

Date: 5 August 2025
e-mail: barry.tudhope@eastrenfrewshire.gov.uk
Tel: 0141 577 3023

TO: ALL MEMBERS OF THE EAST RENFREWSHIRE INTEGRATION JOINT BOARD

Dear Colleague

**EAST RENFREWSHIRE INTEGRATION JOINT BOARD
HYBRID MEETING - WEDNESDAY 13 AUGUST 2025**

You are requested to attend a meeting of the **East Renfrewshire Integration Joint Board** which will be held on **Wednesday, 13 August 2025 at 10:00 a.m.** in the Council Chamber, East Renfrewshire Council Headquarters, Eastwood Park, Rouken Glen Road, Giffnock, G46 6UG.

As this is a hybrid meeting, Board Members can attend in person or via Microsoft Teams. The agenda of business is attached.

The agenda of business is attached.

Yours faithfully

Councillor Katie Pragnell

**Councillor Katie Pragnell
Chair, East Renfrewshire Integration Joint Board**

Enc.

**ACCESSING THE INTEGRATION JOINT BOARD MEETING AND ALTERNATIVE
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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

Wednesday 13 August 2025 at 10:00 a.m
**in East Renfrewshire Council Chamber, Council Headquarters, Eastwood Park,
Rouken Glen Road, Giffnock or via Microsoft Teams**

AGENDA

- 1. Apologies for Absence**
- 2. Declarations of Interest**
- 3. Minute of Previous Meeting held 25 June 2025** (copy attached, pages 3 - 8)
- 4. IJB Chief Officer Update** (copy attached, pages 9 – 16)
- 5. People Story: Helping Me to Live Again and Age Well at Home - Presentation by Lee McLaughlin** (copy attached, pages 17 - 20)
- 6. Matters Arising and Rolling Action Log** (copy attached, pages 21 - 26)
- 7. Minute of Performance and Audit Committee held 25 June 2025** (copy attached, pages 27 - 32)
- 8. Local Child Poverty Action Plan 2024/25** (copy attached, pages 33 - 38)
- 9. Alcohol and Drugs Partnership Update – Medication Assisted Treatment Standards Progress and Annual Reporting Survey 2024-25** (copy attached, pages 39 - 84)
- 10. East Renfrewshire Suicide Prevention Strategy and Action Plan – Year 1 Progress Update** (copy attached, pages 85 - 106)
- 11. Revenue Budget Monitoring Report 2025/26** (copy attached, pages 107 - 126)
- 12. Discharge without Delay** (copy attached, pages 127 - 132)
- 13. Support for Veterans** (copy attached, pages 133 - 144)
- 14. Calendar of Meetings 2026/27** (copy attached, pages 145 - 148)

NOT YET ENDORSED AS A CORRECT RECORD**Minute of Meeting of the East Renfrewshire Integration Joint Board held on
Wednesday 25 June 2025 at 2:30pm on Microsoft Teams.****Present**

Councillor Katie Pragnell	East Renfrewshire Council (Chair)
Mehvish Ashraf	NHS Greater Glasgow and Clyde
Lesley Bairden	Chief Financial Officer (Integration Joint Board)
Alexis Chappell	Chief Officer (Integration Joint Board)
Councillor Caroline Bamforth	East Renfrewshire Council
Martin Cawley	NHS Greater Glasgow and Clyde
Cath Cooney	NHS Greater Glasgow and Clyde
Councillor Paul Edlin	East Renfrewshire Council
Dr Claire Fisher	Clinical Director (HSCP)
Dianne Foy	NHS Greater Glasgow and Clyde
Annemarie Kennedy	Third Sector Representative
Catherine Lister	Staff Representative
Andrew McCready	Staff Representative
Geoff Mohamed	Carers Representative
Councillor Owen O'Donnell	East Renfrewshire Council
Raymond Prior	Head of Children's Services and Justice (Chief Social Work Officer)
Lynne Siddiqui	Lead Allied Health Professional
Julie Tomlinson	Chief Nurse

In Attendance

Arlene Cassidy	Children's Services Strategy Manager
Nadia Graham	Commissioning and Market Shaping Officer
Tom Kelly	Head of Adult Services: Learning Disability and Recovery
Lee McLaughlin	Head of Adult Services: Communities and Wellbeing
Margaret Phelps	Strategic Planning, Performance and Commissioning Manager
Steven Reid	Policy, Planning and Performance Manager
Kirsty Ritchie	Senior Communications and Campaigns Officer
John Burke	Democratic Services Officer, East Renfrewshire Council

Chair

Councillor Katie Pragnell in the Chair.

1. WELCOME & APOLOGIES FOR ABSENCE

- 1.1 The Chair welcomed everyone to the meeting of the Integration Joint Board and noted that there were no apologies.

2. DECLARATIONS OF INTEREST

- 2.1 There were no declaration of interest intimated.

3. MINUTES OF PREVIOUS MEETING: 26 MARCH 2025

- 3.1 The Minute of the Meeting of the Integration Joint Board held on 26 March 2025 was approved.

4. CHIEF OFFICER UPDATE – VERBAL UPDATE

- 4.1 The Chief Officer was welcomed to her first meeting of the Board and expressed her pleasure in joining. She thanked all officers for their commitment to the Health and Social Care Partnership and indicated that a change programme would be established with partners which would come back to the Board for approval.
- 4.2 The Integration Joint Board noted the update.

5. MATTERS ARISING

- 5.1 The Integration Joint Board considered a report on matters arising from the discussion which took place at the Integration Joint Board meeting on 26 March 2025.
- 5.2 The Chief Officer reported that work was underway on income maximisation and financial assessments in relation to non-residential charging.
- 5.3 The Chief Officer also thanked officers who supported the transfer of patients from Greenlaw Medical Practice. The practice is expected to close at the end of June 2025 and she confirmed that all patients were on track to be allocated to new practices by the closure date.
- 5.4 The Integration Joint Board noted the report.

6. ROLLING ACTION LOG

- 6.1 The Integration Joint Board considered a report from the Chief Officer detailing all ongoing actions and those that had been completed since the previous meeting of the Integration Joint Board on 26 March 2025.
- 6.2 The Integration Joint Board noted the report.

7. MINUTE OF PERFORMANCE AND AUDIT COMMITTEE HELD ON 26 MARCH 2025

- 7.1 The Minute of the Meeting of the Performance and Audit Committee held on 26 March 2025 was noted.

8. UNAUDITED ANNUAL REPORT AND ACCOUNTS 2024/25

- 8.1 The Integration Joint Board considered a report by the Chief Financial Officer on the unaudited Annual Report and Accounts for the Integration Joint Board covering the period 1 April 2024 to 31 March 2025.
- 8.2 The Annual Report and Accounts had been considered and remitted to the Integration Joint Board by the Performance and Audit Committee at its meeting earlier in the day.
- 8.3 The key messages in the document were included from paragraph 17 of the report and those were summarised by the Chief Financial Officer. There followed a discussion around pension contributions and the potential increased pressures from asylum seekers coming into the area.
- 8.4 The audited Annual Report and Accounts will be brought back to the Integration Joint Board at its meeting on 24 September 2025.
- 8.6 The Integration Joint Board:-
- a) approved the unaudited Annual Report and Accounts for submission to Ernst & Young;
 - b) approved and endorsed the proposed reserves allocations;
 - c) noted the Annual Report and Accounts were subject to audit review;
 - d) agreed to receive the audited Annual Report and Accounts in September, subject to any recommendations made by external auditors and/or the Performance and Audit Committee and Integration Joint Board; and
 - e) noted the summary overview of financial performance document would be presented with the audited accounts in September.

9. MEDIUM TERM FINANCIAL PLAN

- 9.1 The Integration Joint Board considered a report by the Chief Financial Officer on the refreshed Medium Term Financial Plan for the Integration Joint Board, covering a five year period from 2025/26 to 2029/30.
- 9.2 Potential issues and cost pressures were set out in the report, as well as a series of “what if” scenarios through to 2029/30.
- 9.3 The key themes of the Plan were summarised in Item 7 of the report and the Chief Financial Officer summarised the drivers influencing those themes.
- 9.4 The Integration Joint Board:
- a) approved the revised Medium Term Financial Plan; and
 - b) agreed to receive updates that reflected any significant changes in the financial outlook for the Integration Joint Board.

10. ANNUAL PERFORMANCE REPORT 2024/25

- 10.1 The Integration Joint Board considered a report by the Policy, Planning and Performance Manager on the 9th Annual Performance Report which would be finalised for publication by 31 July 2025.
- 10.2 It was noted that the report was retrospective and set out how the IJB delivered on its vision and commitments as set out in the Strategic Plan, whilst recognising the challenges faced both locally and nationally. The report set out the current strategic approach, financial performance and detailed performance information illustrating data trends against key performance indicators, as well as case studies and examples of innovation and good practice.
- 10.3 The Policy, Planning and Performance Manager reported that, despite continued pressures, the report was very positive and provided an overview of areas of the report where focus would be given to drive further improvements in performance.
- 10.4 It was noted that the Performance and Audit Committee had noted the content of the report at their meeting earlier in the day.
- 10.5 Members discussed the detailed information in the report and welcomed the positive trend displayed. There were discussions around employee wellbeing, supporting care experienced children and the potential to link into educational establishments for recruitment.
- 10.6 The Integration Joint Board:
- a) noted the content of the Annual Performance Report 2024/25; and
 - b) approved the report for submission to the Scottish Government and publication by the deadline of 31 July 2025.

11. EQUALITY AND HUMAN RIGHTS MAINSTREAMING REPORT

- 11.1 The Integration Joint Board considered a report by the Policy, Planning and Performance Manager presenting the Board with its Equality and Human Rights Mainstreaming Report for 2025.
- 11.2 The report provided an update on East Renfrewshire Health and Social Care Partnership's equality outcomes and mainstreaming activity for the period 2023-2025. It also presented the new Equalities Outcomes for 2025-2029 for approval.
- 11.3 Members discussed a range of factors around equalities training and the new outcomes, particularly in relation to domestic abuse. It was agreed that those comments would be taken on board for future reports.

11.4 The Integration Joint Board:

- a) approved the content of the Health and Social Care Partnership Equality and Human Rights Mainstreaming Report; and
- b) approved the new Equality Outcomes for 2025-2026 on the basis that outcome on domestic abuse be amended to reflect prevention work.

12. HSCP STRATEGIC PLAN 2025-26

- 12.1 The Integration Joint Board considered a report by the Policy, Planning and Performance Manager on the Health and Social Care Partnership's Strategic Plan 2025-26.
- 12.2 The Plan set out the vision and priorities of the HSCP in the period and emphasised the broad partnership approach being taken with third sector and independent partners and communities to meet the range of needs in East Renfrewshire.
- 12.3 In discussion, members confirmed that there was some flexibility in the plan to respond to local and national changes, with the Plan being updated annually to reflect those.
- 12.4 The Integration Joint Board approved the Strategic Plan for 2025-26.

13. REFRESH OF EAST RENFREWSHIRE GETTING IT RIGHT FOR EVERY CHILD (GIRFEC) MANUAL

- 13.1 The Integration Joint Board considered a report by the Chief Social Work Officer on the refresh of national GIRFEC guidance and subsequent update of East Renfrewshire Council's GIRFEC Manual and the creation of Getting It Right for Every Child Information Sharing Guidance.
- 13.2 The Chief Social Work Officer summarized the changes to the guidance and the key changes to the GIRFEC Manual, which were detailed in the report. Detailed information was also provided on the GIRFEC Information Sharing Guidance which provided overarching practice principles around information sharing and supported specific guidance within East Renfrewshire Council's departments and services, as well as East Renfrewshire Health and Social Care Partnership.
- 13.3 In discussion, the Chief Social Work Officer clarified the wider policy context of the documents being considered.
- 13.4 The Integration Joint Board noted the report and approved the updated East Renfrewshire GIRFEC Manual and GIRFEC Information Sharing Guidance.

14. PRESENTATION: DISCHARGE WITHOUT DELAY – POSITION UPDATE

- 14.1 The Integration Joint Board received a presentation from the Head of Adult Services: Communities and Wellbeing on Discharge without Delay. The position was outlined, with East Renfrewshire HSCP ranking 7th nationally in terms of delayed discharges and a decrease in delays over the last four week period. The HSCP was 20th nationally in terms of Adults with Incapacity (AWI) related delays, and 3rd among NHS Greater Glasgow and Clyde Partnerships. Only 2.8% of patients had a planned date of discharge that had elapsed.
- 14.3 The presentation also provided comparative information between East Renfrewshire and the other 5 NHS Greater Glasgow and Clyde Partnerships, showing the relative trends.
- 14.4 The Head of Adult Services: Communities and Wellbeing then outlined actions that were underway to further reduce delayed discharge, such as: an increased focus on reducing beds lost; providing updated information around Power of Attorney to patients and officers via the HSCP website; working toward the implementation of “Discharge to Assess”; and working with Greater Glasgow and Clyde Health Board Transformation Plan with a focus on Adults With Incapacity, complex care and hospital at home.
- 14.5 The Integration Joint Board noted the presentation.

15. IJB COMPLAINTS ANNUAL REPORT 2024/25

- 15.1 The Integration Joint Board considered a report by the Chief Financial Officer on the Annual Complaints Report for 2024/25. It indicated that no complaints had been made in relation to the Integration Joint Board during the period.
- 15.2 The Integration Joint Board noted the report.

16. DATE OF NEXT MEETING

- 16.1 The Integration Joint Board noted the date of next meeting as Wednesday 13 August 2025 at 10:00am.

CHAIR

AGENDA ITEM No. 4



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board	
Held on	13 August 2025	
Agenda Item		
Title	Chief Officers Update	
Summary This report has been prepared to prepare an update on activities of the partnership, provide an overview of local and national developments which impact on the work of the partnership and highlight areas of future focus.		
Presented by	Alexis Chappell, Chief Officer	
Action Required The Integration Joint Board is asked to: <ul style="list-style-type: none"> i. Note the Chief Officers Update. ii. Agree that a One Year Delivery Plan and Financial Recovery Plan will be brought to September IJB for approval. iii. Agree the introduction of people stories to demonstrate the impact of the partnerships activities on lives of people of East Renfrewshire. 		
Directions <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	Implications <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> X Finance <input type="checkbox"/> Policy <input type="checkbox"/> Workforce <input type="checkbox"/> X Equalities </div> <div> <input type="checkbox"/> Risk <input type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty </div> </div>	

EAST RENFREWSHIRE INTEGRATION JOINT BOARD**13 August 2025****Report by Chief Officer****Chief Officers Update****PURPOSE OF REPORT**

1. This report has been prepared to prepare an update on activities of the partnership, provide an overview of local and national developments which impact on the work of the partnership and highlight areas of future focus.

RECOMMENDATIONS

2. The Integration Joint Board is asked to:
 - i. Note the Chief Officers Update.
 - ii. Agree that a One Year Delivery Plan and Financial Recovery Plan will be brought to September IJB for approval.
 - iii. Agree the introduction of people stories to demonstrate the impact of the partnership's activities on lives of people of East Renfrewshire.

BACKGROUND

3. This is the first chief officers report. As the new Chief Officer in post, I intend to provide a personal update to each Board with the purpose of summarising key activities of the chief officer and partnership and our delivery upon our strategic and fiscal ambitions, providing an overview of local and national developments which impact on the work of the partnership and highlight areas of future focus.

REPORT

4. As will it always be, the Chief Officer report starts with recognition and gratitude for all those working in health and social care across all roles and sectors, whether paid or unpaid who continue to work together to support people stay safe, well and independent.
5. Health and Social Care is about people. It is about improving the outcomes, experiences, and wellbeing of people, their families, carers, and our workforce. It is also about partnership and it's about building and strengthening our relationships within our partnerships so that we can build trust and opportunities for collaboration, which ultimately benefit individuals, carers and our workforce.
6. During the last eight weeks, I have had the privilege of meeting a range of staff across partnership, board and partners across East Renfrewshire, NHS Glasgow and Clyde and in Voluntary Sector. In my first weeks my priority has been to be visible and engaged as a leader and take the time to listen, learn, connect and build relationships.

7. I have been hugely impressed by the dedication, commitment and resilience of our workforce. There is a shared ambition towards delivering person-centred, outcome focused, high-quality services and working collaboratively with compassion, kindness and ambition to do this.
8. It's that shared value base which connects us and provides a brilliant foundation for our future together and through this enable everyone in East Renfrewshire to thrive, flourish and live well.

Our Workforce and Our Outcomes

9. A key reflection from all the discussions, staff feedback and visits to date has been the value of senior leadership visibility and engagement and the value of learning and development.
10. To that end, I am launching during August *Coffee with Alexis and a Day in the Life of ...*, which is a regular schedule of engagement, discussion and visiting services across the partnership and with partners and *A Day in the Life of a Chief Officer*, which is an opportunity for staff to shadow the Chief Officer and Heads of Services. Future Chief Officer reports will highlight learning from the engagement and visits.
11. Over the next month, my intention is to work with professional leads, trade unions, care sector and 3rd sector to consider our workforce plans and our approach to equity, inclusion and diversity, taking learning from both NHS GGC and East Renfrewshire Council Workforce plans and best practice. An update and next steps will be provided at September IJB on progress.
12. A further key reflection has been on demonstrating the impact of the partnership's activities on people of East Renfrewshire and across greater Glasgow and Clyde, what matters to people and how we are continuously learning based on feedback received. To that end, it's proposed to bring people stories to each Integrated Joint Board and to work with colleagues across the sector to do this, to support a collaborative approach across health and care and across all sectors. The first people story is at the Partnership today.
13. A final reflection is the value of 3rd and care sector. We have an excellent 3rd sector in East Renfrewshire and across Greater Glasgow and Clyde who are committed to working together to deliver positive outcomes for people of East Renfrewshire and Greater Glasgow and Clyde. As we go forward, my aim is to work with colleagues in Voluntary Action East Renfrewshire and Care sector to tell the story of how the 3rd sector and care sector are supporting delivery on our outcomes. An update will be provided at September IJB.

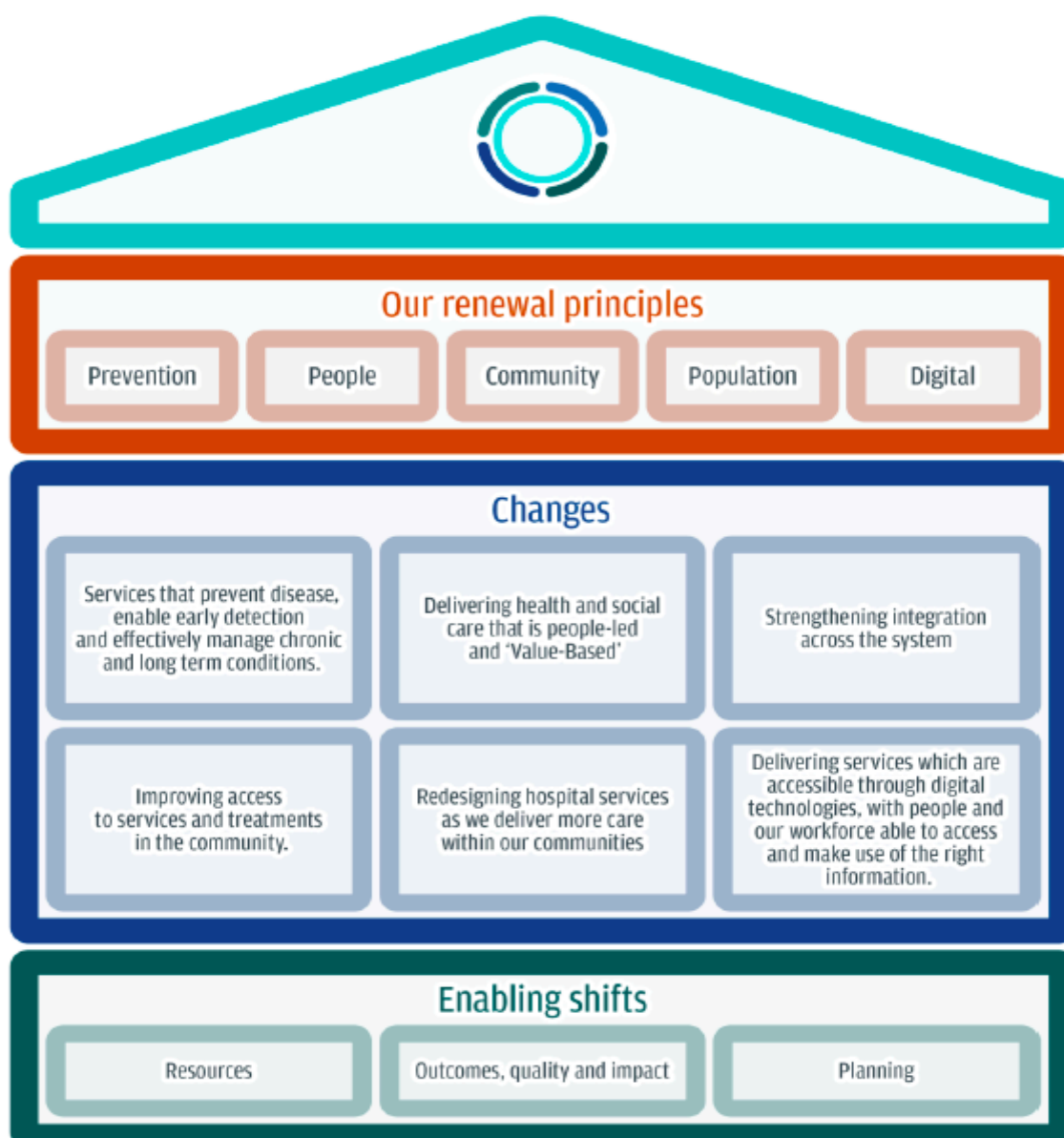
Local and National Policy and Legislation Implications

14. During the last few weeks there have been several legal and policy launches which have implications for East Renfrewshire Health and Social Care Partnership and how we plan and practice. As the landscape is evolving, I have used the Chief Officer report to summarise the frameworks, their themes for the Integrated Joint Board and our next steps.

15. For children, young people and adults, the Breastfeeding and Infant Strategic Framework, Children (Care, Care Experienced and Services Planning) (Scotland) Bill, National Transitions to Adulthood Strategy for Young Disabled People, Tackling child poverty - six priority families' concept: overview and guidance, Social Care (Self-directed Support) (Scotland) Act 2013: updated statutory guidance, and the Care Reform (Scotland) Act 2025, Scotland's Trafficking and Exploitation Strategy 2025, Polypharmacy Prescribing Guidance, were introduced throughout June and July.
16. These documents highlight and support our local focus on: -
 - ✓ Upstream prevention - Promotion of healthy ageing, upstream prevention, and nature-based wellbeing.
 - ✓ Protection and Safety - Protection and safety of children, young people and adults with a focus on prevention of harm and trauma informed practice.
 - ✓ Person Centred and Shared Decision Making - Values based and relationship based personalised and compassionate care with multi-disciplinary teams working holistically together around people to enable integrated personalised care planning, improved health and wellbeing and safety of individuals.
 - ✓ Equity and Inclusion - Promotion of early years health equity, tackling intersectional disadvantage and inequality, and a recognition of care experience as a protected characteristic.
 - ✓ Rights, Voice and Advocacy - A focus on co-production, choice and the voice of individuals in planning of their care and support.
 - ✓ Digital innovation, data led intelligence and record sharing - Emphasis on using digital and data to drive improvement and equity and supports digital integration in relation to records.
 - ✓ Integrated Planning - Having a strong alignment across health, education, social care, and third sector towards shared purpose, connection and focus through our strategic planning, governance and accountability.
17. I also want to draw attention to the Chief Medical Officer's annual report 2024-2025: Realistic Medicine - Critical Connections. The principles and themes highlighted above also key learning, but in addition the report supports and emphasises the significant of human connection, relational continuity in care and advocacy of careful, kind and personalised care as well as upstream prevention and system renewal.
18. The focus in these new policies underpinned and supported through the launch of the Health and Care Health and Care Service Renewal Framework 2025 – 2035, Scotland's Population Health Framework (2025 – 2035), Public Service Reform Strategy: Delivering for Scotland, Fiscal Sustainability Delivery Plan, which were also launched during June and July.
19. Figure 1 and 2 below provides a summary of what the framework aims to achieve.



20. Figure 2: Health and Social Care Service Renewal Framework



21. The frameworks provide an opportunity for the partnership to take stock, reflect and consider how we co-design as one system, one place and one workforce to enable and

deliver meaningful and long-lasting outcomes for our people and communities, so that people can thrive, flourish and live well.

22. As part of this stocktake, it's important consider, in particular, what the renewal framework, public sector reforms and fiscal sustainability delivery plans means for our priorities, current and future strategic plans, financial position, governance and alignment with A Place to Grow, NHS Greater Glasgow and Clyde Transformation and East Renfrewshire Council strategic plans.
23. To do this, it's planned to use the forthcoming Integrated Joint Board development session and the HSCP Strategic Planning Group as key places to provide a briefing and work collaboratively with Board Members and partners to enable the stocktake and collectively consider opportunities, priorities and how we move forward together.

One Year Delivery Plan and Financial and Governance Framework

24. As set out in the policy overview above, we are operating in an evolving policy and financial landscape, but also one full of significant opportunity for the future of East Renfrewshire, Greater Glasgow and Clyde and the promotion of health and wellbeing.
25. My priority that we have a culture in which our developments are collaborative, engaging and feel meaningful to all involved and in particular positive co-production with individuals, carers, our workforce and partners ensure voices of people, workforce and partners are central to how we move forward.
26. It's recognised to enable people to thrive, flourish and live well but within our financial resource available, it's important that we take time to meaningfully engage and co-design an operating model and strategic framework with individuals, carers, our workforce, partners and communities to do this. The developments planned in August as highlighted in point 21 are the key starting point.
27. In meantime, it's recognised that the health and care partnership currently has several actions underway following on from our strategic plans, performance related actions, workforce plans, governance and financial recovery to deliver on our performance, governance and financial objectives over the next year. These were articulated in June 2025 IJB and are covered in the Chief Finance Officer update at the IJB today, noting the financial position of the IJB.
28. To have maximum impact we need to prioritise our activities and resources against our strategic, tactical and operational priorities. To do this, I plan to develop a combined one-year delivery plan and accompanying financial recovery and governance framework for 2025 to 2026 which brings together our plans, activities and actions into one combined delivery plan and accompanying financial recovery plan, governance framework and cycle of business.
29. By bringing together our planning, performance, financial, governance and delivery frameworks, we are better positioned to respond to local needs, make informed decisions, and build a resilient, inclusive, and sustainable health and social care system in which everyone can thrive, flourish, live well and belong.
30. The Integrated Joint Board and Strategic Planning Group planned throughout August will support the development of the combined delivery plan and financial recovery

framework alongside implementation of service specific budget and performance clinics, dedicated service development sessions and review of our current plans and actions.

31. It's proposed to bring the one-year delivery plan, financial recovery plan and combined governance framework to September Integrated Joint Board for approval.

IMPLICATIONS OF THE REPORT

Finance

32. There are no financial implications of this report. The purpose of developing a one year combined plan with an accompanying financial framework plan to ensure that the partnership is focused on delivery of our priorities and fiscal responsibilities.

Equalities

33. An Equality Fairness and Rights Assessment will be undertaken to inform the one year combined delivery plan and accompanying financial and governance frameworks. Core to our work is a focus on equity, inclusion and tackling inequalities and the EFRIA will ensure that this informs our activities.

Workforce

34. By focusing on visible leadership, engagement and reflecting on our workforce plans, its aimed that our workforce feel valued, listened to and supported to deliver high quality services and support.

DIRECTIONS

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

RECOMMENDATIONS

36. The Integration Joint Board is asked to:
- iv. Note the Chief Officers Update.
 - v. Agree that a One Year Delivery Plan and Financial Recovery Plan will be brought to September IJB for approval.
 - vi. Agree the introduction of people stories to demonstrate the impact of the partnerships activities on lives of people of East Renfrewshire.

REPORT AUTHOR AND PERSON TO CONTACT

Alexis Chappell, Chief Officer
alexis.chappell@eastrenfrewshire.gov.uk

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	13 August 2025
Agenda Item	5
Title	People Story: 'Helping Me to Live and Age Well at Home'
<p>Summary</p> <p>This paper sets out our proposal to share people stories at our Integration Joint Board meetings to allow us to capture evidence of the quality of services, share the learning about what works well and what needs to be improved with the operational teams who can then take forward any improvements identified.</p> <p>The people story '<i>Helping me to live and age well at home</i>' will be presented at the meeting.</p>	
Presented by	Lee McLaughlin, Head of Adult Services: Communities and Wellbeing
<p>Action Required</p> <p>Integration Joint Board members are asked to:</p> <ul style="list-style-type: none"> a) Agree the proposal to share a people story at all Integration Joint Board meetings. b) Note the people story 'Helping me to live and age well at home' being presented at the IJB meeting, and comment on areas of good practice/areas for improvement. 	

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East Renfrewshire Integration Joint Board

13 August 2025

Report by Chief Officer

People Story: Helping me to live and age well at home

Purpose of report

1. To share the people story 'Helping me to live and age well at home' and set out our proposal to share people stories (in presentation, video or in user/carer/ in-person format) at our Integration Joint Board meetings to allow us to capture evidence of the quality of services, share the learning about what works well and what needs to be improved with the operational teams who can then take forward any improvements identified.

Recommendation

2. Integration Joint Board members are asked to:
 - a) Agree the proposal to share a people story at all Integration Joint Board meetings.
 - b) Note the people story 'Helping me to live and age well at home' being presented at the IJB meeting, and comment on areas of good practice/areas for improvement.

Report

3. East Renfrewshire HSCP strives to collaborate with people (and their families) who use our health and care services in the design, evaluation and review of our user pathways and the services we provide. We do this informally through our partnerships with individuals, user groups, carer/parent organisations and more formally through Patient Engagement, Your Voice and the Young Peoples Champions Board/Promise Board.
4. We recognise that people stories can be a powerful continuous improvement tool which help identify areas where we need to improve the quality of services and transform user and carer experience, through listening and learning from the patient voice. People stories can be positive, negative, or combine elements of both.
5. The proposal is to share a people story (in presentation, video or in user/carer/ in-person format) at our Integration Joint Board meetings to allow us to capture evidence of the quality of services, share the learning about what works well and what needs to be improved with the operational teams who can then take forward any improvements identified.
6. People stories will also allow a spotlight on key areas of best practice, challenging performance areas affording the IJB to reflect on the overall strategic plan, the impact of policies in practice and help to shape the use of our resources to meet our key strategic priorities and objectives.

Recommendations

7. Integration Joint Board members are asked to:
 - a) Agree the proposal to share a people story at all Integration Joint Board meetings.
 - b) Note the people story 'Helping me to live and age well at home' being presented at the IJB meeting, and comment on areas of good practice/areas for improvement.

Report author and person to contact

Lee McLaughlin, Head of Adult Services: Communities and Wellbeing
lee.mclaughlin@eastrenfrewshire.gov.uk

IJB Chief Officer: Alexis Chappell

30 July 2025



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	13 August 2025
Agenda Item	6
Title	Matters Arising and Rolling Action Log
Summary This paper updates Integration Joint Board members on actions and progress related to matters arising from the discussion at the previous IJB meeting. The rolling action log outlines all open actions and those completed since the last IJB meeting on 25 June 2025.	
Presented by	Alexis Chappell, Chief Officer
Action Required Integration Joint Board members are asked to:- <ul style="list-style-type: none"> a) note the report, and b) note that all actions listed in the rolling action log are now considered closed. 	

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East Renfrewshire Integration Joint Board

13 August 2025

Report by Chief Officer

Matters Arising and Rolling Action Log

Purpose of report

1. This report provides the Integration Joint Board with an update on relevant matters arising from discussion at the previous meeting, along with a copy of the rolling action log (Appendix 1).

Recommendation

2. It is recommended that Integration Joint Board members: -
 - a) note the report, and
 - b) note that all actions listed in the rolling action log are now considered closed.

Report

Annual Performance Report

3. The Annual Performance Report was submitted to the Scottish Government ahead of the deadline and has been published on the website.

Health and Care (Scotland) Staffing Act (HCSSA) Seminar

4. A short seminar has been scheduled for Friday, 5 September 2025, during which the Chief Nurse will brief interested members on the implementation of the Health and Care (Scotland) Staffing Act.

Rolling Action Log

5. All outstanding actions listed in the rolling action log are now considered closed.

Recommendations

6. It is recommended that Integration Joint Board members:-
 - a) note the report, and
 - b) note that all actions listed in the rolling action log are now considered closed.

Report author and person to contact

IJB Chief Officer: Alexis Chappell
Alexis.Chappell@eastrenfrewshire.gov.uk

30 July 2025

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ACTION LOG: Integration Joint Board (IJB)**August 2025**

Action No	Meeting Date	Item Name	Action	Responsible Officer	Status	Due / Closed	Progress Update /Outcome
468	25-Jun-25	Equality and Human Rights Mainstreaming Report	Equality outcome on domestic abuse be amended to reflect prevention work	PPPM	CLOSED	Jul-25	Outcome updated and included in the final Strategic Plan and Delivery Plan
467	25-Jun-25	Annual Performance Report	Annual Performance Report to be submitted to Scottish Government prior by 31 July 2025	PPPM	CLOSED	Jul-25	Submitted to Scottish Government. Final report has also been published online
465	26-Mar-25	13. Health and Care (Staffing) (Scotland) ACT 2019 (HCSSA) Implementation, assurance and reporting	Future seminar to include further discussion on Health and Care Staffing Scotland Act	CN	CLOSED	Aug-25	A short seminar has been arranged for Friday 5th September 2025

Abbreviations

ERC	East Renfrewshire Council	CD	Clinical Director	GCO	Governance and Compliance Officer
GGC	Greater Glasgow and Clyde	CO	Chief Officer	HASCW	Head of Adult Services - Communities and Wellbeing
IJB	Integration Joint Board	CFO	Chief Financial Officer	HASLDR	Head of Adult Services - Learning Disability and Recovery
PAC	Performance and Audit Committee	CN	Chief Nurse	PPPM	Policy, Planning & Performance Manager
		CSWO	Chief Social Work Officer	SPPCM	Strategic Planning, Performance and Commissioning Manager
		DSM	Democratic Service Manager	SCCO	Senior Communications and Campaigns Officer
		GCO	Governance and Compliance Officer		

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NOT YET ENDORSED AS A CORRECT RECORD

**Minute of Meeting of the East Renfrewshire Integration Joint Board
Performance and Audit Committee held on Wednesday 25 June 2025 at
1:00pm. On Microsoft Teams.**

PRESENT

Mehvish Ashraf	NHS Greater Glasgow and Clyde Board (Chair)
Councillor Katie Pragnell	East Renfrewshire Council
Councillor Caroline Bamforth	East Renfrewshire Council
Anne Marie Kennedy	Non-voting IJB Member
Martin Cawley	NHS Greater Glasgow and Clyde Board (online)

IN ATTENDANCE

Lesley Bairden	Chief Financial Officer IJB
Michelle Blair	Chief Auditor (East Renfrewshire Council)
Alexis Chappell	Chief Officer IJB
Margaret Phelps	Strategic Planning, Performance and Commissioning Manager
Steven Reid	Policy, Planning and Performance Manager
Grace Scanlin	Ernst & Young (online)
Tom Kelly	Head of Adult Services: Learning Disability and Recovery
John Burke	Democratic Services Officer

1. WELCOME AND INTRODUCTION

- 1.1 The Chair introduced herself and welcomed everyone to the meeting of the Integration Joint Board Performance and Audit Committee.

2. DECLARATIONS OF INTEREST

- 2.1 There were no declarations of interest intimated.

3. MINUTE OF PREVIOUS MEETING: 26 MARCH 2025

- 3.1 The Committee considered and approved the Minute of the meeting held on 26 March 2025.

4. MATTERS ARISING

- 4.1 The Committee considered a report by the Chief Financial Officer providing an update that there were no matters arising from the meeting held 26 March 2025.
- 4.2 The Performance and Audit Committee noted the report.

5. ROLLING ACTION LOG

- 5.1 The Committee considered a report by the Chief Financial Officer providing details of all open actions and those which have been completed since the meeting on 26 March 2025.
- 5.2 The Chief Financial Officer informed the Committee that there were 4 open actions.
- 5.3 Action 87 related to the Quarter 3 Performance Report and was scheduled to come to Committee in September. Action 86 would also be dealt with in September as part of the Annual Policy Review. A wider review of the Strategic Risk Register was taking place and an update would be provided at the next meeting of the Committee. Finally, action 31 remained with Police Scotland.
- 5.4 The Performance and Audit Committee noted the report.

6. UNAUDITED ANNUAL REPORT AND ACCOUNTS 2024/25

- 6.1 The Committee considered the unaudited position for 2023/24, which would be passed for approval to the Integrated Joint Board (IJB) immediately following this meeting. Subject to revisions, it would be submitted to Ernst and Young for audit by 30 June 2025.
- 6.2 The Chief Financial Officer apologised that there was an appendix missing from the papers. While this had subsequently been circulated as part of the IJB papers, it should have been included with the papers for this Committee. It was confirmed that the papers had been made available online to the public looking for the papers for this Committee.
- 6.3 The Chief Financial Officer confirmed that the audited report and accounts would be brought to the September Committee and an easy read version would be produced at that point. She went on to provide an overview of the report, highlighting the significant progress that had been made against savings targets with additional support of £1 million from NHS Greater Glasgow and Clyde also providing assistance against prescribing pressures.
- 6.4 Subject to audit, the budget outturn was an underspend of £1.482 million, an improved position from the £0.288 million underspend predicted in January. The underspend would be added to the general reserve with the IJB to take any decisions on the use and application of this as required during 2025/26. It was highlighted that, while this allocation to reserves was welcome, the IJB was technically still in breach of its reserves policy, which stated the general reserve should hold 2% of the budget, with the current position of 0.9%.
- 6.5 The main movements were set out in paragraph 25 of the report and were summarised by the Chief Financial Officer, and the overall reserves position, including the earmarked and ring-fenced reserves were detailed.
- 6.6 In discussion, members thanked the Chief Financial Officer and her team for their hard work in achieving this position and posed some technical questions around the receipt

of central funding and the options for potential use of future funding streams that may become available.

- 6.7 The Performance and Audit Committee noted the report.

7. ERNST & YOUNG – UNDERSTANDING MANAGEMENT PROCESSES AND ARRANGEMENTS (DRAFT RESPONSE)

- 7.1 The Committee considered a report by the Chief Financial Officer regarding a letter issued to the Chair of the Committee and the Chief Financial Officer by Ernst & Young as part of their audit process. The letter was included as Appendix 1 to the report.
- 7.2 A draft response had been prepared and was included as Appendix 2 to the report. The Committee was asked to provide any feedback or comments before the response was submitted on 27 June 2025.
- 7.3 It was noted that these questions were fairly standard, with a few relating specifically to public bodies.
- 7.4 The Performance and Audit Committee agreed to submit any comments on the response before the submission deadline.

8. CIPFA FINANCIAL MANAGEMENT CODE – ACTION PLAN UPDATE

- 8.1 The Committee considered a report by the Chief Financial Officer providing a progress update on the CIPFA Financial Management self-assessment action plan.
- 8.2 The Chief Financial Officer reminded members that the action plan had been agreed in June 2023 by the Committee. At that time, it was agreed that the plan would be reviewed with any proposed updates reported at this time. The report provided the detail of those updates.
- 8.3 The Performance and Audit Committee noted the action plan update as at June 2025.

9. ANNUAL PERFORMANCE REPORT 2024/25

- 9.1 The Policy, Planning and Performance Manager presented the 9th Annual Performance Report which would be finalised for publication by 31 July 2025.
- 9.2 It was noted that the report was retrospective and set out how the IJB delivered on its vision and commitments as set out in the Strategic Plan, whilst recognising the challenges faced both locally and nationally. The report set out the current strategic approach, financial performance and detailed performance information illustrating data trends against key performance indicators, as well as case studies and examples of innovation and good practice.

- 9.3 The Policy, Planning and Performance Manager reported that, despite continued pressures, the report was very positive and provided an overview of areas of the report where focus would be given to drive further improvements in performance.
- 9.4 Members discussed the detailed information in the report, and welcomed the positive trends displayed. There were discussions around reablement, self-directed support, staff sickness absence and child protection. In response to Councillor Bamforth's query, it was agreed that further information in relation to signs of safety would be provided to her.
- 9.7 The Performance and Audit Committee noted the progress and content of the report.

10. HSCP ANNUAL DELIVERY PLAN 2025-26

- 10.1 The Policy, Planning and Performance Manager presented the Health and Social Care Partnership (HSCP) Annual Delivery Plan 2025-26, setting out key activities to support the delivery of the new HSCP Strategic Plan 2025-28. The plan assigned lead officer responsibilities and listed the key performance indicators that would be used to measure progress toward delivery of the outcomes in the Strategic Plan.
- 10.2 The Policy, Planning and Performance Manager provided further detail on the Plan, which was attached as an appendix to the report. In particular, he highlighted the three strategic outcomes of the Plan: People are enabled to live healthy and fulfilling lives; Our communities are resilient and there are better opportunities for health and wellbeing; and People are safe and protected.
- 10.3 In summarising the report, the Policy, Planning and Performance Manager explained that quarterly performance reports would be provided to the Committee in future to monitor progress against those key strategic outcomes.
- 10.4 In discussion, it was noted that NHS Greater Glasgow and Clyde's clinical strategy, 'Moving Forward Together' had been updated and is now known as 'Transforming Together'.
- 10.5 Members also requested further details around targets on prescribed medicines and asked that there be flexibility on some points over time as there may be developments across the area that would require adjustment in strategic thinking.
- 10.6 The Performance and Audit Committee noted the report and approved the Annual Delivery Plan for 2025-26.

11. SPECIALIST LEARNING DISABILITY INPATIENT SERVICES PERFORMANCE REPORT 2024/25

- 11.1 The Committee considered a report from the Head of Adult Services: Learning Disability and Recovery on performance of Specialist Learning Disability Inpatient Services, with a particular focus on admission and discharge activity throughout 2024/25.

11.2 In summarising the report, the Head of Adult Services, Learning Disability and Recovery, indicated that the key priority of the Service had been delayed discharge and, as such, the picture looked very different to the previous year with fewer patients being delayed. He outlined comparisons across other areas and stressed that a collaborative approach was needed to continue to address this key area of concern.

11.3 The members of the Committee thanked the Head of Adult Services: Learning Disability and Recovery and the team at Specialist Learning Disability Inpatient Services for their work. The complexity of the cases being dealt with by the Service was recognised and the Head of Adult Services: Learning Disability and Recovery was encouraged to raise any areas where assistance was required.

11.4 The Committee noted the report.

12 AUDIT UPDATE

12.1 The Chief Financial Officer advised that follow up work had been undertaken on 3 audits which had 2 recommendations included in the report. The Partnership's response had yet to be submitted at the time of writing the report. 2 new audits had also been issued and those were detailed in the report.

12.2 There were a total of 32 recommendations following the follow up work, 7 of which were open and 25 were closed awaiting verification.

12.3 The Performance and Audit Committee noted the report.

13 IJB STRATEGIC RISK REGISTER

13.1 The Committee considered a report by the Chief Financial Officer on the IJB Strategic Risk Register.

13.2 No risks had been removed or added and no scores had been changed since the last update. A summary of changes was provided in paragraphs 11 to 15 of the report.

13.3 The Committee noted the report.

The meeting ended at 2.15pm.

CHAIR

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AGENDA ITEM No. 8



Meeting of East Renfrewshire Health and Social Care Partnership Held on	Integration Joint Board 13 August 2025
Agenda Item	8
Title	Local Child Poverty Action Report 2024/25
Summary This report provides members of the Integration Joint Board with an overview of the statutory duty placed on health boards and local authorities to work together to develop, produce and deliver Local Child Poverty Action Reports (LCPARs). This is the seventh annual LCPAR which provides a profile of child poverty in East Renfrewshire plus details of both previous and planned actions to tackle the drivers of poverty.	
Presented by	Alexis Chappell, Chief Officer
Action Required The Integration Joint Board is asked to: <ul style="list-style-type: none"> a) Note the Local Child Poverty Action Report as required under the Child Poverty Act 2017, b) Approve the report for publication, subject to NHSGGC Population Health and Wellbeing Committee approval; and c) Note that this report supports the delivery of The Promise and the HSCP Strategic Plan. 	
Directions <input type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input checked="" type="checkbox"/> Directions to both ERC and NHSGGC	Implications <div style="display: flex; flex-wrap: wrap;"> <div style="flex: 50%;"> <input type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Workforce <input checked="" type="checkbox"/> Equalities </div> <div style="flex: 50%;"> <input type="checkbox"/> Risk <input type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input checked="" type="checkbox"/> Fairer Scotland Duty </div> </div>

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East Renfrewshire Integration Joint Board**13 August 2025****Report by Chief Officer HSCP****Local Child Poverty Action Report****PURPOSE OF REPORT**

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

RECOMMENDATION

2. The Integration Joint Board is asked to: -
 - a) note the Local Child Poverty Action Report as required under the Child Poverty Act 2017;
 - b) approve the report for publication, subject to NHSGGC Population Health and Wellbeing Committee approval; and
 - c) note that this report supports the delivery of The Promise and the HSCP Strategic Plan.

BACKGROUND

3. Tackling child poverty is a key priority for both Scottish Government and East Renfrewshire Council. Scottish Government's Child Poverty Action Plan "Best Start, Bright Futures" sets out the approaches being taken at a national level. Each local authority, along with their health board, is required to publish an annual Local Child Poverty Action Report (LCPAR) which describes the approaches being taken at a local level.
4. The LCPAR guidance allows for multi-year action planning, with annual progress updates. The [2024 East Renfrewshire LCPAR](#) sets out our approach to tackling child poverty (2024 – 2027). Specifically, we committed to:
 - improving our understanding of the circumstances of families in, or at risk of, poverty;
 - improving income from employment for parents;
 - enhancing gains for families from income maximisation and social security; and
 - reducing costs of living.
5. Child poverty in East Renfrewshire is the lowest in Scotland, at 12% or 2,842 children. This has fallen since last year which was 14% or 3,247 children. This decline is encouraging and suggests that our efforts are making a measurable impact. However, these figures are still above the targets set out in the Child Poverty Act, which aim to reduce child poverty in Scotland to 10% by 2030. Therefore, we need to continue to prioritise action to tackle child poverty and continue to work in partnership to deliver on this.

REPORT

6. The 2025 LCPAR provides updates on progress between April 2024 and March 2025. The report describes actions taken, includes relevant progress measures where available, and provides case studies to illustrate areas of good practice. Progress highlights include:
 - Improved understanding of the circumstances of families in, or at risk of, poverty
Across the partnership, we have explored a range of different data sources, engaged directly with low-income parents about the issues which matter to them, and established Community Hubs in places which are most convenient for families. This improved understanding has informed our service delivery, including Thrive Under 5 infant nutrition programme. This was offered across the whole authority area, in recognition that some families living in more traditionally affluent areas may be experiencing financial hardship.
 - Improved income from employment for parents
In 2024/25, supported twice as many 'in-work' parents compared to the previous year, demonstrating our commitment to address in-work poverty. We also introduced a new project, Time to Flex, aimed at creating a local employment market which meets the needs of parents and carers, with one local employer achieving a flexible working accreditation.
 - Enhanced gains from income maximisation and social security
Recognising the important role of frontline services engaging with families, we delivered anti-poverty training and continued to develop strong referral pathways from services such as health visiting and maternity. Over 3,000 families were supported by money advice services, which achieved over £2 million of total financial gains, and managed over £2 million of debt for households with children.
 - Reduced costs of living
We have taken action to address the cost of the school day, with over half schools undertaking an audit to identify and reduce the financial barriers faced by families. We have also worked in partnership to tackle fuel poverty and secured over £60,000 in relation to energy costs for families.
7. Beyond the statutory obligations of the Child Poverty Act, we also recognise the importance of the LCPAR to complement and support delivery of The Promise. The report includes details of actions taken to support care-experienced young people and their families who face financial barriers. This includes supporting 23 young people to open Junior ISAs, delivering over 200 books monthly, and delivering an Inclusive Holiday Programme to help parents and carers remain in employment.
8. Further, the LCPAR underpins the HSCP strategic outcomes. Tackling poverty is integral to ensure children are enabled to live healthy and fulfilling lives and includes examples of early years and healthy family projects, such as Peas Please and HENRY, which aims to support families adopt healthier eating and lifestyle habits. It also includes details about Barrhead Brighter Futures programme which focuses on ensuring communities are resilient with better opportunities for health and wellbeing. And the economic empowerment project to support those affected by domestic abuse demonstrates action to keep people safe and protected.

CONSULTATION AND PARTNERSHIP WORKING

9. The Child Poverty Oversight Group includes colleagues and partners from East Renfrewshire Council, HSCP, NHSGGC, ER Citizens Advice Bureau, Police Scotland, Barrhead Housing Association and Voluntary Action East Renfrewshire.

IMPLICATIONS OF THE PROPOSALS

Finance

10. There is no financial resource allocated to this report; all activities are delivered within existing budgets or Scottish Government allocations for a specified purpose.
11. Action to tackle child poverty is taken through core staffing resources.

Equalities and Fairer Scotland Duty

12. The integral aim of the LCPAR is to reduce inequality amongst families in East Renfrewshire. The primary focus is reducing socio-economic inequality by tackling the underlying causes of poverty and supporting those groups most at risk of poverty. The work around child poverty is also closely linked with the HSCP Equality and Human Rights Mainstreaming work and supports the delivery of some Equality Outcomes. Recognising the gendered nature of domestic abuse, including financial abuse, and the action taken to address this as detailed within the LCPAR.

DIRECTIONS

13. This is primarily a progress and performance update, therefore there are no directions.

CONCLUSIONS

14. This report details the actions taken during 2024-2025 to support families in, or at risk of, poverty and, where possible, the impact which these actions have had.

RECOMMENDATIONS

15. The Integration Joint Board is asked to: -
 - a) note the Local Child Poverty Action Report as required under the Child Poverty Act 2017;
 - b) approve the report for publication, subject to NHSGGC Population Health and Wellbeing Committee approval, and
 - c) note that this report supports the delivery of The Promise and the HSCP Strategic Plan.

REPORT AUTHOR AND PERSON TO CONTACT

Alexis Chappell, Chief Officer HSCP
Alexis.Chappell@eastrenfrewshire.gov.uk

Claire Coburn, Strategic Services Lead Officer
Claire.Coburn@eastrenfrewshire.gov.uk

BACKGROUND PAPERS

[Best Start, Bright Futures: Scottish Government tackling child poverty plan 2022-2026](#)

[East Renfrewshire LCPAR 2024](#)

[The Promise Progress Report](#)

[HSCP Strategic Plan 2025-28](#)

AGENDA ITEM No. 9



Meeting of East Renfrewshire Health and Social Care Partnership Held on	Integration Joint Board 13 August 2025								
Agenda Item	9								
Title	Alcohol And Drugs Partnership Update – Medication Assisted Treatment Standards Progress and Annual Reporting Survey 2024-25								
Summary This report outlines key pieces of work that have been completed by the East Renfrewshire Alcohol and Drugs Partnership which contribute towards achieving the National Mission to prevent alcohol and drug harm and deaths. The Integration Joint Board is invited to consider the results achieved by East Renfrewshire following the latest national assessment of progress towards the Medication Assisted Treatment (MAT) Standards. In addition, the Board are asked to consider and approve the draft East Renfrewshire Alcohol and Drug Partnership Annual Reporting Survey, which was submitted to the Scottish Government in June 2025 pending final approval and to note progress in achieving Alcohol Brief Intervention Standards.									
Presented by	Alexis Chappell, Chief Officer								
Action Required The Integration Joint Board is asked to: <ol style="list-style-type: none"> Note and comment on the excellent assessment of progress achieved by East Renfrewshire in relation to Medication Assisted Treatment Standards 1 to 10. Approve the East Renfrewshire Alcohol and Drugs Partnership Annual Reporting Survey 2024-25. Note activity underway to improve on Alcohol Brief Interventions performance Note the Alcohol and Drugs Partnership development session planned for September 2025, with an update to be provided as part of a progress update on delivery of the local Alcohol and Drugs Plan. 									
Directions <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	Implications <table> <tr> <td><input checked="" type="checkbox"/> Finance</td><td><input type="checkbox"/> Risk</td></tr> <tr> <td><input type="checkbox"/> Policy</td><td><input type="checkbox"/> Legal</td></tr> <tr> <td><input type="checkbox"/> Workforce</td><td><input type="checkbox"/> Infrastructure</td></tr> <tr> <td><input checked="" type="checkbox"/> Equalities</td><td><input type="checkbox"/> Fairer Scotland Duty</td></tr> </table>	<input checked="" type="checkbox"/> Finance	<input type="checkbox"/> Risk	<input type="checkbox"/> Policy	<input type="checkbox"/> Legal	<input type="checkbox"/> Workforce	<input type="checkbox"/> Infrastructure	<input checked="" type="checkbox"/> Equalities	<input type="checkbox"/> Fairer Scotland Duty
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EAST RENFREWSHIRE INTEGRATION JOINT BOARD**13 August 2025****Report by Chief Officer****ALCOHOL AND DRUGS PARTNERSHIP UPDATE – MEDICATION ASSISTED
TREATMENT STANDARDS PROGRESS AND ANNUAL REPORTING SURVEY 2024-25****PURPOSE OF REPORT**

1. This report has been prepared to:
 - Advise on the outcome of the latest national assessment of East Renfrewshire's progress towards the Medication Assisted Treatment (MAT) Standards.
 - Request approval of the East Renfrewshire Alcohol and Drug Partnership (ADP) Annual Reporting Survey
 - Update on the delivery of Alcohol Brief Intervention Standards.
 - Provide an update on future development of the Alcohol and Drug Partnership.

RECOMMENDATIONS

2. The Integration Joint Board is asked to:
 - a) Note and comment on excellent assessment of progress achieved by East Renfrewshire in relation to Medication Assisted Treatment Standards 1 to 10.
 - b) Approve the East Renfrewshire Alcohol and Drugs Partnership Annual Reporting Survey 2024-25.
 - c) Note ongoing activity to improve performance on Alcohol Brief Interventions
 - d) Note the Alcohol and Drugs Partnership development session planned for September 2025, with an update to be provided as part of a progress update on delivery of the local Alcohol and Drugs Plan.

BACKGROUND

3. The ambition of the Alcohol and Drugs Partnership (ADP) is to reduce and prevent alcohol and drug related harms and deaths, in line with the Scottish Government's National Mission. This is supported by the priorities set out in the East Renfrewshire Alcohol and Drugs Plan 2024-27. These ambitions contribute to the HSCP Strategic Plan, in particular the outcome "*Supporting better mental health and wellbeing and reducing harm from alcohol and drugs*" and the Living Well pillar of the East Renfrewshire Community Planning Partnership's A Place to Grow.
4. Implementing the Medication Assisted Treatment (MAT) Standards is also a key initiative supporting the National Mission to reduce harmful opiate use and prevent drug related deaths. They are a holistic set of standards that include rapid access to opiate substitution treatment, on the same day of presentation where possible, as well as improving access to harm reduction, mental health supports, and advocacy services. A summary of the ten Standards is attached in Annex 1 for Integration Joint Board members to note.




































5. All ADPs and Alcohol and Drug Recovery Services in Scotland have been working towards the full implementation of the MAT Standards since their publication in 2021. The Scottish Government commissioned Public Health Scotland to set up a MAT Standards Implementation Support Team (MIST). MIST sets out the annual evidence requirements for services and provided support to local services to implement and report on the standards. MIST publish a National MAT Standards Benchmarking Report annually. In addition to the MIST process, quarterly progress reports have been submitted to the Minister for Drug and Alcohol Policy since September 2022.
6. Locally, the MAT implementation process has continued to be driven by a local Implementation Steering Group (membership including Alcohol and Drug Recovery Service management, Senior Manager Mental Health and Recovery Services, Data Analyst, Lead Planner and MAT Project Manager from NHS Greater Glasgow and Clyde). Specific funding was allocated by the Scottish Government to increase staffing capacity and this has been achieved, including a full-time pharmacist prescriber, enabling prescribing availability from Monday to Friday.
7. The draft Annual Reporting Survey attached in Annex 2 of this report is another example of the Scottish Government's monitoring of progress towards the National Mission. This survey is designed to collect information from all ADPs across Scotland on a range of aspects relating to the delivery of the National Mission during the financial year 2024-25, and covers those areas where ADPs do not already report progress nationally through other means. The Scottish Government have set a requirement for local Integration Joint Boards to consider and approve these prior to submission.

REPORT

National Assessment of Progress on Medication Assisted Treatment (MAT) Standards

8. Following the assessment of East Renfrewshire's evidence, we received highly positive feedback. In addition to receiving feedback that all ten standards are fully implemented, 3 standards were rated as Blue (which means improvement is "sustained and embedded"). The graphics below show East Renfrewshire's improvement over the last four years as well as performance in relation to other areas of Greater Glasgow and Clyde.

East Renfrewshire – Improvement 2022-2025

Reporting Year	MAT 1	MAT 2	MAT 3	MAT 4	MAT 5	MAT 6	MAT 7	MAT 8	MAT 9	MAT10
2022						not assessed in 2022				
2023										
2024										
2025										

Key

Blue - Sustained and embedded improvement over 2 years
 Green MAT Standard met in year
 Provisional Green MAT Standard expected to be met next year
 Provisional Amber - improvements required
 Amber - improvements required



Performance across Greater Glasgow and Clyde in 2024-25

	MAT 1	MAT 2	MAT 3	MAT 4	MAT 5	MAT 6	MAT 7	MAT 8	MAT 9	MAT 10
Glasgow City										
Renfrewshire										
East Ren										
East Dunbartonshire										
West Dunbartonshire										
Inverclyde										

9. The MAT Standards Implementation Team assessment focused on three areas: numerical evidence, process evidence and experiential evidence (from service users, family members and service providers). East Renfrewshire's numerical evidence demonstrated that appropriate and effective arrangements were in place to offer rapid access to Opiate Substitution Treatment with all new people presenting for MAT offered an assessment appointment within one day of referral. Data also showed that informed choice of available substitute medications was available. In terms of assertive outreach, data showed that this was being carried out in the case of near fatal overdose, risk of one, as well as a range of other risks of harm, with successful contact being made with individuals in all cases.
10. In-depth feedback from seven people who use the service, and two family members was gathered via interviews and eight service provider interviews were completed. An in-depth analysis of findings was submitted, including the following highlights:
 - Seven of those who started MAT (or changed their type of medication) in the previous year were able to participate in an interview and all reported a positive experience and being able to start their prescription at the time they chose. People using the service felt informed about treatment options and reported good relationships with key workers and ability to approach staff with any questions or concerns.
 - Service provider survey returns demonstrated assertive outreach, and a focus on people at high risk, is a high priority and an integral part of practice.
11. The experiential feedback has also identified areas for improvement including more emphasis within information on MAT regarding DVLA issues and the time required to reach the therapeutic dose of MAT or switch medications. It has been identified, through the MAT Standards work, and wider work in this area, that participation in recovery groups and community supports is relatively low. Increasing the availability of recovery supports in the community is a key priority of the East Renfrewshire Alcohol and Drugs Plan, through the design and implementation of a community recovery hub. This important initiative is well underway, involving a wide range of community stakeholders and service and partner organisations, and will be the subject of a future report to the Integration Joint Board.
12. Public Health Scotland published a national benchmarking report on implementation of the Medication Assisted Treatment (MAT) standards on 17 June 2025. This shows good progress across Scotland as a whole:

- In 2024/25, for MAT Standards 1–5, 91% have been assessed as fully implemented (rated blue or green). This is an increase from 90% in 2023/24, 66% in 2022/23 and 17% in 2021/22.
- For MAT Standards 6–10, 75% were assessed as green, and 16% provisional green. This is an improvement from 2023/24 when 91% were provisional green.

Alcohol and Drugs Partnership Annual Reporting Survey 2024-25

13. The Annual Reporting Survey is a simple survey tool with single option or multiple choice check boxes, and some free text. As such it is not a particularly easy read. For ease, some key points in East Renfrewshire's survey return are listed below:
 - Arrangements for monitoring and recording lessons learned from alcohol and drug related deaths include Multi-Disciplinary Team reviews, DATIX, briefing notes and SAERs. Overarching findings from thematic analysis of drug related deaths data are reported to the ADP and the Chief Officer's Public Protection group as appropriate.
 - Mechanisms for involving people with lived / living experience including East Renfrewshire ADP Lived Experience Panel.
 - Arrangements in place at a health board level to gather intelligence on drug harms and risks – such as the NHS Greater Glasgow and Clyde Drug Trend Monitoring Group
 - Detail of services in place for young people affected by substance use. People aged 16 and over can access the Alcohol and Drug Recovery Service. Youth Intensive Support Services (social work) work with young people with substance use issues and work jointly with the ADRS
 - Details of services in place for family members affected by substance use
14. The Annual Reporting Survey was submitted in June to meet the Scottish Government deadline. Following approval by the Integration Joint Board, confirmation of this will be provided to the Scottish Government.

Alcohol Brief Interventions

15. Alcohol Brief Interventions (ABIs) are an evidence-based approach to preventing alcohol harm in the long term. East Renfrewshire has a formal NHS performance target to deliver 419 ABIs per year. Integration Joint Board members will have noted in the June 2025 report on HSCP Annual Performance that performance on the delivery of Alcohol Brief Interventions had increased to the highest level in the past ten years during 2023-24, however this then dipped significantly in 2024-25. This was due to a temporary reduction in funding for commissioning ABI delivery in 2024–25. This funding gap has been resolved for 2025-26.
16. We can report that in Quarter 1, 44 ABIs were delivered. This is an increase on quarterly performance last year however remains below the quarterly target of 105. It is expected that performance will increase further in future quarters as the third sector service fully re-embeds in the area. Attendance at key community events with high footfall will be a priority and this is currently being planned. In addition to the commissioned approach, we continue to progress training of staff within local services and organisations in the delivery of ABIs to ensure that routine conversations about alcohol harm are integrated into service activity. Staff within teams including HSCP mental health and social work services, Police Scotland officers, and East Renfrewshire Council Money Advice and Rights Team.

Alcohol and Drug Partnership Development Session

17. The Alcohol and Drugs Partnership continues to ensure a robust approach to improving outcomes for people at risk from alcohol and drug harm as well as identify opportunities for prevention and early intervention.
18. Partners will come together for a development session in September to consider progress to date on the East Renfrewshire Alcohol and Drugs Plan and prioritise areas for further development, opportunities for strategic and operational collaboration and focusing on long term prevention and early help, tackling inequalities, support to unpaid carers and a whole family approach.
19. This session will also consider our approach to coproduction and how the views of people with lived experience shape, are central to the ADP developments. The first progress report on the Alcohol and Drugs Plan, as well as an update on the planned ADP development session and future priorities, will be presented to a future Integration Joint Board.

CONSULTATION AND PARTNERSHIP WORKING

20. The MAT Implementation Steering Group valued the time that service users gave to provide in-depth feedback on their experiences of Medication Assisted Treatment which greatly informed our evidence submission.
21. Gathering evidence of service user experiences will continue in 2025-26, with a sharper focus on experiences of specific areas of service provision including assertive outreach and crisis support and of therapeutic and psycho-social interventions provided by Alcohol and Drug Recovery Services to inform areas for development and improvement.
22. Sessions are also planned with the local alcohol and drugs Lived Experience Network to gather their views on progress to date in the delivery of the Alcohol and Drugs Plan. This will also inform our approach to co-production and how the views of people with lived experience shape and inform the work of the ADP.
23. Alcohol Brief Interventions are delivered by Glasgow Council on Alcohol across the whole of East Renfrewshire to ensure that all adult residents and communities are targeted in this initiative to prevent long term alcohol harm. Through partnership working, delivery has taken place within a range of venues, such as leisure centres, third sector venues, supermarkets and others.

IMPLICATIONS OF THE PROPOSALSFinance

24. The work to tackle alcohol and drug harms is financed from a range of sources including the NHS, local authority, as well as significant ring-fenced funding via the Scottish Government (NHS baseline allocation, National Mission and Programme for Government).
25. The National Mission funding forms approximately one third of overall current funding. 2025-26 is the final year of the National Mission and associated funding. An allocation letter has been issued for 2025-26 and lead officers will complete the financial returns required. The Scottish Government have committed to finalising the “post-26” approach, including funding, by December 2025. ADPs across Scotland have

emphasised to the Scottish Government that the funding must continue at or above the same level in order to continue to reduce and prevent harm. Lead Officers of the East Renfrewshire ADP are actively participating in the post-26 consultation process. Future reports on the delivery of the ADP Local Alcohol and Drug Plan will set out and provide an update regards future funding beyond 2026 and implications for local delivery.

Equalities

26. The Equality Fairness and Rights Assessment underpinning the Alcohol and Drugs Plan shows that alcohol and drug harms affect people across East Renfrewshire communities and age groups. However, it is evident from data that the level of harm can vary across groups and many people affected by alcohol and drug harm also have protected characteristics, multiple complex needs and live in areas of deprivation. The approach to tackling harm continues to take account of these issues to best deliver improved outcomes.

DIRECTIONS

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

CONCLUSIONS

28. Progress towards the Medication Assisted Treatment Standards reflects a significant amount of work across the Alcohol and Drugs Recovery Service and wider partners and excellent progress demonstrated over the period 2022-25. The Annual Reporting Survey provides further evidence of East Renfrewshire's contribution to the National Mission.
29. This report also demonstrates wider work by the Alcohol and Drugs partnership to ensure delivery of prevention work such as Alcohol Brief Interventions, tackling inequalities and embedding co-production.

Next steps

30. The lead officers and Implementation Steering Group will continue to deliver on the MAT Standards and Alcohol Brief Intervention targets as set out in the report.
31. To continue to progress the East Renfrewshire Alcohol and Drugs Plan, National Mission priorities as well as local priorities identified with local community stakeholders and to have a development session to enable opportunities for strategic and operational collaboration which supports long term prevention and early help, tackling inequalities, support to unpaid carers and a whole family approach.
32. Alcohol and Drugs Plan priorities and performance measures are also included within the HSCP's Strategic Plan to reflect the importance of this work in delivering on the HSCP's wider priorities to improve health and wellbeing across the area. These areas will be a feature of reports to the Integration Joint Board over the course of this year.

RECOMMENDATIONS

33. The Integration Joint Board is asked to:

- a) Note and comment on excellent assessment of progress achieved by East Renfrewshire in relation to Medication Assisted Treatment Standards 1 to 10.
- b) Approve the East Renfrewshire Alcohol and Drugs Partnership Annual Reporting Survey 2024-25.
- c) Note ongoing activity to improve performance on Alcohol Brief Interventions
- d) Note the Alcohol and Drugs Partnership development session planned for September 2025, with an update to be provided as part of a progress update on delivery of the local Alcohol and Drugs Plan.

REPORT AUTHOR AND PERSON TO CONTACT

Tracy Butler Lead Planner, (Recovery Services)
tracy.butler@eastrenfrewshire.gov.uk

Alexis Chappell, Chief Officer IJB (Chair, Alcohol and Drugs Partnership)
Alexis.Chappell@eastrenfrewshire.gov.uk

BACKGROUND PAPERS

National Benchmarking Report on Implementation of the Medication Assisted Treatment Standards 2024-25
<https://publichealthscotland.scot/media/33254/2024-25-national-benchmarking-report-on-the-implementation-mat-standards-final.pdf>

Medication Assisted Treatment Standards Update to Integration Joint Board 28 June 2023
https://eastrenfrewshire.gov.uk/media/9244/IJB-Item-12-28-June-2023/pdf/IJB_Item_12_-_28_June_2023.pdf?m=1687363541583

Medication Assisted Treatment Standards Update to Integration Joint Board 14 August 2024
https://eastrenfrewshire.gov.uk/media/10591/IJB-Item-10-14-August-2024/pdf/IJB_Item_10_14_August_2024.pdf?m=1722614080287

Annex 1 – Medication Assisted Treatment Standards

MAT Standard One: All people accessing services have the option to start MAT from the same day of presentation.

MAT Standard Two: All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.

MAT Standard Three: All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.

MAT Standard Four: All people are offered evidence-based harm reduction at the point of MAT delivery.

MAT Standard Five: All people will receive support to remain treatment for as long as requested

MAT Standard Six: The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.

MAT Standard Seven: All people have the option of MAT shared with Primary Care.

MAT Standard Eight: All people have access to independent advocacy and support for housing, welfare and income needs.

MAT Standard Nine: All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.

MAT Standard Ten: All people receive trauma informed care.



Alcohol and Drug Partnership (ADP) Annual Reporting Survey: 2024/25

This survey is designed to collect information from all ADPs across Scotland on a range of aspects relating to the delivery of the National Mission to reduce drug deaths and improve lives, as well as activities relating to alcohol **during the financial year 2024/25**. This will not reflect the totality of your work but will cover areas where you do not already report progress nationally through other means.

The survey is composed of single option and multiple-choice questions with a limited number of open text questions. We want to emphasise that the multiple-choice options provided are for ease of completion and it is not expected that every ADP will have all of these in place.

This survey includes questions from across drug and alcohol policy areas. It has been designed to collate as many asks as possible from Scottish Government to minimise requests throughout the year. There is a combination of established questions which enable comparison year on year and new questions that reflect current and anticipated future data needs.

We do not expect you to go out to services to respond to questions relating to activities undertaken by them in your area. Where questions refer to service level activities, we are interested in the extent to which you are aware of these as ADP.

The data collected will be used to better understand progress at a local level and will inform:

- [National monitoring of the National Mission to reduce drug deaths and improve lives](#);
- The work of the ongoing [evaluation of the Nation Mission](#), including the economic evaluation;
- The work of advisory groups including those supporting the programmes around Whole Family Approach, surveillance, and residential rehabilitation among others;
- The work of national organisations which support local delivery; and
- Future policy planning around drugs and alcohol.

Findings will be published as [Official Statistics](#) in the autumn. The publication reporting on the [2023/24 ADP survey](#) is available on the Scottish Government website. We plan to publish data from closed answer (quantitative) questions at an ADP level to enable best use of the survey data and ensure transparency. Data from closed answer (qualitative) questions will be shared with Public Health Scotland and their commissioned research teams to inform drug and alcohol policy monitoring and evaluation, where excerpts and/or summary data may be used in published reports, and will be subject to FOI requests. You may still wish to publish your return, as in previous years.

The deadline for returns is Friday 13th June 2025. Your submission should be signed off by the ADP and the IJB. We are aware that there is variation in the timings of IJB meetings, so if sign off is not possible by the date of submission, please indicate this when you provide your return and advise an expected sign off date if possible.

If you require clarification on any areas of the survey or would like any more information, please do not hesitate to get in touch by email at substanceuseanalyticalteam@gov.scot.

Cross-cutting priority: Surveillance and Data Informed**Question 1**

Which Alcohol and Drug Partnership (ADP) do you represent? Mark with an 'x'.
[single option]

Aberdeen City ADP

Aberdeenshire ADP

Angus ADP

Argyll & Bute ADP

Borders ADP

City of Edinburgh ADP

Clackmannanshire & Stirling ADP

Dumfries & Galloway ADP

Dundee City ADP

East Ayrshire ADP

East Dunbartonshire ADP

X East Renfrewshire ADP

Falkirk ADP

Fife ADP

Glasgow City ADP

Highland ADP

Inverclyde ADP

Lothian MELDAP ADP

Moray ADP

North Ayrshire ADP

North Lanarkshire ADP

Orkney ADP

Perth & Kinross ADP

Renfrewshire ADP

Shetland ADP

South Ayrshire ADP

South Lanarkshire ADP

West Dunbartonshire ADP

West Lothian ADP

Western Isles ADP

Question 2

Which groups or structures were in place at an ADP level to inform surveillance and monitoring of alcohol and drug harms or deaths? Mark all that apply with an 'x' – if drug and alcohol deaths are reviewed at a combined group, please select both 'Alcohol death review group' and 'Drug death review group'.

[multiple choice]

Alcohol death review group

Alcohol harms group

Drug death review group

Drug trend monitoring group/Early Warning System

None

X Other (please specify): East Renfrewshire ADRS MDT reviews all alcohol and drug deaths of people known to the service or discharged in the last 12 months to identify any learning. A Boardwide ADRS Incident Management Group decides whether an SAER is undertaken and considers the learning from SAERs undertaken. A thematic review of alcohol and drug deaths is currently being undertaken and will be shared at the ADP, ADP Delivery Sub-Group and Chief Officers Public Protection Group.

Question 3

3a. Do Chief Officers for Public Protection receive feedback from drug death reviews?

Mark with an 'x'.

[single option]

X Yes

No

Don't know

3b. If no, please provide details on why this is not the case.

[open text – maximum 500 characters]

Question 4

Please list what local and national structures are in place in your ADP area for the monitoring and surveillance of alcohol and drug harms and deaths. Please describe how these have been used to inform local decision making in response to emerging threats (e.g. novel synthetics) in the past year. [open text – maximum 2,000 characters]

The GGC Drug Trends Monitoring Group (DTMG) have implemented an intelligence gathering process to gather data on substances of concern including the description, price, route of administration & effects, fed into the Drug Trend Monitoring Framework.

WEDINOS (drug testing service) packs and SAEs, along with guidelines to advise staff on how to support individuals to submit samples to WEDINOS for testing, have been made available.

RADAR/Drug Alert information from Public Health Scotland is widely shared to all staff and across the community, with local context provided by the DTMG. GGC DTMG work closely with RADAR on management of information and incidents.

Reports of emerging concerns are received by an assessment team incorporating Public Health, ADRS, DTMG. All reports are discussed and further information is sought from various partners if required. Any actions are agreed, implemented and logged. This may include continued monitoring, further investigation, raising awareness within various staff groups or a public facing communication depending on the assessed risk.

Question 5

5a. Have you made specific revisions to any protocols in the past year in response to emerging threats (e.g. novel synthetics, trends in cocaine, new street benzos, etc.) ?
Mark with an 'x'.

[single option]

X Yes

No

5b. Please provide details of any revisions

[open text – maximum 500 characters]

To ensure easier access to Naloxone for people at risk, the protocol for issuing Naloxone has changed locally, from a prescription based system, to bulk ordering and logging Naloxone issue which ensures quicker, easier access and provision of training. Alcohol and drugs services monitor emerging threats and advise service users accordingly. Will revise protocols as required, however no revisions based on substance threats in past year.

Question 6

Please describe ways in which you routinely engage with commissioned services in your ADP area (e.g. through online surveys, reporting databases, email or phone communication, ADP representation on governance or advisory structures, events etc.).
[open text – maximum 1000 characters]

The HSCP has quarterly meetings with all commissioned services. Specific services delivering alcohol and drug supports include RCA Trust, Glasgow Council on Alcohol and The Advocacy Project. They are represented on our ADP structures and in adhoc meetings and events that may happen outwith the ADP to progress initiatives.

Cross-cutting priority: Resilient and Skilled Workforce

Question 7

7a. What is the whole-time equivalent¹ staffing resource routinely dedicated to your ADP Support Team as of 31 March 2025?
[numeric, decimal]

Total current staff (whole-time equivalent including fixed-term and temporary staff, and those shared with other business areas)	1.40
Total vacancies (whole-time equivalent)	0.00

¹ Note: whole-time equivalent (WTE) is a unit of measurement that indicates the total working hours of employees in relation to a full-time position. It helps to standardise and compare staffing resource across different teams or organisations. A full-time employee is equal to one whole-time equivalent. For part-time employees, divide their hours by the whole-time equivalent. For example, if a part-time employee is required to work 7.5 hours per week and a 'full-time' position is considered to be 37.5 hours, the WTE would be 0.2 (7.5 hours / 37.5 hours).

7b. Please list the job title for each vacancy in your ADP Support Team on the 31 March 2025 (if applicable).

[open text – maximum 500 characters]

n/a

Question 8

Please select any initiatives you have undertaken as an ADP that are aimed at improving employee wellbeing (volunteers as well as paid staff). Mark all that apply with an 'x'

[multiple choice]

Training and awareness

X Promotion of information and support initiatives

x Provision of training on issues including trauma awareness and crisis management

Other (please specify):

Workplace support

X Flexible working

Implementation of risk assessment for work at home and in the workplace

Inclusive workplace initiatives (including staff networks and wellbeing champions)

X Provision of occupation health services

X Staff recognition schemes

x Use of disability passports

X Workload management

Other (please specify): NHS and local authority staff may not have access to same flexible working/staff recognition/initiatives etc. arrangements/practice

Institution-provided support

X Provision of coaching and supervision for staff and volunteers

X Provision of counselling for staff and volunteers

Other (please specify):

Wellbeing activities

Drug and/or alcohol death reflective sessions

X Peer support groups

Provision of mindfulness courses/learning materials

Social and physical activities

X Other (please specify): staff debrief following a death using a trauma informed approach

Engagement

X Participation in local Clinical Care Governance Meetings

Undertaking of staff needs assessments and engagement to understand wellbeing needs

X Regular meetings about staff pressures with senior and junior staff

X Other (please specify): monitor staff caseloads, workloads and commitments and and adjust accordingly in response to any health and wellbeing needs

Other initiatives which don't fit in these categories (please specify):

Cross cutting priorities: Lived and Living Experience

Question 9

9a. Do you have a formal mechanism at an ADP level for gathering feedback from people with lived/living experience who are using services you fund? Mark all that apply with an 'x'.

[multiple choice]

- ☒ X Engagement with recovery communities
- ☒ X Experiential data collected as part of the Medication Assisted Treatment (MAT) programme
- ☒ X Feedback / complaints process
- ☒ X Lived / living experience panel, forum and / or focus group
- ☒ X Questionnaire / survey
- ☐ No formal mechanism in place
- ☒ X Other (please specify): conversation cafes, winter and summer ADRS events, including other partners invited to engage with service users

9b. In the past year, have members of any of the following groups with lived and/or living experience participated in any of the above engagement mechanisms? Mark all that apply with an 'x'.

[multiple choice]

- ☒ X People who are current or former employees or volunteers at the ADP or drug and/or alcohol services
- ☐ People who are not employed at the ADP or at drug and/or alcohol services
- ☒ X People who are currently accessing treatment or support for problem **drug** use (may include treatment for problem alcohol use)
- ☒ X People who are currently accessing treatment or support for problem **alcohol** use
- ☐ People with living experience of drug and/or alcohol use who are not currently receiving treatment or support
- ☒ X People who are experiencing homelessness
- ☒ X Women
- ☒ X Young people
- ☐ Other (please specify): family members and nominated people have been invited and participated in events, young people aged 16-24 have access to the service and all events.

Question 10

10a. In what ways are **people with lived and living experience** able to participate in ADP decision-making? Mark all that apply with an 'x'.

[multiple choice]

- ☐ Through ADP board membership
- ☒ X Through a group or network that is independent of the ADP

Through an existing ADP group/panel/reference group

Through membership in other areas of ADP governance (e.g. steering group)

Not currently able to participate

Other (please specify):

10b. In what ways are **family members** able to participate in ADP decision-making?

Mark all that apply with an 'x'.

[multiple choice]

Through ADP board membership

X Through a group or network that is independent of the ADP

Through an existing ADP group/panel/reference group

Through membership in other areas of ADP governance (e.g. steering group)

Not currently able to participate

Other (please specify):

Question 11

What mechanisms are in place within your ADP to ensure that services you fund involve people with lived/living experience and/or family members in their decision-making (e.g. the delivery of the service)? Mark all that apply with an 'x'.

[multiple choice]

Asked about in reporting

Stipulated in our contracts

None

X Other (please specify): This information would be asked for as relevant to the particular piece of work being commissioned

Cross cutting priorities: Stigma Reduction

Question 12

Within which written strategies or policies does your ADP consider stigma reduction for people who use substances and/or their families? Mark all that apply with an 'x'.

[multiple choice]

- ☒ X ADP strategy, delivery and/or action plan
- ☐ Alcohol deaths and harms prevention action plan
- ☐ Communication strategy
- ☐ Community action plan
- ☐ Drug deaths and harms prevention action plan
- ☒ X MAT standards delivery plan
- ☐ Service development, improvement and/or delivery plan
- ☐ None
- ☐ Other (please specify):

Question 13

Please describe what work is underway in your ADP area to reduce stigma for people who use substances and/or their families.

[open text – maximum 2,000 characters]

Increasing promotion of alcohol and drug services to normalise service provision and make more accessible; delivering support and recovery events in different, neutral venues within the community; Action to tackle stigma features in 2024-27 Alcohol and Drugs Plan. Experiential data gathering has provided some insight into what stigma people feel accessing services and this will be used to inform future service developments. Work has included supporting local people in recovery to attend the annual Scotland Recovery Walk, alcohol awareness campaigns. In 2025-26, the design and development of an East Renfrewshire Community Recovery Hub will include a focus on creating a stigma free environment.

At a boardwide level a multi-agency Stigma Action Group has been formed by Health Improvement, including a staff member with a specific board wide remit for stigma prevention across NHSGGC. Action Group incorporates Scottish Families Affected by Drugs, Scottish Drugs Forum, ADRS, NHSGGC, Lived and Living Experience, healthcare and third sector representatives. Scoping activity of existing anti stigma work has been undertaken to avoid duplication of effort or resources and new resources are being developed to support staff and services to learn about stigma, behaviours, conversations and to tie-in with national work. A Drugs and Stigma Toolkit is being developed, incorporating four elements;

- Framing Document - To support professionals, staff communicate about drugs and stigma, exploring the choices that we make when we present info, managing difficult conversations and challenging stigma.
- Workshop - A tool to be used by staff/volunteers in any sector – exploring language, choice, understanding inequalities and challenging stigma.

- Facilitator guide and resources – development of practical resources/activities
- QA Tool – to support in the development of stigma resources and quality assure existing resources.

Fewer people develop problem substance use

Question 14

How is information on local treatment and support services made available to different audiences at an ADP level (not at a service level)? Mark all that apply with an 'x'.

[multiple choice]

	In person (e.g. at events, workshops, etc)	Leaflets / posters	Online (e.g. websites, social media, apps, etc.)
Non-native English speakers (English Second Language)			
People from minority ethnic groups			
People from religious groups			
People who are experiencing homelessness			
People who are LGBTQI+			
People who are pregnant or peri-natal			
People who engage in transactional sex			
People who have been involved in the justice system			
People with hearing impairments and/or visual impairments			
People with learning disabilities and literacy difficulties			
Veterans			
Women			
None of the above			
Other (please specify)	info is available in GP practices, ADRS, health centres and other public spaces. Info on website available in other formats on request		

Question 15

Which of the following education or prevention activities were funded or supported² by the ADP?³ Mark all that apply with an 'x'.

[multiple choice]

	0-15 years (children)	16-24 years (young people)	25 years+ (adults)
Campaigns / information			X
Harm reduction services			X
Learning materials	X	X	
Mental wellbeing			
Peer-led interventions			
Physical health			
Planet Youth			
Pregnancy & parenting			
Youth activities	X		
Other (please specify)			
None			

² Note: 'supported' refers to where the ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

³ Note: activities which are not relevant for older age groups have been shaded out to avoid confusion on completion of this question.

Risk is reduced for people who use substances

Question 16

16a. Please select in which settings each of the following harm reduction initiatives are delivered in your ADP area. Mark all that apply with an 'x'.

[multiple choice]

	Supply of naloxone	Hepatitis C testing	Injecting equipment provision	Wound care
Community pharmacies			X	
Drug services (NHS, third sector, council)	X	X	X	X
Family support services	X			
General practices				X
Homelessness services				
Hospitals (incl. A&E, inpatient departments)				X
Justice services				
Mental health services				
Mobile/outreach services				
Peer-led initiatives				
Prison	X	X	X	X
Sexual health services				
Women support services				
Young people's service	r			
None				
Other (please specify)			,	ADRS observe wounds give first aid, and signpost for further treatment if required

16b. Please provide details about any changes to settings in which harm reduction initiatives have been delivered in the past year. Please describe the changes and any reasons for these changes.

[Open text- maximum 2,000 characters]

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Question 17

17a. Which of the following harm reduction interventions are there currently a demand for in your ADP area? (Either where the intervention is not currently provided or where demand exceeds current supply). Mark all that apply with an 'x'.

[multiple choice]

Drug checking

Drug testing strips

X Harm reduction advice and support in relation to psychostimulants

Heroin Assisted Treatment

Naloxone availability in public facilities (e.g. pre-stationed naloxone, naloxone box etc.)

X Provision of foil

Safe supply of substances

Safer drug consumption facility

X Safer inhalation pipe provision

Other (please specify):

17b. Please provide any details (e.g. scale of demand, source of requests, whether current demand exceeds supply etc.).

[open text – maximum 500 characters]

small scale demand, some requests via staff based on their caseloads, small number of people using crack cocaine

Question 18

18a. Do you have an adequate supply of naloxone in your ADP area to meet general needs? Mark with an 'x'.

[single option]

X Yes

No

Unsure

18b. Within the context of a more toxic and unpredictable drug supply which may require higher doses of naloxone to be administered, do you have adequate supply of naloxone in your ADP area to meet demand if a significant incident were to occur? Mark with an 'x'.

[single option]

X Yes

No

Unsure

People most at risk have access to treatment and recovery

Question 19

Which partners within your ADP area have documented pathways in place, or in development, to ensure people who experience a near-fatal overdose (NFO) are identified and offered support? Mark all that apply with an 'x'.

[multiple choice]

	NFO pathway in place	NFO pathway in development
Community recovery providers	X	
Homeless services		
Hospitals (including emergency departments)	X	
Housing services		
Mental health services		
Police Scotland	X	
Primary care		
Prison	X	
Scottish Ambulance Service	X	
Scottish Fire & Rescue Service		
Specialist substance use treatment services	X	
Third sector substance use services	X	
Other (please specify)		

Question 20

Which, if any, of the following barriers to implementing NFO pathways exist in your ADP area? Mark all that apply with an 'x'.

[multiple choice]

- Further workforce training required
- High staff turnover
- X Insufficient funds
- Issues around information sharing
- Lack of leadership
- Lack of ownership
- Lack of physical infrastructure
- X Lack of staff to support out of hours or extended core business hours
- X Workforce capacity
- None
- Other (please specify): infrastructure to support out of hours working (including office bases available out of hours and clinical supervision)

Question 21

In what ways have you worked with justice partners⁴? Mark all that apply with an 'x'.
[multiple choice]

Strategic level

- X ADP representation on local Community Justice Partnership
- X Contributed to strategic planning
- X Coordinated activities between justice, health or social care partners
- X Data sharing
- X Justice organisations represented on the ADP (e.g. COPFS, Police Scotland, local Community Justice Partnership, local Justice Social Work department, prison)
- X Provided advice and guidance
- Other (please specify):

Operational level

- Provided funding or staff for a specialist court (Drug, Alcohol, Problem Solving)
- X Raised awareness about community-based treatment options (partners involved in diversion from prosecution or treatment-based community orders)
- X Supported staff training on drug or alcohol related issues
- Activities to support implementation of MAT standards
- Other (please specify):

Service level

Funded or supported:

- Navigators for people in the justice system who use drugs
- Services for people transitioning out of custody
- Services in police custody suites
- Services in prisons or young offenders' institutions
- X Services specifically for Drug Treatment and Testing Orders (DTTOs)
- X Services specifically for people serving Community Payback Orders with a Drug or Alcohol Treatment Requirement
- Other (please specify):

⁴ Note: 'justice partners' includes Community Justice Partnerships (CJPs), Justice Social Work departments, Prisons and Young Offender Institutes, Police, Crown Office and Procurator Fiscal Service (COPFS), Scottish Courts and Tribunals Service (SCTS), Sacro, and third sector organisations that specifically serve people involved with the criminal justice system.

Question 22

Which activities did your ADP support at each stage of the criminal justice system? Mark all that apply with an 'x'.

[multiple choice]

	Pre-arrest ⁵	In police custody ⁶	In courts ⁷	In prison ⁸	Upon release ⁹
Advocacy or navigators					
Alcohol interventions				X	X
Drug and alcohol use and treatment needs screening			X		X
Harm reduction inc. naloxone	X	X	X	X	X
Health education & life skills				X	X
Medically supervised detoxification				X	X
Opioid Substitution Therapy				X	X
Psychosocial and mental health based interventions				X	X
Psychological and mental health screening		X		X	X
Recovery (e.g. café, community)				X	X
Referrals to drug and alcohol treatment services		X	X	X	X
Staff training					X
None					
Other (please specify)	Police Scotland officers now carry Naloxone,	note there are no custody suites in East		East Renfrewshire ADP contributes to the prison	

⁵ Pre-arrest: Services for police to refer people into without making an arrest.

⁶ In police custody: Services available in police custody suites to people who have been arrested.

⁷ In courts: Services delivered in collaboration with the courts (e.g. services only available through a specialist drug court, services only available to people on a DTTO).

⁸ In prison: Services available to people in prisons or young offenders' institutions in your area (if applicable).

⁹ Upon release: Services aimed specifically at supporting people transitioning out of custody.

	funded at national level	Renfrewshire however there are navigators in custody suites in Glasgow, as well as custody healthcare provided by NHSGGC, who would signpost to East Ren services		harm reduction service in all establishments in GGC	
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Question 23

What barriers to accessing support, if any, are there in your area for people who are involved in the justice system? Mark all that apply with an 'x'.

[multiple choice]

☐ Lack of accessibility to mainstream alcohol and drug services and support services (such as lack of transport options)

☐ Lack of services tailored specifically to people who are on Community Payback Orders, Drug Treatment and Testing Orders, Supervised Release Orders and other community orders

☐ Lack of specific pathways for people who are involved in the justice system

☐ Lack of support for people who are involved in the justice system after receiving treatment

☐ Services with entry requirements which exclude people convicted of specific offences (such as arson)

☐ Services with entry requirements which exclude people on Community Payback Orders, Drug Treatment and Testing Orders, Supervised Release Orders and other community orders

☒ None

☐ Other (please specify):

Question 24

What types of residential services are available in your area which can be accessed by people who are subject to Community Payback Orders, Drug Treatment and Testing Orders, Supervised Release Orders and other community orders to access support? Mark all that apply with an 'x'.

[multiple choice]

☐ Mainstream residential rehabilitation services (i.e. those who are open to anyone)

☐ Mainstream residential services other than rehabilitation (e.g. recovery housing)

☒ Residential services specifically targeted to people involved in the justice system, such as Turnaround or other service (please specify which services):

☐ Mainstream stabilisation/crisis services

☐ Other (please specify):

Question 25

25a. Do you have drugs and alcohol testing services in your ADP area for people going through the justice system on an order or licence? Mark all that apply with an 'x'.

[multiple choice]

☒ Yes, for alcohol

☒ Yes, for drugs

☐ No

Unsure

25b. Who provides testing services for drugs and/or alcohol? Mark all that apply with an 'x'.

[multiple choice]

	Alcohol testing	Drugs testing
Private provider		
NHS addiction services	X	X
Other local provider (please specify)		
Other arrangement (please specify)		
Not applicable		

25c. What methods are used for drugs and/or alcohol testing? Mark all that apply with an 'x'. [multiple choice]

	Alcohol testing	Drugs testing
Handheld devices	X	X
Spit tests	X	X
Urine tests	X	X
Electronic monitoring		
Patches		
Other (please specify)		
Not applicable		

People receive high quality treatment and recovery services

Question 26

What **screening options** are in place to address alcohol harms? Mark all that apply with an 'x'.

[multiple choice]

- ☒ X Alcohol hospital liaison
- ☒ X Arrangements for the delivery of alcohol brief interventions in all priority settings
- ☒ X Arrangement of the delivery of alcohol brief interventions in non-priority settings
- ☐ Fibro scanning
- ☐ Pathways for early detection of alcohol-related liver disease
- ☐ None
- ☒ X Other (please specify): use of AUDIT tool within ADRS, assess whether people suitable for home supported detox, severity of alcohol dependence questionnaire

Question 27

What **treatment options** are in place to address alcohol harms? Mark all that apply with an 'x'.

[multiple choice]

- ☒ X Access to alcohol medication (e.g. Antabuse, Acamprase, etc.)
- ☒ X Alcohol hospital liaison
 - ☐ Alcohol-related cognitive testing (e.g. for alcohol related brain damage)
- ☒ X Community-based alcohol detox (including at-home)
- ☒ X In-patient alcohol detox
- ☒ X Pathways into mental health treatment
- ☒ X Psychosocial counselling
- ☒ X Residential rehabilitation
- ☐ None
- ☒ X Other (please specify): harm reduction - alcohol diaries

Question 28

28a. Which, if any, of the following barriers to residential rehabilitation exist in your ADP area? Mark all that apply with an 'x'.

[multiple choice]

- ☒ Availability of aftercare
- ☒ Availability of detox services
- ☒ Availability of stabilisation/crisis services
- ☐ Challenges accessing additional sources of funding
- ☒ Current models are not working
 - ☐ Difficulty identifying all those who will benefit
 - ☐ Further workforce training required
- ☒ Geographic distance
- ☒ Insufficient base funding
 - ☐ Insufficient staff
 - ☐ Lack of awareness of residential rehabilitation among potential clients
 - ☐ Lack of awareness of residential rehabilitation amongst referrers
- ☒ Lack of bed capacity within ADP area
- ☒ Lack of specialist providers
- ☒ Lack of transportation to travel to available capacity
 - ☐ Scope to further improve/refine your own pathways
- ☒ Variation in prices from different providers
- ☒ Waiting times
 - ☐ None
- ☒ Other (please specify): lack of providers with small-bedded units specialising in working with people with trauma and complex trauma, exclusively abstinence based models may not meet all needs. Staff time to undertake the full/necessary preparation for entering rehab.

28b. What actions are your ADP taking to overcome these barriers to residential rehabilitation?

[open text – maximum 500 characters]

Participating in national work on commissioning framework for providers; working with providers on case-by-case basis to best meet needs of service users identified for residential rehabilitation placement. Undertook local evaluation of all placements 2022-25 and progressing improvement plan

Question 29

29a. Have you made any revisions in your pathway to residential rehabilitation in the last year? Mark with an 'x'.

[single option]

- ☒ No revisions or updates made in 2024/25

Yes - Revised or updated in 2024/25 and this has been published

Yes - Revised or updated in 2024/25 but not currently published

29b. If yes, please provide brief details of the changes made and the rationale for the changes.

[open text – maximum 500 characters]

Update of pathway will be undertaken 2025-26 following learning from local evaluation

Question 30

Are there any specific groups in your ADP area who do not have their needs met by the current residential rehabilitation provision (for reasons such as lack of appropriate models of care, inadequate capacity, the location of services or any other factors)? Mark all that apply with an 'x'.

[multiple choice]

Lesbian, gay or bisexual people

People from minority religions

People on OST

People who are experiencing homelessness

People who are involved in the justice system

People who are pregnant or perinatal

People with child dependents

People with co-occurring mental health problems

People with council tenancies

People with specific physical health condition, including long term illness and disability

Trans people

Women

None

X Other (please specify): no unmet needs have been identified as yet based on work to date

Question 31

31a. Which, if any, of the following barriers to implementing the Medication Assisted Treatment (MAT) standards exist in your area? Mark all that apply with an 'x'.
[multiple choice]

Accommodation challenges (e.g. appropriate physical spaces, premises, etc.)

Availability of stabilisation/crisis services

X Burden of data collection and reporting

Challenges engaging with GPs

Difficulty identifying all those who will benefit

Further workforce training is needed

Geographical challenges (e.g. remote, rural, etc.)

Insufficient funds

Insufficient staff

Lack of awareness among potential clients

Lack of capacity

Scope to further improve/refine your own pathways

Waiting times

None

Other (please specify):

31b. What actions is your ADP taking to overcome these barriers to implementing MAT in your ADP area?

[open text – maximum 500 characters]

ability to help people get to service (e.g. taxi) when they need MAT assessment

Question 32

Other than opioids, which substances are currently the highest priority in your ADP area for treatment and support? Please rank the substances of concern in your area in order of priority – add a number to all that apply, with 1 being highest priority.

[ranking]

1 Alcohol

Cannabis/cannabinoids

2 Cocaine, and other stimulants

6 Ketamine

5 Pregabalin/gabapentin

3 Street benzos

4 Polydrug use (please specify any most common combinations of drugs): cocaine and benzos; alcohol and cocaine

Other (please specify):

Question 33

Which of the following treatment and support services are in place specifically for **children and young people using alcohol and/or drugs**? Mark all that apply with an 'x'.¹⁰

[multiple choice]

	Up to 12 years (early years and primary)	13-15 years (secondary S1-4)	16-24 years (young people)
Alcohol-related medication (e.g. acamprosate, disulfiram, naltrexone, nalmefene)			X
Diversionary activities		X	X
Employability support			X
Family support services	X	X	X
Information services			
Justice services			X
Mental health services (including wellbeing)	X	X	X
Opioid Substitution Therapy			X
Outreach/mobile (including school outreach)		X	X
Recovery communities			X
School outreach			
Support/discussion groups (including 1:1)		X	
Other (please specify)	There are no specific treatment services for this age group. Social work services would work with families where child protection and welfare needs identified	Social work services would work with families where child protection and welfare needs identified	Social work services will work with young people up to age 25 if care experienced. ADRS open to adults aged 16 and over.

¹⁰ Note that treatment and support services which are inappropriate for younger age groups have been shaded out to avoid confusion on completion of this question.

Quality of life is improved by addressing multiple disadvantages

Question 34

Do you have specific treatment and support services in place for the following groups? Mark all that apply with an 'x'.

[multiple choice]

	Yes	No
Non-native English speakers (English Second Language)		X
People from minority ethnic groups		X
People from religious groups		X
People who are experiencing homelessness		X
People who are involved in the justice system		X
People who are LGBTQI+		X
People who are neurodivergent		X
People who are pregnant or peri-natal		X
People who engage in transactional sex		X
People with hearing impairments and/or visual impairments		X
People with learning disabilities and literacy difficulties		
Veterans		X
Women		X
Other (please specify)		

Question 35

35a. Are there formal joint working protocols in place to support people with co-occurring substance use and mental health diagnoses to receive mental health care? Mark with an 'x'.

[single choice]

X Yes

No

35b. Please provide details.

[open text – maximum 500 characters]

NHS GGC Adult Mental Health & Alcohol and Drug Recovery Services Shared Guidance & Specification for Interface Working: joint care planning development underway within East Renfrewshire HSCP Recovery Services (where alcohol and drugs and mental health services are jointly managed by senior leadership team)

Question 36

What arrangements are in place within your ADP area for people who present at substance use services with mental health problems **for which they do not have a diagnosis**? Mark all that apply with an 'x'.

[multiple choice]

Dual diagnosis teams

X Formal joint working protocols between mental health and substance use services specifically for people with mental health problems for which they do not have a diagnosis

X Pathways for referral to mental health services or other multi-disciplinary teams

X Pathways for referral to third sector services for mental health support

X Professional mental health staff within services (e.g. psychiatrists, community mental health nurses, etc)

Provision of joint appointments for those with co-occurring mental health problems and problem substance use

Provision of mental health assessments for people who are presenting with mental health problems

None

Other (please specify):

Question 37

How do you as an ADP work with support services **not directly linked to substance use** (e.g. welfare advice, housing support, etc.) to address multiple disadvantages? Mark all that apply with an 'x'.

[multiple choice]

X By representation on strategic groups or topic-specific sub-groups

X By representation on the ADP board

X Through partnership working

Via provision of funding

Not applicable

Other (please specify):

Question 38

Which of the following activities are you aware of having been undertaken in ADP funded or supported¹¹ services to implement a trauma-informed approach? Mark all that apply with an 'x'.

[multiple choice]

- ☒ Engaging with people with lived/living experience
- ☐ Engaging with third sector/community partners
- ☐ Provision of trauma-informed spaces/accommodation
- ☒ Presence of a working group
- ☐ Recruiting staff
- ☒ Training existing workforce
- ☐ None
- ☐ Other (please specify):

Question 39

39a. Does your ADP area have specific referral pathways for people to access independent advocacy? Mark with an 'x'.

[single option]

- ☒ Yes
- ☐ No
- ☐ Don't know

39b. If yes, are these commissioned directly by the ADP? Mark with an 'x'.

[single option]

- ☐ Yes
- ☒ No
- ☐ Don't know

¹¹ Note: 'supported' refers to where the ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

Children, families and communities affected by substance use are supported

Question 40

Which of the following treatment and support services are in place for **children and young people affected by a parent's or carer's substance use**? Mark all that apply with an 'x'.¹²

[multiple choice]

	Up to 12 years (early years and primary)	13-15 years (secondary S1-4)	16-24 years (young people)
Advocacy	X	X	X
Carer support	X	X	X
Diversionary activities		X	X
Employability support			
Family support services	X	X	X
First aid training			
Information services			
Mental health services	X	X	
Outreach/mobile services			
School outreach			
Social work services	X	X	X
Support/discussion groups			
Other (please specify)	<p>Social work services would work with families where child protection and welfare needs identified</p> <p>Diversionary activities provided by Police and Community Learning and Development partners</p>	<p>Social work services would work with families where child protection and welfare needs identified</p>	<p>Social work services will work with young people up to age 25 if care experienced.</p> <p>ADRS family support open to adults 16+</p>

¹² Note support services which are likely to be inappropriate for younger age groups have been shaded out to avoid confusion on completion of this question.

Question 41

Which of the following support services are in place **for adults** affected by **another person's substance use**? Mark all that apply with an 'x'.

[multiple choice]

- Advocacy
- Commissioned services
- Counselling
- ☒ One to one support
- Mental health support
- ☒ Naloxone training
- Support groups
- Training
- None
- Other (please specify):

Question 42

42a. Do you have an agreed set of activities and priorities with local partners to implement the [Holistic Whole Family Approach Framework](#) in your ADP area? Mark with an 'x'.

[single option]

- ☒ Yes
- No
- Don't know

42b. Please provide details of these activities and priorities for 2024/25.

[open text – maximum 500 characters]

Whole family approach is incorporated in new alcohol and drugs strategy and supported by an implementation working group of key partners. Priorities for 2024-25 included joint work between ADRS and social work to support young people at risk of using alcohol and drugs harmfully and facilitate early engagement with ADRS workers where required. CRAFT reflective practice group to support wider services to use CRAFT family support model.

Question 43

When did your ADP most recently conduct an audit or needs assessment of the support currently available in your area for children, young people and adults affected by a family member's substance use? Mark with an 'x'. [single option]

- 2020/21
- ☒ 2021/22

x 2022/23

2023/24

2024/25

None undertaken in the past 5 years

There are plans to undertake one in 2025/26

Unsure

Question 44

Which of the following services supporting a Family Inclusive Practice¹³ or a Whole Family Approach are in place in your ADP area (for people with family members both in and not in treatment)? Mark all that apply with an 'x'.

[multiple choice]

X Advice

Advocacy

Benefits and debt advice

Mentoring

Peer support

X Personal development

X Social activities

Support for self care activities

X Support for victims of gender based violence and their families

X Youth services

None

Other (please specify):

Question 45

What support would be helpful to facilitate the implementation of a Family Inclusive Practice or a Whole Family Approach? Mark all that apply with an 'x'.

[multiple choice]

X Additional funding

X Additional resources

Advice to support setting up of lived and living experience forums/co-production methods

X Guidance at a national level

X Information shared from other services

Sharing of participation tools

¹³ Family Inclusive Practice is a collaborative approach where professionals actively involve a person's family and social networks in care, proactively ask about the needs of the whole family, to ensure all family members are supported.

X Workforce training

Analytical support (please specify any details):

Other (please specify):

Question 46

What mechanisms are in place within your ADP area to ensure that services adopt a family inclusive practice? Mark all that apply with an 'x'.

[multiple choice]

Asked about in their reporting

Prerequisite for our commissioning

Regular training provided to services

X None

Other (please specify):

Question 47

In what ways do you work with the Children's Service's Planning Partnership (CSPP) in your area? Mark all that apply with an 'x'.

[multiple choice]

X ADP representation on CSPP

Co-location of services

Co-management of projects

Coordinated activities

Coordinated living and lived experience co-production approaches

X Co-ordination around staff training

X CSPP representation on ADP

Data sharing

Integrated planning

Joint interpretation of data and evidence at a strategic level

Joint referrals to relevant services

x Knowledge sharing

Pooled funding

Shared and joint outcomes

Shared assessment of local needs

None

Other (please specify):

Finances

Question 48

How much funding does the ADP receive from the following sources? Please mark all which apply with an 'x' and provide details on the amount of funding which is received.
[multiple choice, numeric]

X Health board: £ 716,385

X Local authorities: £ 117,443

Funding from other grant funder(s) (such as Corra and Inspiring Scotland Foundation): £

Other (please specify source and how much funding) : £

Question 49

49a. How often do you provide financial reports for you ADP area? Mark all that apply with an 'x'.

[multiple choice]

Monthly

X Quarterly

Six monthly

Annually

Other (please specify):

49b. Who is financial reporting provided to? Mark all that apply with an 'x'.

[multiple choice]

IJB/IA Chief Financial Officer

IJB/IA Chief Officer

X ADP Chair

Other (please specify):

49c. Do you have a dedicated finance officer or team within the ADP? Mark with an 'x'.

[single option]

Yes

X No, the ADP coordinator undertakes this as part of their role

No, finances are managed externally to the ADP

Other (please specify):

Question 50

50. Please describe what financial system(s) are used to manage finances in your area (i.e. Oracle, Efin, Excel spreadsheets).

[open text – maximum 500 characters]

excel spreadsheets, forecast and actual

Confirmation of sign-off**Question 51**

Has your response been signed off at the following levels? Mark all that apply with an 'x'.
[multiple choice]

X ADP

IJB

X Not signed off by IJB (please specify date of the next meeting in dd/mm/yyyy format): 16 August 2025

Thank you

Thank you for taking the time to complete this survey, your response is highly valued. The results will be published in the 2024/25 ADP Annual Survey Official Statistics report, scheduled for publication in autumn 2025.

Please do not hesitate to get in touch via email at substanceuseanalyticalteam@gov.scot should you have any questions.

[End of survey]

AGENDA ITEM No. 10



Meeting of East Renfrewshire Health and Social Care Partnership Held on	Integration Joint Board 13 August 2025
Agenda Item	10
Title	East Renfrewshire Suicide Prevention Strategy and Action Plan Year 1 Progress Update
Summary Presentation of East Renfrewshire Suicide Prevention Strategy and Action Plan 2024-2027 - Year 1 Progress Update. Following Integration Joint Board approval of the East Renfrewshire Suicide Prevention Strategy and Action Plan 2024- 2027 in March 2024, this paper provides an update on local developments and outcomes in year 1: April 2024 to March 2025.	
Presented by	Tom Kelly, Head of Adult Service: Learning Disability and Recovery Services
Action Required The Integration Joint Board is asked to discuss and approve the East Renfrewshire Suicide Prevention Year 1 Progress report prior to publication.	
Directions <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	Implications <div> <input type="checkbox"/> Finance <input type="checkbox"/> Risk </div> <div> <input type="checkbox"/> Policy <input type="checkbox"/> Legal </div> <div> <input type="checkbox"/> Workforce <input type="checkbox"/> Infrastructure </div> <div> <input type="checkbox"/> Equalities <input type="checkbox"/> Fairer Scotland Duty </div>

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD**13 August 2025****Report by Chief Officer****East Renfrewshire Suicide Prevention Strategy and Action Plan 2024-2027**
Year 1 Progress Report**PURPOSE OF REPORT**

1. The purpose of this report is to update Integration Joint Board members of the progress of the suicide prevention activity across East Renfrewshire over the last year from April 2024 to March 2025. This report also provides the most recent suicide death data*(2023) and the arrangements in place for review and learning to advise future planning. Suicide prevention is a high priority in East Renfrewshire, recognising that each death is a tragedy which affects families and wider communities.

RECOMMENDATION

2. The Integration Joint Board is asked to discuss and approve the East Renfrewshire Suicide Prevention Year 1 Progress report prior to publication.

BACKGROUND

3. In March 2024, IJB members approved the East Renfrewshire Suicide Prevention Strategy and Action Plan 2024 – 2027. This local strategy and action plan was developed following the publication of the national strategy and action plan “Creating Hope Together”; a joint strategy between Scottish Government and COSLA.
4. The delivery of the Suicide Prevention Strategy and Action Plan is integral to our role as a Health and Social Care Partnership (HSCP), supporting local individuals and communities as well as the wider NHS Greater Glasgow and Clyde (NHSGGC) board and national outcomes.
5. The strategy approved in March 2024 is the first local suicide prevention strategy in ten years and is the first strategy to jointly support mental health and wellbeing, self-harm and suicide prevention across East Renfrewshire.

EAST RENFREWSHIRE DATA 2018-2023

6. In East Renfrewshire, the number of deaths increased from 6 in 2022 to 8 in 2023, of these deaths 7 individuals were male, with 1 female. This gender data reflects the local trend in past years. Looking at the five-year average rate of suicide deaths per 100,000 population, East Renfrewshire has the lowest rates in Scotland. The 2024 data will be published in September 2025.

EAST RENFREWSHIRE SUICIDE PREVENTION STRATEGY AND ACTION PLAN: YEAR 1

7. The implementation of the strategy is supported by the Suicide Prevention Working Group, three associated subgroups involving cross partner involvement, from frontline services to third sector and community organisations.
8. This collaboration and partnership working supports the successful delivery of the detailed action plan. The long-term vision for the strategy is **Good Mental Health and Wellbeing for All** with the aim of achieving our principle of **collaboration** through action led activity across our five priority areas. Successful progress across all five priority areas has been achieved in year 1 of which full details can be viewed in appendix one.

PRIORITY AREAS: YEAR 1 ACTIVITIES AND PROGRESS

9. The full year 1 progress report is attached in Annex 1 however the table below illustrates some of the key areas of progress for ease of reference:

LOCALSUICIDE PREVENTION NETWORK	<ul style="list-style-type: none"> • East Renfrewshire Suicide Prevention Working group is well established with over thirty members including HSCP, Council, Third Sector and lived experience partners. This cross-partnership approach has been integral in the development of the network and has supported increased access of supports and training across East Renfrewshire communities. This has also allowed us to challenge stigma on a wider scale as we reach more individuals / communities. • Three local subgroups (Training/ Communications / Community Development) are now well established, with actions/planning underway to support the strategy priorities. • Increased partnership working with partners such as Police Scotland/ Fire Scotland/ Walking Scotland, RAMH, East Renfrewshire Culture and Leisure, RCA Trust etc.
TRAINING / EDUCATION	<ul style="list-style-type: none"> • Training subgroup established with cross partnership representation. • In year one, thirty-two training courses were completed with four hundred and forty-nine delegates attending. • Training plan established for 2025/2026 • Local training capacity increased with four partners trained in SuicideTALK. • SuicideTALK training plan for delivery in Education to senior pupils underway. • Mapping of local, board-wide and national Veteran Health & Wellbeing resources complete with launch event planned for September 2025 (Suicide Prevention Week).
COMMUNICATIONS	<ul style="list-style-type: none"> • Suicide Prevention Communications subgroup established with cross partnership representation. • Communications plan for 2025/2026 developed.

	<ul style="list-style-type: none"> Promotion / awareness raising of both local, board wide and national campaign and events such as: Mental Health Awareness Week / Suicide Prevention Week.
COMMUNITY DEVELOPMENT	<ul style="list-style-type: none"> Community Development Subgroup established with cross partnership and lived experience representation. Promotion of local strategy and supports via in person and online events, supporting networking among staff, partners, and community members. Partnership working with local partners such as VAER to support community mental health and wellbeing fund distribution.
DATA ANALYSIS	<ul style="list-style-type: none"> Sudden Adverse Event Review (SAER) analysis completed on an annual basis, alongside local data analysis to support local planning and prevention activity. Development of Memorandum of Understanding (MOU) with Police Scotland to support data sharing. This MOU allows us to support families and staff affected by the suicide and equip Police Liaison staff with appropriate resources to share with families. Partnership working with Public Health Scotland to support regular data sharing and analysis including information sharing from national Lived Experience Panel and Academic Advisory group. Local annual report following National Records Scotland Annual Suicide Death Data (2024 data due for publication September 2025) Partnership working with Public Health Scotland Data Analysts is underway to create a heat map highlighting A&E Attendees, repeat attendances etc. for East Renfrewshire residents for reasons such as suicidal ideation, self- harm, mental health etc.

YEAR 2 PLANNING

10. As we move into year two of the Suicide Prevention Strategy and Action Plan, locally we will continue to work in partnership with NHSGGC and wider partners to achieve the best outcomes for East Renfrewshire residents and communities. As we continue to increase community access to supports and education, the suicide prevention network will continue to improve collaboration and partnership working to allow us to deliver quality services while improving mental health and wellbeing across East Renfrewshire.
11. The HSCP have committed a £5,000 investment into awareness raising materials based on the national suicide prevention campaign. These will be distributed across all areas of East Renfrewshire including both public and private venues to increase awareness of suicide prevention, share information on access to services and support and to reduce stigma associated with suicide and mental health. East Renfrewshire Council and East

Renfrewshire Culture and Leisure alongside many other partners across the network have committed to supporting the communication campaign.

IMPLICATIONS OF THE PROPOSALS

Finance

12. The majority of the work to deliver suicide prevention is through existing resources of partner organisation, which is maximised through partnership working and collaboration. As noted in paragraph 7, the HSCP has invested £5,000 to support campaign materials to be displayed widely throughout the East Renfrewshire area to raise awareness of suicide and associated supports and reduce stigma.

Equalities

13. Suicide can affect any individual or community. The Equality Fairness and Rights Assessment underpinning the Suicide Prevention Strategy and Action Plan and the ongoing review of data on suicide deaths indicates that men are disproportionately affected.
14. Suicide prevention work follows a community wide approach while also targeting specific communities or protected characteristics as indicated by the ongoing review of the data and lived experience feedback where appropriate.

DIRECTIONS

15. There are no directions arising from this report.

CONCLUSIONS

16. The purpose of the East Renfrewshire Suicide Prevention Strategy and Action Plan 2024-27 was to set out our vision and strategic priorities for the reduction of deaths by suicide across East Renfrewshire, improving the mental health and wellbeing of residents and communities and creating a suicide safe area with well-informed staff and communities. One year into the strategy the suicide prevention network is well established, and outcomes continue to develop across all five priority areas.
17. The strategy and action plan will continue to support HSCP strategic objectives as well as NHSGGC policy and national priorities and will include a robust approach to monitor delivery and measuring outcomes and impacts. Suicide Death Data for 2024 will be shared with the Integrated Joint Board in the following six-monthly report alongside any data / learning from our partnership with Public Health Scotland Data Analyst who is currently collating a heat map of A&E data for East Renfrewshire residents to support our future prevention activity.

RECOMMENDATIONS

18. The Integration Joint Board is asked to discuss and approve the East Renfrewshire Suicide Prevention Year 1 Progress report prior to publication.

REPORT AUTHOR AND PERSON TO CONTACT

Claire Blair, Health Improvement Lead - Mental Health and Recovery
claire.blair@eastrenfrewshire.gov.uk
07717832871

Chief Officer, IJB: Alexis Chappell
Alexis.chappell@eastrenfrewshire.gov.uk
0141 451 0746

BACKGROUND PAPERS

[Creating Hope Together Scotland's Suicide Prevention Strategy](#)

[Creating Hope Together Scotland's Suicide Prevention Action Plan 2022-2025](#)

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Annex 1**East Renfrewshire Suicide Prevention Action Plan 2024 - 2027
Year 1 Update: April 2025**

**Some of the content in this action plan may have an emotional impact on you.
Support is always available; please see below some of the national sources of help.**

Mind to Mind

If you're feeling anxious, stressed or low, or having problems sleeping or dealing with grief, find out how you can improve your mental wellbeing by hearing what others have found helpful by visiting www.nhsinform.scot/mind-to-min

Breathing Space

Breathing Space is Scotland's free, confidential listening service for individuals over 16 experiencing symptoms of low mood, depression or anxiety. You can contact them on **0800 83 85 87** Monday to Thursday from 6pm to 2am and 24 hours a day at weekends (from 6pm Friday to 6am Monday).

Samaritans

Samaritans provide confidential, non-judgemental emotional support 24/7 for people who are experiencing feelings of distress or despair. You can contact Samaritans free by phoning **116 123** or emailing jo@samaritans.org

NHS 24 Mental Health Hub

NHS 24 mental health services are available to everyone in Scotland. The services available include listening, offering advice and guiding you to further help if required. The Mental Health Hub is open 24/7 and you can contact them on **111**.

East Renfrewshire Suicide Prevention Action Plan 2024- 2027

Priority Area	Outcomes	Area of Actions	Year 1 Update
1.) Establish Local Suicide Prevention Network	Establish local Suicide Prevention network to provide leadership on East Renfrewshire local suicide prevention plan: 2023 - 2026.	Establish a local Suicide Prevention working group with cross sector partners to allow better collaboration and co-ordination of suicide prevention activity and move to a whole systems working model.	Complete: East Renfrewshire Suicide Prevention Working group is well established with over thirty members including HSCP, Council, Third Sector and lived experience partners meeting bi- monthly
	Improve partnership working across multi sectors to create a whole systems approach to support East Renfrewshire local suicide prevention work.	Through collaboration and joint working with cross sector partners representing the Suicide Prevention working group, explore, develop and increase partnership-working opportunities.	Complete: Increased partnership working with partners such as Police Scotland/ Fire Scotland/ Walking Scotland/RAMH/ East Renfrewshire Culture and Leisure / RTCA Trust and many more. For example, a data sharing agreement was developed with ER HSCP and Police Scotland to enable improvements protocols for those bereaved by suicide Increased partnership working has also been established at a national level with partners from Public Health Scotland, SAMH and Breathing Space. For example, Breathing Space partners have provided local awareness sessions to inform staff and communities of the services NHS 24 and Breathing Space provide.

Priority Area	Outcomes	Area of Actions	Year 1 Update
	<p>Establish three subgroups with cross sectoral partners to ensure collaboration and coordination of three priority actions:</p> <ul style="list-style-type: none"> • Training / Education • Communications • Community Development / Lived Experience 	<p>Establish subgroup with staff / partners from across East Renfrewshire who have specialist skills / knowledge and expertise on priority areas.</p> <p>Review local network representation for both the working group and sub-groups on an annual basis to ensure staff with specialist knowledge and skills have opportunity to support the network.</p>	<p>Complete: Three local subgroups (Training / Communications / Community Development) now established, meeting bi- monthly with actions underway to support the strategy priorities.</p> <p>Representation for Suicide Prevention Working Group and three subgroups was reviewed in March 2025. Over the last year representation has remained steady with minor changes due to staffing, but mostly new members have been welcomed who have remit / interest in suicide prevention.</p>
2.) Training / Education	<p>Establish Suicide Prevention Training / Education subgroup to achieve increased capacity and skills of staff and volunteers across East Renfrewshire.</p>	<p>Source representatives with knowledge and expertise in education and training to establish active training subgroup.</p>	<p>Complete: Training subgroup established, meeting bi- monthly. Representation includes all staff with a local training remit for mental health related courses. Annual training plan for 2025 developed with quarterly training reports completed.</p>

Priority Area	Outcomes	Area of Actions	Year 1 Update
	Ensure awareness and take-up of training and capacity building through development of Suicide Prevention Training catalogue by Suicide Prevention training subgroup.	<p>Mapping, scoping and development of Suicide Prevention training catalogue which provides training / education opportunities for individuals at all stages of life and with varying skill level.</p> <p>Develop a tailored and targeted learning approach to achieve the greatest system-wide impact.</p>	<p>In progress: In 2024, 32 training courses were completed with 449 delegates attending. Training included Alcohol Brief Interventions, ASIST, Self- Harm, Trauma, Gambling Awareness, SMHFA (Scottish Mental Health First Aid). Training schedule for 2025 has been established with aim of delivering more in person training and targeting community members as well as staff.</p> <p>In progress: Moving into year two, the suicide prevention training group aim to increase impact of education and training by prioritising “at risk” groups for example children and young people through training withing educational settings with the aim of supporting mentally healthy younger generations.</p>
	Our staff, partners and communities have a clear understanding of suicide, risk factors and prevention.	We will raise awareness of suicide prevention and offer learning opportunities and training to a wide audience, including community members.	<p>In progress: With the aim of creating suicide safe communities and increasing awareness of suicide prevention, four staff members completed the Train the Trainer course for SuicideTALK. * (SuicideTALK, is an introductory course to suicide awareness and prevention focusing on community awareness, challenging stigma and supports available.) Five local courses have been planned for 2025, and post summer break this training will also be delivered to S5 /S6 pupils. This training will allow us to increase suicide awareness for both staff and local communities, supporting our outcomes to reduce stigma while increasing local supports and compassionate care.</p>

Priority Area	Outcomes	Area of Actions	Year 1 Update
	Our staff, partners and communities are confident to provide a compassionate and timely response.	Through training and partnership working with HSCP Trauma Coordinator we will aim to provide a trauma informed approach to suicide prevention	In progress: The HSCP Trauma Implementation Coordinator is one of our four SuicideTALK trainers and will ensure suicide prevention and trauma training are delivered locally to increase staff and community confidence in suicide prevention activity while promoting trauma informed practice.
	Our staff, partners and communities are confident to respond to suicidal behaviour and risk.	Develop public awareness of actions to reduce suicide via public awareness training at informed level.	In progress: Locally we will continue to increase awareness on suicide and prevention activity via our SuicideTALK training which is open to all individuals 15 years plus alongside our communications campaigns and promotion of the new national campaigns via our partners are Suicide Prevention Scotland.
	Provide Education to children and young people via curricular activity which promotes positive mental health, resilience building and coping strategies to support our outcomes of creating mentally healthy generations.	Promote and raise awareness of curricular and community early years, primary and secondary wellbeing programmes.	In progress: Roll out of the newly developed PSE programme across all year groups at Eastwood High School complete. Step 2 will be to roll out across East Renfrewshire. Delivery of the 'Moving to High School' session to anxious Primary 7 pupils from all feeder primaries at Eastwood High School. All Secondary schools in the authority will be holding transition activities for P7s currently.

Priority Area	Outcomes	Area of Actions	Year 1 Update
	Provide Education to children and young people via curricular activity which promotes positive mental health, resilience building and coping strategies to support our outcomes of creating mentally healthy generations (cont.)	Promote and raise awareness of curricular and community early years, primary and secondary wellbeing programmes (cont.)	<p>Secondary schools across the authority celebrate events such as Mental Health Awareness Week with a range of lessons and extra-curricular activities. At Eastwood High departments across the school are planning Wellbeing lessons such as: <i>Watch the Happiness Trap, Revisit Dropping Anchor, Make a happy playlist, maintain my mental health, maintain my community's mental health.</i></p> <p>Locally Education staff are currently working towards all schools having a wellbeing space to support children and young people's mental and emotional wellbeing. Many establishments have confirmed that they have a specific, protected space within their building through a range of rooms such as wellbeing hubs. In primary schools the rooms may have specific names more relevant for primary-aged children.</p>
	Promote local Veteran health and wellbeing supports and resources.	Develop Partnership working with HSCP Veteran Support Officer to promote and develop local health and wellbeing supports / opportunities for local veterans.	Complete /Ongoing: Partnership working with NHSGG&C and Defence Medical Welfare Service to complete a Mapping of local, board-wide and national Veteran Health & Wellbeing resources. Veteran webpage developed with local, board wide and national resources complete. Veteran Lunch planned to promote the new digital resource in September 2025 (suicide prevention week) in partnership with ERCLT who host Veteran Breakfast and Health for Heros scheme

Priority Area	Outcomes	Area of Actions	Year 1 Update
Communications	Establish Suicide Prevention Communications subgroup.	Source representatives with knowledge and expertise in Communications / marketing to establish subgroup	Complete: Suicide Prevention Communications subgroup established with partners from ERC and HSCP. Communications Plan established for 2025, prioritising campaigns focused on mental health and wellbeing – good to include some example campaigns.
	Improve and establish regular and consistent local communications/campaigns promoting health and wellbeing resources and supports.	Mapping to create Suicide Prevention Directory of local, board wide and national resources.	In progress: Partnership working with Suicide Prevention Scotland and NHS G&C to develop directory of supports.
	Improve and establish regular and consistent local communications/campaigns promoting health and wellbeing resources and supports.	Develop annual communications plan, including priority campaigns such as Suicide Prevention week. This will ensure local campaigns are coordinated national campaigns to maximise reach and impact.	In progress: Continual promotion of both local, board wide and national campaign and event such as: Mental Health Awareness Week / Suicide Prevention Week. Promotion via socials / digital and face to face events. 2025 / 2026, aim is to increase face to face promotion / activity to increase engagement / reduce digital barriers.
	Promote and increase awareness of suicide and mental health activity and resources to support and reduce stigma.	Create local communications and campaigns that are consistent and clear, supporting a primary prevention approach. Promoting sources of support for people both in crisis and for promoting good mental health and wellbeing.	In progress: Locally we continually promote and support events/ campaigns supporting mental health and wellbeing over all – looking at the wider determinants of health and linking with partners who support such as housing/ employment / money advice. Our aim is to raise awareness of mental health and suicide, and their connection to broader health determinants

Priority Area	Outcomes	Area of Actions	Year 1 Update
	Create compassionate / trauma informed communities.	Through our communications and social media work, promoting information, resources and activities that are universally available.	In progress: Locally we continually promote and support events/ campaigns supporting mental health and wellbeing over all – looking at the wider determinants of health and linking with partners who support such as housing/ employment / money advice. Our aim is to increase awareness of mental health / suicide and the links to wider impacts on health.
	Improve targeted campaigning via social media and marketing.	<p>Promotion of suicide bereavement supports- local and national.</p> <p>Share national updates widely across partners and communities such as new strategies, resources and opportunities.</p>	<p>In progress: Locally we continually promote Cruse Scotland Bereavement Support Services. Nationally there is a gap in bereavement services specifically for suicide. Locally our Health Improvement Lead works closely with Police Scotland following an incident to ensure support services for both families and staff are offered / provided.</p> <p>In progress: Continual promotion of universal, free services such as Daylight app/ Sleepio App/ NHS Inform/ Samaritans/ Breathing Space / Cruse Scotland etc. Locally we have identified need to promote and raise awareness of free services and self- help supports for things such as sleep/ anxiety management etc.</p>

Priority Area	Outcomes	Area of Actions	Year 1 Update
	Improve targeted campaigning via social media and marketing. (cont.)	Provide easy-read/ pictorial supports on suicide and suicide prevention to assist with communication needs.	In progress: Our Community Development sub-group aim to increase community engagement and improving learning on how to best communicate / share information with our communities. Currently, many of our services are promoted via digital means. Moving forward we aim to try new means of communication such as more in person events/ peer supports. Partnership working with PHS Suicide Prevention team to scope easy read / pictorial supports and resources and improve accessible communications. Partnership working with ERC Strategic Services to support accessibility and inclusive access to resources / supports.
Community Development/ Lived Experience	Establish Suicide Prevention Community Development / Lived Experienced sub group.	Source representatives with knowledge and expertise in community development / lived experience to establish active sub groups	Complete: Community Development sub group has now been established and meets on a quarterly basis. The group is made up of representatives from HSCP, third sector and lived experience members.
	Improve engagement and partnerships working with individuals who have lived experience.	Increase engagement and partnership working with partners and communities across East Renfrewshire, utilising third sector link to reach communities.	In Progress: The Suicide Prevention Community Development subgroup hosted its first in person event in May 2025 to celebrate Mental Health Awareness Week. Twenty organisations from across East Renfrewshire came together to promote their services to the community, increasing awareness of community supports supporting mental health and wellbeing. Services attending included housing, money advice, libraries, Police, health etc.

Priority Area	Outcomes	Area of Actions	Year 1 Update
	Improve our partnership working and engagement across East Renfrewshire in relation to the programme of work for Mental Health Improvement and Suicide Prevention.	Identify opportunities to work in partnership and advocate for a Public Mental Health approach that include Mental Health in All Policies.	In Progress: Through partnership working and collaboration with local staff, partners and organisations we aim to increase awareness of suicide prevention as everyone's' business, and the impact the wider determinants of health which influence and determine our mental health and wellbeing. Increasing this awareness creates opportunities for mental health and wellbeing to be included in local policy development where it may not have been previously.
	Reduce stigma associated with mental health / suicide.	Increase / normalise conversations/ support on mental health as we do physical health. Develop a local network of suicide prevention champions, Including individuals with lived experience where possible.	In progress: Delivery of SuicideTALK awareness session to staff, partners and community members to increase suicide prevention awareness and reduce stigma associated with mental health and suicide. Continual promotion of supports and resources in relation to mental health and wellbeing to reduce stigma and increases awareness of self-help supports.
		Develop a local network of suicide prevention champions, Including individuals with lived experience where possible.	In Progress: Scheduled for Year 3
	Promote and improve social prescribing across East Renfrewshire.	Engage and involve partners and communities to promote "bottom up", social prescribing approaches.	In Progress : Following development of the Communities Development Subgroup year 2 plan aims to increase community networking, face to face engagement supporting community members and groups based on their needs.

Priority Area	Outcomes	Area of Actions	Year 1 Update
	Develop mentally healthy communities and environments.	Support partners and Communities to access funding and support to create / provide health and wellbeing prevention activity.	In progress: Partnership working with VAER to support Community Mental Health & Wellbeing Fund. Promotion of funding opportunities and application support for community partners and third sector partners such as Barrhead Men's Shed and Glasgow Council on Alcohol.
Data Collection / Analysis	Complete annual SAER	Complete annual (Sudden Adverse Event Review) SAER, use learning from review to improve local practice and aid planning.	In progress / ongoing: SAER completed on annual basis to aid local planning.
	Improve our prevention activity and planning through regular monitoring, evaluation and review.	Collate data related to both mental health and the wider determinants of health in East Renfrewshire to monitor and identify trends, to support our future planning and will adjust actions accordingly.	In progress/ ongoing: Data analysis from various local and national data sources such as SAER, service data / NRS etc. to aid planning / monitor trends.
	Monitor data and trends related to suicide, self-harm both nationally and locally, and liaise with national, regional and local contacts.	Create quarterly and annual data reports on suicide deaths using data provided by Public Health Scotland, Police Scotland and British Transport Police	In progress/ ongoing: Quarterly reports ongoing and for sharing with Management only due to high level confidentiality. Partnership working with Police Scotland, PHS and BTP ongoing. MOU in place between Police Scotland and East Renfrewshire HSCP re: data sharing.
	Improve use of data, using an all age and stage approach.	Collate and analyse data relating to children and young people's needs from CAMHS, Healthier Minds, Schools, Police and Social work.	In Progress: Year 2 / 3 action

Priority Area	Outcomes	Area of Actions	Year 1 Update
	Analyse data to map local trends to aid planning and future prevention activity.	Link with the national lived experience Panel and the Youth Advisory Group – to shape the design, delivery, communications and evaluation across our work.	In Progress: Year 2 / 3 action
	Provide regular reports to aid current and future priorities and planning.	<p>Create local annual report in line with National Records Scotland annual Suicide Death Publications.</p> <p>Improve Learning about suicidal behaviour from the National Academic Advisory Group. This includes: understanding the connection between suicide and mental health and wellbeing; risk and protective factors; and effective interventions for reducing suicide – including for specific groups.</p> <p>Provide quarterly updates to Mental Health & Recovery group (Steering group) on progress of the local action plan and priority areas.</p>	<p>Ongoing: NRS Data due to be published September 2025</p> <p>In progress/ Ongoing: HI Leads attends monthly National Suicide Prevention Leads Meeting where information / data from advisory group shared, HI Lead attending two-day national Conference-May 2025. Programme includes sessions on evidence base from partners on suicide and links to mental health and wider factors.</p> <p>In progress/ Ongoing: Quarterly updates / progresses shared by HI Lead. Year 1 action plan update will be presented at June 2025 meeting.</p>

Priority Area	Outcomes	Area of Actions	Year 1 Update
	Explore Data Sharing Agreement	Bring together data sources on suicide to inform our priorities, actions and public information. This will include routine data, suicide reviews, more timely data, Scottish Suicide Information Database (ScotSID), and management/ evaluation data. To support this, we will develop local information sharing agreements where necessary to support collection, analyses, management and sharing of data.	In progress / Ongoing: Data sharing agreement in place between Police Scotland, PHS and HSCP. PHS share suicide death data on a quarterly basis. Police Scotland share suicide death data (2- 4 weeks) post death. This allows us to monitor trends in relation to location, method, sex, age etc. Partnership working with Public Health Scotland Data Analysts is underway to create a heat map highlighting A&E Attendees, repeat attendances etc. for East Renfrewshire residents for reasons such as suicidal ideation, self- harm, mental health etc.
	Evaluate and learn from local and national best practice.	<p>Link with the Academic Advisory Group to learn about suicidal behaviour such as the connection between suicide and mental health and wellbeing risk and effective interventions for suicide prevention.</p> <p>Link with the National Mental Health Research Advisory Group for new research / evidence-based data to support local planning and action.</p>	<p>In Progress: Year 2 / 3 action</p> <p>In Progress: Year 2 / 3 action</p>

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AGENDA ITEM No. 11



Meeting of East Renfrewshire Health and Social Care Partnership Held on	Integration Joint Board 13 August 2025
Agenda Item	11
Title	Revenue Budget Monitoring Report 2025/26; position as of 30 June 2025
Summary To provide the Integration Joint Board with financial monitoring information in relation to the revenue budget, as part of the agreed financial governance arrangements.	
Presented by	Lesley Bairden, Chief Financial Officer
Action Required The Integration Joint Board is asked to: <ul style="list-style-type: none"> a) note the projected outturn for the 2025/26 revenue budget, b) note that the Chief Officer and her management team continue to work on actions to deliver savings and mitigate cost pressures, c) approve the budget virement detailed at Appendix 7. 	
Directions <ul style="list-style-type: none"> <input type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input checked="" type="checkbox"/> Directions to both ERC and NHSGGC 	Implications <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Workforce <input type="checkbox"/> Equalities <input checked="" type="checkbox"/> Risk <input type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD**13 August 2025****Report by Chief Financial Officer****REVENUE BUDGET MONITORING REPORT 2025/26****PURPOSE OF REPORT**

1. To advise the Integration Joint Board of the projected outturn position of the 2025/26 revenue budget. This projection is based on ledger information as of 30 June 2025 and whilst this is early in the financial year the projected outturn reflects the latest intelligence.

RECOMMENDATIONS

2. The Integration Joint Board is asked to:
 - a) note the projected outturn for the 2025/26 revenue budget,
 - b) note the Chief Officer and her management team continue to work on actions to deliver savings and mitigate cost pressures,
 - c) approve the budget virement detailed at Appendix 7.

BACKGROUND

3. This report is part of the regular reporting cycle for ensuring that the HSCP financial governance arrangements are maintained. This is the first report for the financial year 2025/26 and provides the projected outturn for the year based on our latest information. Whilst the IJB agreed a balanced budget for the year in March, we recognise the need to mitigate the estimated underlying pressures of approximately £2.4 million as we plan for 2026/27.
4. This underlying deficit also assumes that a solution to the £1.5 million target set in relation to non-residential charging will be achieved in 2026/27, with a further report due to be taken to the Council in October 2025. Work remains ongoing to assess and refine the expected level of income that could be realised. The recurring impact will be reflected in the IJB budget for 2026/27.
5. In addition to the agreed savings for 2025/26 the budget gap resulting from the deferral of this charge, was closed by the commitment from East Renfrewshire Council (ERC) to fund up to £1.5 million in 2025/26, should it be required. The current position assumes this funding may not be required, from the Council, in the current year as the IJB is able, at present, to meet this on a non-recurring basis, from its own general reserve. The commitment for this support from the Council remains in place, should this be required.
6. The projected outturn shows a potential underspend for the year of £0.212 million (m) as a combination of savings delivery and operational variances. This can be summarised:

Projected Outturn Summary 2025/26	Social Care	Health	Total
	£m	£m	£m
Savings (Shortfall) / Gain	0.000	(1.200)	(1.200)
Operational Gains / Pressures	0.532	0.880	1.412
Total Projected (Over)/Under spend	0.532	(0.320)	0.212
Remove:			
Remove Pension Gain	(2.067)		(2.067)
Non-Recurring Prescribing Support		(0.359)	(0.359)
Non-Recurring Turnover / Underspend		(0.324)	(0.324)
Underlying Pressure	(1.535)	(1.003)	(2.538)

7. The table above shows that whilst there is a potential underspend for the current year the underlying pressure is now just over £2.5m.
8. To help with the ongoing delivery of savings our council partner provided £0.7m investment for the future to support review capacity, additional Human Resources support, social work recruitment and a post to support implementation of non-residential charging. This funding is being used over a two-year period spanning financial years 2024/25 to 2026/27 and the current year estimated costs are included at Appendix 8.
9. The Chief Officer and her management team continue to work on actions to mitigate cost pressures in the current year and are working on options to close the underlying gap on a recurring basis. This includes ongoing work with health board colleagues on our prescribing pressures, both for this year and into 2026/27.
10. The Chief Officer will bring a One Year Delivery Plan and a Financial Recovery Plan to the September meeting of the IJB.

REPORT

11. The consolidated budget for 2025/26 and projected outturn position shows a possible underspend of £0.212m against a full year budget of £175.884m (0.12%). As detailed above this results from a savings shortfall against prescribing of £1.2m, offset by operational gains of £1.412m. The savings progress is summarised:

HSCP Savings 2025/26	Social Care		Health		Total	
Per Budget agreed March 2025	£m	%	£m	%	£m	%
Savings target agreed per IJB budget	1.645		2.715		4.360	
Progress against savings target						
Delivered	1.295	78.7%	0.400	14.7%	1.695	38.9%
Detailed plans on track	0.350	21.28%	1.115	41.1%	1.465	33.6%
Further savings expected by March 2026		0.0%		0.0%		0.0%
Total	1.645	100.0%	1.515	55.8%	3.160	72.5%
(Shortfall) Against Target **	0.000		(1.200)		(1.200)	
Savings Delivered to date as a % of target		78.7%		14.7%		38.9%
** This requires wider prescribing work plan at board wide and national level						

12. The commitment from ERC to fund up to £1.5m for the deferment of non-residential charging for 2025/26 remains in place, should this be required. Whilst this is not needed at present we will continue to assess this as we work through the current year.
13. The projected shortfall against planned savings of £1.2m relates to further work required to close prescribing pressures. We are seeing some price and volume gains based on early data, along with some non-recurring gains, however it is too early to establish if we can offset any of this saving on a recurring basis. The current projected prescribing pressure, net of this shortfall, is £0.532m.
14. All savings are continuously monitored, and the detail is included at Appendix 6. Work is ongoing, led by the Chief Officer to review our financial recovery planning, increase financial governance and ensure we have plans in place to deliver our services to budget in 2025/26. The longer-term planning will recognise the pressures set out in our Medium-Term Financial Plan.
15. The consolidated revenue budget and associated financial direction to our partners is detailed at Appendix 4. This is reported to each Integration Joint Board and reflects in-year revisions to our funding contributions and associated directions.
16. The reserves position is set out at Appendix 5 and shows the planned in-year use of reserves and the committed spend to take forward. Whilst we have added to our general reserve from our performance in 2024/25, we are still in breach of our policy. The projected operational underspend for the year has been added to the general reserve, with the balance reflecting the in-year use of this fund to support the budget shortfall from the deferral non-residential charging.
17. The main projected operational variances are set out below, based on known care commitments, vacant posts and other supporting information from our financial systems as of 30 June 2025 and allows for the latest intelligence.
18. **Children & Families and Public Protection £413k underspend;** this mainly reflects a £195k underspend across care costs including fostering, adoption, kinship and residential care and unaccompanied asylum seekers. In addition, there is turnover from vacancies and running cost underspends across the services totalling £218k.
19. **Older Peoples Services £263k underspend;** this results from community-based care based on our latest committed costs, with nursing and residential care slightly under budget.
20. **Physical & Sensory Disability £60k underspend;** this reflects our current cost of care commitments at £42k over budget, mitigated by staff turnover and equipment costs.
21. **Learning Disability Community Services £38k overspend;** this is due to current care commitment costs of £191k over budget, based on the current costs of care. This is offset in part by staffing turnover and running cost savings within community pathways, the autism service and community-based healthcare.
22. **Learning Disability Inpatients £23k overspend;** this continues to reflect the ongoing pressure from increased observation costs and maintaining staff ratios within the inpatient units, however, is a significantly improved position from last year. The service has remodelled the use of bank staff to mitigate costs and ensure continuity of support for patients. At this stage there are no significant financial impacts from the move from Blythswood House to Munro ward.

23. **Augmentative and Alternative Communication £16k overspend;** this is based on current equipment demands and the service will work to mitigate throughout the year.
24. **Intensive Services £488k overspend;** with £450k relating to Care at Home and Telecare, of which £335k is purchased care. The budget for the year includes £250k transferred from nursing and residential care as agreed in March. The budget set for the year also recognised there would likely be pressures in the service as it works towards completion of redesign and £391k was identified as non-recurring support if required. This is funded from the non-recurring pension gain held within Finance and Resources, where release of the funding is reflected.
25. **Recovery Services £5k underspend;** there is a pressure within Addictions of £51k from care costs and lack of staff turnover, however this is fully offset by the projected underspend of £56k in Mental Health mainly from turnover.
26. **Family Health Services £42k overspend;** this is the current expected share of costs for East Renfrewshire resulting from the projected overspend of c£0.6m for the General Medical Services (GMS) contract, with the pressure resulting from locum cover, staffing, premises and IT costs. This is a continued trend of costs pressures post pandemic.
27. **Prescribing £532k overspend;** this projection assumes the £1.2m savings target set for work required on a wider programme is still to be determined, however is offset in part from accrual gains, discounts and rebates and reductions in both costs and volumes. Given the time lag in data there is insufficient information at this stage to confirm whether the cost and volume gains will be recurring and therefore to what extent this will permanently mitigate some of this saving target.
28. Our Clinical Director continues to lead on the savings programmes as we work with colleagues from the health board to regularly look in depth at our position and how we compare to other HSCPs.
29. **Finance & Resources £610k underspend;** as referenced in paragraph 20 above, £391k of this underspend reflects the release of funding to partly offset the Intensive Services overspend to the level agreed as part of the 2025/26 budget. The remaining underspend results from turnover within business support along with some running cost underspends.
30. As with prior years this budget also meets several HSCP wide costs including historic pension charges, HR, communication and other staff costs and IT licences. This budget also includes the non-recurring pension gain balance for the current year, part of which is funding the Intensive Services offset and the balance is committed to ensure any savings shortfall, sustainability and pressures are managed in-year.
31. **Primary Care Improvement Plan (PCIP), Alcohol and Drugs (Local Improvement Fund) and Mental Health Action 15;** the supporting appendices reflect the confirmed funding allocations for 2025/26. We expect these costs to be part of the base budget in 2026/27.

Other

32. The budget virement requests are included at Appendix 7 within this report.

33. As with every year there are several variables such as pay award, inflation, demand, economic volatility and workforce capacity that will all impact on our cost projections and detailed monitoring will continue for the remainder of the year. This in turn will inform forward financial planning.
34. The report assumes full funding of pay award across both employing partners.
35. Proposals for any reserves use will be developed as an integral element of the one-year delivery plan led by the Chief Officer.
36. The Council commitment to support the impact of the decision to defer non-residential for 2025/26, should it be required, remains in place.

IMPLICATIONS OF THE PROPOSALS

Finance

37. The financial implications are detailed in the report and work remains ongoing to identify further cost reductions to mitigate the current underlying cost pressure to ensure long-term financial sustainability. A further report on non-residential charging will be taken to the Council in October.
38. As referenced earlier in this report the Chief Officer will bring a One Year Delivery Plan and a Financial Recovery Plan to the September meeting of the IJB.

Risk

39. Maintaining service delivery whilst managing continued significant savings challenges remains our most significant risk.
40. There are other risks which could impact on the current and future budget position; including:
 - Maintaining capacity to deliver our services
 - Achieving all existing savings on a recurring basis including charging for non-residential care
 - The ongoing impact of Covid-19 on our partner providers and the care service market
 - Prescribing costs and the ability to accurately model and project the position, particularly in the early part of the year
 - Observation and Out of Area costs
 - The impact of current year pressures on forward financial planning and how future savings challenges / funding gaps could be met
 - The impact of reduction in funding from Scottish Government for ring-fenced initiatives
 - Impacts from the budget settlement for 2026/27

DIRECTIONS

41. The running budget reconciliation which forms part of financial directions to our partners is included at Appendix 4.
42. The report reflects a projected underspend of £0.212m.

43. Regular financial discussions remain ongoing with both partners.

CONSULTATION AND PARTNERSHIP WORKING

44. The Chief Financial Officer is engaged in ongoing discussion with both our partners. The Chief Officer and Chief Financial Officer regularly engage in both partners financial planning processes.

CONCLUSIONS

45. The report reflects a projected underspend of £0.212m recognising we are at an early stage in the financial year.
46. Financial performance discussions are ongoing with both partners and the Chief Officer, and her management team continue to try and minimise the underlying budget pressures.

RECOMMENDATIONS

47. The Integration Joint Board is asked to:
- a) note the projected outturn for the 2025/26 revenue budget,
 - b) note the Chief Officer and her management team continue to work on actions to deliver savings and mitigate cost pressures,
 - c) approve the budget virement detailed at Appendix 7.

REPORT AUTHOR

Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
lesley.bairden@eastrenfrewshire.gov.uk

23 July 2025

Chief Officer, IJB: Alexis Chappell

BACKGROUND PAPERS

IJB paper 26.03.2025: [Revenue Budget 2025/26](#)

IJB paper 26.03.2025: [Revenue Budget Monitoring report](#)

East Renfrewshire HSCP - Revenue Budget Monitoring 2025/26

Appendix 1

Consolidated Monitoring Report

Projected Outturn Position as at 30th June 2025

Objective Analysis	Full Year			
	Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Public Protection - Children & Families	14,860	14,447	413	2.78%
Public Protection - Justice	-	-	-	0.00%
Adult Localities Services				
Older People	28,321	28,058	263	0.93%
Physical & Sensory Disability	6,480	6,420	60	0.93%
Learning Disability - Community	22,926	22,964	(38)	(0.17%)
Learning Disability - Inpatients	11,417	11,440	(23)	(0.20%)
Augmentative and Alternative Communication	291	307	(16)	(5.50%)
Intensive Services	19,856	20,344	(488)	(2.46%)
Recovery Services - Mental Health	5,896	5,840	56	0.95%
Recovery Services - Addictions	2,094	2,145	(51)	(2.44%)
Family Health Services	33,809	33,851	(42)	(0.12%)
Prescribing	19,295	19,827	(532)	(2.76%)
Finance & Resources	10,639	10,029	610	5.73%
Net Expenditure	175,884	175,672	212	0.12%
Contribution to / (from) Reserve	-	212	(212)	
Net Expenditure	175,884	175,884	0	0.00%

Projected under / (overspend) by Partner
Health
Social Care
Projected Underspend

£'000
(320)
532
212

East Renfrewshire HSCP - Revenue Budget Monitoring 2025/26

Appendix 2

Council Monitoring Report

Projected Outturn Position as at 30th June 2025

Subjective Analysis	Full Year			
	Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Employee Costs	29,172	29,588	(416)	(1.43%)
Property Costs	991	965	26	2.62%
Supplies & Services	2,470	2,876	(406)	(16.44%)
Transport Costs	264	249	15	5.68%
Third Party Payments	63,161	63,842	(681)	(1.08%)
Support Services	2,620	2,620	-	0.00%
Income	(20,266)	(22,260)	1,994	(9.84%)
Net Expenditure	78,412	77,880	532	0.68%

Contribution to / (from) Reserve	-	532	(532)	
Net Expenditure	78,412	78,412	-	0.00%

Objective Analysis	Full Year			
	Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Public Protection - Children & Families	11,890	11,520	370	3.11%
Public Protection - Justice	0	0	-	-
Adult Localities Services				
Older People	16,162	15,932	230	1.42%
Physical & Sensory Disability	5,754	5,694	60	1.04%
Learning Disability	16,271	16,355	(84)	(0.52%)
Intensive Services	18,676	19,164	(488)	(2.61%)
Recovery Services - Mental Health	1,492	1,534	(42)	(2.82%)
Recovery Services - Addictions	109	132	(23)	(21.10%)
Finance & Resources	8,058	7,549	509	6.32%
Net Expenditure	78,412	77,880	532	0.68%

Contribution to / (from) Reserve	-	532	(532)	
Net Expenditure	78,412	78,412	-	0.00%

Note: The operational underspend is after the application of £1.482m IJB general reserve to support the deferral of non-residential charging in 2025/26.

NHS Monitoring Report

Projected Outturn Position as at 30th June 2025

Subjective Analysis	Full Year			
	Full Year Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Employee Costs	30,353	29,693	660	2.17%
Non-pay Expenditure	57,904	58,035	(131)	(0.23%)
Resource Transfer/Social Care Fund	11,706	11,706	-	0.00%
Income	(2,491)	(1,642)	(849)	(34.08%)
Net Expenditure	97,472	97,792	(320)	(0.33%)

Contribution to / (from) Reserve	-	(320)	320	
Net Expenditure	97,472	97,472	-	0.00%

Objective Analysis	Full Year			
	Full Year Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Childrens Services	2,867	2,824	43	1.50%
Adult Community Services	8,889	8,856	33	0.37%
Learning Disability - Community	1,754	1,708	46	2.62%
Learning Disability - Inpatients	11,417	11,440	(23)	(0.20%)
Augmentative and Alternative Communication	291	307	(16)	(5.50%)
Family Health Services	33,809	33,851	(42)	(0.12%)
Prescribing	19,295	19,827	(532)	(2.76%)
Recovery Services - Mental Health	3,629	3,531	98	2.70%
Recovery Services - Addictions	1,438	1,466	(28)	(1.95%)
Finance & Resources	2,377	2,276	101	4.25%
Resource Transfer	11,706	11,706	-	0.00%
Net Expenditure	97,472	97,792	(320)	(0.33%)

Contribution to / (from) Reserve	-	(320)	320	
Net Expenditure	97,472	97,472	-	0.00%

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

	£'000
Public Protection - Children & Families	103
Adult Localities Services	
Older People	3,270
Physical & Sensory Disability	726
Learning Disability	4,901
Intensive Services	1,180
Recovery Services - Mental Health	775
Recovery Services - Addictions	547
Finance & Resources	204
	<u>11,706</u>

East Renfrewshire HSCP - Revenue Budget Monitoring 2025/26
Budget Reconciliation & Directions

Appendix 4

	NHS £000	ERC £000	Total £000
Funding Sources to the IJB			
1 Expected Revenue Budget Contributions per March 2025 Budget	90,322	78,412	168,734
Justice Grant Funded Expenditure		1,040	1,040
Justice Grant		(1,040)	(1,040)
Pay Award Funding	1,754		1,754
NI Funding	467		467
Multi-disciplinary Teams	721		721
Enhanced MH Outcomes Framework	1,141		1,141
PCIP Allocation	2,873		2,873
Prescribing	188		188
Other minor adjustments	6		6
	97,472	78,412	175,884
Funding Outwith Revenue Contribution			
* Housing Aids & Adaptations		610	610
Set Aside Hospital Services Opening Budget	31,868		31,868
Total IJB Resources	129,340	79,022	208,362
Directions to Partners			
Revenue Budget	97,472	78,412	175,884
Justice Grant Funded Expenditure		1,040	1,040
Justice Grant		(1,040)	(1,040)
1 Resource Transfer & Recharges	(13,496)	13,496	0
Carers Information	58	(58)	0
	84,034	91,850	175,884
Housing Aids & Adaptations		610	610
Set Aside Hospital Services Budget	31,868		31,868
	115,902	92,460	208,362

1. Includes Social Care Fund and Cross Charges as well as historic resource transfer etc.

East Renfrewshire HSCP - Revenue Budget Monitoring 2025/26
Projected Reserves as at 30th June 2025

Appendix 5

Earmarked Reserves	Reserve Brought Fwd from 2024/25 £'000	2025/26 Projected spend £'000	Projected balance 31/03/26 £'000	comment
<u>Scottish Government Funding</u>				
Alcohol & Drugs Partnership	489	489	0	Committed for recovery hub and timing tbc.
Prescribing	359	359	0	Agreed as part of budget to support savings initiatives
National IT Projects	12	12	0	Contribution to delayed national IT projects.
Scottish Government Funding	860	860	0	
<u>Children & Families</u>				
Trauma Informed Practice	50	50	0	Balance of funding committed for post, slippage against original start date.
Whole Family Wellbeing	228	143	85	Projected slippage from current year included in carry forward as funding ring fenced.
Children & Families	278	193	85	
<u>Adult Services</u>				
Learning Disability Health Checks	135	0	135	Spend to be confirmed based on recruitment.
System Implementation	250	250	0	Expect to be spent in full
Cancer Screening Inequalities	40	40	0	Expect to be spent in full
Fostering & Adoption Campaign	100	0	100	Spend to be confirmed based on campaign outcome.
Total Adult Services	525	290	235	
<u>Repairs & Renewals</u>				
Repairs, Furniture and Specialist Equipment	50	15	35	Held to supplement essential works.
Repairs & Renewals	50	15	35	
Total All Earmarked Reserves	1,713	1,358	355	
Total General Reserves	1,482	1,270	212	£1.482m will support deferral of non-residential charging on a non-recurring basis. £0.532m operational underspend from social care less £0.320 operational pressure from health added. The annual delivery programme being developed will identify proposals for any use of this reserve balance to support sustainable financial recovery.
Grand Total All Reserves	3,195	2,628	567	

Note: the opening reserves balance is subject to the audit of the 2024/25 accounts.

East Renfrewshire HSCP - Revenue Budget Monitoring 2025/26
Savings Progress as at 30th June 2025

Appendix 6

2025/26 Saving £m	Savings Target	Delivered	Detailed Plans on track	Further Expected	Possible Over / (Under) Recovery	R A G	Notes
Social Care Related Savings							
Full Year Effect 2024/25	0.088	0.088					Full year effect of 2024/25
SPF non Care at Home	1.000	1.000			0.000		Full year effect of 2024/25
Other Charging	0.207	0.207			0.000		Inflation & other changes to existing charges
Systems Efficiencies	0.100		0.100		0.000		Dependent on system implementation
Grant Funded	0.250		0.250		0.000		Ongoing work to reduce costs
	1.645	1.295	0.350	0.000	0.000		
Health Related Savings							
Full Year Effect 2024/25	(0.059)		(0.059)				Full year effect of 2024/25 (awaiting redeployment)
LD University Funding	0.200	0.100	0.100		0.000		Planned activity in place, expect to be fully delivered
Interim Care Funding	0.200	0.200			0.000		Changes to bed model in place
Equipu contract use	0.200		0.200		0.000		Expect to achieve in year
LD Bed Model	0.050		0.050		0.000		Need to review based on ward location change
Community Nursing	0.100	0.100			0.000		Expect to achieve in year
Non-recurring Additional Turnover	0.324		0.324		0.000		Expect to achieve in year
Prescribing New Savings Programme 2025/26	0.500		0.500		0.000		No data yet to monitor detail
Prescribing New Savings Programme 2025/26 - Board Wide	1.200				(1.200)		Dependent on wider system work, potentially mitigated in part by cost and volume reductions
	2.715	0.400	1.115	0.000	(1.200)		
Total Savings	4.360	1.695	1.465	0.000	(1.200)		

East Renfrewshire HSCP - Revenue Budget Monitoring 2025/26
Budget Virement - ERC Contribution Only

Appendix 7

Subjective Analysis	2025/26 Budget Virement							Total Virement £'000
	Opening Budget £'000	(1) £	(2) £	(3) £	(4) £	(5) £	2025/26 Budget £'000	
Employee Costs	30,438		113	(1,378)			29,173	(1,265)
Property Costs	991						991	-
Supplies & Services	2,293			80		97	2,470	177
Transport Costs	264						264	-
Third Party Payments	61,872		(113)	1,298		103	63,160	1,288
Support Services	2,820					(200)	2,620	(200)
Income	(20,266)						(20,266)	-
Net Expenditure	78,412	-	-	-	-	-	78,412	-

Objective Analysis	2025/26 Budget Virement							Total Virement £'000
	Opening Budget £'000	(1) £	(2) £	(3) £	(4) £	(5) £	2025/26 Budget £'000	
Public Protection - Children & Families	11,743		71		76		11,890	147
Public Protection - Justice	76				(76)		-	(76)
Adult Health - Localities Services							-	-
Older People	17,171	(265)	(745)				16,161	(1,010)
Physical & Sensory Disability	5,832		(127)	49			5,754	(78)
Learning Disability	15,607		664				16,271	664
Adult Health - Intensive Services	18,627	265	(2)	(214)			18,676	49
Recovery Services - Mental Health	1,586		(94)				1,492	(94)
Recovery Services - Addictions	109						109	-
Finance & Resources	7,661		233	165			8,059	398
Net Expenditure	78,412	-	-	-	-	-	78,412	-

Note:

1. Nursing / residential & localities transfer to care at home
2. Supporting People Framework & 2024/25 savings full year effect reallocations
3. Care at Home redesign, posts transferred to Commissioning
4. Violence Against Women transfer between services
5. Support cost and direct recharges reallocations

East Renfrewshire HSCP - Revenue Budget Monitoring 2025/26
ERC Funded Investment for the Future

Appendix 8

Initiative	2024/25 Actual £'000	2025/26 Projected £'000	2026/27 Projected £'000	Total Projected £'000	Comments
HR Assistant	26	10	-	36	To support recruitment and absence management for continued positive performance in relation to frontline absence and reduce the need for overtime/agency backfill costs.
Care at Home Frontline Recruitment Campaign	10	20	-	30	To support development and implementation of campaign and advertising assets across multi channels to ensure required staffing levels can be maintained.
Transitions Planning	53	107	56	216	2 x social worker posts within Adults & Children's Services to support planning for transitions.
Review Team Capacity	106	176	59	341	2 x social worker and 2 x social work assistant posts to ensure completion of reviews of all existing externally commissioned care and support.
Charging Implementation Post	17	26	-	43	Systems post to support non-residential charging implementation and associated system changes.
Total	212	339	115	666	

East Renfrewshire HSCP - Revenue Budget Monitoring 2025/26
Primary Care Improvement Plan

Appendix 9

Service	Budgeted Programme Costs	Projected Programme Costs	Projected Variance
	£'000	£'000	£'000
Pharmacy Support	1,095	1,057	38
Advanced Nurse Practitioners - Urgent Care	188	144	44
Advanced Practice Physiotherapists	210	237	(27)
Community Mental Health Link Workers	88	90	(2)
Community Healthcare Assistants / Treatment Room	607	638	(31)
Vaccine Transformation Programme	647	660	(13)
Programme Support / CQL / Pharmacy First	276	285	(9)
Total Cost	3,111	3,111	(0)
Funded by:			
In Year Funding		3,111	
Reserve - Opening Balance		0	
Total Funding		3,111	
Surplus/Deficit		-	

East Renfrewshire HSCP - Revenue Budget Monitoring 2025/26
Mental Health Action 15

Appendix 10

Service	Budgeted Programme Costs	Projected Programme Costs	Projected Variance
	£'000	£'000	£'000
Staff costs - Board wide including Nursing, Psychology and Occupational Therapy	240	270	(30)
Programme Support	33	33	0
Staff Costs East Ren HSCP including Psychology, CAMHS and Occupational Therapy	263	233	30
Other - Peer Support Delivery Service	25	25	0
Total Cost	561	561	(0)
Funded by:			
In Year Funding		561	
Reserve - Opening Balance		0	
Total Funding		561	
Potential reserve balance at year end based on current projection		(0)	

East Renfrewshire HSCP - Revenue Budget Monitoring 2025/26
Alcohol & Drugs Partnership Funding only

Appendix 11

Service	Budgeted Programme Costs £'000	Projected Programme Costs £'000	Projected Variance £'000
Programme for Government	283	287	(4)
National Mission	198	198	-
Residential Rehabilitation	79	79	-
MAT Standards	203	200	3
Whole Family Approach	55	50	5
Lived Experience	8	12	(4)
Recovery Hub Development	489	489	-
Total Cost	1,315	1,315	0
Funded by:			
In Year Maximum Funding		826	
Reserve - Opening Balance		489	
Total Funding		1,315	
Potential reserve at year end based on current projection		0	

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

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AGENDA ITEM No. 12



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board	
Held on	13 August 2025	
Agenda Item	12	
Title	Discharge without Delay	
Summary East Renfrewshire HSCP are committed to supporting our residents to avoid unnecessary hospital admissions and to be discharged home from hospital (or to a homely setting) as soon as they are medically well. East Renfrewshire HSCP has a proven track record in discharge without delay and is often within the top 6 best performing HSCP's across Scotland.		
Presented by	Lee McLaughlin, Head of Adult Services Communities & Wellbeing	
Action Required The Integration Joint Board is asked to: <ul style="list-style-type: none"> a) Note the presentation and the HSCP performance with respect to discharge without delay. b) Note that a report on our discharge ambitions, governance, financial position and plan will be provided to the Integrated Joint Board in September 2025. 		
Directions <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		Implications <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Workforce <input type="checkbox"/> Equalities </div> <div style="width: 50%;"> <input type="checkbox"/> Risk <input type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty </div> </div>

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD**13 August 2025****Report by Chief Officer****Discharge without Delay****PURPOSE OF REPORT**

1. This report has been prepared to prepare an update on discharge without delay.

RECOMMENDATIONS

2. The Integration Joint Board is asked to:
 - a) Note the presentation and the HSCP performance with respect to discharge without delay.
 - b) Note that a report on implementation of our discharge ambitions, performance, governance and funding arrangements, will be provided to the Integrated Joint Board in September 2025. This report will also set out preparations for winter, an update in relation to NHS GGC transformation programme and support to unpaid carers.

BACKGROUND

3. Our ambition is to prevent admission and readmission to hospital where possible so that individuals can live independently and well at home. Prevention is our preferred and local approach.
4. Where individuals do require a period in hospital our ambition is that we make discharge personal where individuals and their families experience a positive, safe, and timely discharge and feel involved in planning for discharge. Our approach is to the principle of 'home first', to a person's own home or homely setting, and optimising on-going care and support through timely out of hospital assessment.
5. East Renfrewshire HSCP has a proven track record in discharge without delay and is often within the top 6 best performing HSCP's across Scotland.

REPORT

6. The First Minister has advised that reducing delayed discharges across Scotland is one of his key priorities. As such, a weekly meeting has been established called CRAG (Collaborative Response and Assurance Group), chaired by the Cabinet Secretary.
7. All Chief Officers across Scotland are expected to attend, alongside Scottish Government colleagues, the Care Inspectorate and COSLA. A new target of a maximum 34.6 delayed patients per 100k adult population has been set.

8. All HSCPs have been put into 3 categories - Low, Moderate and Major - based on the level of performance improvement required. East Renfrewshire continues to perform extremely well in relation to standard delays but requires further support in relation to AWI delays to become in line with national averages. In July 2025, East Renfrewshire had 7 standard delayed patients per 100,000 population, significantly below the target set and 12 AWI delayed patients per 100,000 population.
9. There are Glasgow and Clyde wide partnership and governance arrangements which support a coordinate approach to unscheduled care. East Renfrewshire actively contributes to the board.
10. NHS GGC is working in partnership with the 6 HSCP's to develop a whole system transformation programme to improve patient experience and to ensure that they receive the right care in the right place at the right time. This is in support of the Health and Care Renewal Framework and NHS Operational Plan.
11. The focus is on increasing opportunities for planned care closer to/or at home to minimise the need for unscheduled care where possible through implementation of a virtual hospital and interface services. East Renfrewshire are actively working with NHS Glasgow and Clyde to support implementation, and a further update will be provided at the September IJB.
12. A presentation is provided to the Board today to:
 - Provide an update with respect to East Renfrewshire residents currently delayed in hospital.
 - Provide some analysis as to the reasons for delays and the actions being taken to address them.
 - Share key data with respect to referral numbers from acute and analysis with respect to complexity of needs.
 - Show comparison data with respect to referral numbers and complexity of care needs for social care from community perspective.
13. A more detailed paper will be presented to the IJB on 24 September 2025 to provide further details on the NHS GGC Transformation Programme, East Renfrewshire discharge improvement plan, performance, governance and funding arrangements as well as our preparations for winter and how we support unpaid carers, supporting people through hospital admission.

IMPLICATIONS OF THE REPORT

Finance

14. There are no financial implications of this report. The purpose of this report is to provide an update for the IJB on performance. The report to September IJB will set out financial implications and governance arrangements.

Equalities

15. By focusing on prevention of admission and timely discharge, its aimed to ensure equity of provision so that people and

16. An Equality Fairness and Rights Assessment will be undertaken to inform the discharge improvement plan. Core to our work is a focus on equity, inclusion and tackling inequalities and the EFRIA will ensure that this informs our activities.

DIRECTIONS

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

RECOMMENDATIONS

18. The Integration Joint Board is asked to:
- a) Note the presentation and the HSCP performance with respect to discharge without delay.
 - b) Note that a report on implementation of our discharge ambitions, performance, governance and funding arrangements, will be provided to the Integrated Joint Board in September 2025. This report will also set out preparations for winter, an update in relation to NHS GGC transformation programme and support to unpaid carers.

REPORT AUTHOR AND PERSON TO CONTACT

Lee McLaughlin, Head of Service
lee.mclaughlin@eastrenfrewshire.gov.uk

Alexis Chappell, Chief Officer
alexis.chappell@eastrenfrewshire.gov.uk

30 July 2025

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AGENDA ITEM No. 13



Meeting of East Renfrewshire Health and Social Care Partnership Held on	Integration Joint Board 13 August 2025	
Agenda Item	13	
Title	Support for Veterans	
Summary To provide the Integration Joint Board with an update on delivery of the Veterans Support Services and next steps in supporting Veterans.		
Presented by	Alexis Chappell, Chief Officer	
Action Required The Integration Joint Board is asked to note the report, including opportunities to foster a cohesive approach to support for veterans living in East Renfrewshire.		
Directions <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	Implications <div> <input type="checkbox"/> Finance <input type="checkbox"/> Risk </div> <div> <input type="checkbox"/> Policy <input type="checkbox"/> Legal </div> <div> <input type="checkbox"/> Workforce <input type="checkbox"/> Infrastructure </div> <div> <input type="checkbox"/> Equalities <input type="checkbox"/> Fairer Scotland Duty </div>	

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East Renfrewshire Integration Joint Board**13 August 2025****Report by Chief Officer****NHSGGC Veterans Support Service: Annual Funding Report****PURPOSE OF REPORT**

1. The report provides information and a progress report to demonstrate the impact of the NHS Greater Glasgow and Clyde (GGC) Veterans Support Service and provide an update as to next steps.

RECOMMENDATIONS

2. The Integration Joint Board is asked to note the report, including opportunities to foster a cohesive approach to support for veterans living in East Renfrewshire.

BACKGROUND

3. The NHSGGC Veterans Support Service was established in April 2024. The service is funded by the Greater Glasgow and Clyde Healthcare Charity and senior oversight is provided by Alexis Chappell, Chief Officer East Renfrewshire HSCP who is also the NHSGGC Exec-Board Armed Forces and Veterans Champion.
4. It provides welfare support services to veterans and other members of the Armed Forces Community using NHSGGC's services across all six HSCPs. This report provides an overview of the impact of this service and seeks to explore how the East Renfrewshire IJB can support a colligate multi agency approach to support for veterans.
5. The Veterans Support Service has been delivered to:
 - **563 NHSGGC patients** since its inception,
 - with support to an additional **516 family members and**
 - **433 NHS staff** benefitting in the form of time saved. The service is valued by patients and their families and received a Bronze Award at the 2025 Scottish Veterans Awards.
6. NHSGGC delivers this service in partnership with Defence Medical Welfare Service (DMWS), an independent third sector veteran charity. The DMWS Welfare Service has been available to veterans since 2022 (the 2022-2024 pilot was funded by the Armed Forces Covenant Fund Trust), and the Welfare Officers have an established and well-known presence in the acute and community care settings.
7. The Veterans Support Service provides veterans in acute care with additional support to overcome non-clinical issues impacting on their recovery, health and wellbeing by providing 1-2-1 person-centred support from a trained DMWS Welfare Officer

(WO). The WO helps the veteran until they are safely back in their home or community care, handing over any ongoing needs to the appropriate local authority or other third sector service, liaising with HSCP colleagues (including GPs) to minimise the likelihood of readmittance. There are multiple benefits to this service for the veteran, their family/carers, the NHS who provide the care, and to the health board who can benefit from potential cost savings.

REPORT

8. The DMWS run service employs 5wte staff. The Veteran Support Coordinator has service delivery and oversight and supports the NHSGGC Armed Forces and Veterans Champion to deliver sustainable initiatives to help NHSGGC meet its Covenant Duty. The service has four Welfare Officers; one is based fulltime at Queen Elizabeth University Hospital and three work flexibly across the other acute and community sites. In addition, SSAFA's Glasgow's Helping Heroes works with DMWS to deliver a Mental Health Peer Support Service, providing an experienced Peer Support Worker (PSW) to complete the team.
9. Staff provide emotional and practical support to veterans at their most vulnerable through:
 - 1-2-1 bedside support in NHSGGC's acute hospitals
 - Advocacy and engagement with the clinical team
 - Supported referrals to other third sector organisations, HSCPs and local councils
 - The mental health Peer Support Service helps with issues such as isolation, loneliness, sadness, low mood or feeling overwhelmed. It also provides a 'waiting well' service for those awaiting diagnosis or treatment and wrap around support after discharge from inpatient services to help keep the veteran on their care pathway.
10. This contributes to the Health Board's Strategic aims as it: -
 - Reduces health inequalities experienced by veterans and their families.
 - Provides person-centred care.
 - Reforms service delivery through systematic identification of veterans using TrakCare.
 - Promotes health and wellbeing of healthcare staff through, alleviating workload, and facilitating positive communication/ reducing conflict between service user and staff.
 - Improves the physical and mental health of the Board's population (veterans and their family members/carers).
 - Provides support which addresses the wider determinants of health, allows veterans to recover well, and prevents re-admission through improved independent living and community support.

Outcome 1: Improve Veteran Identification

11. As a direct result of the resources invested in this service NHSGGC has improved the identification of veterans and other members of the Armed Forces Community using its acute care services.
12. Every patient entering hospital is asked if they have served in the Armed Forces and this is recorded in their electronic patient records (Trakcare). Early identification means that those delivering care can make informed decisions in line with the Armed Forces Covenant Duty e.g. if the condition is service related then special consideration (e.g. priority treatment) may be appropriate.
13. It also allows DMWS to effectively target the Veterans Support Service at the beginning of the hospital stay. The patient tracking data in 2024 identified that 1,397 acute care patients declared a veteran status, 394 were reservists, 360 were serving and 643 patients were dependent family members.

Outcome 2: Prevention and early intervention which can help reduce health inequalities

14. Our Veterans Support Service has encountered many situations of veterans at risk of not accessing the support needed through health inequalities; including examples of veterans and their families struggling with finances, struggling with transport to appointments and living in isolation and deprivation.
15. An example of our impact is of a spouse of an Army veteran had separated from her husband after a domestic abuse incident, she was isolated in the community with no other close family or friends for support and was struggling with her mental health, financial hardship and had no permanent home. The NHSGGC Veterans Mental Health Peer Support Service provided 1-2-1 practical and emotional support to help her take positive steps forward. She was given access to weekly activity groups, which focused on reducing social isolation and building confidence and supported to prepare for and secure a volunteer position. This opportunity gave her a renewed sense of purpose, helped her build new skills, regain confidence, secure her own tenancy and navigate the complexities of her new life. Regular wellbeing checks with the Peer Support Worker at SSAFA's Glasgow's Helping Heroes (GHH) further supported her mental health, offering reassurance, guidance, and a consistent source of emotional support. She has regained her stability, managing her mental health, and finding meaningful engagement within her community.
16. Connecting a veteran to a support worker with a military background opens up communication and trust and can greatly help to ensure that support is mobilised and appropriate for the service user. There have been some exceedingly difficult and sad cases where further health issues would certainly have arisen and become a point of crisis causing considerable stress to the service user and cost to the NHS had our service not intervened.
17. Our interventions have helped older people access care, improve wellbeing and independent living; 360 of the 563 patients supported so far were over the age of 60 years. **89% of the patients reported an improved experience of healthcare** which will have helped to reduce healthcare inequalities, offered early intervention and

prevented escalation. **75% benefited from reduced stress and anxiety** and **70% benefited from 3rd sector support** reducing the need for NHS services.

Outcome 3: Support a timely and appropriate discharge from hospital

18. While discharge is a clinical decision a needs assessment is also conducted to ensure that patients can return to an environment that supports their individual care needs. Early intervention by the Veterans Support Service can identify non-clinical issues that might impact on a timely discharge and plan ahead to mitigate these. **81% of service users benefited from meaningful engagement** that identified issues requiring a support plan in preparation for discharge. Actions will have varied from bedside emotional support to involvement in care planning and alternative housing needs.
19. Our service supported an Army Veteran who was a long stay patient at Glasgow Royal Infirmary. The patient had been admitted from the National Spinal Unit after a fall at home left him paralysed and unable to walk or manage any self-care tasks. These life changing injuries also meant that he couldn't be discharged until suitable accommodation and care could be found. A DMWS Welfare Officer worked with the clinical team providing care and with social services as part of the discharge planning process. Input from the Welfare Officer had two significant positive impacts on facilitating a good discharge; the Welfare Officer sourced funding for an electronic wheelchair to improve the patient's independence and helped to identify and secure appropriate accommodation in a supported living facility. This was made possible through the combination of NHSGGC clinical care and DMWS non-clinical support, giving the veteran hope of a more positive future than he thought possible; one with great care, fantastic wellbeing opportunities and new friendships.

Outcome 4: Support people to live in their own homes and communities for longer and place less reliance on institutional forms of care

20. DMWS helped 47 people with aspects connected to improving independent living, this includes a range of support such as care packages to support discharge, deep cleaning a home, home adaptations, accessing benefits and even buddying schemes to increase the ability to remain at home.
21. While these patients benefited from support to help maintain their independence in their own homes, for some alternative accommodation is the right solution and DMWS also help to find suitable alternative provision, including through supported referrals to Erskine, Veterans Housing Scotland and Scottish Veterans Residences.

Outcome 5: Reduce loneliness and social isolation and its negative impact on overall health and wellbeing

22. 384 service beneficiaries were supported to overcome social isolation. The type of support varied from providing comfort and compassion at the bedside for patients who didn't have family or friends to visit or involved linking a patient to befriending services, local groups and clubs or regimental groups.
23. All of this support was tailored to the person to suit their needs and interests and has a vital positive impact on physical and mental wellbeing. To be connected back to the community is incredibly uplifting.

24. DMWS provided emotional and practical support to an Army veteran who experienced a combination of health issues, including a clinical diagnosis of PTSD. This veteran was under the care of his Community Mental Health Team and Urology. A deterioration in his physical health led to feelings of extreme anxiety and an inability to leave his home alone. This was preventing him attending appointments and hindering his ongoing care and recovery. A DMWS Welfare Officer supported the veteran to build trust and with the support of hospital patient transport services, he is now being transported and accompanied to his medical appointments. The DMWS Welfare Officer worked in partnership with Rock2Recovery and Veterans' Chaplaincy Scotland to enable ongoing pastoral care to support community connection and reduce social isolation.

Outcome 6: Support people to have a greater understanding of their mental health and how to care for and recover from mental health problems and mental illness by promoting awareness, resilience and self-management

25. DMWS and Glasgow Help for Heroes supported a considerable range of mental health issues from issues such as low mood, mild anxiety/depression, grief, sleep deprivation to more complex issues such as dementia/Alzheimer's and PTSD.
26. 124 users of the service (22%) declared a mental health concern or condition. Some cases were complex, and the service user was supported over many months. Since September'24 66 veterans have benefited from 1-2-1 mental health peer support. Of which:
- 49 needed support for housing/homelessness issues.
 - 28 received support to resolve employment issues.
 - 15 veterans had advocacy support with NHS clinicians/ GPs.
 - 18 veterans were referred on for specialist support from Combat Stress.

How we Assess the Impact of the Service

27. DMWS uses its own bespoke, GDPR compliant case management system to collect service user information, baseline data, progress and outcomes achieved as well as collating all referral organisations that have mobilised on behalf of the individual. This data is collected and logged using individual tablet devices and can be reviewed and analysed by the project manager. Impact measures are drawn from the assessment process and show the level of change achieved for each individual.
28. DMWS conducts a thorough assessment, which is person-centred and responsive without being intrusive. The assessment framework is underpinned by the 5 Principles of Welfare to identify needs and includes a wellbeing measure, Office for National Statistics 4 (ONS4), which is a recognised survey consisting of four questions. This allows the identification of concerns and to track changes in wellbeing without overwhelming the patient. This is combined with the DMWS's unique Wellbeing Complexity Measure to understand the cumulative impact that issues are having on the individual and the severity of these complexities.
29. Case studies and feedback from individuals are also reviewed to understand the detail and complexities of those we support and this all helps to inform service development. Some feedback as follows: -

“Fantastic support.”

“WO went above and beyond. The whole organisation’s support helped lift my spirit and mental health.

- “Didn’t know the service existed. It was very good to have WO support when I was at my lowest point! My veteran husband had taken a really bad mental breakdown, and I felt helpless and had no support, so it was great to have her help.”
- “Good practice of maintaining contact through to resolution.”
- “From the moment I met WO Officer, I was relieved. I felt she would support me and my mother throughout the hospital experience. It’s a brilliant service, much appreciated thank you.”
- “WO Officer was a very comforting person.”

Mental Health Peer Support Service

30. A total of 563 patients have directly benefited from the mental health peer support service between April’22 and June’25. 397 of these were in FY 24/25 (this exceeds the agreed KPI of 300 direct beneficiaries for this period).
31. Glasgow’s Helping Heroes also collect data using similar GDPR compliant practices. This data shows that at initial contact, a significant proportion of individuals seen were in acute need, with 55% in the "Cause for Concern" or "Accepting Help" stages, particularly in the key areas of Wellbeing, Housing, and Social Life. Following 1-2-1 peer support:
 - Over 75% of individuals are now in the "Believing and Trying," "Finding What Works," or "Managing Well" stages across all key areas.
 - Housing saw the most dramatic improvement, with those "Managing Well" rising from 26% to 43%.
 - Finances improved significantly, with "Cause for Concern" dropping from 26% to under 10%.
 - Even in Wellbeing, initially the area of greatest concern, 74% are now progressing positively.
32. These outcomes reflect not only the effectiveness of the peer support approach, but also the resilience and growth of the individuals supported.

Next Steps

33. On 3 July the NHSGGC Armed Forces and Veterans Champion attended the annual MOD organised Armed Forces Covenant Conference. The Conference focused on support services for those who have served our country and their families, and highlighted the Valour programme as a means of coordinating regional delivery. This is being piloted in Manchester and in time, a network of coordinators will be located across the UK. At the heart of this plan for improving delivery is the need for key statutory organisations to work together including councils, DWP, health, coordinating strategies to meet the needs of the Armed Forces Community.
34. In her closing address to the conference, Susie Hamilton, Scottish Veterans Commissioner spoke highly of the NHSGGC Veterans Support Service, and how it is an excellent example of a health board taking a proactive approach to delivery of its

Armed Forces Covenant Duty through effective collaboration with third sector military charities.

35. There is a good local network across East Renfrewshire to support veterans and its intended to use this forum, as a partnership with East Renfrewshire Council, to reflect on the learning from the conference including local opportunities which support veterans living in East Renfrewshire.
36. As a next step, the NHSGGC Armed Forces Champion intends to work with colleagues across Greater Glasgow and Clyde to identify opportunities to coordinate delivery using the opportunity of the Valour programme launched at the conference and the foundations set by the Veterans Support Service. A further update and recommendations will be provided in future reports.

IMPLICATIONS OF THE PROPOSALS

Finance

37. The total award allocation is £247,850 of which £231,900 is recurring and £15,950 non-recurring. NHSGGC has a contract and SLA with DMWS to deliver services until March 2027, after which there will be a new tender process.
38. The service has been delivered on budget; the variance in salary costs (between welfare staff and management) was due to management time spent on setting up the service and the partnership with Glasgow's Helping Heroes

Legal

39. The Covenant Legal Duty is a legal obligation on certain public bodies to have due regard to the [Covenant principles](#) when carrying out certain functions in healthcare, education and housing. These organisations are required to ensure they comply with legislation set out in the Armed Forces Bill 2021 (clause 8, Armed Forces Covenant). This legislation ensures that those who serve or have survived in the UK Armed Forces and the families, are treated fairly, and are not disadvantaged because of their service. The public bodies subject to this Legal Duty include local authorities, governing bodies of certain state funded schools and various NHS bodies.

Workforce

40. The DMWS staff engage with a range of East Renfrewshire Council and HSCP colleagues both on individual cases and strategic initiatives. There has been recent collaboration with the HSCP Health & Recovery Team to improve online support resources for veterans.

Equalities and Fairer Scotland Duty

41. DMWS employs a dedicated EDI Officer responsible for ensuring the organisation delivers on its EDI priorities. The organisation has developed, progressed and continues to deliver impactful engagement and support across underrepresented Armed Forces Communities. Work is ongoing to deepen understanding of the challenges faced by these groups and is driving the development of effective, collaborative solutions with partners in the military, third sector, and statutory health organisations.

42. The organisation is committed to creating safe spaces and systemic change that improves access to health and wellbeing services for those who need it most. DMWS has:
- **Engaged with a wide range of underrepresented Armed Forces communities** across the UK through outreach, listening sessions, and targeted events.
 - **Created safe, inclusive spaces** for open dialogue, where individuals can share experiences and challenges related to accessing healthcare and wellbeing support.
 - **Completed comprehensive EDI training audit**, identifying key barriers to healthcare access, including cultural awareness, systemic learning, and involvement.
 - **Piloted innovative training programme** designed to improve access and responsiveness of services for diverse Armed Forces communities.
 - **External accreditation confirms our commitment** to excellence, accountability, and continuous improvement in delivering impactful services.
43. **EDI evaluating standard of success**
- *Fighting with Pride – Pride in Veterans Standards annual audit reviewed 2025.*
 - *Department of Work and Pension – Disability Confidence Scheme Employer – 2025*
 - *CPD accredited Equite, Diversity and Inclusion training for Welfare Officer across the UK - 2025 (TBC).*

DIRECTIONS

44. There are no directions resulting from this report.

CONSULTATION AND PARTNERSHIP WORKING

45. The service is delivered entirely through partnership working and our partners DMWS work with a wide variety of organisations in support of improving each individual veteran's health and wellbeing. The Mental Health Peer Support Service is delivered in collaboration with SSAFA's Glasgow's Helping Heroes based at the Pearce Institute in Govan.
46. DMWS is part of the Unforgotten Forces Consortium, a partnership of charities working together to deliver high quality and joined-up support that boosts the health and wellbeing of ex-Armed Forces personnel in Scotland age 60 and older. They are also part of Scotland's Veterans Wellbeing Alliance, another group of military charities working in collaboration to provide holistic support to veterans and their families.
47. Since April'24 DMWS has made supported referrals to other organisations for 197 patients (multiple referrals in many cases). A further 206 service users were provided with information about how to self-refer for support.
48. Some of the most impactful partnerships:
- **Vector 24** – a charity providing transportation for veterans to hospital appointments, DMWS work with them to provide a supported journey for those who need it.
 - **SSAFA** – has provided financial support to some of our patients for the purchase of home adaptations and white goods.

- **Royal British Legion** – for financial support and social support.
- **Erskine Veterans Charity** – they provide a care at home service, have housing and care home facilities, as well as the Reid MacEwan Activity Centre, which is open to all veterans. Dozens of our patients have been either rehomed by Erskine, receive their care at home service or use the facilities in Bishopton.
- **Veterans Housing Scotland** – has provided housing for a few of our patients and DMWS WOs have provided support at home to others as part of a collaboration to prevent homelessness.
- **Scottish Veterans Residences** - have provided housing for a few of our patients, including two recent discharges with mental health and addiction issues.
- **Legion Scotland** – to set up befriending services.

CONCLUSIONS

49. The NHSGGC Veterans Support service is proving to have a positive impact on veterans and the intention is to keep delivering this service across all six HSCPs.

RECOMMENDATIONS

50. The Integration Joint Board is asked to note and comment on the report, including plans to foster a cohesive approach to support for veterans.

REPORT AUTHOR

Margaret Partridge, NHS Greater Glasgow & Clyde Veteran Support Coordinator
mpartridge@dmws.org.uk

30 July 2025

Chief Officer, IJB: Alexis Chappell

BACKGROUND PAPERS

None

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Meeting of East Renfrewshire Health and Social Care Partnership Held on	Integration Joint Board 13 August 2025	
Agenda Item	14	
Title	Calendar of Meetings 2026/27	
Summary To seek approval of proposed meeting dates to March 2027.		
Presented by	Barry Tudhope, Democratic Services Manager	
Action Required The Integration Joint Board is asked to approve the proposed meeting dates for the Integration Joint Board and Performance and Audit Committee to March 2027.		
Directions <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	Implications <div> <input type="checkbox"/> Finance <input type="checkbox"/> Risk </div> <div> <input type="checkbox"/> Policy <input type="checkbox"/> Legal </div> <div> <input type="checkbox"/> Workforce <input type="checkbox"/> Infrastructure </div> <div> <input type="checkbox"/> Equalities <input type="checkbox"/> Fairer Scotland </div> Duty	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

13 August 2025

Report by Chief Officer

**Calendar of Meetings for the
Integration Joint Board and Performance and Audit Committee**

PURPOSE OF REPORT

1. This report sets out proposed meeting dates for both the Integration Joint Board and Performance and Audit Committee to March 2027.

RECOMMENDATION

2. The Integration Joint Board is requested to approve the proposed meeting dates to March 2027.

REPORT

3. It is proposed that meetings of the **Integration Joint Board** be held on the following dates:

2026

- Wednesday 28 January 2026 at 10:00 a.m.
- Wednesday 25 March 2026 at 11:00 a.m.
- Tuesday 23 June 2026 at 2:30 p.m.
- Wednesday 12 August 2026 at 10:00 a.m.
- Wednesday 23 September 2026 at 11:00 a.m.
- Wednesday 18 November 2026 at 11:00 a.m.

2027

- Wednesday 27 January 2027 at 10:00 a.m.
- Wednesday 24 March 2027 at 11:00 a.m.

4. It is further proposed that meetings of the **Performance and Audit Committee** be held on the same dates as the IJB, in the months of March, June, September and November with the subsequent meetings of the IJB meeting 90 minutes later on these dates.

2026

- Wednesday 25 March 2026 at 9:30 a.m.
- Tuesday 23 June 2026 at 1:00 p.m.
- Wednesday 23 September 2026 at 9:30 a.m.
- Wednesday 18 November 2026 at 9:30 a.m.

2027

- Wednesday 24 March 2027 at 9:30 a.m.

CONSULTATION AND PARTNERSHIP WORKING

5. The suggested dates take into account the proposed calendar of meetings for East Renfrewshire Council up to the Local Government Election in May 2027, as well as the Glasgow Integration Joint Board.

IMPLICATIONS OF THE PROPOSALS

6. There are no implications arising from this report.

DIRECTIONS

7. There are no directions arising from this report.

CONCLUSIONS

8. Once the dates have been approved, electronic calendar invites will be issued to Board members to aid them in managing their diaries and ensure that they are able to maximise attendance at Integration Joint Board and Performance and Audit Committee meetings.

RECOMMENDATIONS

9. The Integration Joint Board is requested to approve the proposed meeting dates to March 2027.

REPORT AUTHOR AND PERSON TO CONTACT

Barry Tudhope, Democratic Services Manager
Email: barry.tudhope@eastrenfrewshire.gov.uk
Tel: 0141 588 3033

BACKGROUND PAPERS

None

Alexis Chappell
CHIEF OFFICER, IJB