



Date: 12 January 2024
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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 31 January 2024 at 10.00 am.**

Please note this is a virtual meeting.

The agenda of business is attached.

Yours faithfully

Anne-Marie Monaghan

Chair

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD
WEDNESDAY 31 JANURY 2024 AT 10.30 am**

VIRTUAL MEETING VIA MICROSOFT TEAMS

AGENDA

- 1. Apologies for absence.**
- 2. Declarations of Interest.**
- 3. Minute of Previous Meeting held 22 November 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 22 November 2023 (copy attached, pages 21 - 26).**
- 7. Financial Recovery Planning and Budget Update (copy to follow).**
- 8. Revenue Budget Monitoring Report (copy to follow).**
- 9. Savings Recovery and Renewal Programme (copy to follow).**
- 10. East Renfrewshire Adult Carers Strategy 2024 - 2026 (copy attached, pages 27 - 62).**
- 11. East Renfrewshire #KeepThePromise Board and Delivering Our Corporate Parenting Responsibilities (copy attached, pages 63 - 80)**
- 12. Specialist Learning Disability Services – Resettlement of People from Longer Stay Facility – Netherton (copy attached, pages 81 - 88).**
- 13. HSCP Participation and Engagement Strategy 2023-2025 (copy attached, pages 89 - 120).**
- 14. Delayed Discharge Position – Presentation by Lee McLaughlin**

15. Appointment of Standards Officer (copy attached, pages 121 - 124)

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**Minute of virtual meeting of the
East Renfrewshire Integration Joint Board
held at 10.30am on 22 November 2023**

PRESENT

Anne-Marie Monaghan	NHS Greater Glasgow and Clyde Board (Chair)
Lynsey Allan	Independent Sector Representative
Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
Lesleyann Burns	Assistant Committee Services Officer (East Renfrewshire Council)
Councillor Paul Edlin	East Renfrewshire Council
Julie Fitzpatrick	Interim Chief Nurse
Dr Claire Fisher	Clinical Director
Jacqueline Forbes	NHS Greater Glasgow and Clyde Board
Dianne Foy	NHS Greater Glasgow and Clyde Board
Tom Kelly	Head of Adult Services: Learning Disability and Recovery
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 Rankin	Staff Side Representative (ERC)
Lynne Siddiqui	Lead Allied Health Professional

IN ATTENDANCE

Pamela Gomes	Governance and Compliance Officer
Margaret Phelps	Strategic Planning, Performance and Commissioning Manager
Colin Sweeney	Democratic Services Manager (ERC)
Graeme Smith	Communications

APOLOGIES FOR ABSENCE

Mehvish Ashraf	NHS Greater Glasgow and Clyde Board
Councillor Caroline Bamforth	East Renfrewshire Council
Lee McLaughlin	Head of Adult Services: Communities and Wellbeing

DECLARATIONS OF INTEREST

1. There were no declarations of interest intimated.

MINUTES OF PREVIOUS MEETING

2. The Board approved the minute of the meeting held 27 September 2023, subject to two amendments:-

Under Item 9, paragraph 6, amendment to spelling of Dianne Foy.

Under Item 10, paragraph 2, 'privacy care' to be changed to 'primary care'.

MATTERS ARISING

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

The Chief Officer noted that we planned to canvass members for views on whether to hold some in-person/hybrid meetings and that following discussion at the Performance and Audit Committee held prior to the IJB it was agreed it would be best to wait until spring before considering in-person meetings.

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 since the last meeting.

The Board noted the report.

PAC Minutes

5. The minute of the Performance and Audit Committee meeting held 27 September was noted. There were no comments.

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 30th September 2023.

The report showed a potential overspend of just under £3 million at the time of writing. The Chief Financial Officer noted that there has been a modest reduction in social care related costs, in part due to the further £100k from actions to contain costs and an increase in health costs from special observations and prescribing. She noted that a number of offers have been made to those who have applied for voluntary redundancy / early retirement which will help deliver some of our structure savings for 2023/24 and 2024/25 on a recurring basis. She further noted that the Council have indicated support to the IJB on a non-recurring basis this financial year to support with the cost pressures we are seeing. However there are still some real risks and the areas that are cause for concern are prescribing and the supporting

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people framework. Our reported level of overspend is predicated on in-year delivery of savings and to date £2.4m of the required £7m has been delivered, with a further £1.6m supported by reserves. Our projected outturn is based on being able to deliver just over £3m in the remainder of the year with the majority coming from the supporting people framework, however we are concerned about the level of savings that are being delivered from the reviews currently being undertaken. The work to date shows that from the 20% of reviews so far, not only are we seeing less savings than hoped, we are also seeing increased costs from a number of reviews.

Based on 3 months actual data for prescribing we are now looking at a potential overspend for the year, based on the level of cost and volume increases we have seen of around £2.4 million. Early intelligence from month 4 suggests no improvement.

Whilst the council have indicated their support in year the level of overspend will most likely increase. We will revisit the outcome of the redundancy/early retirement exercise and associated redesign, we will now need to move to substantial and critical levels of need, even if for a period of time. This is something we hoped to avoid; however it will be on a par with other partnerships across Greater Glasgow and Clyde and beyond.

The CFO advised that we cannot meet the level of prescribing pressure through local actions alone and discussions across GGC are ongoing.

We are engaged in ongoing discussions with both partners and we are collectively looking at how we move forward in the coming weeks, based on the mechanism set out in the integration scheme.

Anne Marie Monaghan thanked the Chief Financial Officer for the detailed report and acknowledged that we are in a very difficult and dire financial situation. She also asked whether the engagement with partners is now a formal arrangement as part of the Integration Scheme or whether this will continue informally. The Chief Officer confirmed that we are now at the point of formalising this as part of our recovery plan as per the Integration Scheme and that a more detailed report on financial recovery planning would be presented to the IJB in January 2024.

The CFO advised that the Integration Scheme sets out the steps we will go through. Thus far we have had helpful discussions and partners recognise the pressures we are facing. She confirmed we are not in an isolated position nationally, however we are a little further ahead of others in terms of the use of our reserves.

The formal recovery plan which will be presented to the IJB in January will look at what funding options we have available in year and also planning for beyond. Any brokerage arrangements will have to be factored into plans for 2024/25 and beyond.

Anne Marie Monaghan said this was helpful and recognised that this is not an easy situation

Councillor Pragnell advised that none of us want to increase the criteria and it is with a heavy heart that we do this. She acknowledged that whilst we might be the first to formally move into financial recovery, others will follow both within GGC and nationally, which gives some reassurance but doesn't take away the affect on people.

Councillor O'Donnell advised he is fully aware of discussions with Council but not with Health Board and asked whether they had given any commitment to fund health pressures, for example prescribing.

The Chief Financial Officer advised Greater Glasgow and Clyde haven't confirmed funding support at this point but those discussions will take place over the coming weeks. She

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explained the differences between central and local government funding, noting that the Health Board doesn't hold reserves.

The Chief Financial Officer further noted that she and the Chief Officer attended a specific finance meeting with the Health Board last week which was relatively positive and the reason and rationale behind our pressures was clearly recognised. Finance also featured heavily at the mid-year performance review meeting with both partner Chief Executives.

Councillor O'Donnell also asked for clarification as to whether the additional funding agreed at Cabinet in November had been included as only the £0.75m non-recurring support agreed in May was noted at point 12. The Chief Financial Officer confirmed the additional funding from November wasn't included due to timing and apologised for not referring to this in her update.

Councillor Edlin recognised that other areas were in a similar position he was still greatly concerned about local impact and asked whether there was anything else we could do to mitigate and suggesting writing to the Scottish Government.

Anne Marie Monaghan advised that what we are experiencing now is the result of a history of underfunding for a number of years and failure to fund the future demand and is a widespread issue.

The Chief Officer reiterated that in terms of the Integration Scheme, the process is that we look to our reserves, then our partner bodies, and only if we were unable to reach agreement then would formally approach Scottish Government. We are already signalling to Scottish Government colleagues that we are at this stage. There are a number of meetings taking place with the Cabinet Secretary and the Minister for Social Care Mental Health and Wellbeing, as well as the discussions COSLA are engaged in.

The Chief Financial Officer shared a slide defining the four different categories of need – critical, substantial, moderate and low. Originally we had removed the low criteria now need to remove moderate too. Moving to substantial/critical recognises high priority and where there is an immediate need for support.

Anne Marie Monaghan noted that it was helpful to see the definitions set out

The Chief Officer advised that our front door is operating on that basis at the moment and we are only seeing a small proportion of referrals for formal services, the others are diverting to informal supports and third sector. It's those already receiving support that may need to review again and we are working closely with Voluntary Action East Renfrewshire, as a key partner.

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) Noted that East Renfrewshire Council have indicated support to the IJB for social care cost pressures on a non-recurring basis this financial year
- d) Recognised that we are entering formal negotiations with Local Authority and Health Board and also that moving to substantial and critical levels of risk in our response to people's needs.

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The Chair reiterated that this is not an easy time or a decision that has been taken lightly and that the financial position is not a result of poor financial management but because of high demand and not enough funding.

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.

Commenting on the report, the Chief Financial Officer highlighted that significant work has been undertaken as part of the tender evaluation exercise for the replacement of the social work case recording system which is a significant project milestone.

She also noted that planned work in relation to payment cards has been paused as this would incur a one-off set up fee along with a recurring annual cost therefore we are not in a position to take this forward at present.

Anne Marie Monaghan queried whether the prepayment cards were intended to create efficiency or to give more choice for people. The Chief Financial Officer confirmed this was not linked to an efficiency saving but was mainly to minimise cash handling and that we were exploring whether cards could be a better option for individuals receiving section grants instead of a cash payment, and whether cards could be used for option 1 direct payments.

The Board noted the progress of the HSCP Savings, Recovery and Renewal Programme.

REFRESH OF THE STRATEGY FOR MENTAL HEALTH SERVICES IN GREATER GLASGOW AND CLYDE 2023-2028

8. The Board considered a report setting out the refresh of NHS Greater Glasgow and Clyde's strategy for mental health services.

The Head of Adult Services: Learning Disability and Recovery advised that the strategy had been developed in partnership with all Greater Glasgow and Clyde HSCPs and is being presented to all IJBs. He noted that the strategy is largely focused on community supports where we have a well-established model locally and provided some local context including work in a number of areas from primary care to suicide prevention.

The Head of Adult Services: Learning Disability and Recovery advised that we are also part of the wider system so for example whilst we don't provide in-patient beds for mental health services, we are involved in any changes to the wider system to ensure local impact is considered, including that of the voluntary and independent sector. As strategy moves forward we will be represented in working groups and have a well-established Mental Health Planning Group.

Anne Marie Monaghan commented that it was a large report and asked whether an easy read or summary version would be produced. The Head of Adult Services: Learning Disability and Recovery advised he would take this back to the GGC Mental Health Programme Board.

Councillor O'Donnell agreed that the report was complex and difficult to navigate. He noted CoSLA recently discussed the Scottish Mental Health Strategy and its delivery report and asked how both linked. He also asked how we monitor, assess and report on outcomes.

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The Head of Adult Services: Learning Disability and Recovery advised that he is aware of the various comments made by CoSLA in terms of national standards and the Scottish strategy and confirmed that the Mental Health Programme Board are mindful of the different issues from national strategy and how these are incorporated. How the strategy reflects wider community actions from Local Authority will be key to implementation going forward to ensure it is not just health driven.

The Head of Adult Services: Learning Disability and Recovery also confirmed that mental health performance is included in HSCP performance reporting and further advised that the local Mental Health Planning Group has established its own set of performance indicators and dashboard showing activity, demand and experiences of those in East Renfrewshire, recognising that locally we want to build on indicators even where these are not required at Scottish Government level.

Councillor O'Donnell commented that the dashboard work is reassuring and asked what the appropriate forum would be for further discussion at an IJB level. The Head of Adult Services: Learning Disability and Recovery advised the data is shared with adult services clinical and care governance group and reflected in our existing performance reports.

The Chief Officer advised that reports are taken through Performance and Audit Committee however suggested we could hold a seminar or bring a report to the IJB in future if that is of interest. She further commented that this strategy has taken a long time to get to the point of board approval and when we reach phase 2 we should see some resource release to invest in communities so whilst it is slow moving, there will be an advantage financially and in developing community services in future.

The Board:

- a) Noted progress made against the Mental Health Strategy 2018 - 2023 outlined in the proposed strategy refresh
- b) Approved the Refresh of the Strategy for Mental Health Services in Greater Glasgow and Clyde 2023-2028

HSCP DRAFT WINTER PLAN 2023/24

9. The Board considered a report on the HSCP draft winter plan for 2023/24. The Chief Officer advised that the report is a combination of health and social care planning as well as normal local contingency planning e.g. for poor weather.

She reported that locally we have a big unscheduled care agenda in terms of preventing admission and facilitating discharge from hospital and that there is a lot of activity locally to support care homes and people in their own homes. There has been positive progress in relation to care home pathways around prevention of admission, both the Falls Pathway and Call Before you Convey. People presenting to A&E who do not require admittance are also being referred to our two Frailty Practitioners who are now in post as part of Home First.

Last winter the biggest challenge was in relation to absence and we continue to focus on absence management and wellbeing as well as working closely with our partner providers.

We will continue to prioritise care at home to focus on acute discharge to assist with the hospital flow, and are also prioritising end of life care and where we can prevent hospital admissions

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Councillor O'Donnell commented that the environment seems calmer than last year and asked whether that was a fair point. The Chief Officer advised there is a genuine concern about this winter and in reality the planning never stopped over summer. There is a lot more reporting and knowledge sharing across community and hospital services and locally we are in better position than last year as we don't have same concerns around care home sustainability and our care at home service is more stable, however we do need to continue to focus on recruitment. She further noted that there are still national concerns that services have been at levels of winter pressure all year

The vaccination programmes remains critical and is a big part of winter planning. Jacqueline Forbes asked for an update and the Interim Chief Nurse confirmed that both care home and housebound uptake was very good at around 94% with mop up sessions planned. She also agreed to share data on staff uptake as she did not have these figures to hand.

Anne Marie Monaghan thanked the Chief Officer for the assurance that winter is well planned for and advised it would be helpful to know the vaccination figures.

The Board:

- a) Approved East Renfrewshire HSCP's draft Winter Plan 2023/24;
- b) Noted 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
- c) Noted 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.

DELAYED DISCHARGE POSITION

10. The Chief Officer delivered a presentation on delayed discharges. She said that since last reported there had been a rise in the number of bed days lost and that East Renfrewshire was currently ranked 7th in Scotland for both standard and AWI delays; which was an improvement on AWI performance. She also noted that care at home referrals continue to rise as does the number of people requiring two carers.

Anne Marie Monaghan flagged another complexity adding to the challenges, in that raising thresholds for accessing services to substantial/critical further adds to the tension of keeping people out of hospital and providing early intervention.

The Board noted the presentation.

HSCP THREE YEAR WORKFORCE PLAN 2022-25: ANNUAL UPDATE

11. The Board considered a report providing an update on the HSCP 3 year workforce plan and associated action plan, which was approved by IJB in November 2022.

The Interim Chief Nurse advised that the action plan is based on the Scottish Government five pillars and sets out a range of activities to be progressed. This update provides an overview on the first year and recognises the changes that have taken place since the plan was approved, for instance our current financial position, the voluntary redundancy exercise and Supporting People Framework, all of which have been discussed today are relevant to the workforce plan. The Interim Chief Nurse also noted that it is important to recognise that

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we don't deliver services in isolation but with partners and we will continue to work collaboratively to do so.

There are also national considerations such as the safe staffing act and health and care staffing legislation which will include reporting on areas such as high agency use and risk.

Workforce planning meetings will be held quarterly to progress actions and consider updates that need to be factored into the plan.

Anne Marie Monaghan thanked the Chief Officer for the report and taking the Board through the key points.

Lynsey Allan advised she was pleased to be included in the workshop but wanted to raise that whilst this was welcome, partners would like to see more recognition for the breadth of workforce, which is significant.

She also noted that there are specific challenges for providers around things like international recruitment. Margaret advised that this will be reflected in the refreshed Workforce Plan in 2025 and that partners will be invited to the quarterly meetings going forward.

Councillor O'Donnell asked for further feedback on challenges in terms of recruiting ethnic diverse backgrounds. The Chief Officer advised that the Council have engaged a consultant to help support this area. She noted that whilst this is referenced in the plan it is not detailed in action plan itself and therefore advised further detail would be added to the action plan.

Dianne Foy made reference to individuals with additional support needs who can struggle to stay in the workplace and wanted to ensure adequate support and adjustments were included for those with neurodivergent needs. Anne Marie Monaghan advised that as the NHSGGC Board Disability Champion she sits on a number of groups and things have improved however there is still a long way to go, and this is something we need to take on board.

The Interim Chief Nurse welcomed the points raised and advised that whilst there are opportunities for support, we could be doing more and will strengthen in action plan.

The Board noted the report.

REVISED INTEGRATION SCHEME – CONSULTATION DRAFT

12. The Board considered a report providing an update on the review of the Integration Scheme between East Renfrewshire Council and Greater Glasgow and Clyde Health Board, which was approved for consultation in October 2023.

The Strategic Planning, Performance and Commissioning Manager advised that the Scheme was last amended in 2018 and the review planned for 2020 was interrupted by the pandemic. The proposed scheme contains minor changes, which are essentially technical in nature and do not change the way services are planned or delivered. The finance section has been amended to ensure greater consistency across all partnerships within NHS Greater Glasgow and Clyde and the relevant changes made for legislation and hosting arrangements.

The changes have been approved by the Council and Health Board and a consultation is underway on a limited and light touch basis, with prescribed consultees. The scheme has been shared with key stakeholders and we are promoting through communication channels.

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The final scheme will be brought back to IJB for noting in 2024 and submitted to Cabinet Secretary in line with legislation.

Jacqueline Forbes noted a typo on page 230, 10.2 – where it said ‘information’ instead of ‘integration’. This will be amended.

The Board noted the report.

DATE OF NEXT MEETING

13. Wednesday 31 January 2024 at 10am.

The Chair closed the meeting with thanks for the quality of reports and pitch of the presentations, recognising the quality of work and took the opportunity, albeit a little early, to wish everyone a merry Christmas and a happy new year.

CHAIR

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	31 January 2024
Agenda Item	4
Title	Matters Arising
<p>Summary</p> <p>The purpose of this paper is to update IJB members on progress regarding matters arising from the discussion which took place at the meeting of 22 November 2023.</p>	
Presented by	Julie Murray, Chief Officer
<p>Action Required</p> <p>Integration Joint Board members are asked to note the contents of the report.</p>	

EAST RENFREWSHIRE INTEGRATION JOINT BOARD**31 January 2024****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**Refresh of the Strategy for Mental Health Services in Greater Glasgow & Clyde 2023 – 2028**

3. Tom Kelly, Head of Adult Services: Learning Disability provided comments regarding the production of an easy read version to the Greater Glasgow and Clyde Mental Health Programme Board who will take this forward.

Vaccination Programme

4. As at November 2023 staff vaccine uptake was around 33% in health and 10% in social care. There may have been some lag in reporting however staff update nationally was low last year.
5. In terms of the vaccinations delivered by the HSCP for care home and housebound patients, there was a 98% uptake.

RECOMMENDATIONS

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

REPORT AUTHOR AND PERSON TO CONTACT

IJB Chief Officer: Julie Murray

10 January 2024



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	31 January 2024
Agenda Item	5
Title	Rolling Action Log
Summary	
<p>The attached rolling action log details all open actions, and those which have been completed since the last IJB meeting on 22 November 2023.</p>	
Presented by	Julie Murray, Chief Officer
Action Required	
<p>Integration Joint Board members are asked to note progress.</p>	

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Action No	Date	Item Name	Action	Responsible Officer	Status	Due / Closed	Progress Update /Outcome
430	22-Nov-23	4. Matters Arising	Arrange in-person/hybrid meeting after spring	CO	OPEN	Jun-24	
429	22-Nov-23	7. Revenue Budget Monitoring Report	Detailed report on financial recovery to be presented to IJB in January	CFO	CLOSED	Jan-24	Included on IJB Agenda (31.01.24)
428	22-Nov-23	9. Refresh of the Strategy for Mental Health Services in Greater Glasgow & Clyde 2023 – 2028	Tom Kelly to feedback comments in relation to an easy read version of the strategy to the Mental Health Programme Board	HASLDR	CLOSED	Dec-23	Tom provided feedback to MH Programme Board 18/12/23
427	22-Nov-23	10. HSCP Draft Winter Plan 2023/24	Update on uptake of staff vaccination programme to be provided	CN	CLOSED	Jan-24	Included in matters arising (31.01.24)
424	22-Nov-23	13. Revised Integration Scheme – Consultation Draft	Typo at section 10.2 of the Integration scheme of to be amended	PPPM	CLOSED	Jan-24	This has been amended at source and will be correct on future versions
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	Mar-24	The SLWG continues to meet and it is intended that proposals be included as part of the budget setting report in March 2024
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
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	CLOSED	Sep-23	This has been included in final published plan which is available online
379	21-Sep-22	6. Annual Performance Report	Consider submitting a report on the use of The Promise funding for early intervention measures	CSWO	CLOSED	Nov-23	Included on IJB Agenda (31.01.24)
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	It was planned that this would be included in The Promise paper as per action 379 being presented in January 2024 however a separate paper will be brought to IJB in March 2024 instead

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

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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AGENDA ITEM No. 6

**Minute of the Virtual Meeting of the
East Renfrewshire Integration Joint Board
Performance and Audit Committee
held at 9.00am on Wednesday 22 November 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
Councillor David Macdonald	East Renfrewshire Council co-opted 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)
Lesleyann Burns	Assistant Committee Services Officer (East Renfrewshire Council)
Pamela Gomes	Governance and Compliance Officer
Tom Kelly	Head of Adult Services: Learning Disability and Recovery
Julie Murray	Chief Officer – IJB
Margaret Phelps	Strategic Planning, Performance and Commissioning Manager
Steven Reid	Policy, Planning and Performance Manager
Grace Scanlin	Ernst & Young

APOLOGIES FOR ABSENCE

Councillor Caroline Bamforth	East Renfrewshire Council
Rob Jones	Ernst & Young

DECLARATIONS OF INTEREST

1. There were no declarations of interest.

MINUTES OF PREVIOUS MEETING

2. The Committee considered and approved the Minute of the meeting of 27 September 2023.

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 27 September 2023.

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The committee noted the report.

ROLLING ACTION LOG

4. The Committee considered the rolling action log, which detailed open actions, and those completed since the previous meeting held on 27 September 2023.

Commenting on the report, the Chief Financial Officer confirmed 3 actions had been closed since reported in September.

The Committee noted the report.

MID YEAR PERFORMANCE REPORT

5. 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 and included two exception reports providing more detail on measures and trends in relation to reablement and alcohol brief interventions where we are performing well.

The Policy, Planning and Performance Manager noted that despite the ongoing challenges, the HSCP continues to perform well in a number of areas, including CAMHs waiting times, psychological therapies, breast feeding rates, and supporting people affected by domestic violence, amongst others. Results from our iMatter staff survey show improved scores in relation to support for staff wellbeing and absence rates are improving, particularly for our Council employed staff.

There are also areas presenting challenges and these include an increase in admissions and attendances at A&E, however there is an error in the report as the number of attendances also includes minor injuries. Our admissions are 5% lower than pre pandemic levels and our attendances are 6% lower. We are also seeing an increase in admissions from care homes.

Other challenges include a decline in unpaid carer satisfaction and palliative care, as well as a reduction in the uptake of SDS options 1 and 2, however the overall trend is stable and our proportion of SDS is in line with national average.

Anne Marie Monaghan commented that given our strategy is to review levels of support, the reduction could be a good indicator based on our strategy however we need to understand that this reflects the outcomes we are looking for and it was agreed that this would be an exception report for the next meeting of the Committee as suggested by the Chief Officer.

Lynsey Allan noted that the increase in attendance and admissions seemed contradictory to information reported at the recent care home managers meeting. The Policy, Planning and Performance Manager confirmed that the same data is used for reporting however as this report is looking at mid-year data, it is likely due to the timing of reporting. Steven agreed to check data and confirm with Lynsey.

The Chief Officer advised that the HSCP are providing targeted support to those care homes which have higher than average rates of attendance.

Anne Marie Monaghan acknowledged the improvements in performance, particularly in relation to CAMHS and noted that staff should be commended. Katie Pragnell was also pleased to see breastfeeding rates increasing and passed on her thanks to those involved in producing the report.

NOT YET ENDORSED AS A CORRECT RECORD

Commenting on the admissions and attendances from care homes, the Chair suggested the Committee look at this area at the next meeting and if required an exception report be requested thereafter. The Chair noted her thanks for improvement and format of the graphs included in the report.

Jacqueline Forbes queried why the response rate for iMatter had declined and it was noted that in the past our frontline care at home staff were given paper copies, however this year it changed to mobile links and we will consider the best way to do this next year. There was also recognition that a number of other surveys were happening simultaneously.

The Committee noted the report.

BONNYTON HOUSE CARE HOME INSPECTION REPORT

6. The Committee considered a report providing an overview of the inspection at Bonnyton House which was undertaken by the Care Inspectorate in September 2023.

The Chief Officer advised that the inspection focused on 2 areas and gradings remained unchanged and were rated as good. Unfortunately we missed out on a 'very good' as we didn't have an activity coordinator in place due to long term absence however we are now recruiting to this post. There are also plans for some refurbishment work.

She noted that overall we were pleased with the report which included some nice quotes from residents. She also noted that the Manager retired last month and we will look at recruitment alongside the wider redesign of intensive services.

Katie Pragnell expressed her appreciation of the staff and the positive inspection was a nice retiral for the Care Home Manager. Anne Marie Monaghan was pleased to see improvements and consistency with past inspections.

Councillor MacDonald asked whether there had been a change in the overall capacity compared to before covid and it was confirmed that although the overall capacity remains the same the configuration has changed; there has been a reduction in the number of long term beds to provide more capacity for short term rehabilitation.

The Committee noted the report and asked that their thanks be passed to all staff in the service.

AUDIT SCOTLAND REPORT: ADULT MENTAL HEALTH

7. The Committee considered a report which provided an overview of the Audit Scotland report on adult mental health in Scotland, published in September 2023 and sets out the local context in relation to the recommendations for Integration Joint Boards, NHS Boards, Councils and the Scottish Government.

The Head of Adult Services: Learning Disability and Recovery gave a broad overview of the recommendations and any local impact including work across NHS Greater Glasgow and Clyde. He noted that the recommendations were reflective of lived experience feedback.

He further added, that locally, we have improved data capture through planning groups and the development of a dashboard, which shows levels of activity in terms of new demand and discharges.

An area of challenge remains around recruitment and retention and local mitigation includes succession planning as part of our workforce plan.

NOT YET ENDORSED AS A CORRECT RECORD

Commenting on the report, Katie Pragnell noted it was great to see that we are already doing some of the work in East Renfrewshire.

The Committee noted the report

AUDIT UPDATE

8. The committee considered a report providing an update on audit activity relating to the IJB and HSCP since last reported to the committee in September 2023, and summarising all open audit recommendations. Accompanying the report was a series of appendices providing further detail.

The Chief Financial Officer Bairden advised there hadn't been a huge amount of activity since last reported in September however was pleased to report that 5 actions had been verified as closed through internal audit follow up work therefore Debtors and Environment audits would no longer feature in future reports.

She further added that from the 13 new audit recommendations from the audit of Thornliebank Resource Centre, 11 were considered closed pending verification.

Jacqueline Forbes noted that some of the actions refer to instruction to staff but there is no further detail in terms of the follow through to ensure this is actually in place.

It was confirmed that when internal audit undertake follow-up work, this includes fresh sampling to ensure recommendations have been actioned, however further consideration will be given as to how the HSCP undertake spot checks and report on this, without duplicating audit work.

The Head of Adult Services: Learning Disability and Recovery commented on the importance of audit recommendations and that consideration will be given to ensure this is a standing item on service management meetings.

The Chief Auditor advised that Internal Audit are currently undertaking follow up work of Payroll and Business Operations and Partnerships audits, meaning the number of recommendations will hopefully reduce in the next report to this Committee.

The Committee noted the report.

IJB STRATEGIC RISK REGISTER

9. 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 September, no new risks had been added and no existing risks had been removed.

The Chief Financial Officer reiterated that financial sustainability remains red post mitigation and is likely to remain so for some time, and that further discussion would take place at the Integration Joint Board on our financial position. She added that on a more positive note care at home absence rates have significantly reduced.

Anne Marie Monaghan reiterated that financial sustainability has been a known major challenge for some time so comes as no surprise and wished to put on record that this is not about poor financial management as we are doing a tremendous job, but is due to lack of funding. This is a difficult position, and the reality is we don't have enough money.

Katie Pragnell echoed the comments.

The Committee noted the report.

25
NOT YET ENDORSED AS A CORRECT RECORD

CALENDAR OF 2024 MEETINGS

10. The Committee considered a report proposing the Committee dates for the calendar year 2024.

Commenting on the report, the Chief Financial Officer noted that some meetings will be held in the afternoon to accommodate statutory deadlines where meetings clash with other IJBs. She advised that diary invites would be issued for the year.

Anne Marie Kennedy asked whether there are plans to hold any future meetings in person as she felt discussion opportunities were lost on Teams Meetings in comparison to in person.

Anne Marie Monaghan recognised how efficient online meetings are and this is a better use of time and advocated for online meetings to continue. She also noted that given winter is approaching this may not be the best time to move to in person and this could be considered in spring.

The Chief Officer advised that the HSCP do not have the capability to appropriately service hybrid meetings and do not have the funding to invest in this at this time. She also reminded the Committee that Health Board non-executive members often incur significant travel.

DATE OF NEXT MEETING

11. It was reported that the next meeting of the committee would be held on Wednesday 27th March 2024 at 9am.

CHAIR

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AGENDA ITEM No. 10



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	31 January 2024
Agenda Item	10
Title	East Renfrewshire Adult Carers Strategy 2024-2026
Summary	
To update the Integration Joint Board on the updated East Renfrewshire Carers Strategy for the period 2024 to 2026.	
Presented by	Lee McLaughlin, Head of Adult Services: Communities and Wellbeing
Action Required	
The Integration Joint Board is asked to: <ul style="list-style-type: none"> • approve the draft Adult Carers Strategy 2024-2026 attached at Appendix 1 • note that the foreword will be added following IJB approval. 	
Directions	Implications
<input checked="" type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<input type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Workforce <input type="checkbox"/> Equalities <input type="checkbox"/> Risk <input type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty

EAST RENFREWSHIRE INTEGRATION JOINT BOARD**31 January 2024****Report by Chief Officer****East Renfrewshire Adult Carers Strategy 2024-2026****PURPOSE OF REPORT**

1. The purpose of this report is to present the East Renfrewshire Adult Carers Strategy for 2024-2026 for approval.

RECOMMENDATION

2. The Integration Joint Board is asked to:
 - approve the draft Adult Carers Strategy 2024-2026 attached at Appendix 1,
 - note that the foreword will be added following IJB approval.

BACKGROUND

3. Every Local Authority has a legal responsibility, under the Carers (Scotland) Act 2016, to publish a Carers Strategy every three years showing how they plan to work together alongside partners to improve the lives of carers.
4. This plan is based on a review of East Renfrewshire's previous Carers Strategy, *I Care, You Care, We Care 2021–22* and reflects what carers looking after someone living in East Renfrewshire have said matters most to them.
5. The Strategy recognises the key themes of the National Carers Strategy published by the Scottish Government in December 2022 and covers the period of the current Parliament to 2026.

REPORT

6. As well as building on the previous carers strategy, this new plan also links to other local and national strategies that include carers support.
7. The HSCP Strategic Plan incorporates the National Wellbeing Outcome, "*People who provide unpaid care are supported to look after their own health and wellbeing, including support to reduce any negative impact of their caring role on their own health and wellbeing.*"

8. The Strategic Plan also includes the local strategic priority, *“Working together with people who care for someone ensuring they are able to exercise choice and control in relation to their caring activities.”*
9. The updated Carers Strategy for 2024-2026 incorporates the priorities of the HSCP Strategic Plan and both are underpinned by key activities that will ensure that we deliver this priority and improve how we, **identify, support and value**, carers
10. As required by the Carers Scotland Act, the strategy also links to revised eligibility framework for carers, the Supporting Carers Framework which compliments the Supporting People Framework, our strengths-based approach to supporting people with health and care needs.
11. The strategy sets out how we will meet the needs of carers and promotes the use of the Self-Directed Support options to meet carers eligible needs particularly in relation to carers short breaks.
12. The HSCP commission East Renfrewshire Carers Centre to be the main information and advice service for carers. The Carers Centre will have a key role, leading many of the activities that will deliver the strategic priorities of the Carers Strategy.
13. The Carers Strategy also recognises that the Carers Centre are not the only third sector organisation supporting carers and promotes the use of the Talking Points network to provide support to carers embracing the principles of prevention and early intervention.

CONSULTATION AND PARTNERSHIP WORKING

14. The Carers Strategy places a duty on local authorities to ensure that carers are involved in shaping the services that affect them. In preparation for this strategy, the HSCP Carers Lead and Carers Centre manager undertook a programme of engagement.
15. Carers were at the heart of this engagement participating in focus groups, individual interviews and a survey facilitated by the Carers Centre.
16. Carers are currently represented on strategy groups across the HSCP, and we facilitate carers specific groups in relation to short breaks and monitoring the delivery of the previous strategy.
17. Focus groups were also held for staff of the HSCP, Carers Centre and stakeholders across our Talking Points network.
18. The strategy was also influenced by consultation and engagement reports published by the National Carer Organisations:
 - Carers Scotland – The State of Caring 2023
 - Carers Trust – Adult Carers Survey 2023
 - Coalition of Carers – Carers Rights in 2023

19. We will continue to work with, and further develop the Carers Collective to ensure carers have maximum opportunity to be engaged in improving support and services provided for them and the people they care for.
20. The Carers Centre will conduct annual surveys with carers and will have a leading role in gathering carer feedback and evidence in relation to our progress against the priorities of the strategy.
21. There will also be an ongoing programme of engagement for community partners that support carers as well as HSCP staff who have the experience and knowledge of supporting carers daily.

IMPLICATIONS OF THE PROPOSALS

Finance

22. The Carers Act 2016 included a duty on HSCPs to provide support to carers who have, following the completion of an Adult Carer Support Plan, identified needs that meet the local eligibility criteria. The strategy provides information on the Supporting People Framework and the Supporting Carers Framework that clearly sets out when financial support will be provided to carers and/or the people they care for.

Workforce

23. The strategy recognises that some of our staff will also have caring responsibilities. East Renfrewshire Council and NHS Greater Glasgow and Clyde are Carer Positive employers, and the strategy promotes the current policies in relation to carers leave and flexible working.

Equalities

24. Becoming a carer can happen to anyone at any time, however we do know that there are groups within our communities that are less likely to identify as carers and access the available support.
25. Carers of someone with a mental health condition or an addiction issue are two such groups. Carers from ethnic minority communities, and in particular woman, have additional cultural expectations in relation to providing care.
26. The majority of carers are woman, and carers are more likely to experience financial hardship.
27. The strategy recognises the importance of identifying carers not known to services as a key priority. We will continue to monitor and review the data in relation to newly identified carers and prioritise awareness-raising activity at under-represented groups.

Policy

28. The strategy will contribute to the overall Strategic Plan of the HSCP.
29. The strategy also supports the principals of the Supporting People Framework, adhering to early and minimal intervention, providing the support carers need at the time they need it.

30. As required by the Carers Act, we will ensure a programme of carer engagement is in place providing the opportunity to influence and shape the services that affect them and the person they care for.

Legal

31. The strategy fulfils a legal duty of the Carers (Scotland) Act 2016, to produce a local Carers Strategy.

Fairer Scotland Duty

32. Action 18 of the Fairer Scotland Action Plan, "*We will do more to help carers as soon as we have the ability.*" The strategy will drive the HSCP support to carers and along with a programme of engagement with carers and stakeholders will improve how carers in East Renfrewshire are identified, supported and valued.

DIRECTIONS

33. There are no directions arising from this report.

CONCLUSIONS AND NEXT STEPS

34. The Carers Strategy will be monitored and evaluated by a Carers Strategy Group which will meet no less than 4 times per year and include carer representation from the Carers Collective.
35. The National Carer Service Bill was introduced to Parliament in June 2022 and amends the Carers (Scotland) Act 2016 to ensure that carers, "get the support they need to take sufficient breaks." The strategy group will monitor the development of the National Care Service and the carers short breaks section, developing our local response and continuing to promote personalised and innovative short breaks for carers.
36. Following approval by the Integration Joint Board, the Adult Carers Strategy 2024-2026 will be sent to our Communications Team for design prior to publication.

RECOMMENDATIONS

37. The Integration Joint Board is asked to:
 - approve the draft Adult Carers Strategy 2024-2026 attached at Appendix 1,
 - note that the foreword will be added following IJB approval.

REPORT AUTHOR AND PERSON TO CONTACT

Mark Mulhern, Carers Lead

Mark.Mulhern3@eastrenfrewshire.gov.uk

Chief Officer, IJB: Julie Murray

12 January 2024

BACKGROUND PAPERS

IJB Paper: 17.03.2021, Item 9. Carers Strategy and HSCP Short Breaks Statement Updates

https://www.eastrenfrewshire.gov.uk/media/4739/IJB-Item-09-17-March-2021/pdf/IJB_Item_09_-_17_March_2021.pdf?m=637505417897530000

East Renfrewshire Adult Carers Strategy

2024 - 2026

Working Together with People who Care

Document Title:	East Renfrewshire Adult Carers Strategy 2024-26		
Owner:	Carers Lead	Current Status	Version 1 - draft
Date first approved:		Date of last Review	
Approved by:	IJB approval pending	Date of next Review	
Revision History:			
Version:	Date Effective:	Author & Changes	
1.0	31/01/2024	New policy for approved by IJB. Replaces East Renfrewshire Carers Strategy 2021-22	



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اگر آپ اس لیفلیٹ میں درج معلومات کا ترجمہ اپنی زبان میں چاہتے ہیں تو ہم سے رابطہ کریں

Thank you to all our partners involved in the development of this strategy. Particular thanks go to the carers of East Renfrewshire and to East Renfrewshire Carers Centre without whose involvement this strategy could not have been written.

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Foreword

To be added following IJB meeting on 31.01.2024

Introduction to the Strategy

Every Local Authority has a legal responsibility, under the Carers (Scotland) Act 2016, to publish a Carers Strategy every three years showing how they plan to work together alongside partners to improve the lives of carers.

This plan is based on a review of East Renfrewshire’s previous Carers Strategy, I Care, You Care, We Care 2021 – 22, and reflects what carers looking after someone living in East Renfrewshire have said matters most to them.

This Carers Strategy will play a key role in ensuring ERHSCP’s strategic priority of **working together with people who care for someone ensuring they have choice and control in relation to their caring activities.**



The strategy was produced following a range of consultation and engagement events including:

- | | | | |
|---------------------|-------------------------|----------------------------|------------------------------|
| CARERS SURVEY | HSCP STAFF FOCUS GROUPS | CARERS COLLECTIVE | VOLUNTARY SECTOR SESSIONS |
| CARERS CENTRE STAFF | CARERS FOCUS GROUPS | SHORT BREAKS WORKING GROUP | NATIONAL CONSULTATION EVENTS |

“PEOPLE JUST THINK THEY’VE GOT TO DO IT, CARING!”

Our Carers Strategy on a page

NO6 - People who provide unpaid care are supported to look after their own health and wellbeing, including support to reduce any negative impact of their caring role on their own health and wellbeing

INDEPENDENT
REVIEW OF ADULT
SOCIAL CARE

CARERS
(SCOTLAND)
ACT

CARER
POPULATION &
DEMOGRAPHICS

CONSULTATION
AND FEEDBACK

LEGISLATION &
POLICY

EAST RENFREWSHIRE HSCP STRATEGIC PLAN

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

**EAST RENFREWSHIRE CARERS STRATEGY 2024 – 26
3 STRATEGIC PRIORITIES**

IDENTIFY CARERS	SUPPORT CARERS	VALUE CARERS
-----------------	----------------	--------------

OUR 7 PRIORITY ACTIVITIES

1. Carers are identified at the earliest opportunity and are offered support in their own right.
2. Carers can easily access the advice, information and support they need at the time they need it.
3. Improve the process and uptake of Adult Carer Support Plans
4. Carers get a break and are able to maintain their own health and wellbeing.
5. Work with partners to mitigate any negative impact caring has on finances.
6. Unpaid carers are recognised and valued as equal partners in care and involved in decision making relating to their caring role.
7. Staff who are carers are supported in the workplace

We will work with East Renfrewshire' Carers Centre to deliver these priorities.

The strategy will be monitored by Carers Working Group, Carers Collective and ongoing carer engagement

The Strategic Context - National and Local Policies & Strategies

The national and local context for health and social care is increasingly complex and continues to evolve. As a result, our strategy will not be delivered in isolation, but will need to reflect and interact with each of these policies and strategies.

We provide an indicative, but not exhaustive, view of this context below. Our strategy is a live document and will continue to be shaped by these policies and strategies and be refined to reflect new developments.

National Context

Social Work (Scotland) Act 1998
 Community Care & Health (Scotland) Act 2002
 Social Care (Self-directed Support) (Scotland) 2013
 Public Bodies (Joint Working) (Scotland) Act 2014
Carers (Scotland) Act 2016
 Social Security (Scotland) Act 2018

Local Context

East Renfrewshire HSCP Strategic Plan
 East Renfrewshire HSCP Delivery and Improvement Plans
 East Renfrewshire Children and Young People's Service Plan
 East Renfrewshire Participation & Engagement Strategy
 NHS Greater Glasgow & Clyde and ERC Improvement Plan

The Carers (Scotland) Act 2016 came into effect on 1st April 2018 and is the most recent legislation that directly affects carer's rights. The Act enhances and extends the rights of carers and sets out a wide range of measures to improve the identification and provision of support to carers. Key duties of the Act are:

- to ensure all adult carers are offered an Adult Carer Support Plan (ACSP);
- to publish a Local Carers Strategy every three years;
- to publish a Short Breaks Services Statement;
- to involve carers and carer organisations in the development, delivery and review of any services that affect them and with the planning of the cared for person's hospital discharge;
- to publish a local eligibility framework for carers whose needs cannot be met by the provision of information, advice and support within the community including short breaks from caring. Not all support that can be offered is subject to this;
- to provide information and advice service for carers within the Local Integration Authority area.

In addition to the above, in December 2022, the Scottish Government published a **National Carers Strategy**. ([National carers strategy - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/consultation-papers/collections/documents/national-carers-strategy-2022.pdf)).

This strategy identifies 5 themes for supporting carers.

- Living with COVID
- Social and Financial inclusion
- Valuing, recognising and supporting Carers
- Young Carers
- Health and social care support

We have incorporated these themes in our priorities outlined in this plan.

The Strategic Context – The Independent Review of Adult Social Care and the National Care Service.

The Independent review of Adult Social Care, and the subsequent consultation on the proposal to create a National Care Services, were created in response to the pandemic.

Following the consultation, the Scottish Government introduced the National Care Service (Scotland) Bill to Parliament in June 2022.

The Bill committed Scotland to establishing a National Care Service by the end of 2026.

The Bill includes a section on the “rights to breaks for carers, which amends the Carers Act and aims to ensure that unpaid carers get the support they need to take “sufficient” breaks.

Being able to take “sufficient” breaks will also be an identified personal outcome of every unpaid carer.

The extent and nature of the National Care Service is still being developed and there remains a lot of uncertainty. However, the Independent Review and consultation also set out the broad principle for the future of support for unpaid carers and we will continue to work with stakeholders, carers and staff to deliver these throughout the duration of this plan.

“We need to support and enable unpaid carers to continue to be a cornerstone of social care support. The contribution they make is invaluable. Their commitment and compassion is humbling. We need to provide them with a stronger voice and with the networks, supports and (breaks) they need to continue in their vita role.”

Independent Review of Adult Social Care in Scotland.

The Local Context – East Renfrewshire HSCP Strategic Plan 2022 – 25 - Our strategic priorities

At a local level the Strategic Plan of the Integration Joint Board continues to include Support to Carers as a strategic priority.



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

The contribution of unpaid carers to our social care system is beyond measure and the daily efforts of families and loved ones to those needing support is fully recognised by the partnership. Carers have been significantly impacted by the pandemic and changes to a range of supports available to those providing care.

This is evidenced through the State of Caring Survey conducted annually by Carers Scotland, [State of Caring survey | Carers UK](#) and locally through the survey conducted by the Carers Centre. Research into the impact of COVID-19 in East Renfrewshire also identified carers had also taken on increased caring during this time and have faced additional pressures.

Available data and evidence gathered through the research indicates that some groups are likely to be disproportionately affected by the indirect health impacts of the COVID-19 pandemic, including on their physical and mental health, and the impact of increased pressures on health and social care services.

The key priority groups identified as being most at risk of indirect health impacts are:

- *Older residents, especially those with dementia;*
- *People with long-term conditions, including addictions relapse;*
- *Carers of people with long-term conditions, and particularly carers of those with dementia;*
- *Children and adults with mental health needs;*
- *Pregnant women and women reaching menopause; and*
- *Those living alone, including single parents, without local family/friends or informal support.*

(Humanitarian Research into the Impact of COVID-19 in East Renfrewshire Engage Scotland, March 2022 13 https://www.eastrenfrewshire.gov.uk/media/7426/Covid-19-impact-report/pdf/Impact_of_Covid-19_in_East_Renfrewshire_FINAL_report_Feb_2022.pdf?m=637818966621700000)

As we move beyond the pandemic we must ensure that the right supports and services are in place for carers. The ongoing work of the Carers Collective has demonstrated the need to maintain and strengthen our approach to involving carers throughout the planning process in identifying the outcomes that matter to them and by ensuring carers voices are valued and reflected within our strategic planning work.

The HSCP Strategic Plan identifies 4 key activities the Partnership will undertake to deliver this priority and these activities will be at the core of our refreshed carers strategy.

1. Staff across the partnership are able to identify carers and value them as equal partners.
2. Carers can access accurate information about carers' rights, eligibility criteria and supports.
3. More carers have the opportunity to develop their own carer support plan.
4. More carers are being involved in planning the services that affect them and in strategic planning.

The revised Carers Strategy will align itself to this outcome and the activities that will deliver this.

The Local Context – The Supporting People Framework

The current financial climate dictates that our approach will have to shift to keeping people safe and focus more on current risk. In order to ensure that we can support everyone we need to focus on immediate and current risk and do so fairly and equitably.

Social care will be provided when needs and risks are assessed to be in the substantial and critical category. We will no longer be able to provide support where needs are considered to be low or moderate.

Supporting People Framework introduces a universal approach to classifying risk, introducing a criteria based upon research and practice that will inform our decision-making.

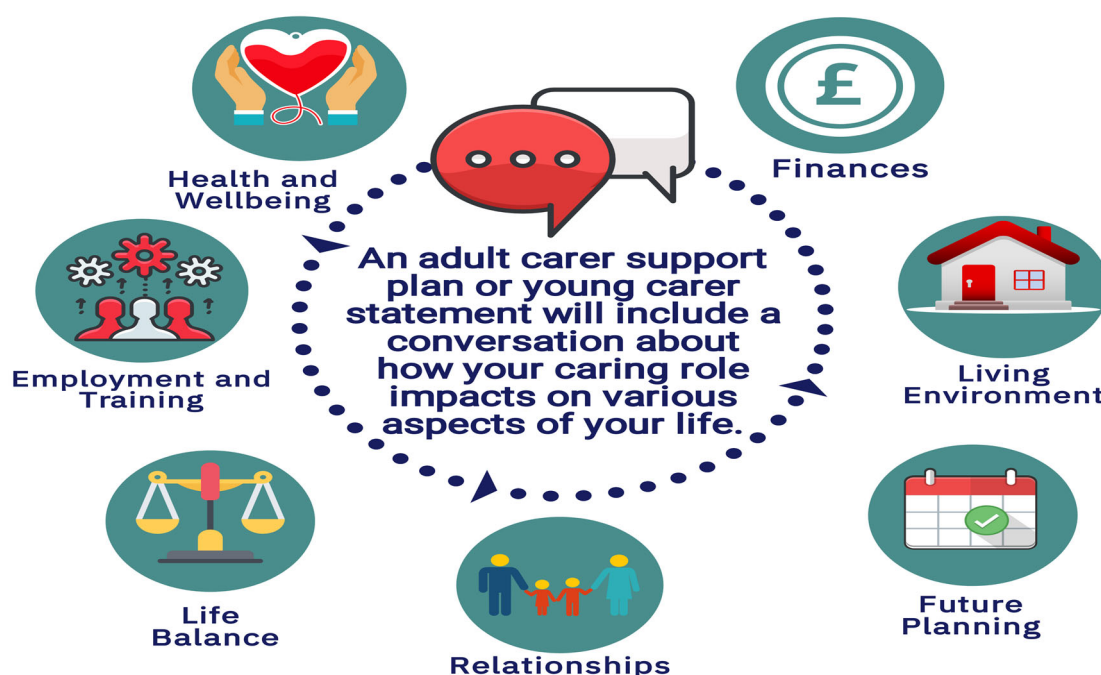
The Supporting People Framework promotes a strengths and asset-based approach to the assessment and care management. The approach combines a focus on individual's strengths with three other principles:

- Promoting the use of informal supportive networks;
- Proactively facilitating access to the community for the support people need to live a good life;
- Emphasising the relationship between the client and case manager.

In order that a similar approach and these principles are applied to carers, we have refreshed our Carers Eligibility Framework and support for carers will also be assessed against the risk categories of **Low, Moderate, Substantial and Critical**.

Adult Carer Support Plans will determine carers needs in relation to their:

- quality of life (including their health and wellbeing);
- ability and willingness to sustain the caring role.



[Link to Supporting People Framework](#)

[Link to Supporting Carers Framework](#)

The Local Context - Carers and Self-directed Support

When carers meet the local eligibility criteria they are able to access Self-directed Support to meet their identified needs and outcomes.

Self-directed Support is the way that social care and support is organised in Scotland. Self-directed Support aims to give people more choice and control at the level you want.

There are 4 options:

1. Direct Payment – you receive the funds to buy the support yourself
2. Individual Service Fund – You choose the support you would like and it is arranged for you.
3. Traditional services – the Health and Social Care Partnership arrange the support on your behalf.
4. A mixture of 1, 2 and/or 3 – you can combine the options in the way that suits you best.

Carers can access Self-directed Support even if the person they care for is already receiving one of the 4 options. This is dependent on the carer having identified eligible needs that are not already being met by existing provision or universal services.

It is also possible for carers to access self-directed support even if the person they care for does not receive support but again this is dependent on the carer having identified eligible needs.

Eligible Needs

The local eligibility framework for carers is highlighted in the section above.

Carers can request an Adult Carer Support Plan which will be used to determine if the carer needs meet the criteria for support. If they do then the SDS options must be offered and advice provided.

If the carer is eligible for support, what they can use Self-directed Support for is determined by what outcomes are agreed in the Adult Carer Support Plan and what can help you achieve your outcomes.

Some examples of carers have used Self-directed Support include:

- Replacement care to attend an activity or meet friends;
- A cleaner to do housework;
- A break away either with or without the person they care for;
- A tumble drier;
- Exercise equipment;
- Online courses.

“I enjoyed the pamper and reflexology session. That night, I slept right through for the first time in years!”

If the carers needs do not meet the level for statutory support, they can still receive support from the Carers Centre, other Talking Point partners and universal services.

Scotland's Unpaid Carers

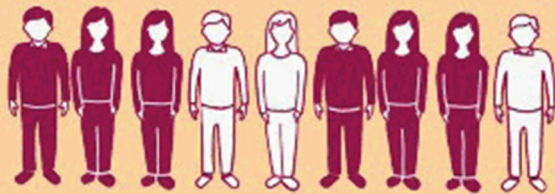
680,000

Scotland's estimated 680,000 carers make a huge contribution to the people they care for and our communities. There are more people caring full time for relatives or friends than staff working in either the NHS or in social care.

Age and gender

Of the 680,000 carers in Scotland

31,000 are under 18



Although people can become carers at any stage, they are most likely to be caring between the ages of

45 - 54.

In this age group over a quarter of women and around a sixth of men are carers.



There are over 170,000 carers aged 16+ caring for 35 hours a week or more. Over half of older carers (aged 65 and over) provide 35 hours of care a week or more compared with just over a fifth of carers under 24.



59% women



41% men

Overall, 59% of carers are women and 41% are men. Throughout the working years, women are more likely to be carers than men. With gender stereotypes surrounding caring still present in our society, there is a risk that women feel more pressured to undertake caring roles.

Demographic pressures

Scotland's population is ageing, with numbers of very old people predicted to continue growing and a proportionately smaller working age population. This is a success story in terms of improved health and well-being and longer life expectancy, but it has significant implications for the future of care in Scotland.



With demand for health and social care services predicted to grow by 25% by 2031, the role and contribution of carers will be even more critical in the future.

Intensive caring and deprivation

47% of carers in the most deprived areas care for 35 hours a week or more - almost double the level in the least deprived areas.



Caring therefore may stem from a lack of choice and may be exacerbated by existing inequalities of incomes and poor health in these areas.



Impacts of caring

Unpaid carers make a huge contribution to the people they care for and their communities.

Unpaid care in Scotland is already estimated to be worth

£10.8 billion a year.

(Scottish Government - Carers Strategic Policy Statement)

East Renfrewshire's Carers – what our engagement activity told us

The Scottish Government estimate the overall national percentage of carers as 15% of the adult population. This would suggest for East Renfrewshire an approximate adult carers population of 12,623.

By 2028, the population of East Renfrewshire is projected to increase by 6.4%. This compares to a projected increase of 1.8% for Scotland as a whole.

There has been significant growth in our most elderly population with a 44% increase in the number of residents aged 85+ in the last decade and this population is projected to increase by a further 18% between 2019 and 2024.

26% of East Renfrewshire's population live in the most deprived neighbourhoods which are concentrated in the Barrhead Locality and have early mortality rates and the poorest health outcomes.

Older people and those with long-term conditions are more likely to use health and social care services and to need care and support from their family and friends.

At the start of 2024, 2,000 carers were registered with East Renfrewshire Carers Centre.

The HSCP Carers Tracker helped us identify and support 1868 new carers in 2023.

450 carers were new referrals to the Carers Centre in 2023.

In each of the last three years, uptake of Adult Carer Support plans has been around 150.

Key responses to our consultation and engagement

As part of the ongoing engagement with carers in relation to the strategic plan and for the development of this strategy we undertook a number of engagement events, including:

- Carers survey (end of 2022 with 100 respondents);
- Focus groups with carers;
- Regular meetings with the Carers Collective;
- Individual interviews with carers;
- Third Sector and stakeholder workshops;
- HSCP staff workshops.

Survey responses:

- **76%** reported their **caring role had increased**
- **46%** said that the pandemic had **impacted on their caring relationship**
- **76%** reported their **mental health had been impacted**
- **53%** said their **physical health had been impacted**

We asked carers, did you feel you got the right advice, information and support at the right time?

- 20% said yes
- 53% said some
- 27% said no

Key Takeaway – We need to find new ways to reach carers and to let them know advice and support is there for them

We asked carers, do you feel you are treated with respect by the services that support you and the person you care for?

- 39% said always
- 48% said sometimes
- 13% said never

Key takeaway: More needs to be done to ensure carers feel respected.

We asked carers, do you feel involved in the planning of any support you (or the person you care for) receive?

- 48% said always or often
- 47% said on occasion, rarely or never

Key takeaway: We must ensure that carers are meaningfully involved in the planning of their own support and that of the person they care for and evidence this.

We asked carers, if anyone had spoken to them about a short break?

- 76% said no
- 18% said yes
- 6% did not know

Key takeaway: We must do more to raise awareness and access to short breaks for carers.

We asked carers from the core supports provided for carers what mattered most to them?

Top priorities for carers were getting information and advice at the right time and having a voice.

Other supports identified as priorities were:

- *Maintaining and improving carers health and wellbeing*
- *Having emotional support there when it's needed*
- *Having emergency plans*
- *Support maximising their income*
- *Being able to take breaks from caring*
- *When asked what other supports were important to them carers said support from other carers with similar experience*

Communication between support services and carers was a consistent theme and ran through every discussion and improvements to this will be at the heart of our improvement actions. However, the three clear priorities were:

1. **Identify** more carers. Do not wait until there is a crisis.
2. Provide the **support** carers need at the time they need it
3. **Value** carers, recognise the knowledge and experience they have but don't just see them as carers

Quotes from carers attending focus groups – December 2022.

- 1) **Identify** more carers. Do not wait until there is a crisis.

“The Parkinson’s Nurse was good, she directed me to the Carers Centre, she said, that’s your husband sorted, now how about you?”

“Having a life changing event - you just find yourself in it - the Carers Centre have been great but I wouldn’t have gone looking for it - was told about it from the Occupational Therapist - this kind of informal/soft information is really important.”

“Carer trigger point is the diagnosis - all over the place at that point, denial, whole process have to go through - helping people understand what is available to them - often they are so early in the journey they don’t realise they are a carer. Giving carers the information at the point of diagnosis won’t work there is too much else going on.”

“Unless you are in the groove of it you don’t know how to ask/find out.”

2) Provide the *support* carers need at the time they need it

“Home carers help unpaid carers, they can tell them what support is available.”

“Our own health, we are expected to be unpaid carers, we are expected to be there all time, when required, regardless of our own health. As I go through my life, my health is not great but I still need to go and look after someone else.”

“Having the opportunity to hear from other carers and although problems and situation may be different- the take home message is “you are not alone.”

“Husband doesn’t want to participate, he wants to stay in his own normality, I have created our own support groups - friends/family.”

3) *Value* carers, recognise the knowledge and experience they have but don’t just see them as carers.

“Encouraging unpaid carer to have a voice - be as inclusive as possible - treat people like people - empowering - have a better quality of life which we are all striving for”

“Look after husband with stroke - 6 years ago - role that didn’t choose to have - want to be part of something to make it better – rather than me coming up with ideas - this is thrown upon you - want to be involved - what needs to get better for everyone?”

“Carers think as an advocate first - what cared for person needs, then what they need.”

“Providing services where carers have some kind of control - once have got through grieving process - what are the choices - may not be cards you have been dealt but you can still play a few aces.”

Delivering our Carers Strategy

The 3 Priorities of the Carers Strategy will be met through the following activities.

Carers Strategy

Identify

- 1) Carers are identified at the earliest opportunity and are offered support in their own right.

Support

- 2) Carers can easily access the advice, information and support they need at the time they need it.
- 3) Improve the process and uptake of Adult Carer Support Plans
- 4) Carers get a break from and are able to maintain their own health and wellbeing.
- 5) We will work with partners to mitigate any negative impact caring has on carers finances.

Value

- 6) Unpaid carers are recognised and valued as equal partners in care and involved in decision making relating to their caring role.
- 7) Staff who are carers are supported in the workplace

We need to strengthen the foundations by building on what we have already. Scotland has some ground-breaking legislation, including The Carers Act and Self-Directed Support legislation. But these laws haven't been fully implemented and we need to make sure this happens.

We need to recognise and support unpaid carers, who are described in the report as 'the cornerstone of social care support.'

Independent Review of Adult Social Care

ADULT CARER STRATEGY PRIORITIES

Identifying Carers

We know that this remains a significant challenge. Carers often see their role as simply doing what is expected of them through the relationship they have with the person who has care needs, this subsequently results in carers not identifying with the role and just thinking of themselves as mum or dad, sister or son.

Even when carers are able to recognise the role, they can remain reluctant to access support. During the focus groups some carers referred to feeling a stigma about identifying as a carer. This was particularly relevant when caring for someone with a mental health issue or an addiction. For other carers the pressure was more in relation to what they thought other family members and their community expected of them.

Early and preventative support remains a priority for this strategy. We do not want carers to be experiencing a crisis before they reach out for help.

Carers Strategy Priority 1

Carers are identified at the earliest opportunity and are offered support in their own right.

HSCP Strategic Plan Priority Activity:

- *Identifying carers at an earlier stage in their caring role*
- *Increasing awareness of carers, their rights and the impact of caring*

Actions for Carers Strategy 24 - 26	Outcome	Measure
We will roll out EPIC Training to all HSCP staff and all relevant colleagues from across key stakeholders.	Unpaid Carers feel recognised	Staff completing EPIC training module
Deliver a programme of awareness-raising and engagement sessions, to introduce and highlight our services, partners, community and voluntary sector and Talking Points partners	Unpaid carers are supported in their caring role	Number of sessions delivered, Number of participants and participant feedback.
Simplify the referral process between HSCP and partners into East Renfrewshire Carers Centre		Year on year increase in referrals to Carers Centre
Develop and promote self-referral process for carers		Increase in self referrals year on year

Work with Carers Centre and HSCP Communications to maximise local and national publicity and promotion through website, social media, newsletter etc.		Year on year increase on referrals to Carers Centre
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HSCP staff have a crucial role in identifying carers. Identifying a carer could happen in many settings, but for most staff, this is most likely when engaging with a service user. Many service users will have someone with them when they need support. This provides an opportunity for staff to recognise a carer and to sensitively make them aware of their role, and to signpost them to information and sources of support they can access.

“It is great that there is such good support for people who care for someone with dementia but I only found out I was a carer when a friend saw me in the frozen food section of Morrison’s having a complete melt down, I was so tired and just could not go on. I wish someone had told me about the Carers Centre years ago!”

(Mental Health carer, Focus Group Dec 2022)

East Renfrewshire Carers Centre Time to Live Fund

Each year the Carers Centre are awarded funding to administer a grant programme for carers short breaks called Time to Live.

Following a simple application form the carer can be awarded funding up to the value of £400 towards the cost of a short break.

Examples of recently funded breaks include:

- Hotel breaks with the cared for person.
- B&B break for the carer by themselves.
- Gym membership
- Hill Walking Equipment
- Gold Club membership
- Holistic Therapies such as massage and aromatherapy
- Guitar lessons

The Centre staff can assist carers identify what type of short break would best meet their needs.

A Carer who cares for her husband with Motor Neurone Disease. The family was offered a break in St Andrews, donated by MND Scotland for 5 nights. They used the Time to Live funding towards support from a care agency in St Andrews, to look after her husband whilst on holiday together. This support had a positive impact on the whole family and took some of the pressure off the carer, which enabled her to relax and enjoy some quality time with her husband and children

SUPPORT CARERS

East Renfrewshire Carers Centre is a strategic partner of the HSCP and is commissioned as the dedicated service to support carers in East Renfrewshire

The supports that carers identified during the consultation period can all be delivered by the Carers Centre and through our Talking Points approach. Carers can also access specialist provision such as that provided by Money Advice & Rights Team, Recovery Across Mental Health as well as the HSCP.

Carers Strategy Priority 2

Carers can easily access the advice, information and support they need at the time they need it.

HSCP Strategic Plan Priority Activity:

- *Ensuring people caring for someone living in East Renfrewshire know where to go to find up to date advice, information and the right support*

Actions for Carers Strategy 24 - 26	Outcome	Measure
In partnership with the Carers Centre we will produce a range of information materials for carers	Unpaid carers have the information and support needed to sustain their caring role.	Carers report feeling informed
Upon referral Carers Centre staff will make sure that carers have access to the information they need and make them aware of their rights as a carers		Number of initial contacts made. Carers report feeling informed
Carers Centre will facilitate regular information sessions including "welcome pack" information for new carers		Number of participants Session Evaluations
We will regularly update online information for carers available through Carers Centre and HSCP website		Report on Website pages used
Carers Centre will be an active partner in the Talking Points Network providing information about other community supports and making relevant onward referrals		Referral numbers into and from Talking Points

Carers Strategy Priority 3

Improve the process and uptake of Adult Carer Support Plans

HSCP Strategic Plan Priority Activity:

- *Supporting carers to identify and achieve the outcomes that matter to them*

There is no requirement for carers to complete an adult carer support plan to access the support of East Renfrewshire Carers Centre or any of the universal services available through Talking Points and our community partners.

This may be one of the reasons that uptake of Adult Carer Support Plans remains low with some carers questioning their value and importance.

We will strengthen the link between Adult Carer Support Plans and short breaks for carers that fully embrace the principles of Self-Directed Support.

We will use the data and analysis gathered from Adult Carer Support Plans to report back into the Carers Strategy Working Group and use this to inform improvements to support.

Actions for Carers Strategy 24 - 26	Outcome	Measure
Adult Carer Support Plans will be offered to all identified carers or carers who request one		No of ACSP completed
Deliver awareness sessions so staff and carers are aware of their rights to an Adult Carer Support Plan	Carers are supported to sustain their caring role	Number of sessions delivered. Participant feedback.
Develop and implement an "abbreviated" adult carers support plan for carers not in need of a full assessment		Number of short ACSP's completed
Develop a screening group to review all Adult Carer Support Plans submitted to HSCP.	All identified carers have access to the support that they need.	Screening group minutes. Number of ACSP's referred to community or HSCP
Improve feedback to carers and Carers Centre about the outcome of any resource allocated.		Carers and Carers Centre staff report feeling better informed
Carers Centre will support carers in relation to identifying need and outcome planning		Carers report being supported during ACSP process

Produce and make available a Supporting Carer Framework		Carer feedback on Framework
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Carers Strategy Priority 4

Carers get a break from and are able to maintain their own health and wellbeing.

HSCP Strategic Plan Priority Activity:

- *Increasing awareness of the different options available to carers for short breaks and promoting opportunities to increase these options*

As we know, health and social care services were affected by COVID 19. Many carers had no access to traditional respite options and we had to rethink how carers were supported to get a short break from their caring role.

We want to learn from the new and innovative ways carers got a break from their caring. Experience from the Time to Live Fund administered by the Carers Centre has shown that a small amount of funding can make a big difference to how a carer can be supported to get a short break.

We will continue to develop new and innovative approaches to short breaks and fully embrace the opportunity self-directed support can bring to the provision of carers short breaks.

Short breaks are just one way we can improve the health and wellbeing of carers and we will work with the Carers Centre to mitigate any negative impact caring has on carers health and wellbeing.

Actions for Carers Strategy 24 - 26	Outcome	Measure
<p>Adult Carer Support Plans will identify carers eligible for support.</p> <p>Adult Carer Support Plans will promote Anticipatory and Emergency Plans</p> <p>Publish a Short Breaks statement outlining the process and availability of Short Breaks</p> <p>Deliver awareness sessions to staff and carers on short breaks. Show how SDS options can be used for carers short breaks</p>	<p>Carers are supported to sustain their caring role</p>	<p>Number of Completed ACSP's</p> <p>Number of sessions, participants and participant's feedback</p>

<p>Promote availability of short breaks through Carers Centre and other Talking Points partners including Time to Live and Respiteity</p> <p>Carers Centre will facilitate health and wellbeing sessions, short breaks and peer support</p> <p>Work with community partners to maximise the resources available for short breaks in East Renfrewshire.</p> <p>We will develop a Carers Screening Group to review all Adult Carer Support Plans and will link to the Professional Peer Review Group to foster creativity and learning.</p>	<p>Carers are supported to look after their own health and wellbeing</p> <p>Carers have improved opportunity to get a short break</p>	<p>Carers referrals for short breaks. Number of grants awarded. Carers Cards distributed</p> <p>Number of participants and session evaluations</p> <p>Additional funding/resources secured.</p> <p>Minutes of screening group and PPRG</p>
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In 2022, the HSCP supported the Carers Centre to launch a Carers Card. The Card can be used to help carers to identify themselves to professionals in a hospital setting and can assist with planning for an emergency.



The Centre has worked with local businesses to offer carers discounts, services signed up to the scheme include, hairdressers, aroma therapists and cafes.

East Renfrewshire Culture and Leisure also offer carers discounted access to their sports facilities and fitness classes. For more information see, www.eastrenfrewshirecarers.co.uk

Carers Strategy Priority 5

We will work with partners to mitigate any negative impact caring has on carers finances.

HSCP Strategic Plan Priority Activity:

- *Working with partners to ensure supports are available to carers to minimise the impact of financial hardship as a result of caring and rising living costs.*

Carers are adversely affected by the cost of living. Carers may be unable to work, forced to or reduce their hours or give up work altogether. Many carers will incur additional costs through running equipment or from being at home longer.

The recent State of Caring 2023 Report produced by Carers Scotland highlighted the financial impact of caring as a primary concern.

How much extra are carers spending? The cost of caring is high. For those who said they had expenditure on the cost of care and caring, over a third (37%) of carers spent up to £100 per month extra on care support, 16% between £100 and £250 and nearly one in ten (9%) between £250 and £500.

Carers Scotland State of Caring 2023

During these particularly challenging times we will undertake to work with all relevant partners to maximise the income of carers and minimise any negative affect caring has on carers financial wellbeing.

Actions for Carers Strategy 24 - 26	Outcome	Measure
Carers Centre will provide and Income Maximisation Service		Number of carer accessing support
Carers Centre will work in partnership with Money Advice and Rights Team to maximise carers incomes	Carers will have their income maximised	Referrals between the services
We will facilitate regular sessions with Social Security Scotland to ensure staff and carers are aware of benefit entitlement.		Number of sessions and participant feedback
We will work with partners to maximise the resources available to support carers		Records of additional resources secured.

VALUE CARERS

Carers Strategy Priority 6

Unpaid carers are recognised and valued as equal partners in care and involved in decision making relating to their caring role.

HSCP Strategic Plan Priority Activity:

- *Involving carers as equal and valued partners in planning support and in the planning of services that affect them or the person they care for*

The Carers (Scotland) Act 2016 strengthens the commitment to involve carers in the design and planning of services and carers have told us this is what is most important to them and to be involved from the start.

Carers want to be valued not only for the contribution they make to health & social care but as individuals with knowledge, skills and strengths.

This means we must involve carers in planning support from the outset; not because of the legislation, but because it is the right thing to do and is key to successful planning. The carer's involvement and views must be evidenced in the cared for person's Outcomes Assessment.

The Carers Act also places a duty to involve carers during the Discharge Process. There is limited evidence of this activity happening anywhere across Scotland but we will continue to work with colleagues in Greater Glasgow and Clyde Health Board to improve the opportunity for carer views to be fully included when planning for a patient discharge.

The Autistic Collective

The Autistic Collective grew out of the Carers Collective. It is a dynamic group of unpaid carers supporting loved ones with a wider range of care needs, facilitated by East Renfrewshire Carers Centre and the HSCP Carers Lead. Autistic Collective is a working group of parent/carer volunteers of Autistic and AuDHD people.

"Over the past couple of years, we're hugely grateful for the invaluable support we've had from ERCC and HSCP. Sometimes as a parent we feel we're "just mum/dad" and don't recognise we are also a carer to our amazing, beautiful child / loved one. There are loads of extra advice and support available if you're "mum/dad" AND also a carer."

Actions for Carers Strategy 24 - 26	Outcome	Measure
<p>Provide our staff with the training, information and support to support carers in decision making.</p> <p>Carers Centre will provide information on Carers Rights</p> <p>Support carer representatives to attend relevant meetings and forums.</p> <p>Support carers representatives to hear from the wider carer population and feedback</p> <p>Further develop the Carers Collective</p> <p>Support carers to access advocacy services when required</p> <p>When a carer is identified include their views in outcome assessments</p> <p>Work with Greater Glasgow and Clyde Health Board to improve carer involvement in discharge planning</p> <p>Publicise and promote the national Carers Charter</p>	<p>The voices of unpaid carers are heard, and their views and experiences are considered in decisions that affect them</p> <p>Carers feel valued and included</p>	<p>Number of sessions delivered to staff</p> <p>Number of sessions delivered to carers</p> <p>Minutes of meetings</p> <p>Records of carers evaluations, feedback, minutes and suggestions</p> <p>Carers Collective meeting representation</p> <p>Referrals to Advocacy services</p> <p>Outcome assessments and carers report being involved.</p> <p>Carers report greater involvement in discharge planning</p> <p>Carer report being informed of their rights</p>

Carers Strategy Priority 7 –

Staff who are carers are supported in the workplace

Although the HSCP Strategic Plan has an outcome dedicated to carers it should be noted that all the outcomes of the Strategic Plan impact on carers and our ability to support carers will contribute to the success of the plan overall.

This is also true of the Strategic Plan outcome that relates to our staff.

Work with staff across the Partnership to support resilience and wellbeing.

We recognise that some of our staff will have caring responsibilities and we want to make sure that staff are. Whenever possible, able to manage their caring and work responsibilities without this having a negative impact.

East Renfrewshire Council is a Carer Positive employer and have flexible work and carer leave policies in place for staff.

In addition to the activities available to all staff the HSCP Health and Wellbeing Lead runs regular sessions for staff who are carers. These sessions offer wellbeing advice and practical support as well as the opportunity to meet with other staff who have caring responsibilities.

Actions for Carers Strategy 24 - 26	Outcome	Measure
We will run regular peer support sessions for staff who are carers	Staff feel supported to manage their employment and caring responsibilities	Number of staff accessing support
Staff will be able to access support available through the Carers Centre		Referrals between the services
We will provide awareness sessions to managers and staff on available supports for carers in the workplace and in the community.		Number of sessions and participant feedback
We will promote the Carers Leave and Flexible working policy to staff.		Staff who are carers report feeling supported

Working in Partnership

Our Supporting People Framework highlights the importance of building on individual's personal assets and strengths.

It also emphasises the contribution the voluntary and community sector make to the health and social care agenda in East Renfrewshire.

The HSCP has commissioned East Renfrewshire Carers Centre for over 20 years. We continue to work with the Carers Centre as our lead strategic partner supporting carers.

The Carers Centre will have a key role in delivering on our Carers Strategy Priorities.

East Renfrewshire Carers Centre Activities

EMOTIONAL SUPPORT	INCOME MAXIMISATION	SHORT BREAKS PLANNING	AWARENESS RAISING
ADULT CARER SUPPORT PLANS	INFORMAL ADVOCACY	SDS ADVICE	GRANTS AND FUNDING
PEER SUPPORT	COFFEE MORNINGS	LEGAL WORKSHOPS	CBT
TRAINING	INFORMATION & ADVICE	HEALTH & WELLBEING	SOCIAL ACTIVITIES

The HSCP and Carers Centre will work together to continue to develop the support carers need.

We will regularly ask carers if the support and services being provided are the right ones to help carers manage and sustain their caring role.

We will develop the Carers Collective' and use the knowledge and lived experience of carers to continuously improve our services and support.

Whilst the Carers Centre are the dedicated support service for carers, a wide range of third sector and community organisations will also support carers. Through our Talking Points approach the HSCP will work with a wide range of voluntary sector partners ensuring that all carers are offered the support they need at the time they need it.

We will apply our Supporting Carers Framework in an open and transparent way. We will rely on the Carers Centre and other partners to provide universal services available to all carers, allowing the HSCP to prioritise carers most at risk in relation to their own health and wellbeing, ability to continue caring and quality of life.

Monitoring our Performance

The HSCP is committed to including carers in all relevant strategy and governance groups.

Through the Carers Collective there is a carers representative on our Integration Joint Board and carer awareness sessions are included as part of the development sessions for our Integration Joint Board.

Our Carers Lead and Carers Centre Manager meet regularly with our Carers Collective to discuss carers support, identifying what works well and what areas need improving.

We will work to develop the Carers Collective and hold regular engagement sessions with carers.

The Carers Centre will distribute an annual survey to ensure we get a wide range of carers' views.

This activity will contribute to a Carers Support Working Group which will have overall responsibility for monitoring the progress made against each of the priorities by the HSCP Carers Centre and partners.

The Carers Support Working Group will have a wide range of staff from across the HSCP and other relevant Council Departments as required. Through the Carers; Collective, carers will be active participants in the Group which will also include staff from our third sector partners.

Through the HSCP Carers Lead and the carers representative on the IJB the Carers Support Working Group will report into the Strategic Planning Group and IJB.

“Carers know what works. We have lived experience, skills, knowledge, real commitment and good ideas.”

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	31 January 2024
Agenda Item	11
Title	East Renfrewshire #KeepThePromise Board and Delivering Our Corporate Parenting Responsibilities
Summary	
Presented by	Raymond Prior, Head of Children's Services and Justice (Chief Social Work Officer)
Action Required	
<p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> • Approve the proposed East Renfrewshire <i>#KeepThePromise Board</i> model, which includes the recommendation to appoint Promise Keepers to the Board and use a co-production approach to support children, young people, families and carers, with lived experience of the care system, to be equal partners with decision-makers. • Agree to the new three tier <i>#KeepThePromise Workforce Learning Programme</i> and promote attendance and engagement across the partnership in East Renfrewshire. • Note the response to the letter from Fiona Duncan Chair/Independent Strategic Adviser to The Promise dated 21st December 2023, requesting a progress update on implementation of The Promise in East Renfrewshire. This response is to inform the national development of the Promise Plan 2024-30. 	
Directions	Implications
<input type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<input type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Workforce <input type="checkbox"/> Equalities <input type="checkbox"/> Risk <input type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty

EAST RENFREWSHIRE INTEGRATION JOINT BOARD**31 January 2024****Report by Chief Social Work Officer****The new East Renfrewshire #KeepThePromise Board and
Delivering Our Corporate Parenting Responsibilities****PURPOSE OF REPORT**

1. In 2020 Scotland made a promise to care experienced children and young people: “*You will grow up loved, safe and respected. And by 2030, that promise must be kept*”. The Promise was made following the Independent Care Review, which found that the current “care system” in Scotland isn't working. The Promise and its accompanying 10 Year Plan, launched in 2020, is underpinned by [5 foundations](#) – *Voice, Family, Care, People, and Scaffolding* (see appendix 1).
2. To ensure that at the highest level children and young people are heard and engaged, and that they and their families are at the centre of everything that we do, this report recommends the development of a new East Renfrewshire #KeepThePromise Board and outlines the composition of the Board, its purpose, and how it will function.
3. To accompany the creation of the Board a three tier #KeepThePromise Workforce Learning Programme has been devised in partnership with Who Cares? Scotland and the wider Corporate Parents network locally. This will ensure fuller commitment from all Corporate Parents as well as an increase in the skills and knowledge of the workforce.

RECOMMENDATION

4. IJB are asked to:
 - Approve the proposed East Renfrewshire #KeepThePromise Board model, which includes the recommendation to appoint Promise Keepers to the Board and use a co-production approach to support children, young people, families and carers, with lived experience of the care system, to be equal partners with decision-makers.
 - Agree to the new three tier #KeepThePromise Workforce Learning Programme and promote attendance and engagement across the partnership in East Renfrewshire.
 - Note the response to the letter from Fiona Duncan Chair/Independent Strategic Adviser to The Promise dated 21st December 2023, requesting a progress update on implementation of The Promise in East Renfrewshire. This response is to inform the national development of the Promise Plan 2024-30.

BACKGROUND

The Promise

5. On 5th February 2020 a promise was made to the infants, children, young people, adults and families who have experience of the care system in Scotland. The Promise and its commitments were clear that by 2030 the following would be delivered:
 - ✓ Love will no longer be the casualty of the 'care system,' but the value around which it operates
 - ✓ Wherever safe to do so, Scotland will make sure children stay with their families and families will be actively supported to stay together
 - ✓ Children, young people, and their families will be listened to, respected, involved and heard in every decision that affects them.
6. The Scottish Government and the national Promise Team reinforced that this work is "**immediate and urgent work - what can change now must change now**" and that implementation of The Promise must not be delayed. In East Renfrewshire we have made the same commitment to our current looked after children and young people, those who we previously looked after, and for those who will experience care in the future. Even during the Covid-19 pandemic we sought opportunities to drive forward The Promise believing that during this extraordinarily challenging time children and young people in our care needed to be loved, safe, and listened to more than ever.

Corporate Parenting Responsibilities

7. Over this time local Corporate Parents have demonstrated a commitment to improving the life chances of our looked after and care experienced children and young people but all are aware that individually and collectively more has to be done to enable us to achieve our goal of being the best possible parent we can be in line with The Promise.
8. It is now more understood that when a child or young person becomes looked after – at home or away from home - the local authority, health board, and a number of other public bodies take on the role of Corporate Parent. Corporate Parenting is the collective responsibility of the council, elected members, employees, and the other key partner agencies, to provide the best possible care and protection for our looked after children. This also means that each specified public body has the statutory responsibility to act for a looked after child in the same way that every parent wants to act.
9. In East Renfrewshire this has meant we want the best for our children, to see them flourish with good health, to be safe and happy, to do well in education and enjoy healthy relationships with family, carers and friends. Similarly, we want them to make the most of the available cultural and leisure opportunities, and to develop towards adulthood fully prepared to lead independent lives. Importantly, we want young people to progress into a positive post school destination, whether this be further or higher education, or employment, and to be financially secure.
10. The key to delivering on these aspirations is for all Corporate Parents to commit themselves to full implementation of all aspects of **The Promise 10 Year Plan** and the foundations of **Voice, Family, Care, People, Scaffolding**, which underpin it.

Context

[Promise Plan 21-24](#)

11. We are now almost four years into the Promise's ten year plan with the current plan focusing on the period from 2021 until 2024 (see appendix 2). On 21st December 2023 the Chair of The Promise, Fiona Duncan, wrote to local authorities and health and social care partnerships requesting a progress update on implementation, as well as plans going forward over the next period. The content of the new national Promise Plan for 2024-2030, to be published in June 2024, will be informed by the responses to Ms Duncan's letter.
12. The five priority areas of Plan 21-24 - *A Good Childhood, Whole Family Support, Planning, Supporting the Workforce, and Building Capacity* and the 25 actions contained within - are reflected in the new East Renfrewshire's Children's Services Plan 2023-2026 titled "*At Our Heart – The Next Steps*". Progress with implementation is reported through Children's Plan annual review process which is a statutory duty. The 21-24 Plan also indicates 5 fundamentals to drive systems and cultural change across Scotland and these are: ***What Matters to Children and Families, Listening, Poverty, Children's Rights and Language***. The fundamentals are important to the creation and purpose of the new #KeepThePromise Board as they will support us evaluate the impact of this important development.

REPORT

13. In order to ensure we meet our obligations as outlined in The Promise we will establish an East Renfrewshire #KeepThePromise Board. The proposed model for the Board attached will aid discussion among senior officers. As this is a completely new way of working in partnership with children and families who have used East Renfrewshire Council and HSCP services this proposal attempts to describe a way of working that is meaningful and accessible. It will be reviewed during the first year to ensure its fit for purpose and is having the desired impact.
14. To accompany this a three tier Promise Workforce Learning Programme has been devised to support the Promise Keepers, their workforce and all Corporate Parents understand purpose and intent. This programme is also attached.

CONSULTATION AND PARTNERSHIP WORKING

15. Implementation of the Promise takes place within the wider context of Children's Services Planning in East Renfrewshire. As such the production of this model and learning programme has over the last six months involved a process of extensive collaborative working between children's services partners as well as the important wider engagement that has taken place with children, young people, and families/carers.
16. The Improving Outcomes for Children and Young People Partnership is the principal multi agency group that has responsibility for The Promise in East Renfrewshire. The partnership fulfils this role through oversight of the statutory Children's Services Plan. The Partnership oversees the work of the four multi agency thematic planning sub-groups in relation to the plan itself and its annual reports. These are Additional Support Needs Group, Early Years Group, Corporate Parenting Group, and Young People's Group.

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

IMPLICATIONS OF THE PROPOSALS

Finance

18. There will be running costs associated with the Board meetings and Fun Events.

Workforce

19. A dedicated Promise Participation Officer will be required to support the functioning of the #KeepThePromise Board and to ensure the Mini Camps, Champions Board, and families are engaged and supported to participate at a range of different levels and ways.

Equalities

20. An Equalities, Fairness and Rights Impact Assessment of the new model will be undertaken and the report will be issued once complete. This will be considered by the Improving Outcomes for Children and Young People's Partnership and Corporate Parenting Sub-group.

CONCLUSIONS

21. The Promise is required to be delivered throughout Scotland by 2030. In order to meet this timescale East Renfrewshire Council, HSCP and the wider Corporate Parenting Family must listen to children, young people and families about what works for them and what needs to change. To do this in a meaningful way we will set up a #KeepThePromise Board and use a co-production approach to listening and acting. To accompany this activity The Keepers and the Corporate Parents will ensure participation in the Promise Learning Programme that will begin in 2024.

RECOMMENDATION

22. IJB are asked to:

- Approve the proposed East Renfrewshire *#KeepThePromise Board* model paper, which includes the recommendation to appoint Promise Keepers to the Board and use a co-production approach to support the participation of children, young people, families and carers with lived experience of the care system.
- Agree to the new three tier #KeepthePromise Workforce Learning Programme and promote attendance and engagement across the partnership in East Renfrewshire
- Note the response to the letter from Fiona Duncan Chair/Independent Strategic Adviser to The Promise dated 21st December 2023, requesting a progress update on implementation of The Promise in East Renfrewshire.

REPORT AUTHOR AND PERSON TO CONTACT

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Chief Officer, IJB: Julie Murray

12 January 2024

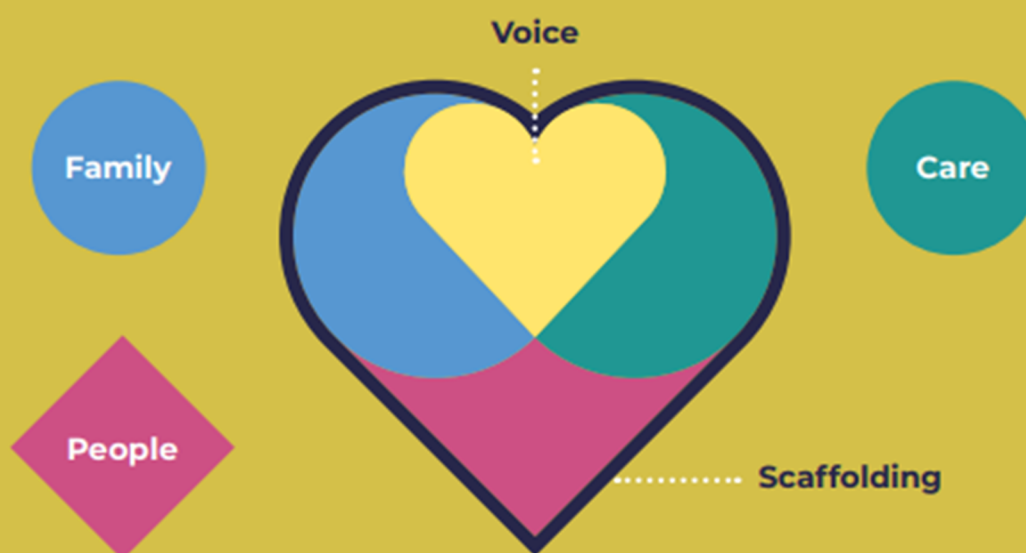
BACKGROUND PAPERS

<https://thepromise.scot/what-is-the-promise/foundations>

<https://thepromise.scot/what-must-change/plan-21-24>

The Promise will be built on these foundations.

These foundations must be at the heart of a reorganisation of how Scotland thinks, plans and prioritises for children and their families.



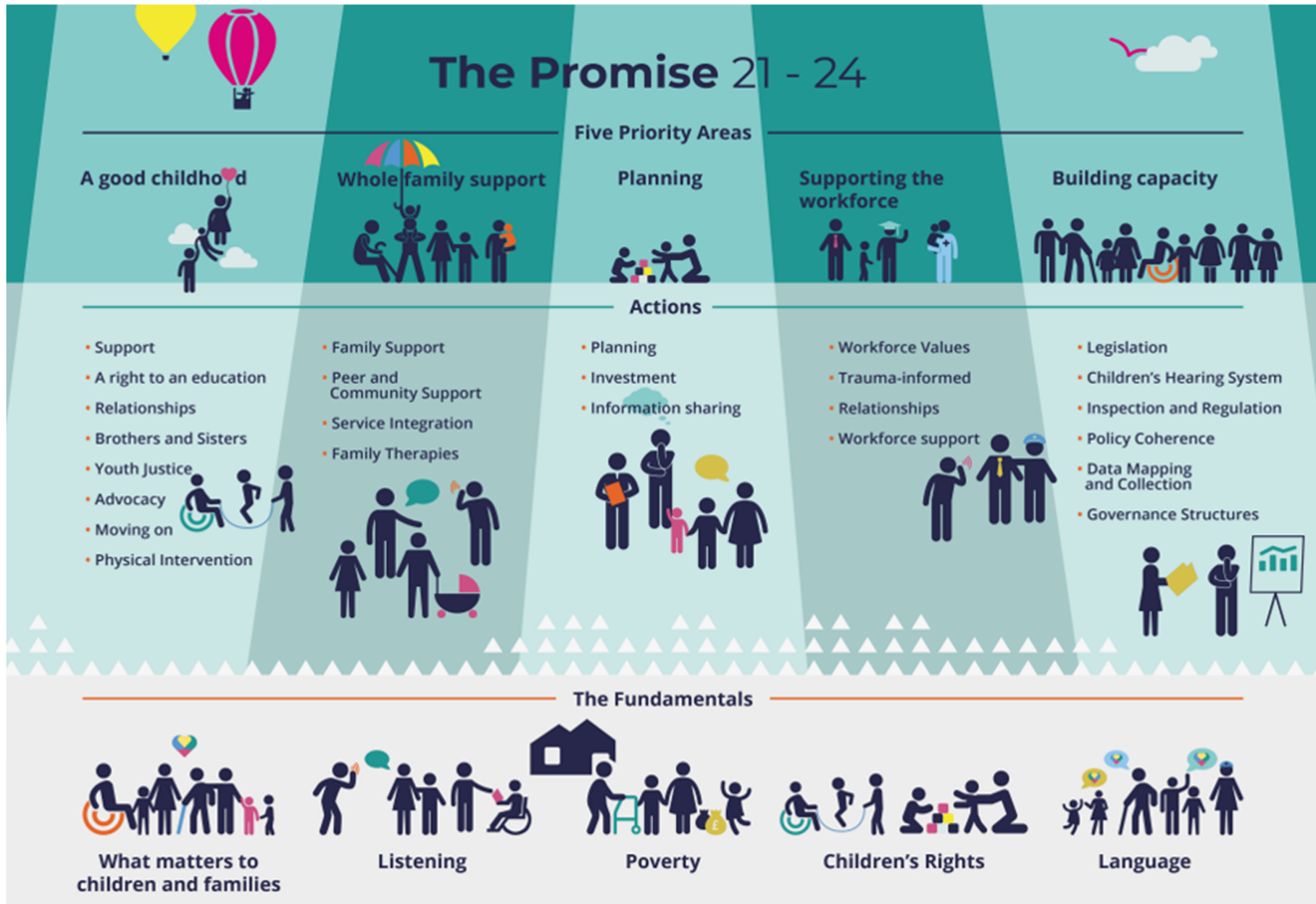
Voice: Children must be listened to and meaningfully and appropriately involved in decision-making about their care, with all those involved properly listening and responding to what children want and need. There must be a compassionate, caring, decision-making culture focussed on children and those they trust.

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

Care: Where living with their family is not possible, children must stay with their brothers and sisters where safe to do so and belong to a loving home, staying there for as long as needed.

People: The children that Scotland cares for must be actively supported to develop relationships with people in the workforce and wider community, who in turn must be supported to listen and be compassionate in their decision-making and care.

Scaffolding: Children, families and the workforce must be supported by a system that is there when it is needed. The scaffolding of help, support and accountability must be ready and responsive when it is required.



Delivering The Promise

- New HSCP Pathway Planning Assessment Framework for looked after and care experienced young people transitioning into young adulthood. Improving quality of assessment and plans for young people to age 26 years. (Corra Funded)
- Housing, HSCP, and Aberlour: Young People's Home and Accommodation Project. 2 Year project led by care experienced and vulnerable young people using co production methodology to evaluate current housing options and make recommendations for commissioning quality, safe home environments (Corra Funded)
- Implementation of new duties related to looked after children and young people's rights to retain contact with their siblings when in care and throughout their childhood
- Fostering Campaign to recruit more local carers who can care for older young people, large sibling groups, and unaccompanied asylum seeking children.
- Whole Family Wellbeing Programme – investment in seven local services (universal to targeted) to enhance support to families, prevent statutory involvement, improve wellbeing of children with complex needs
- Deep dive review and tracking of care experienced young people in education, linked to: attainment, achievement, attendance, positive destinations and coordinated support plans
- Implementation of Signs of Safety expanded within wider children's partnership locally
- National Care Experienced Week – delivered a full activity programme planned and designed by the Champs Board and Mini Champs
- Co production Programme – key to whole systems change and redesign of services is the voice of lived experience. A range of initiatives being undertaken to capture feedback on what works and what we need to do more of
- Developed a 3-tier training programme for The Promise, using Who Cares? Scotland's 'support for corporate parents' resource
- Promise Board proposal - developed from scratch due to no good practice examples, that included lived experience, available from other LA's
- Improving Outcomes for Children and Young People Promise workshop delivered across partners on 26th October 2023

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East Renfrewshire's #KeepThePromise Board
Proposed Model

East Renfrewshire's #KeepThePromise Board Model

This paper outlines who will be involved, why the Board is to be established, what purpose it will fulfil, and when, where and how often it will meet.

1) Who

The #KeepThePromise - Board Composition

2) Why

Purpose, Remit, and Strategic Links

3) When

Nature of Engagement, How Often and Where

1.) Who

The #KeepThePromise Board Composition

1. Expert Co Production Reference Group - Children, Young People, and Families with lived experience
2. East Renfrewshire’s Corporate Parenting Family – Chief Officers, Community Planning Partners, and Elected Members

1. Expert Co-Production Reference Group - Children, Young People, and Families with lived experience

- Child(ren) from Mini Champs
- Young Person(s) from Champions Board / Board Co-Chair
- Young Adult Care Leaver(s)
- Families: Parents, Kinship Carers, Foster Carers

2. Corporate Parenting Family - #KeepThePromise Membership

A. East Renfrewshire Council and HSCP Promise Keepers:

- Chief Executive (East Renfrewshire Council) **Board Co Chair**
- Director of Business Operations & Partnerships (East Renfrewshire Council)
- Chief Officer (East Renfrewshire Health and Social Care Partnership)
- Director of Education (East Renfrewshire Council)
- Director Of Environment (East Renfrewshire Council)
- Chief Social Work Officer (East Renfrewshire Health and Social Care Partnership)
- Chief Nurse (East Renfrewshire Health and Social Care Partnership)
- Head of Adult Services ((East Renfrewshire Health and Social Care Partnership)

B. East Renfrewshire’s Community Planning Partnership Promise Keepers:

- Chief Executive (East Renfrewshire Culture and Leisure Ltd)
- Scottish Children’s Reporters Administration - Principal Reporter
- Police Scotland – Area Commander
- Voluntary Action East Renfrewshire – Chief Officer

C. East Renfrewshire Council Elected Members Promise Keepers:

- Council Leader
- Convener of Education Committee
- Chair and Vice Chair of Integration Joint Board

Support to Children, Young People, and Families to Participate

Staff across East Renfrewshire Council and the wider partnership will be identified to support children, young people, and families' participation at all levels and in various different ways. This will ensure that those who are not Board members are enabled to provide feedback about their experiences in a range of ways using methods and approaches that are accessible and inclusive. This is especially important for those with lived experience who will not want to be active in a Promise Board way of working.

Preparing The Promise Keepers and the Corporate Parenting Family

The three tier Promise Workforce Learning Programme will be ready prior to the launch of the Board and it will be expected that Corporate Parents take up appropriate learning opportunities offered to ensure their involvement in the Board is meaningful.

2.) Why - Purpose, Remit, and Strategic Links

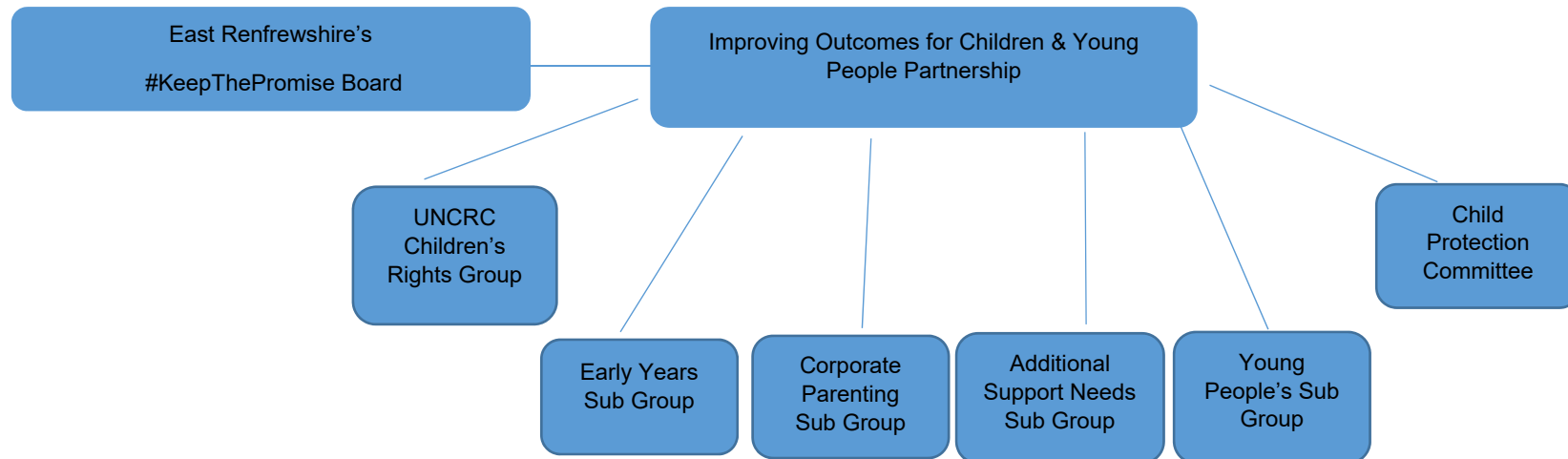
Board Purpose and Remit

To -

1. Ensure East Renfrewshire #KeepsThePromise by 2030
2. Enable the voice of children and young people with lived experience of the care system, to be at the centre of decision-making
3. Provide their families and carers with a space to tell us what is working and what is not working
4. Enable Corporate Parents and Promise Keepers to receive the information they need from children, young people and families and to make positive change to services, systems, and cultures

Strategic Links

The new Board activity will be linked to the overall work of the East Renfrewshire Improving Outcomes for Children and Young People Partnership Structure and will report through the East Renfrewshire Children's Plan statutory Annual Report arrangements.



3) When - Nature of Engagement, How Often and Where

Formal Launch Event

It is proposed that the new Board be formally launched by July 2024. In order to prepare in advance at least one of the Get To Know You Sessions should have taken place – see below.

Get To Know You Sessions

#KeepThePromise Board *Get to Know You* Development Sessions: two short sessions will take place for Board members to get to know each other in particular the Corporate Parenting Family will have an opportunity to meet the Expert Co-Production Reference Group - Children, Young People, and Families with lived experience

Board Meetings

The #KeepThePromise Board meetings: These will take place as two formal meetings per year. These will be at strategically important times of the year that link to higher level strategic reporting across the Council, HSCP, and Community Planning Partnership in order that progress updates on local implementation of The Promise can be considered by the new Board.

Fun Events

A minimum of four informal children and young people's fun events spread throughout the year will take place where the Corporate Parenting Family will have a chance to meet a wider group of the Mini Champs and Champions Board at events that the children and young people requested. This will include the national Care Experienced Week activity too.

East Renfrewshire Council and Partners



3-Tier Promise Learning Programme Proposal

1 Objective

As part of East Renfrewshire's commitment to #KeepThePromise it is important that the entire workforce is upskilled to understand their role in achieving this ambition by 2030. The Promise requires building capacity in the workforce, to raise awareness of the changes required, to act upon changes in practice and to champion The Promise in all aspects of our work.



3-Tier Learning
Outcomes- 1.pptx

2 Background

Who Cares? Scotland offer support for corporate parents and we have put this ask to them as a piece of collaborative work. They are able to assist with the development of all the training materials and intend to use a combination of existing resources and East Renfrewshire specific content to make a bespoke package.

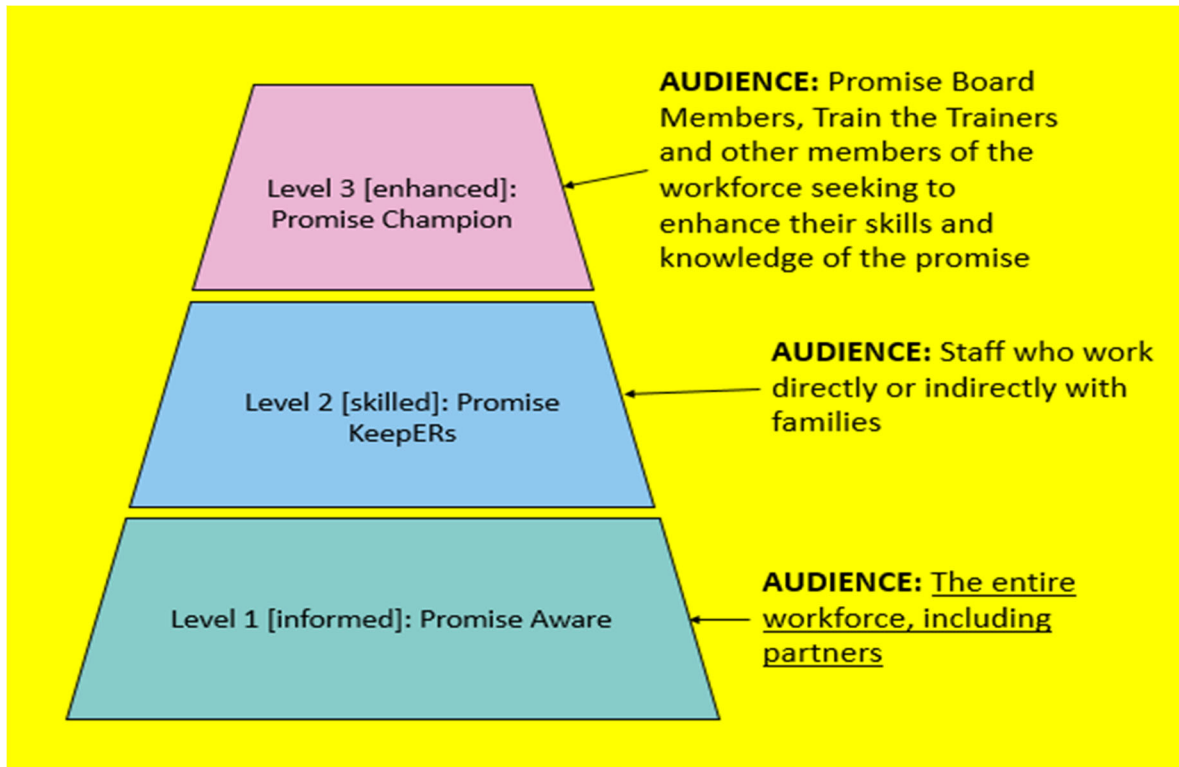
3 Completed Tasks

We have developed a set of learning outcomes and aims for each tier of the programme and these will be shared with the Corporate Parenting Sub-Group on 30th November 2023, see above.

4 Outcomes and Impact

Our Promise KeepERs network is also still at development stage but we intend to align network membership with successful completion of the training tiers. Ultimately, the three stage approach allows progressive workforce development that scaffolds all the other actions that will be identified to #KeepThePromise.

5 Proposed Vision



6 Upcoming Tasks

- Third sector and other partners will be provided with the materials from the HSCP/ Council training programme.
- E-learning to be implemented first and uptake and completion of this tier will be monitored and reviewed. Tiers 2 and 3, to be implemented next with a 'tried and tested' approach, before full implementation and consideration for 'training for trainer' approach.

7 Actions Required

- A commitment from all services in the HSCP, Council and partners is required and each service needs to release staff to complete this training programme. The aim is to enhance the learning and development of The Promise with each workforce and upskill them to transfer this into their practice.

AGENDA ITEM No. 12



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board								
Held on	31 January 2024								
Agenda Item	12								
Title	Specialist Learning Disability Services Resettlement of People from Longer Stay Facility – Netherton								
<p>Summary</p> <p>This report provides the Integration Joint Board with an update on the long standing plans to resettle people with a learning disability living in the last remaining NHS longer stay unit, Netherton, in March 2024. Given current challenges in Health and Social Care recruitment, a contingency has been developed and approved by NHS Greater Glasgow and Clyde Senior Management Team at its meeting on 4th January 2023.</p>									
Presented by	Tom Kelly, Head of Adult Services: Learning Disability and Recovery								
<p>Action Required</p> <p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> • note the progress of resettlement plans and subsequent decommissioning, • note the contingency plans to be implemented if required. 									
<p>Directions</p> <p><input checked="" type="checkbox"/> No Directions Required</p> <p><input type="checkbox"/> Directions to East Renfrewshire Council (ERC)</p> <p><input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)</p> <p><input type="checkbox"/> Directions to both ERC and NHSGGC</p>	<p>Implications</p> <table> <tr> <td><input checked="" type="checkbox"/> Finance</td> <td><input checked="" type="checkbox"/> Risk</td> </tr> <tr> <td><input type="checkbox"/> Policy</td> <td><input type="checkbox"/> Legal</td> </tr> <tr> <td><input checked="" type="checkbox"/> Workforce</td> <td><input checked="" type="checkbox"/> Infrastructure</td> </tr> <tr> <td><input type="checkbox"/> Equalities</td> <td><input type="checkbox"/> Fairer Scotland Duty</td> </tr> </table>	<input checked="" type="checkbox"/> Finance	<input checked="" type="checkbox"/> Risk	<input type="checkbox"/> Policy	<input type="checkbox"/> Legal	<input checked="" type="checkbox"/> Workforce	<input checked="" type="checkbox"/> Infrastructure	<input type="checkbox"/> Equalities	<input type="checkbox"/> Fairer Scotland Duty
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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

31 January 2024

Report by Chief Officer

Specialist Learning Disability Services
Resettlement of People from Longer Stay Facility – Netherton

PURPOSE OF REPORT

1. The purpose of this report is to provide the Integration Joint Board with an update on the long standing plans to resettle people with a learning disability living in the last remaining NHS longer stay unit (Netherton). The report also sets out contingency plans should there be further delays. Contingency plans were approved by NHS Greater Glasgow and Clyde Senior Management Team at its meeting on 4th January 2023.
2. NHS Greater Glasgow and Clyde has transformed learning disability services over the past 20 years with the closure of long stay institutions and embedding a shift to community based care. The resettlement of people residing in Netherton will mark the end of long term institutional care in NHS Greater Glasgow and Clyde.

RECOMMENDATION

3. The Integration Joint Board is asked to:
 - note the progress of resettlement plans and subsequent decommissioning,
 - note the contingency plans to be implemented if required.

BACKGROUND

4. The Integration Joint Board will be familiar with Scottish Policy and our local approaches to supporting people with learning disability to live well in our communities.
5. The landscape of services for people with learning disability has changed significantly since the first Scottish Policy was published in 2000 (The Same as You?)
6. In line with current Scottish Government Policy, The Keys to Life 2013 and the Coming Home Implementation Report 2022. NHS Greater Glasgow and Clyde Specialist Learning Disability Services has been working on an inpatient redesign programme since 2017. There is a national and local expectation that people will no longer live in NHS institutional care.
7. The resettlement of the people living in longer stay will be a significant milestone for the people involved and NHS Greater Glasgow and Clyde in realising our commitment to move away from institutional models of care.

8. In 2015 there were 13 people living within our two longer stay units; Waterloo and Netherton. These people originated from West Dunbartonshire, Inverclyde and Glasgow City. In late 2017 we had resettled six people to social care supported living and closed Waterloo.
9. In 2020 seven people were supported in longer stay care, sadly one person died in 2021 and a further discharge took place in in 2022 thus five people remain in the service.
10. Further work has continued to establish suitable community support for the remaining people, who all originate from Glasgow City HSCP.
11. In 2021 Glasgow revisited options to develop a new supported living service and in collaboration with ourselves chose to purchase Waterloo which had been vacant since 2017. Waterloo consists of two large bungalows in Kirkintilloch currently undergoing significant refurbishment. Glasgow has now secured The Richmond Fellowship as the service provider and is aiming to open the new service at Waterloo for the remaining people in March 2024.
12. Planning and engagement has been ongoing for some time now and we are of the view we have undertaken all necessary steps to move forward with discharge and decommission of the building.

REPORT

13. The plans to resettle people with learning disability who have been living in our NHS facilities have been well known and established for a number of years.
14. The longer stay units, Waterloo and Netherton have been earmarked for closure since 2012 when the redesign of Inpatient services was completed.
15. At that time Blythswood and Claythorn were developed to provide assessment and treatment (short stay) inpatient care. A decision was taken to classify Waterloo and Netherton as our remaining longer stay services with a further aim to resettle the people living there into supported accommodation in their communities.
16. In 2015, East Renfrewshire became the host partnership for this service. At that time 13 patients lived in the longer stay units. Good progress was made in the following 18 months which led to the resettlement of six people in 2017 and the closure of Waterloo.
17. Further work has continued to establish suitable community support for the remaining people, who all originate from Glasgow City HSCP.
18. In 2021 Glasgow revisited options and in collaboration with ourselves chose to purchase Waterloo which had been vacant since 2017. Glasgow is aiming to open a new service at Waterloo for the remaining Netherton patients in March 2024.

19. However, we are mindful of the current recruitment challenges across health and social care and are concerned, as a consequence of recent experience, that delays are inevitable.
20. Alongside the potential for delays in opening the new service, there are challenges related to the fabric of the building, its suitability to ensure safe care for the people who live there particularly where care needs have changed. There are further concerns about safe staffing during a period of retraction and significant financial pressures associated with retaining the building beyond March 2024.
21. As a result of the potential for delays we have developed a contingency plan which takes account of these challenges and we believe enables us to focus on positive resettlement, maintains safe care and addresses both staffing and financial issues.

Contingency Plans in the event of delay

22. Despite this positive progress we are concerned about the potential for delay and the subsequent impact on patients and staff.
23. Given the current recruitment challenges in the third sector we believe it is inevitable there will be some slippage in recruitment which we should proactively manage.
24. Alongside this, as a result of the passage of time the needs of the people living in Netherton have changed, very significantly for some and, the building is no longer able to adapt to those needs.
25. The building is small, over two levels with no passenger lift, this makes caring for people with reduced mobility and personal care needs difficult.
26. This is becoming a pressing issue as the building itself is in need of fairly urgent refurbishment. In the summer of this year staff and patients had to be decanted to a vacant ward on the Stobhill site within 48 hours due to plumbing issues. We are currently experiencing issues with flooring which cannot be fully rectified while the building is occupied.
27. Where people have had periods of ill health and for some spells in acute care we have transferred people to Blythswood for further rehabilitation.
28. Therefore, with the combined potential for delay in moving to the new service and the issues outlined above we have prepared a contingency plan should delays materialise beyond a reasonable timeframe.
29. The senior management team including Responsible Medical Officer/Clinical Lead and clinicians believe an urgent alternative solution is required in the event we cannot achieve discharge by April 2024. We are proposing to transfer the people living in Netherton to Blythswood House. To do so five vacant beds will be needed, we would intend to allocate these as discharges from Blythswood occur in the weeks ahead.
30. Transfer would remove the risks associated with the building and the difficulties in caring for the people who live there. Ongoing discharge could be well managed from Blythswood.

31. Our preference would be for people to have only one move from Netherton however, our teams are confident that an interim transfer to Blythswood would not negatively impact the people involved. Our LD estate is small, all patients are familiar with Blythswood and there are regular social activities in the facility for all patients. As noted above some of the patients have been supported there where this has been needed in previous months and years.
32. We are also concerned about risks associated with slow retraction from a standalone and isolated site such as Netherton, which is in a residential area of Anniesland.
33. Given our financial position an interim move would assist in containing staffing costs, doing so would increase the staffing establishment within Blythswood and reduce the need for bank at both Blythswood and Netherton.
34. Blythswood itself is a large facility with three wings, each containing five bedrooms and a sitting room, one of the wings would be designated for Netherton patients and would mitigate any issues relating to patient mix.

Approvals from NHS GGC / IJBs

35. The original plans to take forward this resettlement strategy were approved by the NHS Board in 2012. In September 2018 an update was provided to outline the plans for both the longer stay closure and redesign of the assessment and treatment service with approval to move forward. Since that time regular updates have been provided to Chief Officers, members of the Integration Joint Board will be well aware of our programme of work to resettle people from this service.
36. Plans were further enhanced with the publication of the Scottish Government Coming Home implementation report 2022 (partly authored by GGC representatives) and the £20 million fund to take forward redesign across Scotland. Agreement was reached that each partnership would look to enhance community services to aid discharge, locally this fund is enabling Glasgow City to develop their new service.
37. The contingency plans set out above were approved by NHS Greater Glasgow and Clyde Senior Management Team on 4th January 2023.

CONSULTATION AND PARTNERSHIP WORKING

38. Much engagement has taken place over the years, the people who currently live in our long stay services and their families have been central to this process since 2017 and have been in discussion with inpatient and HSCP staff throughout. Indeed a number of people have moved on in this time to their own homes. The Scottish Health Council was fully engaged in the original programme which led to our current model and longer term plans to resettle people in the longer stay units. At that time, our plans were not considered as major service change however we have continued to follow the consult and engage model with individuals and families.
39. Given the progress which is now being made we have met with Health Improvement Scotland who are content we have applied the 'Planning with People' principles.

40. Health Improvement Scotland were pleased to hear of resettlement plans and have suggested we update the EQIA already in place and work with Board colleagues on letting the local community know about plans to close the building.
41. The Responsible Medical Officer and clinical team have been working closely with Glasgow colleagues on the service model. All of the remaining patients have been clinically ready for discharge for some time. Beyond discharge close collaboration will continue to ensure new social care staff are well supported.
42. We have met with NHSGGC Corporate Communications and with regards to the engagement to date, this appears proportionate. The outstanding area to consider would be in the ongoing communication with relatives and carers and the opportunity to capture any potential feedback or concerns they may have as we enter this next stage.
43. In respect of families and carers, given the extensive length of time people have been in NHS care we recognise that good support, communication and assurance will be needed. The teams involved are very experienced in this and will provide individual and personal support to families as we move forward.
44. For those without family, advocacy is in place and equally our own teams will work hard to ensure a smooth transition.
45. Staffside have been fully engaged since 2015. An implementation group was established at that time following agreement from the Area Partnership Forum and Joint Staff Forum (East Renfrewshire) which provided the governance framework for the transfer of staff from Waterloo. The group has been dormant for some time but has since been re-established in preparation for organisational change associated with the closure of Netherton.
46. An important footnote is the fact that staff have now been aware that Netherton will close for a number of years, equally staffside are keen that we progress and have been very supportive of our teams.

IMPLICATIONS OF THE PROPOSALS

Finance

47. Initially, people living in longer stay originated from West Dunbartonshire, Inverclyde and Glasgow. Early agreement was reached on the plans and financial framework, including resource transfer. Inverclyde and West Dunbartonshire have since discharged all remaining longer stay people. Resource transfer is currently funded from the closure of Waterloo.
48. Chief Financial Officers are fully apprised of progress and are updating the financial plans in parallel with the new service development and HR related plans.
49. The Netherton building will be surplus to requirements once discharge is complete and will be decommissioned in line with usual procedure. The senior team are experienced in this area of work.

Workforce

50. We will take forward well-established HR processes in respect of staff in partnership with staffside.

Infrastructure

51. Issues in relation the fabric of the Netherton building are mitigated by the plans to move residents to Blythswood. Netherton will be decommissioned via NHS process.

Risk

52. Contingency plans have been developed in the event of delays.

Equalities

53. Resettlement of people with learning disability is a key priority for us and aligns with equality duties.

Policy

54. This work is well aligned and as a result of national and local policy.

DIRECTIONS

55. As this is an update report, there are no directions arising from the IJB.

CONCLUSIONS

56. Although it has taken longer than hoped we are now much closer to discharging our remaining longer stay patients to a new supported living service.

57. This will mark the end of long term institutional NHS care for people with learning disabilities in NHS Greater Glasgow and Clyde.

58. However, as a result of the passage of time, changing needs and Netherton no longer being fit for purpose a contingency is required that will enable us to provide safe care while we focus on smooth transitions to new supported living.

59. The service has extensive experience in supporting complex discharge alongside decommissioning surplus facilities having led on learning disability redesign.

RECOMMENDATIONS

60. The Integration Joint Board is asked to:

- note the progress of resettlement plans and subsequent decommissioning
- note the contingency plans to be implemented if required.

REPORT AUTHOR AND PERSON TO CONTACT

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Chief Officer, IJB: Julie Murray

16 January 2024

AGENDA ITEM No.13



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	31 January 2024
Agenda Item	13
Title	HSCP Participation and Engagement Strategy 2023-2025
Summary	
To ask the Integration Joint Board to approve the revised HSCP Participation and Engagement Strategy 2023-2025 and provide an overview of the process taken by the Participation and Engagement Network (PEN) which worked collaboratively to develop the strategy.	
Presented by	Steven Reid Policy, Planning and Performance Manager
Action Required	
The Integration Joint Board is asked to approve the new HSCP Participation and Engagement Strategy 2023-2025.	
Directions	Implications
<input checked="" type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<input checked="" type="checkbox"/> Finance <input type="checkbox"/> Policy <input checked="" type="checkbox"/> Workforce <input checked="" type="checkbox"/> Equalities <input type="checkbox"/> Risk <input type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty

EAST RENFREWSHIRE INTEGRATION JOINT BOARD**31 January 2024****Report by Chief Officer****HSCP PARTICIPATION AND ENGAGEMENT STRATEGY 2023-2025****PURPOSE OF REPORT**

1. The purpose of this report is to present East Renfrewshire HSCP's Participation and Engagement Strategy 2023-2025, and the associated Action Plan. The report describes the process undertaken to develop the revised Participation and Engagement Strategy.
2. The final Participation and Engagement Strategy is attached at Appendix 1.

RECOMMENDATION

3. The Integration Joint Board is asked to approve the revised Participation and Engagement Strategy 2023-2025.

BACKGROUND

4. The new strategy builds on the work of the previous Participation and Engagement Strategy for 2020-23 previously shared with the IJB and developed by the Participation and Engagement Network (PEN). The PEN consists of over 45 members including Council, HSCP, third sector and community organisations who have continued to work collaboratively over the past 3 years to plan and support engagement activity at the request of the HSCP Strategic Planning Group.
5. Using the Quality Framework for Community Engagement Self-Assessment tool, developed by Health Care Improvement Scotland and underpinned by Planning with People, the network along with wider partners evaluated HSCP PEN engagement, our strengths and priorities to identify key actions and outcomes going forward. A key action identified was our collaborative approach to the revised Participation and Engagement Strategy development.

REPORT

6. The vision for East Renfrewshire HSCP Participation and Engagement Strategy is that the voices of local people are heard and acted upon to improve:
 - health and well-being; and
 - the quality and delivery of local health and social care services.
7. The purpose of the strategy is to engage effectively with our diverse community, including residents, statutory services, third sector and community groups in order to support active participation and engagement; and to commit to ongoing partnership working, evaluation and learning.

8. A clear intention is that the strategy is accessible and underpinned by principles of inclusive engagement practice and promoting equalities. This means that:
 - our activity is coordinated effectively;
 - our activity reaches people including seldom heard/underrepresented groups;
 - our information is accessible;
 - our methods promote equality.
9. The strategy contains details of a number of ways that people can engage with the HSCP and partners, as well as committing to developing further opportunities for individuals.
10. The Participation and Engagement Network will continue to meet and work together to support the participation and engagement activities of the Health and Social Care Partnership and report regularly through the Strategic Planning Group.
11. The Integration Joint Board has overall strategic responsibility for ensuring that the principles of this strategy are carried out. It should receive regular reports on the implementation of the strategy and evaluation of its impact.

CONSULTATION AND PARTNERSHIP WORKING

12. The Participation and Engagement Network meet every 6-8 weeks and share information and advice via a MS Teams channel with tabs which include:
 - Actions & Outcomes – working groups updates;
 - Contacts Meetings and minutes;
 - PEN documents and reports;
 - Previous Engagement – Planning;
 - Shared Resources.
13. The Participation and Engagement Network have planned and hosted a range of engagement activity and events on behalf of the HSCP Strategic Planning Group including:
 - HSCP Strategic Plan 2023/25 – Festival of Engagement;
 - Collaborative Commissioning – Events and working groups;
 - Living Safely and Well at Home Event;
 - Scottish Government Older Peoples' Strategy;
 - HSCP Budget Engagement.
14. The Participation and Engagement Network plan each engagement activity using a Communication Plan to maximise involvement of network members and the reach of our engagement.
15. Tools for engagement are developed to suit different formats whether in person events or on Microsoft Teams/Zoom. Facilitator templates and presentations are developed so that Participation and Engagement Network members can further plan bespoke engagement at a local level. Digital tools such as Microsoft survey, Teams Polls, Whiteboards and other virtual interactive engagement tools are used to support in person and online engagement and widen our ongoing reach via newsletters, email, and partner wide social media platforms.

16. In addition, partnership working within the network extends to working together to share resources, time/experience and spaces/venues.
17. The Participation and Engagement Network formed a short-life working group to develop an action plan for the revised strategy.
18. The Big Lunch, a twice-yearly community lunch and entertainment event was used to capture the information which informed the strategy, including:
- How can we make sure that everyone who wants to participate has a voice?
 - Who can we reach out to? What difference do you think this would make?
19. The event was attended by 160 people living and working in East Renfrewshire with broad representation from older people living in sheltered housing, younger adults with learning disabilities and people from ethnic minorities.
20. A pre-launch event for the draft Participation and Engagement Strategy took place on 3rd November 2023. It was attended by over 60 people representing HSCP staff, Council Staff, Housing Staff, third Sector organisation, PEN members, Community Groups and Community Police. The event provided an opportunity via display boards and digital displays to look at:
- HSCP engagement timeline since the last strategy;
 - “What you said” about previous engagement;
 - Equalities thinking – Impact on people with protected characteristics;
 - Content of the new strategy;
 - Digital resources for supporting engagement within East Renfrewshire;

IMPLICATIONS OF THE PROPOSALS

Finance

21. There is a small annual cost for restocking a toolbox of engagement resources required for in person events. The HSCP and the wider partnership will commit time and capacity from existing resources to continue to support the Participation and Engagement Network function.

Equalities

22. The strategy makes reference to the outcome, “We engage meaningfully with people including seldom heard people/underrepresented groups and this will impact positively on equalities.”
23. An Equality, Fairness and Rights impact assessment is currently being finalised.
24. There are no workforce, infrastructure, risk, policy or legal implications.

DIRECTIONS

25. There are no Directions arising as a result of this report.

CONCLUSIONS

26. The Participation and Engagement Network will continue to work together to plan and support engagement activity at the request of the HSCP Strategic Planning Group.
27. Engagement activity will be planned using an asset-based approach that supports our ongoing capacity and collaborative working for community participation and engagement.
28. Your Voice will be supported to continue its strong links with the HSCP whilst building their capacity to become an independent focus for community engagement that builds pathways to community led supports, choice and control.
29. Once the content of the strategy is approved, it will be sent to our Communications Team for design prior to publication.

RECOMMENDATIONS

30. The Integration Joint Board is asked to approve the revised Participation and Engagement Strategy 2023-25.

REPORT AUTHOR AND PERSON TO CONTACT

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07800 629 476

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

None

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East Renfrewshire HSCP Participation and Engagement Strategy 2023-25

Introduction

Welcome to the Participation and Engagement Strategy for East Renfrewshire Health and Social Care Partnership (HSCP).

This strategy outlines our ambition to ensure that all individuals and organisations who have an interest in health and social care in East Renfrewshire have opportunities to support the way in which our services are being developed and delivered.

This includes those individuals who use health and social care services, their families and carers, along with our staff and wide range of partner organisations across the wider health and social care landscape.

The strategy covers 2023 – 2025 and looks to build on our previous strategy and reaffirm our Integration Joint Board's long term commitment and prioritisation of effective participation and engagement and the key role that this plays in 'Working together with the people of East Renfrewshire to improve lives'.

Central to our approach is our Participation and Engagement Network that involves 3rd and independent sector, staff and community groups. The health and social care sector in Scotland is currently under significant pressure and it is more important than ever that we continue to work in partnership to strengthen local engagement and bring in a wide range of voices when we engage.

We want to ensure that health and care support available in East Renfrewshire meet the needs of the people who live here. This means working in planned collaboration to use all our assets and resources together to empower people to thrive at whatever stage they are at in life.

Finally, please view this strategy as an invitation to anyone who wishes to join us on this journey as we look to build a health and social care partnership for the current and future population of East Renfrewshire.

Julie Murray
Chief Officer



Accessible formats

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

Faodar am pàipear seo fhaotainn ann an Gàidhlig agus ann an cruthan eile mar ann an clò mòr agus Braille. Airson tuilleadh fiosrachaidh, feuch gun cuir sibh fios gu Customer First air 0141 577 3001 no post-d gu. customerservices@eastrenfrewshire.gov.uk

इस सूचना-पत्र में उल्लेखित सूचना यदि आप हिन्दी अनुवाद में चाहे तो कृपया सम्पर्क करें।

如果您想得到该资料所含信息的译文，请联系：

ਜੇ ਤੁਸੀਂ ਇਸ ਲੀਫਲੈਟ ਵਿਚ ਦਿਤੀ ਜਾਣਕਾਰੀ ਦਾ ਅਨੁਵਾਦ ਚਾਹੁੰਦੇ ਹੋ ਇਥੇ ਸੰਪਰਕ ਕਰੋ।

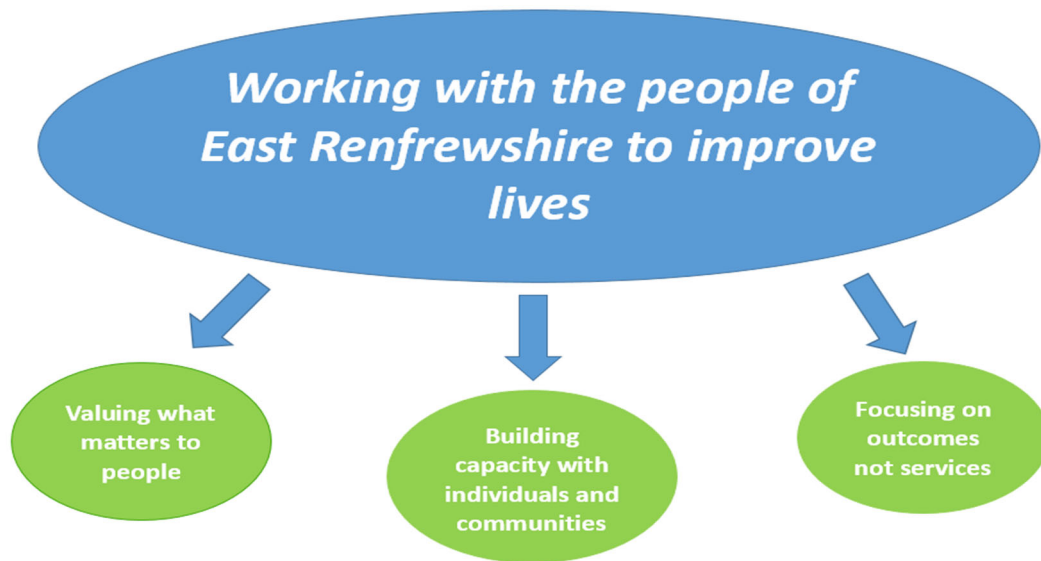
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[HSCP Participation and Engagement Strategy -Digital version](#)

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1. Our Vision



Our vision statement, “[Working together with the people of East Renfrewshire to improve lives](#)”, was developed in partnership with our workforce and wider partners, carers and members of the community.

This vision sets our overarching direction. At the heart of this are the values and behaviours of our staff and the pivotal role individuals, families, carers, communities and wider partners play in supporting the citizens of East Renfrewshire. The touchstones developed to progress this vision, which are set out below, are used to guide everything we do as a partnership.

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

The touchstones keep us focused when we are developing and improving the quality of our engagement about Health and Social Care.

2. Strategy at a glance

<p>Vision</p>	<p>The voices of local people are heard and acted upon to improve</p> <ul style="list-style-type: none"> ➤ health and well being ➤ quality and delivery of local health and social care services
<p>Purpose</p>	<p>To engage effectively with our diverse community, including residents, statutory services, third sector and community groups in order to</p> <ul style="list-style-type: none"> ➤ support active participation and engagement ➤ commit to ongoing partnership working, evaluation and learning
<p>Principles</p>	<p>Working together to</p> <ul style="list-style-type: none"> ➤ build on what already works - Use all the methods, tools, models available to support people to engage with us ➤ close the loop – Share the feedback from engagement “you said” and inform of the impact on their involvement “we did” ➤ grow our connections and contacts with our communities; our partners; our staff and people who use our services
<p>The difference it will make</p>	<p>East Renfrewshire HSCP service design and delivery benefits from</p> <ul style="list-style-type: none"> ➤ engagement activity that is coordinated effectively ➤ meaningful engagement with people including seldom heard/underrepresented groups ➤ people telling us what matters to them

3. Developing the Strategy



The Participation and Engagement Strategy is developed and delivered through East Renfrewshire HSCP multi-agency **Participation and Engagement Network**. Partners in the network set the following objectives for the ways in which we work with our communities:

- Our communities, our partners, our staff and those who receive support will be engaged with, involved and participate in ways that are meaningful to them.
- We will deliver a strategy that supports and resources new ways of engagement, and embraces digital platforms.
- We will deliver a strategy that has a focus on prevention, choice and stronger communities and people will be enabled to share their views.
- We will have a coordinated approach to community engagement and participation.

This strategy is for:

Our **Communities**

Our **staff**

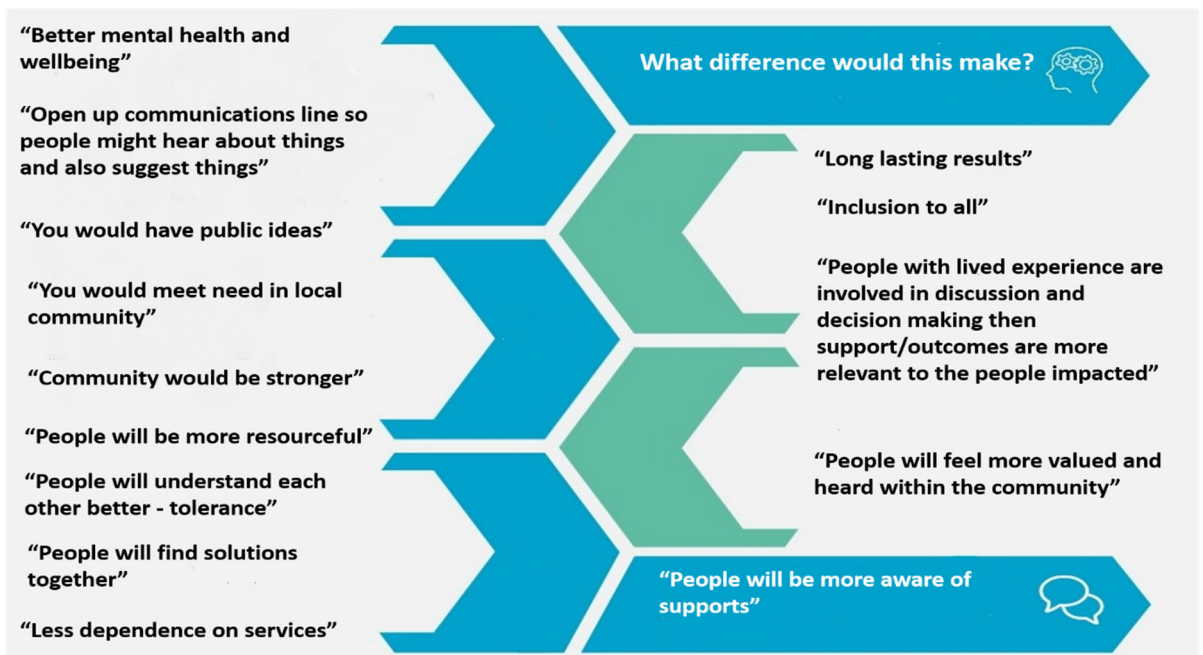
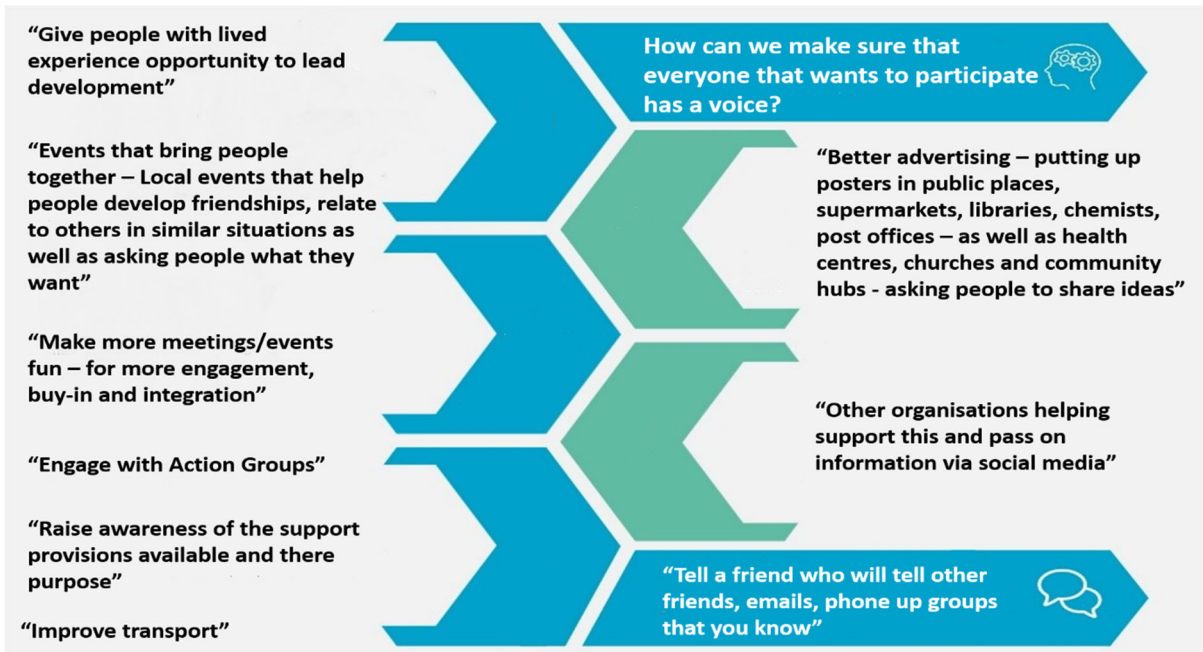
Our **partners**

People who use our Services

3.1 What are you telling us?

Before we developed this strategy we asked the people of East Renfrewshire representing communities, partners, staff and people who use services ***“How can we make sure that everyone that wants to participate has a voice?”*** and ***“What difference would this make?”***

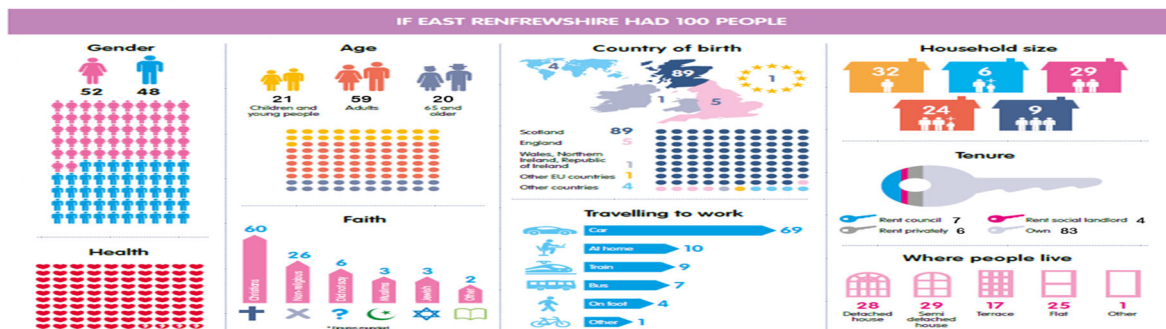
Here are some of the things ***“you said”***



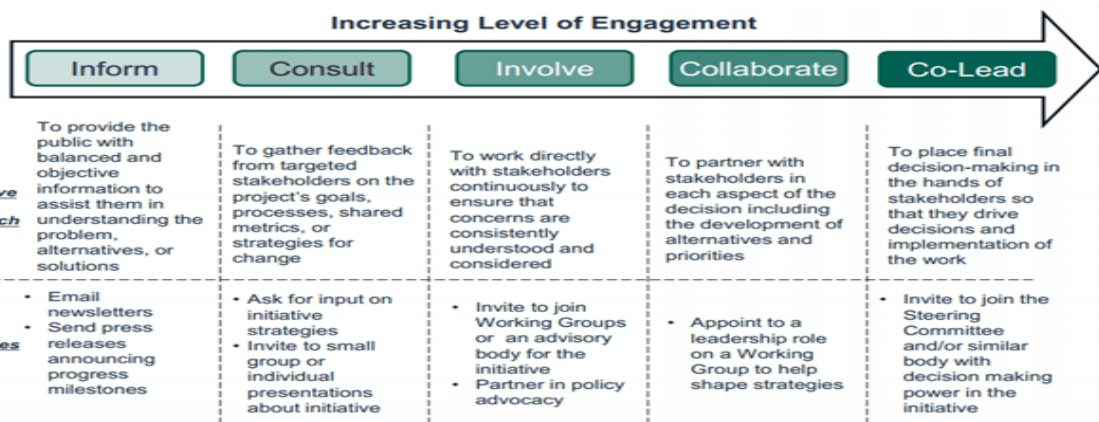
The Big Lunch - Dec 2022 (120 people represented)

3.2 What do we know locally?

- East Renfrewshire has the largest proportion of children and young people in any local authority in Scotland and this is predicted to grow.
- We also have some of the highest life expectancy rates in Scotland and, in turn, an increasing aging population.
- Our population is growing faster than Scotland as a whole, and this can be attributed, in part, to migration into the area.
- We are one of the most ethnically and culturally diverse areas in Scotland with significant Muslim and Jewish communities, and a growing Hindu community.
- We have one of the highest proportions of population in Scotland with one or more long-term health conditions.
- Of our 122 data zones, 7 data zones are amongst the 20 per cent of the most deprived areas within Scotland.



4. What do we mean by participation and engagement?



Source: Collective Impact Forum, adapted from Tamarack Institute and IAP2

The above model covers a range methods of engagement and participation. This can be from:

- Receiving information to
- Sharing views and
- Influencing how decisions are made, to
- Collaborating equally in service design and delivery.

4.1 A definition of Engagement

[The National Standards for Community Engagement](#) defines 'community engagement' as:

'A purposeful process that develops a working relationship between communities, community organisations and public and private bodies to help them to identify and act on community needs and ambitions. It involves respectful dialogue between everyone involved, aimed at improving understanding between them, and taking joint action to achieve positive change.'

5. Guiding Principles

5.1 Why we engage

- ✓ It brings together people, skills, knowledge and life experience.
- ✓ It helps services reflect the needs and wishes of people - Services are better and more responsive to what people and communities require and want.
- ✓ It helps communities to be fully involved in shaping how services look- People feel more empowered as they are involved in decision making.
- ✓ It impacts positively on people and/or their communities - they can **see** the results.
- ✓ It supports an increase in community participation/identity and volunteering/public involvement.
- ✓ Resources are used much more efficiently.
- ✓ Participation and Engagement become part of our everyday work.

5.2 Who we engage with

People who use our services

You and your families, friends, networks.

Our communities

People of place, interest and identity (including our digital community and community hub networks)

Health and Social Care Partnership Staff

Engaging with staff can help create a workplace where staff are involved in decisions. It also allows our workforce to share ideas and have good open communication with everyone around us. Some staff will also live locally and have their own experience of health and social care issues.

Anyone else who provides services and support to people

This includes third sector, the private sector, community planning, Housing and other Council departments, volunteers etc.

5.3 What is our community?

The term communities can mean different things.

- Community of **place**: A geographic location with a physical boundary such as a village, town, neighbourhood or locality.
- Community of **interest**: A group of people who share a particular interest or experience.
- Community of **identity**: how people identify themselves. This could be through age, sexual orientation, religion, disability.

Communities are diverse and people can belong to more than one.

5.4 How we engage

We will work in partnership so that everyone has an equal opportunity to be involved in participation and engagement. This involves making sure:

Our Communication is meaningful

We keep you in the loop with information and knowledge on the HSCP and any changed ways of working.

Our communication is inclusive

If you have any communication support needs we will consider the best way to communicate to help you to participate. We will share with you what **“you said”** and **“what we did”**.

Our information is accessible

Everyone has access to content on an equal basis with others; including written, verbal and web based information. Our information will be in simple terms, free of jargon and shorthand.

Our methods promote equality

We continue to build our contacts, making sure that our engagement reaches people with protected characteristics such as race, disability, sex and sexual orientation.

Our engagement methods adapt/evolve to meet your needs

We continue to learn about and use a range of digital and non-digital ways to reach and involve people in ways that are meaningful to them.

6. Resourcing our approach



Our Participation and Engagement Network is made up of over 40 people representing a wide range of partners within HSCP, Council, Housing, Third Sector Providers and Community organisations.

As a partnership we share knowledge, skills, experience and connections to widen our engagement reach.

If you are interested in joining the network or supporting engagement activity contact the Participation and Engagement Network **here**

Resourcing our Community involvement

We recognise the enormous contribution that people make through the gift of their time, sharing their views. People should not be out of pocket as a result.

If we have asked you to participate and share your views we have an **HSCP Volunteer Expenses Form** which could help e.g. with transport, replacement care for carers. We want to know about any barriers in your way.

Voluntary Action East Renfrewshire (VAER) can help staff access this quicker for you once agreed.



hello@va-er.org.uk

7. Sharing our learning

The Participation and Engagement Network meet regularly to plan engagement on behalf of our Strategic Planning Group. We share our learning to deliver what on what you tell us matters most.

Here are some of the things you have said about engaging with us.

HSCP Strategic Plan Engagement



"So its really good that you are asking and should be asking more regularly" – **Community /public**

"Digital tools are part of the solution
Provider/partner organisation.

"This sort of session is brilliant, having our thoughts listened to and having a platform to use our voices" **Carer /Supported person**

"Providers forum has been fantastic for peer support as well as what's happening in the sector"
Provider/partner organisation

"Having the opportunity to hear from other carers and although problems and situations might be different – the take home message is that you are not alone" **Carer /Supported person**

"The engagement was offered in a lot of different formats; it was broken down into areas that members could focus on within their organisations and the people that they support. I really like the fact that it was offered out in groups whether that was staff; providers and people within our community who use the different services that will be affected by the new strategy" **Participation and Engagement Network member**

HSCP Budget Engagement



"I would like to think we are looking at **equalities impact** at the beginning " **Your Voice**

What you said about ENGAGEMENT: "be clear and transparent. Get back to us." **Carers collective**

What you said about COMMUNICATION AND BEING LINKED TO 3RD SECTOR –
 "responding collectively. ·is the key- sharing what we are doing -Get a **website** that makes sense and is accessible to people " **Care and support Provider**

"**Engaging** with people, carers, staff and stakeholders should be increased, planned and sustained on an ongoing basis, not one off events." **Your Voice**

What you said about INFORMATION SHARING
 "Lot more could be done sharing info between services - would make a massive difference - public can't understand why we don't" **HSCP staff**

What you said about COLLABORATION AND WORKING TOGETHER
 "We need this more important than ever right now · and there is a will to do it" **Provider /Partner**

"How can we support **carers as a campaigning group**" **Carers collective**

HSCP Living Safely and well at Home – Care at Home Event



"Communications - should we invest more in how we spread the word" **Partners and Providers**

"Loving the energy, passion and willingness to do things" **Partners and Providers**

"Stop using data protection as a reason to not make connections" **Partners and Providers**

"Find creative approaches to "meeting" others i.e. Hybrid & face to Face. Shorter more focused meetings. We have to keep having conversations" **Partners and Providers**

Information sharing - "What a chance to say and do" **Partners and Providers**

HSCP Transitions (Learning Disability) Event



What you said could be better

What you said could be better

"Get some information about stuff available" **Pupil**

"Peer support for parents" **Parent**

"More information about events" **Pupil**

"Buddy systems" **Parent**

"More chances for people that are blind" **Pupil**

"Earlier planning" **Parent**

"Get some information about stuff available" **Pupil**

"Transition events throughout the year" **Parent**

"More communication with friends" - **Pupil**

"More information" **Parent**

What you said is working well

What you want to find out more about

"Information and advice on opportunities in adult life before leaving school" - **Parent**

"What support is available after leaving school" **Pupil**

"Volunteering" **Pupil**

HSCP Collaborative Commissioning Events



What you said about VALUING STAFF "Front line workers attending collaborative commissioning meetings"

What you said about CULTURE "Needs to shift to be able to have uncomfortable conversations · Large amount of engagement and often seen as constant talking. Furthermore authorities often fail to communicate the outcome of this "

What you said about INVOLVING PEOPLE "Needs peoples experience to offer real transparency to see who/why and how decisions are made"

What you said about PLANNING "More gathering of views of community and people who use services"

What you said about LANGUAGE "Need to change language about services – positive thing to help and support"

"Share short presentations on what has worked working across providers – new service and lessons learned can we replicate? Budget and stability of support"

What you said about COMMUNICATION "We need an up to date mapping - what's on in East Renfrewshire"

" Need to turn the narrative on all marginalised groups to engage. Better ethics, better understanding. Seeing the value in people and worth "

"Celebrate success regularly with community, use media better, positive stories - plan it. Have a presence"

HSCP Transitions (Learning Disability) Event



What you said could be better

What you said could be better

"Get some information about stuff available" **Pupil**

"Peer support for parents" **Parent**

"More information about events" **Pupil**

"Buddy systems" **Parent**

"More chances for people that are blind" **Pupil**

"Earlier planning" **Parent**

"Get some information about stuff available" **Pupil**

"Transition events throughout the year" **Parent**

"More communication with friends" - **Pupil**

"More information" **Parent**

What you said is working well

What you want to find out more about

"Information and advice on opportunities in adult life before leaving school" - **Parent**

"What support is available after leaving school" **Pupil**

"Volunteering" **Pupil**

HSCP Developing the Staff and volunteer Wellbeing approach



"Through the workforce wellbeing process of engagement and the response re increased wellbeing offer in work, I feel more visible and supported" **Staff member**

"I got so much from the wellbeing sessions and I really want to help communicate how colleagues would benefit too" **Staff member**

"Can we help promote the yoga class. I'm sure staff would enjoy it if they gave it a go" **Staff member**

"I am certain that much more can be done to raise awareness of the wellbeing offer to staff/volunteers and am happy to support" **Staff member**

"The digital resources and wellbeing leaflet are a great way to communicate all the great wellbeing resources. I will certainly use these resources to communicate the offers to our staff" **Staff member**

HSCP Engagement from Children and Families



"Completing the questionnaire can make it easier to say how you are feeling rather than having to speak to someone about how you feel"
Viewpoint Feedback

"100% of children completing Who Cares Scotland? End of Task Feedback felt their voice and choices had been heard"

[Redacted] feels it is good to see how his views are used in planning by doing the life skills survey – **Viewpoint Feedback**

*"I hadn't even thought about, those kind of concepts before in my life. So, those ones, they were interesting because I hadn't realised that, that all contributes to how you're coping as a family – **Parent Feedback on Family First's Family Wellbeing Scale***

"It is an easy way to say how I feel – **Viewpoint Feedback**

8. Assessing our impact



The HSCP is committed to assessing the impact of our participation and engagement ongoing. The Participation and Engagement Network used [The Quality Framework for Community Engagement and Participation](#) tool to evaluate and develop the following action plan.

8.1 HSCP Participation and Engagement Action Plan

What we do	Who with	How we feel	What do we learn and gain	What we do differently	What difference does it make
Engagement to support Collaborative commissioning service design	Children, Adults and Older people who use our services Community organisations Providers/partners Families /Carers, HSCP Staff ER citizens	People feel confident they are listened to	Understanding of what is important to people	Map out the opportunities/gaps in lived experience in HSCP forum memberships and include in engagement activity.	OUTCOME - People have the opportunity and support to engage about what matters to them influence service design and delivery at a strategic level.

What we do	Who with	How we feel	What do we learn and gain	What we do differently	What difference does it make
<p>Develop Equalities networks to influence and support our Equality, Fairness and Rights Impact Assessment (EFRIA) activities</p> <p>Embed equalities monitoring into our engagement activity</p>	<p>People with protected characteristics</p> <p>All stakeholders</p>	<p>People feel they are represented and supported to have their say.</p>	<p>A growing East Renfrewshire local community champions Contacts list that engage with the HSCP</p>	<p>Involve people with protected characteristics at the beginning to look at the possible impact of new policy/service design for them</p> <p>Use our planning and communication tool to support our activity</p>	<p>OUTCOME – <i>We engage meaningfully with people including seldom heard people/under represented groups and this will impact positively on equalities.</i></p>

What we do	Who with	How we feel	What do we learn and gain	What we do differently	What difference does it make
<p>Monitor and assess the quality of our engagement and the demographics of who we reach in our engagement activity</p>	<p>All stakeholders</p>	<p>People feel they have been included.</p>	<p>Knowledge of what engagement methods are required/work best</p>	<p>Evaluate and adapt our engagement methods/tools to capture demographics</p> <p>Evaluate our practice after each engagement to improve the quality of our activity</p>	<p>OUTCOME – <i>We continue to assess the impact of our participation and engagement and coordinate our activities effectively.</i></p>

What we do	Who with	How we feel	What do we learn and gain	What we do differently	What difference does it make
<p>Access and promote learning/training/funding opportunities that support good practice for engagement</p>	<p>Participation and Engagement Network (PEN) and staff involved in engagement activity</p>	<p>People feel appropriately resourced to engage effectively.</p>	<p>A calendar of learning opportunities.</p>	<p>Share our learning and knowledge including digital engagement tool and resources</p>	<p>OUTCOME – <i>We continue to build knowledge and skills to engage meaningfully with all our stakeholders</i></p>

9. Appendix 1 - National and local context

What the national context is telling us

National Context. The Scottish Government has introduced several key policies to underpin the way public services involve and engage with communities. All of these emphasise the importance of designing and delivering health and social care services in partnership with people and communities.

This strategy aligns to national context and underpins our commitment and approach to engagement and participation about Health and Social Care. Here are some of the policies/legislation which embed this commitment.

Planning with People 2023

Planning with People promotes real collaboration between NHS Boards, Integration Joint Boards and Local Authorities. It sets out the responsibilities each organisation has when services are being planned, or changes to services are being planned, and supports them to involve people meaningfully.

The UN Convention on the Rights of the Child (UNCRC)

The UNCRC sets out the human rights of every person under the age of 18 and sets out the civil, political, economic, social and cultural rights that all children everywhere are entitled to. It makes clear how adults and governments must work together to make sure all children can enjoy all their rights.

One of the relevant articles of the Convention that addresses the principle of participation is Article 12, the right to be heard. Article 12 says that every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously.

The Promise

The Promise – the Independent Care Review for young people. This national focus on young people emphasises improving access and equality to education and employment for all our young people including our looked after young people.

It works with all kinds of organisations to support shifts in policy, practice and culture so Scotland can keep the promise it made to care experienced infants, children, young people, adults and their families - that every child grows up loved, safe and respected, able to realise their full potential.

[Community Empowerment Act 2015](#)

This Act introduces more rights for community bodies and strengthens their voice in the decisions about public services. It encourages partnership working between service providers and communities to focus on achieving outcomes and tackling inequalities.

[Equalities Act 2010](#)

This Act protects you from discrimination. It means that discrimination or unfair treatment based on certain personal characteristics is against the law in almost all cases. There are nine protected characteristics: **age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.**

What the local context is telling us

Local context. A range of local strategies/plans support HSCP commitment to participation and engagement, community involvement in shaping health and social care and providing opportunities for people to get involved in their communities.

Here are some of the main strategies/plans which embed this commitment. For further reading please see our digital resource.

[HSCP-Strategic-Plan-2022-2025](#)

This plan sets out the shared ambitions and strategic priorities of our partnership and how we will focus our activity to deliver high quality health and social care to the people of East Renfrewshire.

Our HSCP strategic priorities for 2022-25 are:



[HSCP Strategic Commissioning Plan 2023-2025](#)

This plan sets out the strategic vision to create opportunities to work together to shape the local health and social care environment and to ensure that together we can progress the aims of the HSCP Strategic Plan 2022-2025. It sets out how the HSCP is working with all partners in health and social care to maximise use of the available resources.

It commits to Collaborative Commissioning, a continuous process to identify, plan for and deliver on what matter most to the people of East Renfrewshire and involve all our partners as opportunities arise to participate in new service planning and redesign.

[HSCP Supporting People Framework](#)

This policy supports practitioners to deploy finite resources in a way that ensures that resources are provided to those in greatest need and are considered in relation to an individual's personal or community assets holistically.

Our Supporting People framework encourages creativity and collaboration to widen and enhance support. The framework allows access to the most appropriate support in line with levels of risk.

The vision aims to value what matters to people, build capacity with individuals and communities and focus on outcomes. The principles ensure that support provided by East Renfrewshire HSCP will:

- Promote, support and preserve maximum independence and resilience where practical and practicable.

- Promote equitable access to social care resources.
- Adhere to the principles of early and minimum intervention.
- Target resource to those vulnerable individuals most at risk of harm or in need of protection.

East Renfrewshire's Children and Young People's Service Plan 2023-2026

The East Renfrewshire Approach to Children's Services Planning is our new Children's Services Plan. It has been developed using a rights based approach and directly links to our commitment to promoting and protecting children and young people's rights.

The plan is rooted firmly in the national [Getting it right for every child wellbeing framework](#) which underpins all that we do in East Renfrewshire.

HSCP Carers Strategy 2021-22 *(Update to follow)*

This strategy acknowledges the importance of each carer's role in the sustainability of our services and the impact caring can have on the life of the carer.

It shares a commitment to working together to improve the lives of carers by ensuring they have choice and control over their caring role and support to stay healthy and well.

It also commits to ensuring that Young Carers are children first and foremost. That they are valued, nurtured, inspired and empowered to reach their full potential.

HSCP Alcohol and Drugs Strategic Plan 2020-23 *(Update to follow)*

This strategic plan will guide delivery of actions and be responsive to the changing context following strong principles to deliver on-

- Involving individuals with lived experience to ensure that services are person-centred, supportive and inclusive - joined-up services and an embedded whole-family approach that supports people, parents and carers, children and families impacted by alcohol or drugs.
- Ongoing evaluation of emerging evidence about alcohol and drugs, including the ongoing impact of Covid-19 (on overall wellbeing, inequalities, and alcohol and drug trends) to ensure that actions remain relevant and impactful.

Fairer East Ren

Fairer East Ren is the Local Outcome Improvement Plan for East Renfrewshire Community Planning Partnership.

A requirement of the Community Empowerment (Scotland) Act 2015 is that a Local Outcomes Improvement Plan (LOIP) is produced to outline how community planning partners will work with communities to improve outcomes for individuals, families and communities.

Fairer East Ren focuses on reducing inequality across groups and communities.

Community Learning and Development Plan 2021 - 2024

This plan for East Renfrewshire sets out how services will be delivered over the next 3 years. Consultation and engagement with residents, partners and staff have influenced the key themes and strategic focus for this plan.

These are:

- Health and well-being
- Learning, life and work
- Diversionary
- Strong and resilient communities
- Equality and equity
- Digital
- Early years and family learning

9.1 Have a browse of our digital resources



Do you want to read more legislation/policy/good practice about participation and engagement?

Please click

[Appendix 1 National and local context \(Our digital Resource\)](#)

10. Appendix 2 - Some other ways you can engage within us



Care Opinion

East Renfrewshire Health and Social Care Partnership are fully signed up to use Care Opinion as a means of providing feedback for health and social care.

<https://www.careopinion.org.uk/tellyourstory>

Residents of East Renfrewshire can also use Care Opinion to provide feedback on all services for NHS Greater Glasgow and Clyde

<https://www.careopinion.org.uk/services/sj9>

We want Care Opinion to be accessible for all people and help and support is available.

<https://www.careopinion.org.uk/info/accessibility>



Your Voice in Health and Social Care is a network of individuals and groups who are interested in how health and social care services are designed and delivered.

Your Voice informs the planning, development and delivery of health and social care services by sharing information and feedback through research, community engagement and lived experience

<https://www.eastrenfrewshire.gov.uk/care-opinion>

Email: hello@va-er.org.uk

Phone: 0141 876 9555.



Talking Points By contacting Talking Points you can reach over 50 organisations, including the Health and Social Care Partnership, who work together to help get the information our residents need quickly, impartially and tailor made to their needs.

Talking Points can help with being a carer, isolation, money advice, staying fit and active and everything in-between.

Contact our dedicated Helpline, email address or our Facebook page.

Call 0141 876 9555 or email talkingpoints@eastrenfrewshire.gov.uk
[Talking Points - East Renfrewshire Council](#)



East Renfrewshire Staff Equalities, Diversity and Inclusion Network is an employee led, safe-space for staff to share experiences, celebrate diversity, and advocate for an inclusive and fair work environment that promotes equality and challenges discrimination.

The network meets every 8 weeks through a mix of online and in-person meetings where staff can explore topics around equalities and diversity, and help inform and shape equality initiatives and practice.

You can join the network through [this link](#)

10.1 Our digital resource

- Do you want to share your experience of health and social care?
- Do you want to find out more about health and social care services?
- Do you want to influence change by joining a lived experience network?
- Are you a third sector organisation looking for support?
- Do you want to know more about staff well-being initiatives?
- Do you want to browse some directories that say more about activities and supports in East Renfrewshire?
- Do you want help to explore more information about activities and social supports in East Renfrewshire?
- Do you want to look at tools and resource that may improve on participation and engagement?

Pease click

[Appendix 2 - Ways you can engage with us \(our digital resource\)](#)

 <p>Have Your Say East Renfrewshire Participation Engagement Network Connecting for better health and social care</p>	
Strategy development date: August 2023	
This Strategy is due for renewal August 2025	

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AGENDA ITEM No. 15



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	31 January 2024
Agenda Item	15
Title	Appointment of Standards Officer
Summary	
This report seeks approval of the appointment of a replacement Standards Officer for the Integration Joint Board.	
Presented by	Julie Murray, Chief Officer
Action Required	
The Integration Joint Board is asked to nominate for approval by the Standards Commission, Barry Tudhope, Democratic Services Manager, East Renfrewshire Council as the Standards Officer for the Integration Joint Board.	
Directions	Implications
<input checked="" type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<input type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Workforce <input type="checkbox"/> Equalities <input type="checkbox"/> Risk <input checked="" type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty

EAST RENFREWSHIRE INTEGRATION JOINT BOARD**31 January 2024****Report by Chief Officer****APPOINTMENT OF STANDARDS OFFICER****PURPOSE OF REPORT**

1. To recommend that the Integration Joint Board nominates for approval by the Standards Commission a Standards Officer to comply with the requirements of the Ethical Standards legislation.

RECOMMENDATION

2. The Integration Joint Board is asked to nominates for approval by the Standards Commission, Barry Tudhope, Democratic Services Manager, East Renfrewshire Council as the Standards Officer for the IJB.

BACKGROUND

3. The Ethical Standards in Public Life (Scotland) Act 2000 (Register of Interests) Regulations 2003 require devolved public bodies to have a Standards Officer. The Public Bodies (Joint Working)(Scotland) Act (Consequential Amendments and Savings) Order 2015 has determined that Integration Joint Boards are devolved public bodies for the purposes of the Ethical Standards legislation and accordingly the IJB needs to make arrangements to have a Standards Officer.

REPORT

4. In March 2023, the Board agreed to nominate Colin Sweeney, Democratic Services Manager as Standards Officer for the Board. The nomination was subsequently approved by the Board.
5. Mr Sweeney left the Council on 3 December 2023 and so it is necessary for the Board to nominate a replacement. Mr Sweeney's successor at East Renfrewshire Council is Barry Tudhope. Barry Tudhope will continue to provide the secretariat function for the Board and accordingly it is recommended that he also be nominated as Standards Officer.

CONSULTATION AND PARTNERSHIP WORKING

7. Consultation has taken place with the Council's Chief Officer – Legal and Procurement, Gerry Mahon. Mr Mahon is the Council's Monitoring Officer, that role having similar responsibilities in relation to Councillors as the Standards Officer has for members of the IJB.

IMPLICATIONS OF THE PROPOSALS.Legal

8. Failure to appoint a Standards Officer breaches the requirement as prescribed in the legislation.
9. There are no implications in terms of finance, policy, workforce, infrastructure, or equalities.

CONCLUSIONS

10. The Board has to comply with the requirements of the 2003 Regulations to appoint a Standards Officer. Barry Tudhope's appointment will ensure that the Board is not in breach of the requirements.

RECOMMENDATION

11. That the Integration Joint Board nominates for approval by the Standards Commission, Barry Tudhope, Democratic Services Manager, East Renfrewshire Council as the Standards Officer for the IJB.

REPORT AUTHOR AND PERSON TO CONTACT

Chief Officer, IJB: Julie Murray

10 January 2024

BACKGROUND PAPERS

IJB Paper 29 March 2023 – Appointment of Standards Officer

https://www.eastrenfrewshire.gov.uk/media/8933/IJB-Item-14-29-March-2023/pdf/IJB_Item_14_-_29_March_2023.pdf?m=638146518642970000

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