

Date: 16 September 2025
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TO: ALL MEMBERS OF THE EAST RENFREWSHIRE INTEGRATION JOINT BOARD

Dear Colleague

**EAST RENFREWSHIRE INTEGRATION JOINT BOARD
HYBRID MEETING - WEDNESDAY 24 SEPTEMBER 2025**

You are requested to attend a meeting of the **East Renfrewshire Integration Joint Board** which will be held on **Wednesday, 24 September 2025 at 2:30 p.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**

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

Wednesday 24 September 2025 at 2:30 p.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 13 August 2025** (copy attached, pages 3 – 8)
- 4. Matters Arising and Rolling Action Log** (copy attached, pages 9 – 12)
- 5. IJB Chief Officer Update (Including Year One Combined Delivery Plan)**
(copy attached, pages 9 – 16)
- 6. People Story: Journey to Bloods: A Good Practice Example of Venepuncture
with a Person Who is Needle Phobic** (copy attached, pages 23 – 26)
- 7. Audited Annual Report and Accounts 2024/25** (copy attached, pages 27 – 124)
- 8. Shifting the Balance of Care to Community** (copy attached, pages 125 – 132)
- 9. Care at Home Redesign** (copy attached, pages 133 – 168)
- 10. Annual Care Home Assurance Report** (copy attached, pages 169 – 182)
- 11. Finance and Policy Implications for Foster Care, Kinship and Adoption in
Relation to Scottish Recommended Allowances**
(copy attached, pages 183 – 188)
- 12. Revenue Budget Monitoring Report 2025/26; Position as at 31 July 2025**
(copy attached, pages 189 – 210)
- 13. Date of Next Meeting** – Wednesday 19 November 2025 at 11 a.m in The Ballroom
at Eastwood House.

**Minute of Meeting of the East Renfrewshire Integration Joint Board held on
Wednesday 13 August 2025 at 10:00am in the Council Chamber, East
Renfrewshire Council Offices, Eastwood Park, Rouken Glen Road, Giffnock.**

Present

Councillor Katie Pragnell	East Renfrewshire Council (Chair)
Mehvish Ashraf	NHS Greater Glasgow and Clyde (Vice Chair)
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 (ERC)
Andrew McCready	Staff Representative (NHS)
Geoff Mohamed	Carers Representative
Councillor Owen O'Donnell	East Renfrewshire Council

In Attendance

Arlene Cassidy	Children's Services Strategy Manager
Tom Kelly	Head of Adult Services: Learning Disability and Recovery
Tracy Butler	Lead Planner (Recovery Services)
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
Jennifer McKean	Senior Manager Intensive Services & Justice
Claire Blair	Health Improvement Lead – Mental Health & Recovery
Lynne Siddiqui	Lead Allied Health Professional (AHP) Advisor
Claire Coburn	Strategic Services Lead Officer, East Renfrewshire Council
John Burke	Democratic Services Officer, East Renfrewshire Council

Chair

Councillor Katie Pragnell in the Chair.

1. WELCOME AND APOLOGIES FOR ABSENCE

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

2. DECLARATIONS OF INTEREST

- 2.1. There were no declarations of interest intimated.

3. MINUTE OF PREVIOUS MEETING HELD 25 JUNE 2025

- 3.1. The Minute of the Meeting of the Integration Joint Board held on 25 June 2025 was approved.

4. IJB CHIEF OFFICER UPDATE

- 4.1. The Chief Officer gave an update to the IJB and started with recognition and gratitude for those working in health and social care across all roles and sectors.
- 4.2. The update consisted of key reflections and ambitions in the workforce and outcomes, local and national policy and legislation implications and the one-year delivery plan and financial and governance framework.
- 4.3. The Vice Chair asked for reflection from the Chief Officer from the perspective of Greater Glasgow and Clyde for the benefit of council colleagues. The Chief Officer emphasised the importance of the whole system approach towards enabling people to live at home, the digital future of the NHS and supporting and valuing our workforce.
- 4.4. The Integration Joint Board
- (a) noted the Chief Officer's update;
 - (b) agreed that a One Year Delivery Plan and Financial Recovery Plan will be brought to September IJB for approval; and
 - (c) agreed the introduction of people stories to demonstrate the impact of the partnership's activities on lives of people of East Renfrewshire.

5. PEOPLE STORY: HELPING ME TO LIVE AGAIN AND AGE WELL AT HOME – PRESENTATION BY LEE MCLAUGHLIN

- 5.1. The Integration Joint Board received a presentation from the Head of Adult Services: Communities and Wellbeing illustrating how services supported a man and his family during a difficult transition allowing him to remain at home with his family for an extended period of time before moving to a care home. The presentation included positive feedback from the family and staff reflections.
- 5.2. The Chair passed on thanks to the Care at Home service for providing a positive experience for the service user and family.
- 5.3. Dianne Foy and Councillor O'Donnell praised the presentation. Councillor O'Donnell and Councillor Bamforth highlighted the importance of bringing a variety of experiences from service users to the IJB, both positive and negative to support ongoing improvement.
- 5.4. Councillor Edlin asked how staff are recognised for their excellent work towards providing this service and if there is a reward scheme. A supplementary question was then asked regarding IJB receiving numbers of the staff who are providing positive service. The Head of Adult Services: Communities and Wellbeing confirmed that there are established recognition schemes e.g. kudos and staff awards.
- 5.5. The Integration Joint Board noted the presentation and agreed to bring information on positively recognised staff to the IJB in the future within the Chief Officer's report.

6. MATTERS ARISING AND ROLLING ACTION LOG

- 6.1. The Integration Joint Board considered a report by the Chief Officer on actions and matters arising from the discussion which took place at the previous meeting.
- 6.2. It was noted that all outstanding actions listed on the rolling action log are now considered closed.
- 6.3. The Integration Joint Board noted the report and the listed actions on the rolling action log which are now considered closed.

7. MINUTE OF PERFORMANCE AND AUDIT COMMITTEE HELD ON 25 JUNE 2025

- 7.1. The draft minute of the Performance and Audit Committee held on 25 June 2025 was noted.

8. LOCAL CHILD POVERTY ACTION PLAN 2024/25

- 8.1. The Integration Joint Board considered a report by the Chief Officer on the Local Child Poverty Action Report 2024/25. The report provided members of the Integration Joint Board with an overview of the statutory duty placed on health boards and local authorities to work together. This is the seventh report which provided a profile of child poverty in East Renfrewshire with included details of both previous and planned actions to address poverty.
- 8.2. The Chair noted action by Barrhead Housing Association and the difficulties families face surrounding paternity leave.
- 8.3. Councillor O'Donnell welcomed the report and acknowledged that there is still work required in this area.
- 8.4. Dianne Foy asked what action was being taken to support children with a reduced timetable and it was agreed that the Strategic Services Lead Officer would provide a full response to this question outside of the meeting.

The Integration Joint Board

- (a) noted the Local Child Poverty Action Report as required under the Child Poverty Act 2017;
- (b) approved the report for publication, subject to NHSGGC Population Health and Wellbeing Committee approval; and
- (c) noted that this report supports the delivery of The Promise and the HSCP Strategic Plan.

9. ALCOHOL AND DRUGS PARTNERSHIP UPDATE – MEDICATION ASSISTED TREATMENT (MAT) STANDARDS PROGRESS AND ANNUAL REPORTING SURVEY 2024-25

- 9.1. The Integration Joint Board considered a report by the Chief Officer which outlined key pieces of work that have been completed by the East Renfrewshire Alcohol and Drug Partnership.
- 9.2. The Lead Planner (Recovery Services) reported positive results across East Renfrewshire in relation to MAT Standards. The graphics shown in paragraph 8 of the report reflected those positive results through a colour-coded traffic light system. Further work will be undertaken with the Scottish Government regarding funding arrangements for the coming years, to ensure we continue to meet these standards.
- 9.3. Councillor O'Donnell welcomed the report and was keen to see continued progress in East Renfrewshire.
- 9.4. In response to Councillor Bamforth's question it was explained that the HSCP are working closely with Glasgow City who provide alcohol intervention and counselling which is monitored closely. The target is annual and the number of interventions is expected to increase in the coming quarters.
- 9.5. Councillor Edlin received assurances about the work taking place in East Renfrewshire's schools around educating young people about the dangers of drugs and alcohol.
- 9.6. Martin Cawley raised a discussion around the current conversation taking place at the Scottish Government in terms of ongoing funding around drug and alcohol partnerships and related interventions. He was assured that partners had been loud and clear that ongoing funding announcements were needed as soon as possible, and there had been indications that there may be an update by December 2025.
- 9.7. Cath Cooney asked for and received assurance around the monitoring of MAT standards.
- 9.8. The Integration Joint Board
 - (a) noted and commented on the excellent assessment of progress achieved by East Renfrewshire in relation to Medication Assisted Treatment Standards 1 to 10;
 - (b) approved the East Renfrewshire Alcohol and Drugs Partnership Annual Reporting Survey 2024-25;
 - (c) noted activity underway to improve on Alcohol Brief Interventions performance; and
 - (d) noted 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.

10. EAST RENFREWSHIRE SUICIDE PREVENTION STRATEGY AND ACTION PLAN – YEAR 1 PROGRESS UPDATE

- 10.1. The Integration Joint Board considered a report by the Head of Adult Services: Learning Disability and Recovery Services presenting the data and highlighting this as an area of ongoing work.
- 10.2. The Health Improvement Lead – Mental Health & Recovery summarised the opportunities presented to service users under the HSCP with the overall aim of good mental health and wellbeing for all.
- 10.3. The Vice Chair asked about prioritisation and other particular groups who may be more at risk of suicide such as men aged between 18-45. Councillor O'Donnell also commented that there was a lot of good work being done by the service but asked that more targeted interventions are available for men in particular. In response it was confirmed that we are engaging with local football clubs and other venues.
- 10.4. In relation to discussions on gambling addiction it was noted that there would be statutory funding available, via the reimbursement of funds from gambling services into public funds for awareness and intervention.
- 10.5. The Chair gave an update from COSLA and shared that a new awareness video will be available soon.
- 10.6. The Integration Joint Board approved the East Renfrewshire Suicide Prevention Year 1 Progress report prior to publication.

11. REVENUE BUDGET MONITORING REPORT 2025/26; position as of 30 June 2025

- 11.1. The Integration Joint Board considered a report by the Chief Financial Officer on the projected outturn position of the 2025/26 revenue budget.
- 11.2. The Chief Financial Officer provided a comprehensive summary of the various funding positions outlined in the report and, in particular, commented on the inclusion of non-recurring funding in the year's budget that would have to be mitigated in the coming year.
- 11.3. Councillor O'Donnell asked when the benefits of the system wide savings programme would be tangible. In response, the Chief Financial Officer highlighted that there was a two-month delay in data regarding prescribing and the picture, so the impacts will become clearer in the coming months. This will demonstrate progress against the current savings identified with further actions still required. The Chief Officer advised that prescribing would be a focus in November when further data would be available, along with an update on actions to mitigate pressures.
- 11.4. Councillor Edlin shared his concerns that in a bid to reduce costs patient safety would be compromised. The Chair noted that the issues around prescribing were affecting the national picture in much the same way as in East Renfrewshire and patient safety would not be compromised. The Chief Officer confirmed a detailed report on prescribing will be brought to the IJB in November.
- 11.5. The Integration Joint Board

- (a) noted the projected outturn for the 2025/26 revenue budget;
- (b) noted the Chief Officer and her management team continue to work on actions to deliver savings and mitigate cost pressures; and
- (c) approved the budget virement detailed at Appendix 7

12. DISCHARGE WITHOUT DELAY

12.1. The Integration Joint Board considered a report by the Head of Adult Services: Communities and Wellbeing on Discharge without Delay.

12.2. The IJB received performance data and noted that there were 14 patients who had experienced delayed discharge during the period. The Head of Adult Services: Communities and Wellbeing advised that this was related to a delay in the Adults with Incapacity (AWI) process and work was being undertaken to address the issue.

12.3. The Integration Joint Board

- (a) noted the presentation and the HSCP performance with respect to discharge without delay.
- (b) noted that a report on our discharge ambitions, governance, financial position and plan will be provided to the Integrated Joint Board in September 2025.

13. SUPPORT FOR VETERANS

13.1. The Integration Joint Board considered a report by the Chief Officer on delivery of the Veterans Support Services and next steps in supporting Veterans.

13.2. The Chief Officer advised that she now stands as the NHS Greater Glasgow and Clyde (NHSGGC) Exec-Board Armed Forces and Veterans Champion. The report outlined the steps taken when providing this service to veterans and other members of the armed forces and how the impact of the service is assessed.

13.3. The Integration Joint Board noted the report.

14. CALENDAR OF MEETINGS 2026/27

14.1. The Integration Joint Board considered a report by the Chief Officer on the Calendar of Meetings 2026/27.

14.2. The Integration Joint Board approved the proposed meeting dates to March 2027.



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	24 September 2025
Agenda Item	4
Title	Matters Arising and Rolling Action Log
<p>Summary</p> <p>This paper updates Integration Joint Board members on actions and progress related to matters arising from the discussion at the previous IJB meeting.</p> <p>The rolling action log outlines all open actions and those completed since the last IJB meeting on 13 August 2025.</p>	
Presented by	Alexis Chappell, Chief Officer
<p>Action Required</p> <p>Integration Joint Board members are asked to note the report, and that that there are no outstanding actions.</p>	

East Renfrewshire Integration Joint Board

24 September 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 note the report.

Report

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

3. The seminar scheduled for Friday, 5 September 2025 was cancelled due to a number of apologies. An alternative date will be arranged for interested members on the implementation of the Health and Care (Scotland) Staffing Act.

Rolling Action Log

4. The rolling action log is attached at Appendix 1.
5. There are currently no outstanding actions, as the one action agreed at the August meeting has been completed.

Recommendations

6. It is recommended that Integration Joint Board members note the report.

Report author and person to contact

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

4 September 2025

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Action No	Meeting Date	Item Name	Action	Responsible Officer	Status	Due / Closed	Progress Update /Outcome
469	13-Aug-25	Local Child Poverty Action Plan 2024/25	Information to be provided to Dianne Foy in relation to action being taken to support children with a reduced timetable.	Strategic Services Lead Officer	CLOSED	Aug-25	A comprehensive response was provided by email on 19 August 2025.



Meeting of East Renfrewshire Health and Social Care Partnership Held on	Integration Joint Board 24 September 2025									
Agenda Item	5									
Title	IJB Chief Officer Update									
Summary This report provides members of the Integration Joint Board with an update on: - <ul style="list-style-type: none"> • Activities of the partnership, • Overview of local and national developments which impact on the work of the partnership areas of future focus. 										
Presented by	Alexis Chappell, Chief Officer									
Action Required The Integration Joint Board is asked to: <ol style="list-style-type: none"> a) Note the Chief Officers Update. b) Note the people story at the IJB today and learning from the story. c) Note update in relation to the combined delivery 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 border="0"> <tr> <td><input 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 type="checkbox"/> Equalities</td> <td><input type="checkbox"/> Fairer Scotland Duty</td> </tr> </table>		<input type="checkbox"/> Finance	<input type="checkbox"/> Risk	<input type="checkbox"/> Policy	<input type="checkbox"/> Legal	<input type="checkbox"/> Workforce	<input type="checkbox"/> Infrastructure	<input type="checkbox"/> Equalities	<input type="checkbox"/> Fairer Scotland Duty
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EAST RENFREWSHIRE INTEGRATION JOINT BOARD**24 September 2025****Report by Chief Officer****Chief Officers Update****Purpose of Report**

1. This report summarises 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.

Recommendations

2. The Integration Joint Board is asked to:
 - a) Note the Chief Officers Update.
 - b) Note the people story at the IJB today and learning from the story.
 - c) Note update in relation to the combined delivery plan.

Background

3. The Chief Officer report provides a personal update to each Integration Joint Board meeting 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.

Our Workforce and Our Outcomes

6. As I continue to meet with teams and our partners, I continue to be hugely impressed by the dedication, commitment and resilience of our workforce and due to this a key priority is to value and support our workforce.

7. I have launched *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. Coffee with Alexis took place at start of September and a key learning from the session was enthusiasm by a range of staff about the opportunity through use of digital and technology to support efficiency of our delivery. What has clear is the value of visible leadership and active listening, learning and engagement.
8. As we go forward, I will work with Board Members and Corporate Management Team to consider how we embed listening and learning from our workforce as core to what we do as part of our priority towards valuing our workforce. I also aim to organise a Coffee with Alexis with third sector and care sector colleagues so that we can have an open dialogue and through this support local partnership and collaboration.
9. I have also taken the time to meet with Practice Managers and General Practices in East Renfrewshire to build relationships and understand the strengths and challenges affecting primary care in East Renfrewshire. I would like to note a thanks to Practice Managers and GP's who have been incredibly open and welcoming.
10. In the last report, I looked at how we 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. This has been added as an action in the combined one-year plan with leadership of Chief Social Work Officer and Chief Nurse to take forward a workforce plan.

People Stories

11. At the last IJB, I introduced *People Stories* as a way to bring lived experience into the heart of our governance and learning. These stories offer powerful insights into the impact of HSCP services on individuals' lives and help us reflect on what works, where we can improve, and how we continue to deliver person-centred care.
12. Today's story focuses on the work of the **Learning Disability Health Check Team**, a Greater Glasgow and Clyde service hosted in East Renfrewshire. It highlights exemplary person-centred practice, including the implementation of reasonable adjustments that enabled a person with complex needs to successfully have bloods taken—an achievement made possible through compassionate, tailored care.
13. Looking ahead to November, we will hear a story from **Children's Services**, showcasing the valued role of the **Youth Intensive Support Service**. This story will reflect how the service supports young people to live fulfilled lives and feel a sense of belonging within their communities.

Strategic Developments Update

14. Since the last Integrated Joint Board, the HSCP has contributed to A Place to Grow Community Planning Discussions, NHS Greater Glasgow and Clyde Transformation Planning and Annual Review. These developments are supporting and shaping our direction of travel. Key highlights over the last month are as below.
15. The IJB Development Session took place as planned. This provided a valuable opportunity to reflect on our governance, strategic priorities, and the evolving landscape. We explored how to strengthen our collective leadership and ensure our decision-making remains aligned with the people we support and needs of our communities. As a

key next step, follow on seminars will be organised throughout the year including a working group involving Third Sector, Community Planning and NHS Greater Glasgow and Clyde to agree a cycle of business to the Board and Board Development Sessions.

16. A Strategic Planning Group (SPG) Session is planned as a follow up to support the SPG to be the key group which supports the delivery on our strategic ambitions and in particular be an enabler of delivery on our strategic and operational ambitions and plans. The SPG will play a central role in translating strategy into delivery and ensuring alignment across our planning structures. An update including next steps will be provided at the Chief Officer report to November IJB
17. The Alcohol and Drug Partnership (ADP) Development Session took place as planned. This session focused on enhancing our whole-system response to substance use, with emphasis on prevention, whole family support and co-production. The collaborative approach across health, social care, and third sector partners identified priority actions that will improve lives and outcomes in East Renfrewshire. The outputs are being collated and will inform a plan and update to the IJB in January 2026.
18. The inaugural meeting of *The Promise Board*, co-led by the Chief Executive of East Renfrewshire Council and a care-experienced young person, took place in September. This marks a significant step in our commitment to keeping *The Promise* and ensuring the voices of young people are central to our planning and delivery. Sincere thanks go to all the young people and HSCP staff who contributed to the success of the board. As part of the Combined Delivery Plan, a dedicated priority has now been established to drive forward our commitment to improving the lives and outcomes of children, young people, and families.
19. I continue to recognise and value the role of our inpatient services. Work is underway to scope the development of a *Learning Disability Inpatient Strategy*, with a focus on prevention of admission and crisis response. This includes strengthening community-based supports and pathways to reduce reliance on inpatient care and improve outcomes for individuals. This also includes having a clear route for discharge for people who have been living in a hospital for longer than one year. An update will be provided to November IJB as part of setting out our commissioning intentions and support to people with a learning disability.
20. Aligned to NHS Greater Glasgow and Clyde Learning, Listening and Transforming Together shifting the balance of care and enabling Discharge Without Delay is a priority for the partnership. At IJB today, is a report setting out our ambitions and intentions on how we shift the balance of care towards community-based support and supporting people to live independently. This includes improving discharge planning, enhancing intermediate care options, and reducing delayed discharges.
21. As part of our strategic development work, we are initiating the development of a *Digital and Technology Enabled Care Strategy*. This will set out our ambitions for how digital tools, data, and technology can enhance service delivery, improve outcomes, and support people to live independently. The strategy will ensure that innovation is embedded in how we plan and deliver care. An update will be provided to November IJB along with a draft. It's intended that this also informs a board development seminar.

Service Development Update

22. Throughout July to September, as a team we have progressed key areas of development in quarter 2, aligned to the local ambition that individuals can thrive, flourish and live well in East Renfrewshire and we use our resources effectively to achieve that ambition. These in turn also support a response to clinical and financial risks known to the partnership and contributes to A Place to Grow and NHS GCC Transforming Together.
23. Key updates are:
- **Care at Home:** Work continues to stabilise and strengthen our care at home provision. We are progressing into phase 2 with a focus on workforce planning, commissioning and service redesign to improve outcomes and sustainability. The report is at IJB today for approval and noting.
 - **Prescribing:** Prescribing remains a key area of focus, particularly in relation to cost pressures as noted in the Chief Financial Officer monitoring report. We are working closely with colleagues to ensure safe, effective, and value-based prescribing practices. As a key next step, an external review is to be commissioned to review of our current model, listen to the views of general practice and pharmacy and make recommendations regards actions which can mitigate prescribing pressures. A seminar will specifically be organised in relation to prescribing and learning from the review for IJB Board Members.
 - **Health Visiting:** The service is responding to increasing demand and complexity, noting that as highlighted in previous IJB the universal pathway remains modified due to this. We are reviewing capacity and pathways to ensure timely support for families, particularly in the early years, with an update to be provided at November IJB Board.
 - **Mental Health** – The mental health services are maintaining good performance but are responding to increasing demand alongside with challenges in recruiting to medical staff. Although we have locums in place, we are looking at options to develop a sustainable long term solution. An update will be provided at January 2026 IJB Board.
 - **Neurodiversity and Autism** – The challenges relating to waits for diagnosis are recognised with the team working with colleagues across Greater Glasgow and Clyde to consider options which can respond to waits. An update will be provided to January 2026 IJB Board.
 - **Adult Social Work** – Adult Social work has a range of statutory roles to undertake whilst responding to increasing demand. It's recognised that there are pressures in relation to delivery on statutory duties and due to this an update will be provided as part of the CSWO report and as part of the Chief Officer report to January 2026 IJB as to pathways and actions to enable delivery.
 - **Bonnyton House Care Home** – I am delighted to advise that Bonnyton received a very positive inspection report. The service received a “very good” rating for supporting residents’ wellbeing and a “good” rating for the quality of the care home setting good.

Combined One Year Delivery Plan

24. As set out previously, 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. Our strategic needs assessments highlight increasing demand for care and support, driven by demographic changes across East Renfrewshire and Greater Glasgow and Clyde. With an estimated £25 million funding gap over the next four years (if we get flat cash), we must adopt innovative models of working to meet needs within available resources.
26. The Combined Delivery Plan 2026–2027 plan marks a significant step forward in aligning our strategic, operational, and tactical efforts to deliver on our shared ambition: that people in East Renfrewshire and across Greater Glasgow and Clyde can thrive, flourish, and live fulfilling lives.
27. This plan integrates our priorities into a single framework to maximise impact, focus and efficiency. It is built around five priority outcomes as follows:
 - ***Keeping Our Promise*** – Supporting children, young people, and families to thrive and belong, have a life filled with love and hope, and be effective contributors to our community.
 - ***Living, Aging and Dying Well*** – Enabling vulnerable adults and unpaid carers to live independently, safely and well and live a fulfilled life.
 - ***Healthy Neighbourhoods*** – Promoting early help, prevention and wellbeing in local communities, so that people can live in good health for longer.
 - ***Valuing Our Workforce*** – Ensuring our workforce is supported, engaged, and representative and are supported to continuously improve the information, support, care and treatment they provide.
 - ***Sustainable Health and Care System*** – Embedding digital innovation and strong governance for long-term sustainability.
28. These priorities are shaped by our [Strategic Plan 2025–2028](#), [Medium-Term Financial Plan](#), [A Place to Grow](#), [Listening, Learning and Transforming Together](#) and national frameworks including [Keeping the Promise](#), [Realistic Medicine](#), [Population Health](#) and the [Health and Social Care Service Renewal Framework](#). They reflect a clear shift toward prevention, early help, and tackling inequalities through accessible, person-centred services in communities.
29. The plan has been drafted through input from colleagues across the HSCP and it builds on analysis of existing activity and priorities already underway. In line with *Planning for People* guidance and our priority towards collaboration and partnership, it is essential that the plan reflects the voices of individuals, partners, our workforce, Trade Unions and the IJB Board and is a partnership approach and owned from the outset.
30. This means that the Plan will be developed further throughout October and November, through engagement focused on:
 - Testing and refining priorities and actions using our operating principles and expected impact.

- Reviewing performance indicators to ensure they are meaningful, measurable, and aligned with strategic outcomes.
 - Working with individuals, workforce, trade unions, stakeholders and partners to ensure the plan is representative, inclusive, and actionable.
31. This engagement will help shape the final version of the Combined Delivery Plan and ensure it is a robust tool for guiding delivery, transformation, and financial recovery. Although the plan was to bring to September, taking the time for engagement, collaboration will mean that the final plan is a partnership approach.

Budget and Financial Recovery

32. The financial landscape remains challenging, with significant pressures continuing to impact both health and social care budgets. The **Combined Delivery Plan** is a key part of our approach to financial recovery, providing a framework that brings together strategic, performance, and financial activities to support more integrated and sustainable decision-making.
33. Early planning and preparation will be essential to enable the IJB to make informed decisions for the next budget cycle. While the scale of the challenge is considerable, we aim to maintain some flexibility in our approach to ensure we can respond to emerging needs and opportunities.
34. The Chief Financial Officer has set out an overview of how we plan to address the underlying deficit of £2.4m in the current year budget and the potential £6.8 million new pressures we could be facing, subject to many caveats between now and the any budget announcement.
35. To address the £2.4 million deficit, the pressure will be distributed across Head of Service portfolios, with each Head of Service responsible for developing proposals to meet their share of the savings target from 1st April 2026. This approach ensures ownership, accountability, and alignment with service-level priorities.
36. The areas of focus are **Strategic Commissioning**: Reviewing and redesigning commissioned services to improve outcomes and deliver better value. **Cost Avoidance through Early Help**: Investing in preventative approaches that reduce future demand and associated costs and **Process Efficiency**: Streamlining operational processes to improve productivity and reduce waste.
37. In particular, the associated reports planned to IJB are: -
- Care at Home – New Model for Care at Home Services at IJB September 2025
 - Supported Living – New model and commissioning framework for support to people with a learning disability and mental health at IJB November 2025.
 - Market Sustainability and Delivery – This will set out our annual rates aligned to our annual budget setting process. This will be at IJB January 2026.
38. To ensure financial recovery is achieved without compromising the quality or safety of services, a collaborative and transparent approach is being adopted.
39. Budget and performance clinics are taking place throughout September, providing a structured forum for Heads of Service to review financial performance, highlight

pressures, and agree actions with support from the Chief Officer, Chief Financial Officer, and HR. thereafter the clinics will take place every 4 months to support delivery upon actions.

40. In parallel, a detailed scrutiny of budget pressures is underway. Insights from both the clinics and financial analysis will inform the development of a Financial Recovery and Governance Framework, which will be brought to the IJB for consideration. This framework will guide decision-making as we work to address the £2.4 million deficit and plan for future sustainability.

Governance and Risk Register

41. Robust governance is core to the partnership, ensuring that our strategic ambitions are delivered with transparency, accountability, and continuous improvement. My aim is that our governance approach is informed by the *Blueprint for Good Governance*, which emphasises five key domains: strategic direction, oversight and assurance, leadership and culture, relationships and partnerships, and accountability.
42. The combined delivery plan will set out a framework for approaching the delivery of the Blueprint for Good Governance and an associated Performance Management Framework and Governance Strategy. This supports an action to review our governance, following on from discussions at the IJB Development Session. A progress update will be provided at November IJB through the Chief Officer report.
43. As members will know, we usually bring an annual update on the strategic risk register to IJB in September each year. As a move towards to streamlining our governance arrangements and in order to reduce duplication it is suggested that we no longer provide an annual update specifically to IJB as the detail is reported at all Performance and Audit Committee meetings.

Implications of the Report

Finance

44. 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

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

Workforce

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

Directions

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

Recommendations

48. The Integration Joint Board is asked to:

- Note the Chief Officers Update.
- Note the people story at the IJB today and learning from the story.
- Note update in relation to the combined delivery plan

Report Author and Person To Contact

Alexis Chappell, IJB Chief Officer
alexis.chappell@eastrenfrewshire.gov.uk
8 September 2025



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	24 September 2025
Agenda Item	6
Title	People Story: Journey to bloods: A Good Practice Example of Venepuncture with a Person Who is Needle Phobic
Summary <p>The following short presentation and video is an example of work undertaken by the Learning Disability Health Check Team, a GGC service hosted in East Renfrewshire.</p> <p>The presentation is an example of excellent person-centred practice and reasonable adjustments implemented to ensure bloods could be taken from the person.</p> <p>Worth noting is that when working in the context of learning disability practice, reasonable adjustments may require substantial time, creativity and flexibility in approach to ensure the person's engagement.</p>	
Presented by	Tom Kelly, Head of Adult Services: Mental Health and Recovery, Alana Boyle, Nurse Team Lead, Learning Disability Health Check Team
Action Required <p>Integration Joint Board members are asked to note the people story</p>	

East Renfrewshire Integration Joint Board

24 September 2025

Report by Chief Officer

People Story: Journey to bloods:
A good practice example of venepuncture with someone who is needle phobic

Purpose of report

1. To share the story of a person who was identified as requiring bloods to be taken following his learning disability health check.

Recommendation

2. Integration Joint Board members are asked to note the people story

Report

3. For context, The Scottish Government implemented The Annual Health Checks for People with Learning Disabilities (Scotland) Directions 2022. This imposed a duty on all health boards to offer health checks to individuals who have a learning disability aged 16 and over or who identify as having a learning disability aged 16 and over.
4. Registered Nurses or Medical Practitioners complete the health check and use the Scottish Health Check for Adults with Learning Disabilities Health Check. They maintain a Learning Disability Register and identify individuals aged 14 years and over and report statistical information to the Scottish Ministers on an annual basis.
5. NHS Greater Glasgow and Clyde created a Nurse Led Model to fulfil the directions and is a hosted service in East Renfrewshire Health and Care Partnership. The team consists of a Service Manager, Nurse Team Leader, five Registered Learning Disability Nurses, a Health Care Support Worker (who you will hear from in the video) and a Team Secretary.
6. There are approximately 6000 individuals with a learning disability across Greater Glasgow and Clyde. To date the NHS Greater Glasgow and Clyde Learning Disability Health Check Team have 2086 and completed 1335 health checks since January 2024. Based on funding provided by Scottish Government we estimate people will be offered a health check approximately once every 4 years.
7. Feedback received from patients and carers utilising the service has been extremely positive, with individuals commenting they felt their concerns were listened to and actioned. Some of outcomes resulting from the health checks include:
 - Cancer diagnosis
 - Support under Adult Support and Protection legislation
 - Access to NHS Screening Services
 - Access to bereavement support
 - Identified learning needs for third sector providers

8. In all situations consideration is given to the most appropriate environment to deliver the health checks which would promote uptake and benefit to the individual and their families.

Conclusions

9. The video presented today highlights that the support was in the person's home. The story details the amount of time that may be required to complete a health check and the impact that a health check can have on a person with a learning disability wellbeing. It is a great example of person-centred practice, and the reasonable adjustments implemented to support individuals.

Recommendations

10. Integration Joint Board members are asked to note the people story

Report author and person to contact

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IJB Chief Officer: Alexis Chappell

8 September 2025

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Meeting of East Renfrewshire Health and Social Care Partnership Held on	Integration Joint Board 24 September 2025								
Agenda Item	7								
Title	Audited Annual Report and Accounts 2024/25								
Summary This report provides an overview of the audited annual report and accounts for the Integration Joint Board (IJB) covering the period 1 April 2024 to 31 March 2025. The Chair of Performance and Audit Committee will advise the Integration Joint Board of: <ul style="list-style-type: none"> any matters arising from the Performance and Audit Committee in relation to the unaudited annual report and accounts the Performance and Audit Committee's decision taken 24 September 2025 on the remittance of the unaudited Annual Report and Accounts to the Integration Joint Board. 									
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)								
Action Required The Integration Joint Board is requested to: <ol style="list-style-type: none"> Approve the audited annual report and accounts as remitted from the Performance and Audit Committee Authorise the Chair, Chief Officer and Chief Financial Officer to accept and sign the annual report and accounts on behalf of the IJB for submission to Audit Scotland Note and comment on the summary overview of financial performance document for 2024/25 prior to publication on the IJB website. 									
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 border="0"> <tr> <td><input checked="" type="checkbox"/> Finance</td> <td><input type="checkbox"/> Risk</td> </tr> <tr> <td><input type="checkbox"/> Policy</td> <td><input checked="" 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 checked="" 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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<input type="checkbox"/> Policy	<input checked="" type="checkbox"/> Legal								
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EAST RENFREWSHIRE INTEGRATION JOINT BOARD**INTEGRATION JOINT BOARD****24 September 2025****Report by Chief Financial Officer****AUDITED ANNUAL ACCOUNTS 2024/25****Purpose of Report**

1. This report provides an overview of the audited annual report and accounts for the Integration Joint Board (IJB) covering the period 1 April 2024 to 31 March 2025.
2. The Chair of Performance and Audit Committee will advise the Integration Joint Board of:
 - any matters arising from the Performance and Audit Committee in relation to the unaudited annual report and accounts
 - the Performance and Audit Committee's decision taken 24 September 2025 on the remittance of the unaudited Annual Report and Accounts to the Integration Joint Board

Recommendation

3. The Integration Joint Board is requested to:
 - a) Agree Approve the audited annual report and accounts as remitted from the Performance and Audit Committee.
 - b) Authorise the Chair, Chief Officer and Chief Financial Officer to accept and sign the annual report and accounts on behalf of the IJB for submission to Audit Scotland.
 - c) Note and comment on the summary overview of financial performance document for 2024/25 prior to publication on the IJB website.

Background

4. The Public Bodies (Joint Working)(Scotland) Act 2014 was passed by the Scottish Parliament on 25 February 2014 and received Royal Assent in April 2014. This established the framework for the integration of Health and Social Care in Scotland.
5. The IJB is a legal entity in its own right, created by Parliamentary Order, following Ministerial approval of the Integration Scheme. NHS Greater Glasgow and Clyde (NHSGGC) and East Renfrewshire Council have delegated functions to the IJB which has the responsibility for strategic planning, resourcing and ensuring delivery of all integrated services.
6. The IJB is specified in legislation as a 'section 106' body under the terms of the Local Government Scotland Act 1973 and as such is expected to prepare annual accounts in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom.

Report

7. The unaudited annual report and accounts for the IJB has been prepared in accordance with appropriate legislation and guidance. An overview of the process is set out below:
8. The annual report and accounts of the IJB are included at Appendix 1 and, subject to Performance and Audit and Integration Joint Board approval, will be signed via the Ernst & Young agreed electronic process. The signing requirements are:

Management Commentary	Chair of the IJB, Chief Officer, Chief Financial Officer
Statement of Responsibilities	Chair of the IJB, Chief Financial Officer
Annual Governance Statement	Chair of the IJB, Chief Officer
Remuneration Report	Chair of the IJB, Chief Officer
Balance Sheet	Chief Financial Officer
Acknowledgements	Chair of the IJB, Chief Officer, Chief Financial Officer

9. It is a statutory requirement that the Chief Financial Officer (being the proper officer) provide Ernst & Young with a letter of representation (ISA580) along with the annual report and accounts. This is included at Appendix 2.
10. The Chief Internal Auditor's Annual Report and the Draft Ernst & Young Annual Report confirm the Annual Report and Accounts for 2024/25 are unqualified, unmodified, meet legislative requirements, address best value and appropriate governance is in place.
11. The Chair of the Performance and Audit Committee will advise the IJB on the key points from this committee and associated presentation of audit findings.
12. The key messages from Ernst & Young are rated as Red, Amber or Green and are summarised:

Key Messages		RAG
Financial Management	<p>The IJB's financial outturn in 2024/25 records an overall underspend of £1.48 million in operational service delivery. A key factor in the delivery of the underspend was an additional non-recurring allocation of £1 million from NHS Greater Glasgow and Clyde in relation to ongoing and significant prescribing pressures.</p> <p>Within other areas of the savings programme, the IJB achieved significant savings on a recurring basis in 2024/25.</p> <p>The Chief Financial Officer has plans to review the content of financial reports during 2025/26, including seeking feedback from members of the Integration Joint Board.</p>	Green
Financial Sustainability	<p>The IJB was able to rebuild its General Reserves in 2024/25 to £1.4 million but current projections highlight that the balance could fall to 0.01% of the IJB's net budget in 2025/26, and there remains a risk that they will be exhausted in full. This is in breach of the IJB's policy to hold 2% of net budget in General</p>	Red

	Reserves and presents a risk to the IJB's ability to set a balanced budget in future years. The IJB's Medium Term Financial Plan outlines a cumulative budget gap of up to £32.6 million in the period to 2029/30. As a result, there remains a critical need to identify recurring savings or reductions in services to remain financially sustainable.	
Vision, Leadership and Governance	Governance arrangements functioned in line with expectations throughout 2024/25. The IJB's partners continued to make progress to update the Integration Scheme, following a period of mandatory consultation but the approval has been further delayed as a result of significant changes by partner bodies. The IJB appointed a new Chief Officer effective from May 2025 and approved an updated Strategic Plan to support the prioritisation of services to 2027/28.	Green
Use of Resources	The IJB has a well-developed approach in place to monitor and report on progress against strategic priorities and was able to demonstrate key achievements in 2024/25. The IJB continues to highlight an ongoing financial sustainability risk within its risk registers that may undermine the delivery of the Strategic Plan. The IJB was subject to several external inspections in 2024/25 with positive findings published in Care Inspectorate reports and few recommendations made	Green

13. Within the Financial Statements there are no changes or adjustments. Ernst & Young identified one presentational change that has been made within the remuneration report, following technical audit advice; this is classed as a presentational change. This is not unique to East Renfrewshire.
14. The Chief Financial Officer will review the content and format of the annual report and accounts for 2025/26 with a view to streamlining content. This is part of a wider governance review included in priority five of our One Year Delivery Plan: Sustainable Health and Care System – We develop a sustainable system through embedding digital technologies, continuous improvement and robust financial, clinical and corporate governance so that our resources are used effectively and efficiently.
15. The red RAG status of Financial Sustainability is as expected and mirrors our own Strategic Risk Register. This was also red in the previous two financial years, recognising the ongoing financial challenge to the IJB. This is not unique to East Renfrewshire as our local challenges very much reflect the national landscape for health and social care.
16. The IJB will take some reassurance that the RAG status for Financial Management has returned to green, recognising the progress we are making towards financial recovery, albeit with significant challenges ahead. In 2023/24 this was rated as amber, given our financial recovery position.

17. The action plan included at Appendix E of the Ernst & Young Annual report (extract below) details the one recommendation brought forward from the prior year:

Prior year recommendations			
No.	Recommendation	Management response	Our assessment of progress
1.	<p>Financially sustainable planning</p> <p>The IJB's General Reserves were exhausted during 2023/24 and earmarked reserves have fallen to an unsustainable position. The scale of the financial volatility facing the IJB, including, prescribing and pay inflation, and the difficulty of delivering savings due to the complexity of service user requirements mean that adequate general reserves are essential to manage the level of risk. There is a risk that financial recovery measures will be necessary in 2024/25 to deliver financial balance. The IJB must develop a realistic and sustainable financial plan that balances the risk associated with savings and supports the rebuilding of reserves in the medium term. Grade 1</p>	<p>Response:</p> <p>The budget agreed for 2024/25 included an overrecovery target for savings to allow for forward planning including rebuilding of reserves. The tension between delivering savings and building reserves, particularly in the current climate is recognised.</p> <p>Responsible officer: Chief Financial Officer</p> <p>Implementation date: 31 March 2025</p>	<p>In progress:</p> <p>While the IJB has delivered significant savings in 2024/25, the IJB is not yet able to demonstrate a sustainable future in the medium term. The IJB has further plans to develop a range of options to close the current gaps based on a prioritisation of services.</p>

18. As with usual custom and practice there have been some minor wording changes within the report to enhance clarity and / or ease of reading, none of which are significant.
19. The main messages from the annual report and accounts remain:
20. This was another challenging year for the HSCP as we worked to balance meeting the demand for services within the allocated budget and ensure we delivered on the savings programme to support our financial sustainability. We needed to deliver £9.8 million of savings as part of our plans to balance our budget and we set ourselves a target of £11.8 million, to prepare for challenges in 2026/27 and beyond.
21. With the exception of prescribing pressures and the associated saving gap of c£2 million we have achieved all other required savings on a recurring basis going into 2025/26. The savings delivered in 2024/25 totalled £8.593m, with a marginal over recovery on a full year effect. The table below shows the final position compared to the March 2025 revenue monitoring report:

Savings Delivered 2024/25	ERC	NHS	Total
	£m	£m	£m
Projected at March IJB (based on January ledgers)	6.203	2.063	8.266
Final Savings Delivered	6.550	2.043	8.593
Improvement	0.347	(0.020)	0.327
Full Year Effect Over / (Under) Recovery in 2025/26	0.088	(0.059)	0.029

22. We received an additional £1 million non-recurring allocation from NHSGGC during 2024/25 in recognition of the prescribing challenge.
23. We have ended the year with an underspend of £1.482 million, subject to the audit of our accounts, and this has been added to our general reserve in the first instance. The IJB will take decision on the use, or otherwise, of this reserve during 2025/26. This will take cognisance of the Change and Improvement programme the Chief Officer will develop with the IJB and potentially fund invest to save proposals to promote longer term financial sustainability.
24. The financial performance in 2024/25 is a significant improvement to 2023/24 and shows tentative progress towards financial recovery and sustainability. Despite this improvement the IJB remains in breach of its reserves policy to hold 2% of the budget in usable reserve. The general reserve is currently 0.9% of the total IJB budget for 2025/26, excluding the set aside budget allocation.
25. We have continued to see operational challenges including cost pressures from meeting demand for Care at Home, the cost of special observations within the Learning Disabilities In-Patients service which we host on behalf of all six HSCPs within Greater Glasgow and Clyde and the costs of prescribing through our GP practices.
26. The Supporting People Framework, based on eligibility criteria, is fully embedded with recurring savings achieved in full. Within the non-care at home services an over recovery of £1 million supports the budget savings for 2025/26. The care at home shortfall of £1 million has been reflected in the budget for this service for 2025/26 and is being delivered through the redesign programme in place.
27. The operational underspend is £1.482 million (0.87% of budget) and is better than the last reported position taken to the IJB which was based on January forecasts and projected an underspend of £0.288 million.
28. The main variances to the budget were:
 - £1.082 million underspend within Children & Families reflecting the profile of care costs during the year, additional income from the Home Office and staff turnover
 - £2.033 million underspend with community based care for adults and older people is primarily from nursing and residential care and staff turnover. In 2025/26 there has been some budget realignment to Intensive Services
 - £1.313 million overspend within Intensive Services from in-year savings shortfalls and service pressures from meeting demand
 - £1.146 million overspend in Prescribing from continued costs and volume pressures combined with legacy pressures, this is net of £1 million non-recurring support from NHS Greater Glasgow and Clyde
 - £1.125 million underspend within Finance and Resources in the main reflects the non-recurring pension gain, offset in part to meet HSCP wide in-year savings shortfalls and pressures

29. The IJB received detailed financial reporting throughout the year. The main reasons for the reduction in projected costs of £1.194 million since last reported to the IJB in March were:
- £0.496 million reduction in children and families where we received additional income from the home office for unaccompanied children and young people along with a reduction in the cost and timescale for a complex care package
 - £0.304 million reduction in care at home costs for purchased care
 - £0.207 million lower costs within mental health recovery purchased care, reflecting a revised timescale for a complex care package
 - £0.150 million deferred income increase within older people
30. Our reserves have increased during the year, with the main change resulting from the addition to our general reserve, the brought forward balance was nil following financial recovery in 2023/24.
31. We used £0.966 million of reserves in year and we also added £2.297 million into earmarked and general reserves. The year on year movement in reserves is set out in detail at Note 8 (Page 71) of the annual report and accounts and is summarised:

Summary	£ Million	£ Million
Reserves as at 31 March 2024		1.864
Planned use of existing reserves during the year	(0.966)	
Funds added to reserves during the year	2.297	
Net increase in reserves during the year		1.331
Reserves as at 31 March 2025		3.195

32. Our ring-fenced reserves account for £0.860 million of the balance at 31 March 2025. During the year we spent £0.311 million on existing initiatives and £0.371 million was added towards the end of the year for non-recurring prescribing support
- £0.359 million as part of the 2025/26 budget
 - £0.012 million for national IT projects.
- The funding to support the development of our Recovery Hub at £0.489 million, brought forward from 2023/24 is the other reserve taken into 2025/26.
33. Our earmarked reserves are £0.853 million of the balance. During the year we used £0.172 million during the year and added £0.444 million to support:
- £0.082 million to the ongoing programme of Learning Disability Health Checks across the health board area
 - £0.250 million to support the implementation of the case recording system
 - £0.100 million is proposed to support the local impact from a national fostering and adoption campaign
 - £0.012 million for existing commitments for cancer screening inequalities
34. This remaining balance of £0.409 million supports existing commitments already in place for the whole family wellbeing project and trauma informed practice
35. As reported above our general reserve is now sitting at £1.482 million going into 2025/26.

Implications of the Proposals

36. All financial and legal implications are detailed within the report.
37. The summary overview of our 2024/25 financial performance is included at Appendix 3.

Directions

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

Conclusions

39. The preparation of the audited annual report and accounts for the IJB meets all legislative requirements and there are no significant governance issues to report.
40. Whilst the 2024/25 position shows a great improvement on the prior year the IJB remains in breach of its reserves policy, with significant challenges ahead in the continued delivery of savings, meeting demand and complexity within the budget and with a challenging medium term outlook.

Recommendations

41. The Integration Joint Board is requested to:
- a) Approve the audited annual report and accounts as remitted from the Performance and Audit Committee
 - b) Authorise the Chair, Chief Officer and Chief Financial Officer to accept and sign the annual report and accounts on behalf of the IJB for submission to Audit Scotland
 - c) Note and comment on the summary overview of financial performance document for 2024/25 prior to publication on the IJB website

Report Author and Person to Contact

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0141 451 0746

7 September 2025

Chief Officer, IJB: Alexis Chappell

Background Papers

[IJB 25.06.2025: Item 8. Unaudited Annual Report and Accounts 2024/25](#)



East Renfrewshire Integration Joint Board for the Health and Social Care Partnership

Audited Annual Report and Accounts 2024/25

Covering the period 1st April 2024 to 31st March 2025

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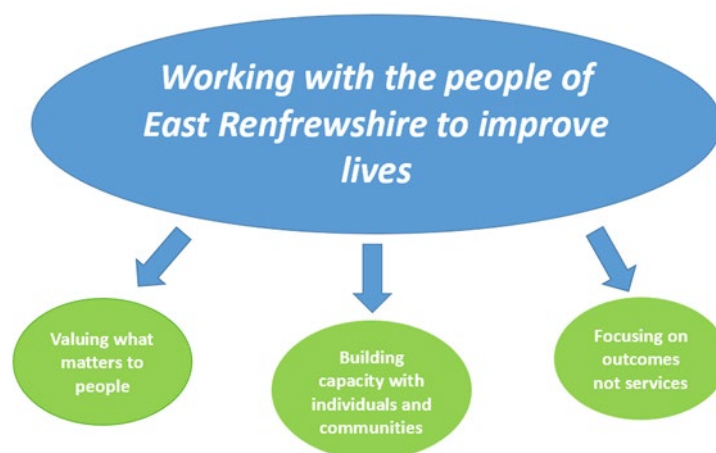
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Management Commentary

Introduction

East Renfrewshire Integration Joint Board (IJB) was legally established on 27th June 2015 and has the strategic responsibility for planning and delivery of health and social care services for the residents of East Renfrewshire. The vision, values, priorities and outcomes we aim to achieve through working together with the people of East Renfrewshire to improve lives are set out in our Health and Social Care Partnership (HSCP) 3 Year [Strategic Plan for 2025 - 2028](#). Our strategic vision is:



The IJB is responsible for planning, commissioning and delivery of services for children and adults from both of our partners, East Renfrewshire Council and NHS Greater Glasgow and Clyde and also has the planning responsibility for our population's use of large hospital-based services along with housing aids and adaptations. The [Integration Scheme](#) provides a detailed breakdown of all the services the IJB is responsible for. The delivery of services is through the Health and Social Care Partnership.

This annual report gives the key messages for the IJB for the financial year ended 31st March 2025 and includes performance highlights and challenges along with the financial statements for 2024/25. The report also looks forward at the challenges the IJB is facing for 2025/26 and beyond as we endeavour to meet the needs and demands of our population.

The management commentary in this report discusses our

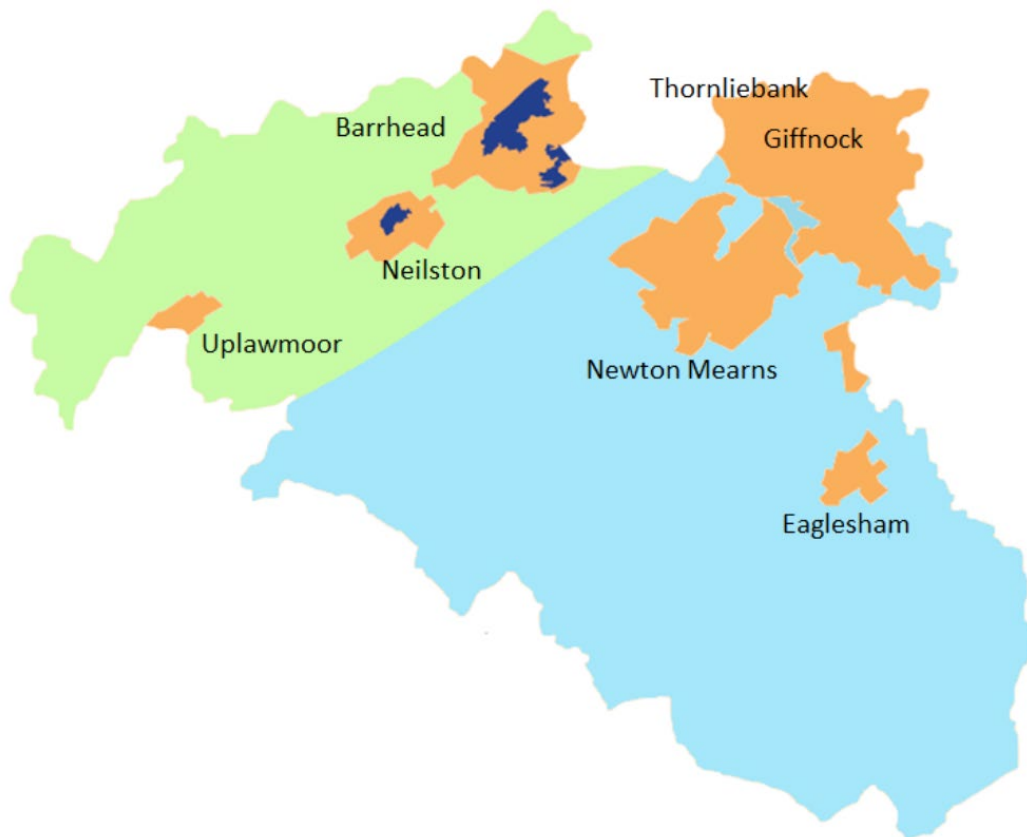
- Strategic Planning
- Key Messages and Operational Highlights and Challenges
- Performance Achievement and Challenges
- Financial Performance
- Future Challenges
- Conclusion

Strategic Planning

The East Renfrewshire HSCP Strategic Planning Group (SPG) has responsibility for the development of our Strategic Plan and supports ongoing review of the plan and provides oversight of the delivery of our strategic priorities. The SPG is a local forum for discussion on emerging themes and key initiatives in health and social care. The SPG is a multi-agency group made up of HSCP officers, IJB voting members, statutory stakeholders (e.g. housing colleagues), third and independent sector representatives, GPs, people who use our services and unpaid carers.

East Renfrewshire covers an area of 174 square kilometres and borders the City of Glasgow, East Ayrshire, North Ayrshire, Renfrewshire and South Lanarkshire.

We have two localities: Eastwood and Barrhead. This best reflects hospital flows with the Eastwood Locality linking to the South Glasgow hospitals and the Barrhead Locality to the Royal Alexandra Hospital in Paisley. Our management and service structure is designed around our localities and we continue to develop planning and reporting at a locality level.

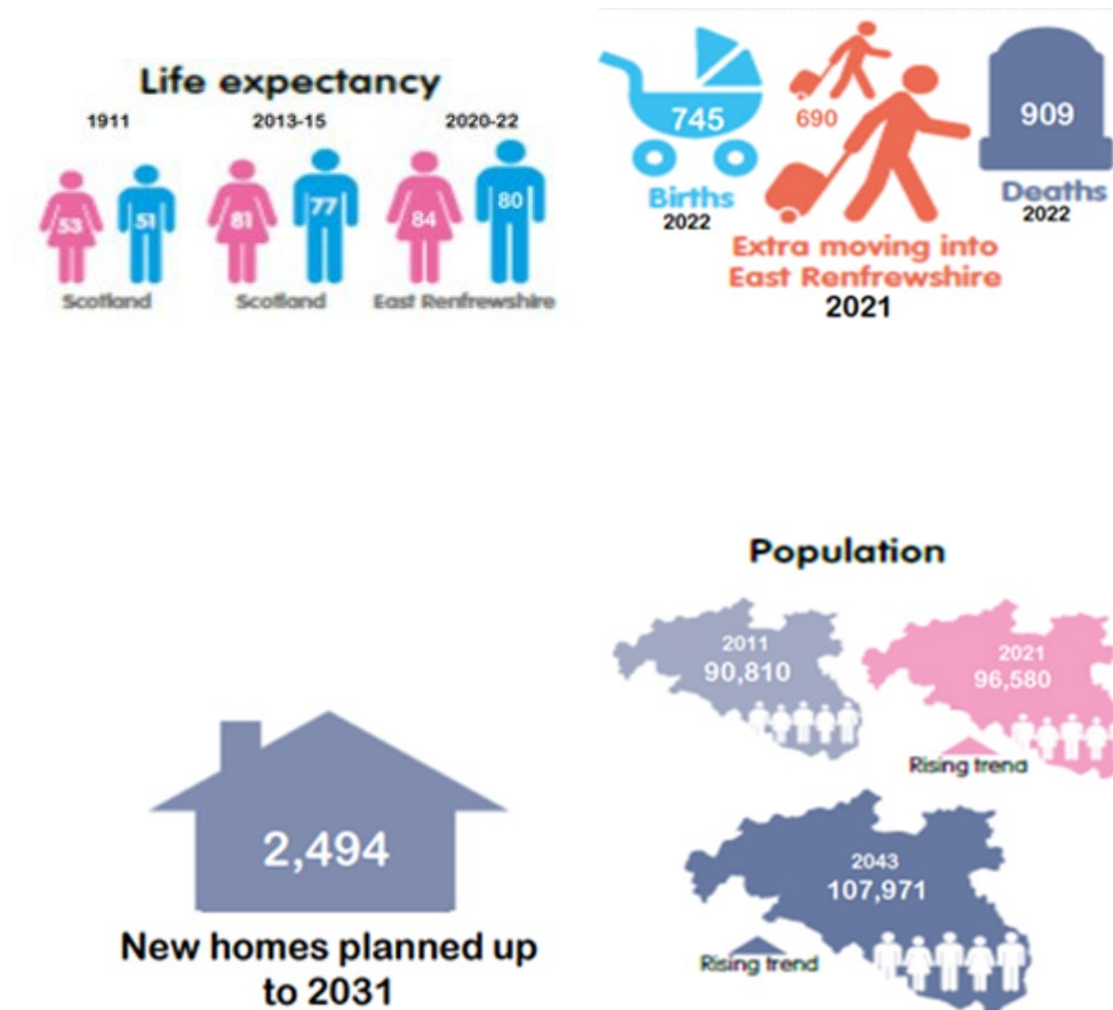


Our population¹ continues to grow and reached 98,600 in 2023. 75% of the population live in the Eastwood area (Busby, Clarkston and Williamwood, Eaglesham and Waterfoot, Giffnock, Netherlee and Stamperland, Newton Mearns and Thornliebank) and 25% live in the Barrhead area (Barrhead, Neilston and Uplawmoor).

East Renfrewshire has an ageing population. By 2043, almost one quarter of East Renfrewshire is projected to be aged 65 or over (23.8%). There has been a 26% increase in the number of residents aged 85 years and over during the last decade.

¹ Source: 2022 Mid-Year Estimates, National Records of Scotland.

People over 80 are the greatest users of hospital and community health and social care services.



All of these changes will add pressures to the services that we provide.

Strategic Plan 2025 - 2028

Our current Strategic Plan covers the 3-year period 2025-2028 and sets out the shared ambitions and strategic priorities of our partnership; and how we will focus our activity to deliver high quality health and social care to the people of East Renfrewshire. This document and our Annual Performance Report demonstrate how we have supported delivery of our strategic priorities.

Our strategic outcomes articulate our overarching priorities for the three-year period and are ambitious for the health and wellbeing of local people. Despite the challenges that the partnership faces, we believe that all local people can live their lives in good physical and mental health and achieve their full potential.

People are enabled to live healthy and fulfilling lives

Our communities are resilient and there are better opportunities for health and wellbeing

People are safe and protected

These priorities compliment the three pillars set out in the new East Renfrewshire Community Planning Partnership vision for 2040, *A Place to Grow*. Delivering on our HSCP strategic outcomes will contribute to the pillars in the community plan:



- Our children and young people flourish;
- Our communities and places thrive;
- We all live well.

More information on *East Renfrewshire – A Place to Grow* can be found [here](#).



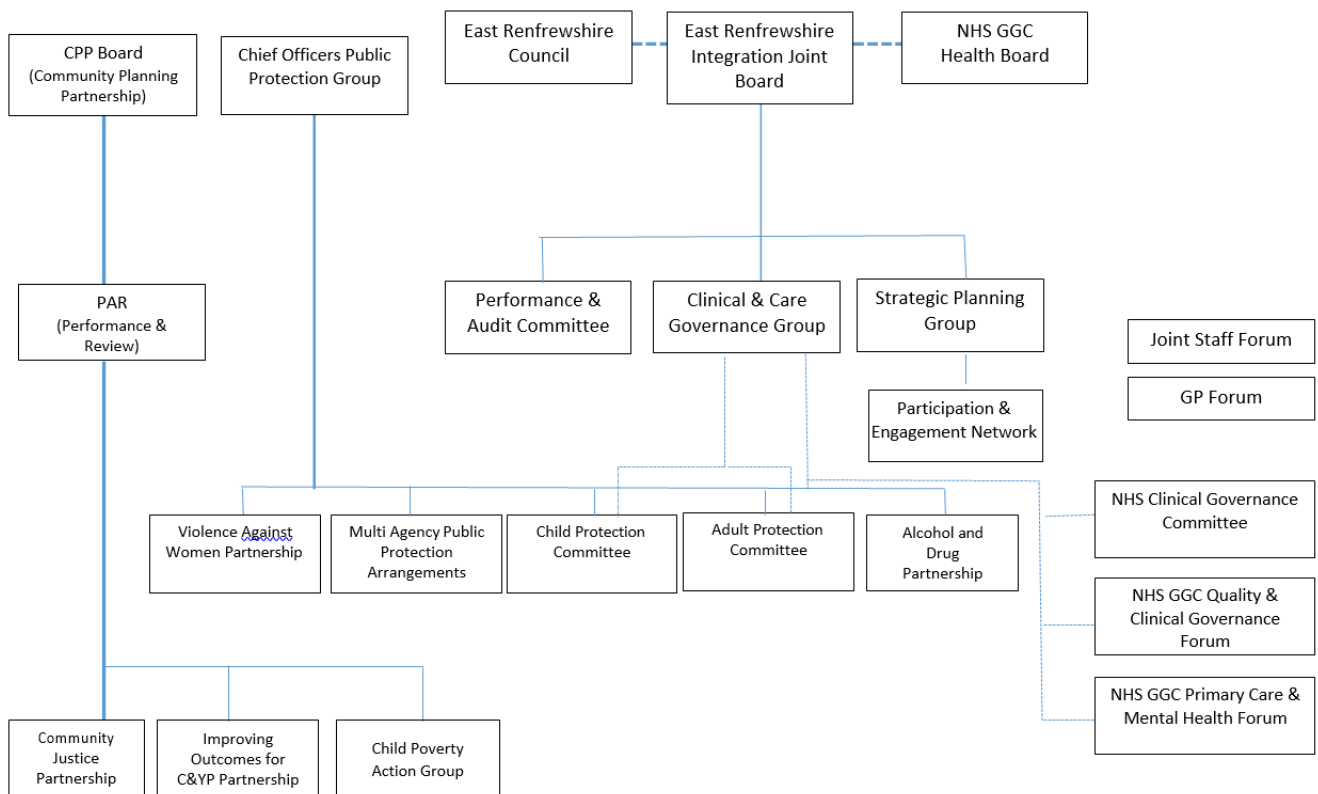
This strategic plan also contributes to the delivery of the principles and priorities of the [NHSGGC Moving Forward Together](#) programme, as well as the NHSGGC Clinical Vision and NHSGGC thematic plans. Central to our approach is the 'tiered' model of healthcare which promotes self-management and the person at the centre. The model sees different levels of appropriate advice, treatment and support tailored to what we need. The model is responsive to different levels of demand and resource.

Strategic Plan 2025-28 on a page

<p>Drivers and influencers</p> <ul style="list-style-type: none">• HSCP Vision and Values• National, regional and local policy• Joint Strategic Needs Assessment• Partnership, stakeholder, service user and public views and priorities• Performance data, benchmarking and best practice 	<p>Challenges and pressures</p> <ul style="list-style-type: none">• Population and demographic change, particularly children and older people• Financial constraints / budgetary pressures• Increasing volume and complexity of presenting needs• Pressure on acute hospital in-patient services• Increasing pressure on our unpaid carers• Increasing mental health and wellbeing concerns• Ensuring choice and control• Achieving the appropriate balance of care• Addressing health inequalities• Ensuring public protection• Revised National Care Service (NCS)• Sustaining and supporting our workforce 	
<p>Our approach</p> <p>Focusing resources where most needed • Working in partnership with communities and 3rd and independent sector partners • Supporting self-management and digital approaches • Collaboration and shared learning on improvement/best practice • Person-centred/trauma-informed practice</p>		
<p>Our strategic outcomes and areas of focus</p>		
<p>People are enabled to live healthy and fulfilling lives</p> <ul style="list-style-type: none">• Supporting children, young people and their families to improve mental and emotional wellbeing• Supporting people to maintain their independence at home and in their local community• Supporting better mental health and wellbeing and reducing harm from alcohol and drugs• Supporting people who care for someone, ensuring they are able to exercise choice and control• Supporting staff across the partnership to strengthen resilience and wellbeing	<p>Our communities are resilient and there are better opportunities for health & wellbeing</p> <ul style="list-style-type: none">• Strengthening links with communities and 3rd sector supports• Supporting individuals and communities to tackle health inequalities and improve life chances• Supporting people's healthcare needs by providing support in the right way, by the right person at the right time• Supporting effective community justice pathways that support people to stop offending and rebuild lives	<p>People are safe and protected</p> <ul style="list-style-type: none">• Protecting people from harm• Addressing violence against women• Minimising self-harm and suicide• Health protection
<p>Enablers for change</p> <p>Service review and redesign • Our workforce • Local people and communities • Local Partners • Our Financial Plan • Data and intelligence • Digital technology • Equalities Outcome Plan • Commissioning Plan • Housing Contribution Statement</p>		

We continue to strengthen our supportive relationships with independent and third sector partners, recognising the increased levels of participation in our communities and informal support within our localities. In our Commissioning Strategy, we also recognise that we need to extend beyond traditional health and social care services to a long-term wider partnership with our local people, carers, volunteers, community organisations, providers and community planners. Our collaborative commissioning model supports how we will work.

The IJB continues to build on the long-standing delivery of integrated health and care services within East Renfrewshire and the continued and valued partnership working with our community, the third, voluntary and independent sectors, facilitating the successful operation of the Health and Social Care Partnership (HSCP). The chart below shows the governance, relationships and links with partners which form the IJB business environment.



Key Messages, Operational Highlights and Challenges

This was another challenging year for the HSCP as we worked to meet the demand for services whilst delivering on our significant savings programme. We set a savings target of £11.8 million, which was £2 million higher than we needed to balance our budget as part of our forward planning to work towards financial sustainability. This includes building up reserves, which we depleted as part of the financial recovery process invoked in 2023/24.

Significant progress was made during 2024/25 on embedding the Supporting People Framework, which is our criteria-based approach to care, as a key element of the savings programme. With the exception of prescribing costs, where a c£2 million recurring gap has added to the 2025/26 challenge all other savings have been realised on a recurring basis going into 2025/26.

In recognition of the pressure that prescribing costs had on our operational budget NHS Greater Glasgow and Clyde provided an additional £1 million funding during the year, on a non-recurring basis.

Despite the ongoing challenges and recognising the progress made we ended the year with an operational surplus of £1.482 million which has been added to our general reserve.

Our Annual Performance Report for 2024/25 provides a detailed overview and demonstrates how the HSCP delivered our key priorities during the year and how we are performing in relation to the National Health and Wellbeing Outcomes. The commentary included in this report provides an overview of some of the highlights and challenges we faced across the range of services we provide. All of our services support delivery of one or more of our strategic priorities.

Children and Families

During the year our children's services have continued to see high levels of demand and complexity among referrals. We continue to work with an increasing number of children with diagnosed neurodevelopmental disorders and a high prevalence of families in crisis.

We have seen an increase in children who are looked after away from home who experience 1 or more placement moves to 27.1% up from 14.4% in the previous year. The service support 89% of care experienced children in the community rather than a residential setting.

The service continues to ensure the multi-agency safeguarding process and plans are in place for child protection, where cases assessed as having increased level of safety declined from 100% to 87% for 2024/25.

Our Healthier Minds team saw 411 children, young people and families referred, with 19% of those referred having a diagnosis of Autism and/or ADHD. A further 8% have neurodivergent traits, most are awaiting diagnosis. There continues to be a high number of children and young people referred to the service seeking support whilst on a waitlist for diagnosis, support and training is offered to them and their families. 97% of children and young people supported by our Healthier Minds Team reported improved mental and emotional wellbeing and this performance has been maintained from the previous year.

The number of unaccompanied asylum-seeking children now makes up around one third of our looked after children, this has increased from almost a fifth last year. The Youth Intensive Support Team currently support 32 young people.

We continue to support young people with complex needs as they transition from one life stage to another. We have seen an increase in the numbers of young people being referred for transitions assessment, planning and support, with numbers forecast to continue increasing in future years. The HSCP Transitions Team was created to support improvement and work within children's and adult services within the HSCP and the council. The focus is to provide an improved transition from children's services to adult services for young people with very complex needs. The team are working alongside 91 young people going through transition to young adulthood.

The Care Inspectorate undertook inspections on three children and young peoples' services during the year, between 13 January and 7 February 2025. The inspection grades are summarised below and the care inspectorate made no requirements. There were very positive comments in all three reports as reported to the IJB's Performance & Audit Committee.

The **Fostering** service provides a fostering and family placement resource for children and young people aged from birth to 18 years. The service recruits and supports foster carer families to provide a range of fostering placements including permanent, long-term, interim, emergency and short breaks.

Type of Inspection	Grading	
Announced (short notice)	Support people's wellbeing	5 – Very Good
	How well is our care and support planned	5 – Very Good

The **Adoption** service provides a service for children and young people, aged from birth to 18 years and their families. The service recruits and supports adoptive parents to provide families for children, who have been assessed as unable to live with their birth parents or extended family members.

Type of Inspection	Grading	
Announced (short notice)	Support people's wellbeing	5 – Very Good
	How well is our care and support planned	5 – Very Good

The **Adult Placement** service is linked to fostering service and supports carers providing support to young people on a continuing care basis. Our approval of Supported Carers also sits under this registration. Continuing care supports young people from the age of 16 – 21 years of age. Supported Carers are approved to care for young people from the age of 16 – 26 years of age.

Type of Inspection	Grading	
Announced (short notice)	Support people's wellbeing	5 – Very Good
	How well is our care and support planned	5 – Very Good

Supporting People at Home

We continued to support people to live independently and well at home, despite additional demand pressures due to more people seeking support at home as well as increased levels of frailty and complexity; 96.8% of local people aged 65+ living in housing rather than a care home

or hospital and the % of people reporting outcome of 'living where you/as you want to live' increased to 95%, up from 91% in the previous year.

The percentage of adults who agreed that they are supported to live independently as possible remained at 80.4% and 89.6% of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life which is up from the last survey 83.6% and compares with Scottish average of 69.8%.

Our local Community Hub helps residents to access information and signposts them to local community services and supports. The Community Hub is a partnership between Voluntary Action East Renfrewshire (VAER), HSCP Talking Points and East Renfrewshire Council Communities and Strategic teams.

The Talking Points partnership continues to provide resource sharing referrals across East Renfrewshire and has continued to support local people looking for support within their communities, playing a pivotal role in diverting moderate to low level supports away from the HSCP front door, being picked up and supported by appropriate community and 3rd Sector providers. In 2024/25 Talking Points responded to 627 referrals for help, 516 referrals from organisations and 111 self-referrals from individual residents.

During the year VAER has continued to offer capacity supports to our local 3rd Sector. Throughout 2024/25 VAER has offered direct Capacity Building supports to 177 groups and organisations. The team supported these groups and organisations with 185 support interventions.

Supporting People with Learning Disabilities

Our Transitions Service continues to support the transition of young people with service and care needs with close collaborative working across children and adult health and care services. The priority for the service is to ensure a positive transition for young people. A key area of focus is the prevention of crisis for individuals through early identification of potential placement breakdown. During the year there has been positive partnership working with Barrhead Housing Association and The Richmond Fellowship Scotland to support transition for an individual to their own home after leaving school thereby averting a crisis situation from occurring.

The Coming Home Report is the Scottish Government strategy to prevent placement breakdown for people with learning disabilities that can lead to inappropriate hospital admission or out of area placement. To support this, we have established a fully operational Dynamic Support Register (DSR) which allows early identification of high-risk situations. There has been effective partnership working with the council's housing service, registered social landlords and service providers (key stakeholders in these situations). We have also created a High-Risk Register for young people identified via transitions mapping work who are too young for addition to the DSR.

Specialist Learning Disability Services

The service hosts in-patient wards on behalf of all six HSCPs within Greater Glasgow and Clyde. This was a particularly challenging year managing the planned closure of one ward, as part of service redesign along with an unplanned decant from another ward following damp issues within the ward. Ensuring the safety and wellbeing of both patients and staff was at the forefront of both moves and every action taken to minimise the disruption for patients and their families.

The Mental Welfare Commission visited Blythswood in April 2024 and the feedback was very positive recognising:

- All legal and other documentation including care plans was of a high standard.
- They were impressed with the activity schedule, both group and individual and recognised the correlation this had with reduced incidents of violence and aggression.
- The commission highlighted the positive leadership and culture shift and commended the work on this. They also advised that the families/carers they spoke with were universally positive about Blythswood with a former head teacher of one of the patients stating that the patient 'was finally heard when he came to Blythswood'.

During the year our community Learning Disability Health Check Team has supported the delivery of health checks across GGC for people with learning disabilities. The Learning Disability Health Check Team has been providing a fully operational service across GGC since January 2025 (following a successful pilot in 2024) with a very successful 80% rate of uptake.

Protecting and Supporting Adults at Risk of Harm

The HSCP has seen a steady increase in demand from Adult Support and Protection (ASP) activity over a number of years and this continued into 2024/25. There were 1,716 ASP referrals during 2024/25, up 16% from the previous year, where we had 1,475 referrals in 2023/24.

ASP inquiries increased slightly during the year at 1,146 compared with 1,107 for the previous year. The number of ASP investigations decreased compared with the previous year at 152, down from 228.

Improvement in safety and wellbeing outcomes for women who have experienced domestic abuse is 92% consistent with 2023/24 performance (93%) and ahead of target (85%). A total of 1,116 women and children were supported across Women's Aid three core services, helpline and drop in enquiries compared to 1,059 during the same period last year, a 5% increase.

People agreed to be at risk of harm and requiring a protection plan have one in place continues to be 100% of cases.

Care at Home

The service provides care to around 450 residents covering on average 8,400 visits and 3,000 hours of care per week. There have been significant capacity issues within Care at Home both locally and across Scotland leading to continuing pressure on the HSCP's in-house care at home service. During the year we have been working to redesign homecare and telecare to help us manage growth in demand, as well as to improve efficiency, maintain the quality of care provided and deliver this within budget.

The % of people aged 65+ with intensive care needs (plus 10 hours) receiving care at home dropped from 62.5% to 60% missing our agreed target of 62%. This compares to a national average of 62.6%. The provision of quality care at home to support people to live independently and well in their own homes remains a key priority for the partnership and ongoing improvement of our care at home services continues.

In the year, reablement performance has declined with 43% of care needs reduced following period of reablement – down from 63% and significantly lower than target (60%). The complexity of need of service users has increased meaning less people coming to the service

are suitable for reablement. We continue to work hard to get people out of hospital as soon as possible, without delay.

The Care Inspectorate undertook an unannounced inspection of our Care at Home Service from the 21st of January until the 30th of January 2025.

Type of Inspection	Grading	
Unannounced	Support people's wellbeing	4 – Good
	Leadership	3 – Adequate
	Staff team	4 – Good
	Care and support planning	3 – Adequate

The key messages from the inspection were that:

- People using the service were treated with dignity and respect.
- People were supported to live safely and independently at home.
- Staff were kind, caring and compassionate.
- Staff development and support had improved.
- Improvements were needed in the scheduling and monitoring of people's home care visits to promote greater continuity.
- Improvements were needed in care planning to promote people's health and wellbeing.
- Leaders had introduced new systems to improve the service and needed time to fully embed them into practice

The Care Inspectorate identified two requirements:

- By 5 May 2025, the provider must ensure there are suitably trained staff and systems in place to improve the scheduling and monitoring of people's home care visits. Staff with scheduling responsibilities should have adequate training, support and performance review to improve the continuity that people using the service experience
- By 5 May 2025, the provider must ensure people have appropriate personal plans, known as care plans, that captures people's wishes and needs to promote their wellbeing.

The service has an action plan in place to meet the requirements within the timescale set.

Reducing Unplanned Hospital Care

Despite continuing pressures on the social care sector and our care at home service during the year we have maintained an average of 7 days, unchanged from the previous year. When Adults With Incapacity (AWI) are included, the delays averaged 13 over the year, down from 15 in 2023/24 but missing our target of 11.

Our unplanned hospital attendances and admissions are stable (having increased slightly but remaining within target) and have not returned to pre-Covid levels. Hospital attendances from our care homes reduced during 2024/25 reflecting the level of support the partnership is providing to support prevention.

The proportion of people with their last 6 months of life spent at home or in a community setting is 88.8% up from 87.7% and ahead of target (86%)

Our dedicated Home from Hospital service facilitates the most complex hospital discharges. This includes a home first ethos but also ensuring the appropriate and effective use of intermediate and interim care beds when appropriate. When the level of homecare package required is not immediately evident or available, or ongoing rehabilitation and assessment is needed, by carrying out this activity in this setting versus hospital, it delivers improved outcomes for our people.

The Community Rehabilitation Service has been reshaped to manage the increased demand that we have been experiencing in recent years and is the only fully integrated Rehabilitation and Community OT service within Greater Glasgow, which allows individuals to have fully integrated, holistic assessment and interventions while minimising handovers between teams. The service also works closely with the East Renfrewshire Culture and Leisure Trust and other partners across the area.

During the past year we have continued our work to implement frailty pathways and support initiatives to address frailty in our communities with ongoing development of Home First Response/Frailty service. The community falls pathway with Scottish Ambulance Service (SAS) has been extended to include frailty presentations, where conveyance to hospital is not required but further assessment and input is necessary to support an individual safely at home.

To prevent crisis and emergency use of acute services, we continue to work to improve the quality and quantity of Future Care Plans. We continue to meet quarterly targets for these plans with quality assurance audit governance in place.

To support our local care homes and minimise hospital attendances and admissions we have established a Call Before You Convey (CB4YC) pathway providing enhanced senior clinical decision-making support over 7 days for Care Home staff to access when identifying a deterioration in a resident's health. Between April 2024 and March 2025, 47 calls came through resulting in >85% of residents supported to remain within the care home and avoid conveyance to hospital. Over 260 AHP assessments were undertaken of residents of Care Homes for support with transfers/ mobility/ equipment/ seating/ rehabilitation.

Supporting People Experiencing Mental Ill-Health and Supporting Recovery from Addiction

Our teams have continued to deal with increased demand across mental health and addiction services due to increases in complexity. There has been high demand across all teams; Alcohol and Drug Recovery Service, Adult Mental Health Team, Primary Care Mental Health Team, Older Adult Mental Health Team. For older people we continue to see wellbeing impacted by issues such as isolation and reduction in mobility, however mental health hospital admissions remain low (at 1.26 admissions per 1,000 population).

87% of people wait no longer than 18 weeks for access to psychological therapies and this a continuing improvement from 84% in 2023/24 although this falls short of the target of 90%. We achieved the improvement by close monitoring of waiting times on a weekly basis, to address the longest waits and recruitment to fill key psychology and counselling posts. Demand for psychological therapy continues to be high.

97% people accessing recovery-focused treatment for drug/alcohol within 3 weeks, up significantly from 93% in 23/24 and we are maintaining performance ahead of target (90%).

78 alcohol brief interventions (ABIs) were undertaken compared with 568 in the previous year. This was due to a temporary reduction in the funding available for commissioning the delivery

of ABIs in 2024/25. This funding gap has been resolved for 2025/26 and delivery is expected to return to the 2023/24 levels.

A key priority in delivering our strategy to support better mental health and wellbeing is to ensure staff and volunteers across the wider partnership have the skills, knowledge and resilience to support individuals and communities. We continue to support training on mental health and wellbeing for third sector staff and volunteers.

During the year, HSCP staff supported the roll-out of the Distress Brief Interventions (DBI) Service, implemented in April 2024 with local partners RAMH and Police Scotland. To date, 16 Police Officers have been trained in DBI assessment and referral with five RAMH staff trained in delivery of DBI. Since the DBI service launch 24 referrals have been received and we continue to work with Police Scotland on take-up of the service.

We have progressed the peer support programme locally by employing a peer support worker in both the Adult Mental Health Team and the Alcohol and Drug Recovery Service (ADRS).

The Care Home Liaison Team, within East Renfrewshire Older Peoples CMHT is a multidisciplinary team comprising of occupational therapy and nursing. The service provides person-centred care and support to residents of both nursing and residential Care Homes within East Renfrewshire. Reasons for referral may include but are not limited to, seeking stress and distress support, prevention of care home placement breakdown and review of psychotropic medications. 115 referrals were received by the team during 2024/25.

During the year, Mental Health and Recovery Services has maintained a strong focus on improving the waiting time for psychological therapy by ensuring psychology and other resources are in place through recruitment and additional investment. 569 people started treatment, with the percentage of people starting treatment within 18 weeks of being assessed increased from 83.2% in March 2024 to 87.5% at the end of March 2025. Improvement in the waiting time peaked at 92.3% in January 2025. The aim is to maintain staffing levels and maintain performance at the 90% target level.

The HSCP continues to deliver the Medication Assisted Treatment (MAT) Standards and ensure fast, appropriate access to treatment. The MAT standards enable people to access same-day prescribing for opioid dependency, facilitating low barrier access to assessment and treatment. The MAT Standards are assessed through a system of Red, Amber, Green (achieved) or Blue (blue means improvement has been sustained and embedded in services). East Renfrewshire has achieved blue or green status across all ten standards.

Unpaid Carers

Working with East Renfrewshire Carers Centre, we have continued to ensure that carers have had access to guidance and support throughout the year. Training and awareness-raising on the issues affecting carers have been delivered and work has continued on the development and promotion of support planning for carers. We continue to develop approaches to short breaks for carers.

83.6% of those asked reported that their 'quality of life' needs were being met, whilst down slightly from 84.5% in 2023/24 this is still ahead of target (80%).

A new eligibility framework for carers was introduced to sit alongside the HSCP's Supporting People Framework. Information sessions on the framework have been delivered to all staff with input into our locality teams, hospital team, mental health and learning disability teams.

All carers referred to the Carers Centre are informed of their rights during the initial meeting and provided with information resources that explain carers' rights in relation to the main duties of the Carers Scotland Act. Information on rights is developed further if carers progress with an Adult Carers Support Plan.

We continue to work with partners to ensure supports are available to carers to minimise the impact of financial hardship as a result of caring.

Community Justice

We continue to support the delivery of community-based sentences (Community Payback Orders (CPOs)) ensuring they are supervised and supported appropriately to protect the public, promote desistance from offending and enable rehabilitation. Timescales for commencement and completion of CPOs declined during the year due to operational factors. We continue to support people with convictions into employment and volunteering with positive outcomes for participants.

During the year 77% of unpaid work placement completions within Court timescale – down from 89% and below target (80%). Alongside this 65% Community Payback Orders (CPOs) commencing within 7 days – significantly down from 83% in last year and we are missing our target (80%). The main reason for failure to achieve this target is service users not engaging with instructions from Court and Social Work to attend scheduled appointments.

82% of people reported that their order had helped address their offending, down slightly from 83% and impacted by the low number of people completing the voluntary survey.

The HSCP delivers accredited programmes aimed at reducing reoffending in partnership with the council and works to deliver a whole systems approach to diverting both young people and women from custody.

Staff Resilience and Wellbeing

Our staff across the HSCP continue to deliver services with incredible resilience, commitment and creativity. This ongoing dedication has allowed us to work through another difficult year including the impact on a reducing workforce as we try to manage our financial pressures, with significant work undertaken to embed the Supporting People Framework.

The Health and Care (Staffing) (Scotland) Act 2019 provides a statutory basis for the provision of appropriate staffing in health and care services, enabling safe and high-quality care and improved outcomes for service users. It builds on existing policies and procedures within both health and care services and effective implementation aims to embed a culture of openness and transparency, ensuring staff are informed about decisions relating to staffing and able to raise concerns. Having been delayed by the Covid-19 pandemic, the Act came into effect in April 2024.

We have established a Safer Staffing Implementation Group, chaired by our Chief Nurse, to coordinate the implementation of the Act with representatives across relevant health and social care teams. The implementation group is also aligned and reports to the NHSGGC whole-system planning programme and was included in the first report to the Scottish Government on 30 April 2025.

Our Commissioning team are working with our partner providers to ensure our contractual arrangements to ensure alignment with the Act.

Climate Change

Whilst the IJB completed the required Public Sector Compliance Report with Climate Change Duties 2022, the information was minimal as the IJB itself does not hold assets or directly deliver services. These are delegated to either the health board or the local authority. Therefore, the accountability and responsibility for climate change governance and delivery sits with our partner organisations, with the HSCP supporting such delivery. The Scottish Sustainable Network [reporting](#) provides further information.




Other Support and Service Impacts












Our nationally hosted service, the Scottish Centre of Technology for the Communication Impaired (STCTI) has continued to support individuals across 12 health boards in Scotland making full use of remote and virtual communication.

Referrals for assessment of neurodevelopment conditions has increased nationally for both ADHD and ASD. This is a continuing trend which is far exceeding capacity. We have been working closely with NHSGGC and our five fellow HSCPs to manage this and will be contributing to a Board wide pathway during 2025/26.

Key Risks and Uncertainties

The IJB regularly reviews its [Strategic Risk Register](#) over the course of each year; there are currently 11 risks rated red, amber or green (RAG) depending on the likelihood and severity of the impact. This is one less risk than in 2023/24 as the Analogue to Digital Switchover is no longer considered a strategic risk.

The trend shows whether the risk has increased , decreased  or is unchanged , from the previous year. The table below summarises those risks and shows the RAG rating of each after mitigating actions to minimise impact.

Area of Risk	RAG	Trend
Death or significant harm to a vulnerable individual	Amber	
Scottish Child Abuse Inquiry	Amber	
Child, Adult and Multi-Agency Public Protection Arrangements	Green	
Financial Sustainability	Red	
Failure of a provider	Amber	
Access to Primary Care	Amber	
Increase in Older Population	Amber	
Workforce Planning and Change	Amber	
Increase in children & adults with additional support needs	Amber	
In-House Care at Home Service	Amber	
Business Continuity, Covid-19 & Recovery	Amber	

The full risk register provides details of all the risks above and shows the risk rating pre and post mitigating actions.

The one red risk post mitigating actions remains Financial Sustainability. This has been a red risk for a number of years for the HSCP given the pre and post pandemic savings required to deliver a balanced budget, managing demographic and demand pressures, managing the complexity and volatility of prescribing costs, the continued impact of Covid-19 and the ongoing economic factors including cost of living pressures. This culminated in a financial recovery

process in 2023/24. The IJB members are fully aware of the challenges and risks we are facing and this is regularly discussed at meetings and seminars. Whilst the position is improved for 2024/25 the risk remains red given the financial outlook.




In addition to our Strategic Risk Register, each service area holds an operational risk register and business continuity plan. In addition to the risks shown above there are also a number of uncertainties facing the IJB and these are identified in the future challenges section within this report.

Performance Achievements and Challenges

Our [Annual Performance Report](#) demonstrates how we review our performance for 2024/25 against local and national performance indicators and against the commitments within our Strategic Plan. We take a quarterly update report to the Performance and Audit Committee of the IJB throughout the year. This information provides an overview of the areas where we have performed particularly well and those areas where we need to focus improvement. The data shows that despite the pressures the partnership is facing we have continued to support our most vulnerable residents and have performed well against many of our outcome-focused performance indicators.

The RAG status and trend arrows are explained below. Intended performance direction is given in the description of each indicator.

Key to performance status	
Green	Performance is at or better than the target
Amber	Performance is close (approximately 5% variance) to target
Red	Performance is far from the target (over 5%)
Grey	No current performance information or target to measure against

Direction of travel*	
	Performance is IMPROVING
	Performance is MAINTAINED
	Performance is WORSENING

*For consistency, trend arrows always point upwards where there is improved performance or downwards where there is worsening performance including where our aim is to decrease the value (e.g. if we successfully reduce a value the arrow will point upwards).

Where n/a appears, this indicates 2024/25 data not yet available, due to the timing of the source of the data.

Where We Have Performed Well




Strategic Priority 1 - Working together with children, young people and their families to improve mental wellbeing								
Indicator	2024/25	Current Target	23/24	22/23	21/22	20/21	19/20	Trend from previous year
% Child Protection Re-Registrations within 18 months (LGBF) (Aim to decrease)	n/a	Data only	0	12.5%	0	0	15.8%	↑
Percentage of children looked after away from home who experience 3 or more placement moves (Aim to decrease)	1.28%	11%	0%	0%	1.8%	1.2%	0.0%	↓
% Looked After Children with more than one placement within the last year (Aug-Jul). (LGBF) (Aim to decrease)	n/a	Data only	27.1%	14.4%	20.8%	20%	18.8%	↑

We have seen continuing strong performance on supporting our vulnerable children and young people with no child protection re-registrations in the most recent year of data.

We support permanent placements for our looked after children and continue to meet our target for children experiencing three or more placements. However, the figure increased last year for looked after children with more than one placement move. In East Renfrewshire both of these indicators are impacted by very small numbers of individual children.

Strategic Priority 2 - Working together with people to maintain their independence at home and in their local community								
Indicator	2024/25	Current Target	23/24	22/23	21/22	20/21	19/20	Trend from previous year
Percentage of people aged 65+ who live in housing rather than a care home or hospital (MSG) (Aim to increase)	n/a	97%	97%	97%	97%	97%	97%	→
People reporting 'living where you/as you want to live' needs met (%) (Aim to increase)	95%	90%	91%	89%	89%	91%	88%	↑
The number of adults (18+) receiving personal care at home as a % of the total number of adults needing care. (Aim to increase) NI-18	63.4%	63%	62.5%	64.4%	65.2%	58%	57%	↑

We continue to support people to maintain their independence at home and are seeing improvement on a range of performance measures. 97% of people aged 65+ live in housing rather than a care home or hospital. 63% of people aged 65+ with intensive care needs (i.e. requiring 10 hours or more of support per week) are receiving care at home (ahead of our target). Our outcome measure shows that 95% of people are living where and as they want to live (up from 91% last year), reflecting our commitment to supporting independence. The percentage of people with reduced care needs following re-ablement / rehabilitation increased significantly during the year to 64% (from 48% in 2022/23).

Strategic Priority 3 - Working together to support mental health and well-being								
Indicator	2024/25	Current Target	23/24	22/23	21/22	20/21	19/20	Trend from previous year
Mental health hospital admissions (age standardised rate per 1,000 population) (<i>Aim to decrease</i>)	n/a	2.3	1.2	1.2	1.2	1.4	1.6	
Percentage of people waiting no longer than 18 weeks for access to psychological therapies (<i>Aim to increase</i>)	87%	90%	84%	75%	76%	74%	65%	
Percentage of people with alcohol and/or drug problems accessing recovery-focused treatment within three weeks. (<i>Aim to increase</i>)	97%	90%	93%	96%	95%	95%	89%	

The latest data shows that the rate of mental health hospital admissions remains low in East Renfrewshire. Although we have fallen short of target for psychological therapies waiting times, we have seen continuing improvement from previous years. This was achieved through close monitoring of waiting times on a weekly basis, to address the longest waits and recruitment to fill key psychology and counselling posts. Demand for psychological therapy continues to be high.

During 2024/25 we also saw continuing positive performance for drug and alcohol service waiting times with 97% accessing treatment within 3 weeks, up from 93% last year.

Strategic Priority 4 - Working together to meet people's healthcare needs								
Indicator	2024/25	Current Target	23/24	22/23	21/22	20/21	19/20	Trend from previous year
Emergency admission rate (per 100,000 population) for adults (<i>Aim to decrease</i>) NI-12	9,628*	11,492	9,634	9,215	9,414	9,210	10,441	↑
Emergency bed day rate (per 100,000 population) for adults (<i>Aim to decrease</i>) NI-13	104,377*	117,000	106,610	108,721	108,448	97,806	106,296	↑
Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges) (<i>Aim to decrease</i>) NI-14	70*	100	72	69	77	98	78	↑
% of last six months of life spent in Community setting (<i>Aim to increase</i>) MSG	N/a	86%	88.8%	87.7%	89.4%	89.8%	88.3%	↑

*Full year data not available for 2024/25. Figure relates to 12 months Jan-Dec 2024.

In East Renfrewshire, unplanned hospital attendances and admissions are stable, having improved slightly and remaining within target for both measures and have not returned to pre-pandemic levels. We continue to perform ahead of target for the rate of emergency readmissions. We are focused on supporting as many people as possible to spend the end of life at home or in community settings, as appropriate and continue to meet target for this measure 89%, up from 88%.

Strategic Priority 5 - Working together with people who care for someone ensuring they are able to exercise choice and control in relation to their caring activities								
Indicator	2024/25	Current Target	23/24	22/23	21/22	20/21	19/20	Trend from previous year
People reporting 'quality of life for carers' needs fully met (%) (<i>Aim to increase</i>)	83.6%	80%	84.5%	80%	92%	91%	92%	▬
Total combined % carers who feel supported to continue in their caring role (<i>Aim to increase</i>) NI 8	n/a	Data only	28.4%	n/a	28.4%	n/a	35.3%	▬

We continue to support our unpaid carers in partnership with local support organisations. Our satisfaction measure on 'quality of life' for carers has remained stable and ahead of target at 84% despite the continuing pressures for people supporting family and loved ones. Through our Carers Strategy we are focused on ensuring that carers have access to the guidance and support they need.

Strategic Priority 6 - Working together with our partners to support people to stop offending								
Indicator	2024/25	Current target	23/24	22/23	21/22	20/21	19/20	Trend from previous year
% Positive employability and volunteering outcomes for people with convictions. (<i>Aim to increase</i>)	68%	60%	57%	67%	56.5%	66%	65%	↑

We continue to support people to improve their lives and not return to offending following a criminal conviction through holistic support. The percentage of supported people with positive employability and volunteering outcomes increase from 57% to 68% in the last year, ahead of target (60%).

Strategic Priority 7 - Working together with individuals and communities to tackle health inequalities								
Indicator	2024/25	Current Target	23/24	22/23	21/22	20/21	19/20	Trend from previous year
Percentage of adults able to look after their health very well or quite well (<i>Aim to increase</i>) NI-1	n/a	Data Only	92.7%	n/a	92%	n/a	94%	↑
Premature mortality rate per 100,000 persons aged under 75. (European age-standardised mortality rate) (<i>Aim to decrease</i>) NI-11	n/a	Data Only	275	264	333	334	295	↓

As a partnership we are focused on tackling health inequalities and improving life chances for our residents. The proportion of adults who feel they are able to look after their health very well or quite well is very high at 93% and increased from the previous year.

The premature mortality rate has increased significantly and East Renfrewshire continues to have the lowest rate in Scotland.

Strategic Priority 9 - Protecting people from harm								
Indicator	2024/25	Current Target	23/24	22/23	21/22	20/21	19/20	Trend from previous year
% Change in women's domestic abuse outcomes (<i>Aim to increase</i>)	92%	85%	93%	90%	87%	84%	79%	→
People agreed to be at risk of harm and requiring a protection plan have one in place. (<i>Aim to increase</i>)	100%	100%	100%	100%	100%	100%	100%	→

During 2024/25, we continued to see high personal outcomes for women and families affected by domestic abuse. Improved outcomes were at 92%, consistent with the previous year and ahead of target. All people in East Renfrewshire agreed to be at risk of harm and requiring a protection plan have one in place.

Organisational measures								
Indicator	2024/25	Current Target	23/24	22/23	21/22	20/21	19/20	Trend from previous year
Sickness absence days per employee - HSCP (LA staff) (<i>Aim to decrease</i>)	14.5	18.2	19.5	20.3	14.7	13.6	19.1	↑

Sickness absence remains an area of focus for the partnership. We continued to see improvement in absence among for Council staff groups during 2024/25 and we are performing ahead of target. This can be attributed to the increased support measures implemented within Care at Home including Absence Panels and additional resource to support managers.

Where Our Performance Needs to Improve

Strategic Priority 1 - Working together with children, young people and their families to improve mental wellbeing								
Indicator	2024/25	Current Target	23/24	22/23	21/22	20/21	19/20	Trend from previous year
Balance of Care for looked after children: % of children being looked after in the Community (LGBF) (<i>Aim to increase</i>)	n/a	Data only	89%	92.2%	92.7%	91.1%	94.9%	↓
Percentage of children with child protection plans assessed as having an increase in their scaled level of safety at three monthly review periods. (<i>Aim to increase</i>)	86.96%	100%	100%	100%	84%	87.5%	n/a	↓

These indicators are impacted by small numbers of individual cases. We continue to perform well on balance of care for care experienced children with 89% looked after in the community, although this has declined since 23/24. For 2023/24, East Renfrewshire is ahead of the national figure of 88.9% and above the family group average of 83.3%.

87% (20 children) of child protection safety scores increased, demonstrating increased safety during the period of registration and positive impact of the child protection plan. However, this was a decrease from 100% the previous year. Of the remaining scores which decreased or stayed the same 100% of these children were initially registered at pre-birth. A further period of registration and assessment was required post birth. In all cases if scores decreased further protection measures were taken by the multi-agency team.



Strategic Priority 2 - Working together with people to maintain their independence at home and in their local community								
Indicator	2024/25	Current Target	23/24	22/23	21/22	20/21	19/20	Trend from previous year
Percentage of those whose care need has reduced following reablement (<i>Aim to increase</i>)	43%	60%	63.9%	48%	60%	31%	67%	↓
Percentage of people aged 65+ with intensive needs receiving care at home. (LGBF) (<i>Aim to increase</i>)	n/a	62%	59.9%	62.5%	64.4%	62.2%	57.6%	↓

Of the 110 discharged from our reablement service, 47 were discharged with either no service or a decreased service (43%). This is a reduction on 2023/24 and has fallen below target. The complexity of need of service users has increased meaning fewer people are suitable for reablement (impacting this measure).

The proportion of people aged 65+ with intensive needs receiving care at home dropped slightly compared with the previous year (62.5%) having now fallen below target. This compares to a national average of 62.6%. The provision of quality care at home to support people to live independently and well in their own homes remains a key priority for the partnership and ongoing improvement of our care at home services continues.



Strategic Priority 3 - Working together to support mental health and well-being								
Indicator	2024/25	Current Target	23/24	22/23	21/22	20/21	19/20	Trend from previous year
Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines. (<i>Aim to increase</i>)	78	419	568	173	0	5	33	↓

The target of 419 Alcohol Brief Interventions per year was not met during the year, with 78 delivered. This was due to a temporary reduction in the funding available for commissioning the delivery of ABIs in 2024-25. This funding gap has been resolved for 2025-26 and Glasgow Council on Alcohol (GCA), commissioned to deliver the service, have restarted their alcohol awareness work in various community settings.


Strategic Priority 4 - Working together to meet people's healthcare needs								
Indicator	2024/25	Current Target	23/24	22/23	21/22	20/21	19/20	Trend from previous year
People (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting including AWI (PHS data) <i>(Aim to decrease)</i>	13	11	15	11	12	7	5	
Acute Bed Days Lost to Delayed Discharge (Aged 18+ including Adults with Incapacity) <i>(Aim to decrease)</i> (MSG data)	5,320*	1,893	5,132	4,625	4,546	2,342	1,788	

*Full year data not available for 2024/25. Figure relates to 12 months Jan-Dec 2024.


Despite continuing pressures on the social care sector and particularly our care at home service during the year, our delayed discharges are comparatively well controlled and we saw a decline in average delays from 15 to 13 (missing our target of 11). We saw an increase in the number of hospital bed days lost to delayed discharge during the year. We continue to be one of the best performing partnerships for minimising delays in Scotland. Our focus remains on minimising delays as a priority through whole system approaches and collaborative working with the acute sector.

Strategic Priority 6 - Working together with our partners to support people to stop offending								
Indicator	2024/25	Current target	23/24	22/23	21/22	20/21	19/20	Trend from previous year
Community Payback Orders - Percentage of unpaid work placement completions within Court timescale. <i>(Aim to increase)</i>	77%	80%	89%	83%	81%	75%	71%	
Criminal Justice Feedback Survey - Did your Order help you look at how to stop offending? <i>(Aim to increase)</i>	82%	100%	83%	100%	100%	92%	100%	

We continue to support people with convictions with the completion of unpaid work (Community Payback Orders). The percentage of unpaid work placement completions within Court timescale declined during the year due to increased pressures, falling just below our target. Our ability to meet the identified target for work placements relies upon the compliance of individuals who are typically experiencing complex needs. During the period, we have seen an increased use of CPOs as the Courts have been attempting to mitigate the pressures on the prison estate, (above operational capacity). During the year we also saw an increased number of 'breaches' (a process following non-compliance whereupon the Order is returned to Court) which result in a pause in the person's ability to undertake unpaid work hours.

Strategic Priority 7 - Working together with individuals and communities to tackle health inequalities								
Indicator	2024/25	Current Target	23/24	22/23	21/22	20/21	19/20	Trend from previous year
Breastfeeding at 6-8 weeks most deprived SIMD data zones (<i>Aim to increase</i>)	n/a	25%	13.1%	19.2%	17.9%	7.5%	15.4%	

We remain below our target for breastfeeding rates in our most disadvantaged neighbourhoods although performance is impacted by a small number of individuals. In 2023/24 we saw a decrease in performance to 13.1%, down from 19.2% in 2022/23. In raw numbers, this is a decrease from 10 to 8. In our SIMD 1 neighbourhoods specifically, we have seen a large increase in mixed (breast and formula) feeding, from 5.8% in 2022/23 to 14.8% in 2023/24. The gap between the most affluent (SIMD 5) and the most deprived (SIMD 1) areas in East Renfrewshire is 38.4% and this is an all-time high.

Organisational measures								
Indicator	2024/25	Current Target	23/24	22/23	21/22	20/21	19/20	Trend from previous year
Percentage of days lost to sickness absence for HSCP NHS staff (<i>Aim to decrease</i>)	7.9%	4.0%	8.3%	7.5%	6.9%	5.5%	7.3%	

Sickness absence remains an area of focus for the partnership. Although we continue to miss our absence target for NHS staff, we have seen an improvement from 8.3% to 7.9% during the year, we are seeing positive performance among our Council-employed staff. We continue to deliver targeted support for managers to minimise absences.

Financial Performance

Funding 2024/25

The net total health and social care funding from our partners during the financial year 2024/25 was £202.683 million to meet the cost of the services we provided. This included an additional in-year allocation, on a non-recurring basis, from NHS Greater Glasgow and Clyde to support pressures resulting from prescribing.

	£ Million
NHS Greater Glasgow and Clyde Primary Care	96.162
NHS Greater Glasgow and Clyde Large Hospital Services	31.435
East Renfrewshire Council Social Care	73.585
East Renfrewshire Council Housing Aids and Adaptations	0.501
Net Funding Agreed per Budget	201.683
Additional in Year Funding from NHSGGC	1.000
Total Funding	202.683

The Comprehensive Income and Expenditure Statement (CIES) (page 56) shows the IJB gross income as £228.614 million, as that statement shows service income, grant funding and resource transfer which are included within the net funding from our partners in the table above. The purpose of the CIES presentation is to show the gross cost of the services we provide.

The legislation requires the IJB and Health Board to put in place arrangements to support the set aside budget requirements for unscheduled care (for large hospital services). The Greater Glasgow and Clyde wide Unscheduled Care Commissioning Plan continues to evolve and the latest plan and financial framework was last presented to the IJB in November 2023.

Resource Transfer shows NHS Greater Glasgow and Clyde specific funding for historic bed closures and is used to purchase care packages and community-based services. The historic Social Care Fund, which was allocated by the Scottish Government to IJBs, via the NHS funding stream, to meet specific costs such as living wage and other fair work practices and adult demographic pressures is included within resource transfer.

Financial Performance 2024/25

The annual report and accounts for the IJB covers the period 1st April 2024 to 31st March 2025. The budgets and outturns for the operational services (our management accounts) are reported regularly throughout the year to the IJB, with the final position summarised:

Service	Unaudited Budget	Spend	Variance (Over) / Under	Variance (Over) / Under
	£ Million	£ Million	£ Million	%
Children & Families	13.272	12.190	1.082	8.15%
Older Peoples Services	30.717	28.684	2.033	6.62%
Physical / Sensory Disability	6.341	6.127	0.214	3.37%
Learning Disability – Community	21.449	22.127	(0.678)	(3.16%)
Learning Disability – Inpatients	10.874	11.178	(0.304)	(2.80%)
Augmentative and Alternative Communication	0.291	0.303	(0.012)	(4.12%)
Intensive Services	16.836	18.149	(1.313)	(7.80%)
Mental Health	5.916	5.514	0.402	6.80%
Addictions / Substance Misuse	2.224	2.086	0.138	6.21%
Family Health Services	33.809	33.868	(0.059)	(0.17%)
Prescribing	18.808	19.954	(1.146)	(6.09%)
Criminal Justice	0.033	0.033	-	0.00%
Finance and Resources	10.177	9.052	1.125	11.05%
Net Expenditure Health and Social Care	170.747	169.265	1.482	0.87%
Housing	0.501	0.501	-	-
Set Aside for Large Hospital Services	31.435	31.435	-	-
Total Integration Joint Board	202.683	201.201	1.482	0.87%

The operational underspend is £1.482 million (0.87%) and is better than the last reported position taken to the IJB which was based on January forecasts and projected an underspend of £0.288 million. The main variances to the budget were:

- £1.082 million underspend within Children & Families reflecting the profile of care costs during the year, additional income from the Home Office and staff turnover
- £2.033 million underspend with community-based care for adults and older people is primarily from nursing and residential care and staff turnover. In 2025/26 there has been some budget realignment to Intensive Services
- £1.313 million overspend within Intensive Services from in-year savings shortfalls and service pressures from meeting demand
- £1.146 million overspend in Prescribing from continued costs and volume pressures combined with legacy pressures, this is net of £1 million non-recurring support from NHS Greater Glasgow and Clyde
- £1.125 million underspend within Finance and Resources in the main reflects the non-recurring pension gain, offset in part to meet HSCP wide in-year savings shortfalls and pressures

The set aside budget is shown as nil variance as this currently is not a cash budget to the HSCP and the annual amount reported is agreed each year with NHS Greater Glasgow and Clyde. The actual expenditure share for 2024/25 was identified as £31.435 million and is £3.005 million more than our notional budget, however there is nil cash impact.

A number of services are hosted by the other IJBs who partner NHS Greater Glasgow and Clyde and our use of hosted services is detailed at Note 4 (Page 65). The hosted services are accounted for on a principal basis, as detailed at Note 11 (Page 73).

The information above reflects our management accounts reporting throughout 2024/25 whilst the CIES (Page 56) presents the financial information in the required statutory reporting format; the movement between these of £0.151 million is a result of the management accounting treatment of reserves:

Reconciliation of CIES to Operational Underspend	£ Million	£ Million
IJB operational underspend on service delivery		1.482
Reserves planned use during the year	(0.966)	
Reserves added during the year	0.815	
Net movement between management accounts and CIES		(0.151)
IJB CIES underspend		1.331

Reserves

We used £0.966 million of reserves in year and we also added £2.297 million into earmarked and general reserves. The year on year movement in reserves is set out in detail at Note 8 (Page 71) and is summarised:

	£ Million	£ Million
Reserves at 31 March 2024		1.864
Planned use of existing reserves during the year	(0.966)	
Funds added to reserves during the year	2.297	
Net increase in reserves during the year		1.331
Reserves at 31 March 2025		3.195

The purpose, use and categorisation of IJB reserves is supported by a Reserves Policy and Financial Regulations, both of which were reviewed in September 2024.

The reserves of the IJB fall into three types:

- Ring-fenced: the funding can only be used for a specific purpose
- Earmarked: the funding has been allocated for a planned purpose
- General: this can be used for any purpose

As part of the financial recovery process for 2023/24 the IJB used all possible reserves available to mitigate cost pressures. This means the only reserves brought into 2024/25 were for specific funding initiatives set by the Scottish Government or where funding is committed within an existing project. The underspend from 2024/25 will be added, in the first instance, to the IJB general reserve.

Ring-Fenced Reserves

The spend in year was £0.311 million on existing initiatives and £0.371 million was added towards the end of the year for non-recurring prescribing support £0.359 million as part of the 2025/26 budget and £0.012 million for national IT projects. The funding to support the development of a Recovery Hub at £0.489 million, brought forward from 2023/24 is the other reserve taken into 2025/26.

Earmarked Reserves

Our earmarked reserves are in place to support projects and timing differences for specific funding. We used £0.172 million during the year and added £0.444 million to support the ongoing programme of Learning Disability Health Checks across the health board area (£0.082 million), the implementation of the case recording system (£0.250 million), fostering and adoption (£0.100 million) and cancer screening inequalities (£0.012 million).

This means we will take £0.853 million into 2025/26. This balance supports existing commitments already in place for the whole family wellbeing project and trauma informed practice.

General Reserves

Our general reserve is £1.482 million reflecting the underspend from 2024/25 and whilst this is an improved position from the previous year the IJB is not compliant with its Reserves Policy which advocates that 2% of the budget should be the level of reserves held.

The use of reserves was reported to the IJB within our routine revenue reporting and during 2024/25.

Future Challenges

The IJB continues to face a number of challenges, risks and uncertainties in the coming years and this is set out in our current Medium Term Financial Plan (MTFP) for 2025/26 to 2029/30 and our Strategic Plan for 2025 to 2028. These key strategies also inform our strategic risk register and collectively support medium-term planning and decision making.

The IJB operates in a complex environment with requirements to ensure statutory obligations, legislative and policy requirements, performance targets and governance and reporting criteria are met whilst ensuring the operational oversight of the delivery of health and care services.

UK and Scottish Government legislation and policies and how they are funded can have implications on the IJB and how we use our funding over time.

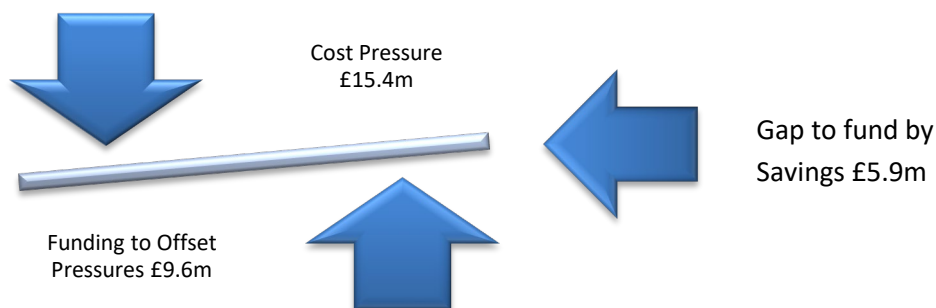
The most significant challenges for 2025/26 and beyond include:

- continued delivery of savings to support financial sustainability, recognising this is at odds with a focus on prevention and the difficulty increases as the cumulative savings increase
- “doing more of the same” in identifying savings will not work, we need to review every service in detail as part of a Change and Improvement programme of work to be developed
- working with the Scottish government recognising the national scale of the challenge across health and social care, in the context of a collective £0.5 billion shortfall

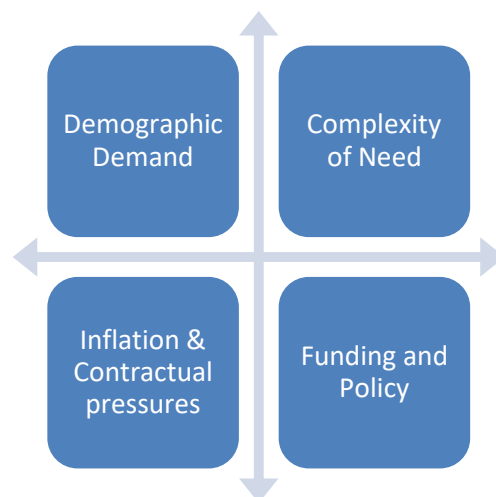
- managing the real tension between reduced service capacity as a result of the cumulative impact savings in prior years whilst maintaining system wide services including discharge without delay from hospital
- understanding the longer term impacts of Covid-19 on mental and physical health, we are seeing increased levels of complexity and acuity of need
- continued recruitment and retention of our workforce within the HSCP and our wider partner workforce, recognising the risk of market sustainability challenges
- managing prescribing demand and costs in partnership with our GPs and wider population
- supporting the physical and mental health and wellbeing of our workforce and our residents
- meeting increased demand for universal services without funding for growth, including increased population demand and new care homes opening within the area

The IJB agreed its budget for the financial year 2025/26 on 27th March 2025 recognising the significant improvement from savings delivered in 2024/25, however recognising new demand and cost pressures for 2025/26 and beyond.

Within our 2025/26 budget of £202.4 million the estimated cost pressures are £15.412 million, offset in part by available funding of £7.485 million and the non-recurring pension gain of £2.067 million leaving a funding gap for the year of £5.860 million to be closed through savings. This also includes a commitment from East Renfrewshire Council to support the IJB with up to £1.5 million should it be required, relating to the deferment of non-residential charging in 2025/26.



Our cost pressures are driven by:



Revenue Budget Pressures	ERC	NHS	Total
Financial Year 2025/26	£m	£m	£m
1. Cost Pressures			
Pay	1.553	1.552	3.105
Inflation & Living Wage	5.396	0.000	5.396
Demographic & Demand	2.230	0.200	2.430
Service Pressures	0.595	0.100	0.695
Prescribing		3.786	3.786
	9.774	5.638	15.412
2. Funding available towards pressures			
Recurring Policy Funding	(3.253)	(2.238)	(5.491)
Additional Funding from Partners	(1.309)	(0.685)	(1.994)
	(4.562)	(2.923)	(7.485)
3. Non-Recurring Pension Gain	(2.067)		(2.067)
4. Unfunded Cost Pressures	3.145	2.715	5.860
5. Proposals to Close the Funding Gap			
Savings Programme identified	(1.645)	(1.515)	(3.160)
Savings in Development - Prescribing		(1.200)	(1.200)
Non Recurring Support - Deferred Charging	(1.500)		(1.500)
	(3.145)	(2.715)	(5.860)
Remaining Gap 2025/26	0.000	0.000	0.000
Recurring Gap 2025/26	1.676	0.683	2.359

Whilst the budget for the year is balanced this included a number of non-recurring elements and when these are stripped out the underlying position is a recurring gap of £2.359 million and work is ongoing to ensure plans are in place to address this before April 2026.

Summary Table	ERC	NHS	Total
	£m	£m	£m
Cost Pressures	9.774	5.638	15.412
Funding Offsets	(4.562)	(2.923)	(7.485)
Non-Recurring Pension Gain	(2.067)		(2.067)
Savings - existing	(1.645)	(2.715)	(4.360)
Savings - Support for deferred charging*	(1.500)		(1.500)
Gap 2025/26	0.000	(0.000)	(0.000)
Recurring Gap			
Remove pension gain	2.067		2.067
Remove Care at Home delay pressure	(0.391)		(0.391)
Remove non prescribing initiative reserve		0.359	0.359
Remove non recurring turnover / underspend		0.324	0.324
Recurring Gap**	1.676	0.683	2.359
** Assumes non residential charging of £1.5m in place for 2026/27			
* Support of up to £1.5m in 2025/26			

We have minimal reserves to offset any shortfall, following our financial recovery process in 2023/24.

The budget agreed by the IJB on 26^h March 2025 sets out the detail behind each of the cost pressures and it is important to note that these include contractual and policy requirements that must be met.

Whilst the scale of this challenge is significant to East Renfrewshire, particularly as one the smaller HSCPs this is not unique; the national position across all public sector services shows a challenging financial outlook, with funding pressures including pay, inflation, demand & complexity, demographics, transitions from child to adult services, prescribing costs & volume and recruitment & retention challenges.

During the period of this plan, we will implement any policy decisions as directed by the Scottish Government along with any recommendations or specific actions that may arise from the national care service advisory board.

We continue to work alongside our partners to deliver our respective services with a fully integrated approach recognising our collective outcomes to deliver the best services we can for our residents.

Whilst the 2025/26 budget is a great improvement on the prior year this will still be a challenging year, with a difficult medium term outlook.

Looking Ahead to 2026/27 to 2029/30 the level of potential cost pressures set out in the scenarios in the MTFP are based on “what if” percentage levels of pressure and are not an indication of where any settlement or agreement may crystallise. This allows the IJB to look forward using the current year and the latest intelligence to plan for possible scenarios. The further ahead we look the less certainty of any assumption; even short term assumptions carry a high degree of uncertainty in the current climate.

It also needs to be recognised that these scenarios are showing the potential level of cost pressure and do not make any allowance for any funding that may offset a future cost. Again, given the current levels of uncertainty it is unwise to assume anything beyond a flat cash approach at this time, with the exception of the Scottish Government indication that the cost of the pay award will be funded for our NHS workforce.

In the event that additional funding becomes available this will reduce the level of cost pressure, depending on the nature and requirements that may be attached. By illustrating this “flat cash” approach this allows the IJB to see the scale of the challenge ahead, recognising this may be mitigated in the event of any increase in funding.

The scenarios below show that in any of the next four years the modelled cost pressure could range from £3.6 million to £8.6 million depending on the combination of factors set out in the low, medium and high illustrations.

The cumulative pressures could range from £18.4 to £32.6 million over the four years to 2029/30 without any significant change in funding.

The assumptions are predicated on full and recurring delivery of the 2025/26 savings including the underlying shortfall.

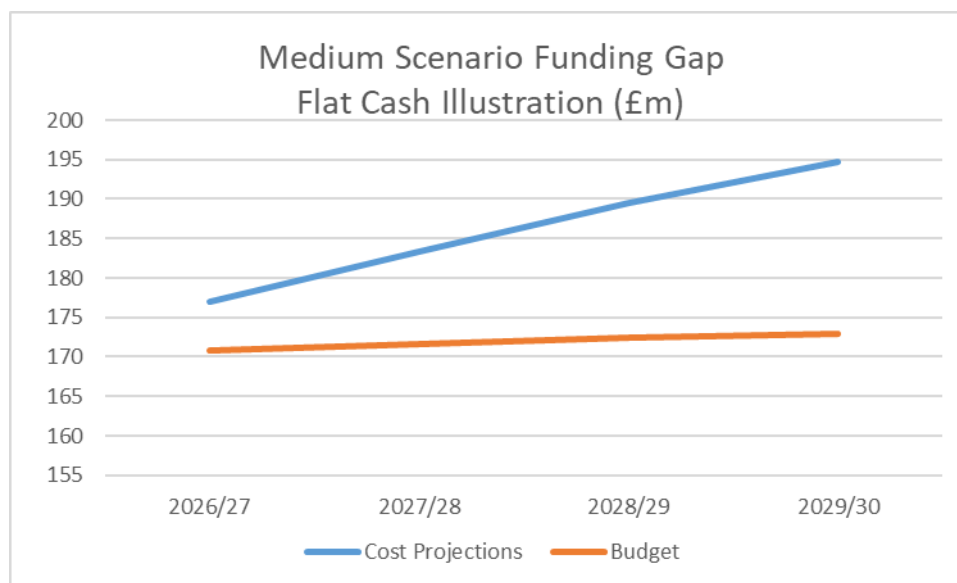
There is always a possibility that the Scottish Government budget settlement may allow for some funding and / or the IJBs funding partners are in a position to support with additional

funding to the IJB and all scenarios are subject to the terms of the Scottish Government budget settlement.

It is also assumed that any policy changes determined by the Scottish Government should be cost neutral.

We remain in a difficult economic climate and the financial impacts of delivering service to people are dynamic. Our forward planning assumptions will be updated as issues emerge and become clearer. The resulting funding gap in each year will ultimately be determined by the difference between pressures and the funding settlement agreed with our partners, including any policy funding or directives as part of the Scottish Government budget settlement for that year.

Using the medium term scenario the gap between costs and funding will grow as every year passes to a potential £25 million by 2029/30 on a flat cash basis:



There are a number of areas where caseload numbers or staffing ratio to patients will determine necessary changes to the workforce.

We are at the stage where we cannot do “more of the same” in our approach to savings and a more radical approach is required. We will need to develop a programme of review across all services. We will continue to work with a range of partners to look at any system wide opportunities to minimise costs and mitigate, as best we can, the impact resulting from increasing demand versus reducing resources.

The pay increases for 2025/26 have not yet been agreed for part of our workforce so the impact to the current and future years may require review. The working assumption is the costs of pay increases for our NHS employed staff will be funded by the Scottish Government.

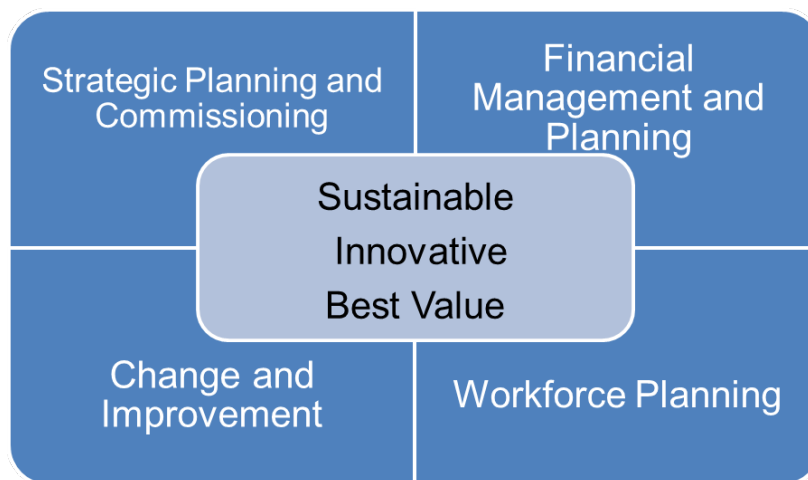
Inflation for care costs needs to allow for fair work policies, workforce and economic challenges, where funded policies allow for this. For the 2025/26 budget settlement the Scottish Living Wage increased from £12.00 to £12.60 per hour and as with prior years this has been applied to pay element of the contract hourly rate as directed by Scottish Government. The Scottish Government will determine the Living Wage rate as a policy decision along with any associated funding.

Demographic and Demand recognises both changes in population and in acuity of need. This also includes the cost of young people moving to adult care. The long-term post Covid-19 impact on complexity and demand is still unclear, however the population in East Renfrewshire continues to grow particularly at the older and younger ends of the age spectrum. We are seeing increasing complexity of need across a range of care groups.

The changes in our population also impact on General Practice, Dental and other family health services within East Renfrewshire.

Prescribing will not only rise in line with population increases but is also subject to many other factors. This area is so volatile it is difficult to accurately predict. System wide work is in place across NHS Greater Glasgow and Clyde to support the delivery of a range of actions to mitigate some of the cost pressures we are seeing.

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



- The Supporting People Framework, our criteria-based approach to care prioritisation, is fully embedded. We will continue to monitor and assess demand, capacity and funding against this criteria.
- Work is ongoing in relation to the introduction of non-residential charging.
- A one year delivery plan, including financial recovery will ensure a solid foundation for 2026/27 and beyond.
- Audit Scotlands Finance Bulletin report relating to IJBs financial position recognised ***“IJBs need to be working collaboratively with each other and with their NHS and council partners to find ways to transform services so that they are affordable. Investment in prevention and early intervention is needed to help slow the ever-increasing demand for services, the cost of more complex care and, improve the experience and outcomes for people.”***
- Funding discussions with the Scottish Government are fundamental recognising the national shortfall in health and social care is currently estimated at c£0.5 billion.
- Successfully implement the case recording system and maximise the associated benefits.
- We will update our Medium-Term Financial Plan on a regular basis reflecting assumptions and projections as issues become clearer; this will also inform planning for our 2026/27 budget and beyond.
- We will continue to monitor the impacts of Covid-19, economic and inflationary factors along with operational issues through our financial and performance monitoring to allow us to take

swift action where needed, respond flexibly to immediate situations and to inform longer term planning.

- We routinely report our performance to the IJB with further scrutiny from our Performance and Audit Committee and our Clinical and Care Governance Group, including follow up from any inspections.
- Workforce planning will continue to support identification of our current and future requirements and include implications from the Health and Care Staffing (Scotland) Act 2019. Recruitment and retention of staff is key to all service delivery and we have mitigated as far as possible by minimising the use of temporary posts and developing our workforce and organisational learning and development plans.
- Governance Code: we have robust governance arrangements supported by a Governance Code.
- The IJB continues to operate in a challenging environment and our financial, risk and performance reporting continue to be a key focus of each IJB agenda.

The future challenges detailed above and our associated response include the main areas of risk that the IJB is facing. The uncertainty of the current economic climate, the longer term impact of Covid-19 on our population, the capacity for the HSCP and its partners to meet continued demand and complexity whilst delivering such challenging savings remain significant risks.

Conclusion

East Renfrewshire Integration Joint Board is well placed in terms of its maturity to address the coming challenges, building on many years of delivering integrated health and social care services and continuing to lead on developing new and innovative models of service delivery. However, maintaining financial sustainability whilst meeting the needs of our population is increasingly challenging.

The level of uncertainty over the medium to long term on funding, the long term pandemic impact on our population and the associated demand for services, with difficult shorter-term financial challenges result in a difficult outlook however we continue to plan ahead and prepare for a range of scenarios.

Katie Pragnell

Chair

Integration Joint Board

24th September 2025

Alexis Chappell

Chief Officer

Integration Joint Board

24th September 2025

Lesley Bairden ACMA CGMA

Chief Financial Officer

Integration Joint Board

24th September 2025

Statement of Responsibilities

Responsibilities of the Integration Joint Board

The IJB is required to:

- Make arrangements for the proper administration of its financial affairs and to ensure that one of its officers has the responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In East Renfrewshire IJB, the proper officer is the Chief Financial Officer.
- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets.
- Ensure the annual accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014) and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003) and (Coronavirus (Scotland) Act 2020).
- Approve the annual accounts for signature.

I confirm that the unaudited Annual Accounts will be presented on 24th September 2025 for approval.

Katie Pragnell

Chair

Integration Joint Board 24th September 2025

Responsibilities of the Chief Financial Officer

The Chief Financial Officer is responsible for the preparation of the IJB's annual accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing these annual accounts, the Chief Financial Officer has:

- Selected appropriate accounting policies and applied them consistently.
- Made judgements and estimates that are reasonable.
- Complied with the legislation.
- Complied with the Local Authority Accounting Code (in so far as it is compatible with the legislation).

The Chief Financial Officer has also:

- Kept proper accounting records that were up to date.
- Taken reasonable steps for the prevention and detection of fraud and other irregularities.

I certify that the financial statements give a true and fair view of the financial position of East Renfrewshire Integration Joint Board as at 31st March 2025 and the transactions for the IJB for the period covering 1st April 2024 to 31st March 2025.

Lesley Bairden ACMA CGMA

Chief Financial Officer

Integration Joint Board 24th September 2025

Remuneration Report

Introduction

The Local Authority Accounts (Scotland) Regulations 2014 (SSI No. 2014/200) requires local authorities and IJBs in Scotland to prepare a Remuneration Report as part of the annual statutory accounts.

The IJB does not directly employ any staff in its own right. All staff are employed through either East Renfrewshire Council or NHS Greater Glasgow and Clyde. The report contains information on the IJB's Chief Officer's remuneration together with any taxable expenses relating to voting members claimed in the year. The remuneration of senior officers is determined by the contractual arrangements of East Renfrewshire Council and NHS Greater Glasgow and Clyde.

For 2024/25 no taxable expenses were claimed by members of the IJB.

The board members are entitled to payment for travel and subsistence expenses relating to approved duties. Payment of voting board members' allowances is the responsibility of the member's individual partnership body. Non-voting members of the IJB are entitled to the payment of travel expenses. The IJB does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the IJB.

The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by external auditors to ensure that it is consistent with the financial statements:

Integration Joint Board

The voting members of the IJB were appointed through nomination by East Renfrewshire Council and NHS Greater Glasgow and Clyde.

Senior Officers

The Chief Officer is appointed by the IJB in consultation with East Renfrewshire Council and NHS Greater Glasgow and Clyde. The Chief Officer is employed by East Renfrewshire Council and is funded equally between East Renfrewshire Council and NHS Greater Glasgow and Clyde.

The total remuneration received by the Chief Officer in 2024/25 amounted to £132,757 in respect of all duties undertaken during the financial year. The Chief Financial Officer total remuneration for the same financial year was £101,621.

Total 2023/24 £	Senior Officer	Salary, Fees and Allowances £	Taxable Expenses £	Total 2024/25 £
128,143	Julie Murray, Chief Officer	132,757	-	132,757
98,089	Lesley Bairden, Chief Financial Officer	101,621	-	101,621
226,232		234,378	-	234,378

Note: Julie Murray retired from her position as Chief Officer on 16 May 2025 and Alexis Chappell took up this position on 26 May 2025.

Voting Board Members 2024/25		Total Taxable IJB Related Expenses £
Councillor Katie Pragnell (Chair)	East Renfrewshire Council	-
Mehvish Ashraf (Vice Chair)	NHS Greater Glasgow & Clyde	-
Councillor Caroline Bamforth	East Renfrewshire Council	-
Martin Cawley	NHS Greater Glasgow & Clyde	-
Cath Cooney	NHS Greater Glasgow & Clyde	-
Councillor Paul Edlin	East Renfrewshire Council	-
Dianne Foy	NHS Greater Glasgow & Clyde	-
Councillor Owen O'Donnell	East Renfrewshire Council	-

The equivalent cost in 2023/24 was nil for all IJB members.

The Pension entitlement for the Chief Officer for the year to 31st March 2025 is shown in the table below, together with the contribution made by the employing body to this pension during the year.

Senior Officer	In Year Pension Contribution		Accrued Pension Benefits	
	For Year to 31 March 2024 £	For Year to 31 March 2025 £	As at 31 March 2025 £'000	Difference From 31 March 2024 £'000
Julie Murray, Chief Officer	24,721	8,627	Pension	63
			Lump Sum	67
Lesley Bairden, Chief Financial Officer	18,923	6,604	Pension	20
			Lump Sum	-
Total	43,644	15,231	Pension	83
			Lump Sum	67

The Chief Financial Officer joined the pension scheme on appointment in August 2015 and under the terms of the scheme no lump sum benefit has been identified.

For the senior officers' pension benefits the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pension liability reflected on the IJB balance sheet for the Chief Officer, Chief Financial Officer, or any other officers.

However, the IJB has responsibility for funding the employer's contributions for the current year for the officer time spent on fulfilling the responsibilities of their role on the IJB. The table above shows the IJB's funding during 2024/25 to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned from a previous employment and from each officers' own contributions.

General Disclosure by Pay Bands

The regulations require the Remuneration Report to provide information on the number of persons whose remuneration was £50,000 or above. This information is provided in bands of £5,000.

Number of Employees 31 March 2024	Remuneration Band	Number of Employees 31 March 2025
-	£90,000 - £94,999	-
1	£95,000 - £104,999	1
-	£105,000 - £109,999	-
-	£110,000 - £114,999	-
-	£115,000 - £119,999	-
-	£120,000 - £124,999	-
1	£125,000 - £129,999	-
	£130,000 - £134,999	1

Katie Pragnell

Chair

Integration Joint Board 24th September 2025

Alexis Chappell

Chief Officer

Integration Joint Board 24th September 2025

Annual Governance Statement

Introduction

The Annual Governance Statement explains the IJB's governance arrangements and reports on the effectiveness of the IJB's system of internal control. This is in line with the Code of Corporate Governance and meets the requirements of the 'Code of Practice for Local Authority Accounting in the UK: A Statement of Recommended Practice', in relation to the Statement on the System of Internal Financial Control. This should ensure:

- A focus on the assessment of how well the governance framework is working and what actions are being taken.
- The importance of the role and responsibilities of partners in supporting IJB good governance is adequately reflected.

Scope of Responsibility

The IJB is responsible for ensuring that its business is conducted in accordance with the law and proper standards and that public money is safeguarded and properly accounted for and used economically, efficiently and effectively. To ensure best value the IJB commits to continuous quality improvement in performance across all areas of activity.

To meet this responsibility the IJB continues to operate the governance arrangements first put in place during 2015/16, including the system of internal control. This is intended to manage risk to a reasonable level but cannot eliminate the risk of failure to achieve policies, aims and objectives and can therefore only provide reasonable, but not absolute assurance of effectiveness.

In discharging these responsibilities, the Chief Officer has a reliance on East Renfrewshire Council and NHS Greater Glasgow and Clyde systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisations' aims and objectives, as well as those of the IJB.

The Purpose of the Governance Framework

The governance framework comprises the systems and processes and culture and values by which the IJB is directed and controlled and the activities through which it accounts to, engages with and leads the community. It enables the IJB to monitor the achievement of its strategic objectives and to consider whether those objectives have led to the delivery of appropriate, cost-effective services.

The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the IJB's policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised and to manage them efficiently, effectively and economically.

We have robust governance arrangements in place and have consolidated these into a Governance Code.

The Governance Framework

The main features of the governance framework in place during 2024/25 are summarised below:

- The IJB, comprising all IJB Board members, is the key decision-making body
- The scope, authority, governance and remit of the IJB is set out in constitutional documents including the Integration Scheme, Board terms of reference, scheme of administration and financial regulations and as reflected in our Code of Governance
- The Performance and Audit Committee and Clinical and Care Governance Group provide further levels of scrutiny for the IJB
- The IJB's purpose and vision is outlined in the IJB Strategic Plan which sets out how we will deliver the national health and wellbeing outcomes. This is underpinned by an annual implementation plan and performance indicators. Regular progress reports on the delivery of the Strategic Plan are provided to the Performance and Audit Committee and the IJB
- The IJB has adopted a 'Code of Conduct' for all of its Board Members and employees. A register of interests is in place for all Board members and senior officers
- The Performance and Audit Committee routinely review the Strategic Risk Register.
- The IJB has in place a continuous development programme with an ongoing series of seminars covering a wide range of topics and issues
- The IJB has two localities Eastwood and Barrhead, aligned with hospital use and includes three clusters of GP practices. Each Locality has a dedicated Locality Manager

We hold our IJB meetings on a hybrid in person and video conferencing platform and agreed with our chair and vice chair a prioritised agenda for each meeting. We held all meetings as planned during 2024/25. We held three IJB seminars during the year focussing on charging for services, prescribing, GP provision and planning for the budget for 2025/26.

We used our daily and weekly huddle during the year as needed to allow our senior managers to meet in the morning to assess the situation, prioritise workloads and support service delivery, in periods of capacity challenge and any events such as bad weather.

Weekly huddles continued to support the delivery of the Supporting People Framework saving and embed the framework.

The action plan from the self-assessment of the CIPFA Financial Management Code, reported to the Performance & Audit Committee in June 2023 is reviewed annually with no additional actions.

Best Value

The IJB has a duty of Best Value and this includes ensuring continuous improvement in performance, while maintaining an appropriate balance between the quality of those services provided by the HSCP and the cost of doing so. We need to consider factors such as the economy, efficiency, effectiveness and equal opportunities. The IJB ensures this happens through its vision and leadership and this is supported and delivered by:



The System of Internal Financial Control

The system of internal financial control is based on a framework of regular management information, financial regulations, administrative procedures (including segregation of duties), management supervision and a system of delegation and accountability. Development and maintenance of these systems is undertaken by East Renfrewshire Council and NHS Greater Glasgow and Clyde as part of the operational delivery of the HSCP. In particular, these systems include:

- Financial regulations and codes of financial practice
- Comprehensive budgeting systems
- Regular reviews of periodic and annual financial reports that indicate financial performance against the forecasts
- Setting targets to measure financial and other performance
- Clearly defined capital expenditure guidelines
- Formal project management disciplines
- The IJB's financial management arrangements complies with the governance requirements of the CIPFA statement: 'The Role of the Chief Financial Officer in Local Government (2016)' and the CIPFA Financial Management Code

With regard to the entries taken from East Renfrewshire Council and NHS Greater Glasgow and Clyde accounts, the IJB is not aware of any weaknesses within their internal control systems and has placed reliance on the individual Statements of Internal Financial Control where appropriate.

Review of Adequacy and Effectiveness

The IJB has responsibility for conducting, at least annually, a review of the effectiveness of its governance framework including the system of internal control. The review of the effectiveness of the framework is informed by the work of the Senior Management Team who have responsibility for development and maintenance of the governance environment, the annual report by the Chief Internal Auditor and reports from Audit Scotland and other review agencies.

The Chief Internal Auditor reports directly to the IJB Performance and Audit Committee on all audit matters, with the right of access to the Chief Officer, Chief Financial Officer and Chair of the Performance and Audit Committee on any matter. In accordance with the principles of the code of corporate governance, regular reports were made to the IJB's Performance and Audit Committee during 2024/25. A member of East Renfrewshire Council's Audit and Scrutiny Committee is co-opted to the IJB Performance and Audit Committee to promote transparency.

The IJB's Performance & Audit Committee operates in accordance with CIPFA's Audit Committee Principles in Local Authorities in Scotland and Audit Committees: Practical Guidance for Local Authorities.

The Internal Audit function has independent responsibility for examining, evaluating and reporting on the adequacy of internal control. The IJB's internal audit arrangements comply with the governance requirements of the CIPFA statement: The Role of the Head of Internal Audit in Public Organisations (2019).

During 2024/25 the service operated in accordance with relevant professional audit standards and the Public Sector Internal Audit Standards. The Chief Internal Auditor's opinion as reported to the Audit Committee, confirmed: It is my opinion based on the information available and assurances provided, that reasonable assurance can be placed on the framework of governance, risk management and internal controls which operated in the East Renfrewshire Integration Joint Board in the year to 31 March 2025. The IJB has produced a Governance Statement which concurs with this conclusion.

We have a formal Code of Governance and the sections in the code and our level of compliance can be summarised as detailed below:

Code Section	Level of Compliance
Integration Scheme	Full
Local Governance Arrangements & Delegation of Functions	Full
Local Operational Delivery Arrangements	Full
Performance and Audit	Full
Clinical and Care Governance	Full
Chief Officer	Full
Workforce	Full
Finance	Full
Participation and Engagement	Full
Information Sharing and Data Handling	Full
Complaints/ Dispute Resolution Mechanism	Full
Claims Handling, Liability & Indemnity	Full
Risk Management	Full

Governance Issues during 2024/25

Whilst all operational and transactional governance issues are considered within our partner's governance frameworks, the IJB Performance and Audit Committee also take an overview on all actions resulting from both internal and external audit reports, covering all live actions whether pre or post 31st March 2025.

Regular reports on audit recommendations and associated actions are presented to and considered by the Performance and Audit Committee of the IJB. The IJB will also receive direct reports where appropriate.

Significant Governance Issues

There are no significant governance issues in 2024/25.

The resolution to the financial shortfall in 2023/24 was resolved through the financial recovery process agreed with both partners, with no adverse impact of 2024/25. We will continue to work closely with both partners during 2025/26.

Operational Governance

The Performance and Audit Committee received an update report to each committee that identified progress on open recommendations as well as any new audit activity and associated response (for both IJB specific and for HSCP operational). The table below summarises the number of recommendations and the status for each audit, as at 24th September 2025.

Audit Report	Recommendations		
	Total for HSCP	Considered implemented by HSCP (awaiting verification)	Total open
Follow up of HSCP Audits	2	0	2
Follow up of Ordering and Certification	2	0	2
Bonnyton House	17	16	1
Accounts Payable	4	4	0
Accounts Receivable	3	1	2
Application Audit of Payroll	4	4	0
TOTAL	32	25	7

In March 2023 we reported to the IJB on Equality and Human Rights Mainstreaming Report along with an Interim Review of outcomes for the year. This outlined: the ways in which equalities considerations are part of the structures, behaviours and culture of our partnership; how we carry out our duties and promote equality; and how this is helping us improve as a partnership. The report also set out an interim update on progress towards the partnership's six equalities outcomes for the following two years until 2025. Reports to the IJB in March and June 2025 provide an update and we consider our duties have been met.

The Civil Contingencies Act 2004 (CCA), is supplemented by the Contingency Planning (Scotland) Regulations 2005 and "Preparing Scotland" Guidance identifies IJBs as Category 1 responders to an emergency:

- an event or situation which threatens serious damage to human welfare
- an event or situation which threatens serious damage to the environment
- war, or terrorism, which threatens serious damage to the security of the UK

During 2024/25 the IJB did not need to act in this capacity.

Action Plan

The table below shows the progress made during 2024/25 against the actions that we identified in our 2023/24 annual report and accounts, along with new actions relating to Care at Home and Safer staffing.

Action	Progress
1. Deliver the Recovery and Renewal Programme	<p>The significant projects remaining in the programme are the implementation of the Mosaic system and non-residential charging, following implementation of the Supporting People Framework. A closure report on all activity will be taken to the IJB in 2025/26 and any remaining work will be incorporated into our Change and Improvement programme to support future service delivery.</p> <p>Status: Ongoing as this is a multi-year dynamic programme</p>
2. Ensuring financial sustainability is a key priority in IJB financial planning, reporting and discussion with board members, our funding partners and other stakeholders.	<p>Financial sustainability remains a risk and financial reporting will be taken to the IJB throughout 2025/26 and beyond. We will also remain engaged in detailed financial discussions with both partners during the year.</p> <p>The Medium Term Financial Outlook will be refreshed in the event of significant changes and annually as a minimum.</p> <p>Status: Ongoing as this is a multi-year issue</p>
3. Continue to work to implement the Unscheduled Care Commissioning Plan in partnership with the other HSCPs across Greater Glasgow and Clyde.	<p>This is part of an NHSGGC wide programme and will continue to be implemented, the last update to the IJB was in November 2023.</p> <p>Status: Ongoing as this is a multi-year issue</p>
4. Our Integration Scheme will be refreshed in line with appropriate guidance, working with the other five NHSGGC partnerships, for submission to the Scottish Government.	<p>Our integration scheme consultation period ended in January 2024 and is expected to go to our partner bodies during 2025/26. The timescale was revised following further work required on Hosted Services (across all six HSCPs within NHSGGC).</p> <p>Status: Ongoing expect to close during 2025/26</p>
5. We will continue to monitor the health and financial impact of Covid where we can inform local reporting and decision making.	<p>This will be reported to the IJB throughout the year, where any intelligence and data arises.</p> <p>The previously allocated funding from ERC to support recovery was included through our regular financial reporting.</p> <p>Status: Ongoing as this is a multi-year issue</p>
6. We will recommence review of our Strategic Action Plan, paused during the response to the pandemic and continue to develop of performance reporting.	<p>We need to review this plan to ensure all relevant actions have been progressed / incorporated into other plans / superseded.</p>

	Status: Ongoing expect to close 2025/26
7. We will continue to place equality and fairness at the heart of our planning processes and over the next two years we will work to further progress our agreed equalities outcomes and will review these ahead of our next scheduled report in 2025.	<p>We established Equalities Outcomes for the HSCP in 2023. We have reported progress in March and June 2025 as planned.</p> <p>We undertake Equality, Fairness and Rights Impact Assessment (EFRIA) with support to staff completing assessments through the Planning and Performance Team and Planning Leads within service areas. We continue to participate in ERC Equalities forums and in the national HSCP Equality Peer Support Network.</p> <p>Status: Closed</p>
8. We will implement the recommendations resulting from the Adult Joint Inspection report, published in June 2023 including: improving the quality of chronologies; greater involvement of adults at risk of harm and their unpaid carers at a strategic level; enhanced multi-agency quality assurance practices; and, building on existing practice to ensure the full involvement of all key partners in relevant aspects of ASP practice going forward.	<p>The Adult Protection Committee has agreed vision and improvement plan for 2025-27 incorporating national objectives and guidance. This also builds on the work undertaken on the previous recommendations.</p> <p>A lived experience group has been established to enhance our collaborative approach to service improvement with people who use our services and their family carers.</p> <p>Status: Ongoing multi year to 2027</p>
9. Care Inspectorate Requirements from the inspection carried out in January 2025.	<p>The service is awaiting follow up inspection, which was due in May 2025, following the inspection carried out in January. Progress has been made in relation to the two requirements identified with respect to quality of care plans and planning consistency of care.</p> <p>Status: Open</p>
10. We will embed the requirements of the Health and Care Staffing (Scotland) Act 2019 in our refreshed Workforce Plan	<p>The working group will continue to ensure we fully meet the requirements for all safer staffing requirements, governance and reporting.</p> <p>Status: Ongoing expect to close 2025/26</p>

Conclusion and Opinion on Assurance

It is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the IJB system of governance.

We consider the internal control environment provides reasonable and objective assurance that any significant risks impacting on our principle objectives will be identified and actions taken to avoid or mitigate their impact.

Systems are in place to regularly review and improve the internal control environment.

Katie Pragnell

Chair

Integration Joint Board

24th September 2025

Alexis Chappell

Chief Officer

Integration Joint Board

24th September 2025

Independent auditor's report to the members of East Renfrewshire Integration Joint Board and the Accounts Commission

Reporting on the audit of the financial statements

Opinion on financial statements

We certify that we have audited the financial statements in the annual accounts of East Renfrewshire Integration Joint Board (“the Integration Joint Board”) for the year ended 31 March 2025 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Balance Sheet, Movement in Reserves Statement and notes to the financial statements, including material accounting policy information. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2024/25 (the 2024/25 Code).

In our opinion the accompanying financial statements:

- give a true and fair view of the state of affairs of the Integration Joint Board as at 31 March 2025 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2024/25 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

We conducted our audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the Code of Audit Practice approved by the Accounts Commission for Scotland. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We were appointed by the Accounts Commission on 14 December 2022. Our period of appointment is five years, covering 2022/23 to 2026/27. We are independent of the Integration Joint Board in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the Integration Joint Board. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern basis of accounting

We have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Integration Joint Board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

These conclusions are not intended to, nor do they, provide assurance on the Integration Joint Board's current or future financial sustainability. However, we report on the Integration Joint Board's arrangements for financial sustainability in a separate Annual Audit Report available from the Audit Scotland website.

Risks of material misstatement

We report in our Annual Audit Report the most significant assessed risks of material misstatement that we identified and our judgements thereon.

Responsibilities of the Chief Financial Officer and Performance and Audit Committee for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Financial Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Financial Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Financial Officer is responsible for assessing the Integration Joint Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless there is an intention to discontinue the Integration Joint Board's operations.

The Performance and Audit Committee is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- using our understanding of the local government sector to identify that the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003 are significant in the context of the Integration Joint Board;
- inquiring of the Chief Financial Officer as to other laws or regulations that may be expected to have a fundamental effect on the operations of the Integration Joint Board;
- inquiring of the Chief Financial Officer concerning the Integration Joint Board's policies and procedures regarding compliance with the applicable legal and regulatory framework;
- discussions among our audit team on the susceptibility of the financial statements to material misstatement, including how fraud might occur; and
- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

The extent to which our procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the Integration Joint Board's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Reporting on other requirements

Opinion prescribed by the Accounts Commission on the audited parts of the Remuneration Report

We have audited the parts of the Remuneration Report described as audited. In our opinion, the audited parts of the Remuneration Report have been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

Other information

The Chief Financial Officer is responsible for the other information in the annual accounts. The other information comprises the Management Commentary, Annual Governance Statement, Statement of Responsibilities and the unaudited part of the Remuneration Report.

Our responsibility is to read all the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

Opinions prescribed by the Accounts Commission on the Management Commentary and Annual Governance Statement

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which we are required to report by exception

We are required by the Accounts Commission to report to you if, in our opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- we have not received all the information and explanations we require for our audit.

We have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to our responsibilities for the annual accounts, our conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in our Annual Audit Report.

Use of our report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 108 of the Code of Audit Practice, we do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

[Signature]

Rob Jones, (for and on behalf of Ernst & Young LLP),

5 George Square,

Glasgow

G2 1DY

25th September 2025

The Financial Statements

The (Surplus) or Deficit on the Income and Expenditure Statement shows the income received from and expenditure directed back to East Renfrewshire Council and NHS Greater Glasgow and Clyde for the delivery of services.

Comprehensive Income and Expenditure Statement for the year ended 31st March 2025

2023/24			2024/25				
Gross Expenditure £000	Gross Income £000	Net Expenditure £000	Objective Analysis	Note	Gross Expenditure £000	Gross Income £000	Net Expenditure £000
16,309	3,183	13,126	Children and Families		14,954	2,654	12,300
34,000	2,250	31,750	Older People's Services		33,629	1,566	32,063
8,163	1,078	7,085	Physical/Sensory Disability		7,767	865	6,902
26,239	1,573	24,666	Learning Disability – Community		28,092	728	27,364
12,216	886	11,330	Learning Disability – Inpatients		11,845	667	11,178
384	165	219	Augmentative & Alternative Communication		456	153	303
22,677	3,070	19,607	Intensive Services		21,983	2,458	19,525
7,100	576	6,524	Mental Health		6,692	347	6,345
3,647	948	2,699	Addictions / Substance Misuse		3,141	481	2,660
31,588	1,114	30,474	Family Health Services		35,436	1,568	33,868
19,780	1	19,779	Prescribing		19,955	-	19,955
989	903	86	Criminal Justice		1,029	996	33
10,743	5,035	5,708	Management and Admin		10,100	1,210	8,890
259	-	259	Corporate Services		268	-	268
194,094	20,782	173,312	Cost of Services Managed by ER IJB		195,347	13,693	181,654
30,194		30,194	Set Aside for delegated services provided in large hospitals		31,435		31,435
449		449	Aids and Adaptations		501		501
224,737	20,782	203,955	Total Cost of Services to ER IJB		227,283	13,693	213,590
-	199,773	199,773	Taxation and Non Specific Grant Income	3	-	214,921	214,921
224,737	220,555	4,182	(Surplus) or Deficit on Provision of Services		227,283	228,614	(1,331)

Movement in Reserves Statement

This statement shows the movement in the financial year on the reserve held by the IJB, analysed into 'usable reserves' (i.e. those that can be applied to fund expenditure) and 'non usable reserves'. The (Surplus) or Deficit on the Provision of Services reflects the true cost of providing services, more details of which are shown in the Comprehensive Income and Expenditure Statement.

2023/24 £000	Movement in Reserves	2024/25 £000
(6,046)	Balance brought forward	(1,864)
4,182	Total Comprehensive Income & Expenditure	(1,331)
4,182	(Surplus) or Deficit on the Provision of Services	(1,331)
(1,864)	Balance as at 31st March Carried Forward	(3,195)

The reserves above are all useable.

Balance Sheet

As at 31st March 2025

The Balance Sheet as at 31st March 2025 is a snapshot of the value at that reporting date of the assets and liabilities recognised by the IJB. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

31st March 2024	Balance Sheet	Notes	31st March 2025
£000			£000
2,145	Current Assets		4,209
2,145	Short Term Debtors	7	4,209
281	Current Liabilities		1,014
281	Short Term Creditors	7	1,014
1,864	Net Assets - Reserves	8	3,195

The Statement of Accounts present a true and fair view of the financial position of the IJB as at 31st March 2025 and its income and expenditure for the year then ended.

The unaudited annual report and accounts will be submitted for approval and issue by the IJB on 24th September 2025.

Lesley Bairden ACMA CGMA
Chief Financial Officer
Integration Joint Board

24th September 2025

Notes to the Financial Statements

1. Accounting Policies

1.1 General Principles

The Statement of Accounts summarises the IJB's transactions for the 2024/25 reporting period and its position as at 31st March 2025.

The East Renfrewshire IJB is formed under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a joint venture between East Renfrewshire Council and NHS Greater Glasgow and Clyde.

IJBs are specified as Section 106 bodies under the Local Government (Scotland) Act 1973 and as such are required to prepare their financial statements in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2024/25 supported by International Finance Reporting Standards (IFRS).

1.2 Accruals of Income and Expenditure

Activity is accounted for in the year it takes place not simply when cash payments are made or received. In particular:

- Expenditure is recognised when the goods or service are received, not when the invoice is paid.
- Income is recognised when the IJB expects or earns the income, not when the cash is received.
- Where expenditure and income have been recognised but cash has not been paid or received, a creditor or debtor for the relevant amount is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors will be written down.

1.3 Going Concern

The accounts are prepared on a going concern basis, which assumes that the IJB will continue in operational existence for the foreseeable future.

The IJB Financial Statements for 2024/25 have been prepared on a going concern basis. The IJB was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973. In accordance with the CIPFA Code of Practice on Local Authority Accounting in the United Kingdom 2024/25, the IJB is required to prepare its Financial Statements on a going concern basis unless informed by the relevant national body of the intention of dissolution without transfer of services or function to another entity. The Annual Accounts are prepared on the assumption that the IJB will continue in operational existence for the foreseeable future and specifically to the end of the going concern period, 31 March 2027.

We outline within our commentary that the IJB went into financial recovery in 2023/24 and whilst 2024/25 was another challenging year for the IJB, we have made significant progress with savings delivery and have added to reserves, albeit recognising NHS Greater Glasgow and Clyde provided an additional £1 million in year funding allocation. This was on a non-

recurring basis in recognition of continued prescribing pressures. In the Financial Performance section of the commentary (page 26) this shows at 1 April 2024, we started the year with ring-fenced and earmarked reserves of £1.864 million. We had no general reserve. As a result of planned movements, we will take £1.713 ring-fenced and earmarked reserves into 2025/26 for specific purposes. Our General Reserves balance going into 2025/26 is £1.482 million.

The IJB's budget contribution from and direction to partners has been confirmed for 2025/26 and a Medium-Term Financial Plan has been prepared covering the period 2025/26 to 2029/30. The cumulative pressure identified in the Medium-Term Financial Plan ranges from £18.4 to £32.6 million depending on scenarios and not allowing for any additional funding that may offset this. The Integration Scheme outlines the actions required in the event of an overspend which includes the implementation of a recovery plan to recover the overspend and allows for additional contributions from partners. The IJB considers there are no material uncertainties around its going concern status.

1.4 Accounting Convention

The accounting convention adopted in the Statement of Accounts is an historic cost basis.

1.5 Funding

East Renfrewshire IJB receives contributions from its funding partners, namely East Renfrewshire Council and NHS Greater Glasgow and Clyde to fund its services. Expenditure is incurred as the IJB commissions specified health and social care services from the funding partners for the benefit of the population of East Renfrewshire and across the Greater Glasgow and Clyde area for those services delivered under hosting arrangements. The Augmentative and Alternative Communication service also provides a specialist national service, funded by service level agreement.

1.6 Reserves

Reserves are created by appropriate amounts from the Statement of Income and Expenditure in the Movement in Reserves Statement.

Reserves have been created in order to finance expenditure in relation to specific projects. When expenditure to be financed from a reserve is incurred it will be charged to the appropriate service in that year and will be funded by an appropriation back to the Comprehensive Income and Expenditure Statement in the Movement in Reserves Statement.

A general reserve has also been established as part of the financial strategy of the East Renfrewshire IJB in order to better manage the risk of any future unanticipated events that may materially impact on the financial position of the IJB.

1.7 Events after the Balance Sheet Date

Events after the Balance Sheet date are those events, both favourable and unfavourable, that occur between the end of the reporting period and the date when the Annual Accounts are authorised.

Where events take place before the date of authorisation and provide information about conditions existing as at 31st March 2025 the figures in the financial statements and notes have been adjusted in all material aspects to reflect the impact of this information.

Events taking place after the date when the Accounts were authorised are not reflected in the financial statement or notes.

1.8 Related Party Transactions

As partners of East Renfrewshire IJB both East Renfrewshire Council and NHS Greater Glasgow and Clyde are related parties and material transactions with those bodies are disclosed in Note 5 (Page 67) in accordance with the requirements of International Accounting Standard 24.

Related parties also include organisations that we may have no transactions with, but who can still exert significant influence over our financial and operating policy decisions. The Scottish Government is such a related party of the IJB as it can exert significant influence through legislation and funding of the IJB's partner bodies and therefore can indirectly influence the financial and operating policy decisions of the IJB.

1.9 Provisions, Contingent Assets and Liabilities

Provisions are made where an event has taken place that gives the IJB a legal or constructive obligation that probably requires settlement by a transfer of economic benefits or service potential and a reliable estimate can be made of the amount of the obligation.

Provisions are charged as an expense to the appropriate service line in the Statement of Income and Expenditure in the year that the IJB becomes aware of the obligation and measured at the best estimate at the Balance Sheet date of the expenditure required to settle the obligation, taking into account relevant risks and uncertainties.

When payments are eventually made they are charged to the provision held in the Balance Sheet. Estimated settlements are reviewed at the end of each financial year. Where it becomes less probable that a transfer of economic benefits will be required (or a lower settlement than anticipated is made) the provision is reversed and credited back to the relevant service.

A contingent asset or liability arises where an event has taken place that gives the IJB a possible obligation or benefit whose existence will only be confirmed by the occurrence or otherwise of uncertain future events not wholly within the control of the IJB. Contingent assets or liabilities also arise in circumstances where a provision would otherwise be made but, either it is not probable that an outflow of resources will be required or the amount of the obligation cannot be measured reliably.

Contingent assets and liabilities are not recognised in the Balance Sheet but are disclosed in a note to the Accounts where they are deemed material.

1.10 Indemnity Insurance

The IJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. NHS Greater Glasgow and Clyde and East

Renfrewshire Council have responsibility for claims in respect of the services they are statutorily responsible for and that they provide.

Unlike NHS Boards the IJB does not have any 'shared risk' exposure from participation in CNORIS. The IJB participation in the CNORIS scheme is therefore similar to normal insurance arrangements.

In the event that known claims were identified they would be assessed as to the value and probability of settlement. Where material the overall expected value of any such known claims, taking probability of settlement into consideration, would be provided for in the IJB's Balance Sheet. No such claims were identified as at 31st March 2025.

Similarly, the likelihood of receipt of an insurance settlement to cover any claims would be separately assessed and where material, they would be presented as either a debtor or disclosed as a contingent asset. No such receipts were identified as at 31st March 2025.

1.11 Corresponding Amounts

These Financial Statements cover the period 1st April 2024 to 31st March 2025, with corresponding full year amounts for 2023/24.

1.12 VAT

The IJB is not a taxable person and does not charge or recover VAT on its functions.

The VAT treatment of expenditure and income within the Accounts depends upon which of the partners is providing the service as these bodies are treated differently for VAT purposes.

The services provided by the Chief Officer to the IJB are outside the scope of VAT as they are undertaken under a specific legal regime.

1.13 Post - Employment Benefits – Pension Costs

The accounting requirements for pension costs in respect of Post - Employment Benefits under IAS19 and FRS17 are reflected in the accounts of East Renfrewshire Council and NHS Greater Glasgow and Clyde as the respective employers of current and former staff members. The IJB does not directly employ any members of staff in its own right and accordingly has accrued no liability in regards to post employment pension benefits.

1.14 Prior Period Restatement

When items of income and expenditure are material, their nature and amount is disclosed separately, either on the face of the CIES or in the notes to the Accounts, depending on how significant the items are to the understanding of the IJB's financial performance.

Prior period adjustments may arise as a result of a change in accounting policy, a change in accounting treatment or to correct a material error. Changes are made by adjusting the opening balances and comparative amounts for the prior period which then allows for a consistent year on year comparison.

2. Expenditure and Income Analysis by Nature

There are no statutory or presentational adjustments which affect the IJB's application of funding received from partner organisations. The movement in the IJB balance sheet is therefore solely due to the transactions shown in the Comprehensive Income and Expenditure Statement. Consequently an Expenditure and Funding Analysis is not provided in these accounts.

2023/24 £000	Expenditure and Income Analysis by Nature	2024/25 £000
(199,773)	Partners funding contribution and non-specific grant income	(214,921)
(20,782)	Fees and charges and other service income	(13,693)
(220,555)	Total Funding	(228,614)
58,578	Employee Costs	55,448
1,031	Premises Costs	998
391	Transport Costs	323
9,958	Supplies & Services	8,886
70,701	Third Party Payments	72,058
2,257	Support Costs	2,476
19,780	Prescribing	19,955
31,588	Family Health Service	35,436
30,194	Acute Hospital Services	31,435
226	Corporate Costs	234
33	External Audit Fee	34
224,737	Cost of Services	227,283

3. Taxation and Non Specific Grant Income

2023/24 £000	Taxation and Non Specific Grant Income	2024/25 £000
64,612	East Renfrewshire Council	73,284
122,772	NHS Greater Glasgow and Clyde	129,248
12,389	Resource Transfer	12,389
199,773	Partners Funding Contribution & Non Specific Grant Income	214,921

The funding contribution from NHS Greater Glasgow and Clyde includes East Renfrewshire's use of set aside for delegated services provided in large hospitals (£31.435 million in 2024/25 and £30.194 million in 2023/24). These services are provided by the NHS, which retains responsibility for managing the costs of providing the service; the IJB however, has responsibility for the consumption of and level of demand placed on these services.

4. Hosted Services - Learning Disability Inpatients & Augmentative and Alternative Communication

As detailed at Note 11 the IJB has considered the basis of the preparation of the 2024/25 accounts for Learning Disability In-Patient Services and Augmentative & Alternative Communication (AAC) services hosted by the East Renfrewshire IJB for other IJBs within the NHS Greater Glasgow & Clyde Area.

The IJB is considered to be acting as a 'principal' and the 2024/25 financial statements have been prepared on this basis with the net costs of such services being reflected in the 2024/25 financial statements. The net cost of the hosted service provided to other IJBs as well as that consumed by East Renfrewshire for the Learning Disability Inpatients and Augmentative and Alternative Communication is detailed in the following tables.

2023/24 £000	Learning Disability In-Patient Services Hosted by East Renfrewshire IJB	2024/25 £000
9,010	Glasgow	8,471
1,370	Renfrewshire	1,095
97	Inverclyde	385
658	West Dunbartonshire	427
-	East Dunbartonshire	800
11,135	Learning Disability In-Patients Services Provided to other IJBs	11,178
195	East Renfrewshire	0
11,330	Total Learning Disability In-Patient Services	11,178

2023/24 £000	Augmentative and Alternative Communication (AAC) Hosted by East Renfrewshire IJB	2024/25 £000
93	Glasgow	165
55	Renfrewshire	45
10	Inverclyde	20
6	West Dunbartonshire	16
23	East Dunbartonshire	16
187	AAC Services Provided to other IJBs	262
32	East Renfrewshire	41
219	Total AAC Services	303

Likewise, other IJBs act as the principal for a number of other hosted services on behalf of the East Renfrewshire IJB, as detailed below; such costs are reflected in the financial statements of the host IJB.

2023/24 £000	Services Provided to East Renfrewshire IJB by Other IJBs within NHSGGC	2024/25 £000
556	Physiotherapy	523
68	Retinal Screening	58
520	Podiatry	580
318	Primary Care Support	341
457	Continence	512
603	Sexual Health	603
1,597	Mental Health	1,503
899	Oral Health	950
479	Addictions	347
223	Prison Health Care	224
185	Health Care in Police Custody	200
5,197	Psychiatry	5,792
3,344	Specialist Childrens Services	4,063
14,446	Net Expenditure on Services Provided	15,696

5. Related Party Transactions

The following financial transactions were made with East Renfrewshire Council and NHS Greater Glasgow and Clyde relating to integrated health and social care functions during 2024/25. The nature of the partnership means that the IJB may influence and be influenced by its partners.

2023/24 £000	Income – Payments for Integrated Functions	2024/25 £000
128,119	NHS Greater Glasgow and Clyde	132,738
92,436	East Renfrewshire Council	95,876
220,555	Total	228,614

2023/24 £000	Expenditure – Payments for Delivery of Integrated Functions	2024/25 £000
128,119	NHS Greater Glasgow and Clyde	132,738
96,618	East Renfrewshire Council	94,545
224,737	Total	227,283

2023/24	Closing Reserve Balance (held within ERC on behalf of IJB)	2024/25 £000
-	NHS Greater Glasgow and Clyde	-
1,864	East Renfrewshire Council	3,195
1,864	Total	3,195

Within the closing balance of £3.195 million the debtors balance relating to NHS Greater Glasgow and Clyde is £0.465 million and the creditors balance is £1.014 million.

Related parties also include organisations that we may have no transactions with, but who can still exert significant influence over our financial and operating policy decisions.

The Scottish Government is such a related party of the IJB as it can exert significant influence through legislation and funding of the IJB's partner bodies and therefore can indirectly influence the financial and operating policy decisions of the IJB.

The value of transactions directly with the Scottish Government in 2023/24 and 2024/25 was nil.

6. Corporate Expenditure

2023/24 £000	Corporate Expenditure	2024/25 £000
226	Staff Costs	234
33	Audit Fee	34
259	Total	268

The cost associated with running the IJB has been met in full by East Renfrewshire Council and NHS Greater Glasgow and Clyde reflecting the continuation of the arrangement for the previous Community Health and Care Partnership.

The costs charged to the IJB in respect of non-voting members include the Chief Officer and Chief Financial Officer. Details of the remuneration for post holders are provided in the Remuneration Report.

The costs of other key management staff who advise the IJB, such as the Chief Social Work Officer and the Chief Nurse are reflected within operational budgets. Those costs above reflect only the IJB statutory posts.

NHS Greater Glasgow and Clyde did not charge for any support services provided in the year ended 31st March 2025.

The support services provided through East Renfrewshire Council are included within the funding provided to the IJB as set out in the Scheme of Integration and the charge is included for 2024/25.

Fees payable to Ernst & Young in respect of external audit services undertaken in accordance with Audit Scotland's Code of Audit Practice for 2024/25 amounted to £34,000 (this was £33,360 in 2023/24). Ernst & Young did not provide any non-audit services during 2024/25.

VAT is not included in the costs identified.

7. Short Term Debtors and Creditors

2023/24 £000	Short Term Debtors	2024/25 £000
- 2,145	NHS Greater Glasgow and Clyde East Renfrewshire Council	- 4,209
2,145	Total	4,209

2023/24 £000	Short Term Creditors	2024/25 £000
281 -	NHS Greater Glasgow and Clyde East Renfrewshire Council	1,014 -
281	Total	1,014

8. Reserves

As at 31st March 2025 the IJB holds earmarked reserves in order to fund expenditure in respect of specific projects. In addition a general reserve is normally held to allow us to meet any unforeseen or unanticipated events that may impact on the IJB, following the depletion of general reserves as part of financial recovery during 2023/24, funds have been added to this reserve in 2024/25.

Reserves are a normal part of the financial strategy of the IJB in order to better manage the costs and risks across financial years and work is required to rebuild reserves in the longer term.

The reserves of the IJB fall into three types:

- Ring-fenced: the funding can only be used for a specific purpose
- Earmarked: the funding has been allocated for a planned purpose
- General: this can be used for any purpose

The year on year movement in reserves is summarised:

Summary	£ Million	£ Million
Reserves as at 31 March 2024		1.864
Planned use of existing reserves during the year	(0.966)	
Funds added to reserves during the year	2.297	
Net increase in reserves during the year		1.331
Reserves as at 31 March 2025		3.195

For the £3.195 million balance of reserves we are taking forward into 2025/26 we expect to use or fully commit c£1.2 million earmarked reserves during 2025/26:

- £0.4m to support prescribing initiatives
- £0.4m within Chlidens services
- £0.2m to support systems implementation
- £0.1m to support Learning Disability Health checks

We expect to use most of the £0.5m ring-fenced Scottish Government funding committed for the Recovery Hub building, the timing of the spend is to be confirmed however work is underway.

The table on the following page provides the detailed movement across all reserves between 2023/24 and 2024/25.

2023/24 £000	Reserves	Used £000	Added £000	Transfers In / (Out) £000	2024/25 £000
118	Mental Health Action 15	118			0
489	Alcohol & Drugs Partnership				489
91	Primary Care Improvement	91			0
2	COVID Allocations	2			0
100	Distress Brief Intervention Seed Funding	100			0
0	Prescribing		359		359
0	National IT Projects		12		12
800	Total Ring-Fenced Reserves	311	371	0	860
100	Trauma Informed Practice	50			50
661	Whole Family Wellbeing	433			228
761	Children & Families	483	0	0	278
154	Learning Disability Community Living Change	154			0
53	Learning Disability Health Checks		82		135
18	Telecare Fire Safety	18			0
0	System Implementation		250		250
0	Fostering & Adoption Campaign		100		100
28	Cancer Screening Inequalities		12		40
253	Adult Services	172	444	0	525
50	Renewals & Repairs Fund	0	0	0	50
1,064	Total Earmarked Reserves	655	444	0	853
0	Total General Reserves	0	1,482		1,482
1,864	Total All Reserves	966	2,297	0	3,195

9. Contingent Assets and Liabilities

There are no contingent assets or liabilities as at 31st March 2025.

10. New standards issued but not yet adopted

The Code requires the disclosure of information relating to the impact of an accounting change that will be required by a new standard that has been issued but not yet adopted. This applies to the adoption of the following new or amended standards within the 2025/26 Code:

- Amendment to IAS 21 The Effects of Changes in Foreign Exchange Rate (Lack of Exchangeability)
- Issue of new IFRS 17 Insurance Contracts which replaces IFRS4
- Amendment to IAS 16 Property, Plant and Equipment and IAS 38 Intangible Assets

The Code requires implementation of these new standards from 1 April 2025 therefore there is no impact on the 2024/25 annual accounts.

These new or amended standards are not expected to have a significant impact on the Annual Accounts.

11. Critical Judgements

In applying the accounting policies set out above, the IJB has had to make a critical judgement relating to complex transactions in respect of Learning Disability Inpatients Services and Augmentative & Alternative Communication services hosted within the East Renfrewshire IJB for other IJB's within the NHS Greater Glasgow & Clyde area.

Within NHS Greater Glasgow & Clyde each IJB has operational responsibility for services which it hosts on behalf of other IJB's. In delivering these services the IJB has primary responsibility for the provision of services and bears the risk and reward associated with this service delivery in terms of demand and the financial resources required. As such the IJB is considered to be acting as 'principal' and the full costs should be reflected within the financial statements for the services which it hosts. This is the basis on which the 2024/25 accounts have been prepared.

There were no judgements required which involved uncertainty about future events.

12. Estimation Uncertainty

There are no estimations included within the 2024/25 accounts.

13. Post Balance Sheet Events

The final annual report and accounts will be presented for approval on 24th September 2025.

There have been no adjusting events (events which provide evidence of conditions that existed at the balance sheet date) and no such adjusting events have been reflected in the financial statements or notes. Likewise there have been no non-adjusting events, which are indicative of conditions after the balance sheet date and accordingly the financial statements have not been adjusted for any such post balance sheet events.

14. Prior Period Restatement

There are no restatements included in the unaudited accounts.

Where to find more information

In This Document

The requirements governing the format and content of the IJB annual accounts follows guidance issued by the Integrated Resources Advisory Group and by The Local Authority (Scotland) Accounts Advisory Committee (LASAAC). The linked documents on this page do not fall within the remit of the audited accounts which ends at Note 14.

On Our Website

Further information on the Accounts can be obtained on the [website](#) or from East Renfrewshire HSCP, Eastwood Health and Care Centre, Drumby Crescent, Clarkston, G76 7HN.

Useful Links

[Strategic Plan – full plan and summary](#)

[Medium Term Financial Plan](#)

[Integration Scheme](#)

[Annual Performance Report](#)

[Strategic Risk Register](#)

It should be noted that the links above relate to the latest published versions of each document at the point of completion of this report and there may be later versions available on our website.

Acknowledgement

I wish to record my thanks to staff within the HSCP for their co-operation in producing the audited Annual Report and Accounts in accordance with the prescribed timescale. In particular the support of the Accountancy and Policy & Performance staff within the partnership are gratefully acknowledged.

Katie Pragnell

Chair

Integration Joint Board

24th September 2025

Alexis Chappell

Chief Officer

Integration Joint Board

24th September 2025

Lesley Bairden ACMA CGMA

Chief Financial Officer

Integration Joint Board

24th September 2025



East Renfrewshire Health and Social Care Partnership
 Eastwood Health and Care Centre, Drumby Crescent, Clarkston, G76 7HN
 Phone: 0141 451 0746

Date: 24 September 2025

Ernst & Young
 5 George Square
 Glasgow
 G2 1DY

This letter of representations is provided in connection with your audit of the financial statements of East Renfrewshire Integration Joint Board ("the IJB") for the year ended 31 March 2025. We recognise that obtaining representations from us concerning the information contained in this letter is a significant procedure in enabling you to form an opinion as to whether the financial statements give a true and fair view of the state of affairs of the IJB as at 31 March 2025 and the income and expenditure of the IJB for the year then ended in accordance with UK adopted international accounts standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2024/25 and the Local Government (Scotland) Act 1973, the Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

We understand that the purpose of your audit of our financial statements is to express an opinion thereon and that your audit was conducted in accordance with International Standards on Auditing (UK), which involves an examination of the accounting system, internal control and related data to the extent you considered necessary in the circumstances, and is not designed to identify - nor necessarily be expected to disclose - all fraud, shortages, errors and other irregularities, should any exist.

Accordingly, we make the following representations, which are true to the best of our knowledge and belief, having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves:

A. Financial Statements and Financial Records

1. We have fulfilled our responsibilities, under the relevant statutory authorities, for the preparation of the financial statements in accordance with UK adopted international accounting standards as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2024/25 and the requirements of the Local Government (Scotland) Act 1973, the Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.
2. We acknowledge, as members of management of the IJB, our responsibility for the fair presentation of the financial statements. We believe the financial statements referred to above give a true and fair view of the financial position, financial

performance (or results of operations) and cash flows of the IJB in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2024/25, and are free of material misstatements, including omissions. We have approved the financial statements.

3. The significant accounting policies adopted in the preparation of the financial statements are appropriately described in the financial statements.
4. As members of management of the IJB, we believe that the IJB has a system of internal controls adequate to enable the preparation of accurate financial statements in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2024/25, that are free from material misstatement, whether due to fraud or error.
5. There are no unadjusted audit differences identified during the current audit and pertaining to the latest period presented.
6. We confirm the IJB does not have securities (debt or equity) listed on a recognised exchange.

B. Non-compliance with law and regulations, including fraud

1. We acknowledge that we are responsible to determine that the IJB's activities are conducted in accordance with laws and regulations and that we are responsible to identify and address any non-compliance with applicable laws and regulations, including fraud.
2. We acknowledge that we are responsible for the design, implementation and maintenance of a system of internal control to prevent and detect fraud and that we believe we have appropriately fulfilled those responsibilities.
3. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
4. We have no knowledge of any identified or suspected non-compliance with laws or regulations, including fraud that may have affected the IJB (regardless of the source or form and including without limitation, any allegations by "whistleblowers"), including non-compliance matters:
 - involving financial improprieties;
 - related to laws and regulations that have a direct effect on the determination of material amounts and disclosures in the IJB's financial statements;
 - related to laws and regulations that have an indirect effect on amounts and disclosures in the financial statements, but compliance with which may be fundamental to the operations of the IJB's activities, its ability to continue to operate, or to avoid material penalties;
 - involving management, or employees who have significant roles in internal controls, or others; or
 - in relation to any allegations of fraud, suspected fraud or other non-compliance with laws and regulations communicated by employees, former employees, analysts, regulators or others.

C. Information Provided and Completeness of Information and Transactions

1. We have provided you with:
 - Access to all information of which we are aware that is relevant to the preparation of the financial statements such as records, documentation and other matters;
 - Additional information that you have requested from us for the purpose of the audit; and
 - Unrestricted access to persons within the entity from whom you determined it necessary to obtain audit evidence.
2. All material transactions have been recorded in the accounting records and are reflected in the financial statements.
3. We have made available to you all minutes of the meetings of the IJB and Performance and Audit Committee (or summaries of actions of recent meetings for which minutes have not yet been prepared) held through the 1 April 2024 to the most recent meeting on the following date: 24th September 2025.
4. We confirm the completeness of information provided regarding the identification of related parties. We have disclosed to you the identity of the IJB's related parties and all related party relationships and transactions of which we are aware, including sales, purchases, loans, transfers of assets, liabilities and services, leasing arrangements, guarantees, non-monetary transactions and transactions for no consideration for the period ended, as well as related balances due to or from such parties at the year end. These transactions have been appropriately accounted for and disclosed in the financial statements.
5. We believe that the methods, significant assumptions and the data we used in making accounting estimates and related disclosures are appropriate and consistently applied to achieve recognition, measurement and disclosure that is in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2024/25.
6. We have disclosed to you, and the IJB has complied with, all aspects of contractual agreements that could have a material effect on the financial statements in the event of non-compliance, including all covenants, conditions or other requirements of all outstanding debt.
7. From 25 September 2024 through the date of this letter we have disclosed to you, to the extent that we are aware, any (1) unauthorised access to our information technology systems that either occurred or to the best of our knowledge is reasonably likely to have occurred based on our investigation, including of reports submitted to us by third parties (including regulatory agencies, law enforcement agencies and security consultants), to the extent that such unauthorised access to our information technology systems is reasonably likely to have a material impact to the financial statements, in each case or in the aggregate, and (2) ransomware attacks when we paid or are contemplating paying a ransom, regardless of the amount.

D. Liabilities and Contingencies

1. All liabilities and contingencies, including those associated with guarantees, whether written or oral, have been disclosed to you and are appropriately reflected in the financial statements.
2. We have informed you of all outstanding and possible litigation and claims, whether or not they have been discussed with legal counsel.
3. We have recorded and/or disclosed, as appropriate, all liabilities related to litigation and claims, both actual and contingent, and have disclosed in Note 9 to the financial statements all guarantees that we have given to third parties.

E. Going Concern

1. Note 1 to the financial statements discloses all the matters of which we are aware that are relevant to the IJB's ability to continue as a going concern, including significant conditions and events, our plans for future action, and the feasibility of those plans.

F. Subsequent Events

1. There have been no events subsequent to period end which require adjustment of or disclosure in the financial statements or notes thereto.

G. Other information

1. We acknowledge our responsibility for the preparation of the other information. The other information comprises the Management Commentary, Statement of Responsibilities, Remuneration Report and Annual Governance Statement.
2. We confirm that the content contained within the other information is consistent with the financial statements.

H. Climate-related matters

1. We confirm that to the best of our knowledge all information that is relevant to the recognition, measurement, presentation and disclosure of climate-related matters has been considered, including the impact resulting from the commitments made by the IJB, and reflected in the financial statements.
2. The key assumptions used in preparing the financial statements are, to the extent allowable under the requirements of the Code of Practice on Local Authority Accounting in the United Kingdom 2024/25, aligned with the statements we have made in the other information or other public communications made by us.

I. Reserves

1. We have properly recorded or disclosed in the financial statements the useable and unusable reserves.

Yours faithfully,

(Chief Finance Officer)

(Chair of the Performance and Audit Committee)

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East Renfrewshire Health and Social Care Partnership Integration Joint Board

Summary Financial Overview 2024/25

Covering the period 1st April 2024 to 31st March 2025

Introduction

This report provides a summary of the financial position for East Renfrewshire Integration Joint Board (IJB) for the financial year 1 April 2024 to 31 March 2025.

The Annual Report and Accounts for 2024/25 provides a detailed report and full version of the accounts and can be found on our website at [web address will be added following approval of IJB accounts].

This was another challenging year for the HSCP as we worked to meet the demand for services whilst delivering on our significant savings programme. We set a savings target of £11.8 million, which was £2 million higher than we needed to balance our budget as part of our forward planning to work towards financial sustainability.

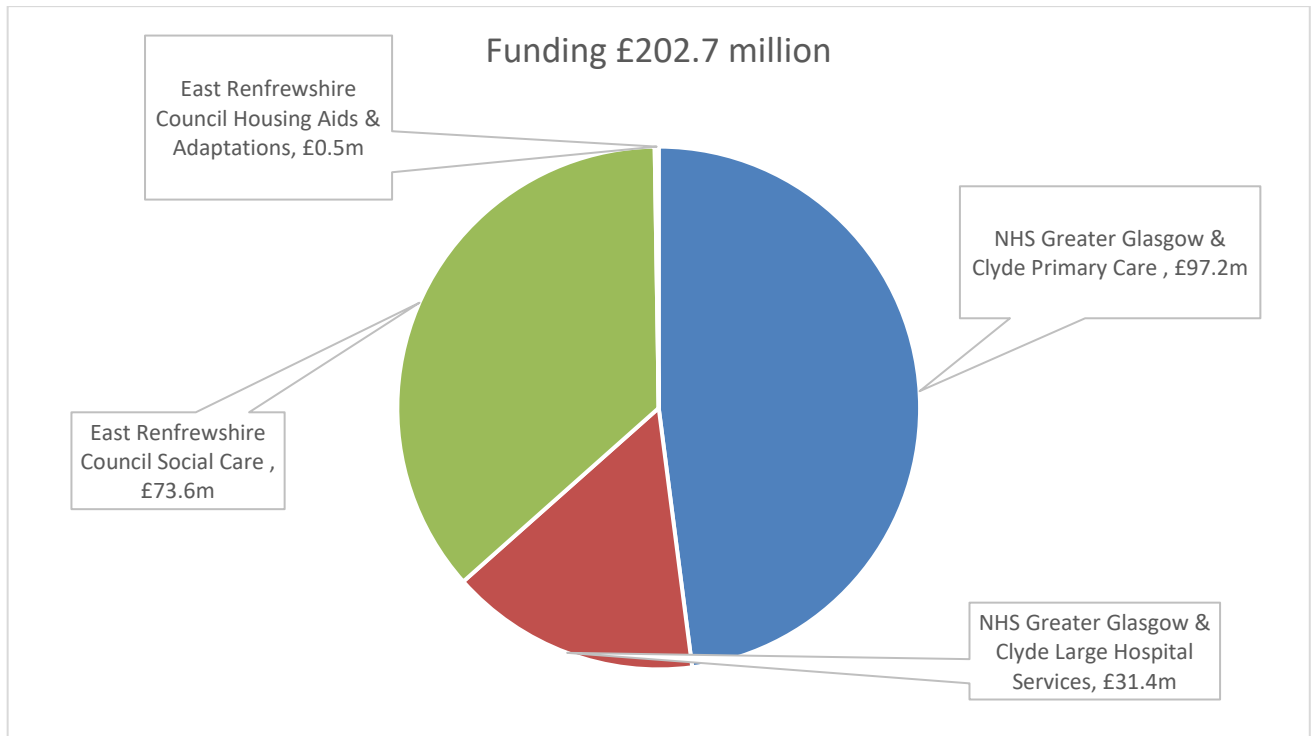
Significant progress was made during 2024/25 on embedding the Supporting People Framework, which is our criteria-based approach to care, as a key element of the savings programme.

However we did not make the level of savings needed to ensure the cost of prescriptions was met within the available budget. In recognition of the pressure that prescribing costs had on our operational budget NHS Greater Glasgow and Clyde provided an additional £1 million funding during the year, on a non-recurring basis.

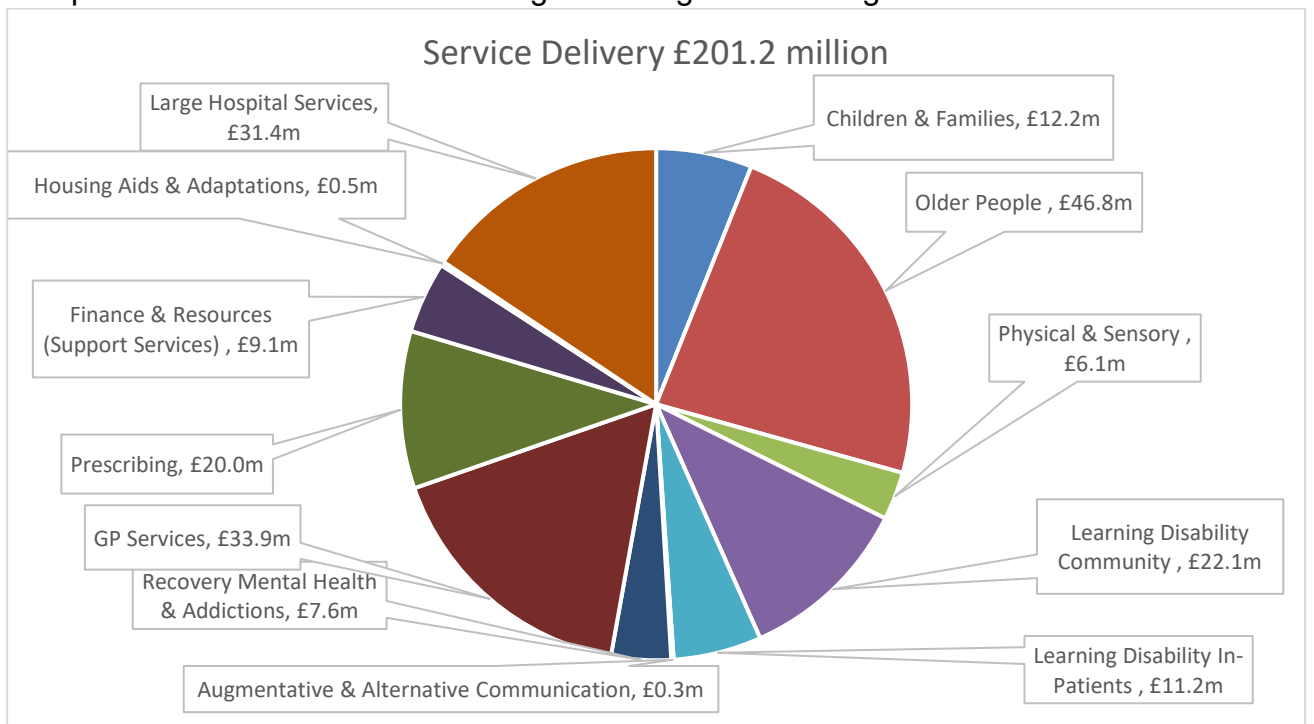
Despite the ongoing challenges and recognising the progress made we ended the year with an operational surplus of £1.482 million which has been added to our general reserve.

Financial Performance

The IJB receives almost all of its funding from our two key partners East Renfrewshire Council and NHS Greater Glasgow and Clyde, and this was £201.7 million from agreed funding as part of the budget for the year and a further £1 million additional funding during the year towards prescribing pressures. This gave a total of £202.7 million for the year.



We spent £201.2 million of this funding delivering the following services:



Despite the financial challenges the partnership performed well during the year and continued to meet the statutory demand for services and provide support to residents of East Renfrewshire. We added £1.5 million to our reserves at the end of 2024/25.

Planning Ahead for 2025/26 and Beyond

The IJB continues to face a number of challenges, risks and uncertainties in the coming years and this is set out in our current Medium-Term Financial Plan for 2025/26 to 2029/30 and our Strategic Plan for 2025 to 2028. These key strategies also inform our strategic risk register and collectively support medium-term planning and decision making.

The IJB operates in a complex environment with requirements to ensure statutory obligations, legislative and policy requirements, performance targets and governance and reporting criteria are met whilst ensuring the operational oversight of the delivery of health and care services.

UK and Scottish Government legislation and policies and how they are funded can have implications on the IJB and how we use our funding over time.

The most significant challenges for 2025/26 and beyond include:

- continued delivery of savings to support financial sustainability, recognising this is at odds with a focus on prevention and the difficulty increases as the cumulative savings increase
- “doing more of the same” in identifying savings will not work, we need to review every service in detail as part of a Change and Improvement programme of work to be developed
- working with the Scottish government recognising the national scale of the challenge across health and social care, in the context of a collective £0.5 billion shortfall
- managing the real tension between reduced service capacity as a result of the cumulative impact savings in prior years whilst maintaining system wide services including discharge without delay from hospital
- understanding the longer-term impacts of Covid-19 on mental and physical health in the longer term, we are seeing increased levels of complexity and acuity of need
- continued recruitment and retention of our workforce within the HSCP and our wider partner workforce, recognising the risk of market sustainability challenges
- managing prescribing demand and costs in partnership with our GPs and wider population
- supporting the physical and mental health and wellbeing of our workforce and our residents
- meeting increased demand for universal services without funding for growth, including increased population demand and new care homes opening within the area

The IJB agreed its budget for the financial year 2025/26 on 26th March 2025 recognising the significant progress made since 2023/24 as well as new demand and cost pressures for 2025/26.

The funding gap in the budget the IJB agreed for 2024/25 was £5.9 million. A savings programme is in place to close this gap, and work continues to ensure we can do this on a recurring basis.

We also need to find a further £2.4 million in savings before April 2026/27 as some of the funding we are using to offset costs is only available on a one-off basis.

East Renfrewshire IJB is not alone in facing unprecedented cost pressures. The national position across all public sector services continues to show a challenging financial outlook.

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	24 September 2025
Agenda Item	8
Title	Shifting the Balance of Care to Community
Summary This report provides an update with respect to our ambition in East Renfrewshire to support older adults to live, age and die well. This report will provide information about our work to shift the balance of health and social care closer to people's homes.	
Presented by	Lee McLaughlin, Head of Adult Services: Communities and Wellbeing
Action Required East Renfrewshire Integration Joint Board are asked to: <ul style="list-style-type: none"> a) Note the current position and note the opportunities/challenges with respect to shifting the balance of care for older adults in East Renfrewshire. b) Note that key deliverables and milestones set out in the report to support people to be discharged home on a timely basis. c) Agree that 6 monthly updates including a balance performance scorecard will be presented to Integration Joint Board moving forward replacing the current Discharge without Delay presentation format. Regular updates will be provided through the Chief Officer Update in between the six month update. 	

East Renfrewshire Integration Joint Board

24 September 2025

Report by Chief Officer

Shifting the Balance of Care to Community

Purpose

1. The purpose of this report is to provide a comprehensive update with respect to our ambition in East Renfrewshire to support older adults to live, age and die well. This report will provide information about our work to shift the balance of health and social care closer to people's homes and provides information about our plans to continue to ensure timely discharge from hospital. It supports and accompanies the care at home phase 2 report at IJB today.

Recommendations

2. East Renfrewshire Integration Joint Board are asked to:
 - a) Note the current position and note the opportunities/challenges with respect to shifting the balance of care for older adults in East Renfrewshire.
 - b) Note that key deliverables and milestones set out in the report to support people to be discharged home on a timely basis.
 - c) Agree that 6 monthly updates including a balance performance scorecard will be presented to Integration Joint Board moving forward replacing the current Discharge without Delay presentation format. Regular updates will be provided through the Chief Officer Update in between the six-month update.

Background

3. The commitment to delivering high-quality health and social care to our population underpins strategic and operational practice across East Renfrewshire HSCP, aligned to Local, Board and National policy.
4. In recent years, a key strategic direction has been the "shifting the balance of care" agenda; an initiative aimed at moving the focus of care away from acute hospitals and institutional settings towards care provided in the community and at home. This approach seeks to place individuals at the heart of care, promoting independence, prevention, and early intervention, while ensuring that health and social care services are sustainable for the future.
5. The shift towards community-based care is driven by demographic, economic, and social factors. East Renfrewshire faces an ageing population, increasing prevalence of chronic diseases, and associated rising health and care costs. The traditional models centred around acute and hospital-based care need further transformational change in order to optimise the whole system for all those who work in it and use it.

6. We know that in East Renfrewshire 21.7% of our population are aged 65 and over. It is projected that over the next 10 years (to 2035), the local population aged 65 and over will increase by 16% (3,371 additional people). By 2043, the 65+ population will have increased by 19% (4,069 people).

Report

Transformation of Health and Care

7. The recognition of the need for whole system integration and transformation of health and social care aims to deliver care closer to home, reduce unnecessary hospital admissions and support people to live healthier, more independent lives within their own communities.
8. Principles of Shifting the Balance of Care and Transformation Planning are:
 - Prevention and Early Intervention: Emphasising proactive approaches that tackle health issues before they escalate, including health promotion, screening, and support for self-management.
 - Improve Access: Deliver and sustain changes required to reduce immediate pressures across the system and improve access to health treatment and care.
 - Person-Centred Care: Ensuring care is tailored to the individual's needs, preferences, and circumstances, empowering people to have more control over their health and wellbeing.
 - Integration of Services: Bringing together health and social care services to provide seamless, coordinated support, particularly for people with complex needs and long-term conditions.
 - Localisation: Delivering care as close to home as possible, using local resources and assets, and supporting community resilience.
 - Harness Digital and Innovation: Implement digital and technological innovation to support prevention and improved access to and delivery of care.
 - Sustainability: Making better use of resources by avoiding unnecessary hospital stays, reducing duplication, and shifting investment into primary and community services.
 - Improve Population Health: Working with people to improve health, prevent health and work proactively to meet their needs will support proactive prevention.

Shifting the Balance of Care Delivery Plan – Key Priorities

9. Through NHS Greater Glasgow and Clyde Listening, Learning and Transforming Together Plan, there are several high impact actions being progressed to improve flow and patient access to urgent care, alongside optimising provision of health and care support in the community and giving additional focus to the discharge pathway when individuals do require an acute episode of care.
10. East Renfrewshire contributes to the Plan through our focus on prevention of admission and timely discharge from hospital. This is also reflected in our Combined Delivery Plan. Key priorities within East Renfrewshire HSCP centre on proactive, early intervention, a home first ethos and discharge without delay. To achieve this, actions include:

- ✓ **Multidisciplinary, integrated working:** Bringing together nurses, allied health professionals, social workers, mental health practitioners, pharmacists, frailty practitioners, GPs and care at home services to coordinate care around the person, and support people at home, reducing duplication, and ensuring seamless transitions between services in neighbourhoods across East Renfrewshire. The care at home report at IJB today sets foundations for the multi-disciplinary working.
 - ✓ **Community Pathways for avoidance of admission to acute services:** Including home first response for frailty both in the community and at the acute sites front doors; pathways with the Scottish Ambulance Service for falls and frailty where conveyance is not required in order to provide assessment, care, rehabilitation and support for individuals at home or in a homely setting and preventing avoidable admission to hospital.
 - ✓ **Reablement and Rehabilitation:** Short- and longer-term interventions that help individuals regain skills and confidence after illness or hospitalisation, supporting them to maximise their function and quality of life and live as independently as possible.
 - ✓ **Intermediate Care (Rehabilitation or Discharge to Assess):** Short-term health and social care delivered within care home setting. This is provided following an episode of acute care, and lasting a few weeks, in order to help individuals regain the level of function or independence needed to return home, or to allow ongoing assessment out with the acute setting.
 - ✓ **Future Care Planning:** Supports people with long-term conditions to plan their care in advance, ensuring that their wishes are understood and respected and that crises can often be avoided. This approach helps prevent unnecessary hospital visits and admissions, and for palliative and end of life care, supports individuals' wishes for their preferred place of death.
 - ✓ **Care Homes:** Pathways such as the Care Home Falls Pathway and Call Before You Convey to anticipate potential deterioration in residents including before weekends with a virtual triage check model for all Care Homes, enhancing clinical decision making support and training for staff, and additional input from AHPs related to function, falls, mobility, postural support, mental health and specialist equipment considerations.
 - ✓ **Telehealth and Digital Solutions:** Supporting development of end-to-end pathways with new enhanced NHS GGC Flow Navigation and Interface Directorate coordinating care across the whole system. Examples, including remote consultations, digital monitoring, and assistive technologies to enable people to manage their health at home and access specialist support without travelling to hospital, reducing pressure on secondary care.
 - ✓ **Virtual beds/ Hospital at Home:** Delivery of care for older people within their own homes or care home, providing hospital-level interventions without the need for admission, thus reducing the need for hospital admissions, facilitating earlier discharge from acute sites and supporting quicker recovery in a familiar environment.
11. East Renfrewshire HSCP are currently working with NHS GGC to scope opportunities to open a small number of virtual hospitals at home beds in order to support this work. Investment in core services such as adult nursing and AHP's locally will be crucial to support delivery.

12. Governance and oversight of the actions to shift the balance of care will be through the East Renfrewshire Adults Programme Board with project management to support delivery. This aligns to and links to the implementation of a new care at home framework, noted at IJB today.

Discharge Without Delay Milestones

13. As part of our commitment to shifting the balance of care, we are implementing a dedicated Discharge Without Delay Improvement Plan to support timely and safe discharge from acute hospital settings. This work aligns with national priorities, which focus on reducing delays over 200 days from acute hospitals, addressing delays related to Adults with Incapacity (AWI) and tackling standard delays, including those linked to care at home, care homes, and intermediate care
14. Analysis of the discharge data highlights that for East Renfrewshire, there are no people awaiting care over 200 days from an acute hospital with the main areas of focus being on reducing delays due to Adults with Incapacity and discharge to care homes, as previously reported to integrated joint board.
15. Over the next four months, our work will concentrate on for priorities:
- *Embedding Planned Date of Discharge and Discharge to Assess*
Strengthening proactive discharge planning and enabling assessment in community settings.
 - *Reviewing Adults with Incapacity Processes*
Streamlining legal and operational pathways to reduce delays and improve outcomes.
 - *Addressing Standard Delays Linked to Care Homes*
Reviewing commissioning, capacity, and pathways to support timely transitions and align with our wider shift in the balance of care.
 - *Winter Planning*
Having robust winter plans in place to ensure effective response during seasonal pressures.
16. We will make use of the NHS GGC promotional materials '1000 days' to support risk enablement approach with colleagues and our communities. In addition, through participation in system wide governance groups, ensures that East Renfrewshire contributes to and benefits from regional improvement efforts.
17. An discharge without delay plan and trajectory will inform our ongoing approach and improvement activity so that people can experience timely discharge.

Impact – Improving Outcomes

18. Shifting the balance of care is aiming to deliver measurable improvements such as:
- Reduced hospital admissions: fewer unplanned hospital admissions, enabling people to live more independently at home.
 - Reduced length of stay: shorter episodes of care in acute setting with earlier discharge into community for ongoing care and support, enabling people to come home soon.
 - Discharge without delay: Integrated care planning and improved coordination to reduce delayed discharges, ensuring people leave hospital as soon as they are medically ready.

- Improved patient outcomes and satisfaction: people value receiving care in familiar settings and having greater involvement in decisions about their health.
- Cost effectiveness: Shifting resources to community and preventative services has the potential to deliver better outcomes at lower overall cost, although challenges with sustained investment remain.

Challenges

19. Shifting the balance of care is not without challenges. Moving the focus from acute and into the community is complex when pressures across the whole system make it difficult to progress change while continuing to deliver core services under high levels of demand. Transitioning investment from acute to community services is complex. Changing expectations and shifting public and professional attitudes from hospital-based to community care takes time and sustained communication.

Implications

Finance

20. Shifting the balance of care is not without challenges. Moving the focus from acute and into the community is complex when pressures across the whole system make it difficult to progress change while continuing to deliver core services under high levels of demand.
21. While community-based care offers potential cost savings and improved outcomes, sustained funding is required to support initiatives such as virtual beds, intermediate care, and enhanced digital pathways. The ageing population (projected 16% increase by 2035) will place additional financial pressure on services.
22. Care at Home budget is experiencing significant pressures, as detailed in the care at home report particularly through increased demand through increased hospital discharge. The adults programme board will have continued oversight of the impacts on care at home as the phase 2 is implemented.
23. A cost analysis will be undertaken to understand the cost implications for East Renfrewshire HSCP and this will be brought to the IJB through the Chief Financial Officer monitoring report. This needs to recognise the direct cost impact to the HSCP from any change; most likely to our workforce, supplies and equipment, as well as wider impacts such as pressure on accommodation, increased IT and other infrastructure costs. The broad expectation is that increased costs to the HSCP will be funded by resource release from acute services.

Risk

24. Risks include delayed discharges, unmet care needs, and system-wide pressures that hinder transformation. East Renfrewshire's approach to risk enablement, including the use of NHS GGC's '1000 days' materials, aims to mitigate these risks by promoting timely discharge and proactive care planning.

Legal

25. Legal duties under integration legislation and care planning frameworks require East Renfrewshire HSCP to ensure coordinated discharge processes and uphold patient

rights. The use of Discharge to Assess and Future Care Planning models supports compliance with national legal standards.

Infrastructure

26. Infrastructure development in East Renfrewshire includes scoping virtual hospital at home beds. Investment in digital solutions and local rehabilitation facilities is essential to support care closer to home and reduce reliance on acute settings.

Workforce

27. Multidisciplinary teams are central to East Renfrewshire's strategy, involving nurses, AHPs, social workers, and GPs. Workforce pressures remain, with recruitment and retention challenges. Investment in adult nursing and AHP community roles is critical to delivering integrated care and avoiding duplication.

Equalities

28. East Renfrewshire HSCP recognises the need to address health inequalities through community-based care. Initiatives such as telehealth, falls and frailty pathways, and personalised care planning aim to improve access and outcomes for vulnerable populations, including older adults and those with long-term conditions.

Consultation and Partnership Working

29. East Renfrewshire HSCPs long history of integration, creativity and innovation means that we are well placed to drive forward this agenda locally in line with NHS GGC ambition.

Conclusion

30. The shifting balance of care to the community represents a fundamental change in how health and social care are delivered. While there are challenges, the direction of travel is clear: people are supported to live healthier, more independent lives, and services are reoriented around prevention, early intervention, and integration.
31. Going forward, sustained investment, workforce development, robust leadership, and the continued involvement of individuals and communities will be essential to meet the growing and changing needs of East Renfrewshire's population. By building on progress to date, East Renfrewshire can continue to transform care, ensuring it remains person-centred, sustainable, and transformed for the future.

Recommendations

32. East Renfrewshire Integration Joint Board are asked to:
 - a) Note the current position and note the opportunities/challenges with respect to shifting the balance of care for older adults in East Renfrewshire.
 - b) Note that key deliverables and milestones set out in the report to support people to be discharged home on a timely basis.
 - c) Agree that 6 monthly updates including a balance performance scorecard will be presented to Integration Joint Board moving forward replacing the current Discharge

without Delay presentation format. Regular updates will be provided through the Chief Officer Update in between the six-month update.

Report Author

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

8 September 2025

IJB Chief Officer: Alexis Chappell

Background Papers

None



Meeting of East Renfrewshire Health and Social Care Partnership		Integration Joint Board	
Held on		24 September 2025	
Agenda Item		9	
Title		Care at Home Redesign	
Summary <p>This report provides the Integration Joint Board with an update on progress on the care at home service redesign including plans to develop a whole-system neighbourhood care model through an ambitious collaborative commissioning plan for 2025–2035.</p> <p>It also sets out proposed mitigations in response to the current forecasted overspend with the service.</p>			
Presented by		Lee McLaughlin, Head of Adult Services: Communities & Wellbeing Margaret Phelps, Strategic Planning, Performance & Commissioning Manager Debbie Hill, Chief Procurement Officer	
Action Required <p>The Integration Joint Board is asked to: -</p> <ul style="list-style-type: none"> • Approve the proposed future neighbourhood model for delivering care at home to enable progression to phase 2 of the programme. • Note milestones towards implementation of phase 2 • Note intention to tender for a 7 + 2 + 1 (10 year) framework for external care and wellbeing provision, focused on outcomes and around neighbourhoods of East Renfrewshire. • Note mitigations in relation to the current care at home overspend. • Request that the Chief Officer provides a progress update in six months on the delivery of the milestones outlined in the report to the Integration Joint Board 			
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 checked="" type="checkbox"/> Finance <input type="checkbox"/> Risk </div> <div> <input type="checkbox"/> Policy <input type="checkbox"/> Legal </div> <div> <input checked="" type="checkbox"/> Workforce <input type="checkbox"/> Infrastructure </div> <div> <input checked="" type="checkbox"/> Equalities <input type="checkbox"/> Fairer Scotland Duty </div>	

EAST RENFREWSHIRE INTEGRATION JOINT BOARD**24 September 2025****Report by Chief Officer****CARE AT HOME REDESIGN PROJECT****Purpose of Report**

1. The purpose of this report is to update the Integration Joint Board on progress with the care at home service redesign and outline plans to develop a whole-system neighbourhood care model through an ambitious collaborative commissioning plan for 2025–2035. It also sets out proposed mitigations in response to the current forecasted overspend.

Recommendation

2. The Integration Joint Board is asked to: -
 - Approve the proposed future neighbourhood model for delivering care at home to enable progression to phase 2 of the programme
 - Note milestones towards implementation of phase 2.
 - Note intention to tender for a 7 + 2 + 1 (10 year) framework for external care and wellbeing provision, focused on outcomes and around neighbourhoods of East Renfrewshire.
 - Note mitigations in relation to the current care at home overspend.
 - Request that the Chief Officer provides a progress update in six months on the delivery of the milestones outlined in the report to the Integration Joint Board

Background

3. There has been a shift in the way that people are being cared for with an increasing proportion of people being cared for at home; and a shifting 'balance of care' away from long term care homes placements. With this shift in balance, our care at home services have seen increased complexity and higher levels of care need.
4. Integration Joint Board members will recall the need to redesign the in-house care at home service (homecare and telecare) in response to the shift in the balance of care, the significant growth in demand' increasing complexity of need, and the imperative to improve efficiency while maintaining and enhancing the quality of care provided.
5. An update was provided to the Board on 20th November 2024. This report offers a further update including key milestones for delivering the redesign, support to our workforce and development of a neighbourhood health model. It sets out a collaborative and creative approach to delivering care that enables people to live, age and die well at home, along with proposed mitigations.

Report

6. Our ambition is for people to thrive, flourish, live a fulfilled life, and die well in their own home and community. When hospital treatment is needed, individuals should be able to return home promptly and safely.
7. To achieve this, phase 2 of our service redesign will lead and enable a whole system approach to health and care centred around neighbourhoods to support people with a key shift from time & task to prioritising outcomes for people, strength based and enablement practice and collaboration across the care sector in local neighbourhoods. It is planned that this model will also support our Climate responsibilities by reducing need for travel across East Renfrewshire.
8. At the heart of this approach is the development of a 'one care team' model, where all local care providers work together to deliver on East Renfrewshire IJB's agreed priorities. East Renfrewshire has a diverse social care landscape, with providers across the private, third, and independent sectors. We value these providers as key partners in delivering care and are committed to ensuring that all members of the care workforce feel recognised and supported.
9. Our priority is to ensure residents have choice and control through a range of providers and creative support options. People should be supported to understand what's available - through self-directed support options aligned to statutory guidance - and be able to make informed decisions with clear, accessible information about the quality, flexibility, safety and cost of services.

Current Position and Key Shifts Required

10. Over the past five years, demand for care at home has increased by 21%—from 1,603 referrals in 2020 to 1,932 in 2025. However, the balance of care has also shifted, with a 14% rise in hospital referrals and a 31% drop in community referrals. People referred from the community now face an average wait of 22 days to access services due to the local and national emphasis and requirement towards timely discharge from acute hospitals.
11. A mapping exercise was undertaken and currently care at home has multiple referral points and pathways upon referral and provision of care, with a range of trusted assessors in place. This means that the assessment of need for care is undertaken within hospital settings, rather than a person's home, and the individual is not always supported to consider how they wish their long-term care to be delivered.
12. The need for double up care (a care visit where 2 or more carers are required to support an individual) is used mostly upon discharge from hospital, with 19% of all individuals using commissioned services and 17% using in house services. Since 2020 the average size of care at home packages have increased from just 7 hours to nearly 8.5 hours per week, with some packages up to 28 hours per week.
13. In reviewing demand, need, and care pathways, our focus is to shift the balance of care towards supporting people to live independently at home, preventing hospital admissions, and ensuring timely support for both those living at home and those being discharged from hospital. This should be enabled through reablement, technology-enabled care, and strengths-based practice that promotes independence.

14. The split between in-house and external care has evened out since 2020, with both now delivering around half of the service. This year, we expect to spend £8.7 million on in-house care and £8.75 million on commissioned services, with projected overspends of £348,000 and £700,000 respectively.
15. While the number of people supported is fairly evenly split between in-house and commissioned care, 67% of weekly care hours are delivered by commissioned services compared to 32.6% by in-house teams. This highlights the need to use both resources effectively as we plan future service delivery within available budgets.
16. There are currently fifteen providers on the Scotland Excel Framework. When we benchmark with other HSCPs, their care at home hourly midpoint rate is £23.00, compared to our midpoint rate of £25.00. There has been an increase in % of the commissioned budget expenditure from 24% in 2020/21 to 50% in 2025/26.
17. We expect to spend more than £9m on purchased care in 2025/26, with £2.7m of that on off framework provision, which comes at a higher cost to the HSCP. The reason for off framework and increased use of in house to deliver standard home care is due to lack of availability of care staff in parts of East Renfrewshire such as, Uplawmoor, Neilston, Thornliebank and Eaglesham. This in turn impacts on ability of inhouse services to implement a reablement service.
18. Given the increasing use of off framework providers, and the financial impact this has as well as pressure on inhouse services, we need to move towards a more sustainable commissioning model to ensure best value from HSCP funding and better outcomes for the people we support and their families. The approach taken to remodel care at home reflects and supports the report at IJB today to shift balance of care.

Future Model

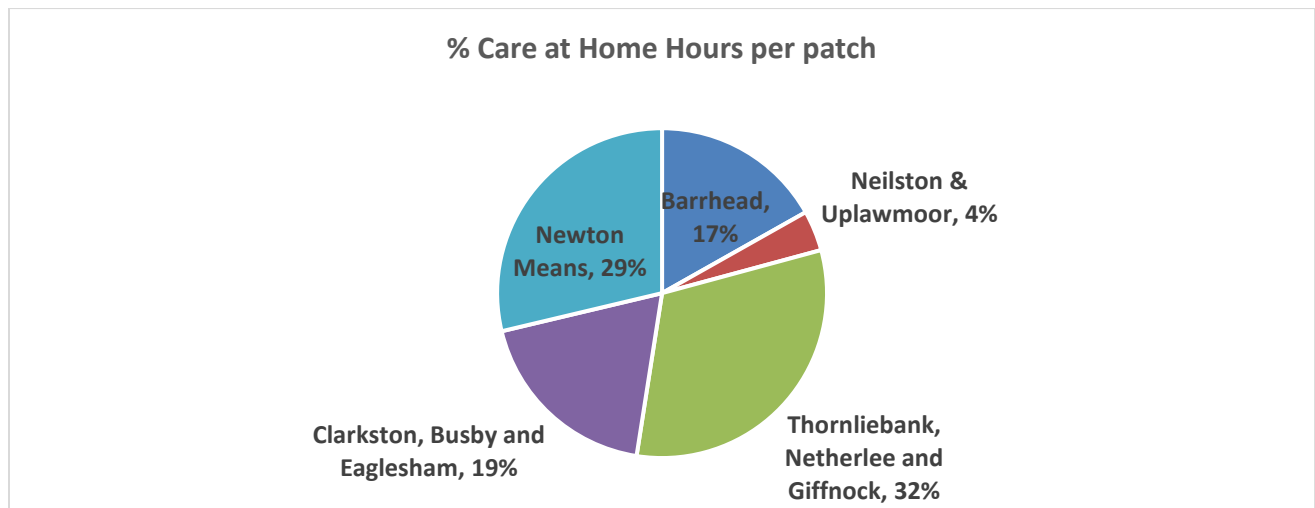
19. Building on our learning, phase two will focus on a personal outcome strength-based approach across inhouse and commissioned care services, helping people live full and meaningful lives. It is about making a real difference for people and their families in their own neighbourhoods and communities.
20. The new model emphasises outcomes focused, strengths based and quality of care with people at the centre. It aims to foster independence by moving away from a time-and-task approach—where care is based on set hours—towards an outcome-based model that supports what individuals want to achieve for their wellbeing, regardless of whether care is delivered inhouse or by commissioned providers.
21. Recognising the national challenges facing social care and our local ambitions, East Renfrewshire HSCP aims to work with local providers through a 7 + 2 + 1 year contract model. Typically, a Framework term is 4 years but the Procurement Act 2023 (clause 47) allows for a term exceeding 4 or 8 years where the nature of services require a longer term to ensure stability and continuity of service. Due to this a longer-term framework is being adopted to ensure stability and continuity of care services.
22. In delivering a longer-term framework, this would offer longer-term partnership opportunities, giving greater security, business continuity and sustainability to local care provision, meaning that in turn that individuals and families experience stability in care provision and greater

quality given the ability to invest in staff learning and development. It also aims to reduce reliance on agency staff by supporting long-term workforce planning and development.

23. The contract will be offered in geographical patches aligned to our 'world' model, noted below supporting multidisciplinary and collaborative working across health, social care, and wider partners in local neighbourhoods.
24. Providers can tender for specific areas. If no tenders are received for an area, a provider will be aligned to it after the tender process. This approach complements our in-house services already operating in these areas, helping to build stronger partnerships between commissioned and in-house care.
25. In 2026, we will introduce an Open Flexible Framework to support an open market for care at home services. This will act as a contingency when successful providers are unable to deliver care, exit the market, or when there are spikes in demand. While our flexible framework allows new providers to join, this process involves evaluation and is not immediate. The Open Flexible Framework offers a more agile solution, enabling us to respond quickly to urgent or peak needs for support.



26. The chart below indicates the approximate percentage of hours delivered in each world.



27. The Supporting People Framework helps us deliver person-centred support to those with the greatest need, making full use of available resources. To deliver care in people's homes and neighbourhoods, in line with the Supporting People Framework and Self-Directed Support guidance, we aim to embed assessment and reablement over a 12-week period (or longer if needs require this), tailored to everyone's personal circumstances.
28. This aligns with Self-Directed Support (SDS) principles of participation and dignity. Following reablement, a review using the Supporting People Framework will offer SDS options, promoting informed choice and guiding long-term care in line with statutory guidance.
29. It is recognised that there may be individual circumstances where reablement may not be feasible, and in those circumstances, a decision will be made towards direct application of supporting people framework and offer of SDS options, ensuring principles of choice and control are in place.
30. Through this new model, and in Phase 2 our ambitions are set out below

Independence & Enablement

- Promote independence through enablement, optimised care, and greater use of technology, equipment, and adaptations that support least restrictive practice and reduce the need for double-up care.
- Embed strengths-based and enablement-focused practice to deliver high-quality, personalised care, with annual reviews and care inspectorate outcomes evidencing improved wellbeing and independence.

Partnership & Innovation

- Empower providers to work in partnership with individuals, families, unpaid carers, and wider partners to develop innovative approaches that support independent living and promote wellbeing.
- Enable care providers to identify unpaid carers and work in partnership with carer support services, empowering them to make referrals and raise awareness of available support.

Workforce Development

- Work towards achieving the Unison and GMB Ethical Care Charters and support all providers to have robust workforce development and support plans.
- Explore initiatives such as care apprenticeships and collaborate across all care provision to create a unified approach to workforce support and development, so that all care sector staff feel supported and engaged to continuously improve the care and support provided.
- Promote a one workforce approach that reflects shared values—person-centred care, quality services, and a skilled, valued workforce across all sectors.

Equity & Inclusion

- Deliver culturally appropriate care that reflects individuals' preferences and values.
- Support people at end-of-life with timely, compassionate care that enables them to die well at home, if that is their choice. This approach fosters collaboration across services to meet needs sensitively and responsively.

Quality of Care

- Embed quality monitoring and practice improvement, so that all provision can evidence that they are working to a care inspectorate grade of good or better and the feedback from individuals, carers and stakeholders about their experiences is positive.
- Work with providers to develop quality monitoring tools and frameworks, which supports and embeds collaboration in relation to delivery of consistent quality of care across East Renfrewshire.

Sustainability & Efficiency

- Strengthen partnerships, ensure high-quality care, improve monitoring, support efficiency and sustainability, and reduce travel for care staff—helping to lower our carbon footprint.
- Maximise existing resources and reduce unnecessary processes by recognising shared assets and opportunities within local communities.
- Address shared challenges such as recruitment, retention, the cost of living, and financial pressures through collaborative working.

31. This approach represents an investment in both our care workforce and the local economy, recognising that health and care is a key contributor to the local economy and Gross Value Added across East Renfrewshire. This is a key approach toward the health and partnership supporting community wealth building and being an active partner in the local economy.

Commissioning Milestones to Implement the New Model

32. To support delivery of the new model, invitation to tender documents will be available from October for a 30-day period. An open meeting will be held for interested providers during this time, offering an opportunity to ask questions and seek clarification on the tender content.
33. **The evaluation process** will take place throughout November and December, with a final decision expected by the end of December. To support a collaborative and inclusive approach, colleagues from across the partnership, Trade Union representatives, and an individual with lived experience will be invited to participate in the evaluation.
34. **Two Week Set Aside.** Once successful providers are identified, a two-week clarification period will take place across December and January. This allows time to address any final queries before issuing the formal contract awards
35. **Mobilisation** - Mobilisation will take place between January and March 2026, to ensure effective arrangements and a start date of 1st April 2026.
36. **Post Mobilisation** – Once the new contract is in place, a post mobilisation plan will be co-produced to support effective implementation of the new contract through a partnership approach.

Governance Milestones for the New Model and Phase 2

37. Effective governance is essential for delivering Phase 2. To support this, a multi-disciplinary and multi-agency pre-mobilisation group will be established in September 2025. This group will be chaired by the Chief Officer and will oversee practical actions and manage risks to ensure successful implementation of the new model. Representatives from across the HSCP, HR, Procurement and Trade Unions will be involved to promote a partnership approach and early engagement.
38. A balanced scorecard will be developed by January 2026 through the pre-mobilisation and risk group. This will support consistent and planned monitoring of impact, ensuring effective oversight and the use of data intelligence to drive ongoing learning and improvement. The scorecard will be tested ahead of contract mobilisation to support a smooth transition into post-mobilisation governance.
39. To ensure care is delivered consistently and concerns can be raised easily, a clear governance framework will be established. As part of this, a provider escalation framework will be developed by March 2026. This will outline escalation routes and include the role of in-house services as the provider of last resort, ensuring robust processes are in place ahead of the contract start date.

Mitigation of Overspend Milestones

40. Adult Services Communities and Wellbeing, are aiming to contain the care at home overspend within their overall budget this financial year, supported by £0.391 million (m) non-recurring support, agreed by the IJB as part of the 2025/26.
41. The current projected overspend within Intensive services is £1.225m, with Care at Home and Telecare accounting for £1.144m of this pressure. This overspend is offset in part by £0.391m IJB funding (held centrally) and £0.530m within Older People Community services, leaving a net overspend of £0.304m before further mitigating action.
42. Going into 2026/27 managing care at home overspend within the overall Adult Care and Wellbeing Budget will not be sustainable particularly given the HSCP underlying £2.4m pressure and the forecasted £9.2m pressure forecasted for the partnership for 2026/27 noted in the Chief Financial Officer report.
43. The pre-mobilisation and risk mitigation group, chaired by the Chief Officer, will have oversight of mitigations to reduce current overspends to support delivery in this year. Key actions to support effective usage of the funding available are: -
 - Optimised care and enablement through review of current double up care arrangements in place and care packages with a cost of over £40,000 per year
 - Introducing a single assessment and care at home review team to enable application of the supporting people framework and SDS options.

Consultation and Partnership Working

44. The HSCP recognises the key role of our external providers as delivery partners in the of health and social care services and will continue to build on engagement already taken place in preparation for the change of contractual arrangements. As part of the tender implementation a series of engagement events are planned to ensure providers are fully involved and understand the requirements of contractual and monitoring arrangements.
45. A collaborative approach will underpin the implementation of the contract where the HSCP and providers will work together to develop a neighbourhood-based delivery model of care. Support will be provided to individuals to switch provider or choose different SDS option, and this would be done alongside individuals, their families, social workers, personal assistants (PAs) and providers.
46. Recent inspection reports have indicated that feedback from people who use our services that quality and engagement of staff has been positive.
47. This plan sets the strategic direction for the future of our service, grounded in collaboration and shared ambition. As we move into Phase 2, meaningful engagement with staff, service users, families, and carers will be central to shaping how the model is implemented.
48. This will be carried out in line with the *Planning with People* guidance, ensuring that voices are heard, choices are respected, and the service is co-designed to reflect the needs and aspirations of our communities. Through this approach, we will build a stronger, more inclusive partnership that drives innovation and delivers lasting impact.

Implications of the Proposals

Finance

49. The latest cost projection for the service shows an overspend of £1.225 million for the current financial year before further mitigating actions. The IJB agreed support for the service on a non-recurring basis of £0.991 million in the current year, however this still leaves a significant challenge.
50. One facet of the ongoing redesign work is to move to a local framework for purchased care, as set out above. The high-level modelling based on the current mix of care providers and hours suggests a reduction in costs of between £0.964 and £0.388 million on the status quo. This would be further enhanced through optimising the cost and volume metrics going forward to ensure the most efficient and effective use of the framework.
51. Whilst this in isolation will not close the current gap between budget and costs, this will reduce the recurring pressure and provide a stable cost basis for the longer-term impact of contractual spending.
52. The internal service costs will continue to be refined, recognising that this needs to operate within the available resources, including consideration for any budget realignment where appropriate.

53. A significant level of purchased care is a fundamental element of the service redesign and delivery, so the earlier the new contractual framework comes into effect then the sooner that cost efficiencies will be realised.

Workforce

54. The implementation of the contract is based on key SDS principles where individuals and families have choice and control over the identification of a suitable provider to meet their care needs. In the implementation of the contract there may be a requirement to work with people to review their care which may result in a change of provider.
55. External Providers may choose not to participate in the new framework or may be unsuccessful in their bid. In such cases, there may be potential TUPE implications for external providers, as the employers of the affected staff. This is a matter for resolution between the providers and does not include the HSCP directly. In these circumstances, the HSCP will support the process by identifying the number of employees currently delivering services under the existing contracts to assist providers in meeting their obligations under TUPE regulations.
56. It's acknowledged that the move to phase 2 may have implications for staff across the partnership as learning is gained through performance insights. To support, our workforce, HR and Trade Unions will be fully engaged in shaping and supporting any future plans, through being part of the mobilisation and risk management group. Staff will be supported throughout with access to wellbeing resources, and clear communication and involvement in shaping service delivery through ongoing listening and engagement.

Risk

57. The new model aims to deliver care at home through a partnership approach, recognising the partnership with providers to achieve this. All care sectors, have faced recruitment and retention challenges, leading to instability and rising care costs. By promoting shared risk and collaboration, this model supports a sustainable workforce and enhances the quality-of-care delivery.
58. Where Adult Support and Protection concerns are identified, including undue pressure to remain with a specific provider or to transfer to Direct Payments with the current provider or indicators of modern slavery, the normal mechanisms to investigate under Adult Support and Protection legislation will apply.

Legal and Procurement

59. We have worked with legal and procurement colleagues to develop a comprehensive set of tender documents for setting up a care at home framework. We now have an invitation to tender pack, which provides details on service specification and strategy and includes a new set of Health and Social Care relevant terms and conditions.
60. All public sector tender processes are required to comply with The Public Contracts (Scotland) Regulations 2015 to ensure best practice, value for money and consistency. The contract notice will be digitally advertised on the national Public Contracts Scotland portal, with invitation to tender documents being published on Public Contracts Scotland – Tender.

Equalities

61. The Equality Act 2010 identifies the following groups as a protected characteristic: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex and sexual orientation. An Equality and Fairer Scotland Duty Impact Assessment (EFRIA) has been completed and is appended to this report for the new commissioning framework and is summarised below. This will be further updated at the contract strategy stage to ensure continued consideration of any impacts.
62. There is expected to be an overall positive impact through new model of care. The service specification (and model of care) will support a strength-based approach, supporting people with independence and wellbeing, and locality-based collaborations with primary care networks.
63. There may be changes in care provider for some individuals receiving care at home, depending on the outcome of the tender process. To mitigate this, individuals who wish to remain with their current provider will be supported to consider Self-Directed Support (SDS) Option 1 (Direct Payments), ensuring continuity of care and promoting informed choice.
64. Impacts on people who share different protected characteristics. Primary impacts are in relation to protected characteristics of Age and Disability. There is disproportionate impact on women, because of the demographic profile of care at home service users. It recognises in such circumstances where people may find it more challenging to engage, mitigation will include informal or formal advocacy support is available to ensure people's views are included.
65. There are opportunities to develop culturally appropriate care through utilising the neighbourhood-based model to enhance recruitment, cultural understanding, and expertise/knowledge. There are no anticipated direct impacts in relation to other protected characteristics. Providers would be expected to be able demonstrate diversity awareness and responsiveness to the needs, identity, and choices of everyone within the support provided.
66. This model is expected to positively impact informal carers by reducing waiting times for care at home and strengthening ties with third sector organisations. Closer integration will help address non-regulated support needs, including loneliness and isolation. There may be implications for unsuccessful provider organisations, who will be required to follow appropriate HR and legal processes in line with their responsibilities.
67. To ensure continued compliance and responsiveness to the needs of protected groups, an EFRIA will also be undertaken for any future service changes arising from Phase 2. This will be informed by engagement with service users, families, carers, and staff, ensuring that equality considerations are embedded throughout implementation and service design.

Directions

68. No direction is required.

Conclusions

69. In summary, the proposed model adopts a personal outcomes-focused, strengths-based approach across both in-house and commissioned care services. It aims to support people to live full and meaningful lives within their own neighbourhoods and communities. By embedding collaboration across the care sector, the model will deliver high-quality, effective care that promotes positive wellbeing outcomes.
70. Commissioning, governance and overspend milestones have been developed to enable delivery on the new model and mitigate overspend risks identified in the report, which will be overseen by a pre-mobilisation and risk group, chaired by Chief Officer.

Recommendations

71. The Integration Joint Board is asked to: -
- Approve the proposed future neighbourhood model for delivering care at home to enable move to phase 2 of the care at home programme.
 - Note milestones towards implementation of phase 2.
 - Note intention to tender for a 7 + 2 + 1 (10 Year) framework for external care and wellbeing provision, focused on outcomes and around neighbourhoods of east Renfrewshire.
 - Note mitigations in relation to the current care at home overspend.
 - Request that the Chief Officer provides an update of progress in six months regards delivery upon milestones set out in the report to the Integrated Joint Board.

Report Author and Person to Contact

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Chief Officer, IJB: Alexis Chappell

Background Papers

[IJB Paper 20.11.2024 - Care at Home Redesign](#)



Equality, Fairness and Rights Impact Assessment (EFRIA)

The Equality, Fairness and Rights Impact Assessment (EFRIA) is one of our specific duties to [assess the impact](#) of applying a new or revised policy or practice against the needs of the General Equality Duty. This means East Renfrewshire Council must be mindful when assessing impact against these needs to:

- ensure the policy does not discriminate unlawfully
- consider how the policy might better advance equality of opportunity
- consider whether the policy will affect good relations between different groups

The Fairer Scotland Duty places a legal responsibility on particular public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socioeconomic disadvantage, when making strategic decisions. The UN Convention of the Rights of the Child (UNCRC) is an international human rights treaty which sets out the rights every child has and has been incorporated into Scottish Law as the [United Nations Convention on the Rights of the Child \(Incorporation\) \(Scotland\) Act 2024](#).

The Equality, Fairness and Rights Impact assessment considers how a policy* could impact on the needs of individuals protected by the [Public Sector Equality Duty](#), [the Fairer Scotland Duty](#) and the [UN Convention of the Rights of the Child](#).

Please consult the [EFRIA guidance flowchart](#) to help you complete this assessment.

Name of policy*:	Care at Home Redesign and Contract Implementation
Description of policy:	Update on care at home redesign and development of internal HSDCP framework for external care and wellbeing provision, focused on outcomes and around neighbourhoods of east Renfrewshire.
Why is the policy required?	<p>HSCP identified the need to redesign the in-house care at home service (homecare and telecare) in response to growth in demand, increasing complexity of need, as well as to improve efficiency and maintain and improve the quality of care provided. The redesign seeks to support our workforce and development of a neighbourhood health model. Its sets out an approach which supports creative and collaborative local approaches to how we deliver care to support people to live, age and die well at home.</p> <p>In recognition of the challenges for social care services nationally and to achieve our local ambitions, ERHSCP aims to work with local providers on a contract basis to offer a longer-term partnership delivery opportunity whilst offering longer term security, business continuity, forecasting and sustainability for successful providers.</p>
Date EFIRA completed:	10 th September 2025
Completed by:	Margaret Phelps
Lead officer for policy:	
Department:	

*The term 'policy' covers any work or function of East Renfrewshire Council i.e. customer and service delivery, staffing, criteria, practices, proposals, activities and decision-making

Guidance – please read**Section 1**

This section enables you to determine if a full assessment is required. If a full assessment is not required, this must be clearly stated in **Section 9** of the form.

Section **2-8** is the full assessment covering the sections listed below:

2	Engagement and Consultation Give details of how different groups have been consulted about the policy.
3	Impact on individuals or groups with protected characteristics How will the policy impact individuals or groups who fall under one of the nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation?
4	Impact on socio-economic disadvantage How will the policy impact individuals or groups disadvantaged by poverty, low income, homelessness or lack of or low-level educational qualifications?
5	Impact on Children and Young People How will the policy impact on the rights and needs of children and young people?
6	Contractors and suppliers Will the policy be delivered by any contractors or suppliers in full or partially?
7	Outcome of assessment and action plan What is your decision based on the assessment and are there any mitigations or actions that need to be addressed?
8	Approval Details of when and who approved the policy.

Section 9 should only be completed where the screening shows no assessment is required

When completing the assessment you must consider relevant evidence, including information received from equality groups. This evidence should inform the result of your impact assessment. You're required to take action to address any issues identified, such as removing or mitigating any negative impacts, where possible, and enhancing any potential for positive impact. If any adverse impact could result in unlawful discrimination, the policy must be fully reviewed and amended.

All impact assessments will be published on the Council website

1. Screening

This section should be completed to establish if a full assessment is required.

1.1 What is the nature of the work or activity?	
Select a category from below that explains the work or activity you are doing.	
<input type="checkbox"/> Policy or Strategy <input type="checkbox"/> Programme or Plan <input type="checkbox"/> Project delivery <input checked="" type="checkbox"/> Service or Function <input type="checkbox"/> Budget proposal <input type="checkbox"/> Other please state: Click or tap here to enter text.	Is this work or activity... <input type="checkbox"/> New <input checked="" type="checkbox"/> Change or review of existing <input type="checkbox"/> Other- Please state: Click or tap here to enter text.
1.2 What will happen as a result of this policy?	
What changes will come about for individuals and groups through this policy?- Select all that apply	
<input type="checkbox"/> Change to Council, Trust or HSCP charging arrangements (including introduction, removal, increase or decrease) <input checked="" type="checkbox"/> Change to how a service is delivered (including addition, change or removal of practices/procedures/processes) <input type="checkbox"/> Change to provision of services or staffing <input type="checkbox"/> Change to entitlement or eligibility for service delivery or welfare/benefit access	

☐ Other. Please state: [Click or tap here to enter text.](#)

1.3 What groups of individuals are likely to be impacted by this policy?

Select which groups of individuals are likely to be impacted positively or negatively if this policy is implemented.

- x☒ The policy has potential to impact **individuals with protected characteristics***
 x☒ The policy has potential to impact **socioeconomic disadvantage** for individuals**
☐ The policy has potential to impact **children and young people up to the age of 18**
☐ The policy has no impact on those specified above.

***Protected Characteristics** are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

****Socio-economic disadvantage** is where an individual is disadvantaged by poverty, low income, homelessness or lack of or low-level educational qualifications

1.4 Is there any potential indication or evidence that the policy will discriminate unlawfully; affect equality of opportunity for different groups or affect good relations between different groups?

Will any individuals be treated less fairly than others if this policy is implemented? This includes employees, residents, community groups and visitors to the area.

- ☐ Yes
 x☒ No
☐ Don't Know

Review your answers above.

- If the policy has **no impact on individuals**, and you have selected 'no' to section 1.3, an impact assessment is not required. **GO TO SECTION 9**
- If the policy will have an impact on individuals and/or you have selected 'yes or don't know' to section 1.3, complete the full assessment. **GO TO SECTION 2**

2. Engagement and Consultation

This section will assess how the policy is being communicated to certain groups and how you have consulted them.

2.1 How have individuals (incl. children & young people) who might be affected by the policy been consulted or involved?

This can include a summary of findings from recent consultations, surveys, user research or customer testing that has been carried out. Include dates and information.

The new care at home service model is based on Self Directed Support (SDS) principles which emphasises outcomes focused, strengths based and quality of care with people at the centre of our delivery. There is a focus on fostering independence by moving away from a time and task model (where the focus is delivery on requested hours) to an outcome based model where care is focussed upon the priorities a person wants to achieve to improve their wellbeing and independence through the support they receive from all providers regardless of inhouse or commissioned.

The implementation of the contract will be offered in geographical patches to support multi-disciplinary and collaborative working arrangements across health and social care and wider partners in local neighbourhoods. This compliments, inhouse services which are already delivered in geographical patches, enabling a partnership across inhouse and commissioned provision. Engagement through focussed discussions with external partner providers have been ongoing as part of the care at home redesign. This engagement will continue through the implementation of the contract and the collaborative approach between HSCP and external providers to develop a neighbourhood based model of care.

There is expected to be an overall positive impact through this new model of care. The service specification (and model of care) will support a strength-based approach, supporting people with independence and wellbeing, and locality based collaborations within primary care networks.

2.2 How will you communicate information about this policy to individuals who have: hearing and/or sight loss; English as an additional language; are digitally excluded; have literacy/numeracy barriers?

Think about how you will communicate information about the policy to the above individuals. This may include printed materials being accessible in other formats, e.g. Braille, easy to read, translated in other languages. More information can be found [here](#).

Communication will be able to take place on a 121 basis, with direct person centred communication styles adopted where required for each person.

3. Impact on groups with protected characteristics

This section will assess if the policy has potential to impact individuals with protected characteristics. You should consider any evidence or information you have on how it will affect different groups of individuals, both positively and negatively.

Below is a suggested list of sources:

- Input from local Councillors
- Findings from engagement exercise and consultations.
- Information or feedback from groups of individuals, such as equality interest organisations or groups who speak on behalf of others
- National, regional or local statistics

- Analysis of enquiries or complaints from customers
- Recommendations from inspections or audits
- National or regional research to identify similar issues
- Comparisons with similar policies in other departments or authorities to identify similar issues

You may want to consider collecting new evidence that you don't have but think will be relevant. For example: setting up meetings or focus groups, carrying out user research.

Please find other sources of evidence on page 9 of the [EFRIA guidance flowchart](#).

3.1 Use the table below to consider how the policy may impact on a particular group with protected characteristics through reviewing the evidence, experience and needs of this group		
Characteristics/circumstances	Evidence, experience and needs- outline any data or research that shows how this group may be impacted (include sources)	Will the impact on this group be positive, neutral or negative and why?
Age	Overall positive impact through new model of care. People will be supported using SDS model to identify suitable care provider to meet their needs. Primary impacts are in relation to protected characteristics of Age and Disability.	Neutral. SDS principles ensure a person centred approach where people are supported to direct their own care needs using SDS options available. Where additional support is required this will be facilitated eg informal/formal advocacy including carers.
Disability or long term health condition	Overall positive impact through new model of care.	People will be supported using SDS model to identify suitable care provider to meet their needs. Where additional support is required this will be facilitated eg informal/formal advocacy including carers.

Race	Overall positive impact through new model of care.	People will be supported using SDS model to identify suitable care provider to meet their needs. Where additional support is required this will be facilitated eg informal/formal advocacy including carers
Sex	There is disproportionate impact on women (because of the demographic profile of home care customers).	People will be supported using SDS model to identify suitable care provider to meet their needs. Carers will be supported through individual care assessment to ensure their needs are being included.
Gender reassignment	No known impact identified at this stage	N/a
Marriage/Civil Partnership (only applicable to Council employment policy)	N/a	N/a
Pregnancy / Maternity	N/a	N/a
Religion / Belief	N/a	N/a
Sexual orientation	N/a	N/a
Providing unpaid care	There is disproportionate impact on women (because of the demographic profile of home care customers).	Carers will be supported through the individual care assessment to ensure their needs are being included.

	The role that unpaid carers play in supporting family members and loved ones is recognised. Any change in policy may raise anxieties for unpaid carers who will be involved and included as part of the process. Both inhouse and commissioned services will work in partnership with Carers support services so that we build innovation and greater awareness of support to unpaid carers.	
Any other relevant groups e.g. unemployed people, people experiencing homelessness, care leavers, people involved in the criminal justice system, people with literacy/numeracy barriers, people living in rural communities.	No known impact identified at this stage	

3.2 Are there known inequalities within the policy?

For example: barriers to transport for some groups; opening hours and location, organisational pay, terms or conditions; how public information is provided?

There may be implications in relation to the internal workforce should the newly implemented structure. Any small adjustments to the structure/roles moving forward informed by learning and performance. Staff representative will be fully engaged in any potential changes. The implementation of the contract may have implications, including TUPE, for external providers which will be anticipated as part of the implementation of the contract.

This new model, intention is to value and invest in our care workforce through working to achieve Unison and GMB ethical care charters and supporting all providers regardless of inhouse or commissioned to have a robust workforce development and support plan.

3.3 In what ways, if any, would this policy contribute to discrimination or help to eliminate it?

Discrimination means treating individuals differently from others. For example, not recruiting someone as they are deemed too old/young; or a support group running on an upper floor with no lift access will discriminate against people with mobility issues or wheelchair users

It is anticipated to be an overall positive impact through new model of care which seeks to ensure that the quality and consistency of care is delivered irrespective of inhouse or commissioned service delivery. The service specification (and model of care) will support a strength-based approach, supporting people with independence and wellbeing, and locality based collaborations with primary care networks. The new model seeks to provide a care at home service delivered by a one workforce approach recognising our partnership delivery with inhouse and commissioned services.

The new model emphasizes outcomes focused, strengths based and quality of care with people at the centre of our delivery with a focus on fostering independence by moving away from a time and task model (where the focus is delivery on requested hours) to an outcome based model where care is focussed upon the priorities a person wants to achieve to improve their wellbeing and independence through the support they receive from all providers regardless of inhouse or commissioned. In doing so, this model seeks to bring greater consistency and quality of delivery of care and reduce the risk or potential discrimination whether socio economic or geographical.

3.4 In what ways, if any, would this policy advance or undermine equality of opportunity?

This is when individuals from different backgrounds are treated fairly through providing an equal footing or level playfield to achieve outcomes. For example, children who have additional support needs are provided with teaching support to fully participate in the school curriculum or a deaf BSL user is provided with a BSL interpreter at health appointments.

The new model is based on SDS principles which emphasises, outcomes focused, strengths based and quality of care with people at the centre of our delivery. As such people will be supported to participate in directing their care to meet peoples need sensitively and responsively. There is expected to be an overall positive impact through new model of care. The service specification (and model of care) will support a strength-based approach, supporting people with independence and wellbeing, and locality based collaborations with primary care networks.

It is recognised the impacts on people who share different protected characteristics will primarily be in relation to protected characteristics of Age and Disability. There is disproportionate impact on women (because of the demographic profile of home care customers). In utilising the SDS principles and provision of informal/formal advocacy will seek to mitigate and support person centred approach.

3.5 In what ways, if any, would this policy foster or undermine good relations between groups of individuals?

Consider aspects that may tackle prejudice or promote understanding between different groups. For example, ensuring new arrivals and refugees are given supports to integrate within local communities or an LGBTQI+ youth group provide training on LGBTQI+ experiences to a local faith group

There is expected to be an overall positive impact through new model of care. SDS principles with additional support through informal/formal advocacy mitigation will seek to ensure that people accessing support feel that their needs are central, reducing any misunderstanding in relation to access to services. The service is delivered to meet individual needs and by its nature should reduce any misunderstanding in relation to others needs. The workforce both inhouse and external commissioned are working to a shared service specification.

4. Impact on socio-economic disadvantage

This section will assess how the policy may impact socio-economic disadvantage for individuals.

Socio-economic disadvantage is where an individual is disadvantaged by poverty, low income, homelessness or lack of or low-level educational qualifications. Socio-economic disadvantage can be experienced in both geographical communities and communities of interest i.e. a group that share a common characteristic or circumstance. In East Renfrewshire there are a number of communities, known as locality planning areas, where people are at greater risk of experiencing socio-economic disadvantage including,

- Barrhead – Dunterlie, East Arthurlie and Dovecothall
- Auchenback
- Neilston
- Thornliebank

Consider the policy itself and the way it will be implemented. How will this deliver different experiences for individuals in East Renfrewshire?

4.1 In the section below consider how the policy may impact socio-economic disadvantage through reviewing the evidence, experience and needs of this group

Characteristics/circumstances	Evidence, experience and needs- outline any data or research that shows how this group may be impacted (include sources)	Will the impact on this group be positive, neutral or negative and why?
Socio-economic	Our priority is to ensure residents have choice and control through a variety of providers and creative support options. The service is delivered across all geographical areas within the boundary of East Renfrewshire.	Negative - there is no change planned to the geographical delivery of the service. The inhouse service as statutory partner with duty of care ensures that care can be provided across all communities irrespective of socio- economic circumstances.

4.2 Consider the impact outline in section 4.1, In what way would the policy alleviate or increase inequalities in socio-economic disadvantage?

Consider common inequalities such as poorer skills and attainment; lower paid and less secure work; greater chance of being a victim of crime; less chance of being treated with dignity and respect; lower healthy life expectancy; lower feeling of control over decisions that affect you.

The impact should be limited as the model is based on SDS principles which emphasises, outcomes focused, strengths based and quality of care with people at the centre of our delivery. In circumstances where people may find it more challenging to engage, informal or formal advocacy support is available to ensure peoples views are included.

4.3 What opportunities are there within this policy and the way it will be implemented to promote inclusion, participation, dignity and empowerment of people experiencing socio-economic disadvantage?

For example, a new health centre is being built and considers affordability of public transport options for residents.

The model is based on SDS principles which emphasises, outcomes focused, strengths based and quality of care with people at the centre of our delivery. This is an inclusive person centred assessment and people will be offered in a way that ensures ease of access offering locations that best suits people eg in their homes or central easily accessible location.

4.4 Is there anything in particular that will be done to address the multiple inequalities experienced by some people in Auchenback, Barrhead, Neilston and Thornliebank?
This model of service is delivered in peoples homes and therefor mitigates any impact on inequalities of access for areas, detailed above.

5. Impact on Children and Young People

This section must be completed if any potential impact on children and young individuals up to the age of 18 have been identified in sections 1-4.

United Nations Convention on the Rights of the Child (Scotland) Act 2024 places a legal duty on public authorities to respect and protect children's rights in the work they do.

There are a range of elements that the Council must consider in supporting these rights including:

- Ensuring that children and young people have a voice in decisions that affect them – both directly and indirectly;
- Undertaking assessments of how well the Council is protecting children, including children's rights and wellbeing impact assessments and considering how budget planning supports better outcomes for children and young people

5.1 Are there known impacts on children and young people within the subject matter of the policy?
For example, changes to out-of-school services, employment support for parents, play parks.

n/a this is an adult service

If there is no impact on children and young people GO TO SECTION 6

5.2 In the section below outline the UN Convention on the Rights of the Child (UNCRC) General principle that is relevant, the particular groups of children that will be affected and how this will impact them

Which [General Principles of UNCRC](#) are relevant to this policy/measure?

Tick all that apply

Which particular groups of children and young people are affected by this policy?

(e.g. young children, children with disabilities, children living in poverty, children in care, young people who offend).

Article 2

Non-discrimination

Children should not be discriminated against in the enjoyment of their rights. No child should be discriminated against because of the situation or status of their parent/carer(s).

☐

n/a this is an adult service

<p>Article 3 Best interests of the child Every decision and action taken relating to a child must be in their best interests. Governments must take all appropriate legislative and administrative measures to ensure that children have the protection and care necessary for their wellbeing - and that the institutions, services and facilities responsible for their care and protection conform with established standards.</p>	<input type="checkbox"/>	n/a this is an adult service
<p>Article 6 Life, survival and development Every child has a right to life and to develop to their full potential.</p>	<input type="checkbox"/>	n/a this is an adult service
<p>Article 12 Respect for the views of the child Every child has a right to express their views and have them given due weight in accordance with their age and maturity. This includes involving children in budget decisions that affect them. Children should be provided with the opportunity to be heard, either directly or through a representative or appropriate body.</p>	<input type="checkbox"/>	n/a this is an adult service

Which [additional articles](#) are relevant to this policy/measure? List all that apply n/a this is an adult service

In relation to the articles identified above, explain how the impact will be positive, negative or neutral.

Relevant identified Article of UNCRC	Impact category (Positive/Negative/Neutral)	Assessment of impact (including consideration of whether the policy might impact different groups of children and young people in any other way).

5.3 What opportunities are there within this policy to advance or undermine the rights of children and young people?

Explain how the policy can strengthen or weaken the rights of children and young individuals

n/a this is an adult service

5.4 What opportunities are there within this policy to protect and promote the wellbeing of children and young people?

For example promoting physical activity and healthy eating.

n/a this is an adult service

6. Contractors and suppliers

6.1 Will the policy be carried out by contractors or suppliers?

This includes fully or partially. If yes, how will you incorporate equality expectations into the contract?

This new model recognises the joint delivery by HSCP inhouse service and externally commissioned care delivered by partner providers. This collaborative model is where HSCP and providers will work together to develop a neighbourhood based delivery model of care. This one workforce approach recognises our shared values, person centred approach, sustaining quality services, a skilled and valued staff across all sectors. This is an investment in our care workforce across all our sectors and in our local economy.

In addition to the internal care at home service and in recognition of the challenges for social care services nationally, ERHSCP aims to work with local providers on a 7 + 2 +1 contract basis to offer a longer-term partnership delivery opportunity whilst offering longer term security, business continuity, forecasting and sustainability for successful providers.

7. Outcome of assessment and action plan

You have completed sections 1-6 above and assessed the impact of the policy on individuals with protected characteristics, those experiencing socio-economic disadvantage and children and young people. The following section outlines your decision based on this assessment, mitigations and actions that can be taken to reduce any negative impacts.

7.1 Having assessed the impact of the policy under sections 3,4 and 5 select the most appropriate outcome

Which option below best describes your next steps?

- ☒ Continue the policy as is
- ☐ Adjust the policy
- ☐ Stop the policy

7.2 Are there any significant and relevant information gaps that have not been filled during the development of this policy and how do you plan to address these during the life of the policy?

This new model and contract implementation will continue to evolve to reflect the changing needs of people based on SDS principles where people are in control of the identification of care services.

Throughout the duration of the contract HSCP and commissioned providers will work collaboratively to ensure the service is outcomes focused, strengths based and quality of care with people at the centre of our delivery. Engagement through focussed discussions with external partner providers have been ongoing as part of the care at home redesign. This engagement will be continued through the implementation of the contract and the collaborative approach between HSCP and external providers to develop a neighbourhood based model of care.

7.3 Briefly summarise how your evidence and assessment demonstrates any potential impacts, both positive and negative, on groups with protected characteristics from this policy?

There is expected to be an overall positive impact through new model of care. Primary impacts are in relation to protected characteristics of Age and Disability. The service and contract specification (and model of care) will support a strength-based approach, supporting people with independence and wellbeing, and locality based collaborations with primary care networks. The new model is based on SDS principles which emphasises quality of care with people at the centre of our delivery with support they receive from all providers regardless of inhouse or commissioned. Care at home service are delivered across East Renfrewshire in all of our local communities.

The implementation of the contract will be offered in geographical patches to support multi-disciplinary and collaborative working arrangements across health and social care and wider partners in local neighbourhoods. This compliments, in house services which are already delivered in geographical patches, enabling a partnership across in house and commissioned provision. This will ensure that the provision of services does not impact on geographical or socio economic circumstances. In circumstances where people may find it more challenging to engage, informal or formal advocacy support is available to ensure peoples views are included. This should provide mitigation and ensure the people accessing support feel that their needs are being considered with the focus on personal outcomes, reducing any misunderstanding in relation to access to services.

There is disproportionate impact on women (because of the demographic profile of home care customers). This has been anticipated in developing the service specification recognising the key role of carers and the right to a carers assessment in considering their individual needs.

The role that unpaid carers play in supporting family members and loved ones is recognised. Any change in policy may raise anxieties for unpaid carers who will be involved and included as part of the process. Both inhouse and commissioned services will work in partnership with Carers support services so that we build innovation and greater awareness of support to unpaid carers.

7.4 Briefly summarise how your evidence and assessment demonstrates any potential impact, both positive and negative, on individuals and communities experiencing socio-economic disadvantage from this policy?

There is expected to be an overall positive impact through new model of care. The service and contract specification (and model of care) will support a strength-based approach, supporting people with independence and wellbeing, and locality based collaborations with primary care networks. The new model is based on SDS principles which emphasises quality of care with people at the centre of our delivery with support they receive from all providers regardless of inhouse or commissioned. Mitigation has been considered and detailed in 7.3.

7.5 Briefly summarise how your evidence and assessment demonstrates any potential impacts, both positive and negative, on the rights of children and young people from this policy?

No impact as this is an adult service.

7.6 How long will this policy be in place and when is it scheduled for review?

Is this a temporary or permanent change and are there plans to review the policy?

The service specification includes a rigorous review and monitoring process with associated key performance indicators. This includes;

- As a minimum an annual review process for the individual care service with increased frequency if required.
- Regular managerial oversight in relation to quality assurance and key performance reporting .
- Contract monitoring with individual commissioned provider with schedule of collaborative meetings to monitor and develop the service model.
- Regular joint operational oversight meetings with inhouse/commissioned delivery partners to monitor operational processes and ensure quality of care

7.7 Based on the findings from this impact assessment, outline any mitigating actions that will reduce the impact caused by the policy on individuals, including children and young people. The actions should also outline the communication and implementation of the policy.

Identified adverse impact	Mitigating actions	Timeline	Responsible person
Primary impacts are in relation to protected characteristics of Age and Disability.	The new model is based on SDS principles which emphasises quality of care with people at the centre of our delivery with support they receive from all providers regardless of inhouse or commissioned. In circumstances where people may find it more challenging to engage, informal or formal advocacy support is available to ensure peoples views are included.	Ongoing	Senior Manager
There is disproportionate impact on women (because of the demographic profile of home care customers).	This has been anticipated in developing the service specification recognising the key role of carers and the right to a carers assessment in considering their individual needs. Both inhouse and commissioned services will work in partnership with Carers support services so that we build innovation and greater awareness of support to unpaid carers.		Senior Manager

8. Approval

If the full impact assessment has been completed, complete below.

Name of policy:	Care at Home redesign and Contract Implementation
Date approved:	
Approved by:	

(Head of Service/Director level)	
Department:	

9. No assessment required

If the screening has indicated a full assessment is not required, complete below.

Policy/Decision Title	
Department/ Service	
Responsible officer for taking decision	
Rationale for decision	Please record why an assessment is not required and what your justification is for making that decision. This must include confirmation that the policy has no relevance for people with protected characteristics or impact on human rights or socio-economic inequalities.

Declaration:

I confirm the decision not to carry out an Equality, Fairness and Rights Impact Assessment has been authorised by:

Name and Job Title:

Date Authorisation given:

Version Control

Date of change	Amendment	Owner

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Meeting of East Renfrewshire Health and Social Care Partnership Held on	Integration Joint Board 24 September 2025
Agenda Item	10
Title	East Renfrewshire collaborative whole system approach to Care Homes and Assurance
Summary This report provides an overview of the collaborative whole system approach to supporting East Renfrewshire's 14 care homes. The report details the process for assurance through Care Home Assurance Tools (CHAT) submitted from assurance visits undertaken across East Renfrewshire in 2025.	
Presented by	Julie Tomlinson, Chief Nurse
Action Required The Integration Joint Board is asked to: <ul style="list-style-type: none"> a) Note the robust processes in place to provide assurance in relation to provision of nursing leadership support and guidance to care homes in East Renfrewshire. b) Note the collaborative support structures in place to improve the health and wellbeing of care home residents and staff and ensuring care homes are fully integrated within the health and social care system. 	
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"/> Finance <input type="checkbox"/> Policy <input checked="" type="checkbox"/> Workforce <input type="checkbox"/> Equalities </div> <div> <input checked="" type="checkbox"/> Risk <input type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty </div> </div>

East Renfrewshire Integration Joint Board**Report by Chief Nurse****24 September 2025****East Renfrewshire collaborative whole system approach to
Care Homes and Assurance****Purpose of Report**

1. The purpose of this report is to provide an overview of the collaborative whole system approach to supporting East Renfrewshire's 14 care homes. The report details the process for assurance through Care Home Assurance Tools (CHAT) submitted from assurance visits undertaken across East Renfrewshire in 2025.
2. The report provides a thematic analysis, commenting on areas of good practice and opportunities for improvement, highlighting learning for care homes and ER HSCP team. The report additionally outlines the work of the Care Home Liaison Nurse team (CHLN) and wider ER HSCP Multidisciplinary teams in support of care homes.

Recommendation

3. The Integration Joint Board is asked to:
 - a) Note the robust processes in place to provide assurance in relation to provision of nursing leadership support and guidance to care homes in East Renfrewshire.
 - b) Note the collaborative support structures in place to improve the health and wellbeing of care home residents and staff and ensuring care homes are fully integrated within the health and social care system.

Background

4. Care home assurance visits commenced in East Renfrewshire in May 2020 in response to the impact of the pandemic. Annually across Greater Glasgow and Clyde (GGC) each HSCP, in partnership with local care homes, plans a schedule of assurance visits using a GGC wide validated tool.
5. Local intelligence of emerging situations drives the focus for support and improvements and further visits as required. During May/June 2025 all 14 East Renfrewshire care homes undertook an assurance visit in partnership with East Renfrewshire Health and Social Care Partnership.

Report**Care Home Assurance Tool (CHAT) Review**

6. The CHAT tool has defined areas of reporting covering Infection Prevention and Control (IPC), Residents Health and Care Needs and Workforce, Leadership and Culture. Care homes use the tool to self-assess prior to the HSCP visit. During the CHAT visit all

areas of reporting are discussed with the care home teams, good practice is celebrated and areas for improvement and learning are shared.

7. The process for assurance and the template has been developed in consultation with key stakeholders including care homes, health, social work, commissioning, and Care Inspectorate.
8. GGC wide the CHAT is continually reviewed and refinements made following learning from each annual round of visits. East Renfrewshire care homes fully engage in the process and feedback from care homes is positive.

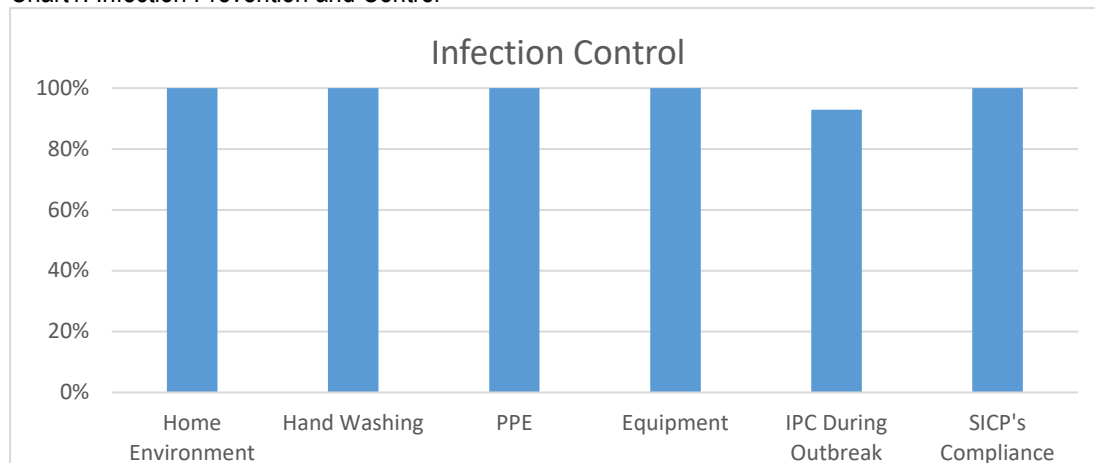
ER HSCP Care Home Assurance Visits 2025

9. Over a 6-week period w/c 13th May 2025 – w/c 26th June 2025 representatives of East Renfrewshire Care Home Assurance Group visited all 14 care homes and completed the CHAT in partnership with care home managers and staff.
10. Prior to CHAT visits ER Commissioning team shared a copy of the CHAT, each care home then completed a self-assessment prior to the HSCP visit. In preparation for the visit ER HSCP team complete a review of the self-assessment to identify areas for focus and discussion during the visit.
11. This report details the CHAT findings, commenting on areas of good practice and opportunities for improvement, and also highlighting any wider learning from the process.

Theme 1 - Infection Prevention and Control (IPC)

12. For the theme of IPC across ER HSCP care homes chart 1 shows the finding as follows:

Chart1: Infection Prevention and Control



• **Entry to the home**

13. Staff in homes were found to provide a warm and friendly welcome, directing visitors to hand hygiene facilities. CHAT outcomes demonstrate a plentiful provision of alcohol-based hand rub (ABHR) at entryways.

- **Home Environment**

14. Care Homes were found to be generally well appointed, clean and tidy, with 100% fulfilling the requirements of this section.
15. Residents' bedrooms were found to be clean and well maintained with strong evidence across all homes of rooms being personalised with resident's choice of decor and personal belonging
16. Where residents opt for less frequent cleaning, this was appropriately risk assessed.

- **Hand Hygiene**

17. All homes were able to fulfill all requirements for hand hygiene, with supplies of ABHR and designated facilities throughout the home environment. Ongoing support and education for staff to support best practice in relation to hand hygiene continues.
18. 100% of homes achieved all aspects of hand hygiene practice. Care home visitors noted that staff were on occasion observed not bare below their elbows, either wearing wrist watches or bracelets.
19. CHAT templates captured some wall-mounted ABHR units that had not been replenished or were not in working order.

- **Personal Protective Equipment (PPE)**

20. Care homes visited had an adequate, suitable and accessible stock of PPE for a range of activities.

- **Equipment**

21. Homes continue to limit shared equipment as a means of preventing cross-infection.
22. Shared equipment was predominantly found to be clean and orderly. All homes were able to fulfill all requirements for the maintenance and management of equipment. Where CHAT outcomes noted equipment that was not visibly clean this was highlighted to managers and recommended inclusion to cleaning schedules.
23. A key recommendation was the need for signage and evidence of cleaning between uses.

- **DSR and Housekeeping (Monitoring the Care Environment)**

24. All CHAT visitors noted evidence of cleaning at the time of visit, and were confident in practices through conversations with knowledgeable housekeeping staff.
25. 100% of homes were able to demonstrate robust practices with regards to maintenance and monitoring of the care environment.

- **Laundry**

26. All homes were able to fulfill the requirements for laundry processes, with advice posters, suitable wash temperatures and segregated areas for clean and dirty linen.

- **IPC Training**

27. Consistent with previous visits, all homes have a robust internal process for ongoing IPC training and completion rates were noted to be high.

- **Monitoring compliance with Standard Infection Control Precautions (SICPS)**

28. All homes had processes for monitoring compliance with SICPS, such as observation of hand hygiene and donning and doffing of PPE as well as more formal systems such as audit.
29. Staff receive feedback on their performance, either at the time of observation, as part of regular one-to-one, or at team meetings. IPC champions within teams were noted to be a positive addition to ensuring awareness and compliance.

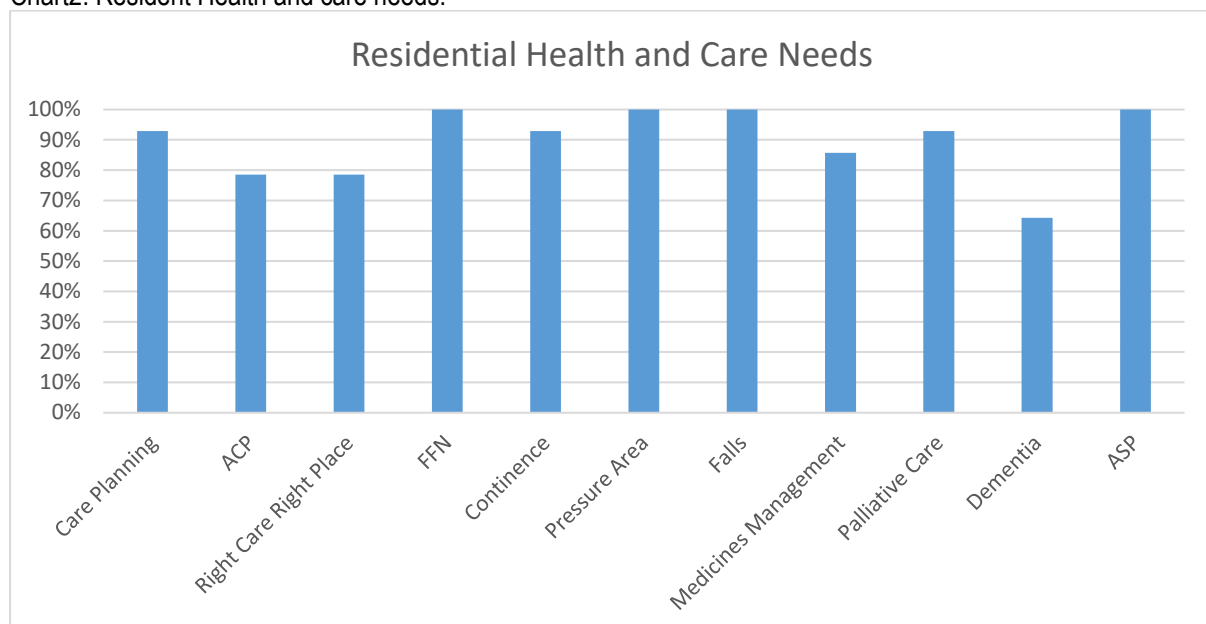
- **IPC during an Outbreak**

30. 93% of homes visited could detail their plans for management of an outbreak. Care home teams voiced actions such as isolation of residents, escalation of concerns to leadership teams and public health, this was consistent across all 14 homes.

Theme 2 – Resident Health and Care Needs

31. The following chart highlights the findings of care assurance visits within the theme of resident's health and care needs.

Chart2: Resident Health and care needs:



32. Chart 2 illustrates that care planning and practices relating to residents' health and care needs were found to be of a high standard across East Renfrewshire Care homes with multiple examples of good practice. The excellent practice observed during the CHAT was recognised and feedback given at the time of visits.

- **Care Planning**

33. Care planning remains an area of strength with 93% of homes fulfilling all requirements, and demonstrating care planning which supports resident's health and care needs. There were good examples of care plans that detailed the resident's life stories, who and what is important to them. In some homes care plans considered not only issues of care needs and risk assessment, but took a strength-based approach, documenting resident's abilities and considering how these could be supported. Key points are:-

- In contrast with previous CHAT visits where an area of improvement was recorded keeping due to handwritten notes and legibility, the majority of care homes were noted to now be using electronic records which has improved quality of information and ability to access the right information timeously.
 - The majority of care homes have a dedicated activities coordinator and there was evidence of a regular calendar of events and excellent examples of meaningful activity within care homes.
 - In 79% of care homes Future Care Planning practices were noted to be an area of strength. Examples include End-of-life wishes clearly considered within care plans, and DNACPRs are in place for those residents who may need them. Building staff confidence in managing FCP conversations was noted to be an area for improvement with the aim to enhance the quality of information within the FCP.
 - Whilst not all homes have fully implemented the recommended standardised deterioration tool (21%), all homes described local process that supported recognition and reporting of changes in line with RESTORE2 and RESTORE mini to help standardise the recognition and communication of deterioration. All homes noted good working relationships and further support available such as GP services, community nursing teams, pharmacy and specialist palliative care services.
- **Food Fluid and Nutrition**
 - 34. 100% of care homes provided access to meals and snacks throughout the day and overnight.
 - 35. CHAT visitors noted effective and collaborative working relationships between catering and care teams that supported effective communication and person centred meal experiences.
 - 36. 100% made reference to the use of nutritional screening, predominantly using MUST.
 - 37. CHAT visitors noted the display of information on texture modified diet and fluids and likes and dislikes are recorded in personal plans.
- **Continence Promotion**
 - 38. There was evidence of best practice in 93% of care homes in relation to recording resident's needs within care plans and staff clearly demonstrating promotion of continence.
 - 39. Areas for improvement focused on training for staff regarding products and reassessment of need.
- **Pressure Area Care**
 - 40. 100% of homes fulfilled the necessary aspects of pressure area care.
 - 41. Good practice was noted in the use of pressure ulcer safety cross to track the inheritance or development of pressure ulcers; and the use of the Red Day Review tool, to audit pressure area care.
 - 42. CHAT tools highlighted that homes are accessing support from community nursing teams and podiatry, and that homes have access to a range of redistributing equipment as required.
 - 43. Staff training on pressure ulcer management was highlighted as an area for ongoing improvement.

- **Adult Support and Protection**

44. ER HSCP teams noted good understanding and application of adult protection policy and procedures across all homes.
45. ASP themes included wound care, medication errors, altercations and verbal exchange between residents, and unwitnessed falls which resulted in injury. Additionally, complaints regarding staff behaviour towards residents are highlighted as an issue.
46. In regard to Adult with Incapacity (AWI), a number of care homes raised concern around a lack of priority given to the process of maintaining a current AWI notice, this was noted as an area for improvement with support from the HSCP.

- **Medicines Management**

47. 100% of care homes were able to evidence staff training in medicines administration and regular medication audits taking place.
48. Examples of best practice include introduction of a lessons learned process following any incidents to support staff awareness and development.
49. As with previous years' CHAT outcomes, relationships with local pharmacies to carry out routine polypharmacy review were highlighted as an area for improvement.

- **Falls**

50. 100% of homes carried out falls risk assessments for residents. Falls awareness and prevention training is carried out via a range of e-learning platforms and the good links with ER HSCP Rehab team for assessments and treatment plans was noted.
51. Homes referred to use of the Falls Pathway through the NHSGGC Flow Navigation Centre, and the support and guidance offered via the Care Home Liaison service and Rehab teams.

Theme 3 - Workforce, Leadership and Culture

52. Effective leadership and support from the care home's wider organisation can be directly correlated with how supported staff feel, the overall culture of the home and the care residents receive. This section provides a narrative of key themes in workforce, leadership, and culture for ER HSCP care homes.

Chart 3: Workforce Leadership and Culture



- **Workforce**

53. Staff reported feeling satisfied within their roles. Care home visitors noted that staff were open to conversation and keen to discuss aspects of care and future events and activities.
54. Homes continue to celebrate the achievements of staff mentioning the completion of SVQ qualifications.
55. Whilst staffing remains an area of ongoing focus, for many homes this had notably improved. Many homes reported being fully staffed, with limited requirements for agency, which has positively impacted on the quality and consistency of care provided.

- **Leadership**

56. Care home visitors complemented the work of care home managers. New managers have positively impacted their homes, and long-standing managers are providing consistency of leadership. The importance of good relationships with staff was highlighted as a factor, making staff teams feel valued and positively shifting culture.

- **Culture**

57. In reviewing culture, care home visitors spoke with residents and families who reported being happy within their home and with their care.

Whole system care home support

58. The Care Home Liaison Nursing Service (CHLN) works in partnership with care home nursing staff to deliver high quality, enhanced nursing support to people living in an older adult care homes. This includes those being discharged from acute care or transferring from the community to a care home setting.
59. The CHLN service are an integral part of the wider multidisciplinary (MDT) Care Home Support Team providing an expert nursing resource. The CHLN provide an enhanced support 7 day service and focus work around admission avoidance and Palliative end of life care (PEOLC).
60. The team support and advise care home staff in the provision of nursing care for residents and their families by providing the following:
 - Support for discharge and transitions between care homes and hospital.
 - Support prevention of unnecessary hospital admissions over 7 days.
 - Support care home staff to identifying residents preferred place of care and ensure a quality future care plan is in place.
 - Provision of expert nursing resource to ensure all resident needs are met and where required take action to raise concerns and support investigations.
 - Support care home staff in the provision of palliative and end of life care for residents ensuring timely identification of deterioration and symptom management.
 - Developing a system of partnership working with Care Home Nurses through provision of clinical advice and providing clinical interventions as and where required e.g. peg tube management, suprapubic catheter insertion, and syringe driver management for PEOLC.
 - Support care home staff to make referrals to wider services as required
 - Undertaking a range of clinical assessments when necessary to support specialist advice e.g. continence, falls, tissue viability, palliative and end of life care, physical

and cognitive functions.

- Assist care home staff with care planning to meet the individual needs of residents in line with NMC nursing standards and in the implementation of evidence-based practice to meet agreed local and national standards.
- Support care home nurses to proactively develop knowledge and skills, effectively manage long term conditions and maintain functional ability of residents subsequently avoiding unnecessary hospital admissions, as appropriate.
- Sign post to other specialist services as required and education and training events.
- Support additional clinical competencies and areas of practice development as require.
- Facilitate local clinical skills training and development of competencies for care home staff to meet individual resident needs.
- Share guidance and act as expert resource when required.
- Utilise patient information systems to identify all residents admitted to hospital from care homes.
- Share information with multidisciplinary team as required.
- Participate in the evaluation and audit of the CHLN service to continually improve service delivery.
- Prescribing V150/V300 specifically wound care products/palliative end of life care medications.

61. The CHLN Referral Process - A referral process set up in April 2024 is now well embedded and is routine practice for care homes to contact the CHLN team for additional support. This has provided a data source recording the categories of referral reasons which in turn has informed the development of training, education and support the CHLN team provide.

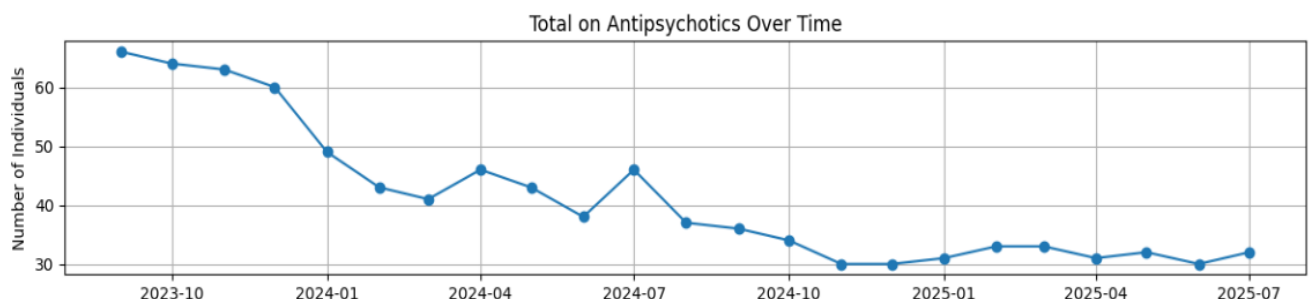
62. In the reporting period care homes made 567 referrals to CHLN service, figure 1 below shows referral reasons. Referral data reflects any new issues arising within care home and does not include the routine interaction of residents that are already on the CHLN case load:

Figure 1



63. Vaccination Team- The Vaccination service operate a home visit model, with vaccines administered to all eligible residents in all East Renfrewshire care homes, additionally care home staff are offered flu and covid vaccine as part of the process. The service also provides support in regard to consent and AWIs within care homes working in collaboration with Commissioning and Care Home Liaison nursing services. Vaccine campaigns during 24/25 period have seen care home uptake and delivery of vaccine at 98%, full vaccine program report 24/25 attached, (Appendix 2).
64. Older Peoples Community Mental Health- Care Home Liaison service (OPCMHT)- The dedicated team are responsive to the mental health needs of individuals living in East Renfrewshire care homes. The service is triggered from GP referrals to ensure reversible causes of distress have been considered and ruled out as contributors to distress in the first instance. The team's role supports individuals living in care homes with moderate to severe mental health needs, and/or stress and distress in dementia. The service is also involved in the diagnostic process of new diagnosis of dementia.
65. The team offers a proactive and preventative model of care, providing regular stress and distress in dementia training, which also encompasses the impact of frailty and delirium on the individual living with dementia. This upstream working has enabled the team, to build collaborative relationships with the care home teams, resulting in reduced stress and distress for individuals and staff, a reduction of antipsychotic medication, and a reduction in psychiatric admission from care homes and the prevention of placement breakdown. Figure 2 below demonstrates the reduction of antipsychotic medication as a direct impact of the OPCMHT interventions 2023-25.

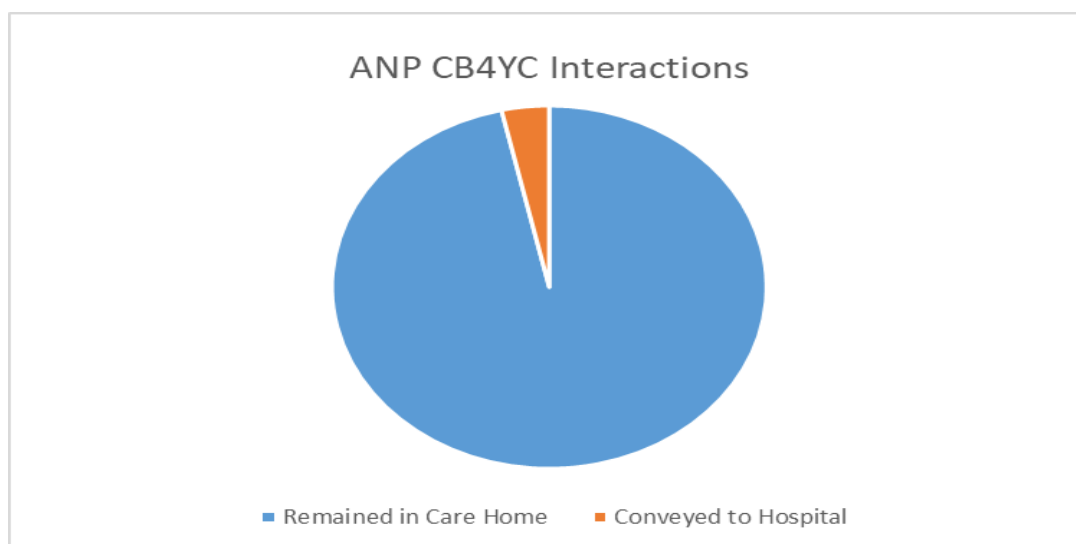
Figure2:



66. Adult Support and Protection Team (ASPT) – For the period of 01/04/2024 – 31/03/2025, 30.87% of referrals received by the ASPT were from care homes, 529 in total. This constituted 277 inquiries and 19 investigations. Support includes reviewing care plans and care delivery, signposting to partner agencies where required and providing advice and guidance in relation to safeguarding, capacity issues and general provision of holistic care support.
67. ER HSCP ASP team work closely with care home managers and are encouraged to make contact for advice and support regarding the submission of AP1 queries or referrals. The ASP team has a designated care home liaison social worker who keeps in touch with the managers and regularly visits the homes. In particular supporting new managers who are new to the area to become familiar with ASP local operating procedures and thresholds. The ASP team work collaboratively with the nursing teams within the HSCP to undertake inquiries and investigations in order to minimise risk of harm to residents and also identify early indicators of harm prior to harm being incurred.

68. Commissioning Team – ER HSCP Commissioning team carry out weekly welfare calls to every care home with the primary purpose to continue to build effective and positive relationships. In addition, the call provides an opportunity to ensure the care home is adequately staffed, if there are any new ASP concerns, any care concerns specifically around the out of hours period, infection control escalations and immediate or additional training requirements. The Commissioning team also host a quarterly care home managers meeting which enables managers to network, problem solve and share best practice.
69. Advanced Nurse Practitioners - ER HSCP ANPs are part of the Primary Care Improvement Plan to enhance existing medical/nursing provision and provide direct clinical assessment. ANPs provide treatment support to care home residents as required. During the reporting period 3 ANPs carried out 85 visits to care homes which resulted in 96.5% of residents avoiding acute hospital admission as illustrated in figure 3 below.

Figure 3:



70. Community Rehab/ AHP - All care homes within East Renfrewshire have an identified Community Rehabilitation Service Link Physiotherapist, Occupational Therapist and Assistant Practitioner. AHP staff have continued throughout the year to undertake proactive visits, every 2-4 weeks to care homes, in addition to the individual assessment of and rehabilitation/ support interventions to residents who are referred into the service.
71. Referrals continue to be received from a number of sources including care home staff, GPs, Care Home Liaison Nurses, hospital AHP staff and following individual requests from families. The majority of referrals were in relation to further rehabilitation to return to baseline function and mobility following a deterioration as a result of illness, injury, fall or hospital admission. The team has also undertaken a number of specialist seating assessments in order to ensure any changes in a person's pressure care and postural support needs are met. Additional interventions undertaken also included assessments in relation to falls, mobility aids, safety checks of walking aids, and advice regarding appropriate, meaningful physical activity.

72. Community Diabetes Specialist Nursing (cDNS) - cDNS provides in reach specialist diabetes clinical assessment, diabetic review, support advice and training to residents within East Renfrewshire care homes. During the reporting period cDNS had 105 interactions with residents with Diabetes on injectable medications, all interactions prevented conveyance to secondary care. The cDNS service is GP aligned which results in cDNS managing care home residents out with East Renfrewshire.

Consultation and Partnership Working

73. East Renfrewshire HSCP demonstrates a robust and mature model of collaborative working across health, social care, and commissioned services, with care homes fully integrated into the wider system of support. This subsequently improves individuals outcomes and assurances regards quality of care homes across East Renfrewshire.
74. Key features include: -
- The Integrated Multidisciplinary Support through Care Home Liaison Nursing (CHLN), Advanced Nurse Practitioners (ANPs), Community Rehab/AHP teams, Community Diabetes Specialist Nurses (cDNS), Older People's Community Mental Health Team (OPCMHT) and Adult Support and Protection Team (ASPT) and designated care home liaison social worker provides support, continuity and guidance, particularly for new managers of care homes.
 - The Commissioning Team conducts weekly welfare calls and hosts quarterly care home manager forums, fostering open communication, problem-solving, and shared learning. These touchpoints enable early identification of staffing, training, and care concerns, and promote a culture of continuous improvement.
 - The Vaccination Team, in partnership with CHLN and Commissioning, ensures high uptake of flu and COVID vaccines among residents and staff, with tailored support around consent and AWI.

Implications of the Proposals

Workforce

75. The report highlights sustained demand for skilled nursing and clinical support and the high staff satisfaction and reduced agency use indicate improved workforce stability. We will continue to use learning from the Care Home Assessment Tool to inform workforce ongoing training needs and planning.

Policy and Legal Implications

76. The report highlights that use of a whole system and data informed approaches improves lives and outcomes of residents of care homes through embedding multi-disciplinary working and continuous improvement. The reduction in antipsychotic prescribing reflects alignment with dementia and frailty strategies and the focus on adult support and protection ensures compliance with Adult Support and Protection legislation. We will continue to use learning from the report to inform adults with incapacity processes and our prescribing practice

Financial Implications

77. There are no financial implications to this report. Workforce planning will consider how to sustaining multidisciplinary approaches noted in the report and a costs analysis will be undertaken to consider the role of preventative interventions (e.g. ANP visits, cDNS reviews) in yield cost savings through hospital avoidance.

Directions

78. There are no directions arising from this report.

Conclusions

79. East Renfrewshire's collaborative support structure provides strong assurance processes and the report demonstrates a number of positive impacts for care home residents and staff.

Recommendations

80. East Renfrewshire Integration Joint Board are asked to:

- a) Note the robust processes in place to provide assurance in relation to provision of nursing leadership support and guidance to care homes in East Renfrewshire.
- b) Note the collaborative support structures in place to improve the health and wellbeing of care home residents and staff and ensuring care homes are fully integrated within the health and social care system.

Report Author and Person to Contact

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Chief Officer, IJB: Alexis Chappell

8 September 2025

Background Papers

None

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board	
Held on	24 September 2025	
Agenda Item	11	
Title	Finance and Policy Implications for Foster Care, Kinship and Adoption in relation to Scottish recommended allowances	
Summary This report provides an overview of the Scottish Government implementation of the Scottish Recommended Allowances (SRA) which impacts our foster care, kinship and adoption fees and allowances. It proposes an enhanced rate for children with complex needs or disability.		
Presented by	Raymond Prior, Head of Children's Service and Justice (Chief Social Work Officer)	
Action Required The Integration Joint Board is asked to: <ul style="list-style-type: none"> • Recognise the impact of legislative and policy change for the Health and Social Care Partnership and East Renfrewshire Council. • Approve the uplifted fostering, kinship and adoption fees and allowances which have been reviewed in line with the Scottish Recommended Allowances (SRA). • Approve the enhanced rate for children with complex needs. 		
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 <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

East Renfrewshire Integration Joint Board**24 September 2025****Report by Chief Social Work Officer****Finance And Policy Implications for Foster Care, Kinship and Adoption
in relation to Scottish Recommended Allowances****Purpose of Report**

1. This report provides an overview of the Scottish Government uplift of the Scottish Recommended Allowances (SRA) which impacts our foster care, kinship and adoption fees and allowances.

Recommendation

2. The Integration Joint Board is asked to:
 - Recognise the impact of legislative and policy change for the Health and Social Care Partnership and East Renfrewshire Council.
 - Approve the revised fostering, kinship and adoption fees and allowances which have been reviewed in line with the Scottish Recommended Allowances (SRA).
 - Approve the enhanced rate for children with complex needs

Background

3. The Scottish Government implemented the new Scottish Recommended Allowance (SRA) on 29th August 2023. These new rates were approved by the East Renfrewshire Joint Board in June 2024.
4. The introduction of the SRA in August 2023 marked the first time foster and kinship carers across Scotland became entitled to receive a nationally agreed allowance to support the children and young people in their care. The move to a SRA was to create parity across Scotland for all children and young people and recognises the support they receive, no matter where they live.
5. The Scottish Government was committed to maintaining the 2023-2024 levels of support for the SRA allowances and reviewing the funding implications for future years from 2024-2025.
6. We have shown within East Renfrewshire Health and Social Care Partnership (HSCP) a strength of commitment to our looked after children and young people and have continued to review our fees and allowance. We have implemented increases which will make improvements to the lives of East Renfrewshire's children and young people.
7. It should be noted that the SRA covers the allowance only, allowing each local authority and agency to decide their own fee structure.

Report

Fostering, Kinship and Adoption

8. In respect of the SRA, the Scottish Government stipulated; *“Where local authorities are already paying above the national minimum allowance, this will continue so that kinship or foster carers currently in receipt of the allowance will not be worse off because of this commitment.”*
9. It is promising to see that we have already taken steps to increase allowances beyond the current SRA in some age ranges and within continuing care. We are committed to maintaining these higher rates for the 25/26 financial year to ascribe to the ethos of making no carer worse off.
10. Previous rates are included in the table below, along with the new recommended allowance which will be effective from April 2025.
11. Any agreed fee's will be backdated to all foster and kinship carers from April 2025. This will be processed in a timely manner and any discrepancies should be reported to the allocated social worker in the first instance.
12. All foster and kinship carers will receive communication directly from East Renfrewshire HSCP informing them to new fee structure. We also welcome feedback around the implementation of the SRA for all our carers

Table 1

Age of child	National Recommended Allowance Rate- 24/25	New National Recommended Allowance 25/26	Proposed East Renfrewshire Fostering Fee 25/26	Weekly Total 25/26
0-4	£168.31	£171.17	£217.28	£388.45
5-10	£195.81	£199.14	£217.28	£416.42
11-15	£207.60	£199.14	£311.43	£519.03
16+	£268.41	£272.97	£311.43	£584.40
Continuing care	£268.41	£272.97	£198.51	£471.48
Supported Care	£238.41	£242.97	£198.51	£441.48

Continuing and Supported Care

13. Young people leaving care after their sixteenth birthday who have been looked after in foster, kinship or residential care are eligible for Continuing Care. This means these young people are eligible to stay with their carers up to their 21st birthday.

14. Whilst the Scottish Government are continuing to review the support available to care leavers, including financial support, they have currently stated that the SRA does not apply to young people receiving continuing care, only to those young people aged 16-18 who still are in care.
15. As we remain committed to providing essential support to our young people in continuing care and supported care we have reviewed our previous continuing care and supported care payments and our recommendation would be that continuing care allowance continues to match the 16+ rate of SRA for future payments.
16. The supported care allowance is slightly lower, in recognition of the young person becoming more independent and able to contribute to their own living arrangements. Details are provided in the table below.
17. These recommendations would allow continuing care and supported care payments to keep in pace with the fostering SRA. We acknowledge that the Scottish Government may make future proposals for continuing care, and we can review this accordingly.
18. As part of the review of our allowances and fees, our current additional / discretionary payments remain the same as previous approved rates. We continue to provide additional support to our continuing carers and supported carers by paying one week's birthday payment and one week's Christmas / festival payment equivalent to the young person's weekly allowance rate.
19. Our carers continue to provide a high level of support to a variety of children and young people, utilising their many skills and training which they have undertaken as part of their foster carer or adult placement approval.
20. We continue to support an increasing number of complex children with varying needs including children with a disability, both within our longer term fostering and short break provision.
21. Due to this changing population and the increased provision required to support families with children with complex needs, we require to offer an enhanced rate to our carers who care for children with additional needs. Therefore, we propose a further enhanced rate which would be assessed based on children's individual needs and care plan. Please see proposed rate within Table 2 below.
22. This enhanced rate would support us to ensure that children are cared for within their own community, by our own carers, rather than requiring to commission private fostering or residential provision. This enhanced rate will allow us to provide allowance that favours comparably with external fostering providers.
23. When reviewing benchmarking data, it is important to highlight the limited number of approved short break carers available to support children with complex needs. This represents a clear area for development, and East Renfrewshire HSCP is actively working to address this by prioritising the recruitment of short break carers who are equipped to meet the needs of our children.
24. Short break care plays a vital role in supporting children with complex needs and their family through nurturing family-based care. It will give children opportunities to build relationships,

experience new environments, and develop independence. This can positively strengthen family resilience, stability, and reduce the risk of family breakdown.

Table 2: Short break Rates Current and Recommended

Up to 6 hours	6 to 12 hours	Overnight	Overnight (care required during night)	Proposed Enhanced Short Break rate per night (complex needs assessed)
£25.00	£50.00	£70.00	£95.00	£120

Consultation and Partnership Working

25. We have had feedback from our carers who are providing continuing and supported care to our young people around any potential for additional financial support.

Implications of the Proposals

Finance

26. The Scottish Government provided additional funding during 2025/26 and this meets the cost of increases effective from 1 April 2025.
27. Through committing to the implementation of SRA we are also recognising that future increases in allowances will be subject to national implementation and oversight. In prior years a local assumption has been made as part of the budget setting process.

Workforce

28. There are no workforce implications however in implementing these recommendations we can continue, as part of our ongoing foster carer recruitment strategy, to compare favourably to external and voluntary providers which will allow us to remain competitive when seeking to recruit and assess new foster carers.

Risk

29. By investing in our carers we are ensuring the retention of them which is an established recruitment strategy and reduces the risk of requiring external placements. External third sector and independent providers is significantly more costly to the Council and HSCP than recruiting and retaining its own carers.

Equalities

30. By implementing the SRA, we are committed to creating parity across Scotland for all care experienced young people. We are continuing to invest in our carers and families and recognise all they offer for our children and young people.

Directions

31. There are no directions as a result of this report.

Conclusions

32. The proposals will allow East Renfrewshire to continue to keep our commitment to Scotland's Promise, and our children and young people.
33. Through investing in our own foster carers, we will be best placed to ensure the quality of the care provided to our children and young people is of the standard necessary to improve outcomes and give them the best possible start in life.
34. It strengthens support and scaffolding to all our kinship carers who offer significantly important care to children and young people.
35. These changes will allow us to continue to invest in our children and young people, supporting them to remain in and engage in their local community.
36. Through implementing the SRA and making the commitment that no carer is worse off due to SRA implementation, we will continue to maintain our strong recruitment position. We will remain comparative and competitive across Scotland, which will support our recruitment campaign to increase our own carers ensuring we are less reliant on the need for external fostering / residential costs.

Recommendations

37. The Integration Joint Board is asked to:
- Recognise the impact of legislative and policy change for the Health and Social Care Partnership and East Renfrewshire Council.
 - Approve the revised fostering, kinship and adoption fees and allowances which have been reviewed in line with the Scottish Recommended Allowances (SRA).
 - Approve the enhanced rate for children with complex needs.

Report Author and Person to Contact

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Chief Officer, IJB: Alexis Chappel

Background Papers

[New national allowance for foster and kinship carers - gov.scot \(www.gov.scot\)](https://www.gov.scot)

[Scottish Recommended Allowance: information for carers and professionals - gov.scot \(www.gov.scot\)](https://www.gov.scot)

[Executive Summary - Keeping the Promise implementation plan - gov.scot \(www.gov.scot\)](https://www.gov.scot)

[IJB Item 07 - 16 August 2023.pdf \(eastrenfrewshire.gov.uk\)](https://eastrenfrewshire.gov.uk)



Meeting of East Renfrewshire Health and Social Care Partnership Held on	Integration Joint Board 24 September 2025
Agenda Item	12
Title	Revenue Budget Monitoring Report 2025/26; position as at 31 July 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

East Renfrewshire Integration Joint Board**24 September 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 at 31 July 2025 and whilst this is early in the financial year the projected outturn reflects the latest intelligence.
2. The report also sets out our continued approach to financial recovery.

Recommendations

3. 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

4. This report is part of the regular reporting cycle for ensuring that the HSCP financial governance arrangements are maintained. This is the second 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.
5. 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.
6. 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.
7. The projected outturn shows a potential underspend for the year of £0.086 million (m) as a combination of savings delivery and operational variances. This will be added to

the IJB general reserve, recognising this projection makes an allowance for winter activity and associated costs. 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	0.416	0.870	1.286
Total Projected (Over)/Under spend	0.416	(0.330)	0.086
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	(1.651)	(1.013)	(2.664)

8. The table above shows that whilst the potential underspend for the current year is minimal the underlying pressure is now just under £2.7m. Work is ongoing to ensure we can plan for our 2026/27 budget with plans in place to close this gap, including budget and performance clinics chaired by the Chief Officer, to review the financial challenges and mitigating actions to be taken across all service budgets. Financial scrutiny will also continue through continued review of budgets with each Head of Service.
9. Along with future updates on the combined plan the IJB has the Care at Home Future Model for consideration on the same agenda as this report. The HSCP Digital and Technology Enabled Care, Prescribing and Support to People with a Learning Disability reports are scheduled for the November meeting and will include actions to reduce costs.
10. The detailed action plans being developed to support the Combined Delivery Plan will include financial implications including opportunities for costs reductions, efficiencies, savings and any invest to save options. All invest to save options will set out the business case and funding sources as well as the expected outcomes, with clear timings across 2025/26 and 2026/27.
11. The projected outturn is an increase in costs of £0.126m since we last reported to the IJB in August, with the increase in Care at Home as the key driver, mitigated in part, by reductions across a range of services.
12. 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.
13. 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.
14. The Chief Officer has updated on our Combined Delivery Plan and our financial recovery planning is a key focus of this work.

Report

15. The consolidated budget for 2025/26 and projected outturn position shows a possible underspend of £0.086m against a full year budget of £176.340m (0.05%). As detailed above this results from a savings shortfall against prescribing of £1.2m, offset by operational gains of £1.286m. 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	1.345	81.8%	0.547	20.1%	1.892	43.4%
Detailed plans on track	0.144	8.75%	0.968	35.7%	1.112	25.5%
Further savings expected by March 2026	0.156	9.5%		0.0%	0.156	3.6%
Total	1.645	100.0%	1.515	55.8%	3.160	72.5%
(Shortfall) Against Target	0.000	0.0%	(1.200)	-44.2%	(1.200)	-27.5%

16. 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.
17. The projected shortfall against planned savings of £1.2m relates to further work required to close prescribing pressures. The Chief Officer is scoping a commissioned piece of work to review our position in detail and identify options for costs and volume savings. The current projected prescribing pressure, net of this shortfall, is £0.708m.
18. 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.
19. 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.
20. 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.
21. 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 31 July 2025 and allows for the latest intelligence.
22. **Children & Families and Public Protection £657k underspend;** this continues to reflect underspends across care costs including fostering, adoption, kinship and residential care and unaccompanied asylum seekers of £376k. In addition, there is turnover from vacancies and running cost underspends across the services totalling £280k. This is a reduction in projected costs of £244k since last reported mainly due to

residential care current placement costs. IJB members will recognise that a small change in activity can result in significant costs changes in this area.

23. **Older Peoples Services £530k underspend;** this results from community-based care based on our latest committed costs (£297k), with nursing and residential care remaining slightly under budget (£113k) along with modest underspends across a range of running costs. This is a reduction of £267k since the position at June, based on latest care costs and including one off returns from direct payments of £108k.
24. **Physical & Sensory Disability £38k overspend;** this reflects our current cost of care commitments at £50k over budget and is a cost increase of £98k since last report based on the latest projected costs for equipment, bearing in mind the total equipment budget for the HSCP sits within this service.
25. **Learning Disability Community Services £150k underspend;** this is due turnover and running cost reductions. The costs of care are now projected to budget and this is a reduction of £188k reflecting the confirmed timings of some transition care, where younger people come into adult based services. This reduction is inclusive of £48k one off from direct payment returns.
26. **Learning Disability Inpatients £50k overspend;** this continues to reflect the ongoing pressure from observation costs and maintaining staff ratios within the inpatient units, with a £27k increase in costs, mainly in the use of bank staff.
27. **Augmentative and Alternative Communication £11k overspend;** this is based on current equipment demands and the service will work to mitigate throughout the year, with a modest cost reduction of £5k since the June projection.
28. **Intensive Services £1,225k overspend;** an increase in costs of £737k since last reported, reflecting the latest projections from staffing and purchased care. This projected overspend relates to:
 - Telecare £199k over mainly from staffing cost
 - Care at Home £945k over by £199k staffing and £745k in purchased care
 - Bonnyton £67k over from staffing and running costs

This increase in costs of £737k results from increases in staffing recruitment, agency and overtime based on the service spend to date and anticipated activity of £319k. Purchased care has increased by £436k based on latest commitments, allowing for some reduction later in the year.

29. There is a detailed report on the service elsewhere on the agenda, detailing recovery plans. This will also include looking at any potential budget realignment from Older Peoples community budgets, ensuring that any proposed transfer is recurring and sustainable.
30. The IJB will recall that a sum of £391k was identified in the budget set in March, on a non-recurring basis to support the service redesign and a corresponding underspend remains within Finance and Resources.
31. **Recovery Services £50k underspend;** this reflects £25k in both Mental Health and Addictions from staffing turnover and reflects current costs of care. This is a reduction in costs of £44k since last reported.

32. **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 and remains unchanged since the last report.
33. **Prescribing £708k overspend;** this projection assumes a shortfall of £1.2m savings and remains offset in part from accrual gains, discounts and rebates and reductions in both costs and volumes. 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.
34. Our Chief Officer is scoping a piece of work to be commissioned to support this work, with prescribing colleagues and our GPs. This is an increase in costs of £176k since last reported mainly due to a reduction in rebates we can expect, this is not exclusive to East Renfrewshire. A detailed analysis of prescribing is due to be shared with IJB members in November, by which point there will be sufficient data for the current year to establish the real trend.
35. **Finance & Resources £773k underspend;** as referenced in paragraph 27 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. This is a reduction in costs of £163k from continued turnover and running costs.
36. 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.
37. **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.
38. **Preparing for 2026/27;** early planning and preparation will allow the IJB to take informed decisions for the next budget and ideally allowing for some flexibility, despite the ongoing and significant challenge.
39. The potential financial pressures were discussed at the IJB Development session in August and the IJB are reminded that in addition to new cost pressures, we need to:
 - close the underlying deficit for the current year
 - deliver all savings, including the current prescribing shortfall
 - ensure a recurring solution to the required income level from non-residential care charging
40. On the basis of a flat cash settlement, with the exception of NHS pay award funded, the new cost pressures for 2026/27 could be in the region of £6.8 million:

Potential New Pressures 2026/27	ERC £m	NHS £m	Total £m
Pay	1.1	1.0	2.1
Assumed SG Funding NHS Pay		(1.0)	(1.0)
Inflation	2.0	0.5	2.5
Living Wage & Other Policy Direction			
Demographics & Demand	2.0		2.0
Prescribing		1.2	1.2
Better than Flat Cash			
Planned contribution to reserves			
Potential Pressures	5.1	1.7	6.8

41. This is subject to many caveats and will be refined over the coming months as we work towards setting a budget for 2026/27. Very recently a planning assumption a 2% uplift for NHS non-pay budgets has been referenced and this, should it materialise, would reduce the pressures above by c£0.6m.
42. Whilst our current revenue budget is £176m, when we strip out fixed and ring-fenced activity this means we have c£137m budget that will be in scope for savings:

Service Budgets In Scope for Savings	£m
Public Protection - Children & Families	14.9
Older People	25.4
Physical & Sensory Disability	6.4
Intensive Services	19.9
Learning Disability - Community	23.0
Learning Disability - Inpatients	11.4
Augmentative and Alternative Communication	0.3
Recovery Services - Mental Health	5.9
Recovery Services - Addictions	2.1
Prescribing	19.3
Finance & Resources	8.0
Total	136.6

43. When we look at this split between its key components this shows that our workforce accounts for 44% of our costs and the non-pay is mainly purchased care, prescribing and resource transfer between partners:

	ERC £m	NHS £m	Total £m
Service Budgets In Scope			
Pay (44%)	30.4	29.8	60.2
Non-Pay (56%)	45.4	31.0	76.4
Total	75.8	60.8	136.6
Non-Pay Key Components			
Care Costs	57.1		57.1
Resource Transfer	(11.7)	11.7	0.0
Prescribing		19.3	19.3
Total	45.4	31.0	76.4

44. On the basis of new pressures of £6.8m this equates to an overall savings requirement of 5% for the IJB and by partner contribution 6.7% social care and 2.8% health.

45. If we include in the saving challenge the £2.4m we are working on now to close the underlying deficit the total challenge becomes £9.2m (6.7%) of which £6.8m is social care (9%) and £2.4m (3.9%) is health.
46. The UK budget is expected to be announced on 26 November, and the Scottish Government budget is usually around four weeks after this. At that stage we will know any high-level impacts and the detail should be clearer during January 2026

Other

47. The budget virement requests are included at Appendix 7 within this report.
48. 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.
49. The previous report assumes full funding of pay award across both employing partners, we now expect a modest shortfall of c£40k within our NHS workforce based on our share of funding provided to NHSGGC. This is allowed for within the reported position.
50. Proposals for any reserves use will be developed as an integral element of the one-year delivery plan led by the Chief Officer.
51. 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

52. 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.
53. As referenced earlier in this report the Chief Officer will update on our One Year Delivery Plan and supporting Financial Recovery outline at the September meeting.

Risk

54. Maintaining service delivery whilst managing continued significant savings challenges remains our most significant risk.
55. There are other risks which could impact on the current and future budget position; including:
 - Ensuring Care at Home activity is delivered within the available budget
 - 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

56. The running budget reconciliation which forms part of financial directions to our partners is included at Appendix 4.
57. The report reflects a projected underspend of £0.086m.
58. Regular financial discussions remain ongoing with both partners.

Consultation And Partnership Working

59. 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

60. The report reflects a projected underspend of £0.086m recognising we are at an early stage in the financial year.
61. 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

62. 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

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9 September 2025

Chief Officer, IJB: Alexis Chappell

Background Papers

IJB paper 13.08.2025: [Revenue Budget Monitoring Report](#)

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

East Renfrewshire HSCP - Revenue Budget Monitoring 2025/26

Consolidated Monitoring Report

Projected Outturn Position as at 31st July 2025

Objective Analysis	Full Year			
	Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Public Protection - Children & Families	14,860	14,203	657	4.42%
Public Protection - Justice	-	-	-	0.00%
Adult Localities Services				
Older People	29,300	28,770	530	1.81%
Physical & Sensory Disability	6,480	6,518	(38)	(0.59%)
Learning Disability - Community	22,926	22,776	150	0.65%
Learning Disability - Inpatients	11,416	11,466	(50)	(0.44%)
Augmentative and Alternative Communication	291	302	(11)	(3.78%)
Intensive Services	19,856	21,081	(1,225)	(6.17%)
Recovery Services - Mental Health	5,896	5,871	25	0.42%
Recovery Services - Addictions	2,259	2,234	25	1.11%
Family Health Services	33,809	33,851	(42)	(0.12%)
Prescribing	19,295	20,003	(708)	(3.67%)
Finance & Resources	9,952	9,179	773	7.77%
Net Expenditure	176,340	176,254	86	0.05%
Contribution to / (from) Reserve	-	86	(86)	
Net Expenditure	176,340	176,340	0	0.00%

Projected under / (overspend) by Partner

Health

Social Care

Projected Underspend

£'000

(330)

416

86

East Renfrewshire HSCP - Revenue Budget Monitoring 2025/26

Appendix 2

Council Monitoring Report

Projected Outturn Position as at 31st July 2025

Subjective Analysis	Full Year			
	Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Employee Costs	29,284	29,720	(436)	(1.49%)
Property Costs	997	973	24	2.41%
Supplies & Services	2,547	2,950	(403)	(15.82%)
Transport Costs	264	256	8	3.03%
Third Party Payments	63,098	63,936	(838)	(1.33%)
Support Services	2,620	2,620	-	0.00%
Income	(20,398)	(22,459)	2,061	(10.10%)
Net Expenditure	78,412	77,996	416	0.53%

Contribution to / (from) Reserve	-	416	(416)	
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	11,311	579	4.87%
Public Protection - Justice	-	-	-	-
Adult Localities Services	0	0		
Older People	16,162	15,689	473	2.93%
Physical & Sensory Disability	5,754	5,792	(38)	(0.66%)
Learning Disability	16,271	16,164	107	0.66%
Intensive Services	18,676	19,901	(1,225)	(6.56%)
Recovery Services - Mental Health	1,492	1,539	(47)	(3.15%)
Recovery Services - Addictions	109	128	(19)	(17.43%)
Finance & Resources	8,058	7,472	586	7.27%
Net Expenditure	78,412	77,996	416	0.53%

Contribution to / (from) Reserve	-	416	(416)	
Net Expenditure	78,412	78,412	-	0.00%

East Renfrewshire HSCP - Revenue Budget Monitoring 2025/26

Appendix 3

NHS Monitoring Report

Projected Outturn Position as at 31st July 2025

Subjective Analysis	Full Year			
	Full Year Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Employee Costs	31,390	30,357	1,033	3.29%
Non-pay Expenditure	58,453	59,816	(1,363)	(2.33%)
Resource Transfer/Social Care Fund	11,706	11,706	-	0.00%
Income	(3,621)	(3,621)	-	0.00%
Net Expenditure	97,928	98,258	(330)	(0.34%)

Contribution to / (from) Reserve	-	(330)	330	
Net Expenditure	97,928	97,928	-	0.00%

Objective Analysis	Full Year			
	Full Year Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Childrens Services	2,867	2,789	78	2.72%
Adult Community Services	9,868	9,811	57	0.58%
Learning Disability - Community	1,754	1,711	43	2.45%
Learning Disability - Inpatients	11,416	11,466	(50)	(0.44%)
Augmentative and Alternative Communication	291	302	(11)	(3.78%)
Family Health Services	33,809	33,851	(42)	(0.12%)
Prescribing	19,295	20,003	(708)	(3.67%)
Recovery Services - Mental Health	3,629	3,557	72	1.98%
Recovery Services - Addictions	1,603	1,559	44	2.74%
Finance & Resources	1,690	1,503	187	11.07%
Resource Transfer	11,706	11,706	-	0.00%
Net Expenditure	97,928	98,258	(330)	(0.34%)

Contribution to / (from) Reserve	-	(330)	330	
Net Expenditure	97,928	97,928	-	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
Alcohol & Drug Partnership funding	456		456
Other minor adjustments	6		6
	97,928	78,412	176,340
Funding Outwith Revenue Contribution			
* Housing Aids & Adaptations		610	610
Set Aside Hospital Services Opening Budget	31,868		31,868
Total IJB Resources	129,796	79,022	208,818
Directions to Partners			
Revenue Budget	97,928	78,412	176,340
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
	84,490	91,850	176,340
Housing Aids & Adaptations		610	610
Set Aside Hospital Services Budget	31,868		31,868
	116,358	92,460	208,818

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 31st July 2025

Appendix 5

Reserves	Reserve Brought Fwd from 2024/25	2025/26 Projected spend	Projected balance 31/03/26	Comment
	£'000	£'000	£'000	
Scottish Government Funding				
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	
Children & Families				
Trauma Informed Practice	50	50	0	Balance of funding committed for post, slippage against original start date.
Whole Family Wellbeing	228	170	58	Projected slippage from current year included in carry forward as funding ring fenced.
Children & Families	278	220	58	
Adult Services				
Learning Disability Health Checks	135	0	135	Spend to be confirmed based on recruitment and running costs.
System Implementation	250	130	120	Expect to be spent in full by 2026/27.
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	170	355	
Repairs & Renewals				
Repairs, Furniture and Specialist Equipment	50	50	0	Expected to be used on essential works in Claythorn.
Repairs & Renewals	50	50	0	
Total All Earmarked Reserves	1,713	1,300	413	
Total General Reserves	1,482	1,396	86	£1.482m will support deferral of non-residential charging on a non-recurring basis.
Grand Total All Reserves	3,195	2,696	499	

East Renfrewshire HSCP - Revenue Budget Monitoring 2025/26
Savings Progress as at 31st July 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	0.050	0.050		0.000		Dependent on system implementation
Grant Funded	0.250		0.094	0.156	0.000		Ongoing work to reduce costs
	1.645	1.345	0.144	0.156	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	0.147	0.353		0.000		Early indications suggest this is achievable
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 Chief Officer scoping further work.
	2.715	0.547	0.968	0.000	(1.200)		
Total Savings	4.360	1.892	1.112	0.156	(1.200)		

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

Appendix 7

Subjective Analysis	2025/26 Budget Virement				
	P4 Budget £'000	(1) £	(2) £	2025/26 Budget £'000	Total Virement £'000
Employee Costs	29,173	111		29,284	111
Property Costs	991	6		997	6
Supplies & Services	2,470	57	20	2,547	77
Transport Costs	264			264	-
Third Party Payments	63,160		(62)	63,098	(62)
Support Services	2,620			2,620	-
Income	(20,266)	(174)	42	(20,398)	(132)
Net Expenditure	78,412	-	-	78,412	-

Objective Analysis	2025/26 Budget Virement				
	P4 Budget £'000	(1) £	(2) £	2025/26 Budget £'000	Total Virement £'000
Public Protection - Children & Families	11,890			11,890	-
Public Protection - Justice	-			-	-
Adult Health - Localities Services	-			-	-
Older People	16,161			16,161	-
Physical & Sensory Disability	5,754			5,754	-
Learning Disability	16,271			16,271	-
Adult Health - Intensive Services	18,676			18,676	-
Recovery Services - Mental Health	1,492			1,492	-
Recovery Services - Addictions	109			109	-
Finance & Resources	8,059			8,059	-
Net Expenditure	78,412	-	-	78,412	-

Note:

1. Justice funding increase
2. Children & Families Youth Initiatives funding update

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	13	-	39	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	93	70	216	2 x social worker posts within Adults & Children's Services to support planning for transitions.
Review Team Capacity	106	152	113	371	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	27	-	44	Systems post to support non-residential charging implementation and associated system changes.
Total	212	305	183	700	

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	1,174	(79)
Advanced Nurse Practitioners - Urgent Care	188	195	(7)
Advanced Practice Physiotherapists	210	12	198
Community Mental Health Link Workers	88	90	(2)
Community Healthcare Assistants / Treatment Room	607	724	(117)
Vaccine Transformation Programme	647	668	(21)
Programme Support / CQL / Pharmacy First	276	248	28
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	253	(13)
Programme Support	33	33	0
Staff Costs East Ren HSCP including Psychology, CAMHS and Occupational Therapy	263	238	25
Other - Peer Support Delivery Service	25	37	(12)
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	271	12
National Mission	198	199	(1)
Residential Rehabilitation	79	79	-
MAT Standards	203	215	(12)
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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