcare Policy, including:
   - Systematic assessment of Mental and Physical Health and the Health Improvement needs of patients must be embedded in the provision of Inpatient and Community Mental Health Services and address issues appropriate to the individual's quality of life and well-being.
   - Once identified, Physical Health Care needs must be included within the individual's care plan and other health care records. Any action taken must also be recorded within the care plan and included in discharge or care transfer documentation.
2. Mental Health Services must work closely with patients, community based, Primary Care and Acute Care Services to improve assessment and referral pathways to ensure that people with a Severe Mental Illness (SMI) have their physical health monitored and managed effectively with no barriers to healthcare access.
3. Continuing the commitment within Mental Health Services to a programme of training and development for its staff to ensure that the delivery of physical healthcare meets current standards

5.2. Progress:

The Physical Healthcare Policy was updated and launched Sept 2019. A training post has been appointed to deliver a programme of training and development for staff to ensure that the delivery of physical health care meets current standards, that physical Health Care needs are being included within the individual's care plan and other health care records, that action taken is also recorded within the care plan and included in discharge or care transfer documentation.

6. Recovery-Oriented and Trauma-Aware Services

6.1. Recommendations

Strategies proposed increased collaboration with people with lived and living experience, local Mental Health and SRN taking a co-production approach to:

1. Work with partners to pilot the introduction of Recovery Colleges in the Board area.
2. Develop and implement a model of Peer Support Workers, and pilot for one to two years (This proposal will be considered as part of the financial framework for the implementation plan).
3. Provide Training/Awareness on Recovery Oriented Mental Health Services to staff, patients and carers.
4. Develop a Recovery Planning Tool to be piloted in the Peer Support test of change areas to promote realistic medicine approach for clinicians working in partnership with the patient.
5. Deliver a number of Recovery Conversation Café Events to build Recovery activities across our communities.
6. Promote a recovery ethos within all commissioned and directly provided services.

6.2. Progress:

Recovery Conversation Café Events (2019) were delivered and discussions included Peer Support models that promote the benefits of lived and living experience of mental health in service improvement and/or delivery.

Recovery Peer Support Workers were introduced into Adult CMHTs 2020 in six Community Mental Health Teams across three HSCPs. The aim of these workers, who have lived and living experience, was to;

- support staff to further understand the broader perspective of people with mental health issues
- support people being discharged from hospital
- help them reduce their contact with community mental health teams
- reduce hospital admissions and how long people might stay in the event of readmission

East Renfrewshire HSCP tested a commissioned recovery peer support model in Sept 2020, partnering with a 3rd sector organisation with experience of employing people with lived and living experience of mental health and recovery to support others. This model widens support to include those with Alcohol or Drug related issues as well from those recovering from Mental Health issues. Adding to a pre-existing workforce with those who intentionally bring their lived and living experience into their work was experienced as new and different by service users and helped people to feel a sense of trust and from there build towards and explore new recovery opportunities.

Peer support workers are also embedded in the service, where a recent evaluation has detailed the positive contribution this role provides services users.

East Renfrewshire have also trialled a Recovery College on a very small scale through a third sector partner, RAMH. The organisation was able to run another recovery college programme through funding secured from the Community Mental Health and Wellbeing Fund coordinated by the Third Sector Interface. Future work will include developing an NHSGGC-wide definition of, and meeting the key principles for, a Recovery College which reflect;

- being founded on co-production
- is inclusive
- operates on College principles
- is physical (and includes virtual elements where appropriate)

A benchmarking exercise was carried out in 2022, with the help of the Adult CMHTs, with a view to better understanding the range of recovery focused approaches in effect across NHSGGC, highlighting areas of good practice, and helping teams reflect on areas for improvement in recovery focused service provision.

A series of recommendations were also created as a reference for services to consider as part of any service development, ensuring that the recovery ethos is embedded as the golden thread that runs through all aspects of mental health service delivery.

7. Primary and Community Care (non-specialist mental health care)

7.1. Recommendations - Primary Care

The Primary Care environment extends to whole communities and the first port of call when experiencing mental health problems for people living in our communities can often be their GP.

1. To monitor, evaluate and share learning from the PCMH (Primary Care Mental Health) Fund demonstrator projects.
2. To engage and be influential in the process to implement the new GP contract in particular relating to possible additional Mental Health workers and to address use and alignment with this strategy, as part of Primary Care Improvement Plans.
3. To examine current GP arrangements within existing PCMHTs and CMHTs and propose steps to ensure regular and effective decision making.
4. The Mental Health Strategy should be considered as a contributing element of the Primary Care Improvement Plan.
5. The relationship between the Primary Care and Mental Health Interface Group and Primary Care strategic planning should be reinforced and accountabilities strengthened.
6. Work to support addressing long term physical conditions should be expanded and prioritised – such as the PsyCIS / Safe Haven work-to ensure effective communication of physical and Mental Health condition management requirements are shared between clinicians in both Primary Care and Mental Health settings.

7.2. Progress – Primary Care

HSCPs have been looking towards developing 'mental health and wellbeing in primary care' services. Local outcomes have been identified to improve access (journeys into and through) to mental health and wellbeing support. This is to increase primary care and mental health system capacity and to deliver integrated responses to promote good mental health. By improving access to the right support and treatment at the right time, existing demands on the wider system will reduce.

The role of specialist secondary care MH clinicians in the Mental Health and Wellbeing in Primary Care Services will be to provide:

- enhanced primary care support for consultation / advice *,
- support to guide primary care management of MH issues,
- education/learning to primary care,
- generic non secondary care MH assessment and
- medication prescribing support.

** Advice will include referral guidance when required to secondary care specialist services, Child & adolescent mental health teams, CMHTs, OPCMHTs, PCMHTs as well as to more specific service responses for people with BPD, eating disorder, psychosis, Perinatal, Esteem, etc.*

Some tasks currently carried out by GPs will be carried out by members of a wider primary care multi-disciplinary team – where it is safe, appropriate, and improves patient care. This includes additional professional clinical and non-clinical services including Community Mental Link Worker (CLW).

Community Links Workers (CLWs) have been introduced to support GPs and GP practices to signpost to community, 3rd sector and voluntary services and supports. They can case manage some

individual patients and can support patients with very complex needs as part of the practice team. Community Links Workers provide support to the whole community regardless of health condition and do not exclusively support people with Mental Health difficulties. They will support any patient referred to them by the GP of whom some at least will be experiencing Mental Health issues. CLWs are commissioned through 3rd sector organisations and support patients with non-medical issues associated with loneliness, social isolation, lack of community connectedness and associated 'social' issues (housing, physical inactivity and financial issues). This is sometimes known as social prescribing.

It should be noted (at time of writing, April 2023) that planning and development within NHSGGC has been paused following guidance from the national MHWPCS Group which is yet to be reconvened by the Scottish Government. Currently there is no direction on funding for 2023/24 (or beyond) and any changes to the level of national MHWPCS investment will require refreshed local plans to be developed. Sustainability of Community Links Workers will also be subject to the need for recurring funding.

7.3. Recommendations - Commissioned Social Care

1. Integrate management of supported accommodation (or equivalent) and care home placements with NHS Bed Management to optimise "flow" in and out of integrated Health and Social Care beds/places. Services will need to become more time limited and outcome-focussed.
2. Consider commissioning 'step-down' intermediate care provision to maximise the opportunity to support people to go onto live as independently as possible in other community settings.
3. Review service provision for complex care and challenging behaviour to ensure adequate placements are available.
4. Review specialist and mainstream nursing home commissioning needs, particularly to support people over 65 years of age potentially suitable for discharge as part of the re-provision programme.
5. Self-Directed Support providers are fully engaged in a co-production way to support the discharge programme.

7.4. Progress – Commissioned Social Care

Social work is a complex group of services. Social work departments provide and fund a wide range of specialist services for children, adults and families, and other specific groups. The services aim to improve the quality of people's lives and help people to live more independently. This includes particular service areas such as mental health. People with mental wellbeing and health issues includes people requiring care, support or protection. They can have complex problems and can be vulnerable and need support at different times or sometimes throughout their lives.
Services include:

Support for families Child protection	Residential care Care at home	Offender services Providing social enquiry reports
Child and adolescent mental health	Mental health and addiction services	Supervision of community payback and unpaid work
Adoption services	Day care	
Kinship care	Hospital discharge coordination	Supporting families of prisoners

Support for children with disabilities and their families Fostering Child care agencies Looked-after young people Day care Residential care Supporting child refugees Supporting trafficked children Support for young people involved in offending behaviour	Dementia and Alzheimer's services Adult support and protection Intermediate care Provision of Aids and adaptations Services to support carers Re-ablement services Supported living Supporting refugee families Supporting people with disabilities Supporting victims of people trafficking	Supervision of offenders on licence

With this range of services the current approaches to delivering social work services will not be sustainable in the long term. There are risks that continuing pressure on costs could affect the quality of services. As part of mental health and other care Social Work services need to continue to look at ways to make fundamental decisions about how they provide services in the future. Social Work and mental health are working more closely with service providers, people who use social work services and carers to commission services in a way that makes best use of the resources and expertise available locally. Additional work is to further build communities' capacity to better support vulnerable local people to live independently in their own homes and communities.

There remains a fundamental shift in the balance of care proposed within the complex of mental health strategies from hospital to community services and to both extend and maximise capacity within community based services.
As overall Mental Health Inpatient beds reduce, the system needs to ensure an appropriate level of reinvestment into community care services including the following developments:

- Purchase of additional alcohol and drug recovery rehabilitation services
- Community social and health care treatment to deliver alcohol and drug recovery harm reduction
- Funding of social work discharge teams and increased number of social workers in integrated hospital discharge teams with rehabilitation clinicians, including in decisions on supported accommodation and resource allocation.
- Development of care homes quality assurance team
- Expand MHO capacity
- Increase psychological support for commissioned care homes
- Rapid response MDT frailty
- Hospital at home
- Fixed term support extending additional social workers in MHO to support weekend discharges
- Increase legal Adults with Incapacity capacity
- A digital standardised Care home portal to facilitate family choice
- Enhanced supported living first response
- Care at home
- Purchase enhanced packages of care to support discharge
- Additional 150 home care posts permanent

- New tender for commissioned Learning Disability and Mental Health placements including housing first
- New mental health commissioning team
- New advanced telecare service
- Step down from hospital care complex needs
- SPA personalisation new demand 2022/23 maximising independence
- Employees update of hourly rate of adult social care staff offering direct care in commissioned services in third and independent sectors
- Mental health support for people hospitalised with COVID-19
- Additional community staff and training to support people with eating disorder
- Additional staff to increase clinical capacity in CMHTs, OPMH, Groups service, ADRS, Trauma to reduce people waiting for psychological therapies

7.5. Recommendation - Community Services: Non-statutory Services

1. Continue to work closely with non- statutory services to shape the content of the implementation plan, including identifying priority areas for reinvestment, opportunities to improve pathways, access to services and support.

7.6. Progress – Community Services: Non-statutory Services

Arising from engagement with non-statutory services post recovery further joint consideration will include implementation plans for:

7.6.1. Further embedding recovery focused approaches

- Recognition that experience of trauma and adversity underlies Mental Health difficulties for many people; and that compassion, respect, engagement and a recovery-based approach should be fundamental to therapeutic service responses.
- Recognition that there is more to recovery than symptom reduction and that clinical services should be complemented by an ethos that promotes participation, empowerment and peer support, including the involvement of peer support workers.
- These recovery-based principles should inform all aspects of someone's journey of care
- Better meeting the needs of people with multiple morbidities, with a particular emphasis on physical health.
- Self-Management should be a key feature and goal.
- Responding to the increased demands on carers in the community as a result of the proposed service changes, including the demands placed on young carers.

7.6.2. Improving Access to Services

- Make the most of community-based resources to offer early support.
- Consider further development of non-clinical responses to distress and suicidal behaviour, potentially including well-being centres, distress cafes, and short-stay crisis centres for people at risk of suicide.
- Align service user expectations with available help to facilitate straightforward access to the right kind of help and maximise the opportunities for self-management (e.g. through website and social media engagement, self-assessment, open access information and courses).
- Supporting services users and carers to navigate the service options and improve 'signposting'
- Where appropriate, move away from traditional clinical models of referral and discharge from services, towards self-directed care, open access and brief and low-intensity interventions - 'easy in, easy out'.

- A commitment to simplifying access routes (e.g. self-referral to PCMHTs) with the use of link workers and "choice"[17] appointments to build the therapeutic alliance and shared decision making, helping to work out how best to respond to more complex difficulties.
- Introducing a greater degree of flexibility into our commissioning processes to enable people to access a range of supports.
- The use of technological and IT solutions where possible to promote access to information and services.

7.6.3. Making Cultural Change

Addressing the culture change necessary to embark on much more of a collaborative and co-production approach with provider organisations, the independent sector, service users and carers to ensure the overall system of care is designed in the best way it can to meet people's needs;

- To support the shift towards care that is trauma-sensitive and psychologically informed.
- To meet the challenges of prevention, early intervention, recovery and assisted self-management.
- To strengthen the working relationship and knowledge base across statutory and non-statutory services.
- Developing a greater understanding of how risk is managed in the community across the service tiers.

[17] The Choice and Partnership Approach

8. Secondary Care Community Mental Health & Specialist Services

8.1. Recommendations

1. Progress work to ensure all of our CMHTs maximise their effectiveness and efficiency.” There will be a focus on reducing non-patient driven variation, review processes for complex cases and clinical outcomes will be utilised for all service users as appropriate.”
2. Review of ESTEEM to maximise efficiency, effectiveness and capacity.
3. Review of AEDS with consideration of investment in day service unit (This proposal will be considered as part of the financial framework for the implementation plan).
4. Extend a network of programmed care and treatment for people with Borderline Personality Disorder (BPD) Board-wide.

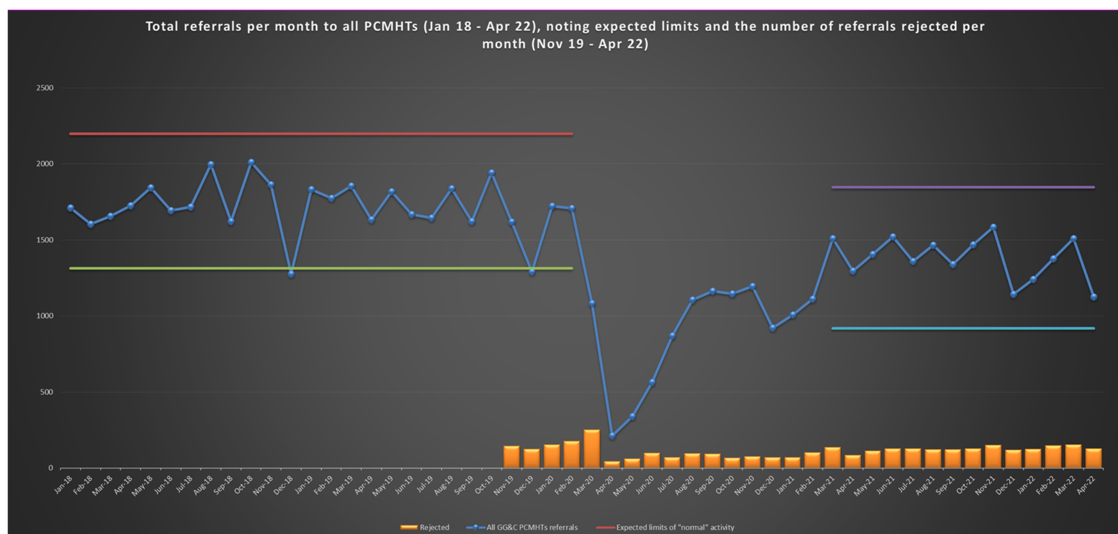
8.2. Progress - Primary Care Mental Health Teams

Primary Care Mental Health Teams were developed with the twofold intent of being able to offer General Practices more options for the high volume of patients who need specialist mental health secondary care when they present in practices with problems that have a psychological component (at least a third of all patients) and to prevent the unnecessary entry of individuals into other secondary specialist care Mental Health System services for common psychological problems.

These services are not about minor or ‘mild to moderate’ illness - they are designed to provide ‘high volume, lower intensity’ responses to common Mental Health problems, including depression, anxiety and lesser complex forms of Post-traumatic Stress Disorder (PTSD) and Obsessive Compulsive Disorder (OCD). There is a focus on brief psychological interventions, mainly Cognitive Behavioural Therapy (CBT), Interpersonal Therapy (IPT) and various forms of self-help and psycho-education.

The implementation of an outcome measure (CORE-Net) for all of the teams was to allow clinicians continuous outcome monitoring for all their patients.

The total referrals without full group work is returning to pre-pandemic levels.



The PCMH teams successfully implemented self-referral – which enables easier access and reduces the need for patient to first see their GP. Developments around ‘lower-intensity interventions’ are on-going and the teams will continue to consider ways of making use of the resource more efficient – for example through use of computerised self-help or clinician supported cognitive behavioural

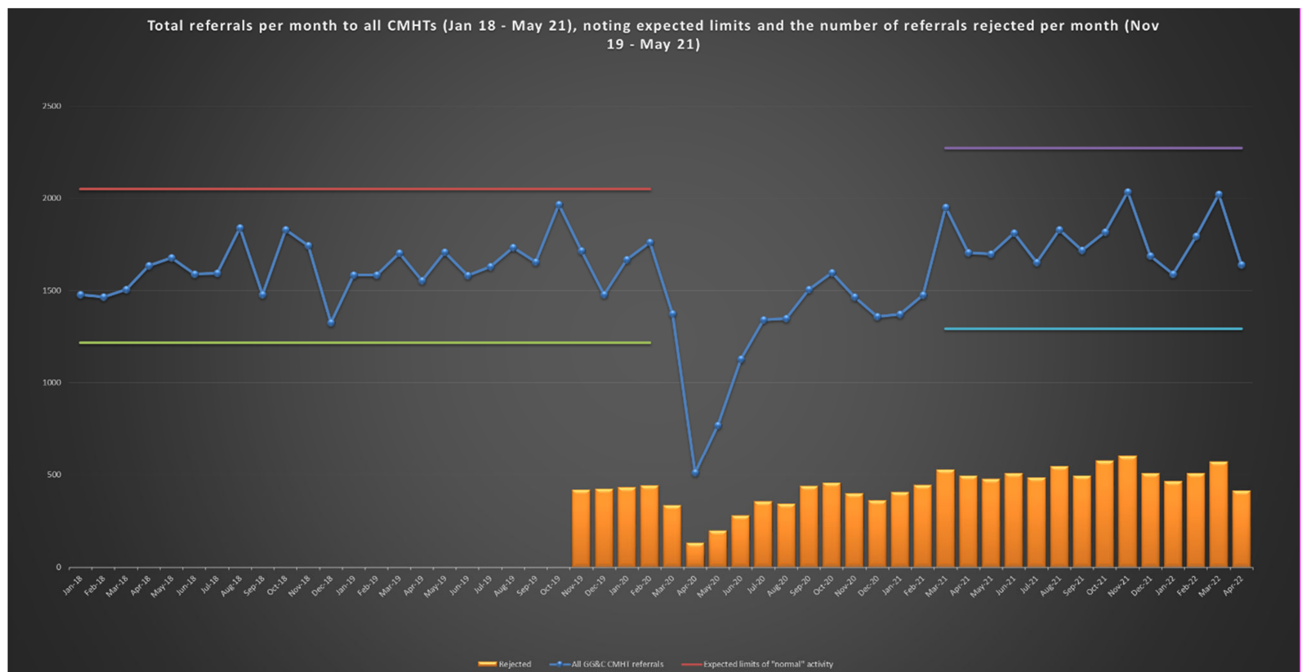
therapy or by directing people to services more suited to their needs and this will include third sector commissioned non-clinical services. Development in this area will be careful to avoid overlap and duplication in respect of primary care, models of recovery, community support and commissioning and prevention and early intervention and the development of the Mental Health and Wellbeing in Primary Care Services.

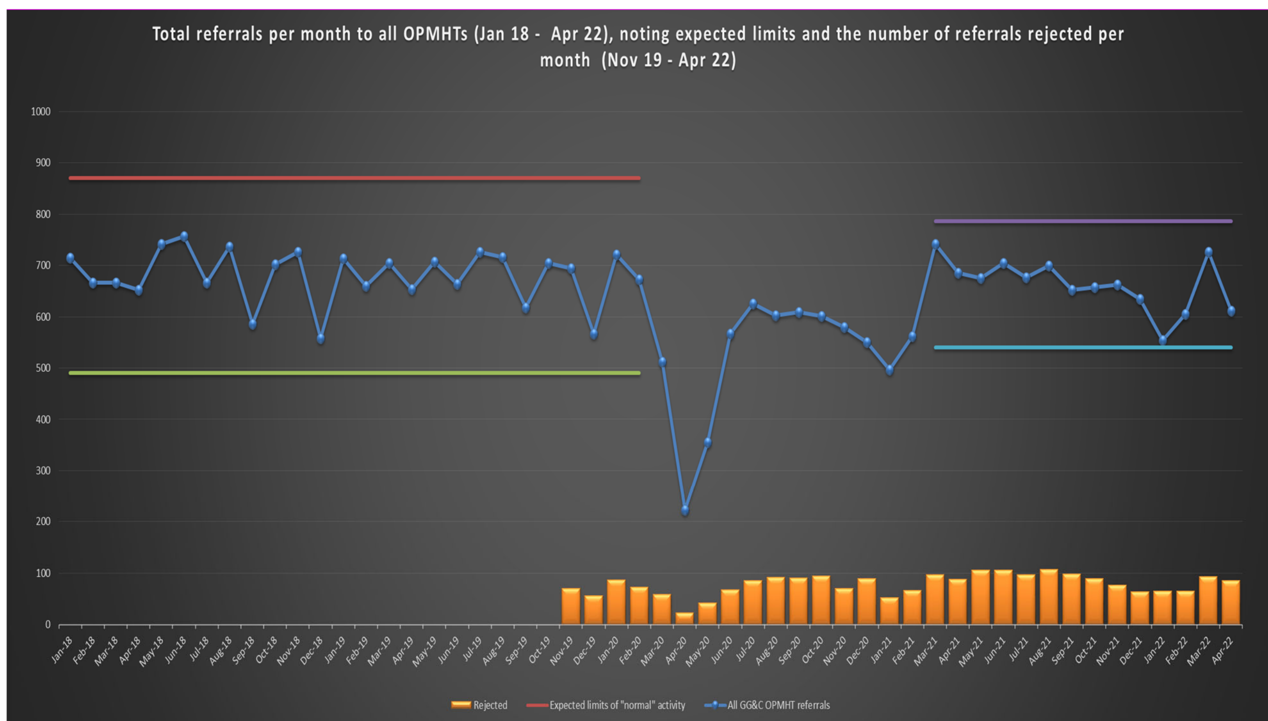
Further work will be progressed on Primary Care Mental Health Teams using the outcome measures more systematically across Community Mental Health and other teams. Additionally the re-instatement of full group work will also be an area for development and progress following the impact of COVID-19.

8.3. Progress - Community Mental Health Teams

The Community Mental Health Teams have continued to work on reducing non-patient driven variation. The COVID-19 pandemic event impacted on referrals to CMHTs.

The tables below highlight activity information across Community Mental Health Teams:





A standardised initial assessment tool across all CMHT's has been delivered with a planned rollout to crisis and inpatient services. This reduces variation in initial assessment and allows for a needs based and person centred approach to assessment and care planning.

The developed Patient Initiated Follow up Pathway (PIFU), as a way to facilitate a graded transition from secondary care services and support a recovery based approach to care planning, has been introduced. This is designed to improve efficiency of services while also supporting patients manage their care more collaboratively.

A Clinical risk reference panel continues to be developed and is designed to support clinicians in reviewing decision making and care planning for complex high risk cases.

A pilot of Peer Support was developed and implemented. Although affected by the ability to access people in inpatient care during COVID-19, the outcome of the pilot is to roll out Peer workers in CMHTs working into Inpatient wards across GGC as part of new financial framework priorities. A Recovery Planning Tool was to be piloted in the Peer Support test of change areas to promote realistic medicine approach for clinicians working in partnership with the patient.

Further work requires revisiting and refreshed for clinical outcomes. Initial progress was delivered in PCMHT psychotherapy and psychological therapies within CMHTs. Consolidation and rollout requires further consideration following COVID-19 in light of new ways of hybrid working and PIFU and will require a review on alternatives to CoreNet and quality standards and outcome data.

Further review current staffing data is being progressed through the establishment of CMHT Workforce Sub group which will also undertake further gathering of comparison data on CMHT activity and baseline patient experience data to inform the next phase of implementation planning.

There has been a significant increase in demand for assessment for attention deficit hyperactivity disorder (ADHD) since 2018. This will require a review of the pathways for neurodevelopmental disorders (including Autism) and tie in with the neurodevelopmental specification for children and young people.

8.3.1. Pharmacy

The Scottish Government allocated specific funding for four years (2021/22 to 2024/25) to be targeted towards Mental Health Pharmacy as part of the Mental Health Recovery and Renewal Fund. A number of transformational change projects have commenced. These will test the contribution pharmacy can make to the delivery of care within community based mental health services and to create a supportive infrastructure that will establish the capability of the service to sustain and develop its own workforce. In addition to Community Mental Health Teams, the pharmacy innovation projects will also span ADRS, CMHTs, CAMHS, Forensic Mental Health, Learning Disability and Older People's Mental Health.

8.4. Progress - Specialist Community Teams

There are a number of Mental Health teams that specialise in the assessment and treatment of specific conditions. These specialist services will also be reviewed to ensure they are equipped to meet future demand and include:

8.4.1. Esteem

This service which provides specialist early intervention for psychosis in young people, including those who have faced significant structural adversity and multiple traumas, works in a psychologically informed way to maximise recovery and promote self-management of complex mental health.

A 2018 service review focussed on: Eligibility and inpatient admission criteria, alternatives to inpatient admission, extended contact for some patients, employability and service development. The Esteem review was completed in 2019 with all recommendations described above adopted. It is noted that the COVID-19 pandemic has led to a 30% increase in demand with more first episode psychosis cases described across all health boards in Scotland.

Esteem has contributed to the development of, and works to, Scottish Government priorities through the Early Intervention in Psychosis in Scotland Action Plan (2019), supporting development of such services within other health boards.

8.4.2. Eating Disorder Services (EDS)

The Adult Eating Disorder Service (AEDs) was established in Glasgow and subsequently extended across the GG&C Board area to provide a coordinated multidisciplinary service for patients with moderate to severe EDs, working in conjunction with the CMHTS.

Prioritising intensive community intervention has enabled NHS GG&C to achieve the lowest inpatient bed use for ED across Scotland and the UK (from available data). In order to maintain and improve this further, consideration was given to measures that could reduce admissions to Adult Mental Health short stay beds. This included consideration of a proposal for the development of an eight place hospital based day unit. Other measures may include a service for people with an ED illness of a severe and enduring nature.

One consequence of the COVID-19 epidemic is a surge in the number and severity of eating disorder presentations. NHSGGC have utilised Recovery and Renewal funding across both the child and adolescent and adult eating disorder services to improve service capacity, physical health

monitoring, training, transitions from CAMHS into adult services, meal management, support in communities and expand access to psychological therapies.

A review of AEDS (2018) made a number of recommendations aimed at improving patient care, reducing clinical variance and taking more cases from the CMHTs;

1. Take psychiatric responsibility for AEDS ED cases
2. Developing a pathway to enable the core psychiatric needs of patient with primarily eating disorder needs to be held by the service rather than shared with the CMHT.
3. Enable direct transfer of patients with ED from CAMHS to AEDS This change was successfully implemented.
4. Increased the number of medical monitoring clinics
5. Improved care of patients with EDs in acute (and MH) settings
6. Work jointly with the Acute sector on the development of GGC guidelines for the management of eating disorder in acute hospitals. This guideline is now fully complete. Further improvement will come from a formalised medical link to support the medical management of eating disorders in MH beds ideally in a new specialist unit.
7. Develop a day unit / inpatient facility
8. The principle of a hospital based day unit was fully supported however COVID-19 made this impractical. Development of a specialist inpatient treatment facility remains a priority.
9. Develop a new pathway including medical monitoring for severe and enduring presentations
10. Develop the psychiatric role within AEDS to include a treatment change promoting greater evidence based therapy alignment, creating improved capacity for those patients actively engaged in treatment. This is alongside a new pathway for patients with a severe and enduring illness course that protects CMHTs from having to hold and monitor these cases if they are unable to engage in active treatment. This pathway will allow patients to be medically and psychiatrically risk assessed for a fixed timeframe instead of discharging to secondary care. This service development is in active consultation and discussion currently (October 2022).

8.4.3. Glasgow Psychological Trauma Service

Glasgow Psychological Trauma service is a multi-disciplinary Mental Health Service which offers assessment, training, consultation and multi-disciplinary psychological interventions to vulnerable service users who present with complex post-traumatic stress disorder (CPTSD) following experiences of significant trauma. The Trauma Service also delivers some National and Regional services across Scotland including a national service for trafficked individuals, Future Pathways Scotland and Major Incident Psychological Responses. External funding is provided for those services.

Training and consultation ensures all services are trauma informed and staff supported and equipped in their contact with trauma survivors in line with NES Transforming Trauma Framework. This leads to early identification of service users and their needs reducing unnecessary service contact time and eliminating failure demand.

Internal pathways between Community Mental Health Teams and Trauma team are established and maturing. Recent innovation has increased pathway flow with CMHTs providing additional support back to Trauma team to meet demand for trauma input.

8.4.4. Borderline Personality Disorder Network

People with a Primary or Secondary diagnosis of Borderline Personality Disorder (BPD) occupied an average of 24 adult acute inpatient admission beds across the system at any given time.

Individuals with BPD account for substantial levels of service utilisation across a range of settings including CMHTs, Primary Care and Acute Services. Due to the risk of self-harm and suicide, BPD accounts for substantial levels of contact with Crisis and unscheduled care services. BPD is the commonest Mental Health diagnosis apart from substance misuse among high-frequency repeat presentations at A&E. As a diagnosis, it accounts for a disproportionately large number of completed suicides that were investigated, underlining the risks associated with the disorder.

The community BPD network has been established offering at least one of the two therapies (MBT, DBT) across the whole board area. The network includes colleagues from Psychology and Psychotherapy Teams. The future model of delivery will be considered as the network develops.

Coordinated Clinical Care (CCC) training is now being delivered to community and crisis mental health services staff to address staff experiencing challenges in working with people with such conditions. Additional training and support is required to improve skills and support an empathic attitude. A key component is a focus on minimisation of harm induced by the words or actions of the clinician through promotion of rational prescribing and considered use of inpatient admissions. Initial limited feedback from service users/BPD Dialogues Group identifies a difference in attitude and response from their mental health / crisis team staff member who had completed the training. A more empathic and curious stance from staff resulted in de-escalation of a developing crisis.

The network works closely with the Psychological Therapy Group service and refers patients experiencing emotional regulation difficulties to the Emotional Coping Skills (ECS) package. STEPPS (Systems Training for Emotional Predictability and Problem Solving) is another evidence-based, structured psycho-educational group approach that was developed as an intervention for people with Borderline Personality Disorder (BPD) as part of its therapeutic toolkit.

8.4.5. Post COVID-19 Mental Health Team

The Scottish Government published a report by Dr Nadine Cossette on the mental health needs of patients hospitalised due to COVID-19 which contained a number of recommendations. One specific outcome for NHSGGC was the establishment of a post COVID-19 mental health team to support the mental health needs of patients hospitalised as a result of COVID-19 through screening and signposting or referral onto mental health or other services where appropriate.

9. Older People's Mental Health

9.1. Recommendation

1. A community framework, which sets out the full range of services and supports that should be accessible to Older People, is being implemented. The purpose of the framework is to ensure equity of services across all individual Health and Social Care Partnerships. The framework acknowledges that services will be developed and delivered in different ways across each HSCP, reflecting of their individual population needs.

9.2. Progress

Existing Strategic priorities for Older People's Mental Health are:

- prevention, early intervention and harm reduction
- providing greater self-determination and choice
- shifting the balance of care
- enabling independent living for longer
- Public Protection
- The third national Dementia Strategy (21 commitments.)

9.2.1. Community Services

A community framework, which sets out the full range of services and supports that should be accessible to Older People, is being implemented. The purpose of the framework is to ensure equity of services across all individual Health and Social Care Partnerships. The framework acknowledges that services will be developed and delivered in different ways across each HSCP, reflecting of their individual population needs.

Each health and Social Care Partnership will undertake post pandemic review of the community supports in their area with the aim of identifying gaps and areas for future implementation.

Community prevention approaches should support wellbeing, enable independent living and the self-purpose needed with this group at risk of isolation, increase in alcohol consumption etc. Local community activity / supports are required to maximise health and wellbeing in the longer term for the ageing population.

9.2.2. Access to, and Interface with, Services

In order to ensure that Older People have access to the right service at the right time in the right place we are aiming to increase clarity about the pathways and access to services both for patients, their families and health and social care services and staff. Services will adopt a 'no wrong door' approach to referral and where required, will facilitate joint working work with partners and stakeholders to ensure a patients assessed needs are met by the most appropriate service.

There are a number of aspects to this work being taken forward to further improve access to services is efficient, effective and equitable

- Transition of patients between Adult to Older People's Mental Health
- Access to and support for Older People from Specialist Mental Health Services and services with no upper age limit, e.g. Alcohol, and Drug Recovery Services
- Interface with General Practice and Community Health and Social Care Services for referral to services and access to support

- Interface and pathways with Acute Care.
- Interface with Acute Care Services at its Front Door and Emergency Care Hubs

9.2.3. Services for People with Dementia

Areas of development for national Dementia Strategy include:

1. Ongoing monitoring and review of Dementia Post Diagnostic Support, the models used within the different HSCP's and the effective utilisation of additional funding to support provision
2. Adoption of the Dementia Care Co-ordination approach and pathway developed by Inverclyde HSCP with support from Healthcare Improvement Scotland, should be implemented by each of the Health and Social Care Partnerships in a way that reflects the services, supports and structures that are currently in place and the needs of their populations.
3. The formal adoption of the referral pathway for the identification, diagnoses and support for Young Onset Dementia.
4. Facilitating clear routes into clinical research, offering patients access to available clinical research including dementia treatment trials.
5. An NHSGG&C wide group established to review the operational process and practice of OPMH Community Teams, with the aim of identifying sharing and adopting good practice;
   - review and revise the existing service specification, identify changes to ensure a consistent service specification is in place
   - contribute to the review of the OPMH Community teams workforce
   - make recommendations for a series of performance indicators which act as a useful barometer for the service and the data for which can be gathered via existing systems

These priorities are guided by a set of principles

- OPMH's future development should primarily be viewed through the prism of older people's services rather than adult mental health.
- The principles underpinning the wider Older People strategy should also apply here; i.e. risk enablement not avoidance; a system that responds to the reality that care needs are not static, but can increase or decrease.
- The overall system design is patient-centred, with professional and organisational supports working into that
- We should think of "care needs" rather than assuming hospital beds are required and there is a presumption that a shift in the existing balance of care is possible,
- We will develop a future service model based on gradations of care up to and including in-patient beds
- In-patient beds should be located in the best estate, with geography a secondary consideration
- Emerging MFT principles around providing community-based care as locally as possible should apply, with a proviso that hospital care won't always be local
- Any shift to non-hospital based care must be resourced from ward reinvestment, both in terms of staff ratios and skill mix
- Maximise the opportunities around integration
- Timescales will be stepped and risk assessed at each stage of beds/ward reduction change programme

- Engagement across the clinical community at all stages of conception and implementation of the strategy
- Engagement and co-production with service users and carers

10. Child and Adolescent Mental Health

10.1. Recommendations

1. Develop and recruit to an MDT workforce plan to increase capacity at Tier 3 to reduce the waiting list backlog and meet the waiting times standards
2. Undertake Tests of change to expand the core MDT in CAMHS to included other professional groups such as Physiotherapy, Pharmacy and Art therapy
3. Engage with Young people and families to co- create a digital resource that will support access to information on available mental health supports. Through this work consider how self-referral to CAMHS and other services can be facilitated.
4. Deliver a programme to refresh the principles and compliance to CAPA for all CAMHS team
5. Complete and extend the condition specific Care Bundles. Implement the application of the Care Bundles through a Board wide launch and L&E plan with robust evaluation.
6. Implement Welcome conversation for all CAMHS staff to listen about what matters to our staff. Ensure there is a review proves for themes in exit interviews continue to showcase and appreciate submissions to our Learning from Excellence system
7. Continue to develop bespoke induction and personal development opportunities for our staff that focus on skills development and wellbeing
8. Work with adult services to agree the Targeted groups of young people who will be supported through strengthened transition care planning.
9. Create pathway development posts and tests of change to develop pathways and consider how and where young people can be best supported
10. Transition care planning be undertaken by all young people who require to transition to Adult Mental Health Service
11. Extend capacity to undertake research to better understand what our Children and Young People want and expect from us and what works to help them manage their mental Health
12. Develop a workforce plan across CAMHS and Community Paediatrics to Increase capacity to undertake specialist Neurodevelopmental assessments
13. HSCP's to work with partner agencies to develop supports for children and young people that helps them thrive.
14. Creation of a regional CAMHS Intensive Psychiatric Care Unit (IPCU) adjacent to the existing Adolescent inpatient facilities, Skye House located on the Stobhill site in GGC.
15. Establishment of delivery of regional CAMHS services for children and young people with learning disabilities, forensic needs and those who are in secure care.
16. Develop services and tests of change involving Allied health professionals and psychology over 22/23 to ensure services develop to meet the needs of the young people and families we work in partnership with.

10.2. Progress

Most young people requiring Child and Adolescent Mental Health Services (CAMHS) will present with mental health problems that are causing significant impairment in their day-to-day lives, and where the other services and approaches have not been effective, or are not appropriate. These presentations can result in both the need for scheduled and/or unscheduled care.

10.2.1. Access

CAMHS services are currently accessed via professional referral (GP, Education etc). CAMHS services are striving to reduce the waiting lists and to meet waiting times standards. The service specification

describes that CAMHS should see children within 4 weeks of referral and treat within 18 weeks. CAMHS are also asked to support self-referral.

The CAMHS service specification asks that CAMHS publish information in a clear, accessible format about what and who CAMHS is for, and how children, young people and their carers can access CAMHS. The format and substance of this will be informed by consultation with young people, and will be provided via the NHSGGC website and social media channels. In addition CAMHS are asked to support self-referrals and support an 'Ask once, get help' principle

10.2.2. Effective / Efficient / Sustainable

CAMHS continue to operate the Choice and Partnership Approach (CAPA)[18]. CAPA is a service transformation model that combines collaborative and participatory practice with service users to enhance effectiveness, leadership, skills modelling and demand and capacity management. CAPA brings together:

- The active involvement of clients
- Demand and capacity ideas/Lean Thinking
- An approach to clinical skills and job planning.

CAMHS offer a range of therapeutic and treatment options, delivered through an MDT. Work is underway to develop standardised and evidence based Care Bundles, which will clearly describe what a child or young person can expect from CAMHS and for clinicians a pathway to the delivery of the treatment in keeping with the psychological therapies matrix.

10.2.3. Transitions

The Mental Health Recovery and Renewal plan requests CAMHS to extend transitions for targeted groups and those who wish it, up to the age of 25yrs. NHSGGC has developed transition guidelines in partnership with adult services and has already strengthened governance and planning across the mental health complex. This will include the relevant elements of the neurodevelopment specification and transition into adult services.

10.2.4. (Adolescent) Intensive Psychiatric Care

There is currently no direct inpatient service provision for adolescent patients who require Intensive Psychiatric input in NHS Scotland. This means patients are often referred to, or remain cared for, in services that do not fully fit their needs.

10.2.5. Regional Pathways

Scottish Government funding has been provided to review the current pathways and establish capacity for extended Learning disability and forensic pathways and support into secure care services.

10.2.6. Eating Disorders

Referrals have been increasing year on year since 2017. The eating disorder response has been expanded and developed in line with evidence-based practice. This includes expansion of Specialist

[18] The Choice and Partnership Approach

Dietetic roles, extension of psychological therapies into family-based therapy and cognitive behavioral therapy.

11. Perinatal Mother and Infant Mental Health Care

Perinatal refers to the period during pregnancy and up to one year after the baby is born. During this period new and expectant parents (mums, dads, partners) can experience issues with their mental health also known as perinatal mental health problems. This includes mental illness existing before pregnancy, as well as illnesses that develop for the first time, or are greatly exacerbated in the perinatal period. These illnesses can be mild, moderate or severe, requiring different kinds of care or treatment.

11.1. Recommendation

1. NHS GGC Perinatal services aims to provide assessment and treatment of woman and infants who are at risk of, or who experience, significant mental disorder whilst pregnant or in the 1st year postnatal.

11.2. Progress

Implementation of recommendations in the Delivering Effective Care report[19] resulted in the introduction of additional staffing across the Mother and Baby Unit and in the Community Team, an increase in Psychology resource with the aim of improving timely access to psychological therapies and interventions, Coordination and delivery of evidence based parent-infant interventions. A national consultation is under way regarding the provision of additional Mother and Baby inpatient Unit (MBU) beds across Scotland.

11.2.1. Mother and Baby Inpatient Unit

The West of Scotland MBU is situated in purpose-designed facilities at Leverndale Hospital. It allows for the joint admission of mothers accompanied by their babies, where the woman requires acute inpatient mental health care. The unit is staffed by a multi-disciplinary team of professionals across many disciplines. The unit offers a wide range of therapies including biological, psychological and psychosocial interventions including interventions to enhance the mother-infant relationship.

Work is ongoing to;

- Promote psychologically informed care within the ward
- Build relationships with wider regional perinatal services
- Establish Psychology Pathways within the MBU (ensuring speedy and equitable access to psychological
- Develop therapeutic options available within ward
- Develop the peer support worker role.
- Develop a Fathers and Partners pathway to provide a systemic pathway to care and ensure they are included in the patient's journey

11.2.2. Community Perinatal Mental Health

The community team is a specialist service providing assessment and treatment for women who have, or are at risk of having, significant mental disorder in pregnancy or the postnatal period, currently up to 12 months postnatal. The service will also see women with pre-existing severe mental disorder for pre- pregnancy advice on risk and medication management. Work is continuing

[19] PMHN-Needs-Assessment-Report.pdf (scot.nhs.uk)

to expand the service to allow assessment for new patients to be seen between 6 and 12 months postnatally. The PMHS will work in partnership with partners and families, maternity services, primary care (including health visiting and Family Nurse Partnership), adult social services, children & families social services and other agencies, to design, implement and oversee comprehensive packages of health and social care to support people with complex mental health needs.

11.2.3. Infant Mental Health

The Infant Mental Health Service is a specialist community multidisciplinary team who can draw on a range of expertise and experience to offer needs-led support for infants and families. A key aim of the service is to ensure that the voice and experience of the infant is held at the centre of work with families across the health board.

11.2.4. Maternity & Neonatal Psychological Interventions (MNPI)

The multi-disciplinary Maternity & Neonatal Psychological Interventions (MNPI) Team will address the common and/or mild to moderate psychological needs of the maternity and neonatal populations by providing in-patient and out-patient assessments and a range of evidence based psychological interventions. The central focus in all of these interventions is to enhance the parent-infant relationship, improve parental and infant mental health and to prevent a range of psychological difficulties (emotional and cognitive) in childhood and later life. The team is working to:

- Improve access to maternity and neonatal psychological interventions
- Improve engagement with maternity services
- Improve support to specialist areas
- Improve support to maternity and neonatal staff and improved awareness of psychosocial issues in this staff group
- Improve data collection, outcome monitoring and quality improvement
- Improve pathways of care and support to community and universal services
- Improve staff confidence and expertise

Work is ongoing to improve and embed access to a range of therapies including clinical psychology, parent-infant therapy and occupational therapy. There has been significant progress made in the interfaces between perinatal mental health, IMH and MNPI. Pathways of care have been strengthened to ensure access to appropriate services and transitions of care between teams. This includes developing and delivering psychological therapy groups within the service i.e. perinatal anxiety management group, perinatal Emotional Coping skills group, Compassion Focussed Therapy group.

12. Learning Disability

12.1. Recommendations

Coming Home 2018 makes 7 recommendations under three themes;

1. Strengthening Community Services
2. Developing Commissioning and Service Planning
3. Workforce Development in Positive Behavioural Support

The 'Designing an Effective Assessment and Treatment Model, NHS Greater Glasgow and Clyde, 2018' report makes a number of recommendations;

4. Create a shared vision with as many stakeholders as possible, including families and people with learning disabilities.
5. Hold yourselves accountable to the vision, and share it widely so that others can hold you accountable too.
6. Ensure the principles and values already identified are clearly embedded in the vision.

Develop a shared strategy. Coming Home 2022 recommends;

7. The current sample Dynamic Support Register should be developed into a tool for national use.
8. "By March 2024 we want and need to see real change with out-of-area residential placements and inappropriate hospital stays greatly reduced, to the point that out-of-area residential placements are only made through individual or family choices and people are only in hospital for as long as they require assessment and treatment."

Specifically, the community living change fund is to be used to:

9. Reduce the delayed discharges of people with complex needs.
10. Repatriate those people inappropriately placed outside of Scotland.
11. Redesign the way services are provided for people with complex needs.

12.2. Progress

Plans in respect of Learning Disability are consistent with wider Mental Health strategy and the complex of mental health services with a strong focus on integrated practice towards stepped matched care, improvements in quality and effectiveness of community services and fewer inpatient beds and out of area care.

East Renfrewshire leads on redesign of Learning Disability inpatient services and an NHSGGC Programme Board has been established to provide support and oversight of developments across HSCPs. Similar to all strategies across mental health, aspirations are to develop community alternatives to hospital admission, discharge people who have been delayed for some time and reconfigure inpatient services to better support community services and third sector partners. A Community and Inpatient redesign Group brings together local leads with responsibility for development of community and inpatient services and ensures parallel progress leading to Inpatient reconfiguration.

HSCPs are developing their own approaches to increasing community support for those at risk of admission with the overarching strategic aim to reduce reliance on the bed base and develop more responsive ways of supporting people earlier, in partnership with people, third sector and the wider system. A Multi-Agency Collaboration Group has been established given the need to enhance third sector alternatives and improved joint working across statutory and third sector partners. This

group is made up of senior reps from third sector organisations, social care, clinical staff and commissioning and aims to influence commissioning and frontline practice and encourage wider joint working within HSCPs and across HSCPs where this would be helpful.

12.2.1. Coming Home

A variety of responses to 'coming home' have been developed across the HSCPs, including;

- Local review all of the people living out of area and plans to support people to return to the area where this is appropriate for the person. Reviewing and refreshing outdated institutional models of respite and residential support, taking a co-production approach.
- Further embedding integrated systems and ways of working. Increasing the range of services providing the right support from the right people at the right time. For this reason, including supported living in either shared or individual settings.
- Flexible working with inpatient services and future plans to increase the range of person centred solutions which can be delivered by joint working with the inpatient team.
- Further embedding the risk register / management process into current review systems, providing detail on crisis responses available in an area.

It is clear from extensive work taking place there are a very broad range of multi-layered issues. Varying solutions are emerging across the partnerships based on local needs, demographics, availability of skilled third sector providers and therefore our challenge is to support the development of these local ways of working and at the same time create and deliver on a Board wide plan which ensures people across NHS GGC receive robust flexible support when they need it most.

Consistency can be achieved by ensuring we have broadly consistent approaches to the variety of issues in terms of management of risk, threshold for hospital admission, adaptability in how we use our inpatient and other community resources; however it is inevitable this will achieved in different ways across NHS GGC.

12.2.2. Bed modelling

There are 27 beds across two facilities and the aim is to reduce reliance on bed-based models and re-invest resources in Community Services designed to support people who are at risk of admission, particularly where clinical need is not the primary reason for admission. Our aspiration is to reduce to around 18 to 20 beds and our modelling supports this ambition. Redesign of the inpatient estate will require capital investment and this will be closely linked with the wider Mental Health strategy to ensure system wide capital and estate planning includes plans for Learning Disability.

Providing more accessible information to patients about the service prior to and within the first few weeks of admission, providing more homely and quieter areas within the units, providing more opportunities for patients to maintain and develop their daily living skills, staff training in the impact and influence of power, and improving communication with all involved from hospital admission to discharge.

Patient hospital attendance as a 'day patient' tailored more specifically to individual patient needs allowing immediate access to full inpatient care if the patient requires this rather than establishing a day hospital. Adults with Learning Disability needs are so heterogenous that a day hospital could not be designed to meet all needs.

12.2.3. Outreach

Increasing the flexibility and range of options provided by the inpatient service and the ability of

community services to support patients in a person centred way and adapting the service during the most difficult periods, smoothing out the interface between inpatient and community services rather than adding to it by introducing additional layers of specialist services or teams (outreach or crisis)

12.2.4. Inpatient referral

All Learning Disability Psychiatrists referring patients at risk of admission and/or placement breakdown i.e. at a much earlier stage than currently to test what inpatient assessment and support can be provided other than admission.

Establishing a register of people at risk of admission or placement breakdown, to help identify people earlier and keep track of actions taken to reduce the risk.

Referrals to be discussed by the bed management group to consider for day patient attendance or part-time admission.

Inpatient teams prompted to explore the options for providing more robust post-discharge support. Shifting the current inpatient admission service to one of inpatient assessment & support as well as admission, and starting to provide more flexible inpatient support for those at risk of admission and/or placement breakdown.

Making accommodation more homely and flexible with more options for individualised and quieter living areas, maintaining independent living skills and links with local communities.

Addressing the mismatch between the understanding of inpatient and community staff about each other and the way they work.

12.2.5. Community Living Change Fund

A Learning Disability programme board has been established to adopt a whole system approach to:

- Agree a programme of work for the community living change fund, over three years, which leads to reduction in demand for beds and creates local and, where required, shared alternatives.
- Agree a financial programme which bridges the programme and leads to the reduction of beds and transfer of resource to fund longer term alternatives.
- Seek to return people from Out of Area, and where there are savings commit to a proportion of these funds being redirected to new local arrangements aligned to strengthening community services.

This will include two key work streams:

Community and Inpatient redesign to support the development of local services to improve the response to people at risk of admission / OOA. The group will also lead on the development and implementation of improved joint working across the system –embedding pathways, standards and support the development of workforce modelling and proficiency utilising effective and efficient ways of working.

Multi-agency collaborative commissioning to provide a forum for teams, commissioning and third and independent sector partner providers to explore and deliver on a range of alternative innovative and responsive support options for those individuals with complex needs. Exploring the availability of alternative short term accommodation opportunities for people who are reaching crisis as an alternative to hospital admissions will be key to this.

13. Alcohol and Drugs Recovery (ADRS)

13.1. Recommendations

1. Implement the recommendations of the Alcohol and Drugs Recovery Services (ADRS) reviews
2. Implement the Medication Assisted Treatment (MAT) standards
3. Move to deliver inpatient services from a single site within NHSGGC (from the NHSGGC Clinical Services Review)
4. Improve digital / eHealth systems, the access to, and use of these to reduce duplication and improve reporting of performance. (*ADRS teams comprise of health and social care staff using different recording systems)*
5. Review post-pandemic accommodations needs
6. Review and revise team structures to ensure board wide co-ordination of locality delivered services and consistent approach to delivery between the six ADPs, minimising the impact of varying priorities in each HSCP.
7. Ensure alignment of ADRS and mental health planning in relation to:
    a. MAT standard 9, where mental health care pathways are required to ensure 'All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery'
    b. In-patient services
    c. Crisis outreach services in relation to mental health crisis pathways and services
    d. The development of Mental Health and Wellbeing in Primary Care Services
    e. The duty on HSCPs to respond to Mental Welfare Commission "Ending the Exclusion" report on joined up mental health and substance use provision to people with co-occurring conditions
8. Ensuring access to residential rehabilitation services across the Board area, participating in regional and national commissioning work to influence this
9. Recognising the impact on families of substance use and ensuring provision of support for family members in their own right, in line with the Whole Family Framework for Alcohol and Drugs

13.2. Progress

There is a work stream established in GADRS to take forward the implementation of recommendations from the review. Inverclyde and Renfrewshire concluded service reviews prior to COVID-19, which still require full implementation.

The Crisis Outreach Service is a recently implemented assertive outreach service based at Eriskay House, Stobhill Hospital. It provides a rapid outreach response to individuals who are in addiction crisis of drugs, alcohol and non-fatal overdose of street drugs. The team provides a period of assessment, engagement and brief interventions, including Naloxone provision, Dry Blood Spot Testing, Injecting Equipment Provision (IEP), safer injecting advice, alcohol brief interventions and supported access to community teams, to people with highly complex needs. The team liaises and interfaces with Mental Health assessment units, GADRS Community Addiction Teams (CATs), A&E, Scottish Ambulance Service, Police Scotland, Third Sector and Voluntary Services.

The Enhance Drug Treatment Service (EDTS) is an innovative and unique service in Scotland, it aims to engage with those patients who traditionally do not engage well with treatment services, offering injectable diamorphine, oral Opiod Replacement Therapy (ORT) and other medication. The service

links to other treatment services including the Complex Needs Team, CATs and the Blood Borne Virus (BBV) team. Patients receive support with social care and housing. The service was launched in November 2019, however due to the impact of COVID-19, including social distancing measures, and a shortage of diamorphine which affected supplies for almost 12 months, the service has been unable to increase patient numbers as planned.

The development of a new drug checking programme for Scotland, funded by the Scottish Government through the Drugs Death Task Force and the Corra Foundation, was launched in January 2021. This initiative will see the creation of infrastructure to support the delivery of three city-based projects in Scotland. These projects will enable members of the public to anonymously submit drug samples for forensic analysis, and subsequently receive individualized feedback of the results together with appropriate harm reduction information. Glasgow will be one of the three cities to participate in this project.

In 2017 NHSGGC and Glasgow City Council submitted proposals to develop a co-located Heroin Assisted Treatment Service and Safer Drug Consumption Facility (SDCF). Whilst the proposal for the heroin assisted treatment service could be progressed without any alteration to current legislation, and the EDTS was opened in November 2019, the Lord Advocate did not feel that the SDCF proposals could, at that time, be progressed. Following recent discussions with Scottish Government, Crown Office and Procurator Fiscal Service and Police colleagues, a new SDCF proposal has been submitted to the Lord Advocate, seeking to work within the current legislative framework. The SDCF will provide an opportunity for staff to engage with service users, who may otherwise have no or little contact with treatment services, and offer harm reduction advice, whilst also highlighting pathways into treatment, including EDTS.

The Renfrewshire Recovery Hub (CIRCLE) is a newly established recovery service within Renfrewshire, offering unique recovery support to people with mental health and substance misuse difficulties. Its primary focus is to provide recovery opportunities enabling individuals' authority over their own lives, recognising the many pathways to recovery, building a service that is person centred, focuses on strengths and resilience of individuals, families and communities. The workforce is recovery orientated and service provision is led by individuals with lived and living experience.
A comprehensive activity program, offering opportunities for recovery, will include; volunteering, peer support, education and employability, low level psychological support through anxiety management, and other activities. The service will act as a central recovery hub with recovery activity delivered across local communities throughout Renfrewshire.

14. Unscheduled Care

14.1. Recommendations

14.1.1. Community response

1. Integrate crisis, home treatment and OOH models so that they are provided consistently across the Board area.
2. Develop a framework for the operation of a Community Mental Health Acute Care Service (CMHACS)* model across NHSGGC which includes the following:
    a. Home / Community Treatment capacity - with individuals offered treatment safely in a community setting as an alternative to hospital admission.
    b. Management of access to adult inpatient services - with CMHACS taking lead responsibility in collaboration with Bed managers to facilitate admissions to hospital.
    c. Supporting early discharge from hospital – by working to minimise the length of stay in acute inpatient settings by supporting discharge where the clinical risk can be managed within the community.
3. Community services interface with new "distress" pathways as described in (11) below.

Additional 2023 recommendation

4. Where patient groups are not covered, ensure effective links between CMHACS with other community responses.

14.1.2. Emergency Department (ED) and Acute

5. There is a single Liaison service Board-wide, providing cover to EDs 24/7.
6. Liaison will provide one point of access for referrals for each Acute Hospital, with defined response and accessibility criteria for supporting departments such as AMU, IMU & MAU
7. Liaison services to provide input to the EDs, AMU, IMU etc and inpatient wards from 8am to 8pm on weekdays, and 5pm at weekends. A single OOH Liaison team provides cover at other times, coordinated centrally and pooling staff resources where needed with the CMHACS
8. Implement a face to face response time of <1h for referrals from ED, including some prompt productivity changes to support this new target.
9. Secure recurring investment for liaison services transformational posts received and to enhance and develop CMHACS to cover GGC area (currently funded non-recurringly from Scottish Government funding). (This proposal will be considered as part of the financial framework for the implementation plan)
10. Pathways from primary care, police, NHS 24 and self-referral will be clarified.
11. An alternative care pathway is developed, which diverts all assessment and treatment for people with Mental Health problems who do not require medical treatment (or otherwise to be managed by a clinical unit for behavioural reasons) out of the main ED. Those pathways would work with third sector organisations in collaboration with health services to provide a compassionate, therapeutic and safe response without "leading" with diagnosis and risk assessment. This will include planned "tests of change" around e.g Distress Hubs; Crisis cafe models
12. Review the number of acute assessment sites Board-wide, with consideration of the potential to reduce the current number of acute admission sites. (Note: there is an extant plan to reduce from 6 to 4 with the closure of Parkhead Hospital in Spring 2018 and the transfer of the remaining 15 bed acute admission ward from Dykebar to Leverndale Hospital.)

Additional 2023 recommendation

14.1.3. CAMHS

13. To establish CAMHS Unscheduled Care provision planned regionally and integrated with regional adolescent inpatient pathways. And to establish/extend capacity and provision of CAMHS Liaison Services delivered by paediatric acute inpatient and outpatient services.

* Recommendations have been updated to reflect a revised approach, replacing the proposed Crisis Response and Home Treatment service with a Community Mental Health Acute Care model.

14.2. Progress:

Unscheduled care responds to a lot of activity in the Mental Health system. People seeking this kind of help are usually exposed to immediate and serious risks to their health or safety. Unscheduled care services also carry most of the risk associated with Mental Health care. Demand for “unscheduled” can be predicted and a key goal for the Strategy is to match demand to a prompt and effective response consistently across the Board area. While recognising that some flexibility is required to meet local needs, there is scope for a more standardised approach to maximise efficiency and effectiveness.

14.2.1. Community response

Distress Response Services have been established across the HSCPs, mostly commissioned through local mental health associations alongside the national NHS24 Distress Brief Intervention Service which is also commissioned through the Scottish Association for Mental Health (SAMH). Further work to look at options for reducing variation and increasing consistency of response is proposed.

Plans are being developed for a Community Mental Health Acute Care Service (CMHACS) as an alternative to the previously proposed community response home treatment service (CRHT). The CMHACS will be a comprehensive mental health acute care service whose first goal is to provide mental health care, treatment and support as a credible alternative to hospital admission or prolonged inpatient care, promoting emotional strength and reducing the impact of mental health crisis through intervention, education, prevention and community collaboration. Core functions will be to offer short term intensive community based treatment, manage all requests for access to inpatient care and provide assessment of suitability for home treatment as an alternative to admission. The service will also work in collaboration with acute mental health inpatient services to facilitate and support discharge from hospital for individuals that home treatment is deemed to be appropriate for. Medical recruitment is proving to be a challenge and will need to be addressed to support this development.

Reducing the number of points of contact out of hours within each HSCP and across the Health Board and linked more directly with Social Work responses is also proposed.

14.2.2. Emergency Department (ED) and Acute

The COVID-19 pandemic forced considerable change to the delivery of unscheduled care services and accelerated the implementation of Mental Health Assessment Units (MHAUs). These units are being retained as a long term approach.

MHAUs ensure that people experiencing distress and with a Mental Health presentation get the most appropriate and timely care treatment response, diverting people with Mental Health problems who do not require physical / medical treatment from the main Emergency Departments. MHAUs support the principle of joint working and shared responsibility and are directly accessible by 1st responders (Fire, Police Ambulance) and GPs. Originally only for adults, Older People are supported and Child and Adolescent Mental Health Services (CAMHS) staff are now attached to the units out of hours to support young adults and adolescents. These closely link with the Out of Hours G.P service, NHS 24 and the NHS 24 Mental Health Hub, the Flow and Navigation Hub, the Urgent Resource Care Hub (URCH) and the Glasgow City Compassionate Distress Response Service (CDRS). MHAU staff and the Scottish Ambulance Service provide a first responder service for mental health assessment within a patient's home. The digital Consultant Connect system provides support for GP surgeries across NHSGGC to access same day mental health assessment for patients presenting in mental health crisis.

These units were funded 'at risk' and clarity is required on how they will be funded on a sustainable basis.

A single Acute Hospital Liaison service has been established covering all acute hospitals within NHSGGC ensuring cross-cover on all sites with guaranteed response times, including up to 1 hour to Emergency Departments or longer, appropriate to the support required.

Crisis, Liaison and Out of Hours Teams services have been reconfigured to address historical gaps and ensure mental health support is provided 24/7.

14.2.3. CAMHS

An unscheduled/intensive and liaison review was completed in January 2022 and has moved into implementation. The review aimed to meet the requirements of the CAMHS specification and ensure a 24/7 response across unscheduled and liaison pathways and intensive responses to be developed to meet the needs of young people. Work will be developed to deliver the regional approach with regional inpatient services.

15. Forensic Mental Health

15.1. Recommendation

1. Delivery, alongside mental health rehabilitation services, of low secure inpatient accommodation in a dedicated unit which offers safe and secure accommodation for patients whose presenting behaviours cannot be safely treated within an open ward and who require a higher level of security over a longer period of time, expanding the offer available within forensic and mental health rehabilitation services.

15.2. Progress

Implementation proposals to increase low secure rehabilitation and increase integration with general adult psychiatry Intensive psychiatric care, acute admissions and intensive rehabilitation are in development.

Continuing pathway review with general adult and rehab psychiatry pathways and development of the forensic rehabilitation function in parallel with adults & rehabilitation.

16. Shifting the Balance of Care

16.1. Recommendations

1. Short stay acute assessment beds be reduced, alternative capacity in community services to manage the rebalanced system of care. Consideration of the location of proposed bed closures and the implications for hospital sites will be considered as part of the development of an Implementation Plan. It was not anticipated the potential risks of reducing the number of IPCU beds could be mitigated to a level that would result in a ward closure. Review the number of acute adult assessment sites Board-wide, with consideration of the potential to reduce the number of acute admission sites. (Note: the existing plan reduces sites from 6 to 4 with the closure of Parkhead Hospital completed 2018 and to transfer the 15 bed acute admission ward from Dykebar to Leverndale Hospital.)
2. In order to support the bed reductions (set out below), while managing existing and future demand for inpatient care, the recommendation would be for the development and adoption of acute care pathway across all acute inpatient sites, which would allow for clarity about the role and purpose of an acute inpatient service within a redesigned mental health system. This would also allow for greater operational consistency in the implementation of care pathways and reduce variance across sites.
3. An emphasis on quality improvement processes within inpatient care settings and a rollout of SPSP and AIMS across all acute inpatient sites. This would, in conjunction with greater operational consistency in implementation of care pathways and standards, reduce variation across inpatient sites within NHS GG&C.
4. A greater focus on addressing delays in discharge and ensuring a pro-active approach to discharge planning. This would include closer integration with community and social care services to ensure joint prioritisation of resources and smoother patient flow across inpatient and community settings.
5. Ensuring that individuals are appropriately placed within acute inpatient services based on need rather than availability. This would require further work around developing and clarifying interface arrangements across care groups, in line with the newly developed Acute care pathway.
6. A further recommendation would be around the harmonisation of bed management and data collection to ensure dynamic monitoring of inpatient bed availability as well as ensuring a focus on patient flow.

Mental Health Rehabilitation and Hospital Based Complex Clinical Care (HBCCC) Beds

7. Operational consistency across all rehabilitation services via standardised care pathways that are co-ordinated and reviewed on an integrated system wide basis. In this model there would be system wide access to rehabilitation beds across GG&C when necessary, and a system-wide bi-monthly review of admissions, discharges and bed-utilisation. This system-wide review should include social work professionals and overall, a more integrated approach should be taken to co-ordinating the system of care across rehabilitation services and community provision.
8. Admission to dedicated inpatient rehabilitation services needs to be reserved for a subgroup of people with specific complex Mental Health presentations and a profile of need responsive to rehabilitation. There is wide-variation in how rehabilitation beds are used across the system. The proposed changes to rehabilitation services would include system-wide implementation of agreed standards for assessing suitability for rehabilitation, referral guidelines and what is delivered in the care pathway.
9. Inpatient rehabilitation services designated as either “Intensive” or “High Dependency” Rehabilitation & Recovery Services. Intensive wards would reduce prolonged lengths of stay

to promote patient throughput, with high dependency wards equally reducing prolonged lengths of stay.

10. The recommendation is that a non-hospital based unit(s) for service users requiring longer term, 24/7 complex care is commissioned. The implementation plan will consider whether these should remain NHS beds or whether an alternative model should be commissioned.
11. There should be a move to benchmark bed levels proposed by Royal College of Psychiatrists for adult rehabilitation services, equating to a reduction of approximately 50 beds. The detail of this will be developed as part of the implementation plan, including the timescales, recommended locations for residual hospital beds and reinvestment proposals. This work will include the development of a risk management framework to ensure the system of care is able to cope with each phase of the proposed reduction in beds.

16.2. Progress

Changing bed numbers and where they are located is very complex, even when reinvesting funds back into community mental health services.

The complex of Mental Health Services' includes Child and Adolescent Mental Health (CAMHS, Older People's Mental Health (OPMH), Adult Mental Health Care, Mental Health Social Care, Alcohol and Drugs, Learning Disability and Forensic Services. Existing Strategies identified proposals to shift the balance of care to more community options and to deliver increased specialist in-patient care where identified. The various individual plans for each of the mental health services for beds is as follows:

16.2.1. In Patient Beds and Care Home Provision

Continue with the journey on shifting the balance of care, moving away, where appropriate, from institutional, hospital led services towards to investment in local people, neighbourhoods and communities to enable services to be delivered locally and support people in the community.

Analysis confirms that NHSGGC remains a relatively high user of Older People's Mental Health in-patient beds. In addition, day of care and other audit activity has consistently confirmed high numbers of patients who could more appropriately be supported in other settings, including care homes and within the community. As we move forward it is the aim to reduce the overall number of in-patient beds, whilst utilising the best estate.

The following areas have been identified as key to supporting this.

- reinvest in our community services, as indicated across the strategies
- strengthening the responses to patients in crises situations to prevent admission wherever possible
- review the current provision for those patients who can no longer live independently at home.
- Via case note review and audit (in collaboration with info services and clinicians), we will seek to develop a robust understanding of who is using OPMH inpatient beds and their journeys into these beds. This will help inform what sort of alternative care arrangements would be effective.
- Focusing on early intervention to reduce admission to in-patient beds. Options include providing a short period of intensive input at home, supporting patients and their families through period of crisis.
- Continued investment and focus on Care Home Liaison Services to support Care Homes to maintain residents in their Care home environment, and prevent and reduce admissions to in patient settings

- Expanding access to psychological interventions, including non-pharmacological interventions for the management of ’stress and distress’’ in dementia.
- Engaging with commissioning colleagues to further develop care settings in the community that are equipped and supported to deliver care to Older People with mental health issues as their condition progresses
- A focus on reducing delays in discharge back to home or an appropriate care setting in line with the persons care needs.

Reducing the total number of beds and wards generates a huge number of options for which inpatient bed services could be delivered and on which sites. Pragmatically therefore implementation proposals will consider the first phase of bed changes within an overall end point. This is so the first step of changes can be pragmatically tested for safety and quality purposes. It means we stay within broad end point principles and the overall direction of the Strategy. It also means initial phased implementation moves do not pre-empt endpoint solutions but also allow an evolving end point based on what we learn in practice due to our experience of change along the way.

Mental Health Inpatient Service	Current Strategy End point Bed Nos.	Refresh End point Bed numbers		Initial Phase Change endpoint	
Child Psychiatry	6	6		6	No change
Adolescent Psychiatry	24	24		24	No change
Adolescent Eating Disorder / Intensive	0	4		4	Increase in beds for adolescents with greater acuity of need and site linked to Adolescent service and Adult Eating disorder service
Eating Disorder (Adult)	4	10		10	Increase in beds to meet identified need and site linked to adolescent eating disorder beds and adult acute beds
Perinatal (Mother & Baby)	6	8		8	Increase in beds to meet identified need
Alcohol and Drugs Recovery	35	25		25	Reduced beds to meet need and maximise expertise
Learning Disability Assessment & Treatment	28	20		20	Reduced beds and move from isolated site to increase support options
Learning Disability Long Stay	8	0		0	Reduced beds to social care community support
Forensic Learning Disability	9	9		9	No change
Forensic Medium Secure Care	74	74		74	No change
Forensic Low Secure Care	44	59		44	Increase in forensic rehabilitation to meet need, repatriation of out of area placements and patient throughput efficiency
Intensive Psychiatric Care Unit	44	44		44	No change – review of secure acute assessment for people from prisons and Courts
Adult Acute Short Stay Assessment & Treatment	285	232		285	No initial phase 1 change due to full capacity. Consideration of possible future distribution of beds.
Adult Rehabilitation and Hospital based Complex Clinical Care including Enhanced Intensive Rehabilitation	128	87		113	One ward reduction to allow testing change in inpatient focus including Enhanced Intensive Rehabilitation beds to facilitate patient throughput efficiency in IPCU & Adult Acute Assessment & Treatment and repatriation of people and funding contribution to community rehab service
Older People Acute Short Stay Assessment & Treatment	205	119		205	One ward reduction to allow testing and funding of Community service and change in inpatient – transfer of resource to community alternatives and consideration of possible future distribution of beds and functional and dementia split
Older People Hospital based Complex Clinical Care	152	60		132	Two ward reduction to allow testing and funding of Community service and change in inpatient – transfer of resource to community alternatives and further options of distribution of beds and functional and dementia split
Total	1052	781		1003	

16.2.2. Overview

Current Mental health beds in NHS GG&C
- 1,052 mental health beds
- distributed across thirteen sites and
- 65 wards

Changing mental health bed numbers and the number of wards on any site affects services on all sites. When reducing or increasing bed numbers and wards a key question is which wards should be placed where and for what purpose.

Start Point Initial Phase Distribution of Mental Health beds across GG&C

Bed Numbers by Location	Addictions	Adolescent	Adult Long Stay	Adult Rehab	Adult Short Stay	Child Psychiatry	Eating Disorders	Elderly Long Stay	Elderly Short Stay	Forensic LD Low*	Forensic Low Secure	Forensic Medium Secure	IPCU	LD Assessment & Treatment	LD Long Stay	Perinatal	**Bed Total**		**Nos. Wards on Site**
Blysthwood														*16*			***16***		***1***
Dumbarton Joint								*12*									***12***		***1***
Dykebar			*12*	*8*	*15*			*42*									***77***		***4***
Gartnavel Royal	*20*		*18*	*12*	*80*			*20*	*45*				*12*	*12*			***219***		***12***
IRH Orchard View, Langhill, Larkfield			*12*		*20*			*30*	*20*				*8*				***90***		***5***
Leverndale			*35*	*11*	*94*				*38*	*9*	*44*		*12*			*6*	***249***		***16***
Netherton															*8*		***8***		***1***
Darnley - G4								28									**28**		**1**
Rowabank Clinic												*74*					***74***		***8***
RAH									*40*								***40***		***2***
Royal Hosp for Children						*6*											***6***		***1***
Stobhill	*15*	*24*	*20*		*76*		*4*	*20*	*44*				*12*				***215***		***12***
Vale of Leven									*18*								***18***		***1***
Total	**35**	**24**	**97**	**31**	**285**	**6**	**4**	**152**	**205**	**9**	**44**	**74**	**44**	**28**	**8**	**6**	**1052**		**65**

** LD – Learning Disability*

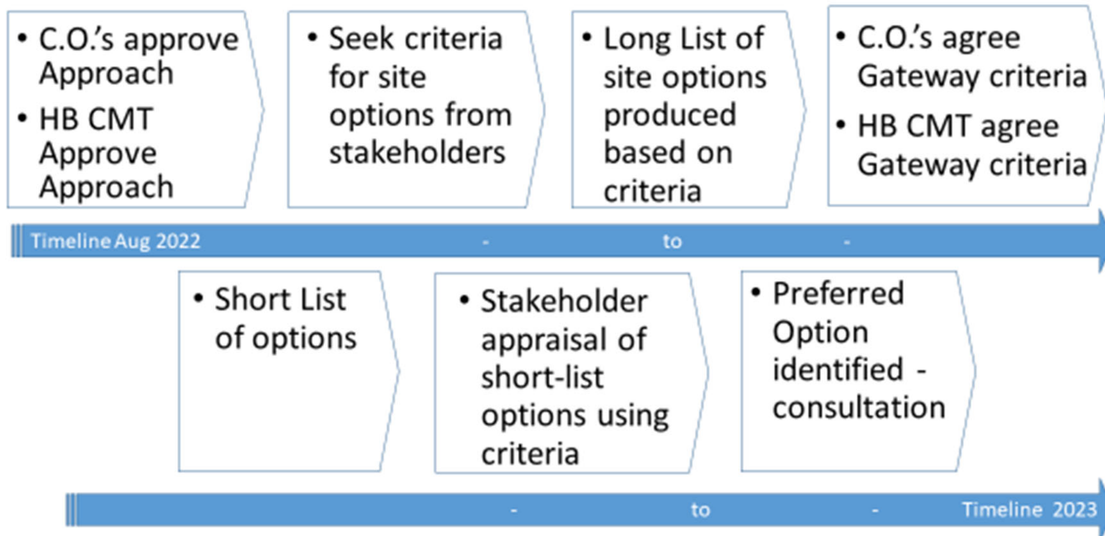
Mental Health Services benefit from a collective approach across HSCPs and NHS GG&C. This will include co-ordinating the delivery of all the mental health family inpatient services.

Dependences include that although sites are linked to community services people who need to be admitted can be admitted to any site. Particular wards and sites within NHSGGC/HSCPs do not solely belong to particular localities, but are managed on behalf of the whole system.
Some of the specialist services such as Perinatal Mental Health and the Adult Eating Disorder Service are single wards and also provided to anyone from within the six HSCPs and Health Board-wide area.
- Consultant Psychiatrist on-call cover is for Adult Mental Health, Learning Disability, Alcohol & Drug services, Older People's Mental Health Services is provided out of hours by one rota operating North and one rota operating South of the Clyde. There are single rotas for Forensic and Child and Adolescent Mental Health Services (CAMHS) operating Board-wide.
- Junior doctor out-of-hour rotas are managed system-wide to maintain cover while adhering to the European Working Time Directive.

- In some care groups with smaller critical mass of staff (e.g. clinical psychology in Learning Disability and in Alcohol and Drugs) system wide approach provides cover when required during vacancies, maternity leave and illness.
- During times of challenge ward nursing cross cover is also routine within sites, across sites and across the different mental health complex of specialty inpatient care.

Initial bed rationalisation has been delivered through incremental changes to acute sites (Parkhead), rehabilitation sites (Phoenix House) and also to older peoples hospital based complex clinical care nursing home site accommodation (Rowantree / Rogerpark).

The next step will be agreement to progress site impact engagement as follows:



Engagement on site impact across the range of sites and whole mental health complex of services will be the next main enabler for implementation progression.

17. Service User & Carer Engagement

17.1. Recommendations

1. Ensure staff are aware of their roles and responsibilities in respect of duties and powers of Carers Act for adult (including older adult) carers and young carers.
2. Ensure staff are promoting adult carer support plans and the young carer statement.
3. Supporting delivery and achievement of the Triangle of Care standards
4. Develop performance indicators to evidence impact of the above.
5. Service users' and carers' experience of their care, in line with the national health and wellbeing outcomes, should be regularly monitored and evaluated
6. Ensure that service user and carer networks are a core component of future service planning and implementation

17.2. Progress

Involving service users and their representatives in service planning is a core component of the development of the Service Strategies. Service user involvement and representation has been provided through the Mental Health Network.

Each HSCP commissions Advocacy services to ensure the rights of individuals who are subject to the Adults with incapacity (Scotland) Act (2000); Adult support and ,Protection (Scotland) Act (2007); the Patient Rights (Scotland) Act (2011); Charter of Patient Rights and responsibilities (2012); and the Mental Health (Care and Treatment) (Scotland) Act 2003.

The Advocacy Services are provided via a procurement process and are monitored to ensure they meet the requirements of the agreed specification of service provision.

Service user involvement will remain a core component of the implementation plans that are to be developing.

17.2.1. Carers

Supporting carers is a key priority at a local and national level. To date, we have rolled out 'the Triangle of Care' tool across all mental health services to improve carer engagement and support. The Triangle of Care is a therapeutic alliance between each service user, staff member and carer that promotes safety, supports recovery and sustains wellbeing. HSCPs are working on an on-going basis to support the delivery and achievement of these aims.

Key Messages from Service Users and Carers

- Carers – given the increased emphasis on home treatment particularly when people are ill it is imperative that carers are better supported in order to enable them to continue their vital role in the longer term. Carers should be supported to both be effective in their caring role and enabled to look after their own health.
- Poverty – Scotland's new Mental Health Strategy explicitly recognises the links between poverty and poor Mental Health. Models of support that are to be developed must be able to encompass this work.
- Social isolation – the Scottish Government recognises the damage social isolation causes, future models of "recovery" must encompass the social dimension and help ameliorate the impact of poor mental health.
- Rights –People can sometimes feel disempowered by the mental health system. A rights based approach should mean people enjoy a better relationship with services and a greater say in their care and treatment, leading to greater personalisation of their support.

- Prevention – A large amount of resource is directed at supporting people who have a repeated number of episodes of mental ill-health. A system wide approach that looks at learning from mental health crisis on a personal level and embraces preventative planning could greatly reduce service usage for such individuals.
- Engagement – Early engagement with key stakeholder groups is crucial in order to identify solutions to the issues faced, e.g. people with a lived and living experience and mental health carers as well as 3rd sector groups.

The Mental Health Network (of people and carers, with a lived and living experience of mental health issues) are commissioned within NHSGGC to support service user engagement and also sit on the board-wide Mental Health Strategy Programme Board and support the strategy.

A process to engage with public and staff on what is important to them when considering changes to bed numbers and site impact is in development. Pre-engagement is taking place with heads of services and leads from Third Sector Interface organisations in each HSCP, including leads from groups that represent people with protected characteristics to support co-production of the process itself.

Public and staff engagement on site impact has been delayed by COVID-19 and will continue in more normal times.

The Borderline Personality Development Network have formed a 'BPD Dialogues' group. This is a group of people who have a diagnosis of Borderline Personality Disorder and lived and living experience of using NHS services in Greater Glasgow and Clyde (NHS GG&C). They contribute to the planning and development of better services for people with a diagnosis of personality disorder through:

- Designing information leaflets and resources for people with the diagnosis, and their families and friends
- Contributing to the content and delivery of staff training on BPD
- Providing feedback on any aspect of the BPD implementation plans from the perspective of having lived and living experience

Other work streams are looking to develop similar engagement groups. e.g. CAMHS - An eating disorder reference group has been set up with representation from a member with lived and living experience and a third sector representative.

Performance indicators are to be developed with user and carer input to evidence staff are:

- aware of their roles and responsibilities in respect of duties and powers of Carers Act for adult carers and young carers;
- ensuring staff are promoting adult carer support plans and the young carer statement; and
- supporting delivery and achievement of the Triangle of Care standards

18. Workforce

18.1. Recommendation

1. Future workforce requirements and implications will continue to be assessed as part of the development of the implementation plan. It will be important to ensure on-going professional and staff side representatives have the opportunity to engage fully in this process and for the outputs to dovetail with HSCP Workforce Plans

Additional 2023 recommendation

CAMHS

2. Create dedicated strategic CAMHS pharmacist posts across Tier 3 (specialist multidisciplinary teams) and Tier 4 in line with services across the rest of the UK.

18.2. Progress

Mental Health services face several workforce issues which are relevant to this strategy, and these are summarised below. However, given the nature of the bed reduction changes proposed within this strategy, it should be noted that the following section focus primarily on health staffing issues.

In particular, workforce issues that require to be taken into account include the following:

- An increase in retirements, associated with:
    - An ageing workforce
    - Mental Health Officer Status
    - Changes to NHS pension provision
- Recruitment and retention, an issue for all professions, specialties and localities, but particularly intense in some areas;
- Nursing workforce standards
    - Application of the national workforce and workload planning tool
    - Nursing staffing standards for inpatient care

Specific issues relevant to the main professional groups and services are set out below.

18.2.1. Nursing

Full implementation of the 5 year strategy anticipates a reduction in Mental Health beds across GG&C, which will result in a reduced inpatient nurse staffing compliment. However, given current challenges in filling a number of nurse vacancies and anticipated turnover and retirements, the Programme Board remains confident that a phased approach to the implementation of the strategy will see the successful redeployment of all staff into the future service model. Such change would be managed in partnership with staff-side representatives, and in accordance with organisational change policies.

For those remaining hospital wards, there is a need to ensure that nurse staffing levels continue to meet the needs of the patients. The Royal College of Nursing (RCN) recommends a minimum percentage skill mix of registered to unregistered nurses at a ratio of 65:35. Further local NHSGGC work is equally based on a body of evidence that reports safer and improved outcomes for patients where there are more registered staff working on the wards. Future staffing levels and skill mix will therefore be measured against national workforce planning tools and it is likely this will result in a need to reinvest funding into some wards to improve skill mix.

18.2.2. Medical

Psychiatrists hold an essential role in diagnosing and treating complex and high risk patients and overseeing compulsory treatment under the mental health act. Additionally, medical staff have a clinical leadership role, supporting multidisciplinary mental health teams to work effectively.

NHS GG&C has traditionally been able to recruit to consultant posts, though Speciality And Specialist (SAS) Grade doctor posts were often more challenging. There are likely to be recruitment problems in some specialties in future.

Career-grade doctors typically work to a defined catchment area, and are expected to manage their workload across inpatient, community and specialist teams depending on the needs of the service. Referrals to CMHTs have been increasing by 3% per annum in recent years, and a proportion of this activity has been absorbed by the posts set out above.

As service gaps appear, clinical safety and service viability usually means that locums must be used and this can have disadvantage if it results in changes to clinical leadership and reduced continuity of care, such as occurred during COVID-19. Board-wide locum costs for medical staff across Mental Health, Learning Disability and Addictions services were contained in 2016/17, and were largely generated by vacancies relating to retirement and maternity leave which could not be filled using existing staff. Assertive use of local cover arrangements, GG&C locum bank staff and new arrangements with commercial agencies led to a reduction in costs of about 25%. However, the cost of locum cover is an ongoing challenge to NHSGGC.

Redeploying medical staff in response to the changing requirements of the strategy (for example from inpatient to community work) can often be achieved by negotiation over existing job plans. Any requirement to move consultant posts across localities would require meaningful engagement, time and careful planning and balancing of service need, medic wellbeing and career development to mitigate staff losses to avoid the risk of service gaps needing to be filled by non-NHS locums.

Psychiatrist involvement will always be required for the diagnosis and treatment of complex and high-risk patients, and in relation to mental health act work. With potentially fewer psychiatrists available, there will be an increasing need for medical staff to focus their resources on these groups of patients with role / task sharing with other disciplines in place to manage less complex and lower risk patients.

18.2.3. Psychology

Overall, in recent years, across NHSHHC, there has been a slight increase in clinical psychology staffing however some care groups have seen a reduction.

Some of the main challenges faced in the Clinical Psychology workforce are:

1. The small critical mass of Psychology staff in certain care groups including Learning Disabilities, Alcohol and Drugs and Older Adults.
2. Services have small numbers of clinical psychologists and other psychological therapists meaning they are vulnerable to not being able to provide care as expected when vacancies and forms of leave occur.
3. A significant number of staff have MHO status and can retire within the next five years.

4. Both a national and local analysis of gender and part-time working profile suggests that the Psychology workforce is a largely female profession and that many who join the profession reduce working hours within 3 years post training

The Scottish Government has recognised the importance of evidence based interventions for service users. A key element of this approach has been the development of a strategy to increase access to evidence based psychological therapies for many health conditions.

A major challenge in recent years within NHS GG&C has been achieving and maintaining the HEAT Standard on Access to Psychological Therapies across all Care Groups.

As the Scottish Government's Strategy develops this will continue to be a challenge and it will be a core element of NHS GG&C's Mental Health Strategy. Maintaining and increasing a critical mass of clinical psychology staffing will be an important part of the strategy.

18.2.4. Occupational Therapy

Occupational Therapy continues to have a role to play in the work streams of the GGC 5 year strategy. With its roots in person centred recovery focused practice, occupational therapists play a crucial role in helping people maintain their optimum level of independence within their communities. This is important at all stages of the patient journey from community and hospital to discharge. Shorter admissions will require robust discharge and support packages and planning to begin at the point of admission. Occupational Therapists will continue to make an essential contribution to this part of the pathway in terms of assessment and making recommendations about the level of support required for successful discharge. In addition consideration should be given to the review of such packages over time by an occupational therapist in order that adjustment of resource can be made based on need.

Within mental health services in the board, the majority of the Occupational Therapy workforce remains within secondary care services. There is growing evidence nationally that supports earlier intervention to Occupational Therapy gives better outcomes to patients. By working with people earlier in their journey, it enables occupational therapists to facilitate supported self-management techniques. This has been recognised by some of the HSCPs in GGC and they have included occupational therapy posts as part of their plans for the development of the Mental Well-Being Hubs. A newly developed service in Renfrewshire HSCP has introduced mental health occupational therapists into primary care. This service works alongside GPs and other primary care providing assessment and intervention with the principle of early intervention and supported self-management at the core of service delivery.

Occupational Therapists are experts in vocational rehabilitation. Employment and meaningful occupation/therapeutic activity are important to recovery and maintaining positive mental health. Earlier intervention by Occupational Therapists is likely to impact positively on people sustaining their employment, making reasonable adjustments at an early stage and helping people to find appropriate work which in turn assists with recovery. The recent legislation enabling occupational therapists to sign Fit Notes requires exploration with the development of an agreed governance framework within GGC.

A newer area of development for occupational therapists in mental health relates to neurodevelopmental work. Within Glasgow HSCP occupational therapy staff have been involved in the waiting list initiative, assessing people for ADHD. Specific to the profession has been the development of the occupational therapy SPARKS programme, a bespoke group work programme for people diagnosed via the WLI, with ADHD. This continues to be in the developmental stages and

is being delivered by staffing working additional hours. If a GGC service was to be developed then it will be crucial that occupational therapy is core within its structure.

There is not a standard workforce model in place within the organisation for Occupational Therapy. Within mental health services an occupational therapy data base has been developed which captures detailed and up to date analysis regarding workforce. This system is now being tested across other care groups within Partnerships.

18.2.5. Psychotherapy

Psychotherapy departments across NHSGGC include colleagues with a variety of backgrounds. Psychotherapists and Psychotherapy practitioners offer individual and group psychodynamic psychotherapies. Services include specialist city wide Personality Disorder and Homelessness team (PDHT), working with complex Personality disorder. Psychotherapy is currently exploring the future model of delivery and, similar to other services, have workforce planning issues.

18.2.6. Allied Health Professionals

In addition to Occupational Therapy, other allied health professions can also have a role in supporting a sustainable workforce across Mental Health, whether from within AHP services or from within the mental health team:-

Physiotherapy can deliver improvement in physical health / wellbeing that correlates to a reduction in depression and anxiety and better patient outcomes. Demographic data for Scotland highlights that the prevalence of mental health complaints can directly relate to a reduction in physical health and wellbeing.

Art Therapists can offer equitable access to psychological interventions for those who struggle to engage in talking therapies.

Mental Health Dietitians offer interventions to correct dietary inadequacies, address increased nutritional requirements, address special dietary requirements, to provide health improvement and education and to address where physical or mental health conditions impact on dietary intake or nutritional status.

The efficacy of Podiatry treatment could be enhanced for patients with mental health conditions such as anxiety and depression, which would help improve overall health outcomes for these patients.

Speech and Language Therapy can have a positive impact across several areas. These include: Identifying and ensure appropriate response to speech, language, communication and swallowing needs, providing a differential diagnosis, providing (targeted) training for staff to ensuring the links between speech, language, communication and swallowing needs are addressed, supporting people with Speech , Language & Communication Needs (SLCN) who are neurodiverse during periods of crisis and increasing the understanding of the links between speech, language and literacy and mental ill health and social potential.

18.2.7. CAMHS

Our workforce is key to the delivery of service to Children and Young People. The Pandemic and the MHRR funding has created significant movement in staff, some retiring, some moving to promoted posts and some joining CAMHS at the start of their career. Ensuring our workforce feels welcomed, supported and developed will lead to better sustainability of our services.

Example development: CAMHS Pharmacy trials

A CAMHS pharmacist would bridge a current gap in pharmacy services to the CAMHS teams and bring GGC in line with government strategy in expanding and diversifying the CAMHS workforce to meet service pressures. A trial is beginning where a pharmacist will provide both a clinical service and develop a pharmacy and medication strategy for CAMHS.

18.2.8. OPMH

The workforce supporting patients and families in the community should reflect the wide range of services required to meet their needs. The workforce within Older People Community Mental Health Teams has developed over time with investment in services and staffing resource including Care Home Liaison, Acute Hospital Liaison and intensive / crises support services.

Whilst the framework recognises the need for HSCP's to develop services and teams in a way that best fits their local population and services, it has been agreed that there should be consistency and equity in the roles and skills present. This should also reflect the integrated nature of Health and Social Care Partnerships.

Work is required to revisit and refresh the role, function and skills within the teams, ensuring that as we move forward our teams are fully integrated and include a wide range of health and social care professionals.

In common with many other services there are a number of workforce pressures within the Mental Health System. A number of actions require identifying to alleviate these pressures including considering how we become an "employer of choice", supporting our staff to utilise the full extent of their knowledge, skills and expertise, whilst also develop new roles to address the needs of the population, and offer opportunities for progression for staff. These include:

- Access to a broader range of Allied Health Professionals
- Development of Advanced Practitioner Roles (e.g. Advanced Nurse Practitioners / Allied Health Professionals)
- Addressing vacancies in Consultant Psychiatry Staffing and achieving a sustainable workforce
- Addressing vacancies in the nursing workforce, and considering how we attract newly qualified nurses into the range of mental health services
- Reviewing the current level of Psychology staffing
- Embedding Social Work and Social Care staff in all Community Mental Health Services/Teams

Further engagement is also likely to be required for educational bodies to attract sufficient applicants to fill available training places as well as expand them to meet current and future staffing needs.

18.2.9. ADRS

Similar to the wider workforce, all ADRS teams report increasing levels of staff vacancies. This in turn leads to increased demands on existing staff, with increased caseloads, which in turn is resulting in difficulty to retain staff in post. Issues relating to staff recruitment are experienced at all levels and in all posts within ADRS.

Staff have identified that, due to increasing patient caseloads and during the COVID-19 pandemic, it is increasing difficult / there is a lack of opportunity to undertake development or participate in

existing training programs. The GADRS Review and thematic analysis of SAEs has evidenced that a Training Needs Analysis is required within an implementation of a workforce development plan.

19. Digital and eHealth

Before the pandemic, mental health services were already evolving to make better use of data and digital tools. The importance of these were evidenced through the COVID-19 pandemic which also demanded we move further and faster with our plans. This section, specifically focusing on digital and eHealth, was included in the strategy as a result.

19.1. Recommendations

1. Develop a data Strategy for Mental Health Services
2. Expand and ensure widespread access to Clinical Informatics
3. Continued investment in Mental Health Digital Team to support the progression of digital technologies within mental health services
4. Develop a patient facing application which allows patients to self-refer to services (where appropriate), choose appropriate assessment/treatment appointment slots and be able to complete information relating to equality
5. Continue IT investment in systems that improve delivery and quality such as Hospital Electronic Prescribing Medicines Administration and a full Electronic Paper Record (EPR)
6. Align EPR development with the data strategy to ensure the appropriate clinical and performance measures are captured to support quality improvement
7. Identify clinical 'champions' and develop forums that encourage staff engagement and ownership
8. Continue to engage actively with citizens and patients to inform service improvements
9. Replace paper processes with digital alternatives
10. Modernise and enhance existing systems to be fit for the future
11. Maintain our ability to respond to future challenges such as another pandemic
12. Increase the use of technology to support patient care, including virtual consultations
13. Provide the digital developments that support hybrid / blended working for our staff

19.2. Progress

During the COVID-19 epidemic Strategy recommendations have accelerated the rapid pace of development and the importance of 'digital' in terms of both advances in technology and clinical applications.

19.2.1. Access and Choice for Patients

Virtual Patient Management (VPM) includes telephone consultations and video conferencing. This has become a new way of working within mental health services since the onset of the COVID-19 pandemic. Mental health services implemented these solutions to ensure that where appropriate, consultations could continue while not all being face to face. Supporting guidance was developed for both staff and patients in relation to engaging with remote consultations. Virtual appointments will continue post-pandemic with clinical staff, in partnership with patients, continuing to assess suitability as per clinical guidance, utilising these appropriately.

19.2.2. Virtual Front Door and direct patient access.

Work is currently being undertaken to utilise patient facing applications that support patients within mental health services to receive results and appointments.

19.2.3. Self-Management

Mental Health will be part of a patient-facing Self-Management mega support app being developed in collaboration with four other specialties and the NHS Scotland DHI Right Decision System.

19.2.4. Safe And Secure Clinical Applications And Systems Which Support Patient Care And Information Sharing

The process to migrate from paper to digital records continues. There are four cornerstone applications which form the electronic patient record (EPR) within mental health services, these being; EMIS Web, TrakCare Order Comms, Clinical Portal and HEPMA. Considerable work has been carried out to ensure that each of these applications have had a planned and structured rollout within both inpatient and community services. This work is ongoing with current rollout of HEPMA to all mental health inpatient wards during the summer of 2022 and the further development of inpatient electronic record on EMIS which is due to be completed by summer of 2023.

Digital Champions Forums across community and inpatient services promote the use of digital applications within clinical areas, provide an opportunity to share learning, highlight challenges and input into future developments/functionality within these applications.

19.2.5. Evidence Based Reliable Data Driven Decision Making, Clinical Informatics

The value of high quality accurate clinical data in the ongoing provision of clinical care, operational decisions, future planning and scientific developments needs to be acknowledged and facilitated. Work is required to; improve data quality, improve the consistency of information recorded, support availability of accurate reports on service activity.

19.2.6. Digital Literacy

Digital literacy is defined as, “those capabilities that fit someone for living, learning, working, participating, and thriving in a digital society". These capabilities extend beyond just technical proficiency in using specific clinical systems, but include more conceptual knowledge such as data use, digital safety. It is the broad nature of these capabilities that make digital literacy foundational for all staff working in modern healthcare settings. Knowing which tools to use, and when, can support the delivery of care.

Our vision for digital literacy of the workforce in NHSGGC is to:

- Not assume staff are digitally literate
- Define a framework of recommended core and area specific digital skills for all staff.
- Evaluate the digital literacy of staff to enable a conversation on learning for digital success
- Adopt digital skills in the induction, and the learning and development process for mental health staff
- Provide the tools and technologies required for staff to work at their best digital capacity
- Promote an “I need digital to do…” approach to discovery and curiosity

For service users and carers, there can be both benefits and disadvantages of ‘digital’. These will need to be weighed against each other when deciding on the most appropriate type of appointment. It will be essential to avoid exacerbating or creating inequality among people seeking and accessing health care.

Challenges include the level of digital literacy, access for people experiencing digital barriers and others who may find this type of interaction difficult.

Benefits include where increased use of video consulting could improve access to services for those with barriers related to travel.

The Scottish national strategy, A Changing Nation: How Scotland will Thrive in a Digital World[20], looks to address digital exclusion. Digital mental health services will be developed and delivered with 'no one left behind'.

19.2.7. Telehealth / Telecare and Digital Solutions

In addition to universal/general challenges, the challenges faced by Older People with Mental Health issues and specifically cognitive decline has resulted in limited use and proved to be an additional barrier. As we move forward we need to continue to maximise opportunities for Older People to engage with technology that enables and improves access to a broad range of health, wellbeing and community resources.

19.2.8. CAMHS

Have also embraced a range of digital developments: Near Me, SMS text messaging, Order Comms and winvoice pro. In addition to the digital innovation we are working to extend our relationships with Universities and our Research agenda

[20] A Changing Nation: How Scotland will Thrive in a Digital World

20. Finance

20.1. Recommendation

1. Complete a forward financial framework for GGC to support implementation and delivery of the strategy based on the financial assumptions

20.2. Progress

20.2.1. Financial Context

Mental Health Services currently operates within a budget of £185m across Greater Glasgow and Clyde. This budget is made up of a number of funding streams:-

- Core service budgets
- 'Action 15' funding which was secured from the government's national mental health strategy to increase the workforce, giving greater access to mental health services to A&Es, GPs, the police and prisons.
- The Mental Health Recovery and Renewal Fund (established 2021) focuses on four overarching themes:-
    - Promoting and supporting the conditions for good mental health and wellbeing at a population level.
    - Providing accessible signposting to help, advice and support.
    - Providing a rapid and easily accessible response to those in distress.
    - Ensuring safe, effective treatment and care of people living with mental illness.
- Winter Planning for Health and Social Care (Oct 2021) was initially provided to help protect health and social care services over the winter period and has also been provided on a recurring basis to support longer term improvement in service capacity across our health and social care systems. Within mental health services this has been used to:-
    - Increased capacity OPMH and AMH discharge teams
    - Increased Mental Health Officer capacity
    - Testing an increase in psychological support for commissioned care homes.
    - Complex Care Discharges which require purchasing enhanced packages of care to support discharge from mental health adult and OP wards
    - Commissioned LD and MH purchased placements including Housing First (in Glasgow City)
- Other dedicated funding from Scottish Government which gives guidance in how it is to be utilised. For example, perinatal and infant mental health

The Scottish Government had provided a clear commitment to Mental Health as part of its Programme for Government 2021-22, which commits to "Increase direct mental health investment by at least 25% over this Parliament, ensuring that at least 10% of frontline NHS spend goes towards mental health and 1% goes on child and adolescent services." However, the Scottish Government has also subsequently recognised the challenging fiscal environment which it currently operates within the Resources Spending Review. This document outlines the Scottish Government approach which seeks to hold the total public sector pay bill at the same value as 2022-23, with staffing levels in total terms returning to pre-pandemic levels. It also highlights the need for the delivery of at least 3% savings each year. This context and the impact on funding specifically for Mental Health Services will be required to be considered when developing the financial framework to support delivery of this strategy.

20.2.2. Financial Framework

A new financial framework is being developed to support the implementation of this strategy. As a result of the financial context outlined above, the Mental Health Strategy will require a phased approach to implementation, with implementation being phased as funding becomes available.

The 2018 strategy financial framework identified the potential for a release of funding from disinvestment in services which could be used to further develop community services and deliver on the objectives of the strategy. The COVID-19 Pandemic and currently increased demand for mental health services will impact on the ability to deliver to the level originally planned by the 2018 strategy. A new approach will be required in order to continue supporting the Strategy from 2023 onwards.

In some cases, the change programme required to engineer and deliver a significant shift in the balance of care will need to be enabled by access to transitional funding or bridging finance. It is critical that new alternative services are able to be put in place in advance of any existing services being reduced and before any current mainstream resources can be released.

The financial framework will indicate the priorities, phasing of investment and where funded from existing budgets / funding or requiring new investment. This will help identify from where new investment can be sourced.

Developments will be fully costed as part of future updates to this strategy.

20.2.3. Capital Funding

The extant capital proposals to realign the inpatient estate to the service strategy utilised a mixed approach to sources of funding and was designed as a pragmatic response to enable immediate implementation of the more urgent service imperatives whilst rephrasing implementation of less urgent areas that are to be linked to the projected timing of treasury capital and capital receipts. The phasing of implementation was as follows:

- Phases 1 & 2 – A two stage process to reconfigure mental health services in North Glasgow that saw the withdrawal of the final 2 AMH acute wards from Parkhead Hospital reprovided on the Stobhill site, and 2 wards of Older People Mental Health complex care beds from the Birdston Complex Care facility reprovided on the Stobhill & Gartnavel inpatient sites.
- Phase 3 – The consolidation of Alcohol and Drugs Addiction inpatient services at Gartnavel Royal.
- Phase 4 – The consolidation of acute adult mental health beds for South Glasgow and Renfrewshire on the Leverndale site.

Capital monies are already committed for Phases 1 and 2 outlined above.

More detailed plans for the implementation of phases 3 and 4 above are to be developed through the site impact process as the number of potential location of services in future evolves along with HSCP and NHSGGC capital planning processes. Implementation timescales will depend on the availability of inpatient accommodation, future fixed term revenue costs for some inpatient wards that were not built using one off capital money and existing accommodation that will be retained for future inpatient use. Agreement to engaging on the site impact process now requires HSCP and NHSGGC signoff.

21. Managing Risk

21.1. Recommendation

1. The implementation plan should include the development of a risk management framework to identify, pre-empt and mitigate risks to the system of care to inform each phase of change.

21.1.1. Risk Management Framework

This will aim to provide robust service user and service indicators to inform of how the system of care is responding to the stepped changes in provision as each ward change occurs. The consensus of professional opinion from those involved in developing strategy remains that the scale and timing of the proposed changes to inpatient care, results in a gradation of risk that can be broadly split into three categories;

- delivering the first 1/3 of the inpatient redesign carries a low-to-medium level of risk.
- delivering the second 1/3 of the inpatient redesign carries a medium-to-high risk.
- delivering the last 1/3 represents a stretched target and therefore carries a higher risk.

This gradation of risk is summarised below.

Estimated service risk at different levels of change

Ward Type	LOW to MEDIUM RISK		MEDIUM to HIGH RISK		HIGH RISK
Mental Health Acute Short Stay specialties	Reduction of	1 ward	Reduction of	2 wards	Reduction of 3 wards
Mental Health Rehabilitation & Long Stay specialties	Reduction of 1	to 2 wards	Reduction of	3 wards	Reduction of 4 wards
Other Specialist Mental Health Services	Increase of 1	to 2 wards	Increase of	3 wards	Increase of 4 wards

Therefore, while the strategies demonstrate that it will be possible to make on-going transformational changes with system redesign in the next few years, it also shows the vulnerability of a system that can become destabilised by relatively minor changes in its component parts.

It is proposed that the risk management framework includes a prospective ‘dashboard’ of potential warning signs to inform each phase of implementation. An example of a suite if indicators to help estimate risk at different stages of change is set out below;

Risk	Early warning signs
Lack of bed availability when needed	• Bed occupancy persistently >95% • Boarding rates persistently >1% • increase in suicide rate • Increased detentions under the Mental Health Act • Increased / unusual rates of readmission
Recruitment and retention problems across the service tiers, both in statutory and non-statutory services	• % shifts covered by agency/locum/bank staff • Number of vacancies unfilled despite advert • Staff turnover • Sickness absence rates
Demand exceeds capacity for community teams and commissioned community services, both statutory and non-statutory services	• Rising waiting lists • Failure Demand • Conditions becoming more chronic and then requiring greater levels of intervention at higher cost • Lack of suitable accommodations or funding to move people through the system of care – people become 'stuck' in the wrong service tier for their needs • Increasing Delayed Discharge rates
Community Care becomes more episodic and fragmented	• A tightening of eligibility criteria • Increases in referrals to crisis services
Adverse impacts for other interdependent services or plans	• 'cost-shunting' or evidence of significant pressure on other parts of the care system • Delays in implementation plan timescales due to lack of co-ordination
Feedback from service users and carers	• Perceived reductions in the quality of care or service experience • Increase in formal complaints

22. Management and Governance

22.1. Recommendations

1. HSCPs and NHSGGC should maintain a whole-system approach to the strategic planning of Mental Health Services.
2. The remit of the Programme Board should be extended to include closer coordination with Older People's Mental Health and other care groups.
3. The implementation of the 5 year Strategy should be aligned with the Moving Forward Together transformational plans set out by NHS GG&C Board.
4. The scope and responsibilities of the whole-system "coordinating" role for adult mental health held by the Chief Officer of Glasgow City HSCP should continue.
5. Consideration is required on the governance and engagement arrangements surrounding the development and progression of an Implementation Plan, following approval of the 5 year strategy.

22.2. Progress

An Adult Mental Health Strategy Programme Board was established to provide overall coordination with membership from HSCP management, professional leadership, staff partners, and representation from the mental health network on behalf of users / carers. Implementation of the mental health strategies continues to be aligned with the Moving Forward Together transformational plans as set out by NHSGGC.

Multiple work streams have been established under the programme board to progress implementation:

- Prevention, Early Intervention and Health Improvement
- Recovery
- Effective and Efficient Community Services
- Commissioning
- Communications and engagement
- Workforce
- Unscheduled Care
- Digital / eHealth
- Rehabilitation
- Inpatients and bed modelling

Strategies have tended to focus on a single system approach to mental health across the board area but less so across services. The remit and membership of the programme board has been expanded to ensure greater connection across the wider mental health complex, including Older People's Mental Health, Adult Mental Health, Learning Disabilities, Child and Adolescent Services and Addictions which will require closer working across the different governance and strategy delivery structures.

Some HSCP Chief Officers hold responsibility for co-ordinating the strategic planning of mental health services on behalf of other HSCPs within NHSGGC (e.g. Adults, OPMH, LD) and this continues to be recognised. NHSGGC-wide professional leaders are in place and have a strong connection with NHSGGC Board responsibilities for governance and public health. These function alongside the collegiate management responsibility across HSCPs and NHSGGC.

A Learning Disability Programme Board, led by the East Renfrewshire Chief Officer, has been established to plan inpatient redesign and increase the resilience of community teams and commissioned services to improve pathways and sustain community placements for services users. This Learning Disability programme board reports into the Mental Health Strategy board and covers two key work streams: Community and Inpatient redesign and multi-agency collaborative commissioning.

Older People's Mental Health services have a board-wide strategy group to ensure a shared approach.

The governance and engagement arrangements surrounding the development and progression of implementation continues to be considered on an on-going basis.

System-wide clinical governance is co-ordinated e.g. by a Mental Health Quality and Care Governance Committee, chaired by the Associate Medical Director for Mental Health, and reported through the Board Quality and Governance Committee to the NHS GG&C Medical Director and ultimately to the NHSGG&C Chief Executive.

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SUPPLEMENT

to

A Refresh of the Strategy for Mental Health Services in Greater Glasgow & Clyde: 2023 – 2028

25 05 2023

Document Version Control

Date	Author	Rationale
25/05/23		

Contents

This supplement adds to the 2017-2023 Adult Mental Health Strategy and the subsequent 2023-2028 Refresh in providing additional or new information on the roles and functions of the wider mental health complex and the additional focus on Digital / eHealth.

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1. Introduction

This supplement to the 'Refresh of the Strategy for Mental Health Services in Greater Glasgow & Clyde: 2023 – 2028' provides, or adds to, information on services not included in the original strategy for adult mental health services 2018-2023, reflecting the expanded scope that now takes account of the wider complex of mental health services.

The following table shows how the chapters in the Supplement map across to the Strategy Refresh.

	Section	
Section	**Supplement**	**Refresh**
Public Mental Health	2	3
Older People's Mental Health	3	9
Child and Adolescent Mental Health Services	4	10
Perinatal Mother and Infant Mental Health	5	11
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2. Public Mental Health

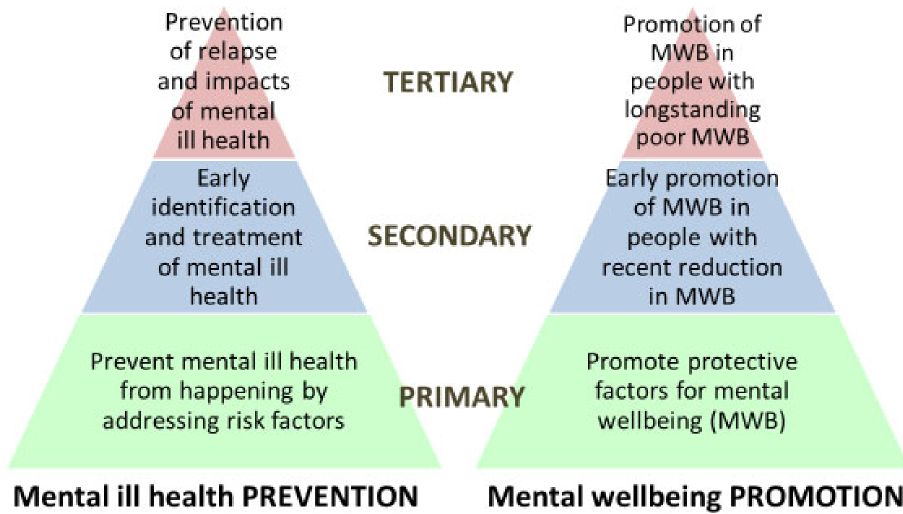
The term 'public mental health' means taking a systematic approach to working towards the best mental health possible for the whole population. This includes addressing both the root causes of poor mental health and strengthening the factors that boost positive mental wellbeing, in active partnership with relevant communities.

It seeks to address the social, environmental and individual determinants of mental health and:

- improves population mental health through the promotion of mental wellbeing, prevention of mental health problems and improving the quality of life of those experiencing mental ill health
- reduces inequalities in mental health
- reduces the health inequalities of those experiencing mental health problems

This should be done using a proportionate universalism approach, which addresses whole population mental wellbeing promotion and provides additional targeted support for high risk groups proportionate to the level of need.

Splitting action into prevention and promotion, including primary, secondary and tertiary, helps to map out existing work and priorities for future focus.



Mental wellbeing promotion and mental ill health prevention are considered and described across the life course, examining the main protective and risk factors at different stages of life and what can bolster or mitigate these factors.

2.1. Frameworks for action

The key elements of a public mental health approach are summarised both for adults and children and young people in separate evidence based strategic frameworks[1,2].

Healthy Minds Adult Mental Health Improvement Framework

NHS Greater Glasgow and Clyde

Respond Better to Distress — Improve responses to people in distress, both from services and wider community, including action to prevent suicide and better support for people who self harm

Promote Wellbeing for People with Long Term Conditions — Promote holistic health for people with long term conditions – "healthy body, healthy mind", promote recovery approaches and social inclusion

Promote Wellbeing and Resilience with People & Communities — Develop social connection, tackle isolation, build resilience, strengthen use of community assets - including social prescribing, strengthen self care and peer support

Promote Wellbeing and Resilience through Work — Promote mental health, wellbeing and resilience at work; address employability issues, including those affected by mental ill health

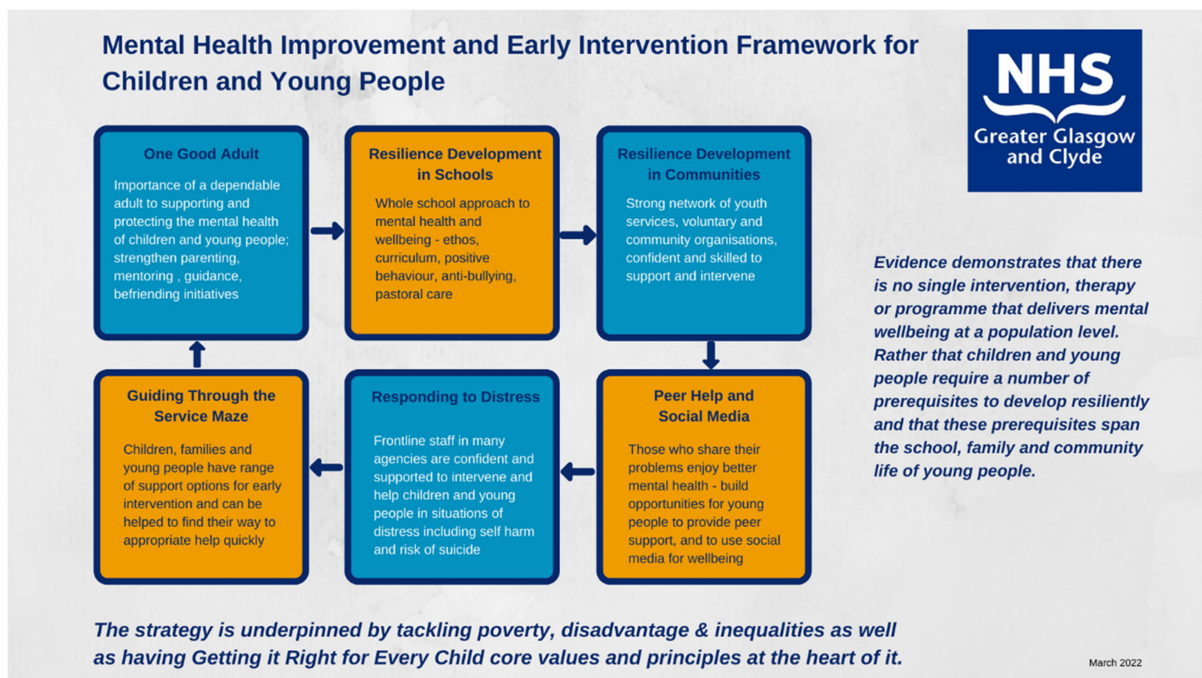
Promote Positive Attitudes, Challenge Stigma and Discrimination — Promote positive attitudes to mental health and to people with mental illness, raise awareness of mental health issues, reduce stigma and discrimination and promote inclusion, including better access to mainstream services

Tackle Underlying Determinants and Promote Equity — Address underlying determinants of good mental health, including financial inclusion, nurturing early years, healthy environments, active citizenship and participation, and ensure focus on promoting wellbeing of diverse communities

An evidence based framework that brings together the full range of activity that has been demonstrated as having value in the promotion of good mental health for adults

It is designed to be 'read' in a bottom-up way, starting with consideration of underlying determinants such as socio-economic factors, moving through social environment issues like challenging stigma and discrimination, then considering health promotion and primary prevention activities, with the upper 'tier' of actions being secondary preventative and recovery oriented

April 2022



2.2. Children and Young People

The majority of mental health problems will develop before age 24 with 50% of mental health difficulties established by age 14. Mental health and wellbeing is declining in children and young people, with the COVID-19 pandemic having a disproportionately negative impact on this group, especially older young people.

2.3. Inequalities

Mental health is not experienced equally across the population, with higher risk of poor mental health in specific groups. These inequalities are driven by the wider determinants of mental health: poverty, employment, education, housing, social capital etc. Groups who experience stigma and discrimination such as BAME, LGBTQ+ and people with disabilities, are also more likely to experience poor mental health. The pandemic has had a disproportionately negative impact on those who already had higher risk of poor mental health.

2.4. Finding the right help at the right time

There is a wide spectrum of mental health support needed from preventative to acute distress response. Finding and accessing the right support at the right time is imperative to supporting good mental health and early or acute intervention when needed.

2.5. Training

Raising awareness and developing skills within the workforce and wider society around mental health continues to be a priority.

2.6. Partnership Working

Many of the opportunities and mechanisms for action and change sit out-with the NHS's direct control: e.g. in communities, Local Authorities and Third Sector and it is important to influence change through encouraging partners to view and consider issues through a public mental health lens.

3. Older People's Mental Health

Older Peoples Mental Health Services provide services and support to Older People (typically aged over 65), with moderate to severe mental health illness. Support and services are provided in a variety of settings including in the Community, Care Homes, Acute Hospital Liaison Service (Secondary Care) and In Patient Services in specialist Older People's Mental Health Beds.

Service users primarily access services via referral to an Older People's Community Mental Health Team by their General Practitioner. The Older People's Community Mental Health teams are well established multi-disciplinary teams, with a range of health and social professionals within the teams. These include medical, nursing allied health professionals, (for example Psychology/Psychological Therapists and Occupational Therapy), social work and social care colleagues.

Patients may present with a variety of issues including Functional Mental Health which includes support for conditions such as depression, anxiety, psychosis, or Organic Mental Health needs, which would include people with a potential or diagnosed dementia or cognitive impairment.

3.1. In- Patient Beds

In – Patient Beds fall into two categories; Acute Admission and Hospital Based Complex Care Beds and within this to Organic (i.e. for patients with a potential or actual diagnoses of Dementia or Cognitive Impairment) and Functional (i.e. for patients with conditions such as depression, anxiety, psychosis).

3.1.1. Acute Admission

Patients are admitted to an Acute Admission bed when they are in crises and require the full range of support available in a hospital in patient setting. Patients are admitted to these beds when their illness cannot be managed in the community, and where the situation is so severe that specialist care is required in a safe and therapeutic space.

Patients remain in these beds for a short period of time**.** As patients move through their treatment journey, discharge planning will commence and will include an assessment both of their mental health and social care needs.

3.1.2. Hospital Based Complex Clinical Care

The Scottish Government's national guidance for Hospital Based Complex Clinical Care (2015) set out a vision to disinvest from long stay beds by finding alternative strategic commissioning solutions in the community, stating "as far as possible, hospitals should not be places where people live – even for people with on-going clinical needs".

Patients admitted to a Hospital Based Complex Care Bed require care that **cannot be provided in any other setting**, these patients are reviewed every three months and as their care needs change may be discharged from HBCC to another care setting.

3.2. Liaison Services & Support

Our liaison services are aligned with our OPMH Community Teams. There are two different liaison responses; Secondary Care (Acute Hospital Liaison) Care and Care Home Liaison.

3.2.1. Care Home Liaison

The Glasgow City HSCP Care Home Liaison Service offers an effective and time limited response to the challenges associated with increasing demands for complex care beds for residents living with dementia. The service aims to promote a model of person-centred care that takes into account patients' needs, preferences, strengths, drives consistency of service delivery processes; as well as setting out a framework of key performance measures. It also aims to ensure care is delivered in the least restrictive manner. This is achieved through undertaking comprehensive mental health assessments, developing care/interventions plans with the emphasis on preventing and reducing acute admissions to hospitals, and through the reduction of anti-psychotic prescribing. The service also promotes proactive and preventative strategies to managing distressed behaviour through the promotion of non-pharmacological interventions. The service supports care home staff to develop their skills and competencies in mental health and in managing stress & distress behaviour through the delivery of training, which is matched to their skill level of expertise as outlined in the Promoting Excellence Framework. The service is delivered by Community Health Liaison CPNs, Psychiatrists with some resourcing for Clinical Psychology.

3.2.2. People's Mental Health Acute Hospital Liaison Service

The strategic priority of the Older People's Acute Hospital Liaison Service is to improve integration between physical and mental health care in the acute hospital context. A collaborative, multidisciplinary approach is adopted to care and discharge planning with the following aims:

- to improve the overall quality of care;
- reduce barriers to discharge and unnecessary re-admissions;
- to provide smooth transition to appropriate HSCP and third sector services; and
- to increase access to mental health care in underserved groups with high level of need (e.g. older adults with multi-morbidities, long term conditions, cognitive impairment).

Acute Liaison Services have been shown to offer excellent value for money, with improved health outcomes for patients and significant cost-savings for the NHS, namely due to more timely discharges and fewer unnecessary re-admissions, particularly among older patients (see Parsonage and Fossey, 2011).

The Glasgow City HSCP OPMH Acute Hospital Liaison service is a multidisciplinary team comprising of Psychiatry, Clinical Psychology and Nursing staff. Teams are attached to North East, North West Glasgow and Glasgow South localities. Clinical Psychologists within the team provide assessment, formulation & intervention for older people during their admission to acute or rehabilitation hospital wards. They also provide consultation and training to multi-disciplinary colleagues on supporting psychological aspects of patient care (e.g. Psychological interventions in response to Stress and Distress in Dementia and trauma-informed care). The service will assess and treat older people aged 65 years and above who are within an inpatient acute hospital ward; where there is a concern that the individual's mental health needs are impacting their physical health care/treatment or causing a delay to their discharge from hospital.

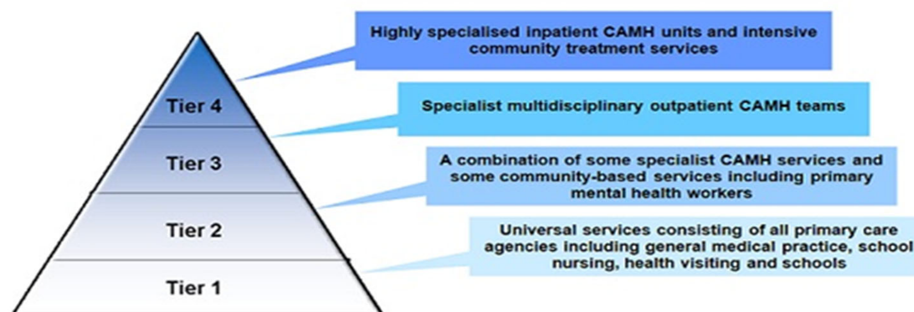
4. Children and Adolescent Mental Health Services

Child and Adolescent Mental Health Services (CAMHS) are multi-disciplinary teams that provide (i) assessment and treatment/interventions in the context of emotional, developmental, environmental and social factors for children and young people experiencing mental health problems, and (ii) training, consultation, advice and support to professionals working with children, young people and their families. CAMHS supports children up to age 18yrs and for targeted group up to age 25yrs.

All children and families should receive support and services that are appropriate to their needs. For many children and young people, such support is likely to be community based, and should be easily and quickly accessible.

Children, young people and their families should also be able to access additional support which targets emotional distress through Community Mental Health and Wellbeing Supports and Services. Community supports and services should work closely with CAMHS and relevant health and social care partners, children's services and educational establishments to ensure that there are clear and streamlined pathways to support where that is more appropriately delivered by these services.

Mental Health supports for Children and Young People are delivered through a Tiered approached



There are eight Tier 3 Community CAMHS teams within NHSGGC spanning the six Health and Social Care Partnerships. These services are supported by a range of Tier 4 Board wide services: Intensive and Unscheduled CAMHS, Forensic CAMHS, Connect Eating Disorders team, and a range of mental health services delivered in to Women and Children’s Directorate. GGC hosts the national Child Psychiatry Inpatient unit and the West of Scotland Adolescent Psychiatric inpatient unit.

5. Perinatal Mother and Infant Mental Health

Perinatal refers to the period during pregnancy and up to one year after the baby is born. During this period new and expectant parents (mums, dads, partners) can experience issues with their mental health also known as perinatal mental health problems. This includes mental illness existing before pregnancy, as well as illnesses that develop for the first time, or are greatly exacerbated in the perinatal period. These illnesses can be mild, moderate or severe, requiring different kinds of care or treatment.

Around 1 in 10 women will experience postnatal depression after having a baby. Depression and anxiety are equally as common during pregnancy. Most women recover with help from their GP, health visitor, midwife and with support from family and friends. However severe depression requires additional help from mental health services.

The symptoms of postnatal depression are similar to those in depression at other times. These include low mood, sleep and appetite problems, poor motivation and pessimistic or negative thinking.

Two in 1000 women will experience postpartum psychosis. The symptoms of this illness can come on quite rapidly, often within the first few days or weeks after delivery, and can include high mood (mania), depression, confusion, hallucinations (odd experiences) and delusions (unusual beliefs). Admission to a MBU is advised for most women, accompanied by their baby. Women usually make a full recovery but treatment is urgently necessary if symptoms of postpartum psychosis develop.

5.1. Perinatal Mental Health Service

Scotland's first specialist perinatal mental health inpatient and community service for mothers, babies and their families provides a comprehensive service which consists of:

The West of Scotland Mother and Baby Unit (MBU) is situated in purpose-designed facilities at Leverndale Hospital and is staffed by a multi-disciplinary team of professionals admits women who are experiencing severe mental illness in the later stages of pregnancy or if their baby is under 12 months old. It allows for the joint admission of mothers accompanied by their babies, where the woman requires acute inpatient mental health care and enables mothers to be supported in caring for their baby whilst having care and treatment for a range of mental illnesses including:

- postnatal depression
- postpartum psychosis
- severe anxiety disorders
- eating disorders

The unit offers a wide range of therapies including biological, psychological and psychosocial interventions including interventions to enhance the mother-infant relationship.

The Community Perinatal Mental Health Team (CPMHT) are a specialist multi-disciplinary team service providing care and treatment to women who are pregnant or postnatal and are at risk of, or are affected by, significant mental illness in pregnancy or the postnatal period. They also offer expert advice to women considering pregnancy if they are at risk of a serious mental illness on risk and medication management, and provide a maternity liaison service to all NHSGGC Maternity hospitals.

The service will work in partnership with partners and families, maternity services, primary care (including health visiting and Family Nurse Partnership), adult social services, children & families social services and other agencies, to design, implement and oversee comprehensive packages of health and social care to support people with complex mental health needs.

The Infant Mental Health Service is a specialist community multidisciplinary team who can draw on a range of expertise and experience to offer needs-led support for infants and families. A key aim of the service is to ensure that the voice and experience of the infant is held at the centre of work with families across the health board.

The multi-disciplinary Maternity & Neonatal Psychological Interventions (MNPI) Team will address the common and/or mild to moderate psychological needs of the maternity and neonatal populations by providing in-patient and out-patient assessments and a range of evidence based psychological interventions. The central focus in all of these interventions is to enhance the parent-infant relationship, improve parental and infant mental health and to prevent a range of psychological difficulties (emotional and cognitive) in childhood and later life.

6. Learning Disability

"We believe that people with learning disabilities should be given the right support so that they can live fulfilling lives in the community. This support should always be person centred, preventative, flexible and responsive. People should only be admitted to inpatient assessment and treatment services when there is a clear clinical need which will benefit from hospital based therapeutic intervention. Challenging behaviour, with no identified clinical need, is not an appropriate reason to admit people to inpatient assessment and treatment services."[1]

A learning disability is a significant, lifelong, condition that starts before adulthood. It affects a person's development and means they need help to:

- Understand information
- Learn skills
- Cope independently

Learning difficulties, such as dyslexia, ADHD, dyspraxia and speech & language difficulties are not defined as a learning disability due to the specific nature of their developmental delay.

Policy and practice guidance commonly distinguishes between two reasons why people with learning disabilities may require or be at risk of admission to inpatient assessment and treatment services:

- people who have mental health problems may need assessment and treatment for an acute episode of ill health or, for example, to manage a change in medication under close supervision
- people who have a history of behaviour that challenges (or an unexplained change in behaviour) may need admission for very detailed investigation; sometimes admission is seen as the only option for people who need time away from their usual home

East Renfrewshire is host HSCP for managing specialist inpatient learning disability services with community services directly managed by each HSCP.

7. Alcohol and Drug Recovery Services

The Alcohol and Drug Recovery Service (ADRS) comprises integrated multi-disciplinary teams of health, social care workers, qualified social workers and administrative staff, providing a Recovery Orientated System of Care to adults and young people with drug or alcohol dependency and significant problem substance use.

Services include: alcohol in-patient and community detoxification and supportive medications, opiate replacement therapy, psychosocial support, harm reduction advice and interventions, needle replacement, blood borne virus testing and treatment, access to alcohol and drug Tier 4 services, psychiatry, psychology, occupational therapy, specialist inpatient and outpatient services. ADRS also provides access to a range of commissioned services delivered by third sector partners such as residential, crisis, rehabilitation and stabilization services and community Recovery Hubs, and recovery communities.

[1] Designing an Effective Assessment and Treatment Model, NHS Greater Glasgow and Clyde 2018

ADRS staffing comprises NHS and local authority comprising: health, qualified social worker, social care and admin.

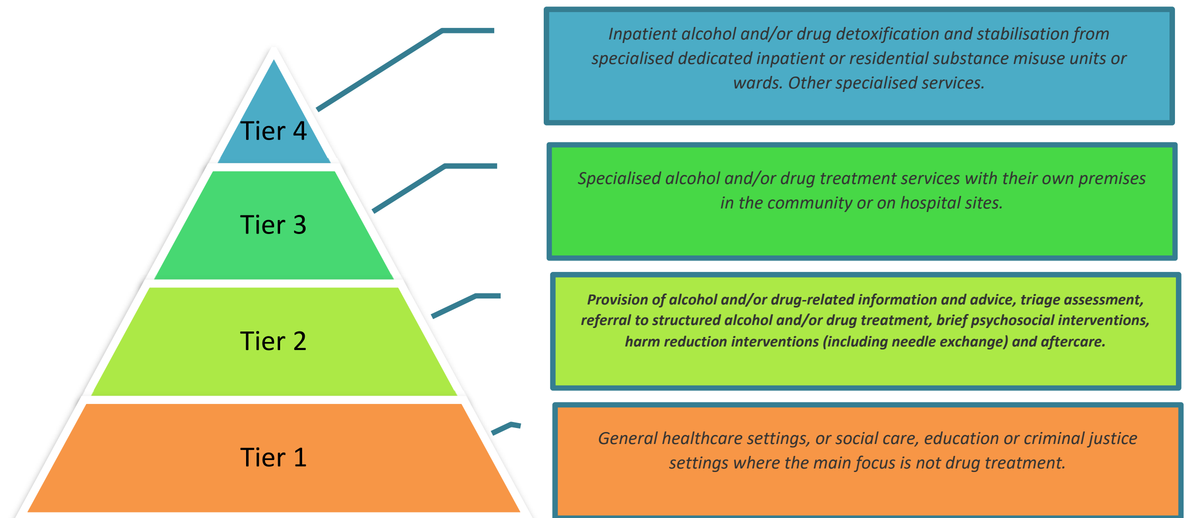


Figure 1 ADRS Tiers

7.1. NHSGGC Service Tiers

7.1.1. Tier 1

Information regarding ADRS services, and pathways into treatment including self-referral, are available from a variety of sources including GP practices and community pharmacies, and in a variety

7.1.2. Tier 2

Injecting Equipment Provision (IEP)

WAND (Wound Care, Assessment of injecting Risk, Naloxone and Dried Blood Spot Testing) Initiative (Glasgow City)

Naloxone Supply - Supply may be made from GP shared care, Police Custody, Acute Addiction Liaison team, Prisons, Scottish Ambulance Service and SFAD in addition to ADRS.

7.1.3. Tier 3

Community alcohol and drug teams are delivered from 16 sites

7.1.4. Tier 4

There are a number of tier 4 services delivered by GGC ADRS: Inpatients, Occupational Therapy, Psychology, Dietetics, Alcohol Related Brain Damage (ARBD) Team, Enhanced Drug Treatment Service (EDTS), Glasgow City Centre Outreach Team, Glasgow Crisis Outreach Service, Acute Addiction Liaison Teams.

Glasgow City hosts board wide ADRS services such as in-patient wards at Stobhill and Gartnavel, however most ADRS services are delivered and managed in each HSCP area. Heads of Service for each locality manage locality multi-disciplinary teams. Board wide systems exist to ensure governance and sharing of best practice and information. Clinical and Care Governance is via the

relevant HSCP and NHS GG&C governance leads and groups. Incidents and complaints are managed through HSCP processes utilising the NHS GG&C Significant Adverse Event Policy.

In addition to the local HSCP specific roles, there are a range of roles with a board wide responsibility e.g. the Associate Medical Director, lead nurse, lead psychologist, and lead pharmacist.

There is a heavy burden of drug harms in GGC. In 2020, there were 444 drug-related deaths in GGC, and the age-standardised rate of drug-related deaths was 30.8 per 100,000 population (95% confidence interval 29.4-32.3), higher than any other large NHS Board area and nearly 50% higher than the rate in Scotland as a whole. Since 2015, there has also been an outbreak of HIV amongst people who inject drugs in GGC, and the estimated prevalence of chronic active hepatitis C infection amongst this population is 19%. Alcohol prevalence data is not readily available, however previous research has demonstrated that the vast majority of dependent drinkers are not engaged in treatment. In recent years alcohol referrals tend to dominate presentations to the ADRS teams**.**

7.2. Alcohol and Drug Partnerships

The ADPs act as the strategic and planning group for alcohol and drugs in their locality. In the six localities, the ADP is hosted by the local authority and involves a range of relevant partners including ADRS.

The ADPs are tasked by the Scottish Government with tackling alcohol and drug issues through partnership working, membership includes health boards, local authorities, police and voluntary agencies. They are responsible for commissioning and developing local strategies for tackling problem alcohol and drug use and promoting recovery, based on an assessment of local needs. The ADPs work to the framework 'Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Drugs (2019)'. ADPs also have action plans in relation to the national Drugs Deaths Task Force (DDTF) priorities. The ADPs deliver annual reports and other reports to government as requested. ADP action plans are approved by local IJBs.

8. Forensic Mental Health & Learning Disabilities

Forensic mental health services specialise in the assessment, treatment and risk management of people with a mental disorder who are currently undergoing, or have previously undergone, legal or court proceedings. Some other people are managed by forensic mental health services because they are deemed to be at a high risk of harming others or, rarely, themselves under civil legislation.

The Directorate of Forensic Mental Health and Learning Disabilities provide services to the NHS Greater Glasgow Clyde area (NHSGGC). There are both national and regional services located within the medium secure service at Rowanbank Clinic, which forms a key component of the Scottish Forensic Estate.

Multi-disciplinary forensic teams include, Forensic Psychiatrists, Clinical Psychologists, Occupational Therapists, a Speech and Language therapist, a Dietician, a Pharmacist, and Nursing Staff.

Central to management of forensic patients is the Care Programme Approach and all our patients are subject to enhanced CPA as set out in national guidance for Forensic Services. Risk management is a key feature of the forensic service, and all patients case-managed by the service will have a risk assessment, formulation and risk management plan to inform the individualised care-plan.

8.1. Medium Security

The service provides medium secure care for male mental illness patients from the West of Scotland region (NHSGGC, NHS Lanarkshire, NHS Ayrshire & Arran, NHS Dumfries & Galloway and the "Argyll part of NHS Highland"). Rowanbank Clinic provides a female medium secure service for NHSGGC patients, occasionally taking female patients from across the regions on a case by case basis. It also hosts the National Medium Secure Intellectual Disability service for Scotland.

8.2. Low Security

Low secure in-patient services for NHSGGC are based at Leverndale Hospital serving male mental illness (MMI), male learning disability beds (LD), male pre-discharge beds (MMI & LD) and Low Secure Women Beds.

8.3. Forensic Community Services

There are 2 Forensic Community Mental Health Teams covering NHSGGC. Both teams have a caseload comprising mainly patients subject to compulsory measures. Within NHSGGC all restricted patients are managed within forensic services (with the exception of pre-trial remand patients who may also be managed in IPCUs, depending on the level of offending and presentation). The service does look after some informal patients, particularly complex cases with significant risk issues, but will aim to move patients back to general psychiatry community teams when appropriate.

8.4. Forensic Intellectual Disability Services

There are both medium and low secure Intellectual Disability beds as noted above. The medium secure beds are provided as a National service on a risk share basis through the National Services Division (NSD) of NHS National Services Scotland. Low secure male LD beds are provided for NHSGGC patients, although out of area referrals are accepted if capacity allows. There is no specialist provision for female LD patients. In terms of community forensic Intellectual Disability services, a small team covers the NHS Greater Glasgow & Clyde area for those patients who require ongoing forensic input (including restricted patients) in the community.

8.5. Forensic Liaison Services

8.5.1. Prison

The Forensic Directorate provides consultant forensic psychiatry support 3 prisons and although not managed by forensic services, each prison has a specialist mental health team which includes RMN input and psychology. Prisoners can be referred by the prison GP and may also self-refer. Referrals are assessed by a nurse and may then be seen by the visiting psychiatrist.

8.5.2. Sheriff Court Diversion Schemes

The Forensic Directorate provides 5 day per week cover to one court diversion scheme covering Glasgow Sheriff Court and Clyde Sheriff Courts (Greenock, Paisley and Dumbarton). A Forensic CPN is on call each morning to receive and assess referrals of individuals who are having their first appearance in court. If a psychiatric assessment is required then there is an on-call psychiatrist (specialist trainee), supervised by an on call forensic consultant. There is no additional funding from the court to provide this service.

8.5.3. Forensic Opinion Work

The Directorate frequently receives requests for forensic opinions and risk assessments and attempts to respond as quickly as possible. Requests may be refused because they do not seem appropriate at the outset. It would only be in exceptional circumstances that formalised risk assessment work would be undertaken, often in liaison with the STAR service.

8.5.4. Psychiatric Reports for Procurator Fiscal

Requests for psychiatric reports may be allocated to a trainee under the supervision of a Consultant Forensic Psychiatrist. Consultant Psychiatrists may also provide psychiatric reports for patients known to them, especially if this is integral to their ongoing care however, there is no agreement to provide court reports routinely.

8.6. STAR Service

The Specialist Treatments Addressing Risk (STAR) service accepts referrals from secondary and higher level services. Individuals can be referred to the service if they have a presentation consistent with a major mental disorder, present a risk of harm to others and there appears to be a functional link between the client's mental disorder the risk of harm. In addition to providing consultations, assessments and interventions regarding risk and mental disorder the STAR service also offers specialist assessments regarding and a prescribing service for anti-libidinal medication and a specialist assessment service for autistic patients.

8.7. Forensic Service Governance Structure - Nationally, Regionally and Locally

The core function of the forensic governance groups are to monitor and provide assurance. Groups monitor all aspects of the service and provide regular reporting under the headings of the six dimensions of healthcare quality (Institute of Medicine) proposed in the Healthcare Quality Strategy for NHS Scotland: Person Centred, Safe, Effective, Efficient, Equitable and Timely.

The other main functions of the Groups are to share good practice and to support each NHS Board area in delivering services to a consistent and high quality level.

8.8. Multi-Agency Public Protection Arrangements (MAPPA)

Multi-Agency Public Protection Arrangements (MAPPA) are the way in which legislation is implemented. The approach to implementing MAPPA, supported by National policy and guidance, has been to develop local Implementation Groups, comprising all relevant agencies. MAPPA are organised within the structures and boundaries of Community Justice Scotland and for NHSGGC this involves three Authorities covering nine local authorities, one police force and three NHS Boards. NHSGGC are represented on all steering groups. The Strategic Groups are supported by MAPPA Operational Groups. The MAPPA Strategic Groups report to the Chief Officer's Group which has been established in each local authority area and on which the Health Board's Chief Executive sits. These Chief Officers' Groups regularly receive reports on operational, strategic and performance issues related to MAPPA and other public protection matters such as Adult Support and Protection and Child Protection.

NHSGGC Nurse Director is NHSGGC board lead for MAPPA. This role is strategically and Operationally supported on a day to day basis by the General Manager and Service Manager from the Forensic Service who provide oversight, approval of protocols and procedures so as to ensure the NHS Board fulfils its duty as Responsible Authority in respect to Restricted Patients and its duty to co-operate role with other agencies where any individual comes within the MAPPA process.

In addition the NHSGGC Board has a designated MAPPA manager who is the single point of contact (SPOC) for all communications relating to MAPPA from and to MAPPA Co-ordinators within the Authorities regarding Registered Sex Offenders and MAPPA extension cases in or who are about to be placed in the community.

9. Mental Health Rehabilitation (Service)

The 2018 iteration of the mental health strategy provided a brief description on mental health rehabilitation. This section provides additional information:

In NHSGGC, rehabilitation services specialise in supporting people who typically have a long-term primary diagnosis of schizophrenia, other psychosis (e.g. delusional disorder), or bipolar disorder. However, on a case-by-case basis, it may be that an inpatient rehabilitation need may be justified on an individualised case conceptualisation for people who do not have the above presentations. Typical difficulties may include:

- Ongoing (e.g. positive and negative syndromes) psychotic features (sometimes referred to as "treatment resistant" from a medication perspective, leading to high dose anti-psychotic medications)
- Difficulties or a high likelihood of difficulties sustaining community residence (recent extended duration of hospital admission, high frequency admissions, recent loss of a supported living environment). Low prospect of successful and safe living in the community without specialist rehabilitation.
- Vulnerabilities due to cognitive impairment, difficulties engaging with services, risk of harm to self/others, self-neglect, difficulties with motivation & daily life skills, risk of exploitation, and/or complex physical health problems.
- Experience of severe 'negative' symptoms that impair motivation, organisational skills and ability to manage everyday activities (self-care, shopping, budgeting, cooking etc.) and placing and individual at risk of serious self-neglect.

Most require an extended admission to inpatient rehabilitation services and ongoing support from specialist community rehabilitation services over many years.

Although some users of rehabilitation services may be subject to Mental Health or Incapacity legislation it is imperative to gain consent and work towards mutual goals wherever possible. Consequently matching the goals of an individual with the service best placed to empower them to achieve this is the most important consideration.

Maintaining a positive and therapeutic environment and culture within inpatient rehabilitation units is very important.

The social and individual functioning and engagement of an individual is a key consideration. Significant deficits in functioning and engagement should not be a barrier to accessing rehabilitation care but may influence decisions about when an individual is most likely to benefit or which type of unit is most suitable.

The physical health and intellectual capacity of the individual again may influence their ability to engage in rehabilitation however intellectual disability or physical health should not by itself preclude the opportunity of rehabilitative care.

Diagnosis alone should not be a barrier to accessing rehabilitation services in those with a primary functional mental disorder.

10. Digital and eHealth

Mental health services have a dedicated structure responsible for delivering and implementing IT / eHealth systems across mental health services. This involves close working with corporate eHealth services to deliver on the digital agenda and to manage practice change required with clinical services.

Before the pandemic, mental health services were already evolving to make better use of data and digital tools. COVID-19 demanded that we move further and faster with our plans, by providing the ability for people to connect face-to-face without being in the same room, or to enable clinicians to monitor a patient's health in their own home. These demands created an increasing requirement to deliver more consultations remotely and to have a more agile work force who can meet the increased demand.

Data and digital technologies impact on every element of our lives and this applies to mental health and mental health services, including:

- Existing and emerging people and patient facing technologies, extending beyond virtual consultations (e.g.cCBT)
- The use of digital to support decision making and provide clinical informatics
- Systems development to support electronic patient records for better patient care and information sharing
- By necessity, the need for digital literacy for people to learn and develop alongside digital

A dedicated work stream, directly reporting to the programme board, has been established to ensure the focus that is warranted in order to support the progression of digital technologies within mental health services.

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Glossary

to

A Refresh of the Strategy for Mental Health Services in Greater Glasgow & Clyde: 2023 – 2028

Document Version Control

Date	Author	Rationale
25/05/23		

Glossary

ACE	Adverse Childhood Experience
acute	Sharp / severe / sudden
Acute sector	The hospital sector where patients receive active, short-term treatment for a physical health condition
ADHD	Attention Deficit and Hyperactivity Disorder
ADP	Alcohol Drug Partnership
ADRS	Alcohol and Drugs Recovery Services
ARBD	Alcohol Related Brain Damage
BPD	Borderline Personality Disorder
CAMHS	Child and Adolescent Mental Health Services
CDRS	Compassionate Distress Response Service
chronic	Persisting for a long time or constantly recurring, contrasting with ‘acute’
CLW	Community Links Worker
CMHACS	Community Mental Health Acute Care Service
CMHT	Community Mental Health Team
College	an organized body of persons engaged in a common pursuit or having common interests or duties
Collegiate	of, relating to, or comprising a college
CPMHT	Community Perinatal mental Health Team
DDTF	Drugs Deaths Taskforce
Dyspraxia	Difficulty in performing coordinated movements
EDTS	Enhances Drug Treatment Service
GP	General Practice
HSCP	Health and Social Care Partnership
IEP	Injecting Equipment Provision
IPCU	Intensive Psychiatric Care Unit
LD	Learning Disability
LGBTQ	Lesbian, Gay, Bisexual, Transgender and Queer (or questioning)
MAT	Medication Assisted Treatment
MBU	Mother and Baby Inpatient Unit
MDT	Multi-Disciplinary Team
MH	Mental Health
MHO	Mental Health Officer
MHWPCS	Mental Health and Wellbeing in Primary Care Services
MNPI	Maternity & Neonatal Psychological Interventions
NHSGGC	NHS Greater Glasgow and Clyde

Non-statutory Services	Not, or only, partially government funded, supported by the public, and generally registered as a charity
NSD	National Services Division
OPCMHT	Older People Community Mental Health Team
OPMH	Older People Mental Health
PCMHT	Primary Care Community Mental Health Team
PIFU	Patient Initiated Follow Up
PsyCIS	Psychosis Clinical Information System
SAS	Specialty and Specialist Grade (Doctor)
SMI	Severe Mental Illness
Statutory Services	Services paid for through taxation, funded by the government and established in law.
Third Sector	Non-governmental and non-profit-making organizations or associations, including charities, voluntary and community groups, cooperatives, etc.
WAND	Wound Care, Assessment of injecting Risk, Naloxone and Dried Blood Spot Testing Initiative

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AGENDA ITEM No. 10

Meeting of East Renfrewshire Health and Social Care Partnership **Held on**	Integration Joint Board 22 November 2023
Agenda Item	10
Title	HSCP Draft Winter Plan 2023/24

Summary

To provide the Integration Joint Board with the draft HSCP Winter Plan 2023/24 which gives a summary of the additional actions being taken to prepare for the winter period in East Renfrewshire. The plan identifies actions which are required to protect service provision during this period across our internal and hosted services; and the HSCP has worked closely with partners to ensure alignment across our respective winter plans, in line with national priorities.

Presented by	Julie Murray, Chief Officer

Action Required

The Integration Joint Board is asked to:

- Approve East Renfrewshire HSCP's draft Winter Plan 2023/24;
- Note that the Plan aligns to both the NHS Greater Glasgow and Clyde Board and East Renfrewshire Council plans and will remain a live document to respond to changing circumstances throughout the winter period; and
- Note that implementation of winter plans will be supported by internal and external communications and engagement strategies, developed in conjunction with NHS Greater Glasgow and Clyde and East Renfrewshire Council.

Directions	**Implications**	
☒ No Directions Required	☐ Finance	☒ Risk
☐ Directions to East Renfrewshire Council (ERC)	☐ Policy	☐ Legal
☐ Directions to NHS Greater Glasgow and Clyde (NHSGGC)	☐ Workforce	☐ Infrastructure
☐ Directions to both ERC and NHSGGC	☐ Equalities	☐ Fairer Scotland Duty

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

22 NOVEMBER 2023

Report by Chief Officer

HSCP DRAFT WINTER PLAN

PURPOSE OF REPORT

1. To provide the Integration Joint Board with the draft HSCP Winter Plan 2023/24 which gives a summary of the additional actions being taken to prepare for the winter period in East Renfrewshire. The plan identifies actions which are required to protect service provision during this period across our internal and hosted services; and the HSCP has worked closely with partners to ensure alignment across our respective winter plans, in line with national priorities.

RECOMMENDATIONS

2. The Integration Joint Board is asked to:
   - Approve East Renfrewshire HSCP's draft Winter Plan 2023/24;
   - Note that the Plan aligns to both the NHSGGC Board and East Renfrewshire Council plans and will remain a live document to respond to changing circumstances throughout the winter period; and
   - Note that implementation of winter plans will be supported by internal and external communications and engagement strategies, developed in conjunction with NHS Greater Glasgow and Clyde and East Renfrewshire Council.

BACKGROUND

3. As part of the IJB's role as a Category One Responder under the Civil Contingencies Act 2004, the IJB has formal duties to assess risk and to maintain Emergency and Business Continuity Plans. Winter planning forms a core part of these duties. The IJB has agreed to responsibilities for discharging these duties to the Chief Officer, as its Accountable Officer.

4. In undertaking these delegated responsibilities, the HSCP continues to work with partners through existing resilience arrangements regionally and locally. This includes contributing to the development of NHS Greater Glasgow and Clyde's and East Renfrewshire Council's Winter Plans and ensuring alignment between these and the HSCP's plans. Early cross-system engagement commenced in May 2023, with the HSCP participating in a range of workshops with NHSGGC colleagues, a national planning workshop hosted by Public Health Scotland, and attendance at the National Winter Planning Summit in September. Engagement with East Renfrewshire Council also continues.

5. Discussions at the National Winter Planning Summit have subsequently been reflected in the Scottish Government's Health and Social Care Winter Preparedness Plan for 2023/24, published on 25 October 2023. This identifies eight priorities for the health and social care system over winter which have been reflected in the HSCP's draft Plan:

- Ensure people receive care at home, or as close to home as possible, where clinically appropriate.
- Consistent messaging to the public and our staff that supports access to the right care, in the right place, at the right time.
- Focus on recruitment, retention and wellbeing of our health and social care workforce.
- Maximise capacity to meet demand and maintain integrated health and social care services throughout autumn and winter.
- Support the delivery of health and social care services that are as safe as possible through the autumn and winter period, including delivery of a winter vaccination programme for Covid-19 and flu.
- Work in partnership across health and social care, and with other partners, to deliver the Winter Plan.
- Protect planned care with a focus on continuing to reduce long waits.
- Prioritise care for the people in our communities who need it most.

REPORT

Assessment of emerging winter risks

6. The HSCP's Winter Plan continues to reflect a range of ongoing risks which have informed the range of actions developed. They include:
    - The continued pressures and increased demand facing health and social care services locally, regionally, and nationally and the risk that these could negatively impact on staff health and wellbeing. This continues to be a priority for the HSCP's Senior Management Team (SMT).
    - The potential for disruption to power supplies. National Grid have stated that the likelihood of planned rolling outages to manage the network demand through winter has decreased for the coming winter in comparison to 2022/23, however there also remains a low likelihood of unplanned incidents due to local or national electricity infrastructure faults or severe weather (these remain a large focus of our plan for this winter and ongoing planning with partners);
    - The potential for cyber-attacks or technology incidents to impact upon the availability of systems and data to support service management and delivery;
    - The potential further impact of the financial climate and the cost-of-living crisis on the needs of local citizens and already vulnerable individuals, which could increase demand on local health and social care services and limit the scale of response available;
    - Geopolitical risks, including the war in Ukraine, continue and there remains potential for these to impact on the availability and cost of supplies, with a consequent impact on available finances.
    - The continued potential for, and likelihood of, increased levels of influenza and other viruses, and the impact of new COVID variants (such as Pirola) this winter, which could impact on staff availability and increase pressures within acute services.
    - The ongoing risk to the sustainability of providers within the sector, which can reduce availability, flexibility and choice around service provision.

The HSCP's Winter Plan and supporting processes

7. The Winter Plan 2023/24, attached as Appendix 1, provides a summary of the additional actions being taken to prepare for the winter period to mitigate against the risks identified above. These actions summarise the detailed work undertaken to

develop plans in each service area, including hosted services, and reflect work which is undertaken throughout the year to support business continuity.

8. Each of the deliverables which form the HSCP's Plan encompass a range of key activities. This includes those actions which are organisation-wide or service specific to ensure that appropriate arrangements are in place to support service provision during the winter period. Similar to previous years, these actions have been captured under the following categories:
    - Vaccination programmes
    - Operational resilience
    - Surveillance and Response - Monitoring and Control (Governance)
    - Supporting the public
    - Supporting our partner organisations
    - Enablers and optimisations of existing infrastructure
    - Festive period planning
    - Workforce planning / staffing

9. Examples of actions within these categories include:
    - The HSCP's ongoing involvement, with partners, to address the impacts of the cost-of-living crisis and support delivery of the Fairer East Renfrewshire Community Planning objectives. The Fairer East Ren Partnership was set up to improve outcomes for individuals, families and communities and reduce socio-economic inequality, and has responsibility for matters on cost of living, social renewal and tackling poverty. The plan supports all partners to work together to ensure that critical activities to reduce socio-economic inequality are a key focus for the Community Planning Partnership.
    - Working with partners to plan and develop the necessary response to power outages, including a national power outage scenario. The HSCP has completed business cases and undertaken feasibility studies in support of securing backup power sources to support critical services at key sites. Service priorities have also been reviewed to consider how support could be provided to the most vulnerable residents and service users in the event of a widespread outage.
    - The HSCP also continues to collaborate with partners to plan the necessary response to a cyber-attack or an incident which results in the HSCP losing access to key systems and or data. East Renfrewshire Council have a non-networked cloud-based system that is used to host back-up data for use in the event that any normal channels/networks are compromised and our call handler response system is also cloud-based. There is ongoing review of contingencies for critical data within health services, liaising with NHSGGC.
    - The HSCP and partners also recognise the critical importance of continuing to support staff to maintain their health and wellbeing, and to complement existing measures and support mechanisms where possible. Additional measures include but are not limited to (i) continued support to access local and national wellbeing support (regularly covered in HSCP Bulletin); (ii) ongoing coordination and delivery of programme of support by HSCP Wellbeing Officer and (iii) ensuring appropriate uniforms and work wear for winter weather are available.

Related partner planning arrangements

10. As noted in above, the NHSGGC winter planning process commenced in May this year and included a series of cross-system workshops/meetings prior to the summer to consider lessons learned, confirm priorities, capture activity occurring in local areas and agree on new initiatives required to support resilience this winter. The NHSGGC

Winter Plan was subsequently considered by the NHSGGC Board on 31 October. In addition to this, the HSCP has also worked closely with colleagues within NHSGGC and other HSCPs within the Board to respond to the Scottish Government's request that Health Boards and HSCPs jointly complete a 'winter readiness checklist'. This was submitted to the Scottish Government in September and captured a summary of winter planning actions ongoing across a range of criteria.

11. In addition, East Renfrewshire Council also undertakes regular planning for winter and is working closely with HSCP colleagues to develop related plans and coordinate communications. National communications will also continue to be shared through local channels to raise awareness of key messaging in relation to winter service provision.

HSCP Communications and Monitoring arrangements

12. In addition to communications provided to staff through partner organisations, the HSCP's Communications Team incorporates regular winter planning messaging into Chief Officer updates and NHS Core Brief to ensure that staff and teams are aware of necessary preparations and actions that are required; as well as the support that is available to them to maintain their health and wellbeing. In addition, the HSCP's SMT will continue to work with managers and team leaders, providing an opportunity to discuss aspects of winter planning activity. This activity and supporting communications continue to be iterative and responsive to changing circumstances.

13. Regular winter planning and general business continuity updates continue to be brought to HSCP SMT meetings. The SMT will continue to oversee the delivery of the Plan and monitor supporting data to ensure the effectiveness of the actions being taken. The IJB will be updated on any emerging requirement to make significant changes to the Plan or the intended response throughout the winter.

14. To support our ongoing resilience, the HSCP have a resilience network which encompasses representation from all services. This structure provides a forum for monitoring and reviewing winter plans, and wider resilience plans, over coming months and into the future.

IMPLICATIONS OF THE PROPOSALS

Finance

15. Winter planning requirements are incorporated within ongoing financial planning.

Workforce

16. Actions within the plan have been specifically identified regards the health, safety and wellbeing of HSCP staff and service users.

Infrastructure

17. No specific impacts from this paper.

Risk

18. A clear link between the risk register and winter / continuity planning is established and has been maintained.

Equalities

19. No specific impacts from this paper.

Policy

20. The HSCP continues to work with community partners to ensure a coordinated approach to winter planning on joint issues.

Legal

21. This paper reflects the IJB's obligations as a Category One responder under the Civil Contingencies Act 2004.

DIRECTIONS

22. There are no directions arising from this report.

CONSULTATION AND PARTNERSHIP WORKING

23. As described above there has been extensive consultation and partnership working at local, regional and national levels in the development of our winter planning arrangements. This included contributing to the development of NHS Greater Glasgow and Clyde's and East Renfrewshire Council's Winter Plans. Engagement commenced in May 2023, with the HSCP participating in a range of workshops with NHSGGC colleagues, a national planning workshop hosted by Public Health Scotland, and attendance at the National Winter Planning Summit in September. Engagement with East Renfrewshire Council also continues including in relation to local communication arrangements.

CONCLUSIONS

24. Each year East Renfrewshire HSCP proactively develops plans to ensure the resilience of critical services over the winter period.

25. As previously reported, the HSCP has recognised that a range of pressures are no longer only visible in winter but instead are prevalent throughout the year. This winter planning process therefore reflects and builds on the HSCP's increased focus on year-round business continuity activity.

26. The HSCP's winter planning this year once again focuses on identifying further actions which are required to protect service provision during this period across our internal and hosted services and the HSCP has worked closely with partners to ensure alignment across our respective winter plans, in line with national priorities. The plan also reflects local learning from last winter and the HSCP's current risk context.

RECOMMENDATIONS

27. The Integration Joint Board is asked to:
    - Approve East Renfrewshire HSCP's draft Winter Plan 2023/24;
    - Note that the Plan aligns to both the NHS Greater Glasgow and Clyde Board and East Renfrewshire Council Winter Plans and will remain a live document to respond to changing circumstances throughout the winter period; and
    - Note that implementation of winter plans will be supported by internal and external communications and engagement strategies, developed in conjunction with NHS Greater Glasgow and Clyde and East Renfrewshire Council.

REPORT AUTHOR

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November 2023

Chief Officer, IJB: Julie Murray

Appendix 1: ERHSCP Winter Plan

No	Priority	Objective	Related Actions	Owner(s)
1	Vaccination programmes	To ensure we protect our staff and the public by delivering the required seasonal vaccination programmes; Flu and COVID Booster.	• HSCP delivery of flu and COVID boosters to care home residents, the housebound and those with weakened immune systems. • NHSGGC responsibility for the delivery of mass flu, boosters and COVID-19 vaccination programmes to staff and the public including child immunisations as appropriate. • Supporting communications and information to staff to encourage uptake.	All Operational Heads of Service
2	Operational resilience	To ensure we continue to embed our frameworks, policies and plans to support service resilience and the prioritisation of emergency and critical services, whilst maintaining the delivery of other essential services. One key aspect which has been further developed in this year's plan is the HSCP's 'Data Resilience' plans and specifically how each service would respond when faced with a loss of systems, network, or power for a period of up to one week.	• Review and update of Business Continuity Plans and specifically data resilience plans. • Promoting and operationalising disruptive weather policies including working with the council regards gritting, securing appropriate transport (such as 4x4 vehicles), creating forecasts, rotas and plans for contingency service arrangements for additional surge / staff deployment capacity especially in Care at Home. • Logistics and supply chain monitoring for hand sanitiser, PPE, medication, and other key equipment and supplies (particularly due to supply chain impacts arising from geopolitical tensions and conflicts). • Utilisation of technology to add resilience to existing service plans; ability to redirect phone lines to alternative buildings and to add messaging.	All Operational Heads of Service
3	Surveillance and response - monitoring and control (governance)	To ensure we continue to survey our environment and stay abreast of how our services are performing for our service users, taking note of any lessons learned and amending our policy and practice as required to sustain service levels.	• Development of a regular Winter Plan and Business Continuity update which includes relevant operational and strategic risks and issues, aligned to the terms of our Risk Framework.	All Operational Heads of Service

			• Daily delayed discharge meetings within East Renfrewshire and twice weekly board-wide meetings to provide high level of scrutiny. • Continued focus on Discharge without Delay (DwD). • Development of the care home huddle model and monitoring through fortnightly meetings. • Coordination of Partnership planning and management of dependencies between service and organisational plans.	
4	Supporting the public	To ensure we support the public to continue to access required services, addressing their critical and essential needs and supporting residents to remain safe and well.	• Comprehensive communications and engagement strategies which provides our staff and the public with information to help them prepare for winter. • Sharing partner and national messaging as appropriate to raise awareness of system pressures and preventative actions / alternative routes available to the public. • Working with partners to implement additional measures to support our communities, including close working with the Fairer East Ren Partnership.	Communications Team
5	Supporting our partner organisations	To ensure we support our partner organisations to take steps to prepare for winter and collaborate on necessary solutions for the benefit of residents.	• Acute, Localities and Care at Home joint plan to support prompt discharge and minimise delays. • The continued utilisation of interim and intermediate care beds to support swift hospital discharge. • Spot purchase of interim placements (up to 6 weeks in duration) as required to provide step down support from a hospital setting. • Continued delivery of the Home First Response Service to support redirection from the hospital front door, prevent admissions and support speedy discharge. • Proactive planning with GP Practices, Care Homes, and with independent contractors and providers. • Continued delivery of clinical support through the East Renfrewshire Care Home Liaison Service and oversight through the weekly Care Home Assurance meetings. • Test of change of Call before Convey model for Care Homes, to prevent unnecessary conveyance to ED.	All Operational Heads of Service Communications Team

6	Enablers and optimisation of existing infrastructure	To ensure we deliver, champion, and optimise the use of appropriate infrastructure across the partnership, with our partners, to underpin the successful delivery of our plans.	• Scenario planning for potential situations where additional roll out of digital resources may be required (e.g., NHS Near Me, virtual clinics, video calling) and ensuring we are adequately prepared from a technology and ICT perspective. • Optimising the use of Community Pharmacy. • Utilising existing infrastructure to build resilience within services. E.g. Care at home redesign.	All Operational Heads of Service Links with Partners (NHSGGC/East Renfrewshire Council)
7	Festive period planning	To ensure we adequately understand the needs of services through the festive period and plan appropriately to maintain and manage service levels and any potential disruption. This includes a focus on early confirmation of festive rotas, alongside mitigating actions to address any service staffing issues should these arise.	• Continued forecasting of service demand through the festive period and aligning this to the staffing to ensure we have adequate cover. • Signposting staff and the public to the right services at the right time, taking into account the need for redirection to address peaks	All Operational Heads of Service Communications Team
8	Workforce planning / staffing	To ensure we deliver the right balance of annual leave and staffing across services to maintain service levels throughout the winter period. To ensure we support the health and wellbeing of our staff so that they remain well and are able to undertake their roles through potentially challenging winter conditions.	• Agreed annual leave policies / volumes and staff flexibility at a service level. • Continued focus on redesign and recruitment programme within Care at Home. • Ensuring a comprehensive suite of health and wellbeing support is available to staff including signposting through new bespoke web page and links to advice, support and tools provided by NHSGGC, East Renfrewshire Council and nationally. • Contingency staffing arrangements between services • Accommodation planning (e.g., crisis respite) which can be deployed if and when required. • Continued focus on supporting personal safety, winter driving and lone working arrangements.	All Operational Heads of Service Partner Organisations HR Teams (NHSGGC / East Renfrewshire Council)

AGENDA ITEM No. 12

Meeting of East Renfrewshire Health and Social Care Partnership **Held on**	Integration Joint Board 22 November 2023
Agenda Item	12
Title	Three Year Workforce Plan – Annual Update

Summary

The purpose of this report is to present the annual update on the Workforce Plan 2022-25, and the associated action plan.

Presented by	Julie Fitzpatrick, Interim Chief Nurse

Action Required

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

Directions	**Implications**	
☒ No Directions Required	☐ Finance	☐ Risk
☐ Directions to East Renfrewshire Council (ERC)	☐ Policy	☐ Legal
☐ Directions to NHS Greater Glasgow and Clyde (NHSGGC)	☒ Workforce	☐ Infrastructure
☐ Directions to both ERC and NHSGGC	☐ Equalities	☐ Fairer Scotland Duty

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

22 NOVEMBER 2023

Report by Chief Officer

THREE YEAR WORKFORCE PLAN – ANNUAL UPDATE

PURPOSE OF REPORT

1. The purpose of this report is to present the Annual Update on the Workforce Plan 2022-25, and the associated Action Plan.

RECOMMENDATION

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

BACKGROUND

3. The Integration Joint Board at their meeting on 23rd November 2022 received and approved a three year Workforce Plan for 2022-2025. The plan builds on the work of the interim workforce plan covering the period 2021-22 previously shared with the IJB.

4. The Scottish Government provided guidance on the content of the 2022-25 workforce plan. East Renfrewshire workforce plan was approved and published, on the website, by the end of November 2022.

REPORT

5. Section 8 of the workforce plan contains an Action Plan, which sets out a broad range of activities to be progressed during the 3 year period. This report provides an update on the first year of the plan. The local actions are based on the Scottish Governments 5 pillars of workforce planning:

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

Annual Update

6. The three year workforce plan set out the workforce risk /challenges for the three year period. As part of the review of the initial Action Plan it is recognised some important changes have taken place across HSCP during 2022/23 that are reflected in the updated Action Plan.

7. For 2023/24 the financial challenges identified in the IJB budget a funding gap of £7.06 million which necessitates a focus on best value and efficient use of resources. The Savings, Recovery and Renewal programme continues to report to the IJB on a regular basis and provides detail on progress on savings, project work and service redesign. The implementation of the Supporting People Framework from 1st April 2023 prioritised a review of care packages with Operational Teams, to ensure person centred, risk based prioritisation of care to those in greatest need.

8. Action has been taken to limit non-essential spend, to carefully manage recruitment into vacant posts. The HSCP considered all options to minimise the impact the budget savings would have on the workforce and previously avoided offering early retirement/voluntary redundancy in the HSCP. The IJB has agreed to offer this to Council-employed staff subject to business continuity, service impact and financial viability.

9. From the workshop discussions key workforce themes were identified and included;
   - Recruitment and retention continues to be challenging for particular posts
   - Additional cost of regular recruitment particularly across the social care sector
   - Efforts have been made to maximise professional and skill mix to retain essential qualified and experienced staff
   - Progression and education routes are supported to retain staff and deliver optimum services
   - Redirection of workforce to meet unplanned care, demand and support risks e.g. Large Scale investigation
   - Unscheduled care and demand management impacting across services
   - Redesign of services to meet changing demographic needs such as increasing ANP roles
   - Cross sectoral implications on internal and external service delivery necessitates close working with partners
   - Valuing the workforce and supporting wellbeing

10. The HSCP commissions and delivers services in partnership with third and independent sectors. External partners have told us that when we make decisions on the internal workforce this can affect the external workforce. Developing a whole system approach to workforce planning will assist in understanding and reflecting delivery partners' workforce needs and priorities. Partners are keen to work alongside us to address shared challenges and will continue to be part of the Workforce Planning Group meetings.

Health and Care (Staffing)(Scotland) Act 2019

11. The Health and Care Staffing legislation comes into effect in April 2024. The Act aims to enable high quality care and improved outcomes for people using services in both health and social care by helping to ensure safe staffing. Health and social care partners will be required to report annually from April 2025 to Scottish Ministers on their compliance with the Act, high-cost agency and any severe and recurring staffing risks. Health Improvement Scotland are working with health boards to help them prepare implementation of the Act, including the provision of statutory legislative guidance. NHS GGC is currently testing the guidance on all chapters of the Act. East Renfrewshire are represented in strategic meetings set up to take forward necessary work to comply with the Act.

National Care Service

12. The Scottish Government 'valuing the workforce' co-design sessions as part of the five co-design themes of the National Care Service were organised during the summer of 2023. The sessions were designed to explore the workforce experience of the community health and social care with the paid workforce including people working in:
    - health and social care
    - social work
    - voluntary and private sector
    - support workers
    - care managers
    - nurses
    - occupational therapists

13. The views from unpaid carers and people with lived experience of receiving care were also gathered. The key messages from the national sessions reflect the local discussions and included the following themes;
    - The difference between workforce models causes tension between the health, social care and the voluntary sector workforces
    - There is a need for consistent and collaborative approaches to determining eligibility, conducting assessment, and making referrals for social care support
    - Effective multi-disciplinary and multi-agency team working is key for delivering quality services that meet people's needs
    - It is vital the social care workforce experience is improved to attract and retain staff
    - The workforce feel inclusive leadership and shared values within the social care sector support the workforce experience
    - There is a need for more consistent and appropriate training to develop the essential skills for a variety of roles, and ensuring the time for development is also crucial
    - Sharing data and information is important to create more effective service delivery across health, social and voluntary sectors

14. The Scottish Government will utilise the findings to inform the creation of a workforce charter, which will be tested with the workforce. The learning from the events will be used to inform early improvements, as well as the future structures and policies of the NCS, including the National Care Service (Scotland) Bill.

CONSULTATION AND PARTNERSHIP WORKING

15. Following publication of the workforce plan a workshop was held on 14th September 2023 to bring together representatives from HSCP services, Primary Care, Independent/ Voluntary sectors and Trade Union colleagues to review progress to date on the Action Plan. Participants were asked to consider any substantive changes arising over the past year and to identify key priorities and opportunities for the future. The Action Plan attached at Appendix 1 has been updated to reflect the revisions. For partners who were unable to join the workshop the draft action plan has been shared for comment.

16. In recognition of current capacity across HSCP services and wider partners it is proposed that the Workforce Planning Group will meet quarterly to review and update progress on the Action Plan and to consider if any substantive changes are required to the three year Workforce Plan.

IMPLICATIONS OF THE PROPOSALS

Workforce

17. This workforce plan details some of the workforce risks / challenges and opportunities faced by the HSCP the annual update on the action plan presents the short and medium term and sets out actions to address these.

DIRECTIONS

18. There are no directions required at this stage.

CONCLUSIONS

19. The Workforce Plan 2022-25, and the associated Action Plan have been reviewed and revised to reflect the progress, challenges and changing budget position of the IJB during 2022/23.

20. Local work will continue to monitor workforce updates on a quarterly basis and an annual update on the Action Plan will be provided to the IJB.

RECOMMENDATIONS

21. The Integration Joint Board are asked to note and comment on the report.

REPORT AUTHOR AND PERSON TO CONTACT

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Julie Fitzpatrick Interim Chief Nurse
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Chief Officer, IJB: Julie Murray

November 2023

BACKGROUND PAPERS

IJB Paper: 23.11.2022 – HSCP Workforce Plan
https://www.eastrenfrewshire.gov.uk/media/8436/IJB-Item-11-23-November-2022/pdf/IJB_Item_11_-_23_November_2022.pdf?m=638036934524770000

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Section Eight:

Key Priorities & Action Plan

8.1 Key Priorities

Our key priorities for the 2022-25 plan are:

Plan

Setting out the workforce implications for the partnership working with external providers and partners to redesign local services and contributing to wider pieces of redesign work across NHSGGC. Building expertise and increasing capacity in the community and reshaping our services to work more flexibility.

Attract

Ensuring that we develop and implement the workforce plan to recruit a highly skilled and motivated workforce who care.

Train

Ensure our staff have skills required to meet the needs of our population and develop the health and social care workforce for the future.

Employ

Over the medium term ensuring we have sufficient workforce to meet the demographic challenges of our local area in particular the growing young and elderly populations and deliver the agreed pathways and services.

Nurture

To provide continued support and intervention to support the health and wellbeing of our staff and ensure that our staff feel valued and listened too.

East Renfrewshire HSCP Workforce Action Plan 2023/24

Theme	Service Area	Action	Lead	Timescale	Update
PLAN	Finance and Resources	Review Finance and Resource Services.	Chief Finance Officer	December 2024	As part of 2023/24 savings a number of areas of have been reviewed with 0.3m savings target. Further work is ongoing to look at service redesign following outcome of voluntary redundancy/retirement trawl and as part of wider service redesign
	Finance and Resources	Review Business Support Service.	Governance and Systems Manager	December 2024	Formal structural review of business support has not yet commenced. This will be scheduled following the voluntary retirement/redundancy scheme introduced in September 2023. Progress has been made in upskilling staff to reduce single point of failure and ensure flexibility of the workforce to support increasing demand
	Adult Services: Learning Disability and Recovery	Progress Learning Disability Hosted Services Community Living Learning Disability Change Fund Redesign Programme.	Service Manager	April 2024/25	Recruitment of staff to support people most at risk of crisis as part of wider Board wide Programme.
	Adult Services: Learning Disability and Recovery	Establish and develop Learning Disability Hosted Services Health Check Team.	Service Manager	March 2024	Recruitment of staff to deliver health checks to GGC LD population as per directive from Scottish Government has commenced.
	Adult Services: Learning Disability and Recovery	Community Pathways – development of service to support the continuation of Community Living Change Fund re-design programme	Service Manager	July 2024	Development of service to support the continuation of Community Living Change Fund re-design programme.

P L A N	Adult Services: Learning Disability and Recovery	Progress development of Addictions Services.	Senior Manager Mental Health and Recovery	March 2024	Continued development aligned to MAT standards
	Adult Services: Learning Disability and Recovery	Progress local Mental Health Services Redesign. Contribute to Board wide Mental Health redesign, as part of MFT.	Senior Manager Mental Health and Recovery	August 2024	New roles have been developed to address local need including pharmacy and ADHD service. Impacts of national recruitment shortages affecting team. Ongoing work to strengthen service wide leadership. Working with all HSCPs on Board wide programme
	Adult Services: Communities and Wellbeing	Progress Intensive Services Redesign: Care at Home Older Peoples Day Services	Senior Manager Intensive Services	December 2024	First phase of realignment of frontline staff work patterns commenced and due completion by end November 2023 Planning for new service management structure for Care at Home and service redesign Day Support has gained 'in principle' agreement from deputy Chief Executive service redesign ongoing but will be limited due to current budget constraints
	Adult Services: Communities and Wellbeing	Develop Intensive Support Service at Bonnyton House Care Home	Senior Manager Intensive Services	Ongoing	MDT resource to wrap around Intermediate care placements now in situ and contributing to facilitation of discharge and prevention of admissions.
	Adult Services: Communities and Wellbeing	Take forward Primary Care Improvement as part of GMS contract	Primary Care Transformation Manager	Ongoing	Continue to implement the PCIP, focusing on: recruitment to the Vaccination Transformation Programme (VTP), retention and recruitment issues within many of the MOU services, reviewing some skill mix of our workforce across Pharmacotherapy and CTAC, and supporting student placements.

PLAN	Public Protection and Children's Services	Take forward workforce actions associated with The Promise Scotland and Whole Family Support Funding	Senior Manager Children's Services	September 2024	Workforce Values - Value based recruitment process and workforce development plan within children services. Promoting values within a caring culture. Interviews including lived experience. Trauma Informed – Embedding trauma informed practice across our workforce. A trauma coordinator is now in post as part of the National Trauma Training Programme. Workforce Support – Review of supervision policy, focus on supportive relationships with high quality supervision that support relational based practice Ongoing Relationships - Promote and ensure workforce are supported to have ongoing supportive relationships with care experienced young people. Throughcare/aftercare support services located within intensive services
	Public Protection and Children's Services	Implement Board-wide review of school nursing	Senior Manager Children's Services	April 2024	5 school nurses in post delivering three pathways Ongoing consideration of service specification and performance monitoring
	Public Protection and Children's Services	Progress Neurodevelopmental Redesign	Senior Manager Children's Services	April 2024	Progress recruitment to ND pathway funding available Action of ND locality implementation group Focus on Engagement with Tier 1 and Tier 2

PLAN	Public Protection and Children's Services	Review out of school supports provided for children with additional support needs	Senior Manager Children Services	September 2024	Current 1 year review team in place, focused on review and best value Review of skilled workforce. Gaps within service due to recruitment concerns External scoping in progress.
	Public Protection and Children's Services	Consider resource allocation to health visiting, which at current level does not allow full delivery of the universal pathway	Senior Manager Children Services	April 2024	Consideration of options In line with current pathway Escalation required to the board and HSCP
	Children's and Adult services	Prepare workforce for introduction of NQSW Supported Year	Learning and Quality Assurance Manager	December 2024	Appoint NQSW Lead to establish learning hub and core systems and processes to meet statutory requirements
	Pharmacy	Contribute to the development of the 5 year strategy for Primary care Pharmacy Services (NHSGGC).	HSCP Lead Pharmacist	April 2024/25	Involvement in consultation stages of strategy development, and local discussion on the 6 key priorities being proposed.
	HSCP wide	Support development of role of Healthcare Support Workers	Lead AHP	September 2024	Some progress has been made but limited due to budget availability to support staff through postgraduate education and into an Advanced Practice role. Identifying positive opportunities. Recognise budget constraints.
	HSCP wide	Look at developing Nursing Advanced Practitioner roles within the HSCP	Senior Nurse	September 2024	Progress with ANP aligned to Primary Care as part of PCIP. Plan to further increase number by at least one for senior clinical decision making and support into Care Homes.

Theme	Service Area	Action	Lead	Timescale	Update
ATTRACT	HSCP wide	Work with HSCP Comms Lead, NHS & Council Partners to improve recruitment	HR Business Partner	March 2024	Opportunity to include external partners in joint recruitment opportunities being explored eg care at home
	Adult Service Communities and Wellbeing	Develop and maintain ongoing recruitment activity to recruit to Care at Home posts.	Senior Manager Intensive Services	Ongoing	Recruitment plan now in situ to support ongoing recruitment previously paused to allow for care at home defined establishment and service redesign.
	HSCP wide	Develop targeted approach to recruitment ensuring promotion of East Renfrewshire as a good place to work using social media. For high volume recruitment open events.	HR Business Partner and Senior Managers	March 2024	Consider recruitment options for each post being advertised. Link in with local recruitment events to promote East Renfrewshire HSCP. Promote use of social media to a wider distribution pool.
	HSCP wide	Develop actions to fill difficult posts outlined within the workforce plan	HR Business Partner and Senior Managers	March 2024	Work with relevant Senior Managers to understand recruitment difficulties and develop specific action plan and explore options for these.
	HSCP wide	Work with Council and NHS partners to improve ethnic minority recruitment	HR Business Partner and Senior Managers	March 2024	Continue to work with the relevant equality and diversity teams from both Council and NHS.
	HSCP wide	Work with employability partners	All Managers	September 2024	Work is underway to link employability and third sector partners to support employability and volunteer routes for people with additional support needs.

Theme	Service Area	Action	Lead	Timescale	Update
EMPLOY	HSCP wide	Ensure governance process is in place to ensure professional registration	Governance and Systems Manager Learning	Ongoing	Short Life Working Group reviewed current arrangements. Recommendations to be implemented
	HSCP wide	Ensure that Career Conversations are embedded into the KSF and Quality Conversations process	HR Business Manager	April 2024	Dedicated working group to consider and support managers to embed quality conversations into staff review meeting and annual KSF meetings.
	HSCP wide	Develop HSCP wide exit process to improve retention	HR Business Partner	April 2024	NHSGGC has updated their exit process and this will be promoted across the HSCP. The Council are currently developing an exit process and once agreed this will be promoted HSCP wide.

Theme	Service Area	Action	Lead	Timescale	Update
TRAIN	HSCP wide	HSCP Learning and Development System	Learning Development and Quality Assurance Manager	To be revised	Learning management system put on hold due to budget pressures. Agreement needed by DMT on revised timescales
	HSCP wide	Implementation of the NES Trauma training framework	Learning Development and Quality Assurance Manager	April 2024	4 Level 3 Trainers accredited. 100 staff trained in Level 3 to date. Launch event taken place.
	HSCP wide	Creation of a new pathway for Newly Qualified Social Workers to ensure they meet the new requirements for the supported year	Learning Development and Quality Assurance Manager	April 2024	Money awarded by Scottish Government to appoint a post to lead on the development of the pathway, including the creation of a learning hub.
	HSCP wide	Promote Leadership Development	Learning Development and Quality Assurance Manager	To be revised	Commissioning of specialist leadership programme put on hold due to budget pressures. To be revisited.
	HSCP wide	Implement refreshed succession planning process.	HR Business Partner and Learning and Development Quality Assurance Manager	March 2024	Programme of work to address forthcoming natural turnover in MH&R at early stages including partnership with staffside colleagues, focus on development career progression opportunities for existing team members.
	Pharmacy	Development and Implementation of a Practice Educator role to advance the practice of lesser experienced Pharmacists to increase clinical capacity.	HSCP Lead Pharmacist	January 2024.	Programme development should be completed by end of October with implementation by January 2024 subject to funding being secured for this role.

Theme	Service Area	Action	Lead	Timescale	Update
NURTURE	Adult Services: Communities and Wellbeing	Establish continued links with Wellbeing Network which includes local communities (Voluntary Action)	Health and Wellbeing Lead Officer	Ongoing	Wellbeing programme made significant progress, with range of wellbeing activities available across partnership workforce
	Adult Services: Communities and Wellbeing	Facilitate the improvement of mental and physical wellbeing within the community through Voluntary Action Group	Health Improvement Lead and Health and Wellbeing Lead Officer	Ongoing	Wellbeing programme made significant progress, with range of wellbeing activities available across partnership workforce
	HSCP wide	Implement NHS GGC Blended Working model and Councils The Way We Work model within the HSCP	Systems and Governance Manager	March 2023 Completed.	As part of HSCP recovery programme – Covid restrictions were removed from HSCP buildings in August 2022. A phased return to work was implemented for staff who had been working at home during the pandemic. The hybrid working policies/guidance were used to support the return to the workplace.
	HSCP wide	Develop and Promote HSCP Peer Support Network	Health Improvement Lead and Health and Wellbeing Lead Officer	March 2024	Lead officers now completed training, with planned implementation and roll-out.
	HSCP wide	Continue to develop Health and Wellbeing Group to promote and encourage local initiatives for staff	Health and Wellbeing Lead Officer	Ongoing	Group continues to meet monthly, with planned development session to review group representation, remit and priorities for 2024.
	HSCP wide	Continue to promote iMatter to engagement, and ensure action plans are developed in teams across partnership.	HR Manager & All Managers	Ongoing	For 2023 iMatter survey, the HSCP increased the EEI score and plan to remind managers at the mid point review stage to update their action plans.

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AGENDA ITEM No. 13

Meeting of East Renfrewshire Health and Social Care Partnership **Held on**	Integration Joint Board 22 November 2023
Agenda Item	13
Title	Revised Integration Scheme – Consultation Draft

Summary

This report provides the Integration Joint Board (IJB) with an update on work to review the Integration Scheme between East Renfrewshire Council and NHS Greater Glasgow and Clyde, and to note that the draft revised Integration Scheme has been approved by East Renfrewshire Council to go out for consultation.

Presented by	Margaret Phelps, Planning, Performance and Commissioning Manager

Action Required

The Integration Joint Board is asked to note the content of this report.

Directions	**Implications**	
☒ No Directions Required	☐ Finance	☐ Risk
☐ Directions to East Renfrewshire Council (ERC)	☐ Policy	☐ Legal
☐ Directions to NHS Greater Glasgow and Clyde (NHSGGC)	☐ Workforce	☐ Infrastructure
☐ Directions to both ERC and NHSGGC	☐ Equalities	☐ Fairer Scotland Duty

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

22 November 2023

Report by East Renfrewshire HSCP Chief Officer

REVISED INTEGRATION SCHEME – DRAFT FOR CONSULTATION

PURPOSE OF REPORT

1. To update the Integration Joint Board (IJB) on work to review the Integration Scheme between East Renfrewshire Council and NHS Greater Glasgow and Clyde, and to note that the draft revised Integration Scheme has been approved by East Renfrewshire Council to go out for consultation.

RECOMMENDATIONS

2. The Integration Joint Board is asked to note the content of this report.

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 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. The draft revised Integration Scheme was approved for consultation by East Renfrewshire Council on 25th October, and will now 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. Ain line with this, we will conduct a light-touch consultation exercise to be run from mid-November to mid-January. This will involve sharing the draft Scheme for comment with all key stakeholders and promoting through appropriate communication channels including our website.

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.

CONSULTATION AND PARTNERSHIP WORKING

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

20. 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

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

DIRECTIONS

22. There are no directions 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 Integration Joint Board is asked to note the content of this report.

REPORT AUTHOR

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0141 451 0746

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, including the Local Outcome Improvement Plan.

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

9.1 A 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 tri-partite 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

Column A	*Column B*
The National Health Service (Scotland) Act 1978	
All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978	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;

Column A	*Column B*
	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.
Disabled Persons (Services, Consultation and Representation) Act 1986	
Section 7 (persons discharged from hospital)	
Community Care and Health (Scotland) Act 2002	
All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.	
Mental Health (Care and Treatment) (Scotland) Act 2003	
All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.	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.
Education (Additional Support for Learning) (Scotland) Act 2004	

Column A	*Column B*
Section 23 (other agencies etc. to help in exercise of functions under this Act)	
Public Services Reform (Scotland) Act 2010	
All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010	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).
Patient Rights (Scotland) Act 2011	
All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011	Except functions conferred by The Patient Rights (Complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36.

“Carers (Scotland) Act 2016(2)

Section 12

(duty to prepare young carer statement)”

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

Column A *Enactment conferring function*	*Column B* *Limitation*
National Assistance Act 1948	
Section 48 (Duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)	
The Disabled Persons (Employment) Act 1958	
Section 3 (Provision of sheltered employment by local authorities)	
The Social Work (Scotland) Act 1968	
Section 1 (Local authorities for the administration of the Act.)	So far as it is exercisable in relation to another integration function.
Section 4 (Provisions relating to performance of functions by local authorities.)	So far as it is exercisable in relation to another integration function.
Section 8 (Research.)	So far as it is exercisable in relation to another integration function.
Section 10 (Financial and other assistance to voluntary organisations etc. for social work.)	So far as it is exercisable in relation to another integration function.
Section 12 (General social welfare services of local authorities.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 12A (Duty of local authorities to assess needs.)	So far as it is exercisable in relation to another integration function.
Section 12AZA (Assessments under section 12A - assistance)	So far as it is exercisable in relation to another integration function.
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.)	So far as it is exercisable in relation to another integration function.
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.)	So far as it is exercisable in relation to persons cared for or assisted under another integration function.
Section 29 (Power of local authority to defray expenses of	

Column A Enactment conferring function	Column B Limitation
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.
The Local Government and Planning (Scotland) Act 1982	
Section 24(1) (The provision of gardening assistance for the disabled and the elderly.)	
Disabled Persons (Services, Consultation and Representation) Act 1986	
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.
Section 8 (Duty of local authority to take into account abilities of carer.)	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.
The Adults with Incapacity (Scotland) Act 2000	
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
The Housing (Scotland) Act 2001	

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 92 (Assistance for housing purposes.)	Only in so far as it relates to an aid or adaptation.
The Community Care and Health (Scotland) Act 2002	
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.)	
The Mental Health (Care and Treatment) (Scotland) Act 2003	
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.)	
The Housing (Scotland) Act 2006	
Section 71(1)(b) (Assistance for housing purposes.)	Only in so far as it relates to an aid or adaptation.
The Adult Support and Protection (Scotland) Act 2007	
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.)	

Column A Enactment conferring function	Column B Limitation
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.)	Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013.
Section 16 (Misuse of direct payment: recovery.)	
Section 19 (Promotion of options for self-directed support.)	
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.)	

Column A *Enactment conferring function*	*Column B* *Limitation*
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)	
Children Act 1975	
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)	
Health and Social Services and Social Security Adjudications Act 1983	
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)	
Foster Children (Scotland) Act 1984	
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)	

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 9 (Power to impose requirements as to the keeping of foster children)	
Section 10 (Power to prohibit the keeping of foster children)	
Children (Scotland) Act 1995	
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)	

Column A *Enactment conferring function*	*Column B* *Limitation*
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)	

Column A *Enactment conferring function*	*Column B* *Limitation*
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)	

Column A *Enactment conferring function*	Column B *Limitation*
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