



Date: 9 September 2022  
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**TO: MEMBERS OF THE EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

Dear Colleague

**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

A meeting of the East Renfrewshire Integration Joint Board will be held on **Wednesday 21 September 2022 at 10.30 am.**

**Please note this is a virtual meeting.**

The agenda of business is attached.

Yours faithfully

**Anne-Marie Monaghan**

Chair

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD  
WEDNESDAY 21 SEPTEMBER 2022 AT 10.30 am**

**VIRTUAL MEETING VIA MICROSOFT TEAMS**

**AGENDA**

- 1. Apologies for absence.**
- 2. Declarations of Interest.**
- 3. Minute of meeting held on 10 August 2022 (copy attached, pages 5 - 14).**
- 4. Matters Arising (copy attached, pages 15 - 18).**
- 5. Rolling Action Log (copy attached, pages 19 - 22).**
- 6. Annual Performance Report (copy attached, pages 23 - 110).**
- 7. Clinical and Care Governance Annual Report 2021-22 (copy attached, pages 111 - 154).**
- 8. Chief Social Work Officer Annual Report (copy to follow).**
- 9. Revenue Budget Monitoring Report as at 31 August (copy attached, pages 155 - 174).**
- 10. Charging for Services 2023/24 (copy attached, pages 175 - 192).**
- 11. HSCP Recovery and Renewal Programme Update (copy attached, pages 193 - 214).**
- 12. Specialist Learning Disability In Patients Performance Report (copy attached, pages 215 - 232).**
- 13. IJB Strategic Risk Register Annual Update 2022 (copy attached, pages 233 - 248).**
- 14. Date of Next Meeting – 23 November 2022 at 10.30am.**

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**Minute of virtual meeting of the  
East Renfrewshire Integration Joint Board  
held at 10.00 am on 10 August 2022**

**PRESENT**

Councillor Katie Pragnell	East Renfrewshire Council (Vice-Chair)
Lynsey Allan	Scottish Care
Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
Councillor Caroline Bamforth	East Renfrewshire Council
Dr Angela Campbell	Consultant Physician in Medicine for the Elderly
Councillor Paul Edlin	East Renfrewshire Council
Dr Claire Fisher	Clinical Director
Jacqueline Forbes	NHS Greater Glasgow and Clyde Board
Dianne Foy	NHS Greater Glasgow and Clyde Board
Anne Marie Kennedy	Third Sector representative
Amina Khan	NHS Greater Glasgow and Clyde Board
Dr Deirdre McCormick	Chief Nurse
Andrew McCready	Staff Side Representative (NHS)
Geoff Mohamed	Carers' representative
Julie Murray	Chief Officer – IJB
Councillor Owen O'Donnell	East Renfrewshire Council
Raymond Prior	Interim Head of Public Protection and Children's Services (Chief Social Work Officer)
Lynne Rankin	Staff Side Representative (ERC)
Michelle Wailes	NHS Greater Glasgow and Clyde Board (substitute for Anne-Marie Monaghan)

**IN ATTENDANCE**

Liona Allison	Assistant Committee Services Officer, East Renfrewshire Council
Eamonn Daly	Democratic Services Manager, East Renfrewshire Council
Pamela Gomes	Governance and Compliance Officer
Lee McLaughlin	Head of Adult Services – Communities and Wellbeing
Margaret Phelps	Strategic Planning, Performance and Commissioning Manager
Louisa Yule	Audit Scotland

**APOLOGIES FOR ABSENCE**

Councillor Caroline Bamforth	East Renfrewshire Council
Anne-Marie Monaghan	NHS Greater Glasgow and Clyde Board (Chair)

**DECLARATIONS OF INTEREST**

1. There were no declarations of interest intimated.

**MEMBERSHIPS**

2. Under reference to the Minute of the previous meeting (Item 2 refers), when it had been noted that following the resignation from the Board of Councillor David Macdonald, the resulting vacancy and the determination of the Council's lead member on the Board would be considered by the Council on 29 June, the Democratic Services Manager reported that Councillor Pragnell had been designated as lead councillor on the Board and Councillor O'Donnell appointed to the Board. In addition, he reported that Dianne Foy had replaced Michelle Wailes as one of the NHSGGC Board members on the IJB.

The Board noted the position.

**MINUTE OF PREVIOUS MEETING**

3. The Board considered and approved the Minute of the meeting held on 22 June 2022.

**MATTERS ARISING**

4. The Board considered a report by the Chief Officer providing an update on matters arising from discussions that had taken place at the previous meeting.

The Chief Officer reported that the Final Inspection Report on Children's Services had been received the previous day. As the report was embargoed until 15 August she could not comment on the detail of the report. However, she was able to say that overall it was an excellent report and the link to the report would be issued to Board Members once the embargo period ended.

Referring to the HSCP Workforce Plan, the Chief Officer confirmed that the Plan had been submitted to the Scottish Government at the end of July. Comments on the Plan were expected and if received would be reported to a future meeting.

The Board noted the position.

**ROLLING ACTION LOG**

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

The Chief Officer advised that a number of the actions had been closed off. She explained that the Strategic Planning Group had considered the Strategic Plan, that some final amendments were being made before publication, and that a copy of the Plan would be shared with Board members when available.

The Board noted the report.

**PERFORMANCE AND AUDIT COMMITTEE**

6. The Board considered and noted the Minute of the meeting of the Performance & Audit Committee held on 22 June 2022.

**REVENUE BUDGET MONITORING REPORT**

7. The Board considered a report by the Chief Financial Officer advising of the projected outturn position of the 2022/23 revenue budget as at 30 June 2022.

As in previous updates, the report explained that HSCP costs related to COVID-19 activity were reported to the Scottish Government via NHS Greater Glasgow and Clyde, as health boards were the leads on this reporting. Funding received late in 2021/22 would meet the costs of expected activity as outlined in the report, it being noted that this no longer included support for unachieved savings.

The report explained that current projected local mobilisation plan costs were £8.214 million. This was funded by £9.266 COVID Reserve funding carried forward leaving a balance of £1.052 million. It was also noted that the Scottish Government had advised it was unlikely that there would be further COVID-19 funding this year and work was ongoing to ensure appropriate exit strategies were in place. Work was also ongoing with the Scottish Government nationally to determine the use of any balances of COVID-19 funding during 2022/23.

Thereafter it was reported that against a full year budget of £139.002m there was a projected operational overspend of £0.553m (0.39%) after assumed contributions to and from reserves.

Details of the main projected operational variances as well as ongoing financial risks were set out.

The Chief Financial Officer was then heard further on the report giving further details of the operational variances set out.

Ms Forbes referred to the likelihood of further waves of COVID and questioned if there was adequate funding available to deal with this. In reply the Chief Financial Officer outlined the position in relation to COVID funding explaining against £9.2 million funding, there was projected spend of £8.2 million and it was not certain that the remaining balance would be sufficient to cover the costs of dealing with any future wave. She highlighted that a large proportion of spend related to Lateral Flow Testing (LFT) and Personal Protective Equipment (PPE) costs and if these costs were met centrally by government this would release funding to be used on other COVID-related matters.

She also explained that there may be some slippage in winter funding that could be used, and referred to some other small reserves that could be called on if needed.

In response to questions from Ms Khan about interim care funding, the Chief Financial Officer explained that this was 6 months non-recurring funding received from the Scottish Government with 2 months of the funding relating to the current financial year. The purpose of the funding was to allow the HSCP to build up capacity in the system, and the additional staff that were being taken on should help to manage delayed discharges. In support the Head of Adult Services – Communities and Wellbeing reminded the Board of the work to establish step up/step down beds at Bonnyton House.

Thereafter in response to Councillor Edlin the Chief Financial Officer explained how underspends in certain service areas such as residential care were balanced out by

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corresponding overspends in other areas such as care at home. There may be an opportunity to realign budgets to service demand later in the year.

The Board noted the:-

- (a) projected outturn for the 2023-23 revenue budget; and
- (b) projected reserves balances.

### **HSCP RECOVERY AND RENEWAL PROGRAMME**

8. Under reference to the Minute of the previous meeting (Item 9 refers), the Board considered a report by the Chief Officer providing an update on the HSCP Recovery and Renewal Programme. A detailed overview of current projects accompanied the report.

Having referred to previous reports which provided the full background and context to the programme, and to the decision that regular update reports would be submitted to the Board, the report explained that given the size, scale and timeframe of the programme progress reports may at times show small incremental changes, whilst on other occasions provide significant updates.

The report then summarised progress on a number of projects. It was explained that following a period of recruitment all but one of the posts required to enable the project to move forward had been filled. In addition, progress in the replacement HSCP case recording system, replacement care at home scheduling system, and Learning Disability Development projects was outlined.

It was reported that the Spring Vaccination Programme and the migration of external Care at Home contracts to the new Scotland Excel Framework had concluded and had been formally closed by the Programme Board.

Furthermore the report reminded the Board that a financial framework had been drafted as part of the overall programme governance, and work to revise the framework was ongoing. The HSCP was operating under difficult financial challenges and it may therefore be necessary for working assumptions relating to savings to be revised. Notwithstanding, it was still expected that efficiencies would be realised from the 3 projects summarised above and work was ongoing to quantify scale and timeline.

Responding to comments by the Chief Financial Officer, Ms Forbes welcomed the development of the financial framework that was being drafted as part of the overall programme governance and questioned whether expected outcomes would also be developed. She also sought an explanation of the colour coding in the project status report.

The Chief Financial Officer confirmed that expected outcomes were being developed and explained the project colour coding. She also confirmed that a key would be included in future update reports.

Councillor O'Donnell referred to the number of projects on the report with no defined timescales and questioned whether they all remained relevant. In response the Chief Financial Officer confirmed that all projects remained relevant and reminded the Board this was a multi-year programme that had been interrupted by COVID. The staff who had been appointed through the recruitment exercise would be looking at the programme to attach timescales to those projects where these were still to be confirmed.

The Board noted the report.



**PRIMARY CARE IMPROVEMENT PLAN IMPACT REPORT**

9. The Board considered a report by the Chief Officer showcasing the impact that the Primary Care Improvement Plan (PCIP) and new Multi-Disciplinary Team (MDT) workforce has had on patient care in East Renfrewshire.

The report referred to the commencement in 2018 of the new contract for the provision of General Medical Services in Scotland, part of which related to the development of a multi-disciplinary team of health professionals employed by local HSCPs to support GP Practices. The aim was to free up clinical time to enable GPs to take on a role as Expert Medical Generalists, and allow them more time to care for patients with the most complex needs.

In East Renfrewshire, the HSCP worked collaboratively with local GP Practices to design the local PCIP and a PCIP Steering Group was established to discuss and agree strategic decisions to progress the creation of the local MDT.

It was explained that as at June 2022, the original PCIP had almost been fully implemented, as part of which an additional 52.5 wte staff had been employed to support GP Practices. Following the successful bid for additional winter funding in November 2021 a recruitment exercise was currently underway to expand the workforce in priority service areas. Furthermore, as the current PCIP was almost at full implementation, the Steering Group meeting with GP Practices had been changed to an oversight group. These meetings allowed focused feedback and reflection on what had worked well, and helped modify existing service arrangements to ensure best use of staff and improved staff retention.

The report then provided statistical information in respect of the 15 GP practices in East Renfrewshire. In particular it was highlighted that the average list size was 6,551 (January 2022), which was higher than the Scottish average of 6,000 patients. Registered practice population had increased by 3,394 (3.6%) since 2018 reflecting a 22% increase in the smallest practice and a 9% increase in the largest practice over four years. However, the implementation of the PCIP, including the use of clusters, had enabled GP Practices to support a significantly higher number of patients.

How the HSCP had gone about implementing the PCIP was then outlined, including the recruitment and training of staff to deliver services in 6 areas set out in the Memorandum of Understanding (MOU) that formed part of the 2018 GP contract.

In terms of assessing the impact and evidencing time saved by the introduction of new arrangements, it was explained that the impact of the pandemic had made this difficult. However, new ways of working and new systems and processes had been developed which had accelerated progress to successful implementation. It was noted that overall during the pandemic, General Practice had remained relatively stable in East Renfrewshire with all practices delivering at escalation level one with only one temporary branch closure in 2020. Since October 2021, East Renfrewshire practices had participated in the NHSGGC local practice data collection providing an estimate of total appointments, workforce availability and balance of appointment type. While this did not provide a baseline for pre contract, it showed current activity levels, with the picture in East Renfrewshire mirroring the rest of Greater Glasgow and Clyde.

Thereafter the report provided summary details of progress and examples of some of the work being carried out in each of the 6 MOU priority areas these being noted as; Vaccination Transformation Programme; Pharmacotherapy Services; Community Treatment and Care Services; Urgent Care (Advanced Practitioners); Additional Professional Roles; and Community Link Workers.

The Clinical Director was then heard further on the report drawing to the attention of the Board progress on the MOU priority areas. She concluded by paying tribute to the staff who had worked so hard in difficult circumstances.

Full discussion then took place and in response to Councillor Pragnell the Chief Nurse outlined the arrangements for the autumn vaccination programme, which would include the administration of pneumococcal vaccines.

Councillor O'Donnell welcomed the progress shown in the report, and questioned if there were any plans to improve the reporting of quantitative targets and impacts. In reply, the Clinical Director explained the challenges associated with the collection of quantitative information, in addition to which the Chief Officer suggested that improving data collection may be one of the issues to be considered further in the new GP contract.

The Clinical Director also responded to Ms Khan on the methods used for engaging with patients but confirmed that she would take forward Ms Khan's suggestion for an audit of engagement to be undertaken.

Discussion also took place on the lack of GP Practices in some parts of East Renfrewshire. It was explained that a contract from the health board was required before a new practice could open and this was not a simple process. Consequently this resulted in existing practices dealing with extended patient lists.

The Chief Officer explained that the HSCP was working with practices in Mearns and Neilston where there had been population increases to mitigate the impact on patient lists. Discussions also took place with the Council's planning service about developer contributions from companies building new residential developments in the area. Work was also ongoing with the health board's Capital planners about the provision of funding to improve GP capacity in the area.

Ms Forbes also explained how the ability to seek developer contributions needed to form part of the Council's Local Development Plan.

The Board noted the report.

## **IJB RECORDS MANAGEMENT PLAN ANNUAL REVIEW**

**10.** The Board considered a report by the Chief Officer which provided an update on the review of the IJB Records Management Plan (RMP).

Having set out the legislative background to the requirement for a records management plan to be produced, it was explained that following an invitation by the Keeper, the Council's RMP was reviewed in 2021.

In October 2019 the Keeper agreed that the IJB RMP set out proper arrangements for the management of East Renfrewshire Integration Joint Board's public records in that responsibility for creating and managing IJB records would be delegated to East Renfrewshire Council and managed under the Council's Records Management Plan and Business Classification Scheme. A

The changes to the Council's RMP following the self-assessment were set out, and it was explained that as it had been agreed in 2019 that responsibility for creating and managing IJB records would be delegated to East Renfrewshire Council and managed under the Council's Records Management Plan and Business Classification Scheme, changes to the IJB Scheme

were also required and these were set out. This included proposed retention and disposal arrangements for records which were specific to the Integration Joint Board details of which were included in the report. It was noted that this was not an exhaustive list as other types of business activities would be contained elsewhere in the Business Classification Scheme and Retention schedule.

The Board:-

- (a) noted the report; and
- (b) approved the retention and disposal arrangements set out in the report.

## **IJB COMPLAINTS – ANNUAL REPORT**

**11.** The Board considered a report by the Chief Officer presenting the 2021/22 Annual Complaints Report.

The report explained the background to the requirement for the reporting of complaints and the publication of complaints information, including mandatory reporting and publishing of complaints performance statistics, trends, outcomes, and actions taken to improve services.

The report reminded the Board that in May 2021, a commitment was made that should the Integration Joint Board receive any complaints, these would be reported to the Board at the next scheduled meeting. To date no IJB complaints had been received and during 1 April 2021 – 31 March 2022 no complaints were made in relation to the Integration Joint Board. In addition, at that time the Board was advised that the Scottish Public Services Ombudsman (SPSO) was developing a set of key performance indicators (KPIs) for each sector in consultation with the complaint handling networks to produce a core set of performance indicators, consistent across all public services. These were published by the SPSO in March 2022 and consist of four mandatory quantitative KPIs.

The new KPIs were applicable for data collected from 1 April 2022 and it was a minimum requirement for all organisations to report against these mandatory KPIs in their annual complaints performance reports. The annual report publication deadline was the end of October each year, therefore, the first annual report using these KPIs would be in October 2023.

The report was noted.

## **ANNUAL UPDATE – INTEGRATION JOINT BOARDS CATEGORY 1 RESPONDERS UNDER CIVIL CONTINGENCIES ACT 2004**

**12.** The Board considered a report by the Chief Officer providing details of the resilience arrangements in place to discharge the duties of the IJB as a Category 1 responder under the Civil Contingencies Act 2004, following a change in the legislation in 2021.

The report explained that prior to the change in legislation the HSCP had been contributing to local emergency and resilience planning with NHS Greater Glasgow and Clyde and East Renfrewshire Council. Both partners have established governance arrangements in place to enable them to meet the duties under the Act. East Renfrewshire HSCP continues to actively to contribute to both partners emergency planning and response activity.

It was further explained that there were 3 Regional Resilience Partnerships in Scotland (West, East and North). East Renfrewshire was part of the West of Scotland Regional Resilience

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Partnership (WoSRRP). RRP brought together the organisations involved in dealing with emergencies to plan for and respond to all kinds of emergencies. These multi-agency groups had plans in place to respond to all kinds of events and were regularly tested in joint exercises and during real emergencies. As IJBs were now category 1 responders, Senior HSCP officers were also now attendees at these meetings.

There was also a Local Resilience Partnership (LRP) which covered all partners and sat under the WoSRRP. This was where the majority of training and exercises were carried out. The LRP covered East Renfrewshire, Renfrewshire, West Dunbartonshire and Inverclyde, which was the same geographical area covered by the Civil Contingencies Service.

The HSCP had a Business Continuity Plan in place which was supplemented by service specific business impact assessments. During times of emergency response, the HSCP established the Local Resilience Management Team which was comprised of officers from across the partnership. The HSCP Business Continuity Plan and business impact assessments were due to be reviewed and updated in the coming months, and this would enable learning from the pandemic to be incorporated into the revised plans.

Thereafter the report confirmed that in the last year there had been no requirement for the IJB to respond as a Category 1 responder to an emergency.

The Board noted the report.

### **NATIONAL CARE SERVICE UPDATE**

**13.** Under reference to the Minute of the previous meeting (Item 12 refers), the Chief Officer made a presentation to the Board providing a further update on the Scottish Government's plans for the introduction of a National Care Service.

Key points of the Scottish Government's plans were highlighted. These included the creation of Care Boards that would replace Integration Joint Boards. The number of Boards had not yet been set. The benefits of being a small Integration Joint Board, coterminous with the local authority were emphasised and it would be interesting to establish if the Scottish Government plans would include a coterminous Care Board for the East Renfrewshire area. It was also noted that staff and premises could be transferred with functions, but NHS staff would remain as NHS staff. There were however significant implications for local government staff who could be transferred to the new National Care Service.

Scrutiny of the government's plans was being taken forward by the Parliament's Health, Social Care and Sport Committee, which had now issued a call for evidence. The Chief Officer suggested there were a number of key points the Board should make. Due to the short timescale for responding she suggested that she draft a response and seek approval from the Chair and Vice-Chair.

Ms Forbes supported the suggestion that the Board submit a response highlighting a number of areas where there was uncertainty or lack of clarity. She explained that as Chair of the East Dunbartonshire IJB she had asked for a workshop on a draft response to be arranged to allow all Board members the opportunity to contribute to the response and suggested that a similar approach be adopted in East Renfrewshire. Ms Khan indicated that a similar approach had been adopted by Glasgow IJB.

In reply the Chief Officer confirmed that arrangements could be made for a session and that the draft response could be shared in advance to enable any Board members unable to attend the workshop to make comment. Authority was still required for the Chair and Vice Chair to

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sign off the final draft response thereafter on behalf of the Board. In addition in the event that it was not possible for a workshop to be arranged given the short time available, authority for the Chair and Vice Chair to sign off the final draft response was still sought.

The Board:-

- (a) noted the presentation;
- (b) agreed that a workshop be arranged to allow Board members to contribute to the Board's response to the call for evidence from the Scottish Parliament's Health, Social Care and Sport Committee; and
- (c) agreed that regardless of whether or not a workshop could be arranged the Chair and Vice Chair be authorised to sign off the final draft response on behalf of the Board.

**CALENDAR OF MEETINGS 2023**

**14.** The Board considered a report by the Chief Officer setting out proposed meeting dates for 2023.

Having heard Ms Forbes the Board approved the meeting dates subject to information on the NHSGGC Board meetings calendar being obtained to ensure meeting clashes were minimised.

**DATE OF NEXT MEETING.**

**15.** It was noted that the next meeting of the Integration Joint Board would be held on Wednesday 21 September 2022 at 10.30 am.

CHAIR

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	21 September 2022
<b>Agenda Item</b>	4
<b>Title</b>	Matters Arising
<b>Summary</b>	
<p>The purpose of this paper is to update IJB members on progress regarding matters arising from the discussion which took place at the meeting of 10 August 2022.</p>	
<b>Presented by</b>	Julie Murray, Chief Officer
<b>Action Required</b>	
<p>Integration Joint Board members are asked to note the contents of the report.</p>	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**21 September 2022**

**Report by Chief Officer**

**MATTERS ARISING**

**PURPOSE OF REPORT**

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

**RECOMMENDATION**

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

**REPORT**

**National Care Service**

3. Following discussion at the meeting on 10<sup>th</sup> August 2022, the Chief Officer prepared a draft response to the health and social care committees call for views. A session was held with IJB members on 26<sup>th</sup> August 2022 to agree the final submission.

**Strategic Inspection for Children and Young People at Risk of Harm in East Renfrewshire**

We received notification of the inspection on 22 February 2022. The Care Inspectorate published their report on 16<sup>th</sup> August and we received a grade of 'Excellent' for Quality Indicator 2.1 – Impact on Children and Young People. This quality indicator, with reference to children at risk of harm, considers the extent to which children and young people:

- Feel valued, loved, fulfilled and secure
- Feel listened to, understood and respected
- Experience sincere human contact and enduring relationships
- Get the best start in life

The Care Inspectorate found strengths that significantly impacted on the experiences and outcomes for children and young people at risk of harm. They noted there was a long track record of innovative, effective practice and very high-quality performance across a wide range of activities and from which others could learn. They found the partnership was fully committed to the promotion and protection of children's rights and that they were confident that excellent performance is sustainable and that it will be maintained.

The service has been graded as "Excellent" with no significant areas for improvement identified. The grading is the top of the quality indicator scale used by the Care Inspectorate and awards this for "Outstanding or Sector Leading" service delivery. The inspection report has been published and shared with all Members and the full report is available [here](#).

**IJB Records Management Plan**

4. The revised Records Management Plan has been published on the IJB pages of the website and the Council's Business Classification Scheme has been updated to reflect the retention arrangements agreed for IJB records.

**RECOMMENDATIONS**

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

**REPORT AUTHOR AND PERSON TO CONTACT**

IJB Chief Officer: Julie Murray

August 2022



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	21 September 2022
<b>Agenda Item</b>	5
<b>Title</b>	Rolling Action Log
<b>Summary</b>	
The attached rolling action log details all open actions, and those which have been completed since the last IJB meeting on 10 August 2022.	
<b>Presented by</b>	Julie Murray, Chief Officer
<b>Action Required</b>	
Integration Joint Board members are asked to note progress.	

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Action No	Date	Item No	Item Name	Action	Responsible Officer	Status	Due / Closed	Progress Update /Outcome
372	10-08-22	5	Matters Arising	Submit an update on the HSCP Workforce Plan to a future meeting following receipt of comments from Scottish Government.	CO	OPEN	Nov-22	
371	10-08-22	5	Matters Arising	Send out a copy of the link to the inspection report of Childrens Services following the lifting of the embargo	CO	CLOSED	Aug-22	Inspection report shared with members 16.08.2022
370	10-08-22	6	Rolling Action Log	Share a copy of the Strategic Plan with Board members once ready for publication.	CO	OPEN	Sep-22	Waiting to finalise videos for interactive videos.
369	10-08-22	9	HSCP Recovery and Renewal Programme Update	Ensure that expected outcomes will form part of the financial framework and that the key is included on future project status reports.	CFO	CLOSED	Sep-22	This has been included in the new reporting format
368	10-08-22	11	IJB Records Management Plan Annual Review	The Board noted the report and approved the retention and disposal arrangements as set out in the report and the necessary arrangements should be made	CO	CLOSED	Aug-22	Business classification and retention scheme updated with IJB agreed retentions
367	10-08-22	14	National Care Service Update	Prepare a draft response to the SP committee's call for evidence. Share this with Board Members for comment and try and arrange a seminar for further discussion on the content of the final response. Once the final version of the draft has been prepared seek agreement from the Chair and Vice Chair for the final version of the response to be sent.	CO	CLOSED	Aug-22	Updated included in IJB Matters Arising (Sep-22)
366	10-08-22	15	Calendar of Meetings 2023	The 2023 calendar was approved, subject to checking with NHSGGC about possible clashes of dates. Contact NHSGGC for their calendar and make the necessary arrangements.	DSM	OPEN	Aug-22	Contacted NHSGGC Board - awaiting feedback
362	22-06-22	9	Unaudited Annual Report and Accounts	The Board approved the unaudited accounts and the proposed reserves allocations. Submit the audited accounts to the Performance & Audit Committee and the IJB in November	CFO	OPEN	Nov-22	Scheduled for Nov-22
355	16-03-22	11	Age of Criminal Responsibility (Scotland) Act 2019	Make arrangements to identify a named establishment as a place of safety.	CSWO	OPEN	Dec-22	Working with Council Corporate Landlord to explore options
343	24-11-21	11	ER Peer Support Service - Mental Health and Addictions Final Evaluation Report	Consider the possibility of making a presentation on the evaluation report to a future meeting	HAS - LD&R	OPEN	Nov-22	Added to forward planner - scheduled for Nov-22
279	29-01-20	5	Rolling Action Log - Individual Budget Update	In the paper to be submitted to a future meeting in respect of Individual Budget Update (242) take account of the technical developments being introduced such as new technical substitutes for sleepovers, which will impact on individual budgets.	HAHSL	OPEN	Dec-22	March IJB paper on Implementation of Budget Calculator and SDS available online. Future work included in Recovery & Renewal Programme.
263	25-09-19	8	Chief Social Work Officer's Annual Report	Submit a report to a future meeting on how the use of data in Children's Services has led to service improvements.	CSWO	OPEN	Sep-22	Report will be on September IJB agenda.
244	26-06-19	10	Financial Framework for the 5-Year Adult Mental Health Services Strategy in GGC	Submit a progress report in due course.	CFO	OPEN	Dec-22	Added to forward planer - Timing of progress report will be dependent on system wide programme and agreement of all six HSCPs within Greater Glasgow and Clyde

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	21 September 2022
<b>Agenda Item</b>	6
<b>Title</b>	Annual Performance Report 2021/22
<b>Summary</b>	
<p>This report provides members of the Integration Joint Board with the Annual Performance Report for the Health and Social Care Partnership for 2021-22. This is our sixth Annual Performance Report and outlines performance for our Interim Strategic Plan 2021-22. The Annual Performance Report is a high level, public facing report. It summarises the performance of the HSCP with specific focus on the delivery of services and supports during the continuing Covid-19 pandemic.</p>	
<b>Presented by</b>	Steven Reid Policy, Planning and Performance Manager
<b>Action Required</b>	
<p>The Integration Joint Board is asked to</p> <ul style="list-style-type: none"> <li>▪ Approve the report and its submission to the Scottish Government by the revised deadline of 30 September 2022.</li> <li>▪ Agree that the Policy, Planning and Performance Team will work with the Communications Team to consider a range of media to engage with the public, illustrate performance and publish the Performance Report on our website and through social media.</li> </ul>	
<b>Implications checklist – check box if applicable and include detail in report</b>	
<input type="checkbox"/> Finance	<input checked="" type="checkbox"/> Policy
<input type="checkbox"/> Risk	<input type="checkbox"/> Staffing
	<input checked="" type="checkbox"/> Legal
	<input type="checkbox"/> Directions
	<input checked="" type="checkbox"/> Equalities
	<input type="checkbox"/> Infrastructure

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**21 SEPTEMBER 2022**

**Report by Chief Officer**

**ANNUAL PERFORMANCE REPORT 2021/22**

**PURPOSE OF REPORT**

1. This report advises the members of the Annual Performance Report for the Health and Social Care Partnership for 2021-22.

**RECOMMENDATIONS**

2. The Integration Joint Board is asked to:
  - Approve the report and its submission to the Scottish Government by the revised deadline of 30 September 2022.
  - Agree that the Policy, Planning and Performance Team will work with the Communications Team to consider a range of media to engage with the public, illustrate performance and publish the Performance Report on our website and through social media.

**BACKGROUND**

3. The Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Joint Boards to publish an Annual Performance Report, setting out an assessment of performance in planning and carrying out those functions for which they are responsible. The 2014 Act requires publication of the report within 4 months of the end of the financial year being reported on, therefore by 31 July each year.
4. In recognition of the exceptional requirements being placed on public bodies as they responded to the Covid-19 outbreak, the Coronavirus (Scotland) Act 2020 made a number of temporary changes to statutory reporting and publication requirements (as well as Freedom of Information requests). This gave public authorities the temporary power to postpone publishing reports if they are of the view that continuing with report preparation would impede their ability to take effective action in response to the coronavirus pandemic.
5. Recognising the continuing pressures from the pandemic, the Scottish Government moved legislation to extend the Coronavirus Scotland Act (2020) through to the 30th September 2022. This means that IJBs are able to extend the date of publication of Annual Performance Reviews through to November 2022, using the same mechanisms as the previous year, which are laid out in the [Coronavirus Scotland Act \(2020\), Schedule 6, Part 3](#).
6. Given the volume of work required for a full review of performance and activity during 2021-22, and specifically the requirement for input to the review from partners and services, it has been decided that we will postpone publication of our Annual Performance Review to September 2022.

7. The Public Bodies (Joint Working) (Scotland) 2014 Act requires that publication of the report should include making the report available online, and should ensure that the Report is as accessible as possible to the public. Guidance suggests that partnerships may wish to consider a range of media to engage with the public, illustrate performance and disseminate the Performance Report. The Integration Joint Board must also provide a copy of this report to each constituent authority (NHS Greater Glasgow & Clyde and East Renfrewshire Council).
8. The required content of the performance reports is set out in The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014. In addition Scottish Government has issued guidance for the preparation of performance reports:
  - Performance against national health and wellbeing outcomes.
  - Performance in relation to integration planning and delivery principles.
  - Performance in relation to strategic planning and any review of strategic plan during year.
  - Financial planning, performance and best value.
  - Performance in respect of locality arrangements.
  - Inspections of services.
9. Subject to approval of the report by the Integration Joint Board, the report will be published on our website by 30 September and promoted through appropriate media channels.

## REPORT

10. The Annual Performance Report sets out how we delivered on our vision and commitments over 2021-22 recognising the continuing challenges of the Covid-19 pandemic, its impact of our ways of working and potential disruption to performance trends. This is our sixth Annual Performance Report. We review our performance against agreed local and national performance indicators and against the commitments set out in our Interim Strategic Plan for 2021-22. The report is principally structured around the priorities set out in our strategic plan, linked to the National Health and Wellbeing Outcomes as well as those for Criminal Justice and Children and Families.
11. The main elements of the report set out: the current strategic approach of the East Renfrewshire Health and Social Care Partnership; our response to the Covid-19 pandemic; how we have been working to deliver our strategic priorities and meet the challenges of the pandemic over the past 12 months; our financial performance; and detailed performance information illustrating data trends against key performance indicators.
12. The report meets the requirements of the national statutory guidance and is a static 'backward looking' review of activities and performance during the previous financial year. We will work with the Chair of the Performance and Audit Committee to look at our in-year reporting to ensure we are looking at forward actions to improve performance as well as a retrospective.
13. National performance indicators can be grouped into two types of complementary measures: outcome measures and organisational measures.
14. The national outcome measures are based on survey feedback available every two years from a national survey of people taken from a random sample based on GP practice populations. The respondents have not necessarily used HSCP services. The survey was last carried out in 2021. The HSCP collects local data relating to people who have used our services and supports. This is included in the report as it is collected throughout the year and can be tracked over a longer time period. We believe this better reflects outcomes achieved by the HSCP.

15. The national organisational measures are taken from data that is collected across the health and care system for other reasons. In all cases we have included the latest available data. The updated indicators may not represent the full end year position as some of the data completion rates are not yet 100% but will be the most up-to-date data available at the statutory deadline. We have identified 'provisional' figures in the report.
16. The remaining performance information in the report relates to the key local indicators and targets developed to monitor progress against our Interim Strategic Plan 2021-22. Our performance indicators illustrate progress against each of our seven strategic priorities. Chapter 4 of the report gives trend data from 2016-17 and uses a Red, Amber, Green status key to show whether we are meeting our targets.
17. In addition to activity and performance in relation to the eight strategic priorities the report includes sections on:
  - Public protection; and
  - Our hosted Specialist Learning Disability Service.

### **Continuing impact of the pandemic**

18. During 2021-22 the partnership has continued to experience unprecedented challenges. Throughout the pandemic period, staff across the HSCP have responded with incredible commitment and have adapted to new ways of working; continuing to maintain and deliver safe and effective services to our residents. As the pandemic has continued we are seeing an increasingly fatigued workforce and we are placing a significant focus on supporting staff health and wellbeing.
19. Despite progressing our recovery during the year, the emergence of the Omicron variant during the winter months had a significant impact on progress. The HSCP and our partner organisations experienced increased staff absence with resulting pressures within the health and social care system. This year we have also seen significant recruitment and retention challenges in the sector impacting on our performance.
20. The data shows that despite the continuing pressures of the pandemic there has been strong performance across service areas. Throughout the period we have seen excellent collaboration across the HSCP and with our independent, third and community sector partners. And we are seeing positive signs of recovery across many of our performance indicators as discussed below.
21. A performance update was presented to the IJB at its meeting in June 2022. Headline performance information by service area are given below.

#### **Supporting children and families**

- % starting CAMHS treatment within 18 weeks – 55% (year average) down from 61% in 20/21. Team reporting 63% at end March 22.
- Care experienced children – positive performance on permanence – 2 children with 3+ placements
- 91% of care experienced children supported in community – a high rate but reducing during pandemic
- Child protection - 84% child protection cases with increased safety
- Reduced % of children subject to child protection offered advocacy – 62%

#### **Supporting people to maintain their independence at home**

- 60% of people with reduced care need following re-ablement / rehabilitation (up from 31% at end 2020/21; was 67% pre-pandemic)
- 89% reporting 'living where you/as you want to live' – down slightly from 91%
- 62% aged 65+ with intensive needs receiving care at home – up from 58%

### **Supporting mental health and wellbeing and supporting recovery from addiction**

- Mental health hospital admissions remain low (at 1.4 admissions per 1,000 population)
- 76% waiting no longer than 18 weeks for access to psychological therapies (av. 2021/22); End March 2022 - 65%
- 95% accessing recovery-focused treatment for drug/alc within 3 weeks – up from 69% in 20/21
- 9% of service users moving from treatment to recovery services in the year – up from 6% in 20/21

### **Meeting healthcare needs and reducing unplanned hospital care**

- Discharge without delay – averaged 7 delays for 2021-22 – up from 3 for 20/21
- Adult bed days lost to delayed discharge – 4,546 for 21/20 – up significantly from 2,342 in 20/21
- Adult A&E attendances – 16,877 up from 13,677 in 20/21
- Adult Emergency admissions – 6,772 - up from 6,518 in 20/21

### **Supporting unpaid carers**

- 92% of those asked reported that their 'quality of life ' needs were being met – up from 91% in 20/21

### **Supporting people through criminal justice pathways / Keeping people safe from harm**

- 58% Community Payback Orders (CPOs) commencing within 7 days – down from 65% in 20/21
- 81% of unpaid work placement completions within Court timescale – up from 75%
- Positive employability outcomes for people with convictions – 75% up from 66% in 20/21
- 100% of people reported that their order had helped address their offending – up from 92% in 20/21
- Improvement in domestic abuse outcomes women – 87% increase by 3% - target met.
- Improvement in domestic abuse outcomes children – 84% increase by 1% - target met.

### **Tackling health inequalities and improving life chances**

- Our premature mortality rate remains significantly below the national average at 334 per 100,000 (Scotland 457)
- 7.5% of infants in our most deprived areas (SIMD 1) were exclusively breastfed at the 6-8 weeks (19.2% Scotland wide) (2020-21 figure)
- Male life expectancy at birth in our 15% most deprived communities is 74.7 compared to 72.1 for Scotland.
- Female life expectancy at birth in our 15% most deprived communities is 79.8 compared to 77.5 for Scotland.

### **Supporting staff resilience and wellbeing**

- 61% response rate for our staff engagement survey (iMatter) – despite challenges of pandemic
- Composite 'Employee Engagement Index' score was 78% up from 75% at the previous survey
- 88% of staff agreed that "My manager cares about my health and wellbeing" – up from 85% and best score to date
- 72% agreed that "I feel involved in decisions in relation to my job" – up from 69%
- 75% agree that "I am given the time and resources to support my learning growth" – down slightly from 77%

22. Following any comments from either the Performance and Audit Committee or the Integration Joint Board on 21 September 2022, we will use the remaining weeks until the publication date to enhance any content and make presentational changes.

## CONSULTATION AND PARTNERSHIP WORKING

23. The Annual Performance Report reflects the work of the Health and Social Care Partnership throughout 2021-22. The East Renfrewshire HSCP Participation and Engagement Strategy 2020-23 sets the following objectives for the ways in which we work with our communities:
- Our communities, our partners, our staff and those who receive support will be engaged with, involved and participate in ways that are meaningful to them.
  - We will deliver a strategy that supports and resources new ways of engagement, and embraces digital platforms.
  - We will deliver a strategy that has a focus on prevention, choice and stronger communities and people will be enabled to share their views.
  - We will have a coordinated approach to community engagement and participation.
24. There are multiple examples of these commitments in action throughout the report.
25. The Participation and Engagement Strategy is being delivered and developed through our local multi-agency Participation and Engagement Network. Partners in the network have been engaged with in the drafting of the Annual Performance Report.

## IMPLICATIONS OF THE PROPOSALS

### Finance

26. The Annual Performance Report incorporates relevant financial end of year performance information in Chapter 3. A separate Annual Accounts Report has also been produced and will be presented at the next meeting of the IJB in November.

### Staffing

27. One of the national outcomes is “People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide”. There is a section in the report on this outcome.

### Legal

28. The Annual Performance Report is a statutory requirement of the Integration Joint Board.

### Equalities

29. The Integration planning and delivery principles include a requirement that Integration Joint Boards:
- Take account of the particular needs of different service-users.
  - Takes account of the particular needs of service-users in different parts of the area in which the service is being provided.
  - Take account of the particular characteristics and circumstances of different service-users.
30. There are examples of this throughout the report.
31. There are no implications in relation to risk, policy, property, or IT.

## CONCLUSIONS

32. The Annual Performance Report is the sixth performance report for East Renfrewshire Health and Social Care Partnership. This report provides a comparison of our performance against Scotland and the previous baseline year, recognising the significant impact of the Covid-19 pandemic on the work of HSCPs across Scotland.
33. The report demonstrates the exceptional work undertaken by the partnership during the second year of the Covid-19 pandemic and the continued progress in the delivery of our priority outcomes. It shows that despite the continuing challenges resulting from the pandemic we have continued to support our most vulnerable residents and have performed well against many of our outcome-focused performance indicators. Through our recovery and renewal planning and the delivery of our next Strategic Plan for 2022-25 we will ensure that our priorities and approaches meet the changing needs of our population.

## RECOMMENDATIONS

34. The Integration Joint Board is asked to:
  - Approve the report and its submission to the Scottish Government by the revised deadline of 30 September 2022.
  - Agree that the Policy, Planning and Performance Team will work with the Communications Team to consider a range of media to engage with the public, illustrate performance and publish the Performance Report on our website and through social media.

## REPORT AUTHOR AND PERSON TO CONTACT

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0141 451 0749

September 2022

Chief Officer, IJB: Julie Murray

## BACKGROUND PAPERS

[East Renfrewshire HSCP Annual Performance Report 2017/18](#)

[East Renfrewshire HSCP Annual Performance Report 2018/19](#)

[East Renfrewshire HSCP Annual Performance Report 2019/20](#)

[East Renfrewshire HSCP Annual Performance Report 2020/21](#)



# Working Together for East Renfrewshire

## East Renfrewshire Health and Social Care Partnership (HSCP) Annual Performance Report 2021-22

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# 1. Introduction

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## 1.1 Purpose of Report

The Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Joint Boards to publish an Annual Performance Report, setting out an assessment of performance in planning and carrying out those functions for which they are responsible.

This is the sixth report for the East Renfrewshire Integration Joint Board. It sets out how we delivered on our vision and commitments over 2021-22. As required, we review our performance against agreed local and national performance indicators and against the commitments set out in our 2021-22 Interim Strategic Plan. This one-year 'bridging' plan was developed in recognition of the need for the partnership to continue its focus on our response and recovery from the Covid-19 pandemic. The plan has been succeeded by a full three-year plan for the period 2022-25.

This report looks at our performance during another exceptional 12 month period as the impacts from the pandemic have continued and changed in nature. During the period we have seen a combination of increased demand and more complex presentations across all services. As such our performance outcomes for the period are different from those previously predicted. In our discussion of performance we seek to include as much information as possible on the additional activities undertaken, although we recognise the challenge in doing justice to the incredible efforts of individuals and teams during 2021-22.

The main elements of the report set out:

- the established strategic approach of the East Renfrewshire Health and Social Care Partnership (HSCP);
- how we have been working to deliver our strategic priorities over the past 12 months and additional activity to meet the challenges of the pandemic;
- our financial performance; and,
- detailed performance information illustrating data trends against key performance indicators.

## 1.2 Our Covid-19 response

East Renfrewshire HSCP has been at the forefront of the local response to the Covid-19 pandemic. Over the course of the Covid-19 crisis we have seen incredible resilience, commitment and creativity from staff at the HSCP, our partner providers and community groups in East Renfrewshire. Our teams have established and adapted to new ways of working and have continued to maintain and deliver safe and effective services to our residents. During the pandemic period there has been innovation and collaborative working across the health and care system building on and strengthening local partnerships. This positive response is informing current and future approaches and we will continue to build on innovation and best practice moving forward.

Our response to the pandemic has necessarily been tailored within client groups to meet the specific needs of communities and respond to specific challenges posed within these services.

The HSCP provides care, support and protection for people of all ages, to enhance their wellbeing and improve outcomes for them as children, young people, families and adults. Over the course of 2021-22, our teams in collaboration with our partners and communities have continued to deliver this work in the most unprecedented and challenging times throughout the Covid-19 pandemic. This has involved responding to higher demands for support,

supporting individuals with higher levels of emotional distress, complex needs and limited informal support networks. Our teams have responded compassionately, creatively and with an unwavering commitment to improve outcomes for the individuals and families we support.

Our strong local partnerships continue to respond with great innovation and we have seen greater collaborative working with and in support of our local communities.

Despite progressing our recovery during the year, the emergence of the Omicron variant during the winter months had a significant impact on progress. The HSCP and our partner organisations experienced increased staff absence with resulting pressures within the health and social care system. This year we have also seen significant recruitment and retention challenges in the sector impacting on our performance. As the pandemic has continued we are seeing an increasingly fatigued workforce and we are placing a significant focus on supporting staff health and wellbeing.

Our Covid-19 response activity has happened in addition to our planned operational priorities. Much of the performance data for 2021-22 reflects the direct impact of the pandemic on operational activity and changed behaviours among the population during the pandemic period.

The performance data shows that despite the continuing pressures of the pandemic there has been strong performance across service areas. We have continued to support our most vulnerable residents and have performed well against many of our outcome-focused performance indicators. Throughout the period we have seen excellent collaboration across the HSCP and with our independent, third and community sector partners. And we are seeing positive signs of recovery across many of our performance indicators as discussed below.

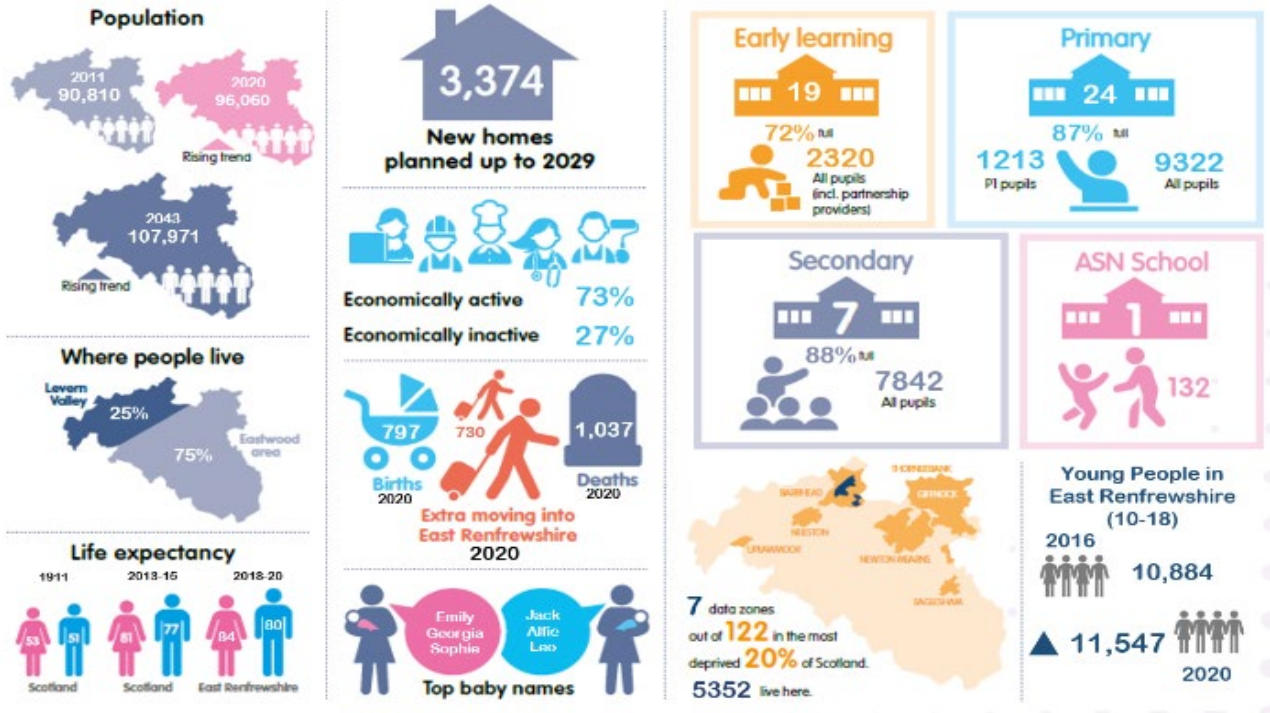
### **1.3 Local context**

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

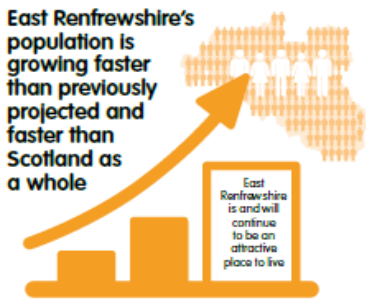
Our population continues to grow and reached 96,060 in 2020. 74% of the population live in the Eastwood area (Busby, Clarkston and Williamwood, Eaglesham and Waterfoot, Giffnock, Netherlee and Stamperland, Newton Mearns and Thornliebank) and 26% live in the Barrhead area (Barrhead, Neilston and Uplawmoor).

East Renfrewshire has an ageing population with a 44% increase in the number of residents aged 85 years and over during the last decade. The 85+ population is projected to increase by 18% between 2019 and 2024. People over 80 are the greatest users of hospital and community health and social care services.

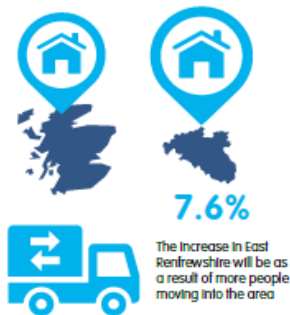
EAST RENFREWSHIRE FAST FACTS



EAST RENFREWSHIRE'S POPULATION - WHAT TO EXPECT



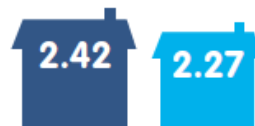
The number of people living in East Renfrewshire is projected to increase by 7.6% by the year 2026 (this is higher than previous projection of 5.7% and higher than the Scottish rate of growth of 3.2%)



**The two age groups that will grow the most**



East Renfrewshire currently has the highest average household size in Scotland, but this is projected to shrink as more people live alone



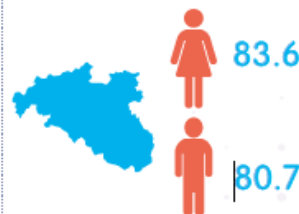
**More houses are being built for three reasons**



**Demand will increase for services**



East Renfrewshire has the highest life expectancy at birth for both females and males in Scotland.



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

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

During the last 16 years our integrated health and social care management and staff teams have developed strong relationships with many different partner organisations. Our scale and continuity of approach have enabled these relationships to flourish. We have a history of co-production with our third sector partners and we are willing to test new and innovative approaches.

East Renfrewshire HSCP is one of six partnerships operating within the NHS Greater Glasgow and Clyde Health Board area. We work very closely with our fellow partnerships to share good practice and to develop more consistent approaches to working with our colleagues in acute hospital services.

## 1.4 Our Strategic Approach

### 1.4.1 Our Strategic Vision and Priorities

In East Renfrewshire we have been leading the way in integrating health and care services. From the outset of the CHCP we have focused firmly on outcomes for the people of East Renfrewshire, improving health and wellbeing and reducing inequalities. Under the direction of East Renfrewshire's IJB, our new HSCP builds on this secure foundation. Throughout our integration journey during the last 16 years, we have developed strong relationships with many different partner organisations. Our longevity as an integrated partnership provides a strong foundation to continue to improve health and social care services.

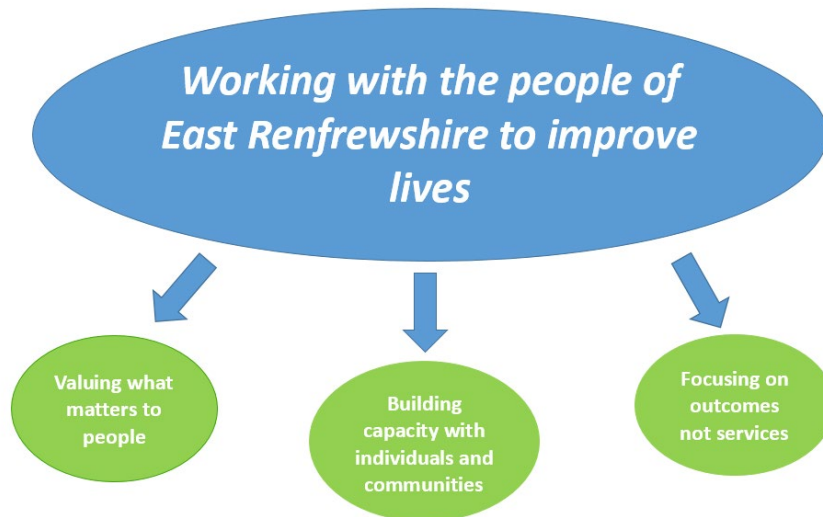
#### Our Vision

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

We developed integration touchstones to progress this vision. These touchstones, which are set out below, are used to guide everything we do as a partnership.

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

The touchstones keep us focused when we are developing and improving the quality of our service delivery.



## Our Strategic Plan

Our first Strategic Plan covered the period 2015-18 and took its priorities from the National Health and Wellbeing Outcomes. It set our high level planning intentions for each priority and was underpinned by an Annual Implementation Plan reviewed and monitored at HSCP level.

Our second Strategic Plan covering 2018-21 recognised that the partnership must extend beyond traditional health and care services to a wide partnership with local people and carers, volunteers and community organisations, providers and community planning partners. The plan placed a greater emphasis on addressing the wider factors that impact on people's health and wellbeing, including activity, housing, and work; supporting people to be well, independent and connected to their communities.

Recognising the impact of the Covid-19 pandemic on capacity, it was that for the next round of strategic planning, the HSCP would depart from the normal approach of developing a three-year plan and establish a one-year 'bridging' plan for 2021-22 reflecting priorities during our continuing response and recovery from the pandemic. It was also agreed that during 2021-22 we would undertake a more comprehensive strategic needs assessment and full programme of community and stakeholder engagement to support the establishment of a full three-year strategic plan for the period 2022-25. This revised approach recognised the challenges of undertaking planning activity during the pandemic period and was in line with the other HSCPs in Scotland.

The interim Strategic Plan 2021-22 described our partnership and vision recognising the benefits of working together as a broad and inclusive partnership and the opportunities that exist to build on the strengthened partnership working we have seen during the pandemic. The plan provided an updated assessment of our operating context including current needs assessment information, the key impacts from the Covid-19 pandemic that we continued to face during 2021-22 and changes in our approach to delivery resulting from the pandemic. It also recognised the changing strategic planning landscape notably through the priorities set out in the NHS Greater Glasgow and Clyde Remobilisation Plan 3 (2021-22), Moving Forward Together and the findings and recommendations from the recent Independent Review of Adult Social Care.

In light of our review of performance to date and recognising the context we are now working in, we have revised our headline strategic planning priorities. The majority of our priorities remain unchanged for 2021-22 but were to be taken forward recognising the challenges and changing requirements following the pandemic. We extended our planning priority for mental health which had previously focused on mental illness to include mental health wellbeing

across our communities. We changed the emphasis of our priorities relating to health inequalities and primary and community-based healthcare. Finally, we introduced a new strategic priority focusing on the crucial role of the workforce across the partnership. For each priority we set out the contributing outcomes that we will work to, key activities for 2021-22 and performance measures. Our revised strategic priorities under the plan are:

- Working together with **children, young people and their families** to improve mental and emotional wellbeing.
- Working together with people to maintain their **independence at home** and in their local community.
- Working together to support **mental health and wellbeing**.
- Working together to meet people's **healthcare needs** by providing support in the right way, by the right person at the right time.
- Working together with **people who care for someone** ensuring they are able to exercise choice and control in relation to their caring activities.
- Working together with our community planning partners on new **community justice** pathways that support people to stop offending and rebuild lives.
- Working together with individuals and communities to tackle **health inequalities** and improve life chances.
- Working together with **staff across the partnership** to support resilience and wellbeing.

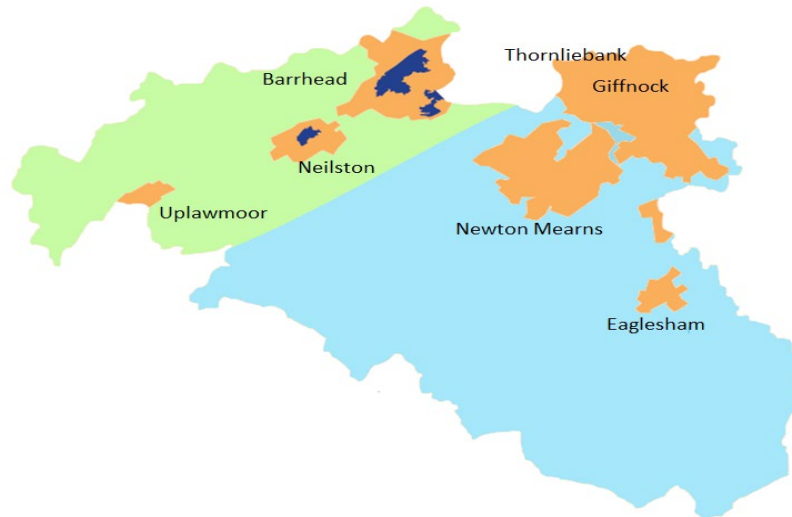
The partnership has now published its full three-year Strategic Plan for 2022-25. The plan was developed consultation with stakeholders and East Renfrewshire residents, despite the continuing challenges of the pandemic. This included a highly participative engagement process coproduced with wider partners through our Participation and Engagement Network and a comprehensive strategic needs assessment.

The 2022-25 plan carries forward the strategic priorities set out in our interim plan but we have also added a distinct priority focusing on protecting people from harm, reflecting the cross-cutting and multi-agency nature of this activity. The key messages from the plan are being communicated to our residents through innovative, user friendly methods including an interactive online version of the plan. The plan represents a strong strategic footing for the partnership over the next three years as we continue our recovery and renewal following the Covid-19 pandemic.

#### 1.4.2 Locality planning in East Renfrewshire

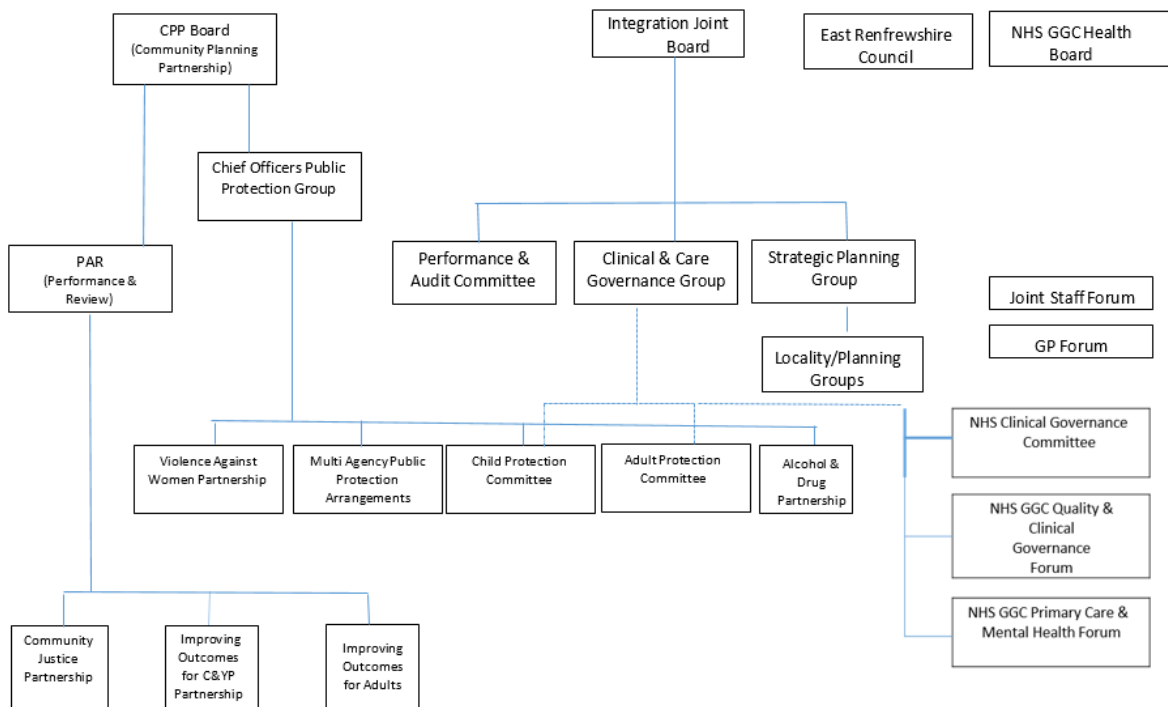
Our previous 2018-21 Strategic Plan reduced our locality planning areas from three to two localities – one for Eastwood and another for Barrhead. This allowed us to coordinate our approach with our local GP clusters while also reflecting the natural communities in East Renfrewshire.

Our locality areas also reflect our hospital flows, with the Eastwood Locality linking to South Glasgow hospitals and the Barrhead Locality to the Royal Alexandra Hospital in Paisley. Our management and service structure is designed around our localities. Our locality planning arrangements continue to develop and will be supported by new planning and market facilitation posts and financial reporting at a locality level.



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 HSCP.

The chart below shows the governance, relationships and links with partners which form the IJB business environment.



### 1.4.3 Our integrated performance management framework

Since the establishment of the Community Health and Care Partnership in 2006, there has been a commitment to integrated performance management.

Our performance management framework is structured around our Strategic Plan, with all performance measures and key activities clearly demonstrating their contribution to each of our seven strategic planning priorities. The framework also demonstrates how these priorities link to the National Health and Wellbeing Outcomes and East Renfrewshire’s Community Planning Outcomes.

An Implementation Plan and a supporting performance framework accompany our Strategic Plan. Working with key stakeholders, we developed these through outcome-focused planning. The plan is presented as a series of 'driver diagrams'. These diagrams show how we will achieve our strategic outcomes through 'critical activities' measured by a suite of performance indicators. This is the basis for strategic performance reporting to the Integration Joint Board (IJB) and it also feeds into East Renfrewshire Council's Outcome Delivery Plan and NHS Greater Glasgow and Clyde's Operational Plan. Our Strategic Performance Reports are presented to the IJB Performance and Audit Committee every six months (at mid and end year). We also provide quarterly updates (at Q1 and Q3) when data updates are available.

Every six months we hold an in-depth Performance Review meeting which is jointly chaired by the Chief Executives of NHS Greater Glasgow and Clyde and East Renfrewshire Council. At these meetings both organisations have the opportunity to review our Strategic Performance Report and hear presentations from Heads of Service, which set out performance progress and key activities across service areas.

The HSCP draws on qualitative and quantitative information from a range of sources. Our main sources of performance data include Public Health Scotland, Scottish Public Health Observatory and National Records Scotland. We also use local service user data and service data from NHS Greater Glasgow and Clyde.

We gather service user feedback from a variety of sources. These include patient/service user surveys through for example, our Primary Care Mental Health Team; day centres and community groups; and users of our integrated health and social care centres. We monitor feedback from residents through the recently established Care Opinion system. We also gather local feedback from East Renfrewshire Council's Citizens' Panel, Talking Points data and the National Health and Wellbeing Survey. We support a local Mental Health Carers Group, where carers are able to raise issues about their needs and the support they receive. We continue to develop our approach to engagement through our multi-agency Participation and Engagement Network, strengthening our methods in drawing in residents views to our evaluation processes.



## 2. Delivering our key priorities during the pandemic

### 2.1 Introduction

This section looks at the progress we made over 2020-21 to deliver the key priorities set out in our Strategic Plan and how we are performing in relation to the National Health and Wellbeing Outcomes. We also set out performance for cross-cutting areas that support our strategic priorities including public protection. For each area we present headline performance data showing progress against our key local and national performance indicators. In addition to an analysis of the data we provide qualitative evidence including case studies and experience from local people engaging with our services. Our intention is to illustrate the wide range of activity taking place across the partnership during the pandemic.

A full performance assessment covering the period 2016-17 to 2021-22 is given in Chapter 4 of the report.

### 2.2 Working together with children, young people and their families to improve mental wellbeing

<b>National Outcomes for Children and Young People contributed to:</b>
Our children have the best start in life and are ready to succeed
Our young people are successful learners, confident individuals, effective contributors and responsible citizens
We have improved the life chances for children, young people and families at risk

#### 2.2.1 Our strategic aims and priorities during 2021-22

Improving the mental and emotional wellbeing of children and young people continues to be one of the highest priorities for East Renfrewshire HSCP. Our multi-agency approach to supporting the needs of children and young people in East Renfrewshire is set out in our Children and Young People's Services Plan 2020-2023.

Our Strategic Plan recognises the impact of the Covid-19 pandemic in exacerbating the circumstances of many children, young people and families, resulting in a significant rise in the number of those experiencing challenges with their mental health and wellbeing. We aim to provide a holistic range of appropriate supports through our multi-stakeholder Healthier Minds Service which works alongside our Family Wellbeing Service and links to GP practices and the Child and Adolescent Mental Health Services (CAMHS) service. Through preventative approaches we aim to reduce the use of mental health inpatient beds, the number of GP consultations for mental wellbeing and alleviate pressures on CAMHS.

We continue to support our care experienced children and young people and are committed to fully implementing the findings of the national Independent Care Review report "The Promise". We will work in our role as Corporate Parents to ensure all care experienced children and young people have settled, secure, nurturing and permanent places to live, within a family setting.

Our aim is to **improve mental wellbeing among children, young people and families in need**, by:

- Protecting our most vulnerable children, young people and families
- Delivering on our corporate parenting responsibilities to our care experienced children and young people by fully implementing The Promise

- Responding to the mental and emotional health and wellbeing needs of children and young people
- Ensuring children and young people with complex needs are supported to overcome barriers to inclusion at home and in their communities

During 2021-22 the impacts from the Covid-19 pandemic continued to present significant challenges and required us to refocus our operational priorities. These are areas that we continue to focus on as we recover from the pandemic.

- The pandemic has exacerbated the circumstances of many children, young people and families, and we have seen a significant rise in the number of those experiencing challenges with their mental health and wellbeing. This is a key priority in our new multi-agency Children and Young Peoples Services Plan 2020-2023.
- Teams are seeing increasing complexity particularly for children with diagnosed neurodevelopmental disorders and a higher prevalence of families in crisis leading to more of these children coming under child protection and an associated increase in numbers coming into care.
  - There was a 30% increase in the number of children placed on the Child Protection Register (39 children in 2021-22 compared with 30 in 2020-21).
  - Children accommodated in residential care settings has increased by a quarter compared with 2020-21. 83% have a neurodevelopmental diagnosis.
  - There has been a 20% increase in referrals to the CAMHS duty system for urgent or crisis referrals.
- Coronavirus (COVID-19) has brought particular challenges for disabled children and their families. This can be seen by the increase in numbers of disabled children in the child protection system and becoming looked after.
  - The proportion of looked after children away from home with additional support needs increased from 17% to 22% over the year

### 2.2.2 The progress we made in 2021-22

Our children's services have continued to see increasing demand and complexity following the pandemic. In particular we are seeing more children with diagnosed neurodevelopmental disorders and a higher prevalence of families in crisis leading to more of these children coming under child protection and an associated increase in numbers coming into care. CAMHS continues to experience high demand and an increase in urgent referrals. However, referrals to our alternative (Tier 2) services, Healthier Minds and the Family Wellbeing service are increasing while monthly referrals to CAMHS have been reducing. As a result we are beginning to see more positive performance on CAMHS waiting times.

Headline performance data includes:

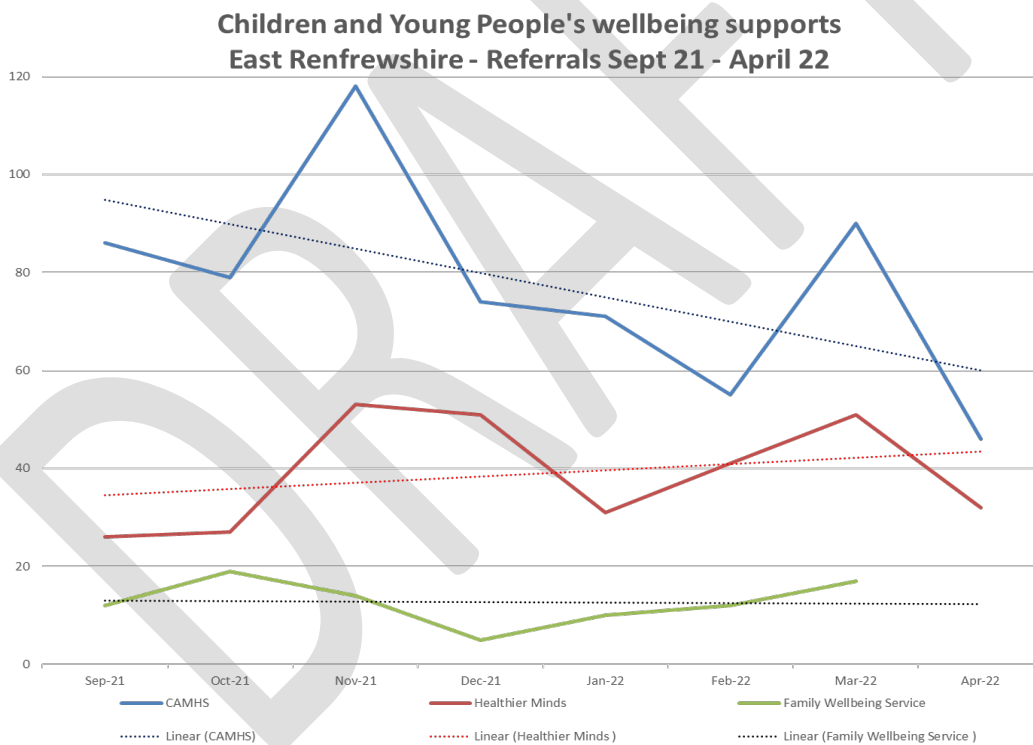
- % starting CAMHS treatment within 18 weeks – 55% (year average) down from 61% in 20/21. Team reporting 63% at end March 22.
- Care experienced children – good performance on permanence – 2 children with 3 or more placements
- 91% of care experienced children supported in community – a high rate but has been reducing during pandemic
- 94% care experienced children waiting no longer than 6 months for a review
- Child protection - 84% child protection cases with increased safety
- Reduced % of children subject to child protection offered advocacy – 62%

### 2.2.3 The support we provided in 2020-21

East Renfrewshire HSCP and our partners recognise the extent of mental health concerns among the children’s population, and in our multi-agency Children and Young Peoples Services Plan 2020-2023 we have agreed mental and emotional wellbeing as a key priority. The impact of the Covid-19 pandemic has exacerbated the circumstances of many children, young people and families, and we have seen a significant rise in the number of those experiencing challenges with their mental health and wellbeing and this also includes those who have a neurodevelopmental diagnosis.



We have been working to alleviate pressure on CAMHS by establishing appropriate (Tier 2) alternatives that work with young people and families to support recovery and minimise crisis. During 2021-22 we have seen a declining number of referrals to CAMHS services as more referrals have been made to Healthier Minds and the Family Wellbeing service, demonstrating that we are achieving our strategic intent.



In response to growing demand during the pandemic a multi-stakeholder **Healthier Minds Service** approach aligned to school communities was developed to identify and ensure delivery of mental wellbeing support to promote children and families’ recovery. Working with schools and young people prior to and following referral helps the team build a fuller picture of the support required and the young people are then assigned to the most appropriate support based on their needs. This is in addition to the existing Family Wellbeing Service which links to GP practices.

**Healthier Minds Hub**

In recognition of the identified increase in mental health concerns for children and young people, the partnership invested in multi-agency mental health provision. The Healthier

Minds Hub is East Renfrewshire's framework for supporting and nurturing the mental health and wellbeing of children, young people and families. It is also a resource for staff. The component parts of the hub are:

- Family Wellbeing Service
- Healthier Minds Service
- School Wellbeing Service
- Youth Counselling Service.

The hub is enhanced by the Healthier Minds website and resources.

The hub has representatives from CAMHS, Social Work, Youth Counselling, Educational Psychology, and the Family Wellbeing Service which is delivered by Children 1st. Hub members meet weekly to consider referrals. The needs of the child or young person determine the route for provision of the optimal support. The newly-formed, multi-agency recovery team, Healthier Minds Service, was developed and aligned to school communities to identify and ensure delivery of mental wellbeing supports that promote children and families' recovery.

The three key elements of the service are:

- strategic mapping and support to maximise school community capacity to be trauma responsive
- provision of direct services to children and families to build on strengths and improve social, emotional and mental wellbeing
- strengthening of the existing school counselling model.

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

The Healthier Minds Service gathers data effectively to evaluate and improve its work. Recent self-evaluation shows that more girls accessed the service and Black and minority ethnic groups were underrepresented. Staff considered how to address these issues and introduced a worker with a focus on sport to encourage boys to access services.

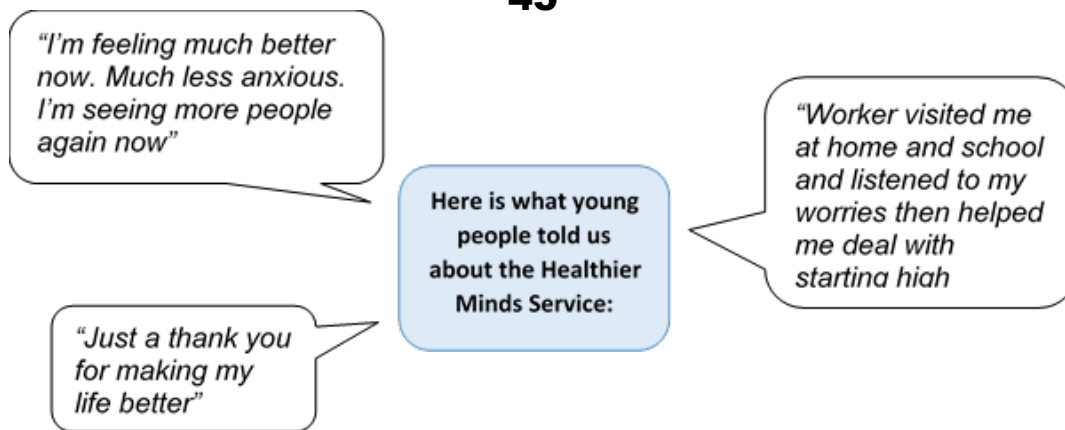
602 Referrals were received between 25 November 2020 and 30 April 2022. The majority (247) were referred to the Youth Counselling Service, 179 were referred to Healthier Minds Team, and 104 continued with existing services. The majority of persons referred were female and aged 13-16 years.

*"He is a different child from when we first referred him to the Healthier Minds service"*

**Here is what parents told us about the Healthier Minds Service:**

*"I never once felt judged. She was so nice to me and made the process so much easier."*

*"Worker was very flexible with my young person and was able to (quicker than I've seen anyone else) respond to their mood/state of mind at the time and adjust the level of interaction they could cope with"*



East Renfrewshire's **Family Wellbeing Service** supports children and young people who present with a range of significant mental and emotional wellbeing concerns. The services works with the HSCP to deliver holistic support based in GP surgeries to:

- Improve the emotional wellbeing of children and young people aged 8–16;
- Reduce the number of inappropriate referrals to CAMHS and other services;
- Support appropriate and timely recognition of acute distress in children and young people accessing clinical help if required;
- Improve family relationships and help build understanding of what has led to the distress and concerns;
- Engage, restore and reconnect children and young people with school and their wider community.

During 2021-22 there have been significant developments at **East Renfrewshire CAMHS** including the establishment of a dedicated eating disorder clinic. This followed an unprecedented increase in the number of young people presenting with an eating disorder to CAMHS, particularly during the COVID 19 pandemic many of whom have been acutely and severely unwell with this illness. During 2021-22 East Renfrewshire was seeing the highest number of eating disorder presentations across the CAMHS teams in Greater Glasgow and Clyde. A key measure of success for the clinic has been a significant reduction in hospital admissions - 5 in 2021-22; down from 14 in 2020-21.

During the year the partnership underwent a **joint inspection of services for children and young people at risk of harm**. We are proud that the inspection found strengths that significantly impacted on the experiences and outcomes for children and young people at risk of harm and rated our quality of service as "Excellent". The inspection found that the partnership has a long track record of innovative, effective practice and very high-quality performance across a wide range of activities. And that the partnership is fully committed to the promotion and protection of children's rights

#### **Joint inspection – Key Messages**

The inspection of services for children and young people at risk of harm was carried out by the Care Inspectorate in partnership with Healthcare Improvement Scotland, Her Majesty's Inspectorate of Constabulary in Scotland, and Education Scotland. It's report highlighted the following key messages:

1. Staff recognised and responded quickly to concerns raised about children and young people at risk of harm. Very effective collaborative early interventions were preventing risk from escalating.
2. Children and young people at risk of harm were benefiting from high-quality assessments, plans and support from a wide range of services. These were impacting positively on their safety and wellbeing.

3. The safety and wellbeing of children and young people who were at risk of harm was improving as a result of the caring relationships they had with key members of staff. Children and young people were listened to and respected.
4. Children and young people at risk of harm and their families were actively participating and influencing service planning, delivery and improvement.
5. The partnership was successfully using data and quality assurance information to inform and support decision making, service planning and delivery. This helped to identify emerging risks and inform future priorities.
6. The partnership was providing strong and effective leadership and shared a very strong vision for children and young people. This continued throughout the Covid-19 pandemic ensuring appropriate supports reached the families who were in most need.
7. The partnership has a strong track record of continuous development and improvement of its services. Focused plans were in place to support improvements and build on achievements. They had realistic goals and strong measures in place to monitor progress with clear timescales.

Our **Inclusive Support Service (ISS)** continues to provide three distinct services: holiday provisions, out of school activity clubs and individualised support services. Providing a range of targeted supports for children and young people aged 5-18 years. All of the children and young people who access the service have either complex health or behavioural support needs, with a significant number having limited verbal communication. ISS, in consultation with partners, has refocused its activity over the course of the pandemic. The service supported 247 children and their families ensuring that they received support when many services had ceased. The team also worked with Adult Services supporting young people transitioning from children's services meaning young people received the right support at the right time.

Prior to the pandemic our practice for vulnerable young people was to undertake regular multi-agency reviews of their plan to ensure that they, and their family, were getting the right support at the right time. Children looked after at home had additional Child's Plan meetings compensating for reduced provision of Children's Hearings. This meant that delays in decision making and planning were minimised and immediate action was taken to manage any risk presented.



During the pandemic Children's statutory processes were prioritised to ensure the safety of children. Meetings took place online and we also used a blended approach due to feedback from staff and families. Support was given to families to access laptops, tablets and internet allowing them to participate.

Increased levels of isolation for children and families meant that we wanted to increase our face-to-face contact. In partnership with Culture and Leisure Trust and Youth Services, we delivered an Enrichment Activity Programme. Children were able to try new skills outside of their home, build confidence, encouraging them to socialise and feel part of their community. We provided 321 events reaching 68 children and young people. Evidence indicates that this enabled improving



relationships between children and their families with general feedback positive. The work of the multi-agency team was recognised when they won the Innovation of the Year award in the NHSGGC Excellence Awards.

In summer 2021, we delivered a programme of activities via the Get into Summer Programme. Over 2000 children and young people participated in activities and this included high numbers of vulnerable children and young people. Evaluations told us that the programme increased the time children spent outdoors with their peers engaged in physical activity. Children felt part of their community and parental stress was reduced.



Over 2021-22 we have continued the implementation of the **Signs of Safety** model, led by the Chief Social Work Officer and the Head of Education Services (Equality and Equity). The model supports practice improvement, with a particular focus on developing relational interventions with children, young people, their families and carers in order to reduce risk and improve children's wellbeing. It is the most effective framework to assess and manage risk for children and young people while supporting families. The approach recognises the need to define harm, outline danger and identify safety goals. Children's assessments and plans benefit from the use of the Signs of Safety analytical tools such as the harm matrix, scaling questions, the danger or worry statements and the safety and wellbeing goals. They provided children and their families with opportunities to fully engage in assessment activity and decision-making.

In East Renfrewshire **Youth Intensive Support Service (YISS)** is the lead service for all looked after young people aged 12 – 26 years, recognising that more intensive interventions are required to improve recovery from trauma, neglect and abuse. The service aims to successfully engage the most hard to reach young people in East Renfrewshire and has the following shared aims across social work and health services:

- To reduce the number of young people looked after and accommodated and at risk of hospitalisation and custody.
- To reduce the impact of historical trauma and abuse for young people.
- To ensure that the transition into adulthood achieves better long term outcomes.
- Maximise social capital.
- To keep whenever safe to do so a connection to their local communities.

The **Youth Intensive Support Service (YISS)** makes a positive difference in the lives of young people at risk of harm, and their families. The team's ethos is to support young people and ensure their rights are upheld and promoted. The service provides intensive intervention (including out of hours and weekend support) to enhance recovery from trauma, neglect and abuse. Additionally, the service provides the defined pathway for protective processes for young people at risk of harm.

The service supports children and young people aged 12 – 26 years, who are at risk of being accommodated, custody, placement breakdown and hospitalisation due to poor mental health. Support is also provided to young people who are looked after, in continuing care or in aftercare. The School Nursing Service is aligned to the Youth Intensive Support Service. Both services adopt a relational-based approach to effectively engage the hardest to reach young people by co-ordinating and providing multi-dimensional support plans. The responsiveness of the service to the young person's needs has made mental health support more accessible.

The success of the Youth Intensive Support Service was reflected during the Covid-19 pandemic with an average of 81% of young people having contact at least fortnightly. Young people told us the support they received had made a positive difference to their lives. The approach taken by staff working together helped them to accept support to keep them safe. We consider this relational based collaborative approach, which resulted in positive outcomes for young people and their families, to be an example of good practice.

**East Renfrewshire Champions Board** aims to improve life chances of looked after young people both within our community planning partnership and in the wider community. A central focus is on inclusion and participation allowing looked after young people a meaningful forum to directly influence and, through time, redesign services that affect them in a co-produced way by influencing their corporate parents. The Champions Board offers looked after young people leadership opportunities and the opportunity to change practice and policy. Our aim is to demystify and challenge misconceptions about looked after children and young people and strengthen awareness of the barriers that they face.



### **Participation and influence through the Champions Board**

The Champions Board offers young people opportunities for leadership and to influence policy and practice development. Young people involved with the Champions Board have expressed that they are encouraged to share their views and expertise, even when their views might challenge the partnership.

In recognition that the views of younger care experienced children were under-represented, the Mini-champs group for those aged 8-12 years was formed. Young people in the Champions Board were responsible for shaping the agenda of the group. They identified themes and influenced change. The influence of the Champions Board and feedback from parents and children, was central in the development of the Healthier Minds service. The Champions Board has also influenced the establishment of care experienced traineeships. Care experienced trainees support the partnership to further improve their approach to participation and consultation. This included ensuring the voice of older young people at risk of harm was heard and influencing development. Other influencers such as young people who were at risk of offending, have been actively engaged in the co-development of harm reduction programmes. This included a programme with police, which took a young person through a mock custody process. Some young people who were involved in carrying knives helped frame and took part in the local No Knives, Better Lives campaign, which heightened young people's and community awareness.



## 2.3 Working together with people to maintain their independence at home and in their local community

### National Health and Wellbeing Outcomes contributed to:

NO2 - People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

NO3 - People who use health and social care services have positive experiences of those services, and have their dignity respected

NO4 – Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

### 2.3.1 Our strategic aims and priorities during 2021-22

Ensuring as many East Renfrewshire residents as possible can maintain their independence at home remains a priority of the partnership and a key area of focus as we move through and beyond the Covid-19 pandemic. Our approaches are person-centred and focused on the rights of individuals to exercise choice and control. We are able to deliver on this priority thanks to the enthusiasm and commitment of our partner providers and community support organisations and will continue to promote collaborative approaches.

We work to minimise isolation and engage with those in need through approaches such as befriending, peer support and the work of our Kindness Collaborative and Talking Points, linking people to local supports. We will continue to build on this collaborative working going forward to increase the community supports and opportunities available. We will make best use of technology and health monitoring systems to support independence and self-management. We are committed to increasing choice and control and delivering the full potential of Self-directed Support.

Our aim is to **support people to maintain their independence at home and in their local community**, by:

- Ensuring the people we work with have choice and control over their lives and the support they receive;
- Helping more people stay independent and avoid crisis through early intervention work;
- Ensuring people can maintain health and wellbeing through a range of appropriate activities.

The pandemic has impacted our approaches to supporting independence and the delivery of our preventative supports. Teams were required to establish and adjust to alternative ways of working in a short space of time. Across our services we have seen increased demand and higher levels of complexity among the people we support. And as a direct consequence of the pandemic restrictions we have seen increased frailty and social isolation particularly among older people.

The pandemic has changed some of the choices people make and disrupted pathways within the health and social care system. For example, our care at home services have seen additional pressures due to a desire from more people to be supported at home and we have been dealing earlier and more complex hospital discharges. We are aware that many older people, shielding residents and those who live alone have become more isolated and had less opportunities for leisure, exercise and social activities. At the same time, the response to the pandemic has demonstrated the resilience of our community-based supports with teams of volunteers and staff keeping touch with the most vulnerable and isolated, notably through the Community Hub.

### 2.3.2 The progress we made in 2021-22

Over 2021-22 we have continued to support people to live independently and well at home, despite additional demand pressures on our services due to more people seeking support at home as well as increased levels of frailty and complexity. During the year we have seen continuing pressure on our Care at Home service with increased referrals and reducing capacity among partner providers. Quarterly referral rates have doubled since 19/20 and this level of demand was sustained during 2021-22. We saw a 48% reduction in support packages from partner providers between 20/21 and 21/22. Increased frailty, complexity of need and de-conditioning has been evident with higher referrals to rehabilitation services and twice as many Care at Home service users requiring two or more carers during visits.

Headline performance data includes:

- 60% of people with reduced care need following re-ablement / rehabilitation (up from 31% at end 2020-21; was 67% pre-pandemic)
- 89% reporting 'living where you/as you want to live' – down slightly from 91%
- 62% aged 65+ with intensive needs receiving care at home – up from 58%

### 2.3.3 How we delivered in 2021-22

The HSCP remains committed to promoting Community Led Support which sees a move from traditional day service provision for older people to enabling access to more local, personalised and flexible services. The pandemic has resulted in many people's wellbeing being affected by the isolation and changes to routine. Through strong local partnerships our teams have responded with great innovation and greater collaborative working in support of our communities. And with the aid of technology teams have been able to offer people ongoing support throughout the pandemic, and access to support and treatment has been maintained.



**An East Renfrewshire community  
phonenumber for local people and  
organisations looking for support,  
signposting and community  
information.**

#### **Support**

Get in touch with The Community Hub if you or someone you know needs support.

In East Renfrewshire a local **Community Hub** was developed to coordinate the community response to the Covid-19 pandemic. The Community Hub is a partnership between Voluntary Action East Renfrewshire, HSCP Talking Points and East Renfrewshire Council Communities and Strategic teams. It has supported residents to access information and signposted to local community supports as well as establishing new shopping and prescription delivery service. It also responded to the growing need for social contact by those who were reporting feeling isolated, especially those who were shielding. The Community Hub has now formalised the partnership and will continue to co-produce new delivery models in response to community need.

## Responding in partnership with our communities – Talking Points and the Community Hub

Talking Points hubs were established across East Renfrewshire as places where people can go to have a good conversation about their health and wellbeing within their own community. Here residents can be directed to services and support that best meet their needs. The Talking Point hubs are led by a single paid staff member and supported through the participation of third and independent sector organisations with support from social work services.



At an early stage in the pandemic, it became clear that Talking Points in its existing format, was unable to continue its community based work due to the lockdown restrictions (closures and support services, staff and potential attendees remaining at home).

It was decided at a very early stage that the Talking Points coordinator should be the link between the new Community Hub and the HSCP Initial Contact Team within Social Work and provide advice and support to Voluntary Action East Renfrewshire in the creation and delivery of new community supports. To facilitate this the Coordinator based himself within VAERs building in order to better respond to identified needs and when appropriate, provide support. It was also decided that, as Talking Points was unable to carry out its duties, we should concentrate on giving the message that if during the pandemic you needed help and support, that there were three conduits to access that support:

- The Community Hub
- The Initial Contact Team
- East Renfrewshire Council

This strategy strengthened the relationship between the organisations and allowed for new ways of working that previously did not exist. The benefits of a closer working model was clearly of benefit to the organisations and in turn the residents themselves.

Talking Points now has a membership of over 60 groups and organisations that provide advice and support for residents. This group continued to meet with its partners via Microsoft Teams and continued to link in with Talking Points when their particular expertise in their field was needed to give advice and support to residents either by phone or video call. During this period the Coordinator acted as a conduit for collating and sharing information between agencies and groups via fortnightly emails that ranged from online Mental Health support groups, changes in benefits, to dementia supports and everything in-between. This allowed partners to stay in touch and remain relevant to each other and culminated in the creation of a Directory detailing contact details, the roles of their organisation as well as their referral process.

Following discussions with partners it was decided that Talking Points should explore further how we could formalise and capitalise on the relationships forged during the pandemic within the Community Hub. Following discussions between the three Community Hub partners as well as HSCP management and Talking Point partners, it was agreed that we should formalise the relationship and in March of 2021, the message that "Talking Points has a new Home at the Community Hub".

At this point we let our partners, HSCP staff and public know (via press our own Facebook page) that Talking Points was again open and that it could be contacted via the new number at the Community Hub. Since the relaunch we have been receiving referrals and have designed Postcards produced by the Community Hub which will be disseminated across the authority by HSCP and Third Sector partners. We are also redesigning HSCP leaflets and posters that will emphasise the Talking Point approach.

Talking Points continues to explore how, when and where we shall be engaging with our residents and partners and we move through the pandemic in collaboration our Culture and Leisure Trust regarding libraries and Community Centres, VAER regarding their Market Place events.

*I felt frustrated, anxious, angry and didn't know where to turn to next. Phoned the Community Hub and within 15 minutes the officer from Talking Points had phoned and was on my case. He's a great listener, had a very calming manner and told me not to worry as he would find out the required information... I'd like to thank him for helping me and resolving my problem so quickly*

### Using resources to address pressure on services

During 2021-22, the Scottish Government provided additional funding to support health and social care providers tackle demand pressures on services following the Covid-19. Phase One of the additional resources was for the recruitment of 16 additional **Health Care Assistants** for the NHS Greater Glasgow and Clyde health board area with local deployment to East Renfrewshire to enhance the capacity of our Care at Home Responder Service, Community Nursing and Community Rehabilitation teams.

We have strengthened our HSCP **adult services 'front door'** to include a much wider Multi-disciplinary Team (MDT) approach, a focus on Technology Enabled Care (TEC) and more streamlined pathways for individuals and families to access our supports. East Renfrewshire HSCP have contributed to the development of a **hospital discharge hub** across Greater Glasgow and Clyde (GGC) hospitals to prevent hospital admissions and support timeous hospital discharges.

Phase Two of the funding programme included an additional £2.1m for East Renfrewshire in 2021-22 to support **Interim Care, Care at Home** and **Multi-disciplinary Teams**. In 22/23 we have continued to implement our model for interim care including the development of our intensive support model at Bonnyton care home. This creates a step up/step down service locally, to avoid unnecessary hospital admissions and timely discharge to home/homely settings.

For Care at Home, the additional resource has been used to address the ongoing demand pressures the service has been experiencing, increase frontline staff as well as management and support, and increase capacity for the **Home First model** and **Technology Enabled Care**. We are continuing to enhance the capacity of our multi-disciplinary teams across the HSCP including: developing our multi-disciplinary Front Door model and leadership arrangements; additional capacity for social work and our Care Home and Community Review Team; support for the wider GGC frailty hubs; and increased capacity for frailty practitioners, data and quality analysis and peripatetic business support.

Phase Three funding to strengthen Adult Social Work has allowed us to create additional leadership posts within Communities and Wellbeing. This has provided us an opportunity to create a **dedicated transition team** to support young people with complex needs in the transition to adulthood, and **Long Term Conditions team** to support the local residents with long term conditions as we recover from the pandemic.

During 2021-22 our focus on developing approaches for **day services** has continued. Days Services staff were key to supporting our Intensive Services particularly throughout the challenges presented by the Omicron variant. This resulted in Day Services being reduced. However, by March 2022 staff were returning to the day service and the service began increasing. We are now establishing a fuller blended model of building based and outreach for our day service. During 2021-22 we met regularly with carers to develop our model and identify where support has been most required. A survey for carers focussing on the pandemic experience was also conducted. Face-to-face carers support meetings also recommenced and these have been well received by attendees.

### Improving access through our 'Front door'

We recognise the impact of the pandemic on the individuals and families and commissioned an independent review of the HSCP Front Door for adult services in partnership with individuals, families and professionals in order to ensure that the single point of access to adult services was fit for purpose as we move towards recovery.

The independent review noted many strengths of our approach, mainly in terms of our rapid access Occupational Therapy service, our Talking Points and the single point of access model. The report also noted some key recommendations to strengthen our front door which includes:

- Widening out the Multi-disciplinary element of our front door to include access to Rehab Physio, Rehab Nurse (prescriber), Pharmacy, technology enabled care and money advice.
- Operating a daily huddle model to support our right support, right place, right person approach to referrals.
- Strengthening our call handling model to free up our social work assistants to complete less complex assessments.
- Streamline our assessment and resource allocation process to reduce duplication and make more user friendly for individuals and families.

An implementation plan was developed in partnership with the team, people who use our services, unpaid carers and frontline practitioners with a new model to be launched during 2022-23.

For our **Care at Home** team, there has been continued pressure throughout 2021-22 as a result of the volume and complexity of new referrals into the service as well as reduced capacity among partner providers in the independent and third sectors. Covid-related absence amongst frontline staff was a significant challenge for the service during the year. Recruitment into the service has continued despite significant challenges and following a multi-channel advertising campaign running during the early months of 2022, 59 new members of staff were appointed.

**At a glance – Supporting people at home in 2021-22**

- 164,632 hours\* of homecare provided by the HSCP's in-house Care at Home Service
- 401,549 hours\* of homecare provided by partner providers
- 1,729 service users receiving homecare support
- 395 Community Care outcomes assessments completed by Adult and Older People Social Work
- 111 Care at home staff trained in dementia awareness
- 67 Care at Home staff trained in medication management

\*Inc. homecare elements from SDS packages

The **Telecare Team** also recruited extra staff during the year to assist in delivering its overnight response. Face-to-face reviews resumed, having been conducted by telephone throughout the pandemic. This is allowing responders to more thoroughly check on telecare customers and their home environments and ensure they have telecare equipment appropriate to their level of need, helping keep them safe in their homes. Progress is being made on the analogue-to-digital transition with our new cloud-based call handling system (including responder app) which is scheduled to go-live later in 2022.

Our partnership with local **care home** providers has continued to develop and strengthen in following the pandemic. Testing and vaccination for residents continued during 2021-22. Care homes have been caring for some of our most vulnerable residents over the course of the pandemic. Care home liaison staff have supported homes to manage residents' care, with advice on pressure area care, food, fluids and nutrition and individual nursing issues. Along with NHSGGC colleagues, they have offered infection prevention control advice and supportive visits. Commissioning and contracts staff continued to support homes with daily welfare calls, and arranged virtual meetings and workshops for managers, updating them on changes to guidance and providing a forum for peer support. The HSCP adult support and protection team has worked closely with homes advising and investigating to keep the most vulnerable individuals safe from harm. Bespoke support has been offered to care homes particularly affected by the pandemic and the wellbeing of staff and residents continues to be a high HSCP priority.

**Care Home Collaborative Hub**

Support to our care homes continues using our existing support and governance mechanisms including the newly established Care Home Collaborative Hub model. The Collaborative is made up of three multidisciplinary teams (Hubs) of health professionals to support care homes: one to cover Glasgow City HSCP; one hosted by Inverclyde HSCP on behalf of the remaining 5 partnerships; and, one central 'specialist' team with shared resources spanning both local Hubs. Additionally, the MDT Hubs are supported via a Corporate Hub in order to strengthen professional oversight and robust governance. The overarching purpose is to enable care home residents to live their best life aligned to what matters to them. The Hubs provide professional and practical support, oversight and leadership offering a range of additional support in key areas including, but not limited to, infection prevention and control, person centeredness, food fluid and nutrition, tissue viability, quality improvement, leadership and education.

## 2.4 Working together to support mental health and wellbeing

### National Health and Wellbeing Outcomes contributed to:

NO1 - People are able to look after and improve their own health and wellbeing and live in good health for longer.

NO3 - People who use health and social care services have positive experiences of those services, and have their dignity respected

NO4 – Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

### 2.4.1 Our strategic aims and priorities during 2020-21

During the pandemic we have adapted our approaches across services to support the mental wellbeing of the people we work with. As we move forward we will continue to focus on good mental wellbeing, and on ensuring that the right help and support is available whenever it is needed. We recognise that different types of mental health need will continue to emerge as time passes and that we will need to continually adapt our approach to reflect this. We are focused on close collaboration with primary care, and further enhancing the mental health and wellbeing supports within primary care settings. We will work with GPs, third sector partners and people with lived experience to develop our approach to ensure people get the right service, in the right place at the right time.

We are enhancing our approach to minimising drug-related harms and deaths and improving overall wellbeing amongst people with harmful drug or alcohol use and their families.

We will continue to work in partnership with people who use services, carers and staff to influence the Greater Glasgow and Clyde Five Year Strategy for Adult Mental Health Services and contribute to its delivery to ensure the needs of East Renfrewshire residents are met. We will ensure a particular focus on prevention, early intervention and harm reduction; high quality evidence-based care; and compassionate, recovery-oriented care recognising the importance of trauma and adversity and their influence on well-being.

Our aim is to **support better mental health and wellbeing**, by:

- Ensuring individuals can access a range of supports on their journey to recovery from mental health and alcohol and drugs harms
- Ensuring wellbeing is enhanced through a strong partnership approach to prevention and early intervention
- Helping staff and volunteers to have the skills, knowledge and resilience to support individuals and communities

For many people experiencing and recovering from mental health and addiction the lockdown has been particularly challenging. Our teams have been dealing with a significant increase in demand across mental health and addiction services due to increased complexity in the cases we are working with and we expect this to increase going forward.

### 2.4.2 The progress we made in 2021-22

During 2021-22 our teams have continued to deal with increased demand across mental health and addiction services due to increases in complexity. With the aid of technology teams have been able to offer people ongoing support throughout the pandemic, and access to treatment has been maintained. The HSCP has been supporting mental health and wellbeing concerns across care groups related to stress and distress related to the pandemic but also wider economic problems. There have been increased caseloads across all teams (Community Addictions Team, Adult Mental Health Team, Primary Care Mental Health Team,

and Older Adult Team). For older people we are seeing overall wellbeing impacted by issues such as isolation and reduction in mobility.

Headline performance data includes:

- Mental health hospital admissions remain low (at 1.4 admissions per 1,000 population)
- 76% waiting no longer than 18 weeks for access to psychological therapies (av. 2021-22); End March 2022 - 65%
- 95% accessing recovery-focused treatment for drug/alc within 3 weeks – up from 69% in 20/21
- 9% of service users moving from treatment to recovery services in the year – up from 6% in 20/21

### 2.4.3 How we delivered in 2021-22

Our teams continue to deal with a significant increase in demand across mental health and addiction services due to increases in complexity. We will build on the new approaches and ways of working that have been developed during the pandemic to help meet the demands on us going forward as we support good mental health and wellbeing, help people manage their own mental health, and build their emotional resilience.

During 2021-22 we have seen mental health concerns across the care groups that we work with, related to stress and distress resulting from the pandemic but also due wider economic problems.

Among older people we have seen the continuing impacts of isolation and reduction in mobility affecting overall wellbeing. Across our services we are remaining in contact with individuals over longer periods of time.

#### **Demand pressures – increased caseloads at our mental health teams**

- Community Addictions Team – 15% increase (from 363 in April 2021 to 420 in March 2022)
- Adult Mental Health Team caseload increased by 7% during 2020-21 (from 1283 to 1373 and has remained around that level over past year)
- Primary care mental health team – increased 33% this year from 256 in April 2021 to 341 in March 2022 although this reflects a gradual return to pre-Covid levels
- Older adult team caseload increased from 850 to 942 over the year (10% increase)

During the year we have faced challenges on workforce recruitment and retention across internal and external providers, and higher turnover within HSCP teams. We are planning our recovery from the pandemic in terms of establishing what a hybrid-working model looks like for all teams. This work is led by our short life working group reviewing use of accommodation. Primary Care Mental Health Team (PCMHT) staff have devised a rota of staff returning to the office this month, in order to deliver more face-to-face interventions with patients as our recovery continues.

The **Mental Health Officer (MHO) team** continue to support our most vulnerable population. We are in the process of hiring a Development Officer to facilitate the coaching and mentoring of newly qualified MHO staff, which is also increasing capacity within the team. We successfully hired an additional **Post-diagnostic Support (PDS) worker** through our partnership with Alzheimer's Scotland. Recruitment to psychiatry has been a concern during the year due to long term vacancies and pending retirement of a consultant psychiatrist. We remain focused on ensuring that we have adequate psychiatry capacity across both the



Community Mental Health Team (CMHT) and the Older People's Mental Health Team (OPMHT).

*I am absolutely delighted with the psychiatric services I have received. I have had many, many positive experiences in all respects from all the helpful and supportive staff*

*It was very apparent from first meeting the lead at the Adult Autism Team that this was a clinician who adopted a very different approach and style to working with patients than a lot of mental health professionals I have encountered...she truly values [my views] and actively listens*

During the year we rolled-out the **Medication Assisted Treatment (MAT) standards**. This enables people to access same-day prescribing for opioid use disorder, facilitating low barrier access to assessment and treatment.

Local **care homes** (Norwood House and Eastwood Court) have been benefitting from expanded **Occupational Therapy input**. In Eastwood Court, an under-utilised space was transformed into a dementia-friendly "pub-like" environment creating a new social space for residents, signage was introduced to aid orientation particularly for those with dementia, simple technology was introduced to support activities and dementia-friendly menus were developed. In Norwood House, a sensory room was created, dementia-friendly décor was adopted such as repainting areas with a more calming colour with contrasting handrails, lighting was altered to decrease distress and the risk of falls, dementia-friendly signage and simple technology for activities were also introduced.

During 2021-22 we have continued to invest in alternative models including **peer support** for mental health and addictions. Peer support is where people with similar life experiences offer each other support, especially as they move through difficult or challenging experiences. The service received its first referrals in 2020, initially offering opportunities to meet face-to-face, within the restrictions at that time. Peer support is also being offered via phone or video call, in line with individuals' preferences.

#### **East Renfrewshire Peer Support Service**

East Renfrewshire HSCP recognised the potential of peer support to enhance the opportunities for recovery, working alongside formal services, and prioritised investment in a peer support test of change. Perhaps uniquely, it was proposed to test peer support as a joint service across the alcohol and drugs and mental health service settings. A 12-month test of change was proposed, incorporating a robust service design and evaluation approach from the outset, to design and develop the service, implement and evaluate, to identify the optimum model of service delivery for individuals.

Penumbra were identified as the preferred provider of peer support in East Renfrewshire. Penumbra is one of Scotland's largest mental health charities and have significant experience of delivering peer work in locality based recovery teams across Scotland. Penumbra brings to East Renfrewshire a strong understanding of recovery, robust evidence based recovery tools to measure outcomes and an inclusive approach where peer workers and individuals who use services influence the development of services. Identifying goals is a core part of Penumbra's approach to peer support and is enabled by their use of the

I-ROC (Individual Recovery Outcomes Counter) outcome measurement tool and HOPE (focusing on Home, Opportunity, People and Empowerment) model of wellbeing.

Despite the significant challenges presented by Covid-19, the service design work with stakeholders took place virtually from summer 2020. Ensuring that individuals with lived experience were involved remained a high priority and interviews via telephone took place. The East Renfrewshire peer support service took the first referrals in early September. Peer support was offered to individuals for the first time very quickly thereafter with opportunities to meet face-to-face, within the restrictions at that time. In line with the test of change approach, a robust evaluation model was built in from the outset, working with an independent evaluation facilitator, Matter of Focus, and utilising the OutNav outcome mapping tool.

The peer support service works with individuals already engaged with services in East Renfrewshire, with referrals made by Health and Social Care Partnership adult mental health and alcohol and drugs services, as well as RAMH and RCA Trust. It is an additional, complementary support to help individuals identify their personal goals for recovery.

A recent evaluation of the services made the following findings:

- Strengths of the project include how quickly it reached capacity and the way in which people using the service chose to sustain their engagement. There is strong evidence that the Peer Support Service has been well-received by people accessing support. People using the service valued the nature of the relationship and the holistic approach taken.
- People valued working with someone with lived experience because it helped them develop a sense of clarity and reflection on their own experiences. In this way of working connections can extend beyond the experience of mental ill-health or substance use to other experiences or passions.
- A common thread across the experiences of those using the service was that it supported greater self-awareness and knowledge, and therefore aided their own personal goals. In this evaluation we heard powerful testimonies of people using the service.
- There was evidence that people who engaged with the service used the space for open dialogue to understand what was important to them and to take positive steps forward.

*Peer support has given me a better understanding of what mental health is, and how it can affect me*

*Having a peer helps me feel not alone because they empower me. I don't know where I'd be without peer support*

We are committed to working together with community planning partners on activities that support mental wellbeing and resilience across our communities, with Voluntary Action East Renfrewshire taking a leading role. During the year, the rollout of the Scottish Government's **Community Mental Health and Wellbeing Fund** in East Renfrewshire has enabled grassroots community organisations to provide vital supports and activities to local communities with £238,000 already distributed – ranging from community food, cooking and exercise initiatives, mindfulness courses, social activities to reduce loneliness and isolation, a

recovery college and dementia support services. We continue to work closely with Voluntary Action and wider partners to assure the success and sustainability of funded programmes.

We have continued to deliver our **mental health and wellbeing remobilisation programme** with the third sector including staff capacity building around bereavement, mental health and suicide prevention, and wellbeing support to carers.

### **Remobilisation programme for health and wellbeing**

Following on from the success of the 2020/2021 remobilisation fund, NHSGGC led another successful bid for remobilisation funding with East Renfrewshire receiving an allocation of £35,657. An additional fund of £3,700 was also allocated to East Renfrewshire later in the year due to underspend in other local authority areas. The total for remobilisation spend was therefore £39,357.

Activities delivered in partnership have included:

#### **Staff & Volunteer Training / Capacity Building – delivered by SAMH**

Delivery of 16 training courses including:

- Having the Conversation Workplace
- Looking After Your Wellbeing
- Impact of Poor Mental Health
- Intro to Suicide Prevention
- Food and Mood
- 5 Ways to Wellbeing Workplace
- Using Wellness Action Plan
- Sleep & Mental Health
- Managing Stress in Workplace
- Having the Conversation Hybrid Working
- Mental Health: Supporting Others

#### **SMHFA (Scottish Mental Health First Aid) – delivered by SAMH**

20 delegates attended SAMH SMHFA training. Delegates included Health Improvement staff, Social Work, Addiction, third sector partners and two volunteers. SMHFA training took place over two full days.

#### **Bereavement training - delivered by Cruse Scotland**

Bereavement and Loss training was identified as a need from staff within our primary care mental health team and third sector partner RAMH Addictions Team. Cruse Scotland delivered Bereavement and Loss training online.

## 2.5 Working together to meet people's healthcare needs by providing support in the right way, by the right person at the right time.

### National Health and Wellbeing Outcomes contributed to:

NO2 - People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

NO4 – Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

### 2.5.1 Our strategic aims and priorities during 2021-22

The vision set out by NHSGGC in its recovery and remobilisation planning is to have in place a whole system of health and social care enabled by the delivery of key primary care and community health and social care services. HSCPs are working in partnership to ensure effective communications, a consistent approach, shared information and the alignment of planning processes.

Primary care is the cornerstone of the NHS with the vast majority of healthcare delivered in primary care settings in the heart of our local communities. It is vital in promoting good health self-care and supporting people with long term health needs and as a result reducing demands on the rest of the health and social care system. Through our Primary Care Improvement activity we have been expanding primary care teams with new staff and roles to support more patients in the community.

Significant investment in winter 2022 has helped add resilience to our health and care response. We have strengthened the capacity of our Care at Home Responder Service, Community Nursing and Community Rehabilitation teams and have established an intensive support service at our in-house care home for a multidisciplinary 'step-up', 'step-down' approach. This is supporting rehabilitation and re-ablement and timely discharge to home/homely settings. Additional resources are being used to address the accelerated demand pressures we have seen for Care at Home services, with increased frontline staff as well as management and support, and increased capacity for the Home First model and Technology Enabled Care.

We continue to work together with HSCPs across Glasgow, primary and acute services to support people in the community, and develop alternatives to hospital care. In partnership we support the development and delivery of the joint strategic commissioning plan which outlines improvements for patients to be implemented over the next five years.

Our aim is to **ensure people's healthcare needs are met (in the right way, by the right person at the right time)**, by:

- Early intervention and prevention of admission to hospital to better support people in the community
- Improved hospital discharge and better support for people to transfer from acute care to community supports
- Improved primary / secondary care interface to better manage patient care in the most appropriate setting.

## 2.5.2 The progress we made in 2021-22

Patterns of accident and emergency use and unplanned hospital admissions were significantly altered by the pandemic; but for some measures have been moving above pre-pandemic levels during the year. Despite increased activity we remain ahead of target for emergency admissions and A&E attendances. During the reporting period we have seen an increase in discharges with delay. This is being driven by the pressure on care at home services which is restricting access. Our Hospital to Home team work to deliver timely and appropriate discharges from hospital. During the pandemic the team have experienced significant issues around supporting 'adults with incapacity' and establishing appropriate guardianship/Power of Attorney arrangements. However, our performance for delays remains among the best in Scotland. We continue to support the hospital discharge efforts by promoting the use of intermediate care beds where a care at home package cannot be immediately accommodated.

Headline performance data includes:

- Discharge without delay – averaged 7 delays for 2021-22 – up from 3 for 20/21
- Adult bed days lost to delayed discharge – 4,546 for 21/20 – up significantly from 2,342 in 20/21
- Adult A&E attendances – 16,877 up from 13,677 in 20/21
- Adult Emergency admissions – 6,772 - up from 6,518 in 20/21

## 2.5.3 How we delivered in 2021-22

During 2021-22 the HSCP has continued to work with other partnerships and acute services in the Glasgow area to develop new services and pathways that will continue as we move into recovery.

Our **Hospital to Home team** (which facilitates complex hospital discharges) has been supplemented by the creation of a new team focussing on the appropriate and effective use of intermediate care beds. This supports timely hospital discharge where the required homecare package is not immediately available and delivers improved outcomes from assessment activity carried out in this setting (versus hospital). The targeted work by the new team includes requests for intermediate care beds, care home liaison, occupancy tracking, data collation, arranging interventions / re-ablement and carrying out outcome-focussed reviews and care planning. A specific test of change within this promotes early involvement at hospital admission point. The collaborative working between these teams has ensured that delays in hospital discharges have been minimised and kept within manageable levels.

The team is taking forward improvement activity to support earlier in-reach and effective discharge planning with individuals and their families. Despite this proactive activity the HSCP is still challenged with delays resulting from Adults with Incapacity (AWI) and family choice/indecision and delays due to Power of Attorney (PoA) not being in place.

Our **Community Rehabilitation Teams** continue to experience increased pressures due to the ongoing impacts and consequences of the pandemic on the older population, with an increase in frailty and frailty related falls. The average of 40–50 referrals per week in 2019 and early 2020 has risen to and been sustained at 65-70 referrals per week over the past two years. Due to increased complexity of need and deconditioning, the service is finding that services users are requiring longer and more frequent inputs, adding to demand pressures.

The partnership has seen increased falls/frailty presentations due to unintended consequences of Covid-19 lockdown restrictions on individuals' health including deconditioning, reduced social supports, implications of the pausing, ceased or phased remobilisation of NHS and community services and groups. There remains increased pressure

on HSCP community assessment and rehabilitation teams to deliver assessment, intervention, and rehabilitation but without some of the wider supports previously available.

#### **Multi-agency approach to prevent falls in the home- case example.**

Mrs B. is a 76 year old lady who lives on her own. She has worsening breathing problems due to COPD, and had recently been discharged from hospital with medical oxygen to use if required. She was independent although had lost confidence with some of her activities of daily living such as showering, preparing meals, and mobilising out with the house due to her fear of falls. She had becoming increasingly reliant on her daughter since being in hospital. Mrs B had a fall in her bathroom when turning at the toilet. She managed to phone her daughter who called the emergency services as she was unable to assist her mother up from the floor, and she had also sustained a minor injury to her lower leg as a result of the fall.

The Scottish Ambulance Service (SAS) responded and, following full clinical assessment, treated the injury on scene and it was agreed that no conveyance to hospital was required. Mrs B agreed to SAS making a referral to East Renfrewshire HSCP to request urgent follow up by the Community Rehabilitation Team in relation to falls multifactorial assessment and any additional supports which could be offered.

A home visit was carried out by the Community Rehabilitation Team the following day to assess Mrs B. It was found that there were a number of factors contributing to her risk of falls. Over the next ten weeks, Rehabilitation Support staff helped Mrs B to improve her function, strength, balance, mobility, independence and confidence by working through the rehabilitation programme devised between Mrs B, the Physiotherapist and the Occupational Therapist. Dietetic advice was also provided to improve Mrs B's nutrition. Equipment was provided which improved her ability to get in and out of bed, off and on to the toilet and with access to her shower, and also a mobility aid to help Mrs B move safely around her home independently, and outdoors with family. A community alarm referral was made, and Telecare was installed comprising of a wrist strap "red button" alarm to press for assistance if, for example, she had a further fall. A referral was made to the Scottish Fire and Rescue Service for a home fire safety visit and advice was given to her daughter about the local Carer's Centre.

Mrs B has made significant improvements. She is independent at this time with all her activities of daily living, and Mrs B and her daughter are aware of how to access advice about additional supports, if they require them, through Talking Points and the Initial Contact Team. She is going to commence the local Vitality exercise classes which run in the leisure centre with the help of her daughter, in order to continue with her strength and balance programme

During 2021-22, all 15 **GP Practices** in East Renfrewshire were operating at Escalation Level 1. The HSCP has continued to support GP Practices with list pressures due to new housing developments to improve sustainability.

The HSCP has supported the development of primary care through the delivery of the Primary Care Improvement Plan (PCIP) which neared full implementation over the year.

#### **East Renfrewshire's Primary Care Improvement Plan (PCIP) 2018-2021**

The national priority for PCIPs) was to reduce GP and practice workload with HSCPs delivering services through a range of multi-disciplinary teams (MDTs) including pharmacists, physiotherapists and advance nurse practitioners and other health

professionals. The development of this new Primary Care service redesign should not only reduce GP workload but deliver a safe, person-centred, equitable, outcome focused, effective, sustainable, affordability and value for money service according to the seven key principles of the new General Medical Services (GMS) Contract 2018 by increasing access and reducing inequalities for our patients.

We began implementing the new GMS Contract in 2018 through our East Renfrewshire Primary Care Improvement Plan (PCIP) 2018 – 2021. We recruited a 1.0 wte PCIP Implementation and Development Officer to deliver the plan objectives and since 2018 we have worked steadily to recruit and train staff to deliver services across the six Memorandum of Understanding (MOU) areas.

### **Progress on MOU priority areas**

#### Vaccination Transformation Programme (VTP)

All vaccinations within the VTP in place by spring 2022 and we moved from a GP based delivery model to an NHSGGC board delivery model, through various vaccination teams reducing GP practice workload. Of the five vaccination work streams, three have been fully shifted and two are in transition.

#### Pharmacotherapy Services

Early in 2018 we agreed to expand existing pharmacy teams to introduce the pharmacotherapy service for the new GMS Contract in a phased approach across the HSCP. By increasing pharmacists and pharmacy technicians working within GP practices we were able to provide a new medicines management service, referred to as the Pharmacotherapy Service. The development of the new service has allowed GPs to: focus on their role as expert medical generalists; improve clinical outcomes; more appropriately distribute workload; enhance practice sustainability; and support prescribing improvement work. There have also been positive impacts in terms of effective and efficient prescribing and polypharmacy all of which have real outcomes for patients.

#### Community Treatment and Care Services (CTAC)

The creation and implementation of CTAC services providing support to General Practice for minor injuries, chronic disease monitoring and other services suitable for delivery within the community began in October 2018 by recruiting 3.0 wte Community Health Care Assistants (CHCAs). These were shared across all 15 GP practices offering not only clinic and domiciliary phlebotomy but additional CHCA tasks including: B12s; biometric data collection including BP; and suture removal. We have subsequently increased provision by an additional 0.8 wte CHCA within GP Practices. In year three, following a delay due to the pandemic, we were able to develop the CTAC services further by implementing our new treatment room provision across both localities of Eastwood and Barrhead to all GP practices, offering leg ulcer management, Doppler assessment, wound dressings and suture/staple removal.

#### Urgent Care (Advanced Practitioners)

The creation and implementation of 3.0 wte Advanced Nurse Practitioners (ANP) to work across 3 GP clusters within Eastwood and Barrhead localities proved challenging due to workforce availability. Recruitment was slow therefore we were unable to establish this service until years 2 and 4. Two practices, Mearns and Carolside Medical Centres in EW2 Cluster, were chosen to participate in the first test of change for 1.0 wte ANP provision from October 2019 to June 2020 and further scale up progressed to the three other GP Practices within the cluster following this. Overall, the test was positive and was able to show that GP time was released across all practices by the ANP. We will reflect on the cluster test as we continue to develop and train a further 2.0 wte newly recruited ANPs to EW1 and Levern Clusters, spreading the Urgent Care provision across all of our GP practices.

### Additional Professional Roles

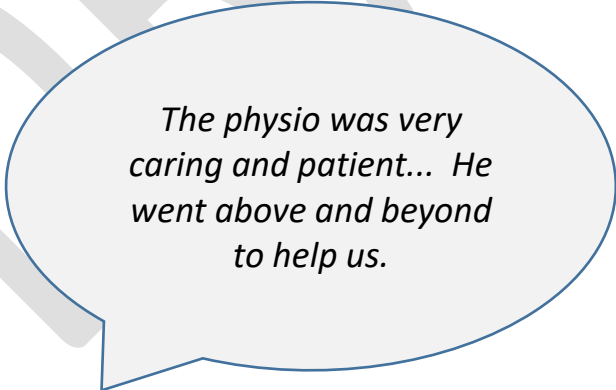
We originally agreed provision of 3.0 wte NHSGGC Advanced Practice Physiotherapists (APP)/ musculoskeletal (MSK) Physiotherapists to work across 6 of our 15 GP practices (40%) based on modelling from Inverclyde New Ways of Working. However, following successful implementation of our first 1.0 wte in two GP practices in year 1 we remodelled our planned 3.0 wte to work at cluster level. This helped to expand provision to 9 of our 15 GP practices (60%) in year 3, covering a total of 72% of our population. The service has allowed patients to benefit from quicker access to a physiotherapists and treatment therefore reducing unnecessary referrals to GPs. NHSGGC are scoping models to ensure this approach can be greater equity across practices going forward.

### Community Link Workers (CLW)

Prior to the GMS Contract we had piloted a CLW programme in December 2016, an output following our Safe and Supported Programme. The development was a partnership between Recovery Across Mental Health (RAMH) and East Renfrewshire HSCP. It reflected shared awareness of the impact of a significant cohort of patients who sought recurring and regular support from GPs, for what were often issues associated with loneliness, social isolation, and lack of community connectedness and associated 'social' issues. Following the success of this programme in nine of our GP practices with 2.0 wte practitioners, we agreed to increase the total number of CLWs to 4.0 wte in 2018.

We also regularly collect qualitative GP practice feedback across the MOU services including the following comments:

- *"The Advanced Nurse Practitioner has played a very valuable role in the practice which has facilitated a reduction in GP workload".*
- *"Consistently positive feedback from patients about the Community Link Workers".*
- *"They Community Link Workers are an extremely valuable resource".*
- *"The Advanced Practice Physiotherapist has very effectively complemented our clinical skill-mix and feedback from patients continues to be extremely positive".*



*The physio was very caring and patient... He went above and beyond to help us.*



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

### National Health and Wellbeing Outcomes contributed to:

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

### 2.6.1 Our strategic aims and priorities during 2021-22

The contribution of unpaid carers to our social care system is beyond measure and the daily efforts of families and loved ones to those needing support is fully recognised by the partnership. Carers have been significantly impacted by the pandemic and changes to a range of supports available to those providing care. Unpaid carers have also taken on increased caring during this time and have faced additional pressures. As we move beyond the pandemic we must ensure that the right supports and services are in place for carers. The ongoing work of the East Renfrewshire Care Collective has demonstrated the need to maintain and strengthen our approach to involving carers throughout the planning process in identifying the outcomes that matter to them and by ensuring carers voices are valued and reflected within our strategic planning work.

Our Carers Strategy sets out how we will work together with partners to improve the lives of East Renfrewshire's carers. Through our local engagement and discussion we know that we need to develop our workforce, pathways and supports for carers. We have committed to working together with East Renfrewshire Carers Centre (ER Carers) to improve access to accurate, timely information. We will continue to encourage collaboration between support providers for advice, information and support for carers ensuring local provision that best meets carer's needs. We will provide information and training to raise awareness of the impact of caring responsibilities. We will continue to support the expansion of personalised support planning in collaboration with our unpaid carers and ensure that self-directed support options are offered to all adult carers who have been identified as eligible for support.

Peer support and having the opportunity to share experiences is highly valued by our carers but has been disrupted during the pandemic. As a wider partnership we will ensure that these informal supports that enable people to continue in their caring role are re-established and strengthened going forward.

Our aim is to **ensure people who care for someone are able to exercise choice and control in relation to their caring activities**, by:

- Ensuring staff are able to identify carers and value them as equal partners;
- Helping carers access accurate information about carers' rights, eligibility criteria and supports;
- Ensuring more carers have the opportunity to develop their own carer support plan.

### 2.6.2 The progress we made in 2020-21

Working with East Renfrewshire Carers Centre, we have continued to ensure that carers have had access to guidance and support throughout 2021-22. Check-in calls to carers were delivered by ER Carers, and carers have been offered support to set up and manage a peer support Facebook Group. The Mental Health Carers group continued to run virtually.

Headline performance data includes:

- 92% of those asked reported that their 'quality of life' needs were being met – up from 91% in 20/21

### 2.6.3 How we delivered in 2021-22

The pandemic has impacted significantly on carers, with potentially restricted access to support, resources and activities away from caring. The restrictions during the crisis have impacted on the health and wellbeing of carers and the people being cared for.

Throughout 2021-22 we have maintained our positive partnership working with the **East Renfrewshire Carers' Centre**, continuing to deliver community-based integrated support for carers in East Renfrewshire including access to tailored advice, support, planning and community activities.

A **newsletter** is sent weekly with updates and guidance on Covid-19 and support available to all carers registered with ER Carers by email or post. We subscribed to a Carers digital advice and information resource and care coordination app was available 24/7 on the HSCP and partner's websites. This was promoted in local press and social media.

**Check-in calls** to Carers continued to be delivered by ER Carers and carers were offered support to manage a **peer support** Facebook Group.

**Carer awareness sessions** have been being delivered online since January 2021 across HSCP teams and partner organisations to increase awareness of Carers Rights, the impact of caring and the support available.

The **Mental Health Carers Group** is a vital support for many of our local unpaid carers. The group has continued to run virtually throughout the year.

East Renfrewshire Carer's Strategy – "**I Care, You Care, We Care**" was updated for 2021-22 in collaboration with carers and the Care Collective (East Renfrewshire Carers' Centre and Voluntary Action East Renfrewshire). The Care Collective approach involved research, interviews, face to face engagement events and social media activity involving 2,000 local people. The work of the Care Collective demonstrated how we needed to strengthen our approach to involving carers through the planning process and with identifying the outcomes that matter to them.

East Renfrewshire Carers' Strategy has four strategic carer outcomes that are fully in line with the principles of the Carers (Scotland) Act 2016, the National Health and Wellbeing Outcomes and East Renfrewshire HSCPs Strategic Plan.

- Carers are identified, valued and involved
- Carers have choice, control and a life alongside caring
- Carers are living full lives and able to support their health and wellbeing
- Caring is a positive experience



### Local Implementation of the Carers Strategy

Using the Care Collective's approach to involvement:

- A leadership collaborative was established involving carers, partner organisations and HSCP managers to form the Carers Act Implementation Group (CAIG) to ensure a shift to meaningful co-production with carers in the process of planning and commissioning services. A Carers Lead post was appointed in January 2020.
- Adult Carers were involved in developing an Adult Carer Support Plan and a Carer's Emergency Plan.
- We collaborated with third sector organisations to ensure good, accurate and up to date online advice and information.
- We worked closely with our partner ER Carers and a group of around 20 carers who meet regularly and are actively involved in the planning of community support and services for carers and the people they care for.

*I can feel vulnerable as a carer. I have had times when services have made it very clear that I am not the client. The biggest challenge is being unable to follow my own activities and have a break for a few hours during the course of the day to recharge my energy.*

*There has to be a far greater appreciation from Government, Health and other bodies of what unpaid carers do and the sacrifices they have to make to do the caring role*

East Renfrewshire's **Short Breaks Statement** was also updated for 2021-22 to ensure all advice and information is accurate and includes the development of creative, Covid-safe online breaks that meet the outcomes of the carer and the cared-for person. In collaboration with carers and other stakeholders we established guiding principles for planning short breaks with carers and these remain key to short break provision. These are:

- Carers will be recognised and valued as equal partners in planning for Short Breaks.
- Planning and assessment will be outcomes focused to ensure that we focus on what both the carer and the cared for person wants to happen.
- By using our eligibility framework we will have an equitable and transparent system for determining eligibility for funding Short Breaks that is consistent and easily understood.
- There will be timely decision making.
- Planning a short break will be a safe, respectful and inclusive process with every carer treated equally.
- When planning a Short Break questions about needs and outcomes will have a clear purpose for carers, not just to inform the support system.
- Prevention will be key. Planning and assessments for support should prevent deterioration in the carer's health or the caring relationship.

### **Supporting carers during the pandemic – a partnership approach.**

Very few of us have been unaffected by Covid-19, but we recognise that carers have been affected more than most. In East Renfrewshire Carers' Centre's annual survey:

- 76% of carers reported that their caring role had increased.
- 76% of carers reported that their own mental health had been impacted.
- 53% reported that their physical health had been impacted
- 46% reported that the pandemic had impacted on their caring relationship.

Against such a difficult picture, it is positive that referrals to the Carers' Centre increased to 567; a number that exceeds pre-pandemic levels.

The HSCP have appointed a Carers Lead Officer post who along with the Centre Manager has delivered 22 carer awareness sessions across the HSCP. This has resulted in the HSCP being responsible for half of all new referrals made to the Centre.

The Carers' Centre has continued to deliver a range of emotional and practical support to carers in line with the restrictions, but we recognises that support for carers and their families has been affected or reduced during the pandemic.

The Carers Lead has worked with carers to try and mitigate some of these challenges and carers have been actively involved in making suggestions and improvements to many of our services and supports including day centres, dementia supports, hospital discharge experience, transition planning and Self-directed support.

The partnership is committed to keeping carers at the heart of the Carers Collective Strategy Group and building on the information and awareness session that carers delivered to the East Renfrewshire Integration Joint Board in June 2022.

Access to short breaks and time out from caring has been the biggest challenge for carers during the pandemic. The HSCP and Carers Centre are committed to providing carers with short breaks and again, we continue to work with carers to improve the awareness and availability of short breaks and pilot new and different approaches to supporting carers.

The Carers Centre continues to deliver Adult Carer Support Plans and Young Carer Statements on behalf of the HSCP with 128 completed in the last year. We have developed a pathway and increased funding to enable carers to get the support they need timeously and efficiently.

The HSCP is supporting the Carers' Centre to set up a respitality initiative in East Renfrewshire with local businesses showing their support to carers in East Renfrewshire by providing a range of discounts and concessions.

The Carers Centre continues to provide grants to carers through the Time to Live initiative. This was supplemented this year by additional funding to support carers through the winter which saw grants totalling over £80,000 being awarded and directly supporting over 180 carers.

The Centre also participated in the Scotspirit Holiday scheme which used £18,000 of funding awarded by the Scottish Government to provide 47 carers families with breaks away in hotels and bed and breakfast accommodation in locations across Scotland.

We know that there are many challenges ahead, but we are confident that by continuing to develop the partnership between the HSCP, Carers Centre, carers and other stakeholders we can work together to provide the best possible support for carers in East Renfrewshire.

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## 2.7 Working together with our community planning partners on new community justice pathways that support people to stop offending and rebuild lives

### National Outcomes for Community Justice contributed to:

Prevent and reduce further offending by reducing its underlying causes

Safely and effectively manage those who have committed offences to help them reintegrate into the community and realise their potential for the benefit of all

### 2.7.1 Our strategic aims and priorities during 2021-22

We continue to work together with our multi-agency partners to ensure there are strong pathways to recovery and rehabilitation following a criminal conviction.

Through the East Renfrewshire Community Justice Outcome Improvement Plan we are committed to a range of actions with community planning partners. We are working together to support communities to improve their understanding and participation in community justice. As an HSCP our justice service continues to identify and build on opportunities for the unpaid work element of community payback orders to meet the needs of the local community and reduce the risk of further offending. We will build on the innovative approaches that have been developed during the pandemic and ensure we have the capacity to support people to complete unpaid work.

We continue to strengthen our links with community services and programmes to provide greater access and support for people to stop offending. In the context of our recovery from the pandemic we will work to ensure that people moving through the justice system have access to the services they require, including welfare, health and wellbeing, housing and employability.

We are aware of the impact of lockdown on people experiencing domestic abuse. As part of our community planning work to protect people from harm and abuse, we have established and continue to support a Multi-Agency Risk Assessment Conference (MARAC) in East Renfrewshire for high-risk domestic abuse victims. During the pandemic we have seen higher numbers of referrals to MARAC and greater levels of complexity in the cases being dealt with. We will ensure that all high-risk domestic abuse victims and children have multi agency action plans in place to reduce the risks posed to them by perpetrators. We will work together with East Renfrewshire Women's Aid Service to provide direct support for women and children who have experienced domestic abuse.

Our aim is to **support people to prevent and reduce offending and rebuild their lives**, by:

- Reducing the risk of offending is through high quality person centred interventions;
- Ensuring people have improved access to through-care and comprehensive range of recovery services;
- Ensuring effective interventions are in place to protect people from harm.

### 2.7.2 The progress we made in 2020-21

The provision of unpaid work was significantly impacted by the pandemic with Community Payback Orders suspended on 23rd March 2020. At end-year we were missing targets for commencement of unpaid work placements within seven days but had reached target for completion of placements within court timescales. At the end of March 2022 there remained a backlog of 6,200 hours of unpaid work for East Renfrewshire although this is low in

comparison with other areas and only represents 1% of Scotland's overall backlog. During the year we increased our capacity to deliver by focusing on outdoor work activities and increasing the number of supervisors available.

Adult Support and Protection (ASP) activity is significantly higher than pre-pandemic levels but decreased during 2021-22 compared with 20/21. We have seen an increase in support required as a result of domestic abuse / violence against women. 125 victims and 205 children discussed at MARAC (Multi-agency risk assessment conference) - an increase of 4% and 19% respectively compared to 20/21. 1226 women and children supported by Women's Aid - a 52% increase across the service. And the reporting period noted the highest recorded number of women supported in outreach services in the past two years. Despite this additional demand for support we have continued to improve personal outcome measures for women and families affected by domestic abuse throughout the pandemic.

Headline performance data includes:

- 58% Community Payback Orders (CPOs) commencing within 7 days – down from 65% in 20/21
- 81% of unpaid work placement completions within Court timescale – up from 75%
- Positive employability outcomes for people with convictions – 75% up from 66% in 20/21
- 100% of people reported that their order had helped address their offending – up from 92% in 20/21
- Improvement in domestic abuse outcomes women – 87% increase by 3% - target met.
- Improvement in domestic abuse outcomes children – 84% increase by 1% - target met.

### 2.7.3 How we delivered in 2021-22

The provision of unpaid work was significantly impacted by the pandemic with **Community Payback Orders** suspended on 23rd March 2020. Legislation was introduced in March 2021 to reduce the number of hours originally imposed on Community Payback Orders (CPOs) by 35%. This excluded Community Payback Orders imposed for domestic abuse, sexual offending or stalking. The legislation reduced the backlog of hours by 2,329 hours. The current outstanding backlog of hours for completion totals 6,402. East Renfrewshire has one of the lowest rates of outstanding hours in mainland Scotland and the justice service has significantly increased capacity to ensure people complete their orders. During the period of January to March 2022, the percentage of unpaid work placement completions within court timescale has risen to 93%.

In line with the increased throughput through the courts the justice service has seen a 166% increase in Diversion from Prosecution requests received from the Crown Office and Procurator Fiscal Service (COPFS) during April 2021 to March 2022. Requests for Criminal Justice Social Work Reports have also increased by 149% over this period compared to the same period last year.



To support recovery and renewal the justice service modernised key aspects of the unpaid work service. Two new workshop premises were secured with the space upgraded and equipped for future use. This will allow the service to expand and assist in addressing the outstanding balance of hours. A full-time supervisor and sessional workers were recruited who have skillsets in joinery and carpentry. This enabled socially distanced 1:1 work with service users and supported people to learn a range of new skills. We were able to provide

benefit to the community by delivering the items built by the service users to community projects, nursery schools and care homes.

During the period April 2021 to March 2022, **East Renfrewshire Women's Aid** service reported a significant increase in referrals across their services compared to the same period last year. In total, 1,226 women and children were supported across the three core services, helpline and drop-in enquiries compared to 805 during the same period the previous year. This is an increase of 16% supported in the three core services, 72% increase in duty and helpline contacts and 52% increase across the whole service.

The reporting period saw the highest recorded number of women supported in outreach services in the past two years. Outreach staff have worked closely with partner services including mental health, the Community Addictions Team and Justice Social Work to reach and support very vulnerable women.

#### **East Renfrewshire Women's Aid – Wellbeing Group**

A wellbeing group established post-Covid provides a safe space for women who have experienced domestic abuse to explore and enhance their mental health and wellbeing. It is recognised that domestic abuse has significant psychological consequences for women and a profound and enduring impact on mental health.

Women had expressed that generic services may lack the required understanding of the complex and longstanding impacts of domestic abuse on mental health and wellbeing. The wellbeing group was formed in response.

In the summer months the group operates outdoors from the Rouken Glen Centre with links made with Young Enterprise Scotland and introductions made to the various projects taking place there - gardening, bee keeping, vegetable growing.

Group activities include stress management, improving nutrition, gentle exercise, yoga, positive self-talk, mindfulness, and complimentary therapies. The group focus is on improving coping skills and developing new ways of dealing with problems. The group also discusses the impact of domestic abuse on mental health. The group is informal, and women can join whenever they are able to. The group moved indoors or to zoom over the winter months.

The women embraced learning new techniques to enhance their own wellbeing and spoke about the improvements in their mood through the yoga and meditations. They used the space to discuss events in their own lives regarding domestic abuse and general stresses they were trying to overcome. They offered each other support through shared experience. It was noticeable that the women were growing in confidence and camaraderie over the weeks as they made each other welcome and prepared the space for activity. This created a strong core group.

Women's Aid report an increase in complex trauma, mental health issues, alcohol dependency and child contact issues. The service is supporting children with a range of needs and vulnerabilities including anxiety, self-harm, eating issues, autism and behavioural problems.

A range of actions have been taken to respond and mitigate risk and ensure a whole system response to meet the needs of women, children and young people. Additional resource ensured that Women's Aid were able to provide immediate support and safety planning for all women and children. This reduced waiting times for allocation and provided independent domestic abuse support at the earliest opportunity ensuring all MARAC referrals were



responded to promptly, risk was identified at an earlier stage and all necessary safety planning completed.

In collaboration with housing services two additional refuge units were provided to meet increased demand ensuring women and children and young people were protected from risk and harm. In partnership with the HSCP and the Culture and Leisure Trust a new base and additional outreach accommodation were provided, ensuring Women's Aid are able to operate effectively across the local authority.

Domestic abuse continues to be the predominant reason for referral/concern reported to HSCP Children and Families **Request for Assistance (RFA) Team**. Total RFA referrals received in 2021-22 was 748: a 30.4% decrease on previous year's 1074 referrals. The number of referrals where domestic abuse was the primary concern was 177. This is 23.7% of total referrals received for 21/22 and a 51.5% decrease in the number of referrals where domestic abuse is the primary concern when compared to last year's 365. Similar to last year, domestic abuse remains the main cause of referral to the request for assistance team.

#### **East Renfrewshire Women's Aid - Peer Support Group**

Women's Aid peer support group was set up in 2019 following a meeting with the Chief Social Work Officer and the Chief Executive of East Renfrewshire Council. The women expressed the need to meet and support each other in an informal way but were also keen to contribute to service development and to improve agency responses and outcomes.

The Chief Social Work Officer met with the women on a regular basis to hear their views and concerns. The women's voices have been represented at strategic level and included in the VAWG partnership Improvement Plan

The group have been consulted on a variety of issues and their feedback used to shape policy and procedure not only for Women's Aid South Lanarkshire and East Renfrewshire (WASLER) but at planning level within East Renfrewshire Council. The group have worked with the local authority to inform a new HR approach to staff experiencing domestic abuse and had a significant contribution to the development of the Housing Domestic Abuse Policy with many of their suggestions included. The group have also met with Safe & Together Champions to discuss their training programme and with the Police Inspector to discuss safety issues.

The group continue to meet in the community and provide an "expert" view on domestic abuse policy.

**Multi-Agency Risk Assessment Conferences (MARAC)** are recognised nationally as best practice for addressing cases of domestic abuse that are categorised as high risk. In East Renfrewshire Multi-Agency Risk Assessment Conferences was first introduced in March 2019. MARAC has witnessed an increase in referrals for high risk victims and children as the Covid-19 restrictions have eased. In the period April 2021 to March 2022, there were 125 victims and 205 children discussed at MARAC. This is an increase of 4% and 19% respectively compared to the previous year. It is expected that domestic abuse referrals will continue to increase longer-term and that there are significant challenges in ensuring our services have sufficient capacity to respond.

### Training and Capacity Building

Training on Domestic Abuse, Risk Assessment and MARAC is delivered by the Domestic Abuse Co-ordinator and Gender Based Violence Lead Planner. This is a half day course, multi-agency and currently delivered online with pre reading / course materials sent to all participants in advance. All scheduled courses are promoted on the Public Protection Training Calendar. A decision will be made this year about the return to face-to-face training.

Between April 2021 and March 2022, 149 staff from Children & Families Social Work, Justice Social Work, Health Visiting, CAMHS, Adult Social Work, Adult Mental Health, Addictions, Housing, Education, Care at Home organisers / reviewers, Police, Women's Aid and Human Resources attended the sessions. This is compared to 127 staff trained last year an increase of 17%. The evaluations have been extremely positive. Additionally, ten bespoke sessions were delivered to each fire crew within East Renfrewshire's Fire & Rescue Service.

The Domestic Abuse Coordinator delivered MARAC representatives training to our new MARAC representatives via Microsoft Teams in October 2021

Bespoke domestic abuse training was delivered to the Citizens Advice Bureau in response to the increase in domestic abuse disclosures since the ease of lockdown restrictions.

Bespoke training was also delivered to the Primary Mental Health Team in January to raise awareness of the complexity of domestic abuse and the MARAC pathway for referral.

The MARAC Co-ordinator and Safe & Together Lead Practitioner continue to offer monthly Domestic Abuse Advice Sessions. These monthly drop-ins are available to support all professionals in any aspect of domestic abuse work and scheduled dates are advertised in the Public Protection calendar.

At the end of each training session participants are offered the opportunity to come and observe a MARAC to increase their understanding of the meeting and to hear the variety of situations and action plans that are discussed. Over the last year 37 observers attended the MARAC.

MARAC / DASH and Safe & Together are now essential training for all children and families HSCP staff.

**Gender Based Violence Prevention** is a significant priority in the Violence Against Women (VAW) Partnership Improvement Plan and Children's Services Plan. We have developed multi-agency Gender Based Violence Guidance for schools, which was launched with training for all child protection coordinators in schools. We work closely in partnership with Rape Crisis Rosey Project, Equally Safe in Schools and the Mentors in Violence Prevention programme.

Key Successes include:

- Rape Crisis Rosey Project prevention worker has engaged with 6 secondary schools, delivering 48 workshops to 1183 young people through partnership working with pastoral care staff;
- Secondary school working to become our first accredited Equally Safe school;
- All secondary schools now trained in the Mentors in Violence Prevention approach.

**16 Days of Action on Gender Based Violence**

A significant range of national and local communications were progressed to support the 16 days campaign (25 November to 10 December 2021) with a specific programme of key messaging developed by the HSCP and shared with partner's through-out this period. Gender Based Violence and Disability was specifically highlighted with a briefing event led by the MARAC Co-ordinator. This event brought in a wide range of partners who haven't been reached before with services requesting further training for their staff.

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## 2.8 Working together with individuals and communities to tackle health inequalities and improve life chances.

<b>National Health and Wellbeing Outcomes contributed to:</b>
NO1 - People are able to look after and improve their own health and wellbeing and live in good health for longer.
NO3 - People who use health and social care services have positive experiences of those services, and have their dignity respected
NO4 – Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
NO5 – Health and social care services contribute to reducing health inequalities

### 2.8.1 Our strategic aims and priorities during 2021-22

We are committed to the local implementation of Greater Glasgow and Clyde's Public Health Strategy: Turning the Tide through Prevention which requires a clear and effective focus on the prevention of ill-health and on the improvement of wellbeing in order to increase the healthy life expectancy of the whole population and reduce health inequalities. This includes a commitment to reduce the burden of disease through health improvement programmes and a measurable shift to prevention and reducing health inequalities through advocacy and community planning.

The significance of health inequalities has been brought into even sharper focus as a result of the Covid-19 pandemic. We will continue to work together with community planning partners to improve health and wellbeing outcomes for our most disadvantaged localities and those who have been disproportionately impacted by the pandemic. We will also work collaboratively with local and regional partners to develop our understanding of health inequalities in East Renfrewshire and changing patterns of need as we recover from the pandemic.

Longer-term, the HSCP will continue to support community planning activity that aims to tackle the root causes of health inequalities as reflected in our Community Plan (Fairer EastRen). This includes activity to address child poverty, household incomes and strengthen community resilience. We will continue to promote digital inclusion with a particular focus on supporting people to live well independently and improve health and wellbeing.

Our aim is to **tackle health inequalities and improve life chances**, by:

- Increasing activities which support prevention and early intervention, improve outcomes and reduce inequalities;
- Reducing health inequalities will be reduced by working with communities and through targeted interventions.

### 2.8.2 The progress we made in 2021-22

- Our premature mortality rate remains significantly below the national average at 334 per 100,000 (Scotland 457)
- 7.5% of infants in our most deprived areas (SIMD 1) were exclusively breastfed at the 6-8 weeks (19.2% Scotland wide) (2020-21 figure)
- Male life expectancy at birth in our 15% most deprived communities is 74.7 compared to 72.1 for Scotland.
- Female life expectancy at birth in our 15% most deprived communities is 79.8 compared to 77.5 for Scotland.

### 2.8.3 How we delivered in 2021-22

Although we are seeing a decrease in numbers of people **breastfeeding** (data to 20/21), East Renfrewshire continues to have the highest breastfeeding rates in Scotland. Across East Renfrewshire, the initiation rate of breastfeeding in 2020-21 was 75% (av. 66% for Scotland) which is a reduction of 5% from the previous year. The data shows that there has been a reduction in the percentage of children exclusively breastfed within our most deprived neighbourhoods (SIMD 1) from 15% in 2019-20 to 8% in 2020-21. This reduction is also seen in SIMD 5 neighbourhoods with a reduction from 52% in 2019-20 to 42% in 2020-21.

The Covid-19 pandemic is most likely to have influenced this drop due to several factors. There is evidence that maternity services were unable to provide breastfeeding support in hospital due to the requirement to discharge mothers from hospital quickly at the height of the pandemic. Other factors include lack of wider family support available, NHS services being provided from digital platforms and lack of peer support.

Our staff have continued to work exceptionally hard during the pandemic supporting mothers with breastfeeding in all areas in East Renfrewshire, and have continued to offer face-to-face visits, telephone calls and virtual support. The HSCP is currently looking to develop an infant feeding group within Dunterlie centre to focus on our more vulnerable families. We currently offer extra support visits to parents within our more deprived areas where they are breastfeeding. We have managed to retain our UNICEF Gold award during the pandemic and we are due to revalidate in July 2022.

Our **Health Improvement Team** have continued to promote self-help and information campaigns throughout the year using alternative communication methods. Information about self-help and community support is provided via the 'Your Voice' Bulletin which is sent directly to individuals on our database and online. As we moved beyond lockdown restrictions health and social care information was made available in public settings including our Health and Care Centres, libraries and other local public and community facilities.



As we move beyond the pandemic, we were keen to implement a health improvement campaign and promote health prevention resources alongside our annual health events campaigns, such as suicide prevention week. In 2021-22 we allocated funding to create targeted social media campaigns around mental health and wellbeing with advertising which targets East Renfrewshire residents. Tailored social media campaigns allow us to target individuals by gender, age range etc. The **Health Improvement Communication Plan** has now been approved for 2022-23. Social media and marketing plans will now be established to create targeted social media campaigns that align with our target audience for each campaign. Evaluation of our social media reach can be collated at the end of each campaign to allow for learning, reflection and evaluation.



The **Live Active programme** funded by ERHSCP and NHSGGC continues to be actively promoted in Barrhead to increase referrals and we have strengthened links with East Renfrewshire Culture and Leisure Trust (ERCLT) and other exercise providers to develop smooth referral pathways between services. The programme has been operational throughout the pandemic, adapting services continually to support existing and new clients to be physically active.

We continue to support third sector organisations promoting health and wellbeing including **Barrhead Men's Shed**. The shed involves retired people who want to remain physically, mentally and socially active. It supports older men and women in Barrhead "to be happy, healthy and connected to their communities, with interesting things to do, things they have chosen to do and things which reflect the skills and interests they have". Covid-19 remobilisation funding was provided to purchase health and safety equipment (ventilation) to support the safe return of members to the shed following the pandemic restrictions.



### Health and wellbeing for minority ethnic carers

Funding was provided to East Renfrewshire Carers' Centre to support the health and wellbeing of local black and minority ethnic carers through the provision of wellbeing activities. Health & Wellbeing activities included :

- Weekly Badminton
- Monthly peer support
- Monthly Walk and Coffee group (Rouken Glen)
- Eid Celebration event
- Monthly Book Club
- Monthly Gardening Club

In addition, the BAME parent carers group requested meetings with professions from a range of services and we have facilitated meetings with Education Psychology, Learning Disability Team, Education Department, SDS Forum, Speech and Language Team.

The HSCP allocated funding to extend the post of the **Community Health Worker** by an additional day per week. This supported the remobilisation of **Community Health Walks** and **Community exercise classes** such as Strength and Balance and chair based exercise.

Consultation with both primary services and community partners highlighted widespread negative outcomes from the pandemic such as decreased mobility for many adults, increased weight (due to lack of mobility), loss of independence and increased isolation. Locally this impact is reflected in physiotherapy currently seeing a 200% increase in referrals. As Covid-19 restrictions slowly eased, we were keen to re-establish local community walking groups and exercise provision to support communities and individuals impacted with the issues mentioned above. Additional hours to support this post were also used to recruit and train volunteers to become Walk Leaders and lead Chair-based exercise programmes to build local capacity longer term.

### 2021-22 Service Provision

Community Exercise Classes (delivered by our Community Health Worker)

- 8 Strength & Balance delivered per week across the area (Barrhead and Eastwood Locality)

Community Walks (delivered by Health Walk Volunteers and Community Walk Leader)

- 9 Community Walks are delivered per week across the area. (Barrhead and Eastwood Locality)

## 2.9 Working together with staff across the partnership to support resilience and wellbeing

### National Health and Wellbeing Outcomes contributed to:

NO8 – People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

### 2.9.1 Our strategic aims and priorities during 2021-22

During the pandemic the people who comprise the health and social care workforce have gone above and beyond to deliver much needed care to individuals under incredibly difficult circumstances. While these challenges are still evolving, we continue to rely on the workforce to support all aspects of health and social care and their wellbeing and resilience has never been more important.

The HSCP has established a health and wellbeing ‘champion’ who contributes to discussions at a national level and we have appointed a dedicated Health and Wellbeing Lead Officer for the wider partnership. A local Health and Wellbeing Group has been established to support the workforce across the partnership. The group is chaired by Head of Recovery and Intensive Services who also holds the national champion role. The group have put in place a wellbeing plan entitled ‘You care....We care too.’

Our activity aligns to the NHSGGC Mental Health and Wellbeing Action Plan and national objectives. We will continue to input at a national level to the health and wellbeing conversation and to the development and delivery of the NHSGGC vision to support the mental health and wellbeing of staff. This includes ensuring rest and recuperation, peer support, helping staff fully utilise their leave allowance, and ensuring working arrangements are sustainable in light of continuing constraints and reflect ongoing changes to services and pathways.

Our aim is to **support resilience and wellbeing among staff across the partnership**, by:

- Ensuring staff have access to resources and information that can improve their wellbeing;
- Ensuring staff feel connected to their team or service and we embed a health and wellbeing culture across the partnership;
- Promoting opportunities for staff to take part in physical activity, rest and relaxation;
- Ensuring staff feel safe in the work place.

### 2.9.2 The progress we made in 2021-22

Supporting staff wellbeing is a key focus of the partnership especially as a result of the pandemic which has placed significant pressure on our workforce. The way staff have been working has changed significantly with home working becoming the norm for large groups of employees. During 2021-22, the HSCP recruited a Health and Wellbeing Lead Officer who is undertaking a scoping exercise across the wider health and social care landscape. This role has been specifically designed to acknowledge the growing pressures and challenges upon the health and social care workforce, and to create resources, tools and services to support the health and wellbeing of all staff and volunteers who work for and support the HSCP.

Headline performance data includes:

- 61% response rate for our staff engagement survey (iMatter) – despite challenges of pandemic
- Composite 'Employee Engagement Index' score was 78% up from 75% at the previous survey
- 88% of staff agreed that "My manager cares about my health and wellbeing" – up from 85% and best score to date
- 72% agreed that "I feel involved in decisions in relation to my job" – up from 69%
- 75% agree that "I am given the time and resources to support my learning growth" – down slightly from 77%

### 2.9.3 How we delivered in 2021-22

Our local **East Renfrewshire HSCP Wellbeing Group** continued to run during 2021-22 with links to both the National and NHSGGC wellbeing groups. The group developed a regular **newsletter** and cascaded information to ensure colleagues across the partnership, including colleagues within primary care, independent and third sector had access to **information and support** in order their workforces wellbeing and resilience was enhanced. We are continue to develop and refresh a series of positive measures to promote staff wellbeing throughout the year. The HSCP Wellbeing Group is chaired by Head of Recovery and Intensive Services who also holds the national health and wellbeing **champion role** and contributes to discussions at a national level.

During 2021-22 we have worked to implement our wellbeing plan '**YOU care...WE care too**' to support our workforce to cope with the continuing emotional and physical impact following the pandemic. The plan identifies four strategic objectives / outcomes and has a supporting action plan.

- Overview and Communication - Staff have access to resources and information that can improve their wellbeing;
- Resilience and connectedness - Build resilience across HSCP ensuring all employees feel connected to their team or service and embed health and wellbeing culture across HSCP;
- Promotion of physical activity, rest and relaxation - Opportunities for staff to take part in physical activity are promoted across the HSCP and opportunities for rest and relaxation are provided;
- Staff feel safe in their workplace - Appropriate measures are in place to ensure staff feel safe in the workplace.

In January 2022, a dedicated **Health and Wellbeing Lead Officer** came into post at the partnership. The post holder undertook a scoping exercise across the partnership to determine staff health and wellbeing challenges and needs, including a **staff health and wellbeing survey** - issued February 2022. Findings from staff wellbeing survey (160 responders) indicated a variety of health and wellbeing needs and requests for support across HSCP.

In response to the staff feedback a **Summer of Wellness programme** was designed and launched in June with 32 separate health and wellbeing activities made available for staff to become involved in. Partnerships were developed with NHSGGC Live Active staff and SMART Gym (social interest company) to provide ongoing fitness instructors for the Summer of Wellness free fitness classes at both Health and Care Centres to all staff/volunteers.



Other key areas of activity that have taken place during the year include:

- Dedicated **health and wellbeing webpage** was made available on the HSCP staff intranet.
- 1 to 1 **staff wellbeing conversations** offering holistic wellbeing advice, support and signposting.
- **Team wellbeing conversations** (resulting in our first team wellbeing day for the CAMHS team in July 2022).
- Development of **outside spaces** at both health centres for staff use (including wellbeing activities) - work ongoing from March 2022. The Community Payback Team are supporting development of outside balcony spaces at Health and Care Centres.
- Development of staff **wellbeing champion network** (9 members currently - Aug 2022).
- **Act of kindness initiative** began in March 2022 (and is ongoing) where staff can nominate a colleague for a small gift.
- **Financial wellbeing infographic** for HSCP staff/volunteers developed. This is a joint project between the HSCP, Council and the Money Advice and Rights Team (MART).

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## 2.10 Public protection

### National Health and Wellbeing Outcomes contributed to:

NO7 - People using health and social care services are safe from harm

#### 2.9.1 Our strategic aims and priorities during 2021-22

Ensuring people are safe is a vital part of our work. We take a multi-agency approach to deliver our community planning outcomes:

- Residents are safe and supported in their communities;
- Children and adults at risk are safer as a result of our intervention.

Our aim is to **ensure residents are safe and supported in their communities**, through:

- Prevention - People, communities and services actively promote public protection;
- Identification and Risk Assessment - Services know who is most at risk and understand their needs;
- Interventions - Communities and individuals are supported to manage and reduce risk;
- Monitoring and Reviewing Risk - Services effectively measure progress and identify further problems quickly.

During the challenge of the pandemic our focus remained the safety and reduction of harm for children and adults. We have seen an increase in child protection referrals in particular of children who have a diagnosis of autism and or complex needs. Despite the increase in referrals, registration numbers have been retained at a relatively low level, indicating that many of the families coming through the child protection referral route are in need of increased supports rather than child protection plans.

We have maintained our Adult Support and Protection response throughout the pandemic and kept adult at the heart of what we do.

#### 2.9.2 How we delivered in 2020-21

**Section to be completed in line with CSWO Report evidence**

## 2.11 Hosted Services – Specialist Learning Disability Service

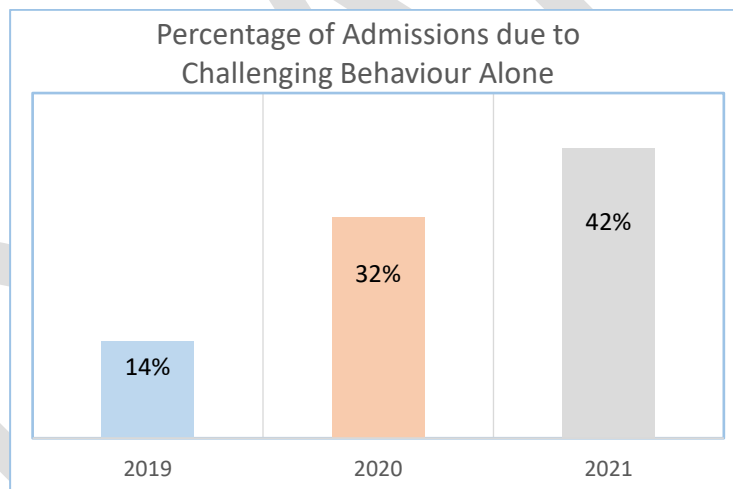
We continue to host the **Specialist Learning Disability Inpatient Service** that supports people requiring a hospital admission. The service works in partnership to manage demand and ensure appropriate support is available in the community on discharge.

The service has operated at full capacity throughout the pandemic despite many challenges related to the Covid-19 pandemic. In response to the pandemic we increased staffing levels and took a GGC wide approach to contingency through Board-wide collaboration. Over the year the service maintained good staff attendance and importantly achieved good infection control in challenging environments.

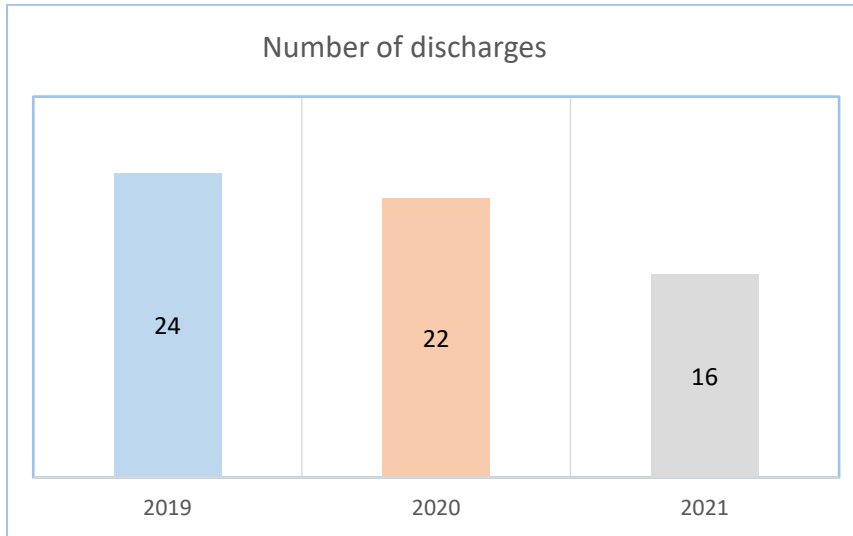
Beds were mainly occupied by people who were admitted due to mental illness (58%). However, there was an increase in admissions due to challenging behaviour alone from previous years (42% compared to 32% in 2020). There has also been an increased profile of patients with complex needs.

Delayed discharge caused significant issues, with a number of patients having no discharge plan for a significant period of time; nor a home to return to. The reasons for delay were due to no suitable accommodation and/or no providers in place and/or providers in place having real difficulty with recruitment.

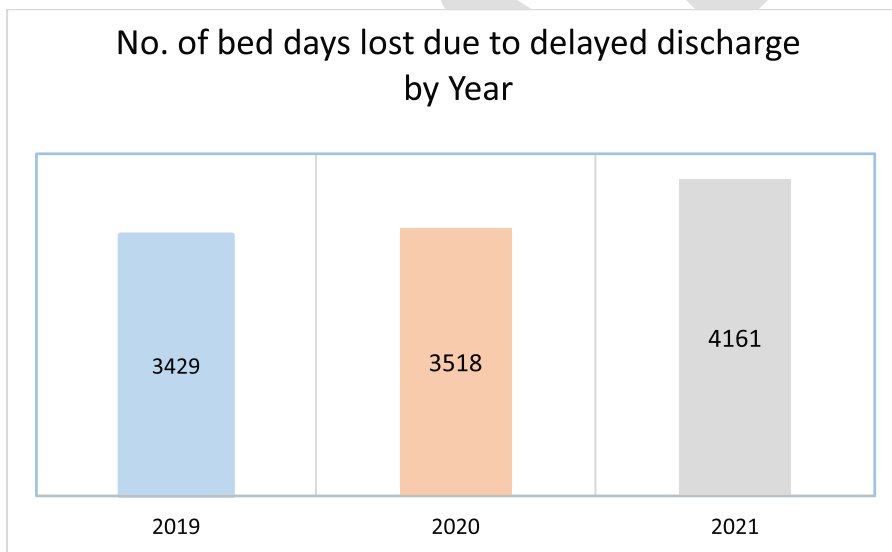
People are still more likely to be discharged within a reasonable timescale if their primary reason for admission is due to mental ill health.



Latest complete performance data for the service relates to January-December 2021. The chart above shows admissions relating to challenging behaviour. There was a 10% increase in proportion of admissions due to challenging behaviour alone compared with the previous years (42% up from 32% in 2020) and a significant increase since 2019. This may be due to a reduction in community supports and provider staffing issues during the pandemic resulting in some community services being less able to support those with the most challenging behaviour.

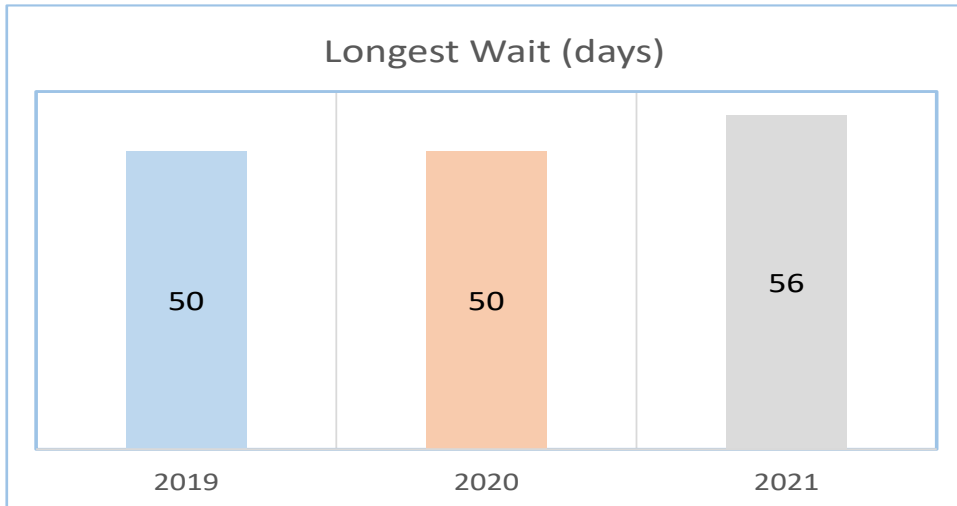


The service saw a decrease in the number of discharges to 16 for the year. The average length of stay for those patients discharged in 2021 was 294 days with a range of 12-694 days. For patients able to be discharged back home during 2021 the average length of stay was 106 days (range 12-211 days) and for patients requiring a new placement to be discharged to during 2021 the average length of stay was 407 days (range 190-694 days).



There was a 15% increase in beds days lost due to delayed discharge between 2020 and 2021. This reflected weaker performance on discharge planning with just 33% of inpatients having a discharge plan in place at the end of December 2021. This was a significant reduction from 67% for the previous year.

At the end of the year, 16 inpatients were noted to not have a home/community placement to return to. This is over half the patient group and reduces the ability of the service to successfully manage patient flow. The majority of placement breakdowns originating from Glasgow City and Renfrewshire HSCPs.



The longest wait to access a bed increased from 50 to 56 days for the year. As a result of continuous occupancy, the service is often unable to directly admit several people requiring specialist learning disability assessment and treatment. During the year, a group of people were removed from the waiting list as admission was no longer required or an alternative had been established.

### 3. Financial performance and Best Value

#### National Health and Wellbeing Outcomes contributed to:

NO9 - Resources are used effectively and efficiently in the provision of health and social care services

#### 3.1 Introduction

Within this section of the report we aim to demonstrate our efficient and effective use of resources. Our Annual Report and Accounts 2020-21 is our statutory financial report for the year. We regularly report our financial position to the IJB throughout the year.

#### 3.2 Financial Performance 2021/22

The annual report and accounts for the IJB covers the period 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022. 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	Budget	Spend	Variance (Over) / Under	Variance (Over) / Under
	£ Million	£ Million	£ Million	%
Children & Families	14.102	14.122	(0.020)	(0.14%)
Older Peoples Services	23.500	21.596	1.904	8.10%
Physical / Sensory Disability	5.655	5.624	0.031	0.55%
Learning Disability – Community	16.033	15.575	0.458	2.86%
Learning Disability – Inpatients	8.822	8.822	-	0.00%
Augmentative and Alternative Communication	0.226	0.226	-	0.00%
Intensive Services	13.472	15.187	(1.715)	(12.73%)
Mental Health	5.361	5.225	0.136	2.54%
Addictions / Substance Misuse	2.135	2.114	0.021	0.98%
Family Health Services	27.704	27.704	-	0.00%
Prescribing	16.588	16.588	-	0.00%
Criminal Justice	0.016	0.011	0.005	31.25%
Finance and Resources	22.632	22.615	0.017	0.08%
<b>Net Expenditure Health and Social Care</b>	<b>156.246</b>	<b>155.409</b>	<b>0.837</b>	<b>0.54%</b>
Housing	0.398	0.398	-	-
Set Aside for Large Hospital Services	27.892	27.892	-	-
<b>Total Integration Joint Board</b>	<b>184.536</b>	<b>183.699</b>	<b>0.837</b>	<b>0.54%</b>

The £0.837 million operational underspend (0.54%) is marginally better than the reporting taken to the IJB during the year and this underspend will be added to our budget phasing reserve. The main variances to the budget were:

- £1.904 million underspend in within Older Peoples Nursing, Residential and Daycare Services. This reflects the ongoing trend of reduction in care home admissions but does offset the increase in community activity; predominantly Care at Home.
- £1.715 million overspend within Intensive Services as our Care at Home costs reflect that we continued to operate a near full service in the second year of the pandemic. This is the position after we applied £0.826 million of winter funding to meet the increases in demand and complexity within this service.

- £0.458 million underspend within Learning Disability Community Services from a combination of staff turnover and running costs.

We received full Covid-19 support for unachieved savings during the year as the continued focus on response meant we still did not have capacity to progress the work required to deliver redesign.

The financial performance table above includes the £8.945 million we spent on Covid-19 activity and as this was fully funded by the Scottish Government there is nil impact on the operational variance of each service.

The IJB receives regular and detailed revenue budget monitoring throughout the year.

In addition to the expenditure above a number of services are hosted by other IJBs who partner NHS Greater Glasgow and Clyde and our use of those hosted services is shown below for information. This is not a direct cost to the IJB.

2020/21 £000	SERVICES PROVIDED TO EAST RENFREWSHIRE IJB BY OTHER IJBs WITHIN NHS GREATER GLASGOW AND CLYDE	2021/22 £000
451	Physiotherapy	435
43	Retinal Screening	43
352	Podiatry	474
285	Primary Care Support	289
325	Continence	342
594	Sexual Health	600
1,168	Mental Health	990
867	Oral Health	789
346	Addictions	350
197	Prison Health Care	209
158	Health Care in Police Custody	171
4,644	Psychiatry	3,846
<b>9,430</b>	<b>Net Expenditure on Services Provided</b>	<b>8,538</b>

We also host the Specialist Learning Disability In-Patient Services and Augmentative & Alternative Communication (AAC) services on behalf of the other IJBs within the NHS Greater Glasgow & Clyde. The cost of these two hosted services are met in full by East Renfrewshire. The use by other IJBs is shown below for information.

2020/21 £000	LEARNING DISABILITY IN-PATIENTS SERVICES HOSTED BY EAST RENFREWSHIRE IJB	2021/22 £000
5,855	Glasgow	5,655
1,942	Renfrewshire	1,993
795	Inverclyde	551
691	West Dunbartonshire	310
-	East Dunbartonshire	-
9,283	Learning Disability In-Patients Services Provided to other IJBs	8,509
11	East Renfrewshire	313
<b>9,294</b>	<b>Total Learning Disability In-Patients Services</b>	<b>8,822</b>

2020/21 £000	AUGMENTATIVE AND ALTERNATIVE COMMUNICATION HOSTED BY EAST RENFREWSHIRE IJB	2021/22 £000
89	Glasgow	97
33	Renfrewshire	22
3	Inverclyde	26
3	West Dunbartonshire	4
19	East Dunbartonshire	22
147	AAC Services Provided to other IJBs	171
19	East Renfrewshire	40
<b>166</b>	<b>Total AAC Services</b>	<b>211</b>

### 3.3 Reserves

We used £3.937 million of reserves in year and we also invested £14.204 million into earmarked reserves, with the majority of this increase from Scottish Government ring-fenced funding (£11.933 million). The year on year movement in reserves is summarised:

Reserves Movement	£ Million	£ Million
Reserves at 31 March 2021		10.485
Planned use of existing reserves during the year	(3.937)	
Funds added to reserves during the year	14.204	
Net increase in reserves during the year		10.267
Reserves at 31 March 2022		20.752

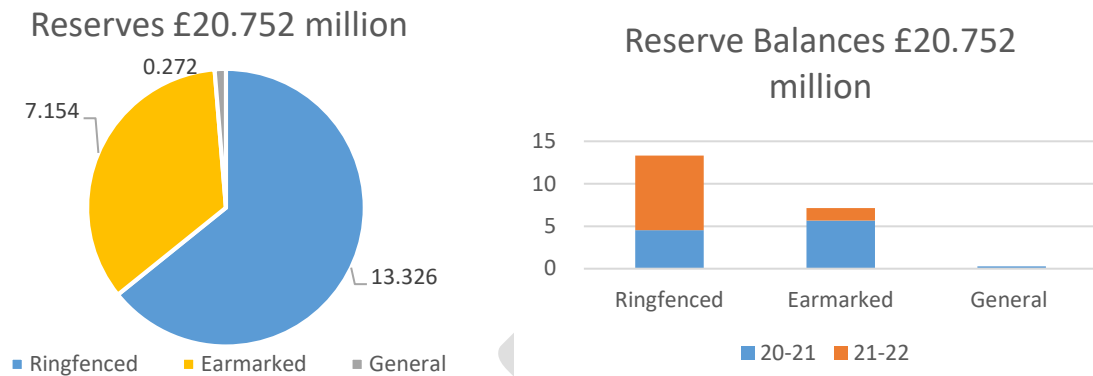


The purpose, use and categorisation of IJB reserves is supported by a Reserves Policy and Financial Regulations, both of which were reviewed in September 2021.

The reserves of the IJB fall into three types:

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

The current balance of £20.752 million for all reserves falls in these three reserves types:



### Ring-Fenced Reserves

The majority of the increase in reserves relates to specific ring-fenced funding we have received from the Scottish Government during 2021-22 with £11.933 million added during the year and £3.153 million used. We can only spend this funding on those initiatives that the funding supports; the majority of this increase relates to Covid-19 and this will support the ongoing response to the pandemic in 2022-23.

We only spent £0.008 million of non Covid-19 ring-fenced reserves during the year and we are working on plans to utilise the balances within the scope of each area of activity during 2022-23 as we work towards recovery. The increase in ring-fenced funding during 2021-22 is not unique to East Renfrewshire and mirrors the national position.

### Earmarked Reserves

Our earmarked reserves are in place to support a number of projects, provide transitional funding for service redesign, provide bridging finance for in year pressures, add capacity to support service initiatives and to support longer term cost smoothing and timing of spend across multiple years.

Within our earmarked reserves we spent £0.785 million supporting service pressures and delivering on projects as planned. We added £2.272 million mainly from our operational underspend (£0.837 million) and in year CAMHS funding (£0.888 million) which we will use to support this service in 2022-23. The balance relates to a number of smaller projects and initiatives with the detail provided at Note 8 (page 60-61).

### General Reserves

Our general reserve remains unchanged at £0.272 million and is well below the optimum level at a value of 2% of budget we would ideally hold. The general reserve is currently 0.15% of the 2021-22 revenue budget.

Given the scale of the financial challenge we have faced pre pandemic the IJB strategy to invest where possible in smoothing the impact of savings challenges has not allowed any investment into general reserves. We have recognised whilst this means we are below our policy level, the prioritisation has been on long term sustainability and minimising the impact

of savings over time on those services we provide. We received Covid-19 support for unachieved savings during the pandemic and we expect to utilise the budget phasing reserve in 2022-23 as we work to deliver our legacy savings on a recurring basis.

In the event our operational costs exceed budget in 2022-23 we may need to un-hypothecate (i.e. un-earmark) reserves to meet costs. The use of reserves is reported to the IJB within our routine revenue reporting.

### 3.4 Prior Year Financial Performance

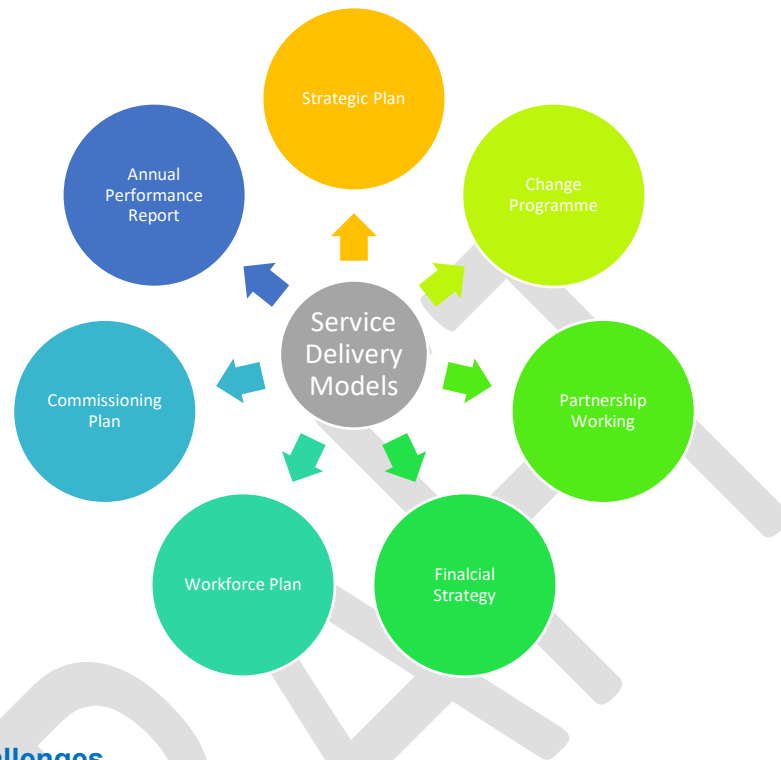
The table below shows a summary of our year-end under / (over) spend by service and further detail can be found in the relevant Annual Report and Accounts and in year reporting.

	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	2015/16
<b>SERVICE</b>	<b>(Over) / Under £ Million</b>	<b>(Over) / Under £ Million</b>	<b>(Over) / Under £ Million</b>	<b>(Over) / Under £ Million</b>	<b>(Over) / Under £ Million</b>	<b>(Over) / Under £ Million</b>	<b>(Over) / Under £ Million</b>
Children and Families	(0.020)	0.410	0.637	0.800	0.083	0.537	0.604
Older Peoples & Intensive Services	0.189	0.327	(0.866)	(0.228)	0.153	(0.046)	1.763
Physical / Sensory Disability	0.031	0.099	0.030	0.056	(0.167)	(0.280)	(0.345)
Learning Disability - Community	0.458	(0.267)	(0.095)	(0.047)	(0.214)	0.986	(1.801)
Learning Disability - Inpatients	0	0	0.002	0.123	0	0	0
Augmentative & Alternative Communication	0	0	0	N/A	N/A	N/A	N/A
Mental Health	0.136	0.192	0.189	0.419	0.409	0.393	0.354
Addictions / Substance Misuse	0.021	0.052	0.013	0.032	0.018	0.123	0.085
Family Health Services	0	0	-	0.008	0	0	0
Prescribing	0	0	(0.311)	(0.428)	0	0	0
Criminal Justice		0.011	-	0.039	0.011	0.013	0.027
Planning and Health Improvement	0.005	0.065	0.098	0.074	0.001	0.039	0.029
Management and Admin / Finance & Resources	0.017	(0.056)	0.238	(0.190)	0.483	(0.144)	(0.335)
Planned Contribution to / from Reserves	0	0		(0.398)	(0.600)	**	0
<b>Net Expenditure Health and Social Care</b>	<b>0.837</b>	<b>0.833</b>	<b>(0.065)</b>	<b>0.260</b>	<b>(0.177)</b>	<b>1.622</b>	<b>0.381</b>

\*\* In 2016/17 we agreed to carry forward our planned underspend to reserves to provide flexibility to allow us to phase in budget savings including our change programme.

### 3.5 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:



### 3.6 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 for 2022-23 to 2026-27 and our Strategic Plan for 2022-23 to 2024-25. These key strategies also inform our strategic risk register and collectively support medium-term planning and decision making.

The funding gap in future years could range anywhere from £0 to £5.7 million per year, excluding unknown factors, recent inflation implications and any additional savings requirements in future years. The resulting funding gap will be dependent on the funding settlement for each year.

The investment in health and social care by the Scottish Government was welcomed by the IJB and whilst the majority of this new funding supports specific policy decisions such as the living wage for care providers, we were able to mitigate to some degree our pressures, including pre-pandemic savings.

Despite this investment the 2022-23 budget settlement fell within the poor settlement range of scenario planning assumptions with cost pressures of just over £14.4 million, funding uplifts of £11.3 million and therefore required savings of £3.1 million. We were able to identify £0.5 million of immediately achievable savings so our current savings challenge for 2022-23 is £2.6 million.

The budget for the year 2022-23 was agreed by the IJB on 16<sup>th</sup> March 2022 and recognised that we have legacy savings of £2.6m from before the pandemic and that the landscape has changed, particularly around demand and complexity, the ability to introduce new charges or

increase criteria for care package support. Our reserves strategy, in place pre the pandemic, should see us through the year as we work towards gaining efficiencies from our Recovery & Renewal programme and also by managing, as best we can, the budget we have allowed for to meet increased demand. We are not anticipating Covid funding for unachieved savings in 2022-23.

The Recovery and Renewal Programme is a significant area of work that spans multiple years. We have recently restarted this as part of our recovery. At present there are 25 projects with 9 currently live and we expect further projects will be added over time. Our case recording system replacement project is one of the most significant and recruitment is underway to ensure key posts can support delivery.

There are currently 3 projects that should support delivery of savings as a combination of cash and efficiencies, which in turn should allow us to manage demand and release budget.

- Care at Home redesign (phase 2) – staffing and balance of in-house and purchased care
- Replacing the Scheduling system for Care at Home – more efficient use of resources
- Learning Disability redesign – use of technology as an alternative to sleepovers and more individualised approach from outreach work; better outcomes

These projects were paused as part of our response and will recommence imminently.

In setting this budget the IJB recognised the scale of the challenge; that we were still in response mode; that there are still many unknowns as we work our way towards recovery and the impact and implications from the plans for a national care service are unknown.

The 2022-23 budget recognises that we may require to invoke financial recovery planning if we cannot close our funding gap on a recurring basis.

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

Economy; The consequences of Brexit did not manifest in any specific issues during 2021-22 however given this period remained far from normal this will continue to be monitored. The impacts of the war in Ukraine and economic factors such as possible shortages in supplies, inflation, fuel and utilities are all of concern and will be closely monitored throughout the coming year.

Any changes relating to the NCS (National Care Service) will be analysed and reflected in our future plans.

We have successfully operated integrated services for over 17 years so we have faced a number of challenges and opportunities over the years. However our funding and savings challenge take no account of this history. Whilst we have agreed a population based approach for future (NHS) financial frameworks and models this does not address the base budget.

Prescribing Costs; the cost of drugs prescribed to the population of East Renfrewshire by GPs and other community prescribers is delegated to the IJB. This is a complex and volatile cost base of around £16 million per year. During 2021-22 the volume of items prescribed began to increase to the pre-pandemic trend; the post Covid-19 implication is not yet clear in terms of complexity of need, population demand and mental health impacts.

Delayed Discharge; In order to achieve the target time of 72 hours we continue to require more community based provision. The medium-term aspiration is that the costs of increased community services will be met by shifting the balance of care from hospital services. The work to agree a

funding mechanism to achieve this remains ongoing with NHS Greater Glasgow and Clyde and its partner IJBs through an Unscheduled Care Commissioning Plan.

Care Providers: The longer term impact on the sustainability of the care provider market following Covid-19 is unknown and we continue to work closely with all our partners to work through issues, support where we can and look to develop the best way of working building on our collaborative and ethical commissioning approach as we move forward. This will build on our work to date, including the use of national contractual frameworks along with the implications from the NCS; this may impact on how we commission services.

We will fully implement our plans for continued use of the winter and Social Work Capacity funding during 2022-23 and we will continue to implement our model for interim care including the development of our intensive support model at Bonnyton care home. This creates a step up/step down service locally, to avoid unnecessary hospital admissions and timely discharge to home/homely settings. For Care at Home, the additional resources address the ongoing demand pressures we are experiencing, increase frontline staff as well as management and support, and increase capacity for the Home First model and Technology Enabled Care. We are continuing to enhance the capacity of our multi-disciplinary teams across the HSCP including: developing our multi-disciplinary Front Door model and leadership arrangements; additional capacity for social work and our Care Home and Community Review Team; support for the wider NHSGGC frailty hubs; and increased capacity for frailty practitioners, data and quality analysis and peripatetic business support.

The funding to strengthen Adult Social Work has allowed us to create additional leadership posts within Communities and Wellbeing. This has provided us an opportunity to create a dedicated transition team to support young people with complex needs in the transition to adulthood, and Long Term Conditions team to support the local residents with long term conditions as we recover from the pandemic.

We intend to develop our performance and financial reporting in more detail at a locality level to allow fuller reporting and understanding of future trends and service demands and include Covid-19 implications and scenarios. We were not able to progress this work during 2021-22 as our focus remained on response.

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

- Our Recovery and Renewal Programme has restarted and will be implemented in 2022-23 and beyond and regular reports will be taken to the IJB.
- We will update our Medium-Term Financial Plan on a regular basis reflecting the ongoing impact of Covid-19, the economic climate and any impact from the NCS as these become clearer. This will allow us to continue to use scenario-based financial planning and modelling to assess and refine the impact of different levels of activity, funding, pressures, possible savings and associated impacts. This will also inform our planning for our 2023-24 budget.
- We will continue to monitor the impacts of Covid-19, Brexit, economic and inflationary factors along with operational issues through our financial and performance monitoring to allow us to take swift action where needed, respond flexibly to immediate situations and to inform longer term planning.
- We will continue to report our Covid-19 activity costs through the NHS Greater Glasgow and Clyde Mobilisation Plan and to the IJB. At this stage we do not expect any further support for non-delivery of savings. This will include how we transition as funding will reduce / cease over time.
- We will continue to work through our Care at Home redesign as part of our Recovery and Renewal Programme recognising the context of significant increase in demand for services, including increased complexity of needs due to the pandemic.

- We will continue to progress and report on our Strategic Improvement Plan until fully complete; work on this was not a priority during the ongoing pandemic response.
- We will complete the review of our Integration Scheme; work had been undertaken pre pandemic and was then put on hold.
- We routinely report our performance to the IJB with further scrutiny from our Performance and Audit Committee and our Clinical and Care Governance Group. The service user and carer representation on the IJB and its governance structures is drawn from Your Voice which includes representatives from community care groups, representatives from our localities and representatives from equality organisations including disability and faith groups. We intend to develop our performance reporting during 2022-23.
- Workforce planning will support identifying our current and future requirements. Recruitment and retention of staff is key to all service delivery and we have mitigated as far as possible by minimising the use of temporary posts and developing our workforce and organisational learning and development plans. Given the overwhelming response to the pandemic over a prolonged period our staff are tired both physically and mentally and the wellbeing of our workforce is paramount.
- 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 longer term impact of Covid-19 on our population and the capacity for the HSCP and its partners to deliver services and implement our Recovery and Renewal programme whilst maintaining financial sustainability remain significant risks.

## 4. Performance summary




### 4.1 Introduction

In the previous chapters of this report we have focused on the key areas of work carried out by the HSCP over the course of 2021-22 including crucial activities as we responded to and have started to recover from the pandemic. In this final chapter we draw on a number of different data sources to give a more detailed picture of the progress the partnership has been able to make against our established performance indicators. Our quantitative performance for 2021-22 reflects the continuing challenges being faced from the pandemic during the Covid-19 pandemic.

The sections below set out how we have been performing in relation to our suite of Key Performance Indicators structured around the strategic priorities in our Interim Strategic Plan 2021-22. We also provide performance data in relation to the National Integration Indicators and Ministerial Steering Group (MSG) Indicators. Finally, we provide a performance summary relating to recent inspections of our in-house services.

### 4.2 Performance indicators

Key to performance status	
<b>Green</b>	Performance is at or better than the target
<b>Amber</b>	Performance is close (approx. 5% variance) to target
<b>Red</b>	Performance is far from the target (over 5%)
<b>Grey</b>	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).

Strategic Priority 1 - Working together with children, young people and their families to improve mental wellbeing								
Indicator	2021/22	Current Target	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Percentage of children and young people subject to child protection who have been offered advocacy. <i>(INCREASE)</i>	<b>62%</b>	100%	63%	n/a	n/a	n/a	n/a	↓
Percentage of children with child protection plans assessed as having an increase in their scaled level of safety at three monthly review periods. <i>(INCREASE)</i>	<b>84%</b>	100%	87.5%	n/a	n/a	n/a	n/a	↓
Percentage of children looked after away from home who experience 3 or more placement moves <i>(DECREASE)</i>	<b>1.8%</b>	11%	1.2%	0.0%	1.4%	1.2%	7.1%	↓
Children and young people starting treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral <i>(INCREASE)</i>	<b>55%</b>	90%	61%	78%	74%	89%	90%	↓
Child & Adolescent Mental Health - longest wait in weeks at month end <i>(DECREASE)</i>	<b>41</b>	18	35	33	34	35	31	↓
Accommodated children will wait no longer than 6 months for a Looked After Review meeting to make a permanence recommendation <i>(INCREASE)</i>	<b>94%</b>	95%	74%	94%	83%	100%	n/a	↑
Balance of Care for looked after children: % of children being looked after in the Community (LGBF) <i>(INCREASE)</i>	n/a	Data only	<b>91.1%</b>	94.9%	98.0%	93.6%	91.5%	↓
% Child Protection Re-Registrations within 18 months (LGBF) <i>(DECREASE)</i>	n/a	Data only	<b>0</b>	15.8%	7.7%	0%	9%	↑



Strategic Priority 1 - Working together with children, young people and their families to improve mental wellbeing								
Indicator	2021/22	Current Target	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
% Looked After Children with more than one placement within the last year (Aug-Jul). (LGBF) (DECREASE)	n/a	Data only	20%	18.8%	24.5%	29.1%	19.6%	↓

Strategic Priority 2 - Working together with people to maintain their independence at home and in their local community								
Indicator	2021/22	Current Target	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Number of people self directing their care through receiving direct payments and other forms of self-directed support. (INCREASE)	458	600	551	575	514	491	364	↓
Percentage of people aged 65+ who live in housing rather than a care home or hospital (INCREASE)	n/a	97%	97%	97%	95.9%	96.6%	96.8%	—
The number of adults (18+) receiving personal care at home or direct payments for personal care, as a percentage of the total number of adults needing care. (INCREASE) NI-18	n/a	62%	58%	57%	64%	64%	63%	↑
People reporting 'living where you/as you want to live' needs met (%) (INCREASE)	89%	90%	91%	88%	92%	84%	79%	↓
SDS (Options 1 and 2) spend as a % of total social work spend on adults 18+ (LGBF) (INCREASE)	n/a	Data Only	8.69%	8.44%	8.15%	7.5%	6.6%	↑
Percentage of people aged 65+ with intensive needs receiving care at home. (LGBF) (INCREASE)	n/a	62%	62.2%	57.6%	57.5%	62.5%	61.1%	↑

Strategic Priority 2 - Working together with people to maintain their independence at home and in their local community								
Indicator	2021/22	Current Target	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Percentage of those whose care need has reduced following re-ablement ( <i>INCREASE</i> )	60%	60%	31%	67	68	62	64	↑

Strategic Priority 3 - Working together to support mental health and well-being								
Indicator	2021/22	Current Target	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Mental health hospital admissions (age standardised rate per 1,000 population) ( <i>DECREASE</i> )	n/a	2.3	1.4	1.6	1.5	1.5	1.5	↑
Percentage of people waiting no longer than 18 weeks for access to psychological therapies ( <i>INCREASE</i> )	76%	90%	74%	65%	54%	80%	56%	↑
% of service users moving from drug treatment to recovery service ( <i>INCREASE</i> )	9%	10%	6%	16%	22%	12%	9%	↑
Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines. ( <i>INCREASE</i> )	0	419	5	33	93	331	468	↓
Percentage of people with alcohol and/or drug problems accessing recovery-focused treatment within three weeks. ( <i>INCREASE</i> )	95%	90%	95%	89%	95%	87%	96%	—

Strategic Priority 4 - Working together to meet people's healthcare needs								
Indicator	2021/22	Current Target	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
People (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting including AWI (DECREASE) (NHSGGC data)	7	0	2	2	4	4	4	↓
Acute Bed Days Lost to Delayed Discharge (Aged 18+ including Adults with Incapacity) (DECREASE) (MSG data)	4,546	1,893	2,342	1,788	2,284	1,860	2,704	↓
No. of A & E Attendances (adults) (DECREASE) (NHSGGC data)	11,654	Data only	9,854	12,748	12,943	12,587	12,503	↓
Number of Emergency Admissions: Adults (DECREASE) (NHSGGC data)	7,372	Data only	6,217	6,859	6,801	6,916	6,908	↓
No. of A & E Attendances (adults) (DECREASE) (MSG data)	16,877	18,335	13,677	20,159	20,234	19,344	18,747	↓
Number of Emergency Admissions: Adults (DECREASE) MSG	7,894	7,130	7,281	7,538	7,264	7,432	8,032	↓
Emergency admission rate (per 100,000 population) for adults (DECREASE) NI-12	9,549*	11,492	9,210	10,439	10,345	10,497	11,427	-
Emergency bed day rate (per 100,000 population) for adults (DECREASE) NI-13	104,390*	117,000	96,914	105,544	110,0628	119,011	121,099	↑
Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges) (DECREASE) NI-14	82*	100	98	78	79	79	83	↑
A & E Attendances from Care Homes (NHSGGC data) (DECREASE)	252	400	236	394	429	541	n/a	↓
Emergency Admissions from Care Homes (NHSGGC data) (DECREASE)	141	240	154	233	261	338	166	↑

Strategic Priority 4 - Working together to meet people's healthcare needs								
Indicator	2021/22	Current Target	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
% of last six months of life spent in Community setting ( <i>INCREASE</i> ) MSG	89.5%**	86%	89.8%	88.3%	86.2%	85.0%	85.8%	▬

\* Full year data not available for 2021/22. Figure relates to 12 months Jan-Dec 2021. Data from PHS release, 12 July 2022

\*\*Provisional figure for 2020/21

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	2021/22	Current Target	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
People reporting 'quality of life for carers' needs fully met (%) ( <i>INCREASE</i> )	92%	72%	91%	92%	78%	72%	70%	↑
Total combined % carers who feel supported to continue in their caring role ( <i>INCREASE</i> ) NI 8	28.4%	Data only	n/a	35.3%	n/a	37.5%	n/a	↓

Strategic Priority 6 - Working together with our partners to support people to stop offending								
Indicator	2021/22	Current Target	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Community Payback Orders - Percentage of unpaid work placement completions within Court timescale. ( <i>INCREASE</i> )	81%	80%	75%	71%	84%	92%	96%	↑
Criminal Justice Feedback Survey - Did your Order help you look at how to stop offending? ( <i>INCREASE</i> )	100%	100%	92%	100%	100%	100%	100%	↑

Strategic Priority 6 - Working together with our partners to support people to stop offending								
Indicator	2021/22	Current Target	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
% Positive employability and volunteering outcomes for people with convictions. (INCREASE)	56.5%	60%	66%	65%	55%	n/a	n/a	↓
% Change in women's domestic abuse outcomes (INCREASE)	87%	70%	84%	79%	64%	65%	66%	↑
People agreed to be at risk of harm and requiring a protection plan have one in place. (INCREASE)	100%	100%	100%	100%	100%	n/a	n/a	—

Strategic Priority 7 - Working together with our communities that experience shorter life expectancy and poorer health to improve their wellbeing								
Indicator	2021/22	Current Target	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Breastfeeding at 6-8 weeks most deprived SIMD data zones (INCREASE)	n/a	25%	7.5%	15.4%	22.9	27.3	17.2	↓
Premature mortality rate per 100,000 persons aged under 75. (European age-standardised mortality rate) (DECREASE) NI-11	338	Data Only	334	295	308	301	297	↑
Percentage of adults able to look after their health very well or quite well (INCREASE) NI-1	92%	Data Only	n/a	94%	n/a	94%	n/a	↓

Strategic Priority 8 - Working together with staff across the partnership to support resilience and well-being								
Indicator	2021/22	Current Target	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
% Staff who report 'I am given the time and resources to support my learning growth'. <i>(INCREASE)</i>	75%	90%	n/a	77%	76%	70%	n/a	↓
% Staff who report "I feel involved in decisions in relation to my job". <i>(INCREASE)</i>	72%	Data Only	n/a	n/a	69%	n/a	n/a	↑
% Staff who report "My manager cares about my health and well-being". <i>(INCREASE)</i>	88%	Data Only	n/a	n/a	85%	n/a	n/a	↑

Organisational measures								
Indicator	2021/22	Current Target	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Percentage of days lost to sickness absence for HSCP NHS staff <i>(DECREASE)</i>	6.9%	4.0%	5.5%	7.3%	6.8%	8.5%	7.2%	↓
Sickness absence days per employee - HSCP (LA staff) <i>(DECREASE)</i>	14.7	12.4	13.6	19.1	16.4	13.0	13.6	↓
Percentage of HSCP (NHS) complaints received and responded to within timescale (5 working days Frontline, 20 days Investigation) <i>(INCREASE)</i>	70%	70%	100%	56%	67%	100%	63%	↓
Percentage of HSCP (local authority) complaints received and responded to within timescale (5 working days Frontline; 20 days Investigation) <i>(INCREASE)</i>	71%	100%	65%	72%	72%	81%	68%	↑

### 4.3 National Integration Indicators

The Core Suite of 23 National Integration Indicators was published by the Scottish Government in March 2015 to provide the basis against which Health and Social Care Partnerships can measure their progress in relation to the National Health and Wellbeing outcomes. As these are derived from national data sources, the measurement approach is consistent across all Partnerships.

The Integration Indicators are grouped into two types of measures: 9 are based on feedback from the biennial Scottish Health and Care Experience survey (HACE) and 10 are derived from Partnership operational performance data. A further 4 indicators are currently under development by NHS Scotland Information Services Division (ISD). The following tables provide the most recent data for the 19 indicators currently reportable, along with the comparative figure for Scotland, and trends over time where available.

#### 4.3.1 Scottish Health and Care Experience Survey (2021-22)

Information on nine of the National Integration Indicators are derived from the biennial Scottish Health and Care Experience survey (HACE) which provides feedback in relation to people's experiences of their health and care services. The most recent survey results for East Renfrewshire relate to 2021-22 and are summarised below.

The results show that we performed better than the Scottish average for seven of the nine indicators and performed close to the national rate for the remaining two. While performance declined for all of the indicators at the national level since the previous survey, we saw improving performance for five of the nine indicators.

National indicator	2021/22	Scotland 2021/22	2019/20	2017/18	2015/16	East Ren trend from previous survey	Scotland trend from previous survey
NI-1: Percentage of adults able to look after their health very well or quite well	91.9%	90.9%	94%	94%	96%	↓	↓
NI-2: Percentage of adults supported at home who agreed that they are supported to live as independently as possible	80.4%	78.8%	78%	74%	80%	↑	↓
NI-3: Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	73.8%	70.6%	75%	64%	77%	↓	↓
NI-4: Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	65.1%	66.4%	62%	60%	69%	↓	↓
NI-5: Total % of adults receiving any care or support who rated it as excellent or good	75.5%	75.3%	70%	77%	82%	↑	↓
NI-6: Percentage of people with positive experience of the care provided by their GP practice	69.7%	66.5%	85%	84%	88%	↓	↓
NI-7: Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	83.6%	78.1%	78%	76%	79%	↑	↓
NI-8: Total combined % carers who feel supported to continue in their caring role	28.4%	29.7%	35%	37%	45%	↑	↓
NI-9: Percentage of adults supported at home who agreed they felt safe	90.5%	79.7%	81%	82%	82%	↑	↓

Data from PHS release, 12 July 2022



## 4.3.2 Operational performance indicators

National indicator	2021/22	Scotland 2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
NI-11: Premature mortality rate per 100,000 persons	<b>338*</b>	471* (2021)	334*	259*	308*	301*	297*	▬
NI-12: Emergency admission rate (per 100,000 population) for adults	<b>9,549**</b>	11,636	9,210	10,439	10,345	10,497	11,427	↓
NI-13: Emergency bed day rate (per 100,000 population) for adults	<b>104,390**</b>	109,429	96,914	105,544	110,0628	119,011	121,099	↓
NI-14: Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	<b>82**</b>	110	98	78	79	79	83	↑
NI-15: Proportion of last 6 months of life spent at home or in a community setting	<b>89.4%**</b>	90.1%**	89.8%	88%	86%	85%	86%	▬
NI-16: Falls rate per 1,000 population aged 65+	<b>25.6**</b>	23.0**	21.5	22.6	23.4	22.4	21.2	↓
NI-17: Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	<b>78.9%</b>	75.8%	84%	84%	84%	88%	88%	↓
NI-18: Percentage of adults with intensive care needs receiving care at home	<b>65%*</b>	65%* (2021)	58%*	57%*	64%*	64%*	63%*	↑
NI-19: Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	<b>347</b>	761	189	156	170	117	228	↓
NI-20: Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	n/a	24.1% (2019/20)	n/a	<b>21.1%</b>	20.8%	22.4%	22.2%	↑

Data from PHS release, 12 July 2022. \*Calendar years.

\*\*Full year data not available for 2020/21. Figure relates to 12 months Jan-Dec 2021\*\*. N.B. Scotland fig is Jan-Dec 2021 for comparison.

The indicators below are currently under development by Public Health Scotland.

<b>National indicators in development</b>
NI-10: Percentage of staff who say they would recommend their workplace as a good place to work
NI-21: Percentage of people admitted to hospital from home during the year, who are discharged to a care home
NI-22: Percentage of people who are discharged from hospital within 72 hours of being ready
NI-23: Expenditure on end of life care, cost in last 6 months per death

#### 4.4 Ministerial Strategic Group Indicators

A number of indicators have been specified by the Ministerial Strategic Group (MSG) for Health and Community Care which cover similar areas to the above National Integration Indicators.

MSG Indicator	2021/22	Target 21/22	2020/21	2019/20	2018/19	2017/18	2016/17	2015/16	Trend from previous year
Number of emergency admissions (adults)	<b>6,851*</b>	7,130	6,517	7,538	7,264	7,432	8,032	7,922	↓
Number of emergency admissions (all ages)	<b>7,894*</b>	8,331	7,281	8,645	8,246	8,513	9,199	9,123	↓
Number of unscheduled hospital bed days (acute specialties) (adults)	<b>65,453*</b>	57,106	58,333	62,861	60,953	62,967	62,901	58,271	↓
Number of unscheduled hospital bed days (acute specialties) (all ages)	<b>67,058*</b>	58,899	59,593	59,764	64,407	64,769	64,455	60,064	↓
A&E attendances (adults)	<b>16,877</b>	18,335	13,697	20,159	20,234	19,344	18,747	18,332	↓
A&E attendances (all ages)	<b>24,270</b>	25,299	17,843	27,567	27,850	27,011	25,888	25,300	↓
Acute Bed Days Lost to Delayed Discharge (Aged 18+ including Adults with Incapacity)	<b>4,546</b>	1,893	2,342	1,788	2,284	1,860	2,704	2,366	↓
% of last six months of life spent in Community setting (all ages)	<b>89.5%**</b>	86%	89.8%	88.3%	86.2%	85.0%	85.8%	85.6%	—
Balance of care: Percentage of population at home (supported and unsupported) (65+)	n/a	Data only	<b>96.6%</b>	96.5%	95.9%	95.8%	95.7%	95.6%	—
Balance of care: Percentage of population at home (supported and unsupported) (all ages)	n/a	Data only	<b>99.1%</b>	99.2%	99.0%	99.0%	99.0%	99.0%	—

Data from PHS release, 2 August 2022. (MSG Indicators)

\*Full year data not available for 2021/22. Figure relates to 12 months Jan-Dec 2021.

\*\*Provisional figure for 2020/21

## 4.5 Inspection performance

East Renfrewshire HSCP delivers a number of in-house services that are inspected by the Care Inspectorate. The following table show the most up to date grades as of 31 August 2022.

Key to Grading:

**1** – Unsatisfactory, **2** – Weak, **3** – Adequate, **4** – Good, **5** – Very Good, **6** – Excellent

Service	Date of Last Inspection	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership
Adoption Service	11/10/2019	5	Not assessed	5	Not assessed
Barrhead Centre	23/02/2018	6	Not assessed	Not assessed	6
Fostering Service	11/10/2019	5	Not assessed	5	Not assessed
Care at Home	25/06/2021	4	Not assessed	Not assessed	Not assessed
HSCP Holiday Programme	21/07/2017	6	Not assessed	Not assessed	5
Thornliebank Resource Centre	07/04/2016	4	Not assessed	Not assessed	4
HSCP Adult Placement Centre	25/10/2019	5	Not assessed	5	5

The Care Inspectorate launched the new evaluation [framework](#) in July 2018, which is based on the Health and Social Care Standards. Bonnyton House and Kirkton were inspected under the new quality inspection framework.

Service	Date of Last Inspection	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is care and support planned?
Bonnyton House	01/07/2022	4	4	5	5	4
Kirkton	23/7/2019	5	Not assessed	Not assessed	Not assessed	5

The quality framework for children and young people in need of care and protection, published in August 2019.

Service	Date of Last Inspection	Evaluation of the impact on children and young people			
Joint Inspection for children at risk of harm	February – July 2022	6			

Evaluation of the impact on children and young people - quality indicator 2.1

For our inspections of services for children at risk of harm, we are evaluating quality indicator 2.1. This quality indicator, as it applies to children and young people at risk of harm considers the extent to which children and young people:

- feel valued, loved, fulfilled and secure
- feel listened to, understood and respected
- experience sincere human contact and enduring relationships
- get the best start in life.

Evaluation of quality indicator 2.1: Excellent

## Appendix One - National Outcomes

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The National Health and Wellbeing Outcomes prescribed by Scottish Ministers are:

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including support to reduce any negative impact of their caring role on their own health and wellbeing.
7. People using health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care services.

The National Outcomes for Children are:

- Our children have the best start in life and are ready to succeed.
- Our young people are successful learners, confident individuals, effective contributors and responsible citizens.
- We have improved the life chances for children, young people and families at risk.

The National Outcomes for Criminal Justice are:

- Prevent and reduce further offending by reducing its underlying causes.
- Safely and effectively manage those who have committed offences to help them reintegrate into the community and realise their potential for the benefit of all.



EAST RENFREWSHIRE  
HEALTH AND SOCIAL CARE  
PARTNERSHIP



<p><b>Meeting of East Renfrewshire Health and Social Care Partnership</b></p> <p><b>Held on</b></p>	<p>Integration Joint Board</p>									
<p><b>Agenda Item</b></p>	<p>7</p>									
<p><b>Title</b></p>	<p>Clinical and Care Governance Annual Report 2021-2022</p>									
<p><b>Summary</b></p> <p>The Clinical and Care Governance Annual Report 2021–2022 reflects on the clinical and care governance arrangements of the HSCP and the progress made in improving the quality of clinical care. The report is structured around the three main domains set out in the National Quality Strategy; Safe, Effective, and Person-Centred Care.</p> <p>The report describes the main governance framework and demonstrates our work to provide assurance for the HSCP. There is an emphasis on the work for the HSCP Workforce Plan and the importance of building resilience and supporting staff wellbeing.</p>										
<p><b>Presented by</b></p>	<p>Dr Claire Fisher, Clinical Director</p>									
<p><b>Action Required</b></p> <p>The Integration Joint Board are asked to:-</p> <ul style="list-style-type: none"> <li>- note the Clinical and Care Governance Annual Report 2021-2022</li> <li>- note that the IJB will retain oversight of the role and function of the Clinical and Care Governance Group where clinical and care governance will be taken forward</li> </ul>										
<p><b>Directions</b></p> <p><input checked="" type="checkbox"/> No Directions Required</p> <p><input type="checkbox"/> Directions to East Renfrewshire Council (ERC)</p> <p><input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)</p> <p><input type="checkbox"/> Directions to both ERC and NHSGGC</p>	<p><b>Implications</b></p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Finance</td> <td><input checked="" type="checkbox"/> Risk</td> </tr> <tr> <td><input type="checkbox"/> Policy</td> <td><input type="checkbox"/> Legal</td> </tr> <tr> <td><input checked="" type="checkbox"/> Workforce</td> <td><input type="checkbox"/> Infrastructure</td> </tr> <tr> <td><input type="checkbox"/> Equalities</td> <td><input type="checkbox"/> Fairer Scotland Duty</td> </tr> </table>		<input checked="" type="checkbox"/> Finance	<input checked="" type="checkbox"/> Risk	<input type="checkbox"/> Policy	<input type="checkbox"/> Legal	<input checked="" type="checkbox"/> Workforce	<input type="checkbox"/> Infrastructure	<input type="checkbox"/> Equalities	<input type="checkbox"/> Fairer Scotland Duty
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## East Renfrewshire Health and Social Partnership

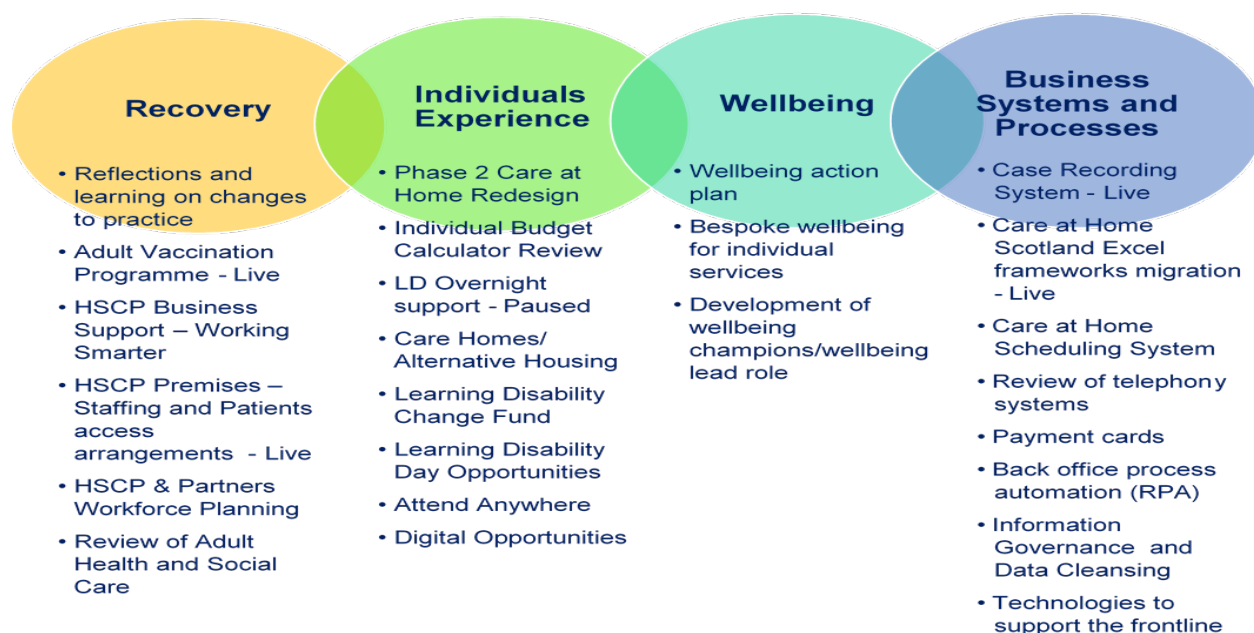
### Clinical and Care Governance Annual Report 2021 - 2022

Principal Author:	Dr Claire Fisher
Approved by:	
Date approved:	

## 1.0 Introduction

- 1.1 East Renfrewshire Health and Social Care Partnership was established in 2006 by East Renfrewshire Council and NHS Greater Glasgow and Clyde Health Board.
- 1.2 Through an integrated team East Renfrewshire HSCP directly manages over 900 health and care staff. There is also a significant workforce in the independent NHS contractor service, for example, GP's, Dentists, Optometrists, and Community Pharmacists and within the third sector and independent social care providers.
- 1.3 In addition, the East Renfrewshire HSCP hosts the Specialist Learning Disability Inpatient Services, Autism Service and the Scottish Centre of Technology for the Communication Impaired (SCTCI) service on behalf of NHS Greater Glasgow and Clyde. The services within East Renfrewshire are community based with the exception of the inpatient wards for people with learning disabilities. There are no acute hospital sites in East Renfrewshire.
- 1.4 The biggest challenge for East Renfrewshire HSCP, both currently and in the future, is the demand on services for health and social care for older people. These demands are significant and will increase further due to the projected increase in the population aged over 85 years old.
- 1.5 East Renfrewshire also has a projected increase in the school age population as children move into the authority in order to maintain mainstream or specialist schooling. We anticipate demand for specialist children's services to support children who are neurodiverse, have disabilities or mental health problems.
- 1.6 The Clinical and Care Governance Annual Report for 2021 - 2022 reflects the work of East Renfrewshire HSCP in response to the Covid -19 pandemic and in our recovery and provides the process for assurance regarding standards and quality of care. The report will focus on Safe, Effective and Person Centred Care quality ambitions.
- 1.7 The processes for clinical and care governance are well established in East Renfrewshire HSCP, and the response from services and staff continues to be exceptional. There has been an increasing emphasis on staff support through the development of the HSCP Staff Wellbeing Plan. We recognise how difficult the last two years have been. As such, in consultation with staff and stakeholders working together with staff across the partnership to support resilience and wellbeing has remained a strategic priority.
- 1.8 The Independent Review of Adult Social Care will have clinical and care governance implications for East Renfrewshire HSCP. We have maintained a watchful brief on this developing agenda and informed discussion at local and national level.

- 1.9 The principal aim of the review was to recommend improvements to adult social care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and families, and the experience of people who work in adult social care.
- 1.10 The Independent Review concluded at the end of January 2021 and its report was published on 3 February 2021. The clinical and care governance group will review the governance implications of this proposal when known.
- 1.11 East Renfrewshire HSCP launched its Covid – 19 Recovery and Renewal Programme in May 2021 which is an expansion of the transformational programme which was in place prior to the pandemic. The programme seeks to ensure that the lessons learned during the pandemic inform recovery and support the transformation agenda. Figure 1 summarises the four themes of recovery; individuals' experience; wellbeing; and business systems and processes in the Recovery and Renewal work.



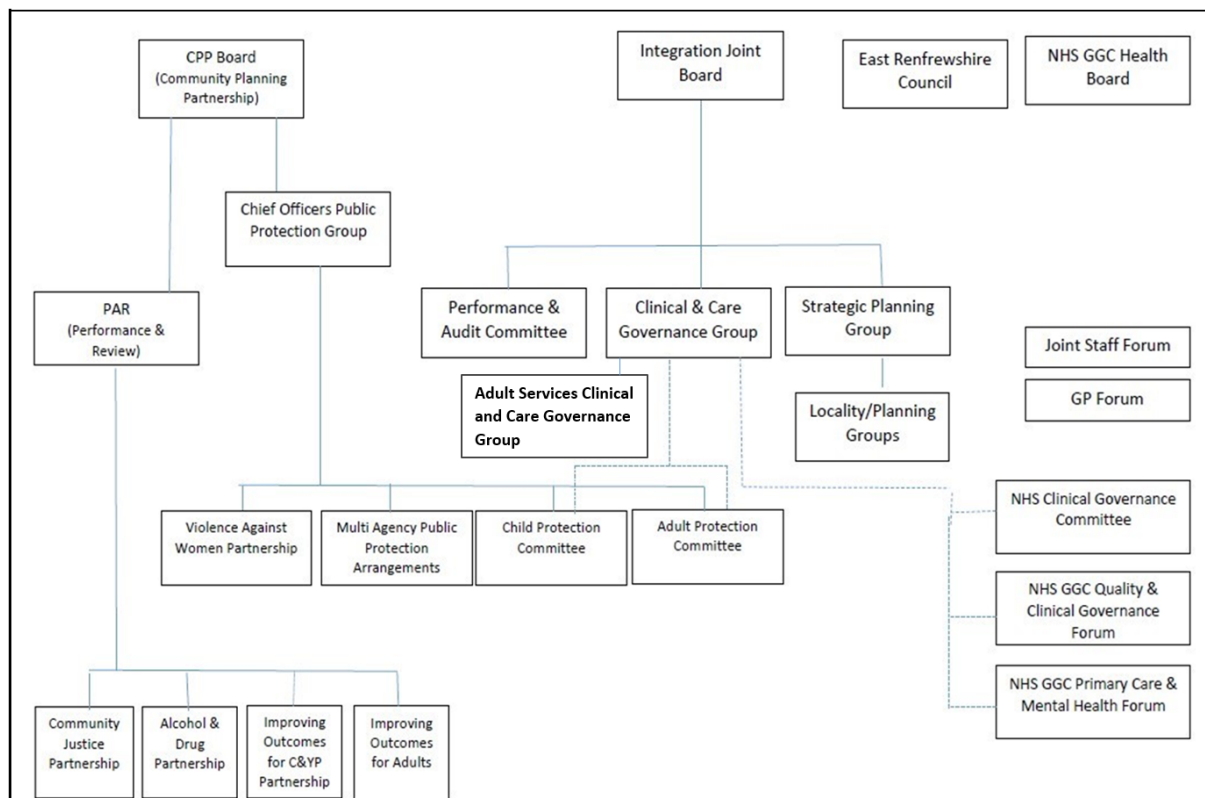
## 2.0 Clinical and Care Governance Arrangements 2021-2022

- 2.1 East Renfrewshire HSCP Clinical and Care Governance Group met on 9<sup>th</sup> June 2021; 8<sup>th</sup> September 2021; 10<sup>th</sup> November 2021 and 9<sup>th</sup> March 2022. The Clinical and Care Governance Group is currently chaired by the Clinical Director, Dr Claire Fisher. An exception report is prepared for the NHS Greater Glasgow and Clyde Primary Care and Community Clinical Governance Forum which meets six times a year.
- 2.2 The Adult Services Clinical and Care Governance Group met on 2<sup>nd</sup> June 2021; 27<sup>th</sup> October 2021 and 16<sup>th</sup> February 2022. The Adult Services Clinical and Care Governance Group has strengthened clinical and care governance within the HSCP. Exception reports are submitted from the respective services providing an overview of key issues, areas of risk and control

measures in place. Currently two short life working groups have been commissioned by the Adult Services Clinical and Care Governance Group. The groups are reviewing processes in relation to professional registration and Datix incident recording, sign off and shared learning. Both groups will provide a report with recommendations at the end of the year. The report and recommendations will be shared with the Directorate Management Team and the HSCP Clinical and Care Governance Group.

2.3 Figure 2 shows the current clinical and care governance arrangements for East Renfrewshire HSCP.

**Figure 2 East Renfrewshire HSCP Clinical and Care Governance Structure**



**East Renfrewshire HSCP governance response to Covid -19**

2.4 East Renfrewshire Integration Joint Board received regular updates throughout 2021 - 2022 detailing the response to Covid -19 and the associated recovery programme.

2.5 The response of May 2021 focused on the Recovery and Renewal Programme. However this changed in December 2021 when the HSCP moved firmly back to response mode. Emergency planning meetings were reinstated as a result of increasing numbers of Omicron cases and the impact on services. The response led to increased Local Responses Management Team meetings overseen by the Directorate Management Team.

## Registered Services Assurance

- 2.6 [The Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#) requires Health Boards and Local Authorities to integrate planning for, and delivery of, certain adult health and social care services. Alongside the Public Bodies (Joint Working) (Scotland) Act 2014, the Public Services Reform (Scotland) Act 2010 places a duty on a range of scrutiny bodies to co-operate and coordinate their activities with each other, and to work together to improve the efficiency, effectiveness and economy of their scrutiny of public services in Scotland.
- 2.7 A number of scrutiny bodies have an interest in how the health and social care agenda is developing including the Care Inspectorate, Accounts Commission, Health Improvement Scotland and the Auditor General for Scotland. Each have distinct statutory responsibilities for the audit, scrutiny and improvement of organisations providing health and care services in Scotland. This external scrutiny provides assurance and supports our internal contract monitoring arrangements with our external partner providers.
- 2.8 Key factors used to inform the selection of areas for inclusion in the inspection programme each year include:
- The outcomes of each year's annual shared risk assessment (SRA) of each Local Authority in Scotland.
  - Information and intelligence sharing between the Care Inspectorate and Healthcare Improvement Scotland through integrated health and care assessments.
  - Information and intelligence gathered through other regulatory activities and scrutiny of regulated care services within each partnership area.
  - Other planned scrutiny activity in the Local Authority area and Health Board area (e.g. Best Value audit activity, Community Planning Partnership audit work, housing or education inspection work, hospital inspections or NHS governance work).
- 2.9 East Renfrewshire Health and Social Care Partnership Strategic Commissioning Plan sets out the direction of travel as models of support are identified and aligned to our strategic priorities. As part of our Strategic Plan a number of support services for children, young people and adults are developed and commissioned with third and independent partner providers. The Contract and Commissioning Team work alongside services to identify and develop collaborative and outcome based approach to offer services which meet the outcomes of people.
- 2.10 The HSCP work jointly with external scrutiny bodies and our external partner providers to participate in any regulation or scrutiny activity. Care services in Scotland must be registered with the Care Inspectorate and a broad range of the individuals who work in those services must be registered with the Scottish Social Services Council (SSSC).

- 2.11 As part of our regular monitoring arrangements the additional support measures which were put in place at the start of the pandemic to provide assurance and support to our care homes remain in place.
- 2.12 Our contract monitoring team work closely with senior managers to maintain close working relationships with care home providers through regular welfare calls, meetings and scrutiny of any complaints or concerns raised.
- 2.13 Following the first wave of COVID-19 in May 2020 Board Nurse Directors across Scotland became responsible for the provision of nursing leadership, support, and guidance within the Care Home sector. There were no changes to the extant Chief Officers or Chief Social Work Officers responsibilities or accountabilities.
- 2.14 In March 2021 the Cabinet Secretary extended this provision of nursing leadership to support health needs of care home residents until at least March 2022 with a funding allocation aligned to each Board in order to support Board Nurse Directors to undertake this duty. On 24<sup>th</sup> May 2021 the Chief Nursing Directorate at Scottish Government issued a further correspondence, clearly setting out the Professional leadership and oversight responsibilities of the Nurse Director as follows:
- Provide clinical leadership to support the health needs of care home residents.
  - Use information from safety huddle tool and other mechanisms through the oversight arrangements to identify where specific nursing support may be required.
  - Facilitate assurance / professional support visits providing professional and clinical advice on IPC practice, education requirement and nursing standards of care.
  - Maintain oversight of the overall status of each care home included in the weekly compliance report to Scottish Government.
- 2.15 Prior to Covid-19 East Renfrewshire Health and Social Care Partnership and local care homes had a joint Care Home Improvement Network which met on a monthly basis. During Covid-19 this moved to a weekly virtual meeting between care home managers, commissioning and HSCP Localities to offer mutual support and assistance. Commissioning staff completed a daily situation update call to care homes to ascertain if support is required for staffing, Personal Protective Equipment (PPE), for residents affected by Covid-19.
- 2.16 In line with national direction a Care Home Clinical and Care Professional Oversight team was established which includes the Chief Officer, Chief Nurse, Clinical Director, colleagues from Public Health Directorate, Scottish Care and the Care Inspectorate who join members of the safety huddle group on a weekly basis. All care homes are RAG rated each week supported by the "Guidance for GGC Partnerships Oversight Groups – RAG Classifications" document.

- 2.17 A Care Home Collaborative and associated Hub model was agreed across NHS Greater Glasgow and Clyde and the six HSCP's as a way forward to support care homes during and in recovery from the Covid-19 Pandemic. The Hub model encompasses three multidisciplinary teams (Hubs) of health professionals to support care homes: one to cover Glasgow City HSCP, the other hosted by Inverclyde HSCP on behalf of the remaining five partnerships and lastly one specialist central team with shared resources spanning both local Hubs.

### **Care Home Assurance Tool (CHAT)**

- 2.18 In May 2020 Care Home Assurance Tool (CHAT) visits commenced across all NHS Greater Glasgow and Clyde partnerships in response to the impact of COVID-19. An electronic version of the tool is now available and is updated as/ when required in line with national guidance and learning from established NHS Greater Glasgow and Clyde quarterly reports.
- 2.19 The focus on Care Home Assurance Visits include the following:
- Wellbeing and Practical Support for Residents, Manager and Staff
  - Quality of health and care needs for residents
  - Open with Care – contact between residents and those who matter to them
  - Infection Prevention and Control
  - Workforce. Leadership and Culture
  - Feedback on HSCP Support throughout the Pandemic
  - Feedback on HSCP services (Adult Support and Protection Team, Care Home Liaison Nursing Team (adult and older peoples services) District Nursing and Commissioning Team)
  - Support requirements moving forward
- 2.20 All our care homes have received two assurance visits by the HSCP team to date. As reported in our 2020 - 2021 Clinical and Care Governance Annual report the second schedule of visits were undertaken by the Head of Service, Chief Social work Officer, Chief Nurse and Senior Nurse. Visits were conducted over a six week period concluding at the start of May 2021. Good practice and improvements were identified during the assurance visits with care homes taking ownership of identified improvement actions and working in collaboration with the HSCPs to achieve improvements. Outputs from the CHAT visits are reported through local and NHS Greater Glasgow and Clyde governance routes. Key themes have been identified which will drive the improvement agenda.
- 2.21 From February 2021 – February 2022 we tested the effect of having an Occupational Therapist (OT) in local care homes. The pilot was a huge success and a permanent role has been created in the partnership to benefit more care home residents in the area.
- 2.22 A twelve month test of change resulted in the reduction of patient stress and distress through non-pharmaceutical interventions, reduction in the use of

psychotropic medication, the prevention of placement breakdowns and even prevented one hospital admission. Our Occupational Therapist worked with two local care homes during the test of change period.

- 2.23 In one care home an under-utilised space was transformed into a dementia-friendly “pub-like” environment creating a new social space for residents, signage was introduced to aid orientation particularly for those with dementia, simple technology was introduced to support activities and dementia-friendly menus were developed. Within the other care home a sensory room was created. Dementia-friendly décor was adopted such as repainting areas with a more calming colour with contrasting handrails, lighting was altered to decrease distress and the risk of falls, and dementia-friendly signage and simple technology for activities were also introduced.
- 2.24 The Elizabeth Casson Trust, an organisation that supports Occupational Therapy development and the improvement of practice, awarded the HSCP £5000 to support this important project.



Pictured at the opening of the new “bar” at Eastwood Court: left to right – Lesley (Activity Coordinator), Jennifer (Activity Coordinator), Fiona (HSCP Occupational therapist) and Catherine (Activity Coordinator)



## Care Home Improvement Notice

- 2.25 In November 2021 concern was expressed at East Renfrewshire Health and Social Care Partnership Care Home weekly oversight group in relation to a care home within the Eastwood Locality. Concerns related to the quality of care being delivered within the care home; staffing levels; an over reliance of agency nurses; incomplete care plans and delivery of evidence based interventions. In light of the concerns raised the Care Inspectorate brought forward their unannounced inspection to 23 November 2021. Following the initial inspection a meeting was convened between the care home owners and key stakeholders within the HSCP to identify areas where support and assistance to deliver on the improvements required and to ensure safeguarding of the residents. A joint action plan was developed and supports were provided from Adult Protection Team, Care Home Liaison nurses and Hub 5 Care Home Collaborative colleagues with oversight by the Care Home Oversight Group. East Renfrewshire HSCP and partners worked to reduce the level of concern.
- 2.26 The Care Inspectorate's follow up inspection took place on 2<sup>nd</sup> / 3<sup>rd</sup> February 2022, providing preliminary feedback to the care home owners, care home manager and East Renfrewshire HSCP, confirming four requirements outlined in the improvement notice had now been met. However, whilst good progress and a lot of improvements had been made more work was required. The Care Inspectorate therefore outlined new requirements to support a sustained programme of improvement within the Care Home to be evidenced over a longer timeframe (2nd May 2022) which was set out in a compliance letter. It should be noted that in the interim period the Care Home have since meet all their requirements with significant improvements noted by the Care Inspectorate.

## Safe

### Covid and Influenza Vaccination Programme – 2021/22

- 2.27 The Covid-19 Spring Booster Programme ran from 21 March 2021 until 31 May 2022. The HSCP was charged with the delivery of vaccination/s to Care Home residents (and Care Home staff in the Winter Programme only); and to housebound patients within the East Renfrewshire HSCP area at the time of setting up the programme. The Covid-19 Spring Booster Programme ran from 21 March 2021 until 31 May 2022.
- 2.28 Separately, East Renfrewshire HSCP was given the responsibility of setting up two mass vaccination centres within East Renfrewshire. The mass vaccination centres were staffed directly by NHS Greater Glasgow and Clyde staff with administrative support provided by the HSCP each day on voluntary overtime basis.
- 2.29 In total, twelve Care Homes were covered in both programmes. The initial delivery of the Winter Vaccination Programme to the Care Home residents and staff was completed over the space of ten days including weekends. The

Covid-19 Spring Booster programme ran for a slightly longer time period of twelve days due to the impact of Covid-19 outbreaks within several care homes as a result of the Omicron variant.

- 2.30 The initial delivery of vaccinations within the care homes was followed by 'mop-up' visits to ensure best possible coverage of all residents who were both eligible for vaccination and had provided their consent.
- 2.31 Table 1 outlines the update of the vaccination programme for Residents – Winter Programme.

Programme	Vaccine Type	Care Homes				Housebound	Percentage
		Residents		Staff			
Winter 2021	Covid 19	459	92%	177	27%	883	94%
	Flu	447	90%	287	43%	840	90%
Spring 2022	Covid 19	413	97%	-	-	761	95%

- 2.32 2022 / 2023 remains a year of transition for adult vaccination in NHS Greater Glasgow and Clyde. Future developments will be overseen by the NHS Greater Glasgow and Clyde Vaccination Programme Board through the adult vaccination steering group which has representation from the Partnership. East Renfrewshire Adult Vaccination group will oversee local delivery.

### Primary Care Implementation Programme

#### Progress of Memorandum of Understanding 2021 - 2022

- 2.33 The headline message on implementation at the end of March 2022, is that all additional staff have been recruited to the multi-disciplinary teams (MDT) roles. The implementation of the new service models and extended MDTs are now an established part of core general practice provision which has allowed a significant transfer of work from GP practices to the HSCP across all of the Memorandum of Understanding priority areas.
- 2.34 East Renfrewshire Primary Care Implementation Programme was developed within the available funding, with a focus on those areas most closely linked to contractual commitments. We have welcomed opportunities to utilise innovative skill mix to create efficiencies and maximise impact. Although the agreement for 2021/22 confirmed that investment should be focused on the three priority areas linked to transfer of service responsibility (Vaccination Transformation Programme (VTP), Pharmacotherapy services and Community Treatment and Care (CTAC) services), East Renfrewshire had progressed further on the other three areas (Urgent Care Advanced

Practitioners, Additional Professional Roles and Community Link Workers) and have full plan implementation as of the end of March 2022.

### **Pharmacotherapy Services**

- 2.35 The Pharmacotherapy Service continues to deliver both core (level 1 activity) and additional (level 2 & 3 activities) services across all fifteen GP Practices in East Renfrewshire. Revising the skill mix by introducing Pharmacy Technicians and Pharmacy Support Workers has allowed for financial savings and the development of a hub model and pharmacist provision for a minimum of 0.5 whole time equivalent per 5,000 patients. All GP practices in East Renfrewshire are being serviced by the pharmacotherapy hub, have polypharmacy reviews and specialist clinics.
- 2.36 The development of the new pharmacotherapy service has allowed GPs to: focus on their role as expert medical generalists; improve clinical outcomes; more appropriately distribute workload; enhance practice sustainability; and support prescribing improvement work. There have also been positive impacts in terms of effective and efficient prescribing and polypharmacy all of which have real outcomes for patients.

### **Community Treatment and Care Services (CTAC)**

- 2.37 The creation and implementation of CTAC services providing support to General Practice for minor injuries, chronic disease monitoring and other services suitable for delivery within the community began have been in place since 2018 being delivered by Community Health Care Assistants (CHCAs). These are shared across all fifteen GP practices offering not only clinic and domiciliary phlebotomy but additional Community Care Health Assistant tasks including: B12s; biometric data collection including BP; and suture removal.
- 2.38 In 2021/22 following a delay due to the pandemic, we were able to develop services further by implementing our new treatment room provision across both localities of Eastwood and Barrhead to all GP practices, offering leg ulcer management, Doppler assessment, wound dressings and suture/staple removal. All GP practices in East Renfrewshire have access to all Community Treatment and Care Services. Services have the further potential of streamlining and improving pathways for chronic disease management and linking to the move of acute phlebotomy to community settings which have recently been rolled out across East Renfrewshire.
- 2.39 The Scottish Government has invested significantly in Health Care support workers. East Renfrewshire has recently recruited to six roles based within Community Nursing.

### **Urgent care (Advanced Nurse Practitioners) (ANP)**

2.40 We have now established the planned team of three Advanced Nurse Practitioners (ANP) to work across our three GP clusters within Eastwood and Barrhead localities. Although this has proved challenging due to workforce availability and slow recruitment all GP clusters now have access to an ANP who is responsible for providing an Urgent Care service. We continue to test the current model whilst training and mentoring the staff within GP Practices, collecting data to inform how this commitment fits into the wider system redesigning of urgent care work currently in progress across Scotland.

### **Additional Professional Roles**

2.41 Following successful implementation of our first Musculoskeletal physiotherapist in two GP practices in year one of our plan we remodelled our planned 3.0 whole time equivalent to work at cluster level which helped to expand provision to nine of our fifteen GP practices (60%) in year 2021/22, covering a total of 72% of our population. The service has allowed patients to benefit from quicker access to a physiotherapist and treatment therefore reducing unnecessary referrals to GPs.

2.42 Although this service is very highly rated by both GPs and patients, we were unfortunately unable to secure any additional resource from NHS Greater Glasgow and Clyde Musculoskeletal Physiotherapy for Advanced Practice Physiotherapists. This meant we were unable to spread Advanced Practice Physiotherapist provision equitably across all of our GP practices, resulting in 40% of practices without the benefit of this service, accounting for 28% of our population. NHS Greater Glasgow and Clyde have recognised the board-wide impact this has had, and are scoping alternative models to ensure greater equity across practices.

### **Community Link Workers (CLW)**

2.43 As early adopters of the Community Link Workers programme (a local partnership between Recovery Across Mental Health (RAMH) and East Renfrewshire HSCP) we continue to offer this service across all of our fifteen GP Practices in East Renfrewshire. It offers support to a significant cohort of patients who seek recurring and regular support for issues associated with loneliness, social isolation, and lack of community connectedness and associated 'social' issues. Anxiety, depression, family issues and bereavement are the four most common reasons for referral.

### **Treatment Rooms Eastwood and Barrhead Health Centres**

Currently the treatment room is operating longer appointment slots with reduced numbers of appointments in line with Covid -19 infection prevention and control requirements.

- 2.44 However these are now under review and may change as physical distancing measures are changed. Reviewed appointments times will reduce allowing the treatment rooms to open up for more appointments.
- 2.45 Additional support for treatment room services has been provided by community nursing on a needs basis with clinical team leaders' daily oversight. The new treatment room Coordinator is now in post. There is recruitment planned for two treatment room staff.
- 2.46 There has been a transfer of a band 5 nurse to the treatment room from the stepping down of Test and Protect, providing an additional 15 hours per week treatment room nurse to our staffing. Treatment rooms continue to operate across both Eastwood and Barrhead Health Centres.

### **Reflections on Primary Care Implementation Plan implementation**

- 2.47 Recruitment and retention issues remain for the plan. Backfill (maternity and sickness) continues to be an issue and requires redistribution of workforce allocation across all practices to share losses.
- 2.48 Achieving full implementation of our plan within the allocated budget amidst a pandemic has been an achievement. The dedicated role of the Primary Care Implementation Plan Implementation and Development Officer to lead the programme was crucial to success of its implementation.
- 2.49 The impact of the pandemic on General Practice has been really significant and the current pressures and sustainability challenges which practices are reporting are very much linked to the pandemic rather than a failure of impact of the Primary Care Improvement Plan. One of the original aims of the contract was to support practice sustainability. It is worth noting that East Renfrewshire has had no directly managed practices or sought to give notice on their contract, and only had a very small number of temporary list closures, in contrast to other Board areas. Practices in East Renfrewshire have absorbed a significant increase in list size due to new housing developments, and are now providing services to a larger number of people. The additional Multi-Disciplinary Team capacity has supported that increase as well as the management of existing workload in a sustainable way.

## **3.0 Effective Care**

### **Hosted Services**

#### **Specialist Learning Disability Inpatient Service**

- 3.1 In March 2020, Specialist Learning Disability Service inpatient services presented a performance report to the Performance and Audit Committee for the 2019 calendar year. The report detailed sustained improvement in admission and discharge activity throughout the year however; the report crucially outlined further work to maintain this progress. A key priority and a

focus of our redesign work is to support people to live well at home and avoid admission to hospital when possible, particularly when clinical need is questionable or as result of placement breakdown.

- 3.2 There has been an increased level of referrals that resulted in exception and escalation updates delivered to the HSCP Clinical and Care Governance Group in 2021. This is primarily due to a combination of increased mental health deteriorations often impacted by a lack of social support unfortunately resulting in a higher risk of support package / placement breakdowns. Where Specialist Learning Disability Service were unable to admit, people with learning disability were admitted to mental health hospitals placing additional demand on the mental health system and poorer outcomes for our patients.
- 3.3 We are aware that Mental Health Inpatient services have also experienced significant challenges in relation to both their acute and Older People Mental Health wards. This has further compounded their ability to accommodate people with learning disability within their services. Additional challenges for Mental Health Services included the closure of a number of wards due to Covid-19 outbreaks and staffing challenges. On some occasions referrals for admission have been declined on certain sites due to the lack of staffing capacity to accommodate enhanced observation for admissions. We continue to working closely with our Mental Health colleagues to explore how we can best support patients. In some circumstances the inpatient service has provided outreach to Mental Health wards to support the patient.
- 3.4 Integrated Learning Disability Teams make every attempt to identify and support individuals at risk of admission as early as possible. However the need to adhere to guidance and restrictions in resources, such as social support, has created significant challenges for the teams in their ability to ensure positive impact and the provision of alternative support. Some areas have had to explore out of area placements for individuals in crisis.
- 3.5 We continue to progress discharges where safe to do so and we will, where possible, continue to work collaboratively with HSCP's to achieve the best outcome for individuals.
- 3.6 In an effort to explore all possible options to support people to remain at home we have proposed a joint collaborative between all HSCP's. The intention is to enable HSCP's to work more closely to find alternative solutions to hospital and out of area care and we anticipate may lead to short term arrangements between HSCP's being developed for those in crisis. The service is progressing a 'Collaborative Practice for Supporting Adult's in Crisis' Governance Group. The group offers an opportunity for HSCP's to work together to support people where a local solution may not be immediately available. The group will oversee and provide support to HSCP's to develop approaches to work collaboratively to support people who are reaching crisis, are at risk of admission, are out of area or are delayed in hospital.

## Adult Autism

- 3.7 We continue to experience exceedingly high level of referrals which is impacting our waiting lists and waiting times. Previously this has been severely impacted by staffing levels, which had become historically low. A recruitment drive was agreed and carried out leading to an increase in capacity, however we are still experiencing a substantial backlog of referrals. We have also addressed certain issues in our referral process to attempt to identify appropriate individuals for assessment.
- 3.8 The team has approximately 600 active patients. A pre-assessment pack is issued to patients following local scrutiny of referrals.
- 3.9 A significant alteration in our assessment pathway has been the introduction of pre-assessment documentation in January 2021. The pre-assessment documentation is completed by all patients that have been accepted onto the first phase of our waiting list.
- 3.10 As new staff have joined the team there has been an increase in assessments being carried out, with initial assessments being undertaken.
- 3.11 Communication to our referral sources (GPs, Community Mental Health Team, Primary Care Mental Health Team) explaining that the service were only progressing urgent cases this has not resulted in any noticeable decrease in referrals. In fact there has been a significant increase. We continue to monitor situation. Adult Autism provide updates to the Adult Services Clinical and Care Governance Group.

## Scottish Centre of Technology for the Communication Impaired

- 3.12 This service is experiencing global microprocessor shortages in the supply chains from the Augmentative and Alternative Communication equipment suppliers we work with. Although there have been no incidents yet, this has the potential to cause delay in people receiving their equipment. We continue to maintain a just-in-time stock, particularly of the types of equipment more regularly used by people whose communication is at highest risk, and are ordering earlier than required to allow for current delays.
- 3.13 The annual internal equipment stock audit was completed with no issues. Lead times for supply of equipment are being monitored as orders are placed.
- 3.14 This service reports by exception to the Adult Services Clinical and Care Governance Group.

## Community Change Fund

- 3.15 East Renfrewshire HSCP has been leading on an agreed strategy to redesign inpatient and community learning disability services.

- 3.16 The focus of the strategy is to improve the care and support of people at risk of hospital admission and / or out of area care, typically people who present with perceived challenging behaviour, and to reduce reliance on inpatient beds when clinical need is not the primary reason for admission. The ultimate aim is to improve local responses, support people to remain at home, develop alternatives to admission and prevent people becoming delayed in hospital. As these alternatives became embedded we intended to remodel the bed based services, reducing bed numbers and reinvesting these resources in the community.
- 3.17 Inpatient services have led on a number of tests of change which have resulted in good outcomes and improved delayed discharge, good progress was being made prior to the pandemic taking hold.
- 3.18 Alongside this work we also committed to closing remaining longer stay facilities, Netherton and Waterloo. We successfully resettled six of the longer stay people and Waterloo closed in late 2017. However, Netherton has not closed as the remaining people are awaiting a new service to be developed by Glasgow City HSCP.
- 3.19 In early 2020, the Scottish Government created a short life working group to explore the ongoing issues relating to bed usage, delays in discharge and out of area care. Julie Murray, Chief Officer, Tom Kelly, Head of Service and Dr Elita Smiley, Clinical Director were asked to take part. The Scottish Government announced a £20 million fund, shared across Integration Joint Boards to take forward the main recommendations of the SLWG. These recommendations align to the strategic aims we had already identified locally, namely, “Reduce delayed discharge, redesign services for people with complex needs and repatriate people in out of area care.”
- 3.20 The Community Change Fund brings an opportunity to drive forward the strategic aims we had already agreed. We have set out a proposal to develop a collaborative approach with NHS Greater Glasgow and Clyde HSCP's. Given the interdependent nature of inpatient services, community services and relationships with third sector providers we have suggested a redesign Programme Board be developed and jointly resourced. The Programme Board will report to both the existing mental health strategy programme board but will be led by East Renfrewshire, with a programme manager reporting to the Head of Adult Services, Learning Disability and Recovery. The Board will consist of two subgroups, one which will progress community and inpatient redesign including workforce development, bed remodelling, transition and sequencing / transfer of resource from beds to community alternatives and eventual closure of one unit and the extension of the remaining unit.
- 3.21 The second group will take the form of a multi-agency commissioning group which will lead on the development of new models of support for people who are currently delayed and importantly those people who are at risk of admission. This group will also review people who are currently placed out of area with a view to establishing local services. This will require good commissioning and innovative approaches and will explore where



collaborative commissioning could be adopted across partnerships and between third sector partners. The community change fund is to be used within three years and we envisage this programme of work will require this timeframe.

- 3.22 In relation to the resettlement of the remaining people in our longer stay unit Netherton, Glasgow City are developing enhanced community living services and we will work together on a realistic timeframe for closure. Glasgow City HSCP intend to purchase (through the City Council) Waterloo Close with some of their allocation of the Change Fund. These two bungalows have remained vacant since closure. Glasgow intend to commission a third sector provider to support remaining people in the longer stay group and people who are currently delayed in hospital. This has been discussed with HSCPs within NHS Greater Glasgow and Clyde. Joint Staff Forum members are involved in Learning Disability redesign programmes. Any future change of use of current NHS facilities will be subject to stakeholder engagement.

### **Mental Health and Recovery**

- 3.23 The impact of the pandemic have seen increased Mental Health concerns across care groups related to stress and distress which is attributed not only to the impact of the pandemic but wider economic issues.
- 3.24 Caseloads have increased in all teams and the Community Addictions Team has seen a 15% increase (from 363 in April 2021 to 420 in March 2022).
- 3.25 Adult Mental Health Team's caseload has increased by 7% during 2020-21 (from 1283 to 1373) and has remained around that level into 2022.
- 3.26 Primary care mental health team's caseload has increased 33% this year from 256 in April 2021 to 341 in March 2022 although this reflects a gradual return to pre-Covid levels.
- 3.27 The Older adult team's caseload increased from 850 to 942 over the year (10% increase). Older people are experiencing the impact of isolation, reduction in mobility affecting overall wellbeing. This means the team are holding onto people on caseloads for longer. There are workforce recruitment and retention challenges across internal and external providers, and significant turnover within HSCP teams
- 3.28 The proportion of people accessing psychological therapies within the 18-week target is still below target (90%) and has also fallen slightly on the 2020/21 figure (74%). There has been considerable work to bring waiting times down (and performance had improved significantly in December 2021 to 87%). Intensive improvement work began in August 2021 and the focus has been on addressing the longest waits.
- 3.29 In the Adult Mental Health Team, the longest wait has reduced from 40 weeks in November to 35 weeks in March; longest waits in the Primary Care Mental Health Team have reduced from 31 to 28 weeks and in the Older People's

Mental Health Team reduced from 34 weeks to 26 weeks at current time). A number of factors have contributed to latter increase in waits including a reduction in CBT Therapist hours due to long term staff sickness and multiple episodes of short-term staff absence (Covid-related); vacancies in counsellor and mental health practitioner roles. In addition, contingency planning for the Omicron Covid-19 variant resulted in a short pause to services which caused a further increase in waiting times.

- 3.30 There has been no Alcohol Brief Intervention delivery due to pandemic restrictions. The Alcohol Brief Intervention work is being commissioned out in the coming months to get this work progressing again.
- 3.31 Community Addictions Services have achieved the waiting times target over the course of 2021-22. In Quarter 1, 94.1% of those newly referred began treatment in 3 weeks or less, 98.3% was achieved in quarters 2 and 100% in Quarter 3. This is an improvement on 2020-21 performance of 69%.
- 3.32 This improvement has been achieved during a period where the caseload has increased by 15% (from 363 in April 2021 to 420 in April 2022). Key vacancies within the team have been filled, increasing capacity. In addition, where opiate use is identified at point of referral, joint assessment with the team medical officer is arranged to enable more rapid start of treatment in these cases.

### Peer Support evaluation

- 3.33 The Integration Joint Board meeting of 24th November 2021 considered [Learning Disability and Recovery for the Peer Support Service Report](#). This was in response to the potential of peer support to enhance the opportunities for recovery, working alongside formal services, and prioritised investment in a peer support test of change.
- 3.34 It was proposed to test peer support as a joint service across the alcohol and drugs and mental health service settings. A twelve month test of change was proposed, incorporating a robust service design and evaluation approach from the outset, to design and develop the service, implement and evaluate, to identify the optimum model of service delivery for individuals. Penumbra were identified as the preferred provider of peer support in East Renfrewshire.
- 3.35 The key findings of the evaluation are invaluable in aiding our understanding of the positive impact of peer support for supported individuals and continuing to develop the approach. The recommendations made in the evaluation report provide a focus for continuous quality improvement.

### Alcohol and Drugs Partnership

- 3.36 During 2021, there have been a number of significant developments in the Scottish Government's approach to the drug related deaths emergency. On 20<sup>th</sup> January, the First Minister announced the Drugs Mission, an enhanced approach focusing on fast access to treatment and increased access to residential rehabilitation, together with significant additional funding for

Alcohol and Drug Partnerships. The new Medication Assisted Treatment Standards were published in May. Following a number of funding letters and clarifications over the period June to September, the East Renfrewshire Alcohol and Drug Partnership had a clear picture of the additional investment available locally.

- 3.37 East Renfrewshire Community Addictions Team has been among the first alcohol and drugs service to roll-out Long-acting Injectable Buprenorphine (Buvidal), a long acting, injected buprenorphine opiate substitute. It is the first service in Greater Glasgow and Clyde to operate a nurse led administration protocol, which commenced in September 2020. This was initially in response to the potential roll-out of Long-acting Injectable Buprenorphine in prisons, due to COVID restrictions, and recognising that a number of individuals would require continuity of treatment on release. In addition, others on alternative opiate substitute medications were considered good candidates to switch to Long-acting Buprenorphine. All nurses in the team and the medical officer were trained in the provision of advice to individuals on the effects / potential benefits of and in the administration of the medication. Specific pharmacies were identified to store and dispense the medication, and governance arrangements for the management of controlled drugs were put in place. Individuals who chose to switch and were initially stabilised on a weekly injection before switching to the monthly injection. Nurse led clinics now run monthly in different locations to allow easy access for individuals across the East Renfrewshire area. East Renfrewshire is also the first service to have nurses administering the Injectable Buprenorphine instead of the prescriber, with the medical officer continuing to review their care. Some individuals currently remain on the treatment, many of whom are reporting feeling well and experiencing the benefits Injectable Buprenorphine treatment offers. For example, with no requirement for daily medication and daily attendance at a community pharmacy, this allows more flexibility to engage in volunteering, paid employment, education and recovery based activities that lead to a more satisfying and fulfilling life. A second roll out of this was postponed due to impact of Covid and is planned for the end of the year.

### **Intensive Services**

- 3.38 There has been considerable and consolidated progress in relation to Care at Home service. As a result, the Clinical and Care Governance Group will receive an update annually for 2022 -2023. The Care at Home Service had been re-inspected in mid-June. The re-inspection found that the service met all requirements and improvement areas and was graded as “good” against all inspection themes. One area for improvement had been highlighted in relation to consistency of staff and timings of visits and an action plan had been generated and agreed with the inspectorate.
- 3.39 Numbers of hospital and community referrals had increased with there being significant pressure on the partnership due to the number of delayed discharges. Pressure on care at home services was having an impact on the social care workforce across the country with providers and agencies struggling to provide staff locally. A 50% reduction in the amount of services

commissioned providers were able to deliver was also highlighted. This in turn had led to significant pressure on the in-house service.

- 3.40 To address this a move to intermediate care was now part of the standard discharge plan, should community supports not be readily available. In addition to using Bonnyton House, plans were in place to increase availability of intermediate care beds within the partnership as required. Consequently, this enabled individuals to move to these beds from hospital or from home where required, in a step-up, step down approach to care. This approach allowed for a continuation of care to be provided to residents. It enabled individuals to transition from hospital whilst awaiting a home care package to facilitate a discharge home, and based on a thorough risk assessment, also provided care for members of the community at home should there be difficulties in providing their care package. It was highlighted that close oversight and governance was in place to make sure individuals did not stay in that environment any longer than necessary.
- 3.41 The positive grades from the Care Inspectorate reflected the amount of investment in the service. Notwithstanding, the significant progress within the service there remain risks around service delivery, most notably in relation to staffing pressures.
- 3.42 Care at Home Recruitment has been slow despite significant investment in advertising. A Senior Home Care manager has recently taken up post. Fuel costs have been causing some concern from frontline staff. A risk to service delivery is possible should carers no longer be able / willing to use own vehicles.

### **Telecare**

- 3.43 Telecare has seen additional night staff posts agreed from winter pressures monies now in post and appropriate referrals now being progressed to support with end of life care.

### **Children and Families**

#### **Joint Inspection for Children and Young People at Risk of Harm or Neglect**

- 3.44 The HSCP received notification of the inspection on 22 February 2022. The initial feedback on emerging themes from the case file reading and staff survey was very positive. The HSCP Position Statement was submitted on 8 June 2022. The Care Inspectorate will provide their draft report on 13 July 2022 with final report officially published week beginning 15 August 2022.

#### **Social Work Single Agency Audit**

- 3.45 Due to ongoing pressures of the pandemic, a decision was made to postpone the bi-annual Multi-agency Child Protection case file audit. A social work single agency audit was undertaken instead. An action plan was created and many of the actions already completed.

### **Serious / Significant Case Reviews**

- 3.46 East Renfrewshire Child Protection Committee has not received any Initial Case Reviews or Significant Case Review submissions.

### **Revised National Guidance for Child Protection in Scotland**

- 3.47 The National Child Protection Guidance Implementation Group are taking forward work in the following areas:

- Participation of children and families;
- Leadership;
- Pre-birth, perinatal and pre-5;
- Preventative and proactive early family support and GIRFEC;
- Training and workforce development;
- Neglect;
- Data and evaluation;
- 16-17 year olds;
- Extra-familial harm;
- Child protection processes.

- 3.48 They are also undertaking work in relation to developing a resource for children, young people and families; Interagency Referral Discussions; and, supporting health and educational professionals.

### **Children and Adolescent Mental Health Service / Family Wellbeing Service**

#### **Impact of Covid-19 Pandemic**

- 3.49 The Healthier Minds Service Hub was established very quickly to respond to the rapidly emerging demands throughout 2020. As such it was viewed as a temporary response until the tender process to commission a new Healthier Minds Service could take place. This procurement process has concluded and Children 1st have been awarded the contract to begin in autumn 2021.
- 3.50 Our existing services supporting the emotional wellbeing of our children experienced further demands during the pandemic, particularly Child and Adolescent Mental Health Services, at a time when resources were restricted and stretched. The pandemic and subsequent response has produced additional and more immediate concerns which have necessitated the need for earlier and enhanced action until the commissioned service is developed and gets up and running. Schools report increased distress among pupils especially those in the upper primary school year group with increased school unauthorised absence and increased anxiety and related behaviours.
- 3.51 An emerging area of increasing need is from children and young people with a neuro developmental diagnosis or suspected diagnosis. Families and services are reporting a significant rise in emotional distress and associated

conditions for children and young people within this population. Clinical pathway initiatives are being developed for neurodevelopmental cases which are 40% of the non-urgent caseloads in Child and Adolescent Mental Health Services. This will require a multi-agency response but currently across the West of Scotland all sectors are some way off a settled model going forward. A test of change is underway in Inverclyde which may inform way forward. Nonetheless services are working together to quantify the level of need in order to be clearer on how to ensure service responses are effective and the workforce is sufficiently equipped to help children and their families in the right way.

### **Family Wellbeing Service (Delivered By Children 1<sup>st</sup>)**

- 3.52 The tier two Family Wellbeing Service has been operating since late 2017 initially as a pilot working with the two GP surgeries. In 2019 East Renfrewshire HSCP in partnership with Children 1st, were successful in securing significant investment from The Robertson Trust to extend the delivery of the Family Wellbeing Service to all GP practices until June 2022. This new injection of funding for East Renfrewshire was approved as a Social Bridging Finance partnership contract between the three partners – East Renfrewshire HSCP, Children 1st, and The Robertson Trust.
- 3.53 The need to introduce the Family Wellbeing Service and test the effectiveness of its family centred approach was based on data demonstrating that many East Renfrewshire children and young people were presenting at universal services particularly GP's with requests for support around anxiety, depression, distress, and associated behaviours which are symptomatic of relational disconnection and trauma. Many local professionals and parents had expressed worry about the wellbeing of children and young people and called upon specialist and clinical services like Child and Adolescent Mental Health Services, or Educational Psychology to respond. Services were overwhelmed often inappropriately which in turn resulted in long delays before help was offered, if indeed offered at all.
- 3.54 In June 2022 funding from The Robertson Trust will come to an end. In preparation for this HSCP and Children 1<sup>st</sup> will begin a full evaluation of the service and include the local GP Forum in this process to enable an informed decision to be made about future provision.

### **Healthier Minds Service Hub (Multi-Disciplinary Team)**

- 3.55 A new tier 2 multi-agency recovery team, known as Healthier Minds, was developed in November 2020 and aligned to school communities to identify and ensure delivery of mental wellbeing supports that promote children and families' recovery. The three key service elements are:
- Provision of direct services to children and families to build on strengths and improve social, emotional and mental wellbeing
  - Strategic mapping and support to maximise school community capacity to be trauma responsive

- Strengthening of our existing school counselling model
- 3.56 A screening hub model has been in place to consider referrals for support, co-ordinated by the Recovery and Service Development Co-ordinator – Children and Young People’s Emotional Wellbeing. The Hub meets on a weekly basis, attended by regular representatives from Child and Adolescent Mental Health Services, Social Work, Youth Counselling, Educational Psychology and Children 1<sup>st</sup>: Family Wellbeing Service.
- 3.57 The Hub discuss and agree the best possible support and route for the provision of this based of the needs of the child or young person (e.g. Healthier Minds support worker, youth counselling service, school nursing). Local partnerships have been strengthened by the establishment of the Healthier Minds multi-agency screening hub. The Team works alongside Primary (with respect to P6/7) and Secondary Schools building on the original co-production event and developing a collaborative approach to identifying opportunities to strengthen mental wellbeing. This includes developing a needs assessment for each school cluster, facilitating the implementation of targeted packages of support and the delivery of direct services to children, young people and their families where this is assessed as necessary. The Team comprises a mixture of multi-agency professionals from HSCP, education and third sector who have been recruited, seconded or aligned to the recovery model. The majority of the Team remain subject to the existing terms, conditions, management and oversight of their source organisation.
- 3.58 The route of referral into the service is from education, there is also an online contact form available on the Healthier Minds site for any young person (10-18yrs) who wish to seek support more discreetly. A robust data recording system has been developed to evaluate the effectiveness of activity undertaken by the Healthier Minds Team. This includes the types of support being accessed / provided, ensuring data supports the Scottish Government requirement for breakdown between emotional distress and positive mental health & wellbeing services.
- 3.59 Healthier Minds is a tier 2 service however due to the pressures on Child and Adolescent Mental Health Services we are supporting a number of referrals which meet a higher criteria. Within our data recording systems we have monitored referrals that are known to or have been discharged from Child and Adolescent Mental Health Services; currently 22% of referrals to Healthier Minds are also open to or on a wait list for Child and Adolescent Mental Health Services. Several of the referrals discharged from Child and Adolescent Mental Health Service had previously been wait listed for support but have since been contacted by Child and Adolescent Mental Health Services and offered a referral to Healthier Minds as an alternative.
- 3.60 Staff across all agencies in the Healthier Minds team have highlighted the heightened risk in the referrals they are supporting, however the robust relationship we have with our colleagues in Child and Adolescent Mental Health Services allows us to seek guidance and support when required.

Additionally we have upskilled the team but now require the remobilisation of Public Health training to allow a higher level of training for staff.

- 3.61 The Healthier Minds website (managed by our education psychology colleagues) is the first port of call for parents, carers, staff, children and young people to find mental and emotional wellbeing information, resources, strategies, sign posting, service information, self-referral (Healthier Minds) and self-help. The site is update regularly and promoted through social media and other networks. The Pyramid of Support provides information on local supports; how to access them and who they can support.
- 3.62 A study has been undertaken by Educational Psychology in collaboration with the Healthier Minds Service the aim of which is to better understand the impact of Covid-19 on the mental health and wellbeing of young people in P6-S6 across the local authority. The study results are currently being analysed and a report will be published soon. The findings will assist HSCP and partners determine changes to the design of services and delivery and allow us to assess the level of need in the children and young people's population.
- 3.63 Mental wellbeing services for children and young people are designed and delivered based on local need and informed by national policy expectations. Locally the East Renfrewshire Children's Services Plan 2021-2023 and the HSCP Strategic Plan will provide policy direction and steer over the following three year period.
- 3.64 Going forward access to children's mental wellbeing services will be monitored to ensure there are no barriers particularly in the following areas:
- Children with additional needs
  - Children who reside in areas of deprivation
  - Children who are care experienced
  - Children from a black or minority ethnic background
- 3.65 Improving the mental and emotional wellbeing of children and young people is a key priority for East Renfrewshire Council and the Health and Social Care Partnership. Local as well as national data indicates that children and young people have been experiencing poorer mental wellbeing in recent years and this has been exacerbated by the impact of the Covid-19 pandemic.

### **School Nursing Contribution**

- 3.66 In response to investment from the Scottish Government to support the transforming roles agenda in relation to School Nursing, East Renfrewshire will receive an additional 3.94 (Whole Time Equivalent) posts to the current establishment. We aim to further build the school nursing contribution to support delivery of targeted evidence based interventions in response to identified need.



### **United Nations Children’s Fund Gold Baby Friendly Revalidation**

- 3.67 The HSCP Health Visiting team were due to submit the United Nations Children’s ‘Fund Gold Revalidation Report in July 2022 in order to retain the gold baby friendly revalidation.
- 3.68 However, the report has been deferred until November 2022 due to staff sickness and the absence of an infant feeding advisor post. The work is been overseen by the East Renfrewshire Maternal & Infant Nutrition Framework Group.
- 3.69 Infant feeding continues to be a standing item on all meetings including monthly Health Visiting Team Meetings, Senior Management Operational Meetings and twice monthly Health Visiting Team and Senior Nurse / Team Leads meetings.
- 3.70 During COVID-19, the Baby Café has continued weekly, through a virtual process with mums who were interested and seeking support. Our staff have received informal verbal feedback from women attending our breastfeeding groups that they have felt well supported by the group facilitators.
- 3.71 Throughout the pandemic our Health Visitors have continued to provide support and information as required using Attend Anywhere technology to connect with mothers and families as appropriate if unable to provide face to face contact in the home setting. As an integrated HSCP, we continue to promote infant feeding to East Renfrewshire Council with support from our Health Improvement team. The Council adhere to the same standards as NHS Breast feeding policy to promote and protect breast feeding and to ensure they follow the World Health Organisation Code.

### **Rehabilitation and Enablement Service**

- 3.72 There is sustained increased demand to Community Rehabilitation service, particularly Eastwood locality. There are approximately 250 referrals across service per month for 2021 - 2022.
- 3.73 The service experiences a high volume of prevention of admission GP referrals and high numbers of complex hospital discharges with increased rehabilitation needs requiring prolonged input in the home environment.
- 3.74 There are Increasing numbers of referrals for residents of Care Homes in relation to hospital discharges for ongoing rehabilitation, falls assessments, seating and mobility reviews.
- 3.75 Teams continue to prioritise urgent referrals for same day / within 1 – 3 days visit as required, and have a daily urgent rota for response.
- 3.76 Robust operational and professional supervision structure in place across all professions/ grades within teams in line with Clinical Supervision policy.

- 3.77 There has been ongoing review of staffing resource and use of winter planning monies to develop the service and its resilience but continued difficulties remain in recruiting to vacant posts in Physiotherapy.
- 3.78 There have been challenges with specific pieces of equipment due availability and delivery delays. In general, pressures are being managed well with additional staffing brought in, and local partnership engagement to mitigate any priority cases.
- 3.79 A recent complaint has highlighted need for local processes to be updated to ensure clarity of service provision and pathways. A short life working group being agreed to take forward improvements.

### **East Renfrewshire HSCP Workforce Planning**

- 3.80 Following publication of the National Workforce Strategy in March 2022, the HSCP will be submitting a Three Year Workforce Plan. The HSCP will be asked to provide the information needed to inform Scottish Ministers decisions on:
- Planned future models of care for health and social care services
  - Aggregating local workforce needs into a national picture of workforce demand and supply requirements and
- 3.81 National approaches supporting the recruitment, training and retention of a skilled and sustainable workforce.

### **Community Nursing Workforce and Workload Assessment Tools**

- 3.82 Health Boards use the Common Staffing Method as prescribed by Scottish Ministers who have authority to issue guidance/specifications on tools / frequency. The Health and Care (Staffing) (Scotland) Act 2019 provides a list of areas in which the 'Common Staffing Method' is required to be completed on at least an annual basis. The purpose of using the Common Staffing Method (CSM) is to recommend the number of staff required to ensure safe staffing in a clinical area. Within East Renfrewshire we have maintained a focus on this work.

### **Heath Visiting**

- 3.83 In addition to the Community nursing workload assessment tool the Caseload Weighting Tool (CWT) is used within children and family service. The tool uses a formula to calculate the core numbers of health visitors required to meet wider population need and uses the Scottish Index of Multiple Deprivation (SIMD) in its calculations. The tool was developed to facilitate the effective allocation of resources to areas of greatest need and was designed to ensure that the right numbers of health visitors are available to respond to the needs of children and their families. It also provides guidance around caseload size related to deprivation and complexity. This tool, along

with the Community Nursing Workforce and Workload Assessment Tool supports the Partnership in workforce planning, managing vacancies and planning for retirements and to ensure that workforce numbers continue to reflect ongoing need. The application of caseload caps to health visiting caseloads using Scottish Index of Multiple Deprivation (SIMD) deciles as indicators of deprivation is as follows:

- SIMD Decile 1 – Caseload Cap of 100/whole time equivalent
- SIMD Deciles 2 – 4 – Cap of 150/whole time equivalent, SIMD Deciles 5-7 – Cap of 300/whole time equivalent,
- SIMD Deciles 8-10 – Cap of 350/whole time equivalent\*

\* Please note that the Government have allowed each Health Board to determine the cap at SIMD deciles between 300 and 400. NHS Greater Glasgow and Clyde opted for a 350 for SIMD centiles 8-10.

- 3.84 The combination of adopting a cap of 350 (decile 8-10) and the use of Caseload Weighting Tool (predicated on deprivation) rather than population to disburse funds across NHS Greater Glasgow and Clyde introduced risk in East Renfrewshire around capacity to deliver the universal pathway. This is exacerbated by long term sickness absence and maternity leave which results in caseloads having to be shared amongst remaining practitioners.
- 3.85 To date no NHS Greater Glasgow and Clyde wide agreement has been reached as to how to address this risk therefore local solutions have been sought. Whilst the IJB agreed to fund the cost from band 6 to band 7 (previously awarded by the National Job Evaluation Panel to an Advanced Practitioner Health Visiting profile) the increase in workforce by 3 whole time equivalent is not funded on a recurring basis. This is being met on a non-recurring basis in order to deliver the pathway but this is not sustainable without permanent funding.
- 3.86 The HSCP will continue to fund this additionality for the next 12 to 24 months to allow time for either a reduction to modelled numbers or a permanent funding solution to be agreed. It is anticipated that the full impact of the pandemic has yet to be realised in terms of need within the population with emerging concerns identified relating to increased detection of developmental delay in children, increase in domestic violence and the impact of poverty.

### **Community Nursing**

- 3.87 In the context of District Nursing due to the Covid-19 pandemic use of the Community Nursing Workload and Workforce Assessment Tool was suspended in 2020. The tool was run within the service at the end of 2021. The District Nursing (DN) service includes District Nurses, Registered Community Nurses and Health Care Support Workers. In 2012 the Greater Glasgow and Clyde District Nursing Review advocated that the model for District Nursing across NHS Greater Glasgow and Clyde partnership areas

would be 1 whole time equivalent Band 6 per 9,000 persons, with varying numbers of Bands 7, 5, and 3 proportionate to the whole time equivalent Band 6. Adjustments have been made based on local context and the needs of individual services.

- 3.88 East Renfrewshire are working to this model with all grades of staff in place which includes having a future focus on recruitment to the Post Graduate Diploma - Advancing District Nursing Practice with Specialist Practitioner Qualification to maintain our band 6 District Nursing posts.
- 3.89 East Renfrewshire are experiencing an increasingly ageing population placing more demands on the health service. The District Nursing service will therefore play a pivotal role in preventing hospitalisations, keeping more people at home or in a homely setting by coordinating care needs and delivering essential care interventions including the provision of palliative and end of life care. Shifting the balance of care will therefore require growth and additional investment in district nurses as key members of integrated community nursing teams. Following recent agreement a working group will be established across the HSCPs in order to review the District Nursing role within NHS Greater Glasgow and Clyde.
- 3.90 Within East Renfrewshire HSCP the recent investment from Scottish Government to enable the expansion of our District Nursing service, as set out in the National Workforce Plan, has enabled the recruitment of additional Health Care Support Workers (Band 3) and Community Nurses (Band 5) to the service. Despite this investment, the recruitment of staff particularly qualified band 6 caseload holders remains a challenge across NHS Greater Glasgow and Clyde and is the subject of local and national discussion at the SEND (Scottish Executive Nurse Directors) group.

### **Professional Nursing Assurance Framework and Work Plan**

- 3.91 The Chief Nurse, through a range of groups, (for example, the Partnership Senior Nurse Leaders, Senior Managers, respective clinical and care governance groups, Transforming Roles, Directorate Management and Corporate Nursing Teams) provides updates as appropriate in relation to the professional nursing assurance work plan. For example, in relation to the output of the workload tools as outlined in 3.8.2. Three documents have specific relevance to the development of the framework and should be seen as underpinning documents. These include: the Joint Declaration on Nursing, Midwifery and Allied Health Professionals Leadership; the Chief Nursing Officer's paper on Professionalism in the Nursing, Midwifery and Allied Health professions in Scotland and the Care Governance Framework. The professional nursing assurance framework based on the national nursing and midwifery professional framework, developed on behalf of the Scottish Executive Nurse Directors (SEND), is firmly embedded within the Partnership. Updates and exception reports are provided to senior nurse leaders meeting, respective service CCG groups and to GGC Corporate Nursing Meetings.

**Staff Wellbeing and Resilience**

- 3.92 The HSCP recognise how difficult the last two years have been. Working with staff and stakeholders to support resilience and wellbeing has remained a strategic priority for the period 2022 -2025.
- 3.93 A staff wellbeing survey was carried out by HSCP Staff Health and Wellbeing Lead Officer, during the 3 week period to March 2022. 134 staff completed the survey.
- 3.94 The top ten factors impacting staff health and wellbeing, in order of most impact were as follows: Work, home life, mental health, finances, physical health, caring role, weight management, health condition/chronic pain, bereavement and isolation.
- 3.95 The HSCP will be supporting staff by offering a range of support and services which include physical activity, mindfulness, alternative therapies, relaxation, yoga, 1 to 1 wellbeing support, training/education, counselling, Tai Chi, weight management, nutrition, health condition support and socialisation.
- 3.96 The wellbeing lead has developed an information resource for staff that can signpost help available and an example of this good practice is provided for reference.
- 3.97 All HSCP Staff can access wellbeing information <https://eastrenfrewshire.gov.uk/hscp-wellbeing>. Our Wellbeing Champions Group will support this work.
- 3.98 The HSCP are also supporting staff in their financial wellbeing and this is summarised in Figure 3.

Figure 3 Support for staff for financial wellbeing



## 4.0 Person Centred Care

### Care Opinion

- 4.1 The HSCP formally launched Care Opinion in February 2021. The Care Opinion Implementation Group is chaired by the Chief Nurse. The group is supported by Care Opinion staff and the Patient Engagement Public Involvement Team) of NHS Greater Glasgow and Clyde. Information on Care Opinion has been distributed to staff and community groups throughout the year and staff have participated in training and awareness raising sessions.
- 4.2 For 2021 -2022 a total of eleven stories were posted onto the Care Opinion platform from East Renfrewshire residents on services they had received within the Partnership.
- 4.3 To date these stories have been viewed 1825 times. Our three most popular stories were in relation to Adult Autism, Adult Mental Health and Eastwood Health and Care Centre reception staff.
- 4.4 On the whole posts were mainly positive and there have been no specific actions identified as a result of the posts. One did highlight the importance of being trauma informed. The Partnership has an established Trauma Steering Group which will support the implementation of ensuring all staff are trauma aware.
- 4.5 The majority of stories (nine) were responded to within the first three days, with the longest response time being nine days.
- 4.6 All Care Opinion stories can be viewed online at [www.careopinion.org.uk](http://www.careopinion.org.uk)
- 4.7 The Care Opinion Implementation Group has developed a workplan which includes a communication and learning and development plan to support implementation. The communication plan will incorporate the work in improving signage and information in the HSCP sites, and this will prominently feature Care Opinion promotion.
- 4.8 The advantage of Care Opinion as a feedback mechanism is that all staff and the public can see the experiences of service users, patients and informal carers and that responses can be posted promptly on the Care Opinion website. It provides the HSCP the opportunity to demonstrate that if any changes are being planned as a result of feedback, this will be clearly visible to all.
- 4.9 A key focus for next year will be to build awareness of Care Opinion throughout the Partnership. There have been ongoing engagement by teams to develop their own 'pocket projects' in conjunction with the Care Opinion staff which allows staff to have the resources they need to plan and monitor their own promotion of Care Opinion within their teams.

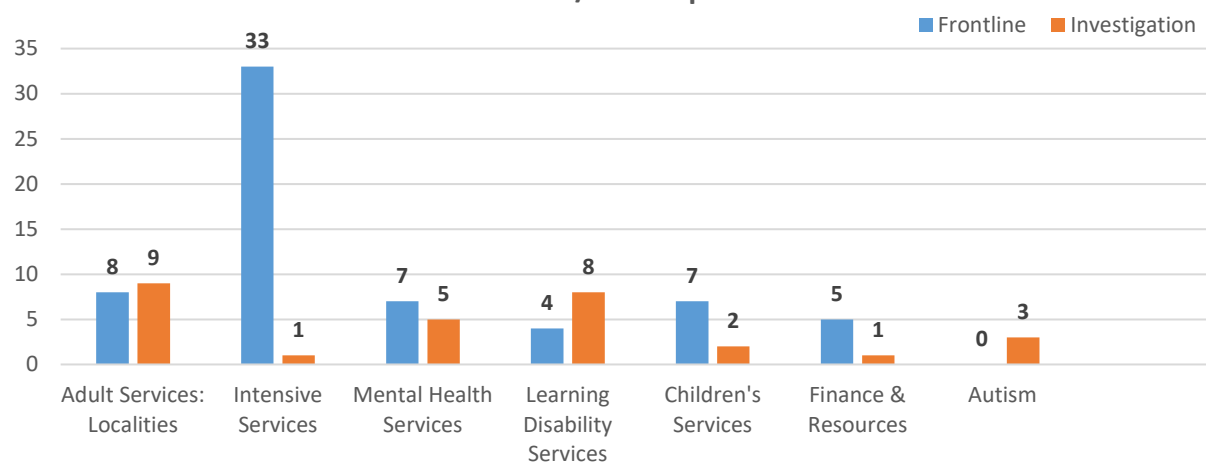
Care Opinion facilitated an online national conference on 21<sup>st</sup> October 2022 titled, “The New Normal: How Online Feedback is Creating Change in Health and Care.” Dr Deirdre McCormick, Chief Nurse was invited to participate and share learning on the introduction and implementation of Care Opinion within the HSCP. Session 5: Lessons learned from implementing online feedback in healthcare settings: <https://vimeo.com/638387195>

## Complaints and Feedback Overview

### East Renfrewshire HSCP Complaints and Feedback

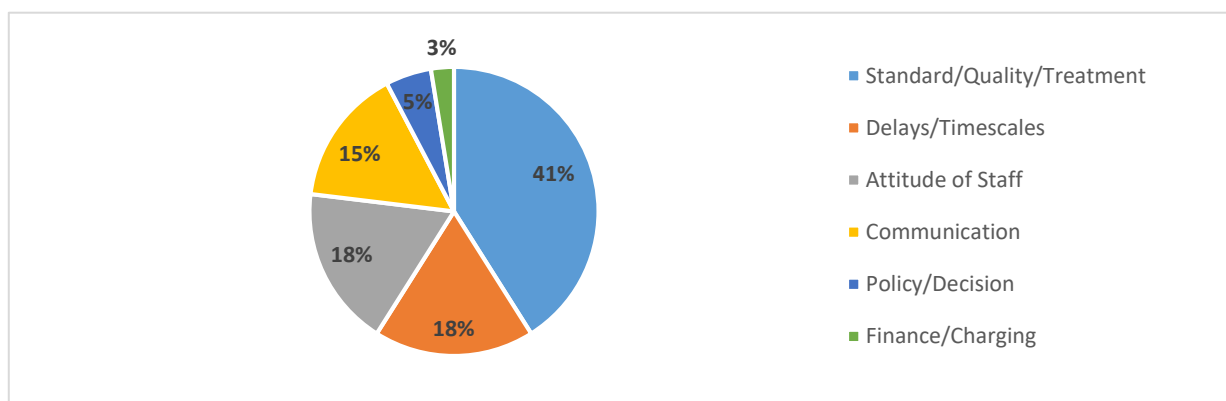
- 4.10 A total of 93 complaints were received by the Health and Social Care Partnership during 2021/22. This is a 13% reduction on the previous year. No Integration Joint Board complaints were received.
- 4.11 64 (69%) were handled at the first stage as frontline complaints.
- 4.12 The majority of complaints received were within Intensive Services and were in relation to care at home and telecare services. The breakdown by service area is contained in Table 3.

Table 3 2021/22 Complaint Totals



### Complaint Categories and Themes

- 4.13 Of the total complaints received at least 54% were either upheld or partially upheld. Unfortunately there is missing outcome data for 17 cases so these are not included in the outcome percentage. The data for these cases are currently being examined. The complaint categories and themes from the 50 complaints which were upheld or partially upheld are detailed below. It should be noted that these are the primary complaint categories, however in some cases there are multiple themes.

**Table 4: Complaint categories and themes**

### Scottish Public Services Ombudsman (SPSO) Reviews

- 4.14 Should complainants be dissatisfied following the resolution of their complaint at the investigation stage, they can request a review by the Scottish Public Services Ombudsman (SPSO).
- 4.15 During 2021/22 the SPSO assessed one case and sought background information from the HSCP. The SPSO decided not to take forward a full investigation of the complaint following their review of the evidence provided and testing of our response with an independent social work advisor. The Advisor was of the view that we had responded adequately and could not identify any significant issues which had been overlooked. They were satisfied that the conclusions reached appeared reasonable and were supported by documentary evidence therefore the SPSO did not consider that further investigation would be helpful in this case. Their decision was communicated to the complainant in May 2022.
- 4.16 During 2021/22 we also received a decision notice from a complaint which was referred to the SPSO in 2019. The SPSO did not uphold either point of the complaint and no recommendations were made. They did however provide some feedback for the HSCP to consider around transferring to adult mental health services. This has been shared with the service and included in our transitions work.

### Compliments

- 4.17 Unfortunately we do not have full data in relation to social care compliments as [GOSS](#), the replacement customer relations management system introduced by the Council in 2021 does not currently report on compliments. Compliments can still be recorded online and are shared with services.
- 4.18 21 compliments were received prior to the system changeover all of which were in relation to intensive services; care at home and telecare.

### Learning from Complaints and other feedback



- 4.19 We endeavour to utilise complaints and feedback to support improvements within our services. For example, Care at Home have reported that they have targeted staff training and development based on feedback. Our Heads of Service also continue to facilitate reflective learning sessions where appropriate to better understand the impact and improvements required as a result of complaints. A recent complaint around applications for disabled parking bays highlighted a number of issues which are being addressed through a small change project to improve the customer journey, including the creation of an online application, less hand-offs, and agreed timescales for each stage of the application. System limitations and reduced capacity as a result of the pandemic has impacted on our ability to undertake full analysis of lessons learned and improvement activity over the last year which will be presented at future clinical and care governance meeting
- 4.20 In addition to peer support, three training sessions, facilitated by the Scottish Public Services Ombudsman (SPSO), took place in relation to investigation skills. Following these sessions some participants noted that in some instances it would be helpful for stage two complaints to be investigated by someone outwith the team to allow for a fully independent review of the complaint and this is being facilitated where possible.
- 4.21 Following feedback from practitioners and people who use services we have taken the decision to increase the frequency of our (REG) Resource Group to weekly to help streamline the process and improve timescales for individuals and their families.
- 4.22 The proposed multi-agency case file audit due as part of the ASP Improvement Plan has been postponed until autumn 2022 however a peer case file audit by social workers and team managers was completed recently. The Audit sampled 20 cases which were subject of multiple inquires, investigations or protection and four case which were received as welfare concerns, but screened and progressed as adult protection inquiries. Initial analysis suggests that progress has been made in relation to improving our practice in ASP with those undertaking the audit highlighting examples of good analysis and risk assessment and evidence of the involvement of adults and their careers. The outcome of the audit will be verified and the findings and recommendations will be compiled in a full report which will be shared with HSCP governance groups.

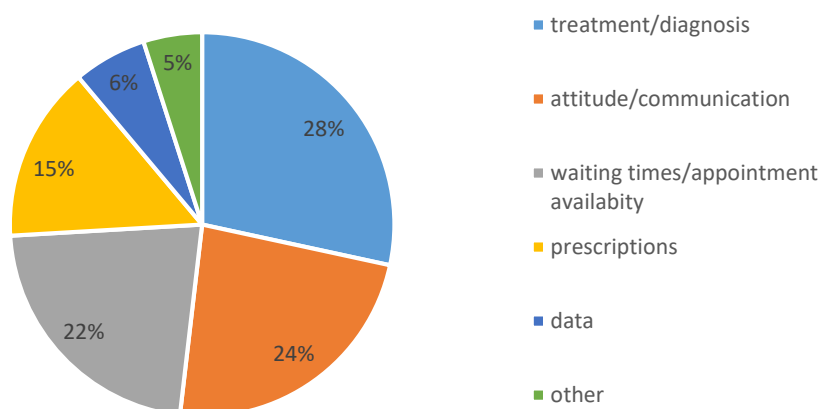
### **GP and Optometry Complaints**

- 4.23 The HSCP is not directly involved in the management of GP and Optometry complaints, as practices have their own complaints handling procedures which also follow the same 2 stage approach. They do however have a contractual obligation to complete quarterly complaints surveys which are shared with the HSCP. A summary of the data provided is below.

### **GP's**

- 4.24 It should be noted that at the time of writing one of the fifteen practices had not returned their quarter four statistics despite reminders being sent by the Clinical Director. However all three previous quarters had 100% submission rate.
- 4.25 The available data shows that during 2021/22 a total of 182 complaints were received by GPs. This is similar to previous years.
- 4.26 Of the complaints received 75% were handled at the first stage, with 129 (94%) handled within the 5 day timescale. On average, stage 1 complaints were responded to within 3 days.
- 4.27 84 (61%) of stage 1 complaints and 25 (55%) of stage 2 complaints were found to be either upheld or partially upheld. Six stage 2 complaints were found to be irresolvable.
- 4.28 Unfortunately the data does not provide a breakdown of categories by outcome however an overview of the types of issues raised is included below, however it should be noted that not all these complaints will have been upheld.

Table 5 : GP Complaint Issues



- 4.29 In terms of learning, a number of areas for improvement were identified including reviewing call handling, staff training, updates to patient information, review of prescription process, change to diabetic protocol, change to how medication changes are communicated to patients and improvements to data protection and accuracy of handling data.
- 4.30 Three SPSO investigation reports were also received during the year and any learning will be shared with practices as appropriate when available.

## Optometrists

- 4.31 The response rate to the complaints survey from optometry was considerably low, particularly in the first two quarters. Over the year, on average only 27% of the 14 optometrists within the area responded.
- 4.32 A total of eleven complaints were reported with six handled at stage 1 and five at stage 2. This is an increase on the previous year where only two complaints were reported.
- 4.33 All eleven complaints were upheld however there were no clear themes and complaints included a range of issues including staff attitude, referrals, product choice, direct debit arrangements and contact lens reviews. It was noted that further staff training on complaints handling and communication had been carried out as a result.
- 4.34 No SPSO investigation reports or decision letters were received.

### Duty of Candour

- 4.35 During 2021 -2022, there were no additional incidents from HSCP services that triggered an investigation under the Duty of Candour legislation.
- 4.36 The HSCP considers all significant adverse event reviews as fulfilling the requirement for Duty of Candour investigation, as the involvement of the affected person and their family, as appropriate, is the centre of the process.

### 5.0 Significant Adverse Event Review

- 5.1 For 2021 – 2022, Table 5 below shows at end of period of the report the amount of reviews that were outstanding. A member of the Clinical Risk team from NHS Greater Glasgow and Clyde provides updates for the HSCP Clinical and Care Governance Group twice a year to provide scrutiny of processes that need to be completed for investigations.
- 5.2 The Adult Services Clinical and Care Governance Group also receive a quarterly update from the Clinical and Care Governance Facilitator on both Datix incidents that need to be actioned as well as progress on incidents that proceed to formal review and if not, that a briefing note is completed and sent to clinical risk explaining the reasons not to proceed to a formal review.
- 5.3

<b>Table 5 : East Renfrewshire HSCP – Significant Adverse Event Review outstanding at end 2021- 2022</b>			
<b>ID</b>	<b>Incident Date</b>	<b>Service</b>	<b>Status</b>
664896	20/06/2021	Mental Health Service – Adult Autism	Review ongoing

640188	14/12/2020	Mental Health Service – Esteem Team	Review ongoing
625133	24/08/2020	Mental Health Service – Community Mental Health Team	Review ongoing
669380	24/07/2021	Learning Disabilities – Blythswood	Review ongoing

5.4 The learning from Significant Adverse Reviews is important for the HSCP and the wider NHS Greater Glasgow and Clyde governance structures to consider and action.

5.5 For 2021 -2022, there were fourteen completed actions. There is one action to be completed from Learning Disability Services and the service have been working to close the incident.

5.6 Table 6 shows for 2021 -2022 the completed actions that HSCP services have completed.

Table 6 Completed Actions from Significant Adverse Event Review

Action ID	Service	Due date	Date completed	Priority	Action Theme	Local or Board Action	Description of action completed
9943	Learning Disability	31/10/2021	31/10/2021	High Priority	Policy/ Guidance /Protocol	Local Action	Monthly Falls Risk Assessment
9200	Learning Disability	31/7/2021	8/9/2021	Medium Priority	Training	Local Action	ASP training with NHS and provider agency staff attendance
9198	Learning Disability	31/7/2021	8/9/2021	Medium Priority	Workforce management	Local Action	Regular service review of provider organisation delivering services
9194	Learning Disability	31/7/2021	8/9/2021	Medium Priority	Policy /Guidance /Protocol	Local Action	Development of guidance and template for verbal handovers
9193	Learning Disability	31/7/2021	8/9/2021	Medium Priority	Communication	Local Action	Agreement on shared care responsibilities
9487	Mental Health	20/7/2021	25/11/2021	Medium Priority	Policy /Guidance /Protocol	Local Action	Documenting of discussion and agreed outcomes of MDT
9486	Mental Health	20/7/2021	25/11/2021	Medium Priority	Policy /Guidance /Protocol	Local Action	Reallocation of assessment to prevent delay for service user
8951	Mental Health	19/7/2021	25/11/2021	Medium Priority	Workforce Management	Local Action	Incomplete duty tasks to be

							communicated in team
9203	Learning Disability	30/4/2021	8/9/2021	High Priority	Communication	Local Action	Establish stronger proactive links with Police
9202	Learning Disability	30/4/2021	18/6/2021	High Priority	Communication	Local Action	Review of 1:1 patient /nurse discussions
9201	Learning Disability	30/4/2021	18/6/2021	High Priority	Policy / Guidance /Protocol	Local Action	Review of protocol when responding to allegations that are made
9199	Learning Disability	30/4/2021	8/9/2021	High Priority	Policy / Guidance /Protocol	Local Action	Development of ASP checklists
9196	Learning Disability	30/4/2021	18/6/2021	High Priority	Policy / Guidance /Protocol	Local Action	Submission of AP1's
10263	Mental Health	4/2/2022	21/4/2022	Medium Priority	Policy /Guidance / Protocol	Local Action	All staff reminded of existing guidance in identifying correct date and time of all EMIS entries

- 5.7 Two services have completed all actions after a significant adverse event review i.e. Learning Disability (completed 10) and Mental Health (completed 4).
- 5.8 The two common themes are Policy / Guidance / Protocol and Communication. Policy / Guidance / Protocol is the most common theme relating to eight out of fourteen. The communication theme accounts for two out of fourteen.
- 5.9 All of the actions listed are for the HSCP to progress. There are no board wide actions to be completed for the 2021 – 2022 report. Table 7 provides an analysis of the themes for completed reviews for mental health and learning disability.

Table 7 Analysis of Action Theme by Service area 2021 -2022 for completed SAER's

Table 7: Analysis of Action Theme by Service Area  
2021 -2022 for completed Significant Adverse Event  
Reviews

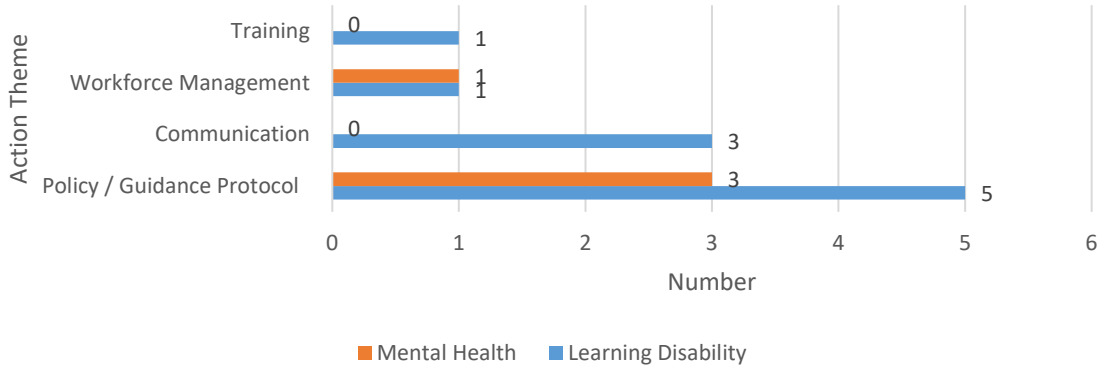


Table 8 shows the Datix incidents by specialty and approval status for 1<sup>st</sup> April 2021 and 1<sup>st</sup> April 2022.

	In the holding area, awaiting review	Being reviewed or Recoded and reassigned	Awaiting final approval	Being approved	Finally approved	Total
Addiction Services	0	2	0	0	10	12
Administration Services	1	0	4	0	7	12
Adult Autism Team	0	0	0	1	1	2
CAMHS	0	0	0	0	4	4
Care at home	19	7	0	0	236	262
Care Home Team	8	10	0	0	169	187
Children & Families Integrated Teams (East Renfrewshire)	0	0	0	0	2	2
Community Assessment Rehabilitation Team	0	0	4	0	2	6
Community Care	2	0	1	0	1	4
Community Learning Disabilities Team	7	1	0	0	18	26
Community Mental Health Team	1	1	0	0	24	26
Community Nursing	0	4	0	0	13	17
Community Psychiatric Nursing	0	0	0	0	1	1
Covid Vaccination	0	0	0	0	3	3
District Nursing	0	11	7	0	64	82
GP Practices	0	0	0	0	1	1
Health Visiting	0	1	0	0	4	5
Learning Disabilities	16	37	69	0	1446	1568
Occupational Therapy	0	0	0	0	1	1
Older Adults Community Mental Health	0	1	0	0	4	5
Older People's Mental Health	0	0	0	0	1	1
Podiatry	0	0	0	0	1	1
Prescribing Team	1	0	0	0	5	6
Public Health Protection Unit	0	0	0	0	4	4
Rehabilitation Service	0	0	0	0	1	1
RES Cluster (East Renfrewshire)	0	0	0	0	2	2
Test and Protect Service	0	0	0	0	1	1
Treatment Room Nursing	0	4	0	0	1	5
<b>Total</b>	<b>55</b>	<b>79</b>	<b>85</b>	<b>1</b>	<b>2027</b>	<b>2247</b>

5.10 There were 2247 incidents recorded over the year. 2027 were finally approved (90.21% of total). The remaining incidents will be progressed and actioned.

5.11 The services with the highest number of incidents are: Learning Disability (1568); Care at Home (262); Care Home team (187) and Adult Nursing Service 82. For 2021-2022 there was 1 avoidable pressure ulcer incident reported,

where the contributing factors were investigated and the patient was provided with support from podiatry service. This pressure ulcer was graded as a grade 3.

### 5.12 Informing all our work through engagement

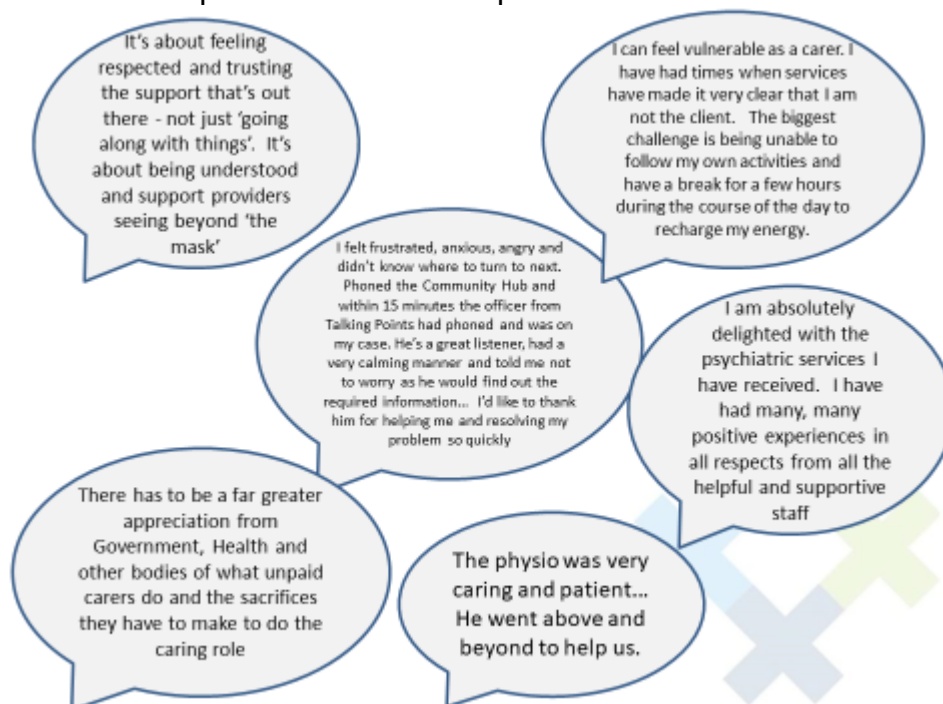
The commitment from East Renfrewshire HSCP to inform our work through engagement is embedded in performance reporting for the HSCP.

East Renfrewshire HSCP Year End Review June 2022 summarised the approach taken and the main achievements for 2021 -2022.

These are:

- Developing improved communication and engagement – approaches building on lived experience.
- East Renfrewshire first HSCP within NHS GGC to implement Care Opinion
- Lived experience work in addictions – peer research
- Lived experience work to influence development of primary care mental health and wellbeing service
- Champions Board

Examples of feedback are provided below.







## 6.0 Conclusion

6.1 East Renfrewshire HSCP has faced and will continue to face major challenges in maintaining and improving services as a result of the pandemic and the wider economic challenges being experienced.

6.2 The key areas of focus for the HSCP for 2022 /2023 are:

### Children and families

- Reducing waiting times CAMHS and strengthening Tier 2 services;
- Implementing 'The Promise';
- Implementing the Bairns' Hoose model;
- Supporting Ukrainian families;
- Supporting unaccompanied asylum seeking children from the national transfer scheme

### Adults and older people

- Discharge without delay and meeting care at home demand in the community;

- Restart the in house Care at Home service redesign activity;
- Development of intermediate care supports

### **Mental Health and Learning Disability**

- Stabilise recruitment and development of Primary Care;
- Meeting psychological therapy target for waiting list;
- Maintain momentum with Learning Disability redesign and addressing delayed discharge in Learning Disability;
- Continuing implementation of Medication Assisted Treatment Standards to improve recovery outcomes and access to residential rehabilitation;
- Annual health checks will need a delivery plan for 5500 people by March 2023

### **Supporting Staff**

- Support staff and wellbeing agenda;
- Improvement of statutory and mandatory training

### **Informing our work through engagement**

- Further embed Care Opinion 2022 -2025;
- Peer research addictions work lived experience;
- Lived experience work primary care mental health and wellbeing service;
- Champions Board

6.3 The Independent Review into Adult Care recommended the establishment of a National Care Service.

6.4 [The National Care Service \(Scotland\) Bill](#) was introduced to Parliament on 20 June 2022.

6.5 The emerging implications of the progression of this work will be considered by the HSCP Clinical and Care Governance Group, in conjunction with the wider governance within the remit of the Integration Joint Board.



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	21 <sup>st</sup> September 2022
<b>Agenda Item</b>	9
<b>Title</b>	Revenue Budget Monitoring Report 2022/23; position as at 31 <sup>st</sup> August 2022
<b>Summary</b>	
To provide the Integration Joint Board with financial monitoring information in relation to the revenue budget, as part of the agreed financial governance arrangements.	
<b>Presented by</b>	Lesley Bairden (Chief Financial Officer)
<b>Action Required</b>	
The Integration Joint Board is asked to: <ul style="list-style-type: none"> <li>• note the projected outturn for the 2022/23 revenue budget</li> <li>• note the projected reserves balances</li> </ul>	
<b>Directions</b>	<b>Implications</b>
<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	<input checked="" type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Workforce <input type="checkbox"/> Equalities <input checked="" type="checkbox"/> Risk <input type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**21 September 2022**

**Report by Chief Financial Officer**

**REVENUE BUDGET MONITORING REPORT**

**PURPOSE OF REPORT**

1. To advise the Integration Joint Board of the projected outturn position of the 2022/23 revenue budget. This projection is based on ledger information as at 31<sup>st</sup> August 2022 and allowing for latest intelligence.

**RECOMMENDATIONS**

2. The Integration Joint Board is asked to:
  - note the projected outturn for the 2022/23 revenue budget
  - note the projected reserves balances

**BACKGROUND**

3. 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 2022/23 and provides the projected outturn for the year based on our latest information recognising we are in increasingly uncertain times.
4. The current projected outturn shows an overspend for the year of £0.566 million after the application of the Covid-19 reserve and winter funding planned activity agreed as part of the 2022/23 budget settlement. It should be noted this does not include any impact that may arise as part of the current pay negotiations within the public sector.
5. The projected costs against budget will be continuously reviewed and refined throughout the year and remedial action taken where possible to contain the projected overspend.
6. There are a number of cost implications that are not yet settled, such as the pay settlement for the current year and these are discussed throughout the report.

**REPORT**

7. The consolidated budget for 2022/23 and projected outturn position, with Covid-19 costs at nil impact. This shows a projected overspend of £0.566 million against a full year budget of £143.602 million (0.39%) after assumed contributions to and from reserves.
8. The HSCP costs related to Covid-19 activity continue into 2022/23 and are reported to the Scottish Government via NHS Greater Glasgow and Clyde as health boards remain the leads on this reporting. The latest return shows projected costs have decreased by £3.2 million as we have removed system wide costs for LFT testing and PPE Hubs as advised by Scottish Government.

9. The funding we received late in 2021/22 will meet the costs of our expected activity as summarised in the table below. The IJB will note this no longer includes support for unachieved savings.

	£ million
<b>Projected Costs:</b>	
Additional services and staffing including Mental Health Assessment, Community Treatment, Flu, GP, staffing across all response activity	3.584
Infrastructure, equipment, PPE*	0.132
Sustainability	1.260
<b>Current Projected Local Mobilisation Plan Costs</b>	<b>4.976</b>
<b>Funded By:</b>	
Covid-19 reserve (Carried forward from 2020/21)	9.266
Balance remaining	4.290

\*This now excludes the costs of LFT testing with costs allocated nationally

10. The position remains unchanged on the previous Scottish Government advice that it is unlikely that there will be further Covid-19 funding this year and work is ongoing to ensure we have appropriate exit strategies in place. Work remains ongoing with Scottish Government nationally to determine the treatment of any balances of Covid-19 funding during 2022/23.
11. 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.
12. The main projected operational variances are set out below. The projected costs are based on known care commitments, vacant posts and other supporting information from our financial systems as at 31<sup>st</sup> August 2022 and do allow for the latest known information. The projected costs include provision for further activity during the year.
13. The public sector pay award negotiations continue and as any settlement and any potential funding is not known this has not been included in the projected costs at this stage. There is significant risk to the IJB that any shortfall in funding will add to our current financial challenge and every 1% not funded will cost c£450k for a full year. This should be mitigated to some degree as the Scottish Government had previously committed to fund NHS agenda for change and medical pay awards.
14. We also expect to see further contractual variation requests from care providers and we will aim to contain this within the provision we have made for further activity during the year.
15. Given the increasing demand pressures we are seeing and possible new cost pressures the Senior Management Team within the HSCP are looking at a number of actions to minimise all non-essential costs and working on an action plan for cost reductions and new savings proposals in preparation for the 2023/24 budget.
16. **Children & Families and Public Protection £282k overspend;** results from a number of factors detailed below and is a small reduction in projected costs of £29k since last reported:
- The CAMHS service core budget is projected to overspend by £123k mainly from payroll pressures. Work is ongoing to assess the impact of new funding and the associated establishment and any mitigation on current costs and reserve funds held.

- The HSCP is looking after several unaccompanied asylum seeker children with a funding deficit projected of £82k for current costs. This situation will change with more children expected and the type of care required will determine if further pressures will be incurred. We will have a clearer understanding of any funding gap towards the end of the year and options to contain these costs including the use of reserves.
- Care costs including transport are also cost pressures in the service of around £77k. As we previously reported the service continue to monitor the pressures within purchased care with the working assumption that current placements will remain to March 2023 and beyond.

17. **Older Peoples Services £431k underspend;** the projected underspend remains a result of current care commitments and staff turnover within teams:
- Within residential and nursing care we are still underspent by £1.4m, despite an emerging trend of increased nursing home placements.
  - Staff turnover is £0.2 million underspent in community services
  - This is offset by an overspend in localities directly purchased care at home and direct payment commitments of £1.1m.

This is a minor change in projected costs of £8k since June.

18. **Physical & Sensory Disability £97k underspend;** the projected underspend is due three factors:
- Care package commitments £175k underspent
  - Staffing turnover £44k underspent
  - Equipment costs are £143k overspend and this is being reviewed to better understand if this is one off in nature or whether there is an underlying trend

This is a small reduction in projected costs of £11k since June.

19. **Learning Disability Community Services £70k overspend;** the projected overspend is due to care commitments (£374k), including the full year impact from the increased number of people supported year on year. This is offset in part by staffing vacancies within day services (£157k) and within the Community Autism Team (£54k) and the Transitions Team (£114k). This is a reduction in costs of £199k from the last reported position where we had assumed the transitions team would be a full year cost, along with a reduction in projected care packages of £87k.

20. When we look at the collective position across the three adult care groups above (in paragraphs 17 to 19 this gives a total underspend across Barrhead and Eastwood localities of £0.458 million and the locality split is shown as an extract in Appendices 1 to 3 as an alternative presentation of these budgets and projected costs.

21. **Intensive Services £597k overspend;** the most significant cost pressure remains within Care at Home (both purchased and the in-house service) of £379k, with the telecare responders service projected overspend at £442k; all predominately around staffing and agency as we continue to respond to demand. These pressures are offset in part by staff turnover and vacancies within day services (£224k).

Since the last report our in-house costs have increased significantly by £196k as agency costs have not decreased at the rate we assumed whilst recruitment is ongoing.

22. The budgets above in Older People, Adults and Intensive Services include winter funding and associated spend of £3.758m as detailed below. At present we expect to utilise this in full during the year, any slippage will be taken to reserve.

Initiative	£ million	Application of Funding
Interim Care	0.352	To support delayed discharge pathways with more appropriate care and support. Non-recurring for a six month period.
Care at Home Capacity	2.178	To expand capacity to address increased need and acuity. Recurring.
Multi-Disciplinary Teams	0.702	To support cross system working including focus on delayed discharge. Recurring.
Additional Health Care Assistants	0.526	Part of NHSGGC wide recruitment. Recurring.

We also brought forward £1.012m from 2021/22 funding, and so far have used £0.540m to support interim care during the year.

23. **Learning Disability Inpatients £26k overspend;** a small overspend remains projected as the position after the full reserve of £434k has been used, reflecting the continuing pressure in the service around increased observation costs. There is a significant risk that if observations and the appropriate ratio of staffing to support complex needs continues this will be an unfunded pressure moving into 2023/24. The ongoing redesign work should mitigate this to some degree.
24. **Augmentative and Alternative Communication £nil variance;** although there is a slight pressure within equipment costs if this should continue it will be met from the reserve held to smooth such pressures. Budget adjustments will be made later in the year to reflect the impact of the national Service Level Agreement work, this will not impact on the bottom line.
25. **Recovery Services Mental Health & Addictions £62k overspend;** current care commitments are causing some pressure within Mental Health (£322k) although this is offset by turnover within Mental Health Adult Community Services (£310k). Since last reported the care package costs within our Addictions services is now a £50k overspend based on latest care cost commitments.

The committed costs for Mental Health are an increase on the previous year and we expect continued service demand and pressures in this area. The need to consider longer term funding once we are clear on the new baseline remains.

26. **Prescribing £nil variance;** the analysis of costs and volumes to dates show we could have a number of pressures based on the activity to May and current intelligence, with factors including:
- Limitations in manufacturing capacity due to Covid, Ukraine, lockdowns in Far East, staffing shortages
  - Ongoing issues with availability and cost of card and cardboard packaging
  - Ongoing issues with raw materials and manufacturing processes
  - Increased shipping costs (fuel and containers along with delays and strikes at ports in England)
  - Price tariff, examples of short supply pricing is causing concern; a recent example was a cost of £0.85 in April now at £12 for one drug
27. Despite the challenges listed above and given the lag in data we are assuming nil variance but do expect the smoothing reserve will be required. We continue to work closely with colleagues at the Health Board analysing and modelling various scenarios. We included a 2% increase on the budget and for every further 1% increase in either volume or cost we will see a pressure of c£170k



28. **Finance & Resources £82k overspend;** this budget meets a number of HSCP wide costs, including charges for prior year NHS pension costs for which a prudent projection is included; this will diminish over time. We have made allowance for continued utilities inflation (£21k here and a further £30k across services above) and this will continue to be monitored. This is a reduction in projected costs of £44k since June.
29. **Primary Care Improvement Plan, Alcohol and Drugs (Local Improvement Fund) and Mental Health Action 15;** we still await confirmation from the Scottish Government of our current year allocation for Mental Health Action 15.
30. The Scottish Government recently confirmed our PCIP allocation for the year at £2.685 million however have indicated that we must use local reserves to offset this allocation in 2022/23. We have provided, as part of a national response, identification of commitments we have against that balance as our recurring commitments in 2023/24 and 2024/25 exceed the allocation should every post be filled. We are now looking at actions needed to rebalance future years.
31. Appendices 8 to 10 give a summarised position against each funding stream, showing the planned activity against each initiative. The reserves position for these three funds should become clearer once 2022/23 funding is confirmed and the treatment of PCIP reserves is clarified.

#### **Other**

32. The current projected revenue budget overspend of £0.566 million will need to be met from our reserves, subject to the final outturn and agreed reserves position at the end of the financial year. It is still difficult to provide an accurate projection so early in the year, particularly when the impact of Covid-19 remains unclear. We are seeing increased demand and complexity across all services and will continue to monitor activity and costs to try to establish trends and our new baseline.
33. We will take corrective action where possible to minimise cost pressures in year and are working to refine the financial framework to support our Recovery and Renewal programme to help deliver savings. This is incredibly challenging in the current environment.
34. The reserves position is reported in full at Appendix 5. Spending plans against reserves highlight recovery activity as we continue to emerge from pandemic and allow for full utilisation of Covid-19 and winter funding during 2022/23.
35. The changes to funding throughout the year and associated directions are an integral element of our revenue monitoring and as funding is revised this is reflected in Appendix 4 (Directions) in this report.
36. The projected costs allow for additional activity through the year and we are working with colleagues to identify any impact to the support cost charge from the council so we can better estimate this as the year progresses.
37. The HSCP Accountancy Team will continue to work through all funding receipts and allocations to ensure the transparency and integrity of budget monitoring is maintained in a constantly changing environment.

## IMPLICATIONS OF THE PROPOSALS

### Finance

38. The savings agreed by the IJB as part of the budget set in March 2022 are set out at Appendix 6. Our capacity to deliver these savings in year continues to be significantly impacted by capacity as we work through Covid-19 towards recovery. We no longer have support for unachieved savings in the Scottish Government funding for Covid-19 and this is therefore a pressure on the HSCP that we plan to meet from reserves.
39. A revised Medium-Term Financial Plan (MTFP) was brought to the IJB in March 2022. This will be refreshed during the year once pay and inflation implications are settled.
40. As reported above we still have a number of unknown factors such as pay, continued inflation, demand trends, prescribing pressures and recruitment and retention impacts in the sector to name a few and will continue to work through these try to better understand the post Covid-19 landscape.
41. Per our Covid-19 funding returns we have included projected costs and income.
42. We continue to make sustainability payments to our partner providers, in line with nationally agreed principles and we continue to review requests for additional costs incurred.

### Risk

43. The previously reported significant risk to the IJB that all Covid-19 related costs would not be fully funded is mitigated in 2022/23. The ongoing implications continue to be assessed with particular concerns in relation to any unfunded pay pressure costs.
44. There are several further risks which could impact on the current and future budget position; including:
  - Maintaining capacity to deliver our services
  - Achieving all existing savings on a recurring basis
  - The impact of Covid-19 on our partner providers and the care service market
  - Prescribing costs exceeding budget and reserve over the longer term
  - Observation and Out of Area costs within Specialist Learning Disability Services

## DIRECTIONS

45. The running budget reconciliation which forms part of financial directions to our partners is included at Appendix 4.
46. The report reflects a projected breakeven position after the potential net contribution of £0.566 million to reserves for the year to 31 March 2023.

## CONSULTATION AND PARTNERSHIP WORKING

47. The Chief Financial Officer has consulted with our partners.
48. This revenue budget reflects the consolidation of funding from both East Renfrewshire Council and NHS Greater Glasgow and Clyde. The HSCP operates under the Financial Regulations as approved by the Performance and Audit Committee on 18 December 2015 and reviewed March 2020; the latest review of the financial regulations and reserves policy were agreed by the Performance and Audit Committee on 22<sup>nd</sup> September 2021.

## CONCLUSIONS

49. Appendix 1 reports a potential projected underspend of £0.566 million for the year to 31 March 2022, allowing for Covid-19 support and recognising that slippage from winter funding will be earmarked as part of the year end outturn.

## RECOMMENDATIONS

50. The Integration Joint Board is asked to note:
- note the projected outturn for the 2022/23 revenue budget
  - note the projected reserves balances.

## REPORT AUTHOR

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0141 451 0749

2 September 2022

Chief Officer, IJB: Julie Murray

## BACKGROUND PAPERS

IJB 10.08.2022 – Revenue Budget Monitoring Report

[https://www.eastrenfrewshire.gov.uk/media/7979/IJB-Item-08-10-August-2022/pdf/IJB\\_Item\\_08\\_-\\_10\\_August\\_2022.pdf?m=637946965278870000](https://www.eastrenfrewshire.gov.uk/media/7979/IJB-Item-08-10-August-2022/pdf/IJB_Item_08_-_10_August_2022.pdf?m=637946965278870000)

IJB 16.03.2022 – Revenue Budget Monitoring Report

[https://www.eastrenfrewshire.gov.uk/media/7442/IJB-item-10-16-March-2022/pdf/IJB\\_item\\_10\\_-\\_16\\_March\\_2022.pdf?m=637822661469700000](https://www.eastrenfrewshire.gov.uk/media/7442/IJB-item-10-16-March-2022/pdf/IJB_item_10_-_16_March_2022.pdf?m=637822661469700000)

IJB 26.01.2022 – Revenue Budget Monitoring Report

[https://www.eastrenfrewshire.gov.uk/media/7317/IJB-item-06-26-January-2022/pdf/IJB\\_item\\_06\\_-\\_26\\_January\\_2022.pdf?m=637783618121870000](https://www.eastrenfrewshire.gov.uk/media/7317/IJB-item-06-26-January-2022/pdf/IJB_item_06_-_26_January_2022.pdf?m=637783618121870000)

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## Consolidated Monitoring Report

## Projected Outturn Position to 31st August 2022

Objective Analysis	Full Year			
	Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Public Protection - Children & Families	13,427	13,709	(282)	(2.10%)
Public Protection - Criminal Justice	29	4	25	86.21%
Adult Localities Services				
Older People	23,437	23,006	431	1.84%
Physical & Sensory Disability	6,269	6,172	97	1.55%
Learning Disability - Community	17,671	17,741	(70)	(0.40%)
Learning Disability - Inpatients	8,632	8,658	(26)	(0.30%)
Augmentative and Alternative Communication	71	71	-	0.00%
Intensive Services	16,013	16,610	(597)	(3.73%)
Recovery Services - Mental Health	5,103	5,115	(12)	(0.24%)
Recovery Services - Addictions	1,099	1,149	(50)	(4.55%)
Family Health Services	28,226	28,226	-	0.00%
Prescribing	16,859	16,859	-	0.00%
Finance & Resources	6,766	6,848	(82)	(1.21%)
<b>Net Expenditure</b>	<b>143,602</b>	<b>144,168</b>	<b>(566)</b>	<b>(0.39%)</b>
<b>Contribution to / (from) Reserve</b>	<b>-</b>	<b>(566)</b>	<b>566</b>	<b>-</b>
<b>Net Expenditure</b>	<b>143,602</b>	<b>143,602</b>	<b>-</b>	

Figures as at 31st August 2022

	£
<b>Net Contribution To / (From) Reserves</b>	<b>(566)</b>
Analysed by Partner contribution;	
Health	75
Social Care (provisional)	(641)
<b>Net Contribution To / (From) Reserves</b>	<b>(566)</b>

## Additional information - Adult Localities

Objective Analysis	Full Year			
	Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Localities Services - Barrhead	23,725	23,498	227	0.96%
Localities Services - Eastwood	23,652	23,421	231	0.98%
<b>Net Expenditure</b>	<b>47,377</b>	<b>46,919</b>	<b>458</b>	<b>0.97%</b>

## Council Monitoring Report

## Projected Outturn Position to 31st August 2022

Subjective Analysis	Full Year				Variance showing Covid-19 impact		
	Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %	COVID £'000	Unachieved Savings £'000	Operational Variance £'000
Employee Costs	28,606	28,949	(343)	(1.20%)	(443)		100
Property Costs	826	873	(47)	(5.69%)	(12)		(35)
Supplies & Services	2,344	3,609	(1,265)	(53.97%)	(80)		(1,185)
Transport Costs	277	393	(116)	(41.88%)	-		(116)
Third Party Payments	46,742	50,348	(3,606)	(7.71%)	(2,394)		(1,212)
Support Services	2,475	2,475	-	0.00%	(138)		138
Income	(17,428)	(22,164)	4,736	(27.17%)	3,085		1,651
<b>Net Expenditure</b>	<b>63,842</b>	<b>64,483</b>	<b>(641)</b>	<b>(1.00%)</b>	<b>18</b>	<b>-</b>	<b>(659)</b>
<b>Contribution to / (from) Reserve</b>	<b>-</b>	<b>(641)</b>	<b>641</b>	<b>-</b>			
<b>Net Expenditure</b>	<b>63,842</b>	<b>63,842</b>	<b>-</b>	<b>-</b>			

Objective Analysis	Full Year			
	Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
3.i Public Protection - Children & Families	10,190	10,317	(127)	(1.25%)
Public Protection - Criminal Justice	29	4	25	86.21%
Adult Localities Services				
Older People	15,492	15,053	439	2.83%
Physical & Sensory Disability	5,632	5,535	97	1.72%
Learning Disability	11,588	11,754	(166)	(1.43%)
Intensive Services	14,831	15,428	(597)	(4.03%)
Recovery Services - Mental Health	1,745	2,067	(322)	(18.45%)
Recovery Services - Addictions	322	383	(61)	(18.94%)
Finance & Resources	4,013	3,942	71	1.77%
<b>Net Expenditure</b>	<b>63,842</b>	<b>64,483</b>	<b>(641)</b>	<b>(1.00%)</b>
<b>Contribution to / (from) Reserve</b>	<b>-</b>	<b>(641)</b>	<b>641</b>	
<b>Net Expenditure</b>	<b>63,842</b>	<b>63,842</b>	<b>-</b>	

## Notes

- Figures as at 31st August 2022
- The projected underspend / (overspend) will be taken to/(from) reserves at year end.
- Contribution To Reserves is made up of the following transfer:

	£
Net Contribution to / (from) Reserves	<u>(641)</u>

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

## 4 Additional information - Adult Localities

Objective Analysis	Full Year			
	Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Localities Services - Barrhead	17,336	17,189	147	0.85%
Localities Services - Eastwood	15,376	15,153	223	1.45%
<b>Net Expenditure</b>	<b>32,712</b>	<b>32,342</b>	<b>370</b>	<b>1.13%</b>

## NHS Monitoring Report

Projected Outturn Position to 31st August 2022

Subjective Analysis	Full Year				Variance showing Covid-19 impact		
	Full Year Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %	COVID £'000	Unachieved Savings £'000	Operational Variance £'000
Employee Costs	21,921	22,643	(722)	(3.29%)	(1,682)		(2,404)
Non-pay Expenditure	52,012	53,125	(1,113)	(2.14%)	(227)		(1,340)
Resource Transfer/Social Care Fund	11,934	11,934	-	0.00%	-		-
Income	(6,107)	(8,017)	1,910	31.28%	1,909		3,819
<b>Net Expenditure</b>	<b>79,760</b>	<b>79,685</b>	<b>75</b>	<b>0.09%</b>	<b>-</b>	<b>-</b>	<b>75</b>

<b>Contribution to / (from) Reserve</b>	<b>-</b>	<b>75</b>	<b>(75)</b>	<b>-</b>
<b>Net Expenditure</b>	<b>79,760</b>	<b>79,760</b>	<b>-</b>	<b>-</b>

Objective Analysis	Full Year			
	Full Year Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Childrens Services	3,132	3,287	(155)	(4.95%)
Adult Community Services	4,589	4,597	(8)	(0.17%)
Learning Disability - Community	1,087	991	96	8.83%
Learning Disability - Inpatient	8,632	8,658	(26)	(0.30%)
Augmentative and Alternative Communication	71	71	-	0.00%
Family Health Services	28,226	28,226	-	0.00%
Prescribing	16,859	16,859	-	0.00%
Recovery Services - Mental Health	2,567	2,257	310	12.08%
Recovery Services - Addictions	220	209	11	5.00%
Finance & Resources	2,443	2,596	(153)	(6.26%)
Resource Transfer	11,934	11,934	-	0.00%
<b>Net Expenditure</b>	<b>79,760</b>	<b>79,685</b>	<b>75</b>	<b>0.09%</b>

<b>Contribution to / (from) Reserve</b>	<b>-</b>	<b>75</b>	<b>(75)</b>	<b>0.00%</b>
<b>Net Expenditure</b>	<b>79,760</b>	<b>79,760</b>	<b>-</b>	<b>0.00%</b>

## Notes

- 1 Figures as at 31st August 2022
- 2 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 | 105    |
| Adult Localities Services               |        |
| Older People                            | 3,356  |
| Physical & Sensory Disability           | 637    |
| Learning Disability                     | 4,996  |
| Intensive Services                      | 1,182  |
| Recovery Services - Mental Health       | 791    |
| Recovery Services - Addictions          | 557    |
| Finance & Resources                     | 310    |
|   | <hr/>  |
|   | 11,934 |
- Localities Resource Transfer - alternative presentation
- |                                |       |
|--------------------------------|-------|
| Localities Services - Barrhead | 5,102 |
| Localities Services - Eastwood | 3,887 |
- £ 75
- 3 Net Contribution to / (from) Reserves
- 3.i In addition to the above addition spending from reserves is detailed at Appendix 5
- 4 Additional information - Adult Localities

Objective Analysis	Full Year			
	Full Year Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Localities Services - Barrhead	1,287	1,207	80	6.22%
Localities Services - Eastwood	4,389	4,381	8	0.18%
<b>Net Expenditure</b>	<b>5,676</b>	<b>5,588</b>	<b>88</b>	<b>1.55%</b>

East Renfrewshire HSCP - Revenue Budget Monitoring 2022/23  
Budget Reconciliation & Directions

## Appendix 4

	NHS £000	ERC £000	IJB £000	Total £000
Funding Sources to the IJB				
1 Expected Revenue Budget Contributions per March 2022 Budget	78,245	60,141		138,386
Funding confirmed in opening budget but not yet received	(1,227)			(1,227)
Criminal Justice Grant Funded Expenditure		614		614
Criminal Justice Grant		(614)		(614)
FHS Centralised Allocations	1,622			1,622
PCIP - Pharmacy	144			144
School Nursing Central Allocation	46			46
Prescribing	44			44
Additional Social Work Capacity in Adult Services		386		386
Adult Social Care Pay Uplift in Commissioned Services		3,315		3,315
FHS Allocation	886			886
	79,760	63,842	-	143,602
Funding Outwith Revenue Contribution				
Housing Aids & Adaptations *		400		400
Set Aside Hospital Services Opening Budget	37,653			37,653
Total IJB Resources	<b>117,413</b>	<b>64,242</b>	<b>-</b>	<b>181,655</b>
Directions to Partners				
Revenue Budget	79,760	63,842	-	143,602
Criminal Justice Grant Funded Expenditure		614		614
Criminal Justice Grant		(614)		(614)
1 Resource Transfer & Recharges	(11,934)	11,934		0
Carers Information	58	(58)		0
	67,884	75,718	-	143,602
Housing Aids & Adaptations *		400		400
Set Aside Hospital Services Budget	37,653			37,653
	<b>105,537</b>	<b>76,118</b>	<b>-</b>	<b>181,655</b>

\* includes capital spend

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



Earmarked Reserves	Reserve Brought Fwd from 2021/22 £'000	2022/23 Projected spend £'000	Projected balance 31/03/23 £'000	comment
<b>Scottish Government Funding</b>				
Mental Health - Action 15	215	27	188	Work ongoing to utilise in full, timing tbc
Alcohol & Drugs Partnership	527	(7)	534	Work ongoing to utilise in full, timing tbc
Drugs Death Task Force	142	0	142	Work ongoing to utilise in full, timing tbc
Primary Care Improvement Fund	1,899	1,899	0	Assume fully utilised per SG allocation letter
Primary Care - Winter Pressure	47	0	47	Work ongoing to utilise in full, timing tbc
Primary Care Transformation Fund	37	0	37	Work ongoing to utilise in full, timing tbc
GP Premises Fund	181	50	131	£50k committed to date and programme being reviewed
Winter Planning	1,012	540	472	Recruitment and other activity will determine final balance. Any unspent funding in year would be added
COVID-19	9,266	4,976	4,290	Projected costs committed, awaiting national decision on treatment of balance
<b>Scottish Government Funding</b>	<b>13,326</b>	<b>7,485</b>	<b>5,841</b>	
<b>Bridging Finance</b>				
Budget Savings Reserve	2,717	2,232	485	Projected balance of unachieved savings in year
In Year Pressures Reserve	165	0	165	Will be applied as required
Current Year Projected Overspend	0	566	(566)	Projected reserves draw required to fund overspend in year
Prescribing	456	0	456	To smooth prescribing pressures
<b>Bridging Finance</b>	<b>3,338</b>	<b>2,798</b>	<b>540</b>	
<b>Children &amp; Families</b>				
Residential Accommodation	460	0	460	To smooth the impact of high cost residential placements over time, currently assumed no draw and will continue to be monitored
Health Visitors	35	35	0	To support capacity including maternity and absence cover
Home & Belonging	58	0	58	Work ongoing to utilise in full, timing tbc
School Counselling	687	355	332	Proposal to IJB to support Family Wellbeing Service from 2022/23 for 2 years
Children and Adolescent Mental Health Services	888	0	888	Work ongoing to utilise in full, timing tbc
Trauma Informed Practice	50	0	50	Work ongoing to utilise in full, timing tbc
Whole Family Wellbeing	29	29	0	Expect to use in full this year
Unaccompanied Asylum Seekers Children	24	24	0	Expect to use in full this year
Continuing Care / Child Healthy Weight	15	15	0	Expect to use in full this year
<b>Children &amp; Families</b>	<b>2,246</b>	<b>458</b>	<b>1,788</b>	
<b>Transitional Funding</b>				
Learning Disability Specialist Services	434	434	0	Funding Challenging Behaviour Manager post for 20 months from April and additional costs of observations
Community Living Change Fund	295	147	148	New funding to support learning disability change local and system wide - proposals being finalised.
<b>Total Transitional Funding</b>	<b>729</b>	<b>581</b>	<b>148</b>	
<b>Adult Services</b>				
Mental Health Officer / Community Psychology / Capacity	61	0	61	Work ongoing to utilise in full, timing tbc
Care Home Oversight Support and Lead Nurse	177	52	125	To support recovery and plans to use in full being finalised
Augmentative & Alternative Communication	85	0	85	To smooth demand for specialist service and equipment
Addictions - Residential Rehabilitation	37	37	0	To smooth the impact of residential placements
Armed Forces Covenant	60	60	0	Expect to use in full this year
Wellbeing	88	88	0	Expect to use in full this year
Dementia Support	68	68	0	Expect to use in full this year
Telecare Fire Safety	18	18	0	Expect to use in full this year
<b>Total Adult Services</b>	<b>594</b>	<b>323</b>	<b>271</b>	
<b>Repairs &amp; Renewals</b>				
Repairs, Furniture and Specialist Equipment	124	54	70	Full use of NHS capital repairs b/f and supplementing programme of work for 2022/23
<b>Repairs &amp; Renewals</b>	<b>124</b>	<b>54</b>	<b>70</b>	
<b>Capacity</b>				
Partnership Strategic Framework	31	31	0	To support engagement work
Organisational Learning & Development	92	0	92	Being reviewed alongside recovery and renewal
<b>Capacity</b>	<b>123</b>	<b>31</b>	<b>92</b>	
<b>Total All Earmarked Reserves</b>	<b>20,480</b>	<b>11,730</b>	<b>8,750</b>	
<b>General Reserves</b>				
East Renfrewshire Council	109	0	109	May need to utilise in full depending on in year pressure
NHSGCC	163	0	163	May need to utilise in full depending on in year pressure
<b>Total General Reserves</b>	<b>272</b>	<b>0</b>	<b>272</b>	
<b>Grand Total All Reserves</b>	<b>20,752</b>	<b>11,730</b>	<b>9,022</b>	

NB: brought forward balances are subject to the audit of the annual report and accounts for 2021/22

## East Renfrewshire HSCP - Revenue Budget Monitoring 2022/23

Appendix 6

## Analysis of Savings Delivery

Saving	2022/23 Funding Gap £	Projected Saving £	Saving still to be achieved	Comments
Recovery and Renewal supported by non recurring application of budget phasing reserve	2,875	643	2,232	Saving from within budget allocation £243k and £400k provisional recovery and renewal projection for part year. Balance needs to be met from reserve in year.
<b>Sub Total</b>	<b>2,875</b>	<b>643</b>	<b>2,232</b>	
Learning Disability Bed Model Framework	200	200	-	Saving applied to budget and achieved
Turnover and Associated Running Costs	72	72	-	Saving applied to budget and achieved
<b>Sub Total</b>	<b>272</b>	<b>272</b>	<b>-</b>	
<b>Total HSCP Saving Challenge</b>	<b>3,147</b>	<b>915</b>	<b>2,232</b>	

Note; capacity to deliver savings impacted by ongoing COVID implications.  
Financial framework being refined for Recovery and Renewal Programme.

East Renfrewshire HSCP - Revenue Budget Monitoring 2022/23  
Budget Virement - ERC Contribution Only

Appendix 7

Subjective Analysis	2022/23 Budget Virement				
	Current Ledger £'000	(1) £'000	(2) £'000	2021/22 Budget £'000	Total Virement £'000
Employee Costs	28,211	396	-	28,607	396
Property Costs	826	-	-	826	0
Supplies & Services	2,344	-	-	2,344	0
Transport Costs	277	-	-	277	0
Third Party Payments	46,747	(6)	-	46,741	(6)
Support Services	2,475	-	-	2,475	0
Income	(20,739)	(4)	3,315	(17,428)	3,311
<b>Net Expenditure</b>	<b>60,141</b>	<b>386</b>	<b>3,315</b>	<b>63,842</b>	<b>3,701</b>

Objective Analysis	2022/23 Budget Virement				
	Current Ledger £'000	(1) £'000	(2) £'000	2021/22 Budget £'000	Total Virement £'000
Public Protection - Children & Families	10,190	-	-	10,190	0
Public Protection - Criminal Justice	29	-	-	29	0
Adult Health - Localities Services	0	-	-		0
Older People	15,432	60	-	15,492	60
Physical & Sensory Disability	5,558	74	-	5,632	74
Learning Disability	11,372	216	-	11,588	216
Adult Health - Intensive Services	14,831	-	-	14,831	0
Recovery Services - Mental Health	1,745	-	-	1,745	0
Recovery Services - Addictions	322	-	-	322	0
Finance & Resources	662	36	3,315	4,013	3,351
<b>Net Expenditure</b>	<b>60,141</b>	<b>386</b>	<b>3,315</b>	<b>63,842</b>	<b>3,701</b>

Note:

- 1 Share of £22m funding for Additional Social Work Capacity in Adult Services
- 2 Share of £200m Adult Social Care Pay Uplift in Commissioned Services - Social Care Investment 2022/23 Budget

## East Renfrewshire HSCP - Revenue Budget Monitoring 2022/23

## Appendix 8

## Primary Care Improvement Plan

Service	Planned Programme Costs	Projected Programme Costs	Projected Variance
	£'000	£'000	£'000
Pharmacy Support	1,035	858	177
Advanced Nurse Practitioners	175	133	42
Advanced Practice Physiotherapists	190	169	21
Community Mental Health Link Workers	75	78	(3)
Community Healthcare Assistants / Treatment Room *	463	380	83
Vaccine Transformation Programme	804	744	60
Programme Support / CQL / Pharmacy First	215	152	63
<b>Total Cost</b>	<b>2,957</b>	<b>2,514</b>	<b>443</b>
<b>Funded by:</b>			
In Year Funding - Tranche 1		526	
In Year Funding - Tranche 2 Maximum expected		261	
Reserve Balance		1,899	
<b>Total Funding</b>		<b>2,686</b>	
Potential reserve at year end based on full allocation less existing reserve		172	

Service	Planned Programme Costs	Projected Programme Costs	Projected Variance
	£	£	£
Staff costs - Board wide including Nursing, Psychology and Occupational Therapy	174	233	(59)
Programme Support	30	41	(11)
Staff Costs East Ren HSCP including Psychology, CAMHS and Occupational Therapy	280	182	98
Other - Peer Support Delivery Service	80	80	0
<b>Total Cost</b>	<b>564</b>	<b>536</b>	<b>28</b>
<b>Funded by:</b>			
In Year Funding (per 2021/22 until confirmed)		509	
Reserve Balance		215	
<b>Total Funding</b>		<b>724</b>	
Potential reserve at year end based on current projection		188	

NB Plans to utilise existing reserve being developed - subject to any SG conditions

East Renfrewshire HSCP - Revenue Budget Monitoring 2022/23  
Alcohol & Drugs Partnership & Local Improvement Funding only

Appendix 10

Service	Planned Programme Costs	Projected Programme Costs	Projected Variance
	£	£	£
Reducing waiting times for treatment and support services	43	43	0
Addictions Officer	54	54	0
Development of Recovery Communities	130	130	0
Peer Support	35	35	0
<b>Total Cost</b>	<b>262</b>	<b>262</b>	<b>0</b>
<b>Funded by:</b>			
In Year Funding		269	
Reserve Balance		208	
<b>Total Funding</b>		<b>477</b>	
Potential reserve at year end based on current projection		215	

NB Plans to utilise existing reserve being developed  
Future monitoring will be expanded to include all funding streams



EAST RENFREWSHIRE  
HEALTH AND SOCIAL CARE  
PARTNERSHIP



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board	
<b>Held on</b>	21 September 2022	
<b>Agenda Item</b>	10	
<b>Title</b>	Charging for Services 2023/24	
<b>Summary</b>		
To provide members of the Integration Joint Board with a position update on charging related matters including; individual contributions, charging policy updates and the draft proposed annual charges report for the financial year 2023/ 24, which is considered annually by East Renfrewshire Council cabinet in November.		
<b>Presented by</b>	Lesley Bairden Head of Finance and Resources (Chief Financial Officer)	
<b>Action Required</b>		
The Integration Joint Board is asked to:		
<ul style="list-style-type: none"> <li>• Note the issues raised in this paper.</li> <li>• Agree that any additional income through government initiatives that individuals may receive towards the cost of living is disregarded in financial assessments.</li> <li>• Comment on the draft annual proposed inflation increases to existing charges for 2023/ 24 for remit the attached paper to East Renfrewshire Council's Cabinet in November 2022.</li> <li>• Consider the contribution element of the individual budget calculator.</li> <li>• Approve the addition of a new clause to the Non Residential Charging Policy to include treatment of compensation.</li> </ul>		
<b>Directions</b>	<b>Implications</b>	
<input checked="" type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<input checked="" type="checkbox"/> Finance <input checked="" type="checkbox"/> Policy <input type="checkbox"/> Workforce <input checked="" type="checkbox"/> Equalities <input type="checkbox"/> Risk <input type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**21 September 2022**

**Report by Head of Finance & Resources (Chief Financial Officer)**

**CHARGING FOR SERVICES 2023/24**

**PURPOSE OF REPORT**

The purpose of this report is to provide members of the Integration Joint Board with a position update on charging related matters including;

- Inflationary increases to existing charges.
- Individual contributions; potential new charges.
- Charging policy updates.

**RECOMMENDATION**

1. The Integration Joint Board is asked to:-
  - Note the issues raised in this paper.
  - Agree that any additional income through government initiatives that individuals may receive towards the cost of living is disregarded in financial assessments.
  - Comment on the draft annual proposed inflation increases to existing charges for 2023/24 for remit the attached paper to East Renfrewshire Council's Cabinet in November 2022.
  - Consider the contribution element of the individual budget calculator.
  - Approve the addition of a new clause to the Non Residential Charging Policy to include treatment of compensation.

**BACKGROUND**

2. The setting of charges for services is not delegated to the IJB. The legislation supporting the integration of health and social care determines that the authority and approval for setting charges for social care remains with the Council.
3. East Renfrewshire Council determines all charges for its services annually through reports considered at Cabinet in November of each year.
4. The IJB normally receives a draft of this report at its meeting prior to November and is asked to agree the submission of report to Cabinet.
5. The IJB also considers annually any revisions to the charging policy for the HSCP.

**REPORT**

6. The economic climate and associated cost of living challenges we are facing is unprecedented within the lifetime of the IJB. This is particularly pertinent to those individuals we support, many of whom will be impacted in particular by the rising cost of utilities where temperature will specifically impact on health and wellbeing.
7. The usual process for increasing charges is linked to inflation so in the current climate there is a very real tension between inflation related increases that will further impact on the cost of living challenge for many people. The inflation increase used in the 2022/ 23

charges was 3.7% based on information at November 2021. Were this to be restated to reflect the position now, it would be 10.4%; however there is no proposal to revise charges in the current year. The inflation rate per the annual process is identified at 12.3% for 2023/ 24 and this is the figure currently reflected in the draft report to Cabinet included at Appendix 1.

8. There will be some government support for individuals recognising the increase in utility costs and the IJB is asked to agree that this should be disregarded when a financial assessment is undertaken to establish the ability to pay charges.
9. The increases to charges based on the 12.3% increase, rounded up or down to the nearest £0.05 is:

Service	2022/23 Charge	Proposed Change	2023/24 Proposed Charge
	£		£
Community Alarms (per week)	2.75	Increase by £0.35 (12.7%)	3.10
Meals 2 courses	4.90	Increase by £0.60 (12.2%)	5.50
Meals 3 courses	5.10	Increase by £0.60 (11.8%)	5.70
Room Hire (per day)	6.90	Increase by £0.90 (13%)	7.80
Day care Charges to Other Local Authorities (per day)	122.50	Increase by £15.10 (12.3%)	137.60
Blue Badges (per application)	20.00	No change proposed	20.00
Bonnyton Residential Care (per week)	778.50	Increase by £95.80 (12.3%)	874.30
Inclusive Support Holiday Programme (per day)	38.00	Increase by £4.70 (12.4%)	42.70

10. The impact to the income budget is illustrated below, however it needs to be recognised that as we work through Covid-19 recovery there will be impact of service redesign to consider, possible attrition from services and we also need to factor in the impact of any debt. Given the nature of some of the services we cannot simply cease these in the event of non-payment.

Service Charged For	Budget 2022/23	Inflationary %	Additional Income
	£'000	Increase	£'000
Community Alarms	325	12.73%	41
Meals	24	12.24%	3
Other Local Authorities - Daycare	22	12.33%	3
Blue Badge (statutory)	34	0.00%	0
Bonnyton House	429	12.31%	53
Inclusive Support Holiday Programme	10	12.37%	1
Total	844		101

11. Some IJB members will recall the previous agreement to include a 5% contribution as part of the Individual budget calculator and the decision, pre-pandemic, to defer the introduction as this was likely to be at odds with expected government policy on non-residential charging. We also agreed that there would need to be a lead in time to ensure that any introduction of this charge would be equitable across all care groups.
12. The individual budget calculator will be reviewed as one the projects within our Recovery and Renewal programme and will need to take cognisance of the revised Self Directed Support guidance due to be published by the Scottish Government, expected in the autumn. The current National Care Service seems likely to determine policy changes around non-residential charging along with national criteria, so any introduction of this charge may be time limited.

13. The same tension exists here, where any new charge will add to many individuals impacted by the current cost of living crisis. This however needs to be balanced with the current savings challenge we have and the expectation of a significant further funding gap in 2023/ 24. The illustration below gives a scenario of potential income that could be generated. However further work is required to refine the free personal care elements that will be included across options 1, 2 and 3 but not specifically recorded as such. Similarly respite costs will be part of many Option 1 care package costs and will need to be excluded. For the scenarios below the assumptions used are:
- A reduction of 20% within Learning and Physical disability and older people to allow for further free personal care not specifically identified as a care cost element.
  - A further 10% reduction for respite / carers care commitments which are non-chargeable as above.
  - The 25% estimate linked to the ability to pay is a broad brush approach to allow for the combination of financial assessment, the cap on high cost care packages and potentially some attrition. Significant work will be required to refine this across every individual care package and needs to be linked to a review. In the current climate it is likely in at least some cases that costs may also increase particularly where environmental factors such as heating need to be considered.

Non Residential Care (Excluding FPC and Short Break Respite specifically identified)	Commitment £'000	Further FPC Estimate 20% £'000	Carer / Respite Estimate 10% £'000	Contribution 5% £'000	Ability to pay Estimate 25% £'000
Learning Disability	13,578	2,716	1,358	475	119
Mental Health	1,863	373	186	65	16
Physical Disability	1,833	367	183	64	16
Older People	3,105	621	311	109	27
<b>Total</b>	<b>20,379</b>	<b>4,076</b>	<b>2,038</b>	<b>713</b>	<b>178</b>

Note: Every 1% contribution equates to £143k and translates to £36k when assumed at 25% ability to pay

14. In addition to the review work that would be required a process will need to be established across our network of providers to introduce the contribution model and will most likely mean a combination of deduction at source and /or billing for the contribution. Even if deducted at source any non-payment will ultimately fall to the HSCP under current legislation. As discussed above in the event of non-payment a service cannot be withdrawn. This will involve significant additional work and whilst the longer term intention is that this would ultimately be absorbed within the HSCP transitional resource would be required to introduce and establish this change.
15. Significant engagement work was undertaken with individuals and family members in development of the individual budget calculator, including the contribution element. Given the impact the introduction will have, further consultation would be required to manage and support this process.
16. The IJB is asked to consider the implications around the contribution approach and whether it wishes to proceed with this as part of the 2023/24 budget. This will also inform the parameters of the review of the Individual Budget Calculator.
17. The charging policy is included at Appendix 2 and has been revised for 2022/23 to allow for the annual changes in DWP rates and the change in name to Adult Disability Payment (previously Personal Independence Payment) and the disregard of government initiative funding for the cost of living (subject to IJB agreement).
18. A new clause has also been added to the policy, subject to IJB approval, to include the treatment of compensation payments. Treatment of compensation payments should be considered where the breakdown of any compensation award includes provision for the cost of care. Any such element should be included in assessment and the ability to pay, subject to legal advice and agreement to ensure the financial assessment is accurate and fair.

## CONSULTATION AND PARTNERSHIP WORKING

19.

## IMPLICATIONS OF THE PROPOSALS

### Finance

20. The financial implications are included in the report. For the charging contribution modelled above this is at a very high level and will require significant further work should this proceed.

### Workforce

21. None at present although additional work relating to any review would require reprioritisation of the existing workforce

### Infrastructure

22. None.

### Risk

23. There is a risk that the increase in charges and introduction of the contribution model will adversely impact some people given the current cost of living crisis.

24. There are potential reputational risks resulting from changes to charging.

### Equalities

25. A full equalities impact assessment was completed on introduction of the individual budget calculator. This will require review to reflect any changes.

### Policy

26. None.

### Legal

27. None.

### Fairer Scotland Duty

28. None.

## DIRECTIONS

29. There are no directions.

## **CONCLUSIONS**

30. There are clear tensions at present between increasing existing charges, introducing new charges. The IJB are asked to consider the information in this report to inform ongoing work required to support the charging for services agenda across a number of areas of work.

## **RECOMMENDATIONS**

31. The Integration Joint Board is asked to:

- Note the issues raised in this paper.
- Agree that any additional income through government initiatives that individuals may receive towards the cost of living is disregarded in financial assessments.
- Comment on the draft annual proposed inflation increases to existing charges for 2023/24 for remit the attached paper to East Renfrewshire Council's Cabinet in November 2022.
- Consider the contribution element of the individual budget calculator.
- Approve the addition of a new clause to the Non Residential Charging Policy to include treatment of compensation.

## **REPORT AUTHOR AND PERSON TO CONTACT**

Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)  
[Lesley.Bairden@eastrenfrewshire.gov.uk](mailto:Lesley.Bairden@eastrenfrewshire.gov.uk)

Chief Officer, IJB: Julie Murray

## **BACKGROUND PAPERS**

[https://www.eastrenfrewshire.gov.uk/media/5993/IJB-Item-12-22-September-2021/pdf/IJB\\_Item\\_12\\_-\\_22\\_September\\_2021.pdf?m=637668671039870000](https://www.eastrenfrewshire.gov.uk/media/5993/IJB-Item-12-22-September-2021/pdf/IJB_Item_12_-_22_September_2021.pdf?m=637668671039870000)

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EAST RENFREWSHIRE COUNCILCABINETNovember 2022Report by Chief Officer – Health and Social Care PartnershipHEALTH AND SOCIAL CARE PARTNERSHIP - CHARGING FOR SERVICES 2023/24**PURPOSE OF REPORT**

1. To update Cabinet on the proposed charges within the Health and Social Care Partnership (HSCP) for financial year 2023/24.

**RECOMMENDATION**

2. The Cabinet is asked to:
- (a) Note this update on charging within the HSCP; and
  - (b) Agree the proposed increase to existing charges

**BACKGROUND**

3. This report is produced annually and identifies the proposed charging increases for 2023/24. The legislation supporting the integration of health and social care determines that the authority and approval for setting charges for social care remains with the Council, this function was not delegated to the Integration Joint Board.

4. The Integration Joint Board received this charging report at its meeting on 21st September 2022 **and agreed / or not** to remit the 2023/24 charging increases to Cabinet for approval.

**REPORT**

5. The standard rate of inflation, identified as part of the Council process, of 12.3% is the basis of increase to the existing charges within the HSCP. As with prior years this has been rounded up or down to the nearest £0.05. The proposed treatment of each existing charge is set out below:

<b>Service</b>	<b>2022/23 Charge</b>	<b>Proposed Change</b>	<b>2023/24 Proposed Charge</b>
	£		£
Community Alarms (per week)	2.75	Increase by £0.35 (12.7%)	3.10
Meals 2 courses	4.90	Increase by £0.60 (12.2%)	5.50
Meals 3 courses	5.10	Increase by £0.60 (11.8%)	5.70
Room Hire (per day)	6.90	Increase by £0.90 (13%)	7.80
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Inclusive Support Holiday Programme (per day)	38.00	Increase by £4.70 (12.4%)	42.70

6. The proposed charges above represent a significant increase for individuals, Bonnyton

House in particular, however there will be some mitigation as a financial assessment will determine the ability to pay.

7. The proposed contribution level for Individual Budgets was previously agreed at 5% of the chargeable element of the budget. Where an individual budget is in place the contribution will supersede any charge for individual aspects of a care package listed above. This was not implemented pre pandemic and the review of the Individual Budget calculator was postponed during the pandemic. This work is included as a project within the IJB Recovery and Renewal Programme and will need to take cognisance of the revised Self Directed Support guidance to be published by the Scottish Government, expected in the autumn. The current National Care Service seems likely to determine policy changes around non-residential charging along with national criteria. [IJB recommendation on this to be added]

8. The HSCP has a non-residential care charging policy in place to support the charges above. This was reviewed and agreed / or not by the IJB at its meeting on 21<sup>st</sup> September 2022.

### **FINANCE AND EFFICIENCY**

9. All financial issues are included in the report above. The proposed charges, as set out in the table above, could generate a potential £101,030 income when the uplifts are applied to income budgets; in real terms the income achieved will likely be significantly lower as this will be linked to the ability to pay and is also dependent on service delivery and demand.

### **CONSULTATION**

10. A full consultation and equalities impact assessment were undertaken prior to implementation of the Individual Budget proposals and any revision to the calculator will require a further equalities impact assessment.

### **PARTNERSHIP WORKING**

11. The setting of fees and charges remains a responsibility of East Renfrewshire Council under the legislation.

### **IMPLICATIONS OF THE PROPOSALS**

12. A full equalities impact assessment was undertaken as part of the development of the Individual Budget implementation.

13. There are no implications in relation to staffing, property, legal, sustainability or IT as part of this paper.

### **CONCLUSIONS**

14. The proposed increases to existing charges are in line with inflation however there needs to be recognition that the income that may be generated is subject to the ability to pay, through financial assessment.

### **RECOMMENDATIONS**



15. The Cabinet is asked to:

- (a) Note this update on charging within the HSCP;
- (b) Agree the proposed increase to existing charges;

DRAFT

**REPORT AUTHOR AND PERSON TO CONTACT**

Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)

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0141 451 0749

Chief Officer, IJB: Julie Murray

**BACKGROUND PAPERS**

**Need to update for 2021**

IJB 25.09.2020 – Charging for Services 2020/21

[https://www.eastrenfrewshire.gov.uk/media/3202/Integration-Joint-Board-Item-11-23-September-2020/pdf/Integration\\_Joint\\_Board\\_Item\\_11\\_-\\_23\\_September\\_2020.pdf?m=637354314865830000](https://www.eastrenfrewshire.gov.uk/media/3202/Integration-Joint-Board-Item-11-23-September-2020/pdf/Integration_Joint_Board_Item_11_-_23_September_2020.pdf?m=637354314865830000)

IJB 26.06.2019 - Individual Budget Update

[https://www.eastrenfrewshire.gov.uk/media/2262/Integration-Joint-Board-Item-11-26-June-2019/pdf/Integration\\_Joint\\_Board\\_Item\\_11\\_-\\_26\\_June\\_2019.pdf?m=637351721070000000](https://www.eastrenfrewshire.gov.uk/media/2262/Integration-Joint-Board-Item-11-26-June-2019/pdf/Integration_Joint_Board_Item_11_-_26_June_2019.pdf?m=637351721070000000)

IJB 27.06.2018 - Individual Budgets Self Directed Support Update

CABINET 28.11.2019 - HSCP Charging for Services

[https://www.eastrenfrewshire.gov.uk/media/2157/Cabinet-Item-03-v-28-November-2019/pdf/Cabinet\\_Item\\_03v\\_-\\_28\\_November\\_2019.pdf?m=637350899335870000](https://www.eastrenfrewshire.gov.uk/media/2157/Cabinet-Item-03-v-28-November-2019/pdf/Cabinet_Item_03v_-_28_November_2019.pdf?m=637350899335870000)

CABINET 30.11.2017 - HSCP Charging for Services

[https://www.eastrenfrewshire.gov.uk/media/3279/Cabinet-Item-07-v-30-November-2017/pdf/Cabinet\\_Item\\_07v\\_-\\_30\\_November\\_2017.pdf?m=637383706570130000](https://www.eastrenfrewshire.gov.uk/media/3279/Cabinet-Item-07-v-30-November-2017/pdf/Cabinet_Item_07v_-_30_November_2017.pdf?m=637383706570130000)

# East Renfrewshire Health and Social Care Partnership

## Non Residential Care Charging Policy 2022/23

<b>Author:</b>	Lesley Bairden, Head of Finance & Resources (Chief Financial Officer)			
<b>Creation Date:</b>	September 2019			
<b>Review Dates:</b>	<b>Date of last review:</b>	September 2022	<b>Date of next review:</b>	September 2023

## Introduction

1. This Charging Policy explains how East Renfrewshire Health and Social Care Partnership (HSCP) considers and calculates the contribution to cost that people who use services will be expected to pay towards the services they receive from the HSCP.
2. Charges apply whether the service is provided directly from the HSCP, or by an external provider commissioned to provide services on the HSCP's behalf or where a person receives an individual budget (direct payment) and arranges their own support.
3. There are some services for which charges do not apply:
  - a) Criminal Justice social work services
  - b) Children in need, including; children subject to statutory and voluntary supervision arrangements, or are involved with social work under section 12 or section 22
  - c) People with mental health problems who are subject to community care or supervision and / or criminal court orders
4. There are some services which are provided free of charge:
  - Care at Home on discharge from hospital for a period of reablement
  - Free Personal Care and Free Nursing Care
  - Carers; some services to support unpaid carers will not be chargeable
  - Palliative care
  - Residential Rehabilitation; will not incur any individual contribution given the timing and nature of this service
5. The charges are set in line with statutory requirements and National Guidance, are remitted by the Integration Joint Board of the HSCP to East Renfrewshire Council to be approved by elected members and reviewed on an annual basis through the budget setting process.
6. The policy to support annual charges will be reviewed annually referencing the relevant legislation and guidance, including but not limited to the COSLA National Strategy and Guidance on charging for non-residential care. The key points from this guidance can be summarised:
  - a) The threshold for single people and couples be based on Income Support Personal Allowance, the Pension Credit – Standard Minimum Guarantee and a buffer of 25% of the thresholds to be up-rated on an annual basis, using the figures announced in November each year. Charging policies that reduce users' net income below these basic levels are not acceptable and undermine social inclusion policies.
  - b) The level of charge, which the service user will pay, will be determined by individual Local Authorities. Any charges should not exceed the cost of providing the service.

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- c) Local Authorities should consider adopting a common approach to the treatment of income used to establish the threshold figure. This would take account of net earnings, all social security benefits with the exception of the mobility component of the Disability Living Allowance.
  - d) Local Authorities should ensure equality in charging irrespective of their financial circumstances, and widening client access to income maximisation.
  - e) Local Authorities should exercise discretion to disregard some forms of income
  - f) Where the service user has dependent children, recognition should be afforded to the costs associated with raising and maintaining children. To this end, all benefits paid for, or on behalf of a dependent child, will be disregarded.
  - g) Local Authorities should adopt capital rules similar to those applied in respect of Income Support, but without an upper level beyond which people would be refused service. This guidance does not prevent local authorities from using a higher capital threshold should they wish.
  - h) Where a service user has difficulty in meeting the approved cost of the service, due to their financial circumstances, it is recommended that councils use their powers to abate or waive charges. Local authorities should provide adequate information in their policies on waiving and abating charges.
  - i) It is recommended that all Local Authorities be pro-active in promoting benefit take up for service users. Where possible, local authorities should ensure that there are dedicated staff to promote and assist with Income Maximisation processes for service users.
  - j) All councils should provide clear and concise public information to service users on what elements of the service are free, what can be charged and what the level of charge will be.
7. Charges are linked to an individual's ability to pay. How we determine this is through a Financial Assessment with supporting detail in Appendix 1 to this policy.
8. The Chief Officer and Chief Financial Officer of the HSCP have the delegated authority to waive a charge in exceptional circumstances.
9. When a person is in receipt of an individual budget a contribution towards the cost of care is an element of the budget calculator. This contribution will supersede any charge for individual service elements. The Chief Officer and Chief Financial Officer of the HSCP have the delegate authority to set this contribution level of between 5% to 10% of the chargeable elements of the individual budget, to be deducted at source.
10. Where a financial assessment is undertaken as part of an Individual Budget only the individual's income will be assessed, this is because the wider support is taken account of within the budget calculator.
11. Where there is a Technology Enabled Care element to a care package that is reliant on community alarm technology the charge normally levied for a community alarm will not apply.
12. Where bookings or cancellations are required these will be subject to local service arrangements.

13. Treatment of compensation payments should be considered where the breakdown of any compensation award includes provision for the cost of care. Any such element should be included in assessment and the ability to pay, subject to legal advice and agreement to ensure the financial assessment is accurate and fair.

### Financial Assessment – An Assessment of Ability to Pay

1. The Convention of Scottish Local Authorities (CoSLA) provides annual advice on the level of weekly income below which a person cannot be asked to pay charges. These are known as Minimum Income Thresholds and are updated each financial year in line with the Department of Work and Pensions (DWP) benefit up-rates.
2. If the assessable weekly income is less than the income threshold figure, there will be no charge for services other than any flat rate charges e.g. payment for trips and outings not part of a care plan.
3. If the assessable weekly income is more than the income threshold figure, the charge or contribution will apply. Any contribution to the Independent Living Fund will be taken into account and will not result in a “double contribution”.
4. Financial Assessments will be carried out by the HSCP’s Finance Support Officer and / or the Council’s Money Advice and Rights Team (MART). We will meet with service users and gather appropriate financial information to enable the charge to be determined.
5. Where individuals do not wish to claim benefits to which they are entitled they will be financially assessed as if they were in receipt of these benefits.
6. Where a financial assessment is declined the full charge or contribution for the service will be applied.
7. We will not ask you to pay more than you can reasonably afford. When we ask you about your income to see how much you can pay, this is known as a Financial Assessment.

Each year we will set a weekly income amount for single people and couples depending on their age as follows:

Single person under pension age	£142
Single person over pension age	£216
Couple under pension age	£228
Couple over pension age	£348

If your income is below this weekly amount, we will not charge you for services. This does not apply to any flat rate charged services described below.

- You will be asked to give information on your income every year.
- We look at your total weekly income from all sources including you capital and savings. (A set amount is ignored from your capital and savings).
- We disregard set amounts depending on your age as shown above.

## Income Disregarded in the Financial Assessment

8. The following income sources are disregarded:

- Disability Living Allowance, Adult Disability Allowance (previously Personal Independence Payment (PIP)) and Attendance Allowance
- War Widows Pension and War Disability Pension
- Kinship Care/Residence payments
- Industrial Injuries Benefit
- Payments made from a Gallantry award
- Any pension paid from the Austrian or German Government as compensation
- Income derived from benefits paid for or on behalf of children
- Government funding for specific initiatives such as cost of living utilities support

### We also disregard:

Any backdated benefits you receive as a result of a benefit check (for 52 week)  
Any other charges applied by the Council (does not include the leisure trust)

### Treatment of Capital:

- Capital such as savings, bonds, stocks and shares, ISAs etc. will be taken into account in determining charges for the service.
- Capital and/ or savings up to a set disregard threshold will be disregarded (this amount is reviewed annually) as will be any property owned and lived in by the service user.
- For service users with capital in excess of the disregard threshold, a tariff income is applied. For people over pension age, this is currently £1 for each band of £500 over the disregard threshold and for people under pension age, the tariff is £1 for each band of £250 over the disregard threshold. These amounts are added to assessed income.

### Non-Disclosure or Incorrect Information Provided in Respect of Financial Assessment

If an individual does not wish to divulge financial information for the financial assessment, the HSCP will apply the full charge or contribution for the service.

If incorrect financial information has been provided the HSCP will seek to recover any amount due or will reimburse any amount overpaid. A new financial assessment will be undertaken and the correct charge applied.

The HSCP will have the right to pursue charges not paid through East Renfrewshire Council's corporate debt recovery process.





<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	21 September 2022
<b>Agenda Item</b>	11
<b>Title</b>	HSCP Recovery and Renewal Programme Update
<b>Summary</b>	
<p>The purpose of this report is to update the Integration Joint Board on the HSCP Recovery and Renewal Programme.</p>	
<b>Presented by</b>	Lesley Bairden, Head of Finance & Resources (Chief Financial Officer)
<b>Action Required</b>	
<p>Members of the Integration Joint Board are asked to note and comment on the progress of the HSCP Recovery and Renewal Programme.</p>	
<b>Directions</b>	<b>Implications</b>
<input checked="" type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<input checked="" type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Workforce <input type="checkbox"/> Equalities <input type="checkbox"/> Risk <input type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**21 September 2022**

**Report by Chief Officer**

**HSCP RECOVERY AND RENEWAL PROGRAMME UPDATE**

**PURPOSE OF REPORT**

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

**RECOMMENDATION**

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

**BACKGROUND**

3. The HSCP recovery and renewal programme consists of four overarching themes under which projects are aligned. The four themes of the Recovery and Renewal Programme are:
  - Recovery
  - Wellbeing
  - Individuals Experience
  - Business Systems and Processes

The programme is now established and IJB members will continue to receive updates to each meeting. The reports will provide an overview of progress since last reported along with an appendix providing details of live, planned and future projects.

**REPORT**

4. The report to the August 2022 meeting of the Integration Joint Board provided members with an update on the progress made and confirmed that resource to support the programme was in place. Following discussion at the meeting, the reporting format has been revised to better reflect project details and benefits.
5. The detail in the appendix now includes the following information for live and pipeline projects:
  - Project title
  - Project owner
  - Project start and scheduled end dates
  - Expected outcomes (financial and non- financial)
  - Current project update
  - Next steps
  - Project timeline
  - Project status (red/amber/green)

6. The new reporting format will take time to fully develop for some projects. This report gives an illustration of future detail to be reported to the IJB. Any comments at this early stage are welcome to inform development of reporting as we work through this programme.
7. The last Recovery & Renewal Board took place on 11<sup>th</sup> August 2022 and the next meeting is scheduled for 30<sup>th</sup> September 2022. At the time of writing this report only four weeks have passed since the last IJB and therefore this is reflected in the activity updates below:
- Programme team induction complete and team assigned to projects
  - Case Recording Replacement project – soft market testing completed with providers on the framework
  - Staff and Patients Access project – covid restrictions removed across HSCP buildings and capacity in buildings increased
  - Care at Home Scheduling System Replacement project– project continues to progress, on track for December implementation
8. The development of a financial framework is in the early stages. As we work through projects where savings have been identified we will track progress of savings achieved. This will also any inform any revision required to the target set (both increase and decrease) in the current and future years where applicable. Every new project identified with financial benefits will be added to the financial framework.
9. The table below gives a summary of the initial targets set. Any additional targets and revisions will be reported here and reflected in our budget monitoring report.

	Indicative Savings				
	22/23 Target £	23/24 Target £	24/25 Target £	25/26 Target £	Total Saving £
<b>Recovery Renewal Programme</b>					
L1: Staffing & Patients Access Arrangements – HSCP Premises					
L2: Reflections and Learning from working during the pandemic					
L3: Learning Disability Development	200,000	300,000	100,000		600,000
L4-L6 Wellbeing					
L7 - Case Recording System Replacement	0	0	75,000	75,000	150,000
L8 - Care at Home Scheduling System Replacement	25,000	75,000	0	0	100,000
L9 – Learning Management System					
P1- Care at Home Review Phase 2	100,000	200,000	200,000	0	500,000
P2- Compassionate and Trauma Informed Responsive Leadership					
P3 Information Governance and Data Cleansing					
P4 Individual Budget Calculator Review		200,000			200,000
P5 Review of Commissioned Services	75,000	225,000			300,000
<b>Savings - Recovery and Renewal Programme</b>	<b>400,000</b>	<b>1,000,000</b>	<b>375,000</b>	<b>75,000</b>	<b>1,850,000</b>

## CONSULTATION AND PARTNERSHIP WORKING

10. As the programme evolves and projects are formally established, appropriate representation from staff, those who use our services, staffside representatives and partner providers will continue to be invited onto projects as appropriate.

## IMPLICATIONS OF THE PROPOSALS

### Finance

11. Financial implications are still to be fully quantified, however, initial savings targets have been allocated.

### Equalities

12. We will undertake an Equalities Impact Assessments where required.

### Risk

13. There are no significant risks to the programme at this time.

### Legal

14. There are no legal implications arising as a result of this paper.

### Policy

15. There are no policy implications arising as result of this paper.

### Workforce

16. There are no workforce issues arising as result of this paper.

### Infrastructure

17. There are no infrastructure issues arising as a result of this paper.

## DIRECTIONS

18. There are no directions arising from this report.

## CONCLUSIONS

19. The HSCP continues to progress work on the Recovery and Renewal Programme.

## RECOMMENDATIONS

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

## REPORT AUTHOR AND PERSON TO CONTACT

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Chief Officer, IJB: Julie Murray

2 September 2022

**BACKGROUND PAPERS**

IJB Presentation: 12 May 2021 Item 6. Recovery and Transformation Programme

IJB Paper: 23 Jun 2021 – Item 10. Recovery & Renewal Paper, June 2021

[https://www.eastrenfrewshire.gov.uk/media/5721/IJB-Item-10-23-June-2021/pdf/IJB\\_Item\\_10\\_-\\_23\\_June\\_2021.pdf?m=637590085619970000](https://www.eastrenfrewshire.gov.uk/media/5721/IJB-Item-10-23-June-2021/pdf/IJB_Item_10_-_23_June_2021.pdf?m=637590085619970000)

IJB Paper: 22 Sep 2021 - Item 10. Recovery and Renewal Programme

[https://www.eastrenfrewshire.gov.uk/media/5991/IJB-Item-10-22-September-2021/pdf/IJB\\_Item\\_10\\_-\\_22\\_September\\_2021.pdf?m=637668671028500000](https://www.eastrenfrewshire.gov.uk/media/5991/IJB-Item-10-22-September-2021/pdf/IJB_Item_10_-_22_September_2021.pdf?m=637668671028500000)

IJB Paper: 24 Nov 2021 – Item 10. Recovery and Renewal Programme

[https://www.eastrenfrewshire.gov.uk/media/7146/IJB-Item-10-24-November-2021/pdf/IJB\\_Item\\_10\\_-\\_24\\_November\\_2021.pdf?m=637727671012970000](https://www.eastrenfrewshire.gov.uk/media/7146/IJB-Item-10-24-November-2021/pdf/IJB_Item_10_-_24_November_2021.pdf?m=637727671012970000)

IJB Paper: 22 Jun 2022– Item 10. Recovery and Renewal Programme

[https://www.eastrenfrewshire.gov.uk/media/7756/IJB-Item-10-22-June-2022/pdf/IJB\\_Item\\_10\\_-\\_22\\_June\\_2022.pdf?m=637904674834270000](https://www.eastrenfrewshire.gov.uk/media/7756/IJB-Item-10-22-June-2022/pdf/IJB_Item_10_-_22_June_2022.pdf?m=637904674834270000)

## Appendix 1 - Project Timelines and Summaries

## LIVE PROJECTS AS AT 02 SEPTEMBER 2022

<b>LIVE Projects</b>				
<b>Project</b>	<b>Project Owner</b>	<b>Project Start Date</b>	<b>Project End Date</b>	<b>RAG Status</b>
L1: Staffing & Patients Access Arrangements – HSCP Premises	Mairi-Clare Armstrong	March 2022	October 2022	<b>Green</b>
L2: Reflections and Learning from working during the pandemic	Lesley Bairden/Lee McLaughlin/Tom Kelly and Raymond Prior	August 2021	November 2022	<b>Green</b>
L3: Learning Disability Development	Tom Kelly	August 2022	March 2024	<b>Green</b>
L4: East Renfrewshire Workforce Wellbeing Action Plan	Lisa Gregson	January 2022	September 2022	<b>Green</b>
L5: Development of Wellbeing Champions/Wellbeing Lead Role	Lee McLaughlin	September 2021	December 2021	<b>Green</b>
L6: Bespoke Wellbeing Support for individual services	Lee McLaughlin	February 2022	September 2022	<b>Green</b>
L7: Case Recording System (CareFirst) Replacement	Lesley Bairden	April 2022	October 2024	<b>Green</b>
L8: Care at Home Scheduling System Replacement	Gayle Smart	May 2022	January 2023	<b>Green</b>
L9: Learning Management System	Joan Reade	November 2021	March 2023	<b>Paused</b>

## PLANNED PROJECTS AS AT 02 SEPTEMBER 2022

<b>PLANNED Projects</b>				
<b>PROJECT</b>	<b>PROJECT OWNER</b>	<b>Project Start Date</b>	<b>Project End Date</b>	<b>RAG Status</b>
P1. Care at Home Review Phase 2	Lee McLaughlin	October 2022	June 2023	N/A
P2. Compassionate/Trauma Informed Responsive Leadership	Craig Menzies	August 2021	March 2023	N/A
P3. Information Governance and Data Cleansing	Julie Murray	October 2022	December 2023	N/A
P4. Individual Budget Calculator Review	Lee McLaughlin/Lesley Bairden	January 2023	August 2023	N/A
P5. Review of Commissioned Services	Margaret Phelps	November 2022	July 2023	N/A

## FUTURE PROJECTS AS AT 02 SEPTEMBER 2022

<b>FUTURE PROJECTS</b>				
<b>PROJECT</b>	<b>PROJECT OWNER</b>	<b>Project Start Date</b>	<b>Project End Date</b>	<b>RAG Status</b>
F1. Review of Telephony Systems	Lesley Bairden	November 2022	November 2023	N/A
F2. Pre Payment Cards	Lesley Bairden	February 2023	December 2023	N/A



## LIVE PROJECTS

<b>Project Title</b>	<b>L1. Staffing &amp; Patients Access Arrangements – HSCP Premises</b>
<b>Project Owner</b>	Mairi-Clare Armstrong
<b>Purpose - what do we want to achieve</b>	<ul style="list-style-type: none"> <li>• To manage the safe return of office-based/hybrid working for staff who have been working from home</li> <li>• Remove COVID restrictions that have been in place and increase capacity across buildings</li> <li>• To ensure safe return of pre-pandemic patient clinics in HSCP buildings</li> <li>• To work with services to identify current and future accommodation needs and pressures</li> </ul>
<b>Expected Outcomes – Non financial</b>	<ul style="list-style-type: none"> <li>• A safe and managed return to pre-pandemic arrangements where accommodation capacity allows.</li> <li>• An overview of current and future accommodation needs and pressures</li> <li>• A buildings estate that can embrace hybrid working requirements</li> </ul>
<b>Expected Outcomes – financial</b>	There are no expected financial outcomes as a result of this project.
<b>Current Update</b>	<ul style="list-style-type: none"> <li>• Buildings re-instated to pre covid conditions</li> <li>• Removal of covid restrictions and buildings returned to full capacity</li> <li>• On staff floors in health and care centre a zoned approach has been adopted to manage capacity and support hybrid working</li> </ul>
<b>Next Steps</b>	<ul style="list-style-type: none"> <li>• Collation of current and future accommodation needs and pressures</li> <li>• Review capacity of buildings as a result of hybrid working</li> <li>• Prepare project closure documentation</li> </ul>
<b>RAG</b>	
<b>Timeline</b>	March 2022 to October 2022

<b>Project Title</b>	<b>L2 - Reflections and Learning from working during the pandemic</b>
<b>Project Owner</b>	Lesley Bairden/Lee McLaughlin/Tom Kelly/Raymond Prior
<b>Purpose - what do we want to achieve</b>	<ul style="list-style-type: none"> <li>To capture lessons learned over the pandemic period from the required changes to working practices across the HSCP due to the necessity to facilitate home-working, social distancing impact in relation to contact with patients and those who use our services; and the impact of communicating to a remote workforce during a time of significant change.</li> <li>To disseminate which of these changes created a positive impact, and how these may be incorporated into general working practices post-pandemic.</li> </ul>
<b>Expected Outcomes – Non financial</b>	<ul style="list-style-type: none"> <li>The creation of a clear and detailed illustration of lessons learned for consideration as to how the experiences of the last two and a half years can provide the foundation for accelerating the pace of change in the Recovery and Renewal Programme across all projects.</li> <li>The establishment of a clear framework by which all existing and emerging projects can refer to when scoping potential improvements and efficiencies related to the project, and ensure that these proven advances are embedded into project thinking where appropriate.</li> <li>Assist in future achievement of efficiencies in projects within the Recovery and Renewal Programme</li> <li>Engaging and collaborating with the workforce to design services for the future</li> </ul>
<b>Expected Outcomes – financial</b>	There are no expected financial outcomes as a result of this project.
<b>Current Update</b>	<ul style="list-style-type: none"> <li>This is an iterative process, short term focus has been on managing the transition to hybrid working for all staff.</li> <li>This is enabling us to understand the process and service delivery changes we have made over the course of the pandemic.</li> </ul>
<b>Next Steps</b>	<ul style="list-style-type: none"> <li>To understand changes that can be capitalised on to maximise opportunities from hybrid working and support other projects within recovery and renewal programme</li> </ul>
<b>RAG Status</b>	
<b>Timeline</b>	August 2021 to November 2022

<b>Project Title</b>	<b>L3 – Learning Disability Development</b>
<b>Project Owner</b>	Tom Kelly
<b>Purpose - what do we want to achieve</b>	<ul style="list-style-type: none"> <li>• To undertake an extensive review of our current approach to supporting those who use our Learning Disability support services and introduce a modern integrated service that puts the needs of those who use our services at the heart of what we do, whilst identifying viable and sustainable options for creating efficiencies in service provision</li> <li>• The project will encompass a review of the overnight support service ('sleepovers'), facilitating a fresh assessment of overall support needs, and looking at ways of utilising modern technology to provide personalised support alternatives, introducing less intrusive and more efficient methods of meeting assessed need and managing more successful and fulfilling outcomes</li> <li>• The project will also build upon the work carried out in relation to Phase 1 of the remobilisation of day opportunities following the enforced COVID-19 service suspension of these services. The review will provide the opportunity to assess how the reintroduction of both building based and outreach services can be individualised, and provide a better fit with a modernised integrated Learning Disability support service.</li> </ul>
<b>Expected Outcomes – Non financial</b>	<ul style="list-style-type: none"> <li>• Ensuring those that use our learning disability service are supported and encouraged to thrive with enhanced day opportunities</li> <li>• The creation of a modern, integrated and efficient support service</li> </ul>
<b>Expected Outcomes – financial</b>	<p>Indicative savings are:</p> <ul style="list-style-type: none"> <li>• 2022/23: £200k</li> <li>• 2023/24: £300k</li> <li>• 2024/25: £100k</li> </ul>
<b>Current Update</b>	<ul style="list-style-type: none"> <li>• Project manager in place to oversee the project</li> <li>• Initial planning meetings have taken place with key staff within the service</li> </ul>
<b>Next Steps</b>	<ul style="list-style-type: none"> <li>• Project plan will be developed with key milestones and deliverables.</li> </ul>
<b>RAG Status</b>	
<b>Timeline</b>	August 2022 to March 2024

<b>Project Title</b>	<b>L4 – East Renfrewshire Workforce Wellbeing Action Plan</b> <b>L5 – Development of Wellbeing Champions/Wellbeing Lead Role</b> <b>L6 – Bespoke Wellbeing Support for Individual Services</b>
<b>Project Owner</b>	L4 – Lisa Gregson L5 – Lee McLaughlin L6 – Lee McLaughlin
<b>Purpose - what do we want to achieve</b>	<ul style="list-style-type: none"> <li>• Finalise a Workforce Wellbeing Action Plan.</li> <li>• To develop and establish a wellbeing Champions/Wellbeing Lead Role</li> <li>• Develop a robust and comprehensive wellbeing support service for staff.</li> </ul>
<b>Expected Outcomes – Non financial</b>	<ul style="list-style-type: none"> <li>• Staff health and wellbeing is a strategic priority</li> <li>• Staff have opportunity to shape wellbeing action plan</li> <li>• Staff have opportunity to engage in wellbeing activities and offerings</li> <li>• Staff feel supported by the organisation</li> </ul> <p>A number of the expected outcomes have been successfully achieved.</p>
<b>Expected Outcomes – financial</b>	There are no expected financial outcomes as a result of this project.
<b>Current Update</b>	<ul style="list-style-type: none"> <li>• Staff wellbeing survey findings have been analysed</li> <li>• One to one 'wellbeing conversations' available to all staff</li> <li>• Summer of Wellness programme successfully delivered</li> <li>• Wellbeing webpage developed for all health and wellbeing related information and offers.</li> <li>• Updated Workforce Wellbeing Action Plan in place</li> </ul>
<b>Next Steps</b>	<ul style="list-style-type: none"> <li>• Discussion at September Recovery &amp; Renewal Programme Board on project closure as original objectives have been achieved.</li> </ul>
<b>RAG</b>	
<b>Timeline</b>	L4 – January 2022 to September 2022 L5 – September 2021 to December 2021 - Complete L6 – February 2022 to September 2022

<b>Project Title</b>	<b>L7 - Case Recording System Replacement</b>
<b>Project Owner</b>	Lesley Bairden
<b>Purpose - what do we want to achieve</b>	<ul style="list-style-type: none"> <li>• The HSCP Case Management solution is the mechanism by which HSCP staff record and capture information relating to those who use our services.</li> <li>• To procure and implement a new comprehensive case management solution for the recording and management of service user information and case recording within all aspects of Social Work managed by the HSCP</li> </ul>
<b>Expected Outcomes – Non financial</b>	<ul style="list-style-type: none"> <li>• A system that can be accessed and updated from anywhere on any device</li> <li>• Lean and person centred recording processes</li> <li>• Data as an asset- using data available to drive future service improvement</li> </ul>
<b>Expected Outcomes – financial</b>	<p>Indicative savings are:</p> <ul style="list-style-type: none"> <li>• 2024/25: £75k</li> <li>• 2025/26: £75k</li> </ul>
<b>Current Update</b>	<ul style="list-style-type: none"> <li>• Project now established and full project team in place as of 1 August 2022</li> <li>• Business Analyst resource in post, critical role to support capturing of business requirements.</li> <li>• Soft market testing has been completed - the 5 suppliers on the Scottish Excel Framework produced product demos to representatives from services across the partnership on 24 and 25 August. The demos were informative and a provided an excellent starting point in terms of providing a good overview of the market place.</li> </ul>
<b>Next Steps</b>	<ul style="list-style-type: none"> <li>• Project Team to commence the requirements gathering exercise across services</li> <li>• Establishment of project workstreams as agreed by the Programme Board</li> <li>• Capturing of “as is” business requirements by Business Analyst and project team</li> </ul>
<b>RAG</b>	
<b>Timeline</b>	April 2022 to October 2024

<b>Project Title</b>	<b>L8 - Care at Home Scheduling System Replacement</b>
<b>Project Owner</b>	Gayle Smart
<b>Purpose - what do we want to achieve</b>	<ul style="list-style-type: none"> <li>To deliver a new, digital and modernised Care at Home Scheduling system to replace the existing CM2000 system</li> </ul>
<b>Expected Outcomes – Non financial</b>	<ul style="list-style-type: none"> <li>The implementation of a new scheduling system, fully compatible with recently introduced hand held devices to Care at Home staff in the field.</li> <li>The new system will allow increased functionality and improved scheduling and reporting</li> <li>Lean and efficient processes to schedule and realign care at home visits</li> </ul>
<b>Expected Outcomes – financial</b>	<p>Indicative savings are:</p> <ul style="list-style-type: none"> <li>2022/23: £25k</li> <li>2023/24: £75k</li> </ul>
<b>Current Update</b>	<ul style="list-style-type: none"> <li>The Project is now moving forward at pace.</li> <li>The new preferred supplier in place (TotalMobile)</li> <li>Implementation plan complete</li> <li>On track for a 'go-live' date on 23 December 2022.</li> </ul>
<b>Next Steps</b>	<ul style="list-style-type: none"> <li>Data cleansing underway</li> <li>User training planned and scheduled</li> </ul>
<b>RAG Status</b>	
<b>Timeline</b>	May 2022 to January 2023

<b>Project Title</b>	<b>L9 – Learning Management System</b>
<b>Project Owner</b>	Raymond Prior
<b>Purpose - what do we want to achieve</b>	<ul style="list-style-type: none"> <li>• This project will introduce a Learning Management System (LMS) for East Renfrewshire HSCP.</li> <li>• The current approach to advertising, scheduling and recording training is currently manual, particularly for those staff from partners and 3<sup>rd</sup> sector organisations.</li> <li>• A solution that also assists in identifying training and learning gaps, utilising analytical data and reporting. At present, each of these tasks is undertaken manually, increasing the time required to complete tasks and using a range of systems which fragments data, increases the work required and the increase the risk of error or missed opportunities</li> </ul>
<b>Expected Outcomes – Non financial</b>	<ul style="list-style-type: none"> <li>• A system that will enable all aspects of training management to be undertaken in one place.</li> <li>• Reduction in administration time for arranging and recording training attendance</li> <li>• Reporting functionality that will identify training gaps and allow these to be addressed timeously</li> </ul>
<b>Expected Outcomes – financial</b>	There are no expected financial outcomes as a result of this project.
<b>Current Update</b>	<ul style="list-style-type: none"> <li>• Project is currently paused as the Learning and Development team review potential functionality within existing systems</li> </ul>
<b>Next Steps</b>	<ul style="list-style-type: none"> <li>• The project team is now liaising with ERC ICT over possible alternative options available within existing functionality of the current <i>'iTrent'</i> system to create a more efficient way to deliver the project aims without occurring additional resource and expense.</li> </ul>
<b>RAG Status</b>	
<b>Timeline</b>	November 2021 to January 2023 – Currently Paused

## PLANNED PROJECTS

<b>Project Title</b>	<b>P1- Care at Home Review Phase 2</b>
<b>Project Owner</b>	Lee McLaughlin
<b>Purpose - what do we want to achieve</b>	<ul style="list-style-type: none"> <li>• Structure redesign</li> <li>• Defined offering to the external market place</li> <li>• An operating model that is effective and efficient</li> <li>• Care at Home and Telecare services aligned and cross service opportunities maximised</li> </ul>
<b>Expected Outcomes – Non financial</b>	<ul style="list-style-type: none"> <li>• A sustainable, resource and cost efficient operating model</li> </ul>
<b>Expected Outcomes – financial</b>	<p>Indicative savings are:</p> <ul style="list-style-type: none"> <li>• 2022/23 - £100k</li> <li>• 2023/24 - £200k</li> <li>• 2024/25 - £200k</li> </ul>
<b>Next Steps</b>	Project brief to be developed and brought to future Programme Board.
<b>Timeline</b>	October 2022 to May 2023



<b>Project Title</b>	<b>P2 - Compassionate and Trauma Informed Responsive Leadership</b>
<b>Project Owner</b>	Craig Menzies
<b>Purpose - what do we want to achieve</b>	<ul style="list-style-type: none"> <li>• Establish a trauma steering group across the organisation</li> <li>• Baseline measure of how trauma informed we are as an organisation</li> <li>• Identify future training requirements for staff and managers</li> </ul>
<b>Expected Outcomes – Non financial</b>	<ul style="list-style-type: none"> <li>• A trauma informed workforce</li> <li>• Training programme available to staff</li> </ul>
<b>Expected Outcomes – financial</b>	There are no expected financial outcomes as a result of this project.
<b>Next Steps</b>	<ul style="list-style-type: none"> <li>• Trauma steering group continues to meet</li> <li>• Action/implementation plan developed</li> </ul>
<b>Timeline</b>	August 2021 to March 2023

<b>Project Title</b>	<b>P3 - Information Governance and Data Cleansing</b>
<b>Project Owner</b>	Julie Murray
<b>Purpose - what do we want to achieve</b>	<ul style="list-style-type: none"> <li>• Implement a robust approach to information governance across the HSCP ensuring statutory duties are met</li> <li>• Embed good information governance practices into business as usual activity</li> <li>• Ensure staff have the training and information to manage associated risk accordingly</li> <li>• HSCP meets statutory requirements in relation to information governance</li> <li>• Fully prepared for a transition to a new case recording system and online collaboration tools such as One Drive.</li> </ul>
<b>Expected Outcomes – Non financial</b>	<ul style="list-style-type: none"> <li>• HSCP has a defined approach to information governance</li> <li>• HSCP processes are reviewed to ensure information governance requirements are adhered to</li> <li>• Reduced risks of data breaches and potential Information Commissioner fines</li> </ul>
<b>Expected Outcomes – financial</b>	There are no expected financial outcomes as a result of this project.
<b>Next Steps</b>	The project brief is being prepared and will be taken to Programme Board in September for initial discussions.
<b>Timeline</b>	October 2022 to December 2023

<b>Project Title</b>	<b>P4 - Individual Budget Calculator Review</b>
<b>Project Owner</b>	Lee McLaughlin/Lesley Bairden
<b>Purpose - what do we want to achieve</b>	<ul style="list-style-type: none"> <li>• Review the existing approach to the individual budget calculator after a period of operation both pre-Covid and during the pandemic response</li> <li>• Reflect user experience and revised legislation expected Autumn 2022</li> <li>• Align with any new ways of working</li> <li>• Parameters will be linked to IJB decision on contribution element</li> <li>• Develop REG approach and appropriate challenge and link to any criteria revision</li> <li>• Inform finance module requirements of new case recording system</li> </ul>
<b>Expected Outcomes – Non financial</b>	<ul style="list-style-type: none"> <li>• Equitable calculator that maximises individuals own assets and supports</li> <li>• Maximise independence and flexibility within legislation</li> <li>• Continue to build on relationships with SDS and Carers Forums</li> <li>• Promote ownership of own budget</li> </ul>
<b>Expected Outcomes – financial</b>	<p>An indicative saving of:</p> <ul style="list-style-type: none"> <li>• 2023/24: £200k</li> </ul>
<b>Next Steps</b>	The project is scheduled to start in January 2023. Documentation will be prepared and taken to Programme Board by December 2022.
<b>Timeline</b>	January 2023 to August 2023

<b>Project Title</b>	<b>P5 - Review of Commissioned Services</b>
<b>Project Owner</b>	Margaret Phelps
<b>Purpose - what do we want to achieve</b>	<ul style="list-style-type: none"> <li>To review a number of arrangements to ensure we are maximising all framework and contractual opportunities</li> </ul>
<b>Expected Outcomes – Non financial</b>	<ul style="list-style-type: none"> <li>Resilience in local partnership working</li> </ul>
<b>Expected Outcomes – financial</b>	<p>An indicative saving of:  2022/23 - £75  2023/24 - £225k</p> <p>This may also support a number of other projects and we need to ensure there is no double counting.</p>
<b>Next Steps</b>	Project brief to be created and taken to October Programme Board. Project due to start in November 2022.
<b>Timeline</b>	November 2022 to July 2023

## Future Projects

<b>Project Title</b>	<b>F1 – Review of Telephony Systems</b>
<b>Project Owner</b>	Lesley Bairden
<b>Purpose - what do we want to achieve</b>	<ul style="list-style-type: none"> <li>• Delivery of a unified telephony system that supports and enhances service delivery</li> <li>• A telephony system that supports hybrid working and future technological developments</li> <li>• Access to telephony and communications data reports</li> </ul>
<b>Expected Outcomes – Non financial</b>	<ul style="list-style-type: none"> <li>• A modern, flexible telephony and communications system</li> <li>• Technology that supports hybrid working and enables further integration across health and social care</li> <li>• A solution that enables HSCP to provide a better experience for those who contact the partnership</li> <li>• Access to data enabling HSCP to understand telephony demands and trends that can be used to influence future service redesign</li> </ul>
<b>Expected Outcomes – financial</b>	Potential financial savings are unknown at this stage
<b>Next Steps</b>	Development of project brief documentation
<b>Timeline</b>	November 2022 to November 2023

<b>Project Title</b>	<b>F2- Pre-Paid Cards</b>
<b>Project Owner</b>	Lesley Bairden
<b>Purpose - what do we want to achieve</b>	<ul style="list-style-type: none"> <li>• Explore the technology and governance required to introduce new functionality and processes for payment disbursement.</li> <li>• The improved mechanism would be utilised for various purposes such as crisis grants, imprest accounts and petty cash.</li> <li>• Reduce cash handling by staff where appropriate to do so.</li> </ul>
<b>Expected Outcomes – Non financial</b>	<ul style="list-style-type: none"> <li>• More efficient process for issuing money for example to Foster Carers to buy necessary items for an emergency placement</li> <li>• Potential reduction in business support time managing and overseeing petty cash and imprest accounts</li> <li>• A more resilient process for issuing money in an emergency situation</li> </ul>
<b>Expected Outcomes – financial</b>	Potential financial savings are unknown at this stage
<b>Next Steps</b>	Work to begin preparing the project brief, project scheduled to begin in February 2023.
<b>Timeline</b>	February 2023 to December 2023



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	21 September 2022
<b>Agenda Item</b>	12
<b>Title</b>	Specialist Learning Disability In Patients Performance Report
<b>Summary</b>	
<p>This paper outlines the annual performance of the specialist learning disability in patient service for the calendar year 2021 in addition year to date performance information for 2022 is provided.</p>	
<b>Presented by</b>	Tom Kelly
<b>Action Required</b>	
<p>The Integration Joint Board are asked to:-</p> <ul style="list-style-type: none"> <li>• Note the Performance and Audit Committee recommendation to share the performance report for this service for the calendar year 2021 along with year to date data for 2022.</li> <li>• Agree that this information is shared with the partner HSCPs within NHSGGC.</li> </ul>	
<b>Directions</b>	<b>Implications</b>
<input checked="" type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<input type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Workforce <input type="checkbox"/> Equalities <input type="checkbox"/> Risk <input type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**21 September 2022**

**Report by Chief Officer**

**Specialist Learning Disability In Patients Performance Report**

**PURPOSE OF REPORT**

1. The purpose of this report is to provide the IJB with the performance report for this Specialist Learning Disability In Patients service for the calendar year 2021 along with year to date data for 2022. Following discussion at the June Performance and Audit Committee it was agreed that this information would be of interest to the IJB and the committee suggested the report should also be shared with partner HSCPs within NHSGGC.

**RECOMMENDATION**

2. The Integration Joint Board is asked to:-
  - Note the Performance and Audit Committee recommendation to share the performance report for this service for the calendar year 2021 along with year to date data for 2022.
  - Agree that this information is shared with the partner HSCPs within NHSGGC.

**BACKGROUND**

3. The report included at appendix 1 was presented to the June Performance and Audit Committee. Following discussion it was recommended that the report covering the calendar year 2021 along with year to date information to June 2022 be shared with the Integration Joint Board. Members of that committee also considered the information would be useful to support governance and decision making across our partner HSCPs.

**REPORT**

4. As has been the case annually since East Renfrewshire began hosting the service an annual performance report has been produced and presented to the Performance and Audit Committee
5. The performance report for calendar year 2021 was discussed at the June Performance and Audit Committee. The committee noted the main points of the report and asked that further data be included to outline the position to this point in 2022. The report has been updated with 2022 data to June, this is featured in section 7 of the appended report.

**CONSULTATION AND PARTNERSHIP WORKING**

6. East Renfrewshire hosts the in patient service on behalf of NHSGGC therefore the performance relating to admission and discharge is determined by activity across all HSCPs.

**IMPLICATIONS OF THE PROPOSALS**

7. There are no implications arising as a result of this report.

**DIRECTIONS**

8. There are no directions arising as result of this report.

**CONCLUSIONS**

9. This paper outlines the annual performance of the specialist learning disability in patient service for the calendar 2021 in addition year to date performance information is provided.

**RECOMMENDATIONS**

10. The Integration Joint Board is asked to:-

- Note the Performance and Audit Committee recommendation to share the performance report for this service for the calendar year 2021 along with year to date data for 2022.
- Agree that this information is shared with the partner HSCPs within NHSGGC.

**REPORT AUTHOR AND PERSON TO CONTACT**

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Chief Officer, IJB: Julie Murray

**PERFORMANCE REPORT  
SPECIALIST LEARNING DISABILITY IN PATIENT SERVICES****April 2022****Julie Fitzpatrick, Service Manager Specialist Learning Disability Services  
Margaret Mason, Challenging Behaviour Network Manager**

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**1. PURPOSE**

The purpose of this paper is to provide data on the performance of Specialist Learning Disability Inpatient Services with a particular focus on Admission and Discharge activity throughout **2021**. We have also included data in section 7 of the report which covers the first half of 2022 and summarises recent activity. The aim is to ensure visibility of the key issues for patients as well as highlighting areas for improvement.

**2. BACKGROUND**

This report focuses on activity relating to our Assessment and Treatment Services (Blythwood House and Claythorn House) which has 27 beds across the two sites. The service is available to people with a learning disability residing in 9 Health and Social care Partnerships, 6 of which are within the NHS GGC boundary and 3 of which are provided via service level agreements in areas outwith NHS GGC.

The data in this report has been collected from our bed management system, EMIS and TrakCare. There are some limitations in the data provided due to patients admitted in the previous years but not yet discharged being included in this report. There was also missing data for the number of individuals appropriately admitted to mental health care, and had not needed specialist learning disability inpatient care.

**3. KEY MESSAGES**

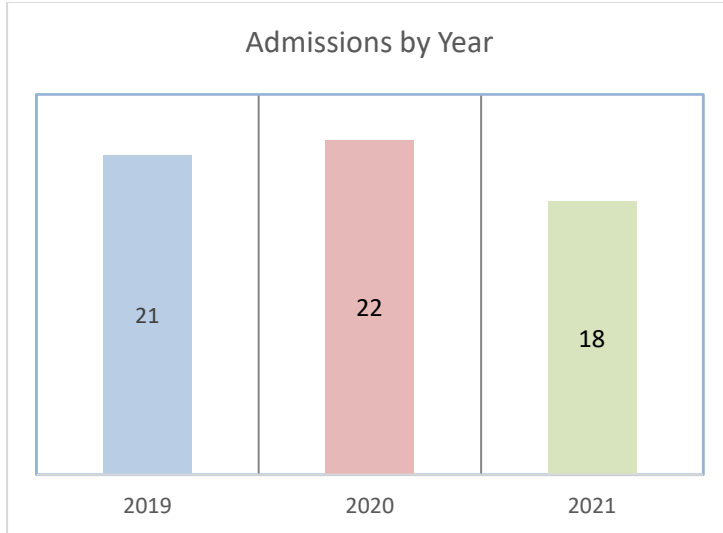
- The service continued to operate fully throughout the pandemic despite many COVID challenges. Blythwood had to close to admissions when in outbreak status – which happened on only one occasion. Claythorn has never had a COVID outbreak.
- Beds were mainly occupied by people who were admitted due to mental illness (58%). However, there was an increase in admissions due to challenging behaviour alone from previous years (42% compared to 32% in 2020). There has also been an increased profile of patients with complex needs.
- Delayed discharge caused significant issues, with a number of patients having no discharge plan for a significant period of time nor a home to return to. The reasons for delay were due to no suitable accommodation and/or no providers in place and/or providers in place having real difficulty with recruitment.
- People are still more likely to be discharged within a reasonable timescale if their primary reason for admission is due to mental ill health.

## 4. REPORT

### Overview of Activity in 2021

#### 4.1 Admissions

Chart 1

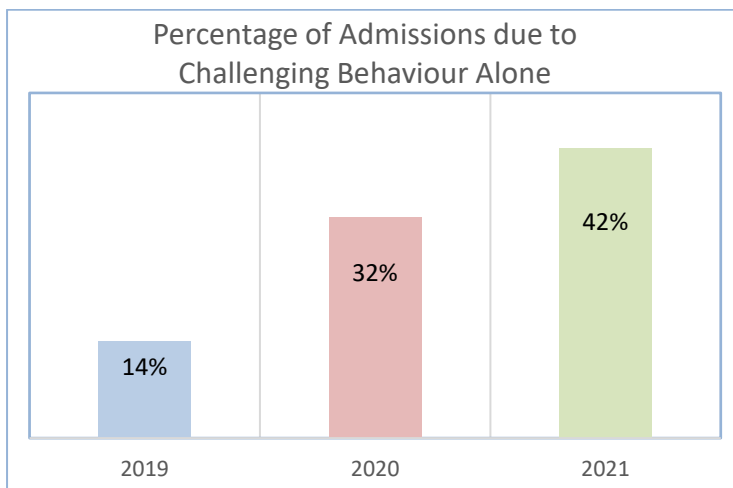


In total 18 people were admitted in 2021. This is a reduction of 4 from the previous year and relates directly to a smaller number of discharges during 2021. However, more people were admitted than discharged due to the use of a contingency bed in Claythorn.

Of the total numbers of referrals received 9 of the patients were admitted directly to the service (50%), the remainder through general adult mental health services first.

#### 4.2 Reason for Admissions

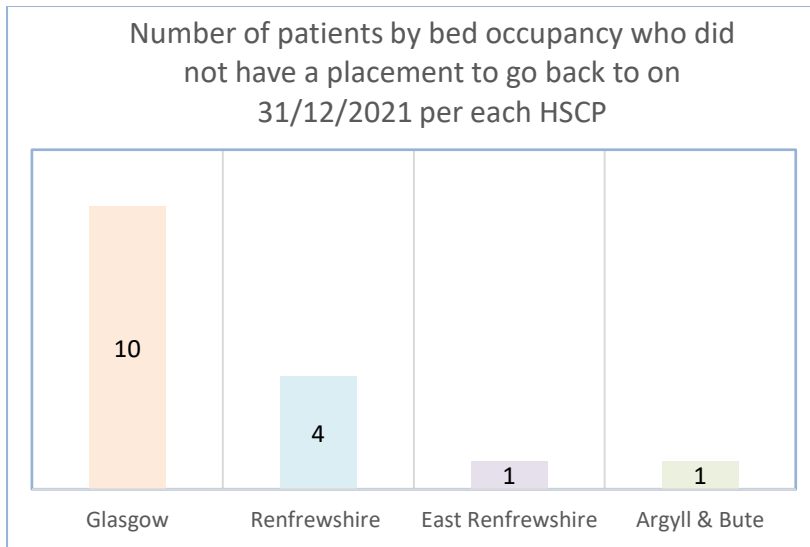
Chart 2



There was an increase in admissions due to challenging behaviour alone from previous years (42% compared to 32% in 2020). This may have been due to the Covid pandemic related reduction in some community supports and provider staffing issues resulting in community services being overall less able to support those with the most challenging behaviour.

#### 4.3 Number of patients without a placement

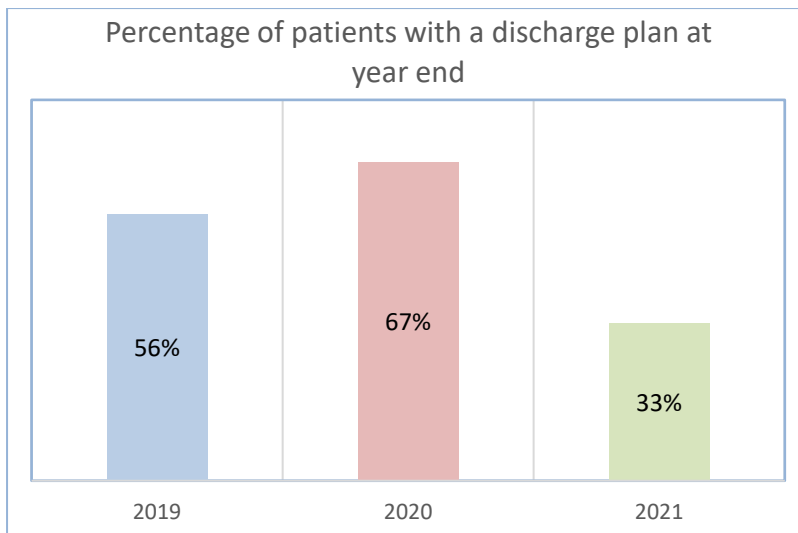
Chart 3



16 inpatients on the 31/12/21 were noted to not have a home to return– they had no community placement. This is over half the patient group and reduces the ability of the service to successfully manage patient flow.

#### 4.4 Patients with a discharge plan

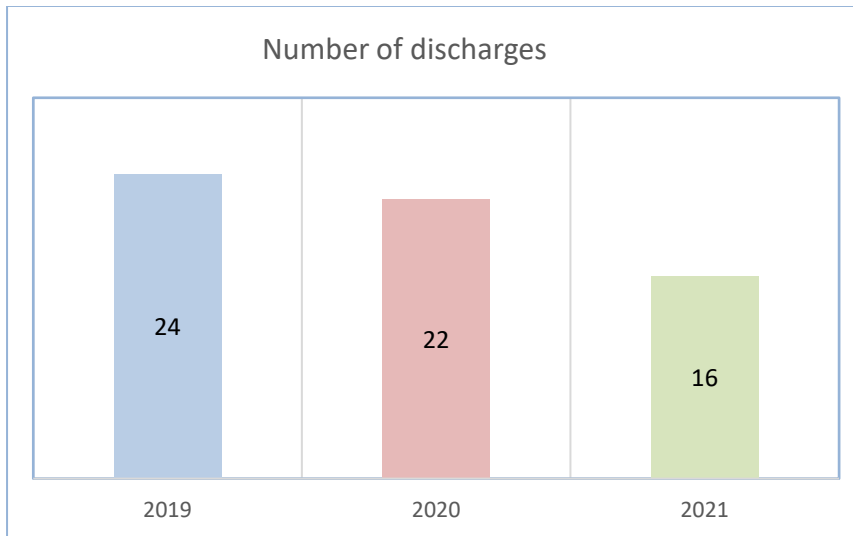
Chart 4



Only 33% of inpatients had a discharge plan on the 31/12/21. This was a significant reduction in the number from the previous year of 67%. Some patients have been waiting a long and unacceptable time for discharge. One patient has been waiting to move out of learning disability hospital provision since **2016**.

#### 4.5 Number of discharges

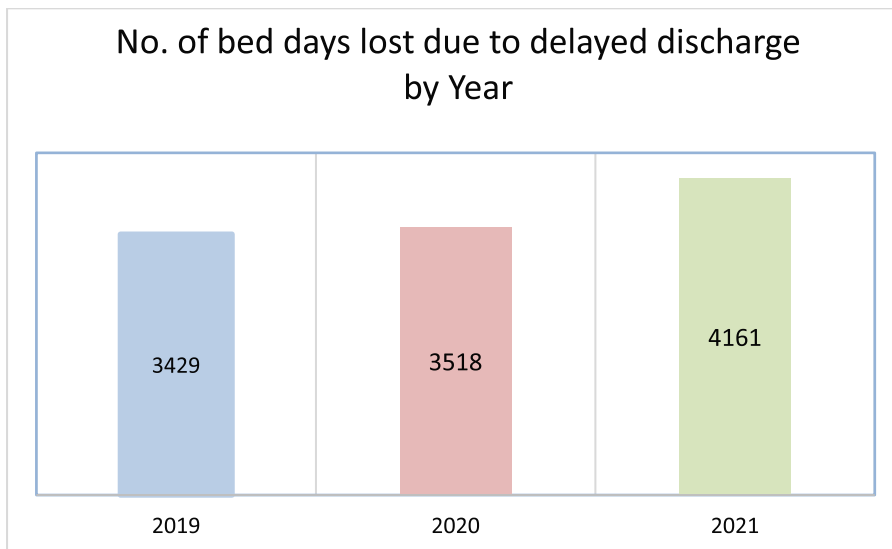
Chart 5



16 patients were discharged in 2021 compared with 22 discharges in 2020. One person discharged was re-admitted in the same year (2021) as a result of placement breakdown. The average length of stay for those patients discharged in 2021 was **294** days with a range of 12-694 days. For patients able to be discharged back home during 2021 the average length of stay was 106 days (range 12-211 days) and for patients requiring a new placement to be discharged to during 2021 the average length of stay was 407 days (range 190-694 days).

#### 4.6 Bed days lost

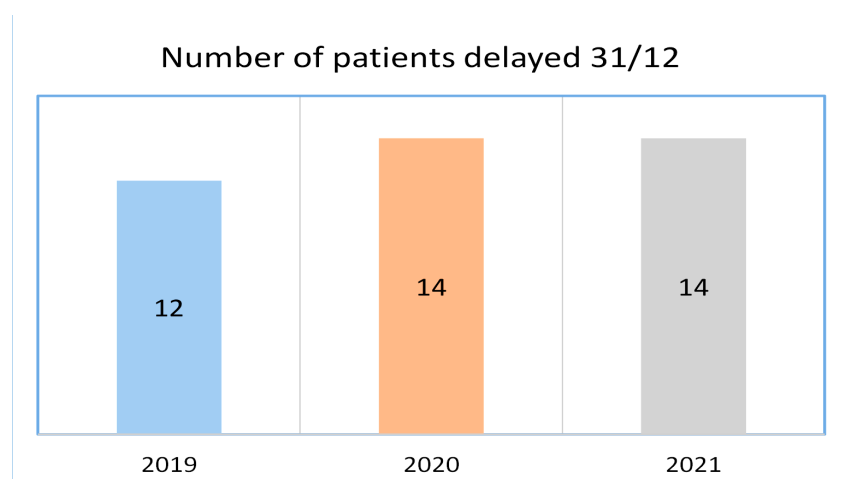
Chart 6



There was a 15% increase in beds days lost due to delayed discharge from 2020 to 2021.

#### 4.7 Number of patients delayed at the end of each year

Chart 7



The number of patients delayed on 31/12/21 did not improve from 31/12/20. Over half the patient group (53%) were delayed.

#### 4.8 HSCP Activity in 2021

Table 1

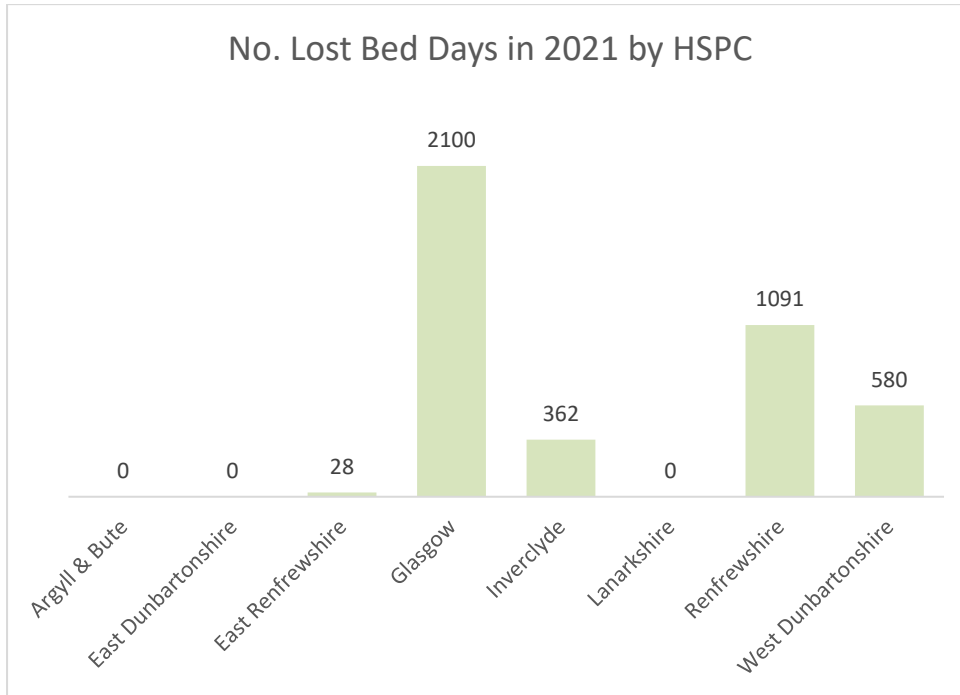
HSCP	2021		
	Total Referrals	Admissions	Discharges
Argyll & Bute	1	1	0
East Dunbartonshire	0	0	0
East Renfrewshire	2	2	1
Glasgow	12	9	6
Inverclyde	3	1	3
Lanarkshire	0	0	0
Renfrewshire	5	5	4
West Dunbartonshire	0	0	2
<b>Total</b>	<b>21</b>	<b>18</b>	<b>16</b>

#### 4.9 Beds days lost by HSCP

Table 2

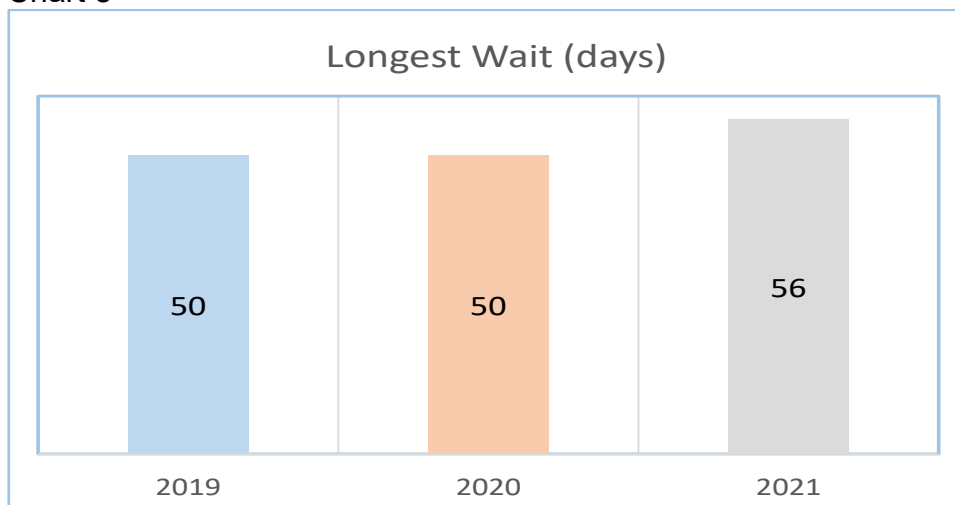
HSCP	2019	2020	2021
Argyll & Bute			0
East Dunbartonshire			0
East Renfrewshire			28
Glasgow			2100
Inverclyde			362
Lanarkshire			0
Renfrewshire			1091
West Dunbartonshire			580
<b>Total Days</b>	<b>3429</b>	<b>3518</b>	<b>4161</b>

Chart 7



#### 4.10 Waiting Times

Chart 8



The longest wait for a bed was **56** days and this patient went first into a mental health bed before being transferred to a Learning Disability bed.

As a result of continuous occupancy, the service is often unable to directly admit several people requiring specialist learning disability assessment & treatment.

A group of people were removed from the waiting list as admission was no longer required or an alternative had been established.



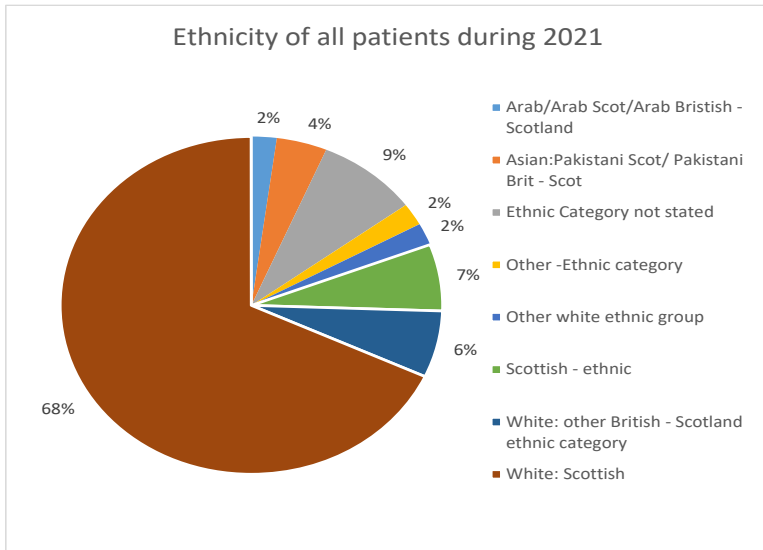
4.11 Mental Health Adult Services Admissions (with no LD bed transfer)

The LD service is aware of at least 9 patients with LD that were admitted to a mental health bed during 2021 that were then not transferred to a learning disability bed, and remained in a MH bed throughout their inpatient stay.

**5. Patient Characteristics Data**

5.1 Ethnicity

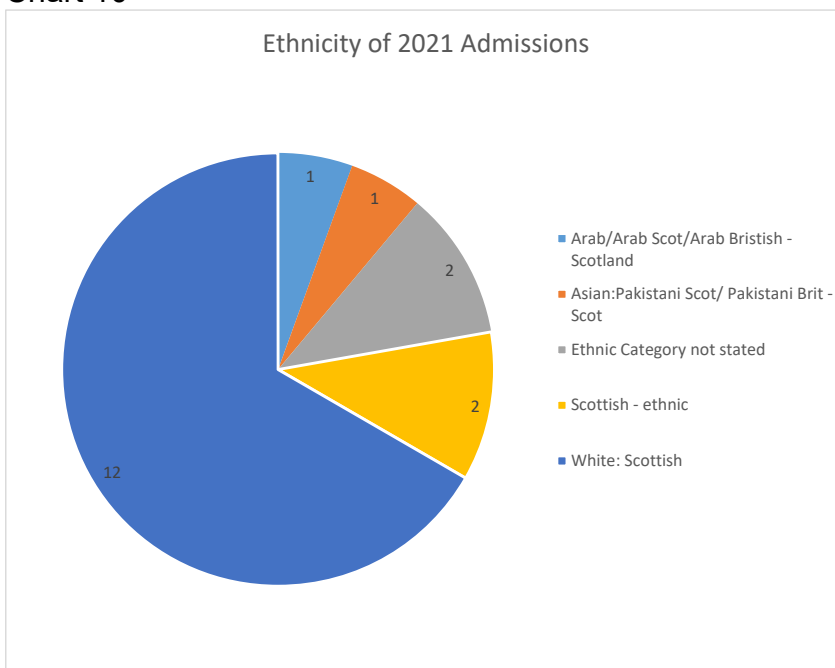
Chart 10



The largest ethnic group of patients described in patient records in 2021 is 'white Scottish'. The categories overlap somewhat and require a clearer delineation going forward.

The largest ethnic group by admission in 2021 is 'Scottish'.

Chart 10



## 5.2 Gender

There were slightly more female admissions in 2021 compared to males. This is unusual as in other years there were typically more males admitted.

Chart 11

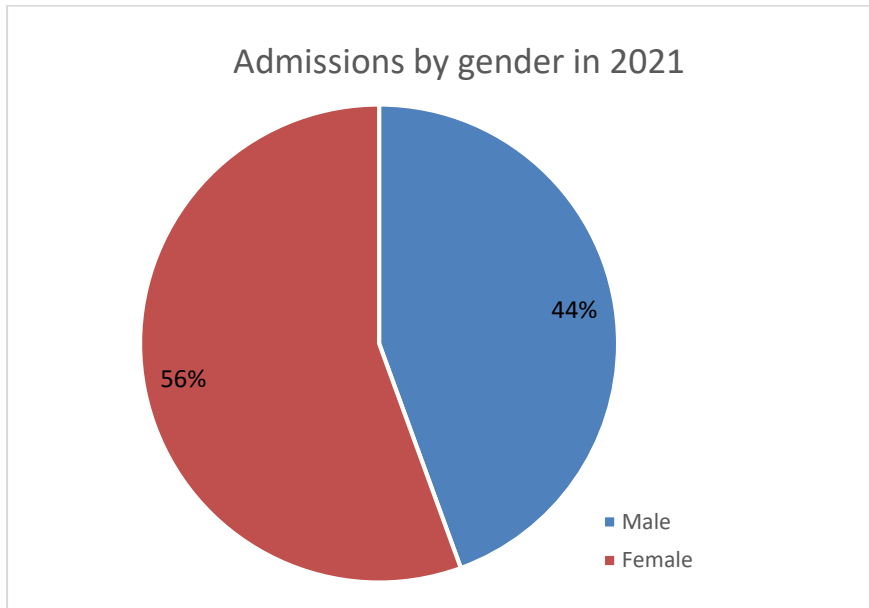
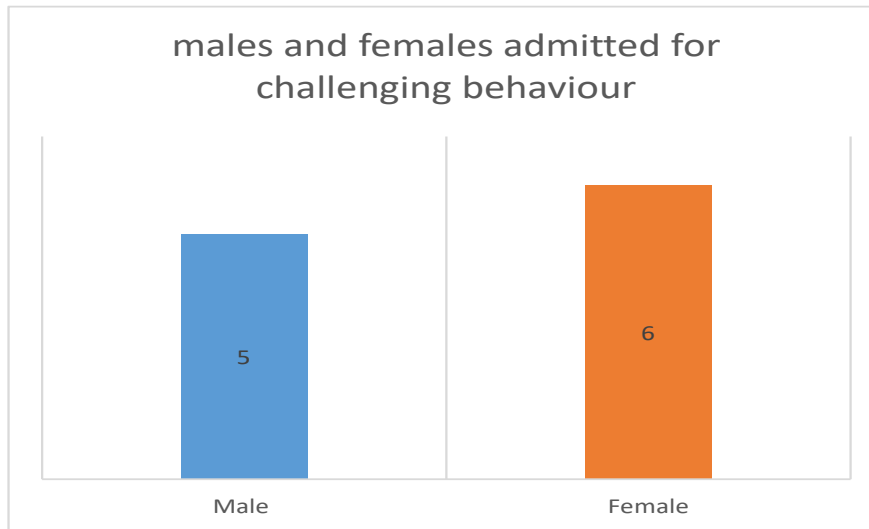


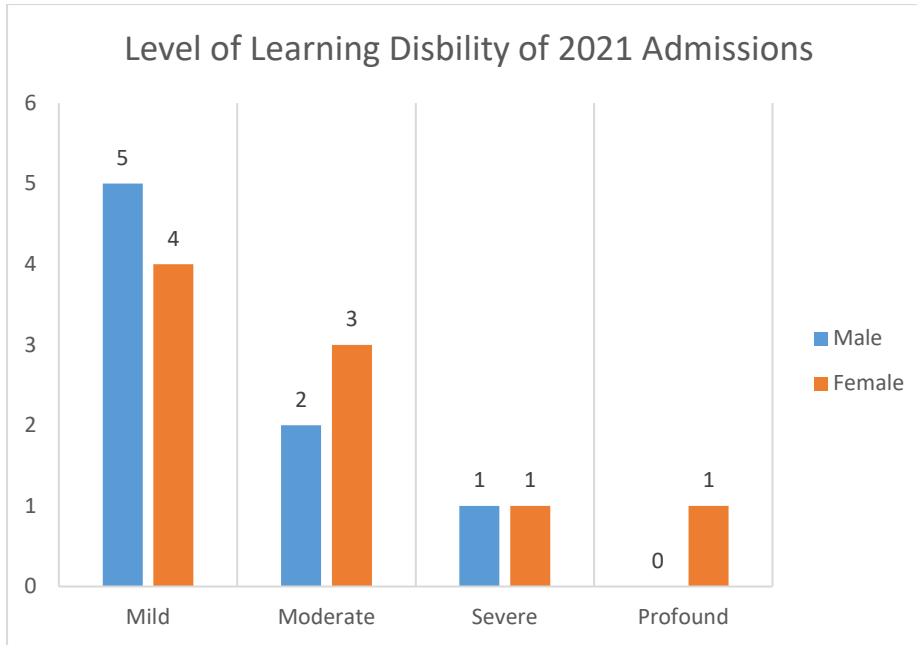
Chart 12



There was slightly more females admitted (6) for challenging behaviour compared to males (5) in 2021.

### 5.3 Level of learning disability

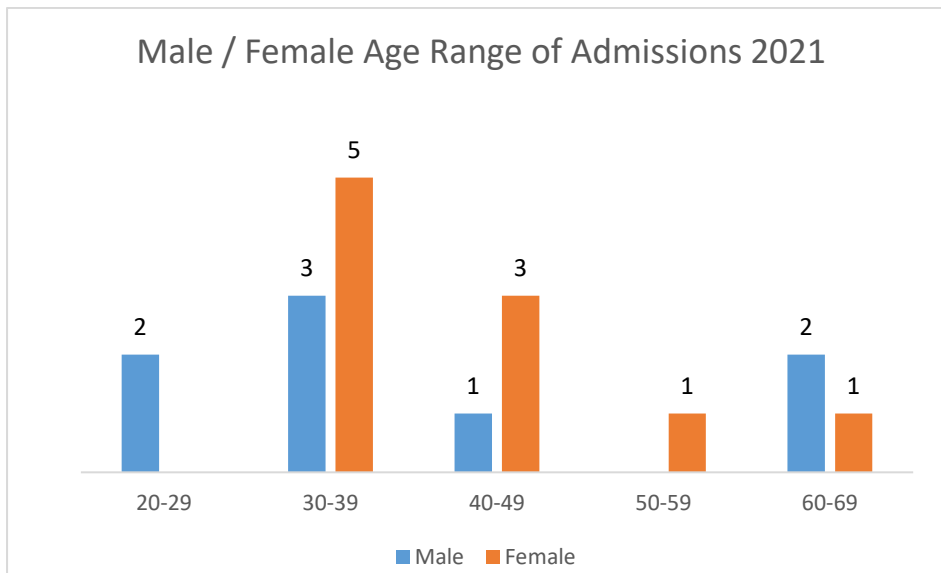
Chart 13



The level of learning disability was predominantly a mild learning disability followed by moderate for those people admitted in 2021. Only three people had a severe learning disability and one person a profound learning disability. People with a mild learning disability are therefore over represented and people with a profound learning disability underrepresented in comparison to general learning disability population figures.

### 5.4 Age range of patients admitted in 2021

Chart 14



Most patients admitted were in the age range between 30-39 with an average age of 41yrs but the service also admitted young men and older people up to the age of 69.

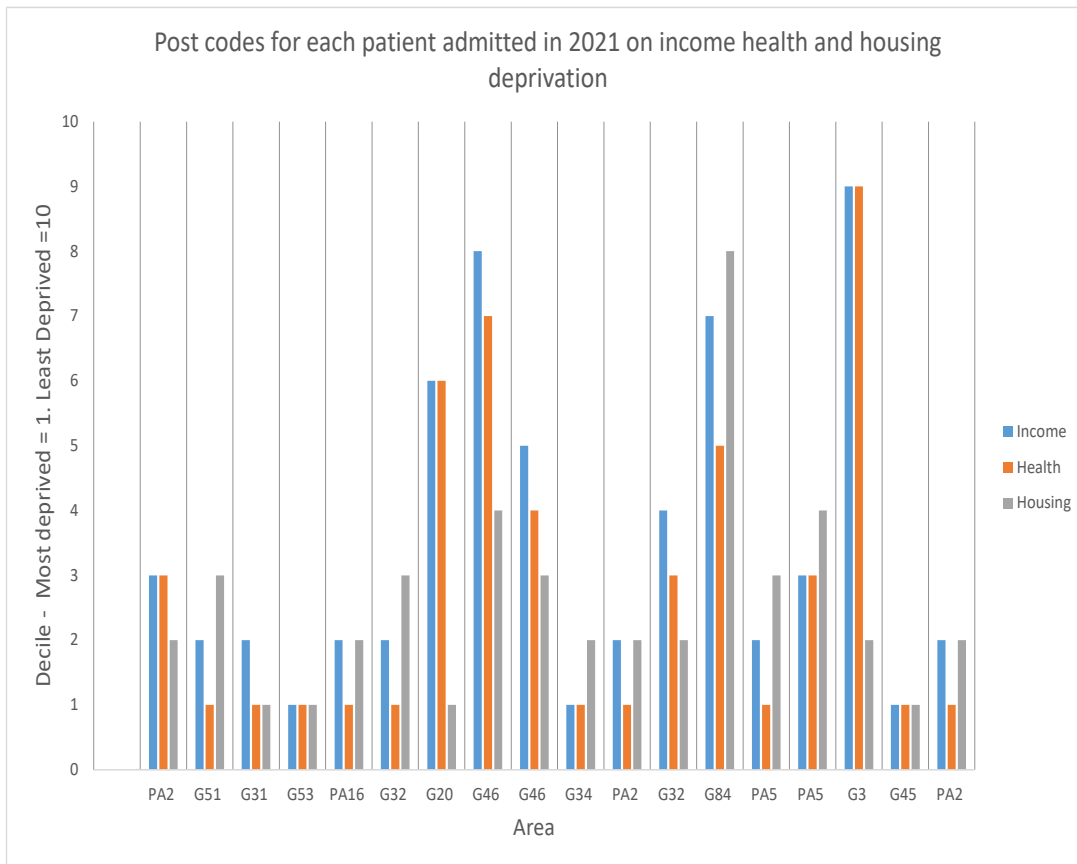
5.5 Levels of deprivation

Levels of deprivation are usually measured across several types domains including employment, health, education, and crime, access to housing and services and living environment. The ranking system goes from the lowest 1 being most deprived to the highest 10 least deprived.

11 patients admitted to learning disability services came from areas that did not surpass a ranking of 3 on the deprivation scale for their postcode area which means 11 patients came back from deprived areas.

Chart 15 shows the deprivation levels for every patient admitted in 2021 in 3 of the main domain types for income, health, and housing.

Chart 15



**6. HoNOS – Learning Disability (Health of the Nation Outcome scales) data**

6.1 Overview

Inpatient Learning Disability services have been using the outcome measure HoNOS-LD since 2015. All patients admitted to a Specialist Learning Disability Service have a HoNOS-LD completed by the Multi-Disciplinary Team on admission, at discharge and on a regular basis during admission (3 or 6 monthly as per protocol). The results across all inpatient units are collected and analysed centrally.

## 6.2 Full results

A total of 252 HoNOS-LD were completed over the 3 year period 2018-2021, with 77 completed over 2021. This represented a total of 82 patients over all three inpatient units.

Results were available from each of the units as follows:

Claythorn = 142 results from 66 patients

Blythswood House = 77 results from 38 patients

Netherton = 33 results from 10 patients

## 6.3 Active treatment

There were a total of 171 HoNOS-LD completed for 62 episodes of care including 6 readmissions during 2018-2021. The first and last HoNOS-LD recorded during active treatment were compared to look for a change in score. The results were as follows:

Subjective ratings:

First score mean = 2.5, median = 3, range = 0 - 4

Last score mean = 1.4, median = 1, range = 0 - 4

Total scores:

First score mean = 23.8, median = 26.5, range = 1 - 48

Last score mean = 11.4, median = 11, range = 1 - 42

This shows an improvement in both subjective and total scores, although note that some patients were still significantly unwell at the point of the second scores (which is explained by the fact that they were not necessarily ready for discharge by this point). These numbers are very similar to the previous year's analysis. Overall, it shows that patients get better and improve following learning disability inpatient care.

## 7. January to July 2022 Inpatient Data Update

See table 3 for an overview of current inpatient activity across HSCPs for the first half of this year.

In the first half of 2022 there were 7 people admitted. 5 were from Glasgow, 1 Inverclyde and 1 Renfrewshire. 5 of the admissions were for challenging behaviour reasons and 2 for mental illness. The service also provided outreach support to 1 person in Inverclyde and an admission was avoided. 3 out of these 7 patients admitted have no home to go back to due to family breakdown and 1 person's circumstances remains unclear. 2 have been discharged back to their family home. There were a total of 5 discharges in this same period.

See table 4 for overview of delays in January – July. At the end of July there were 17 patients who were delayed. Whilst 9 of those individuals had some level of plan for discharge 6 of those were stalled due to a combination of issues but mainly provider recruitment challenges. This has a detrimental impact on patients who are fit for discharge, cannot leave hospital in a timely manner, and can become more unwell or experience emotional distress as result of the delay. Effectively out of 17 patients who were delayed at the end of July only 3 had a definite plan with a discharge date or who could be considered as working towards a confirmed discharge date. It also prevents the service being able to admit.

There were an additional 3 individuals from Glasgow who were admitted to general adult MH services who did not require specialist learning disability services.

Table 3

HSCP	Jan to 31st July 22			
	Referrals	Admissions	Discharges	Delays
East Dunbartonshire	0	0	0	0
East Renfrewshire	0	0	1	0
Glasgow	6	5	2	10
Inverclyde	2	1	0	1
Renfrewshire	2	1	2	5
West Dunbartonshire	0	0	0	1
Total	10	7	5	17

Table 4

\*Plan, describes definite plan with expected discharge date.

HSCP	Delays	Plan
Glasgow	10	1
Renfrewshire	5	1
West Dunbartonshire	1	0
Inverclyde	1	1
Total	17	3

## 8. Case Example of Successful Discharge

Despite the challenges of delayed discharge, below provides a case example that highlights how collaborative working can lead to a timely successful discharge in order to support someone to live a good life.

Zain (pseudonym) lived with family and was admitted to hospital due to distress and challenging behaviour. Despite the best efforts of all concerned his distress was such that the hospital admission was unavoidable and from there it was apparent to all concerned that he could not return to his previous living circumstances. The community team led a collaborative effort to ensure Zain would be able to move on from hospital as soon as he was ready to do so.

Leading up to the admission community and inpatient staff supported Zain and his family through the process, developing social stories to communicate to him he was going to spend some time in hospital. Zain was drove in his own car to hospital as this was least distressing for him and his parents. The community team at the same time identified a vacant housing association property and put an application in on behalf of Zain. This was viewed by the family and OT as being suitable with some adaptations.

During hospital admission community staff worked closely with the inpatient team

attending weekly multi-disciplinary meetings to share information and knowledge. Within the community the discharge planning started within the first week of Zain's admission. This involved care plan meetings with the family and ward to identify what model of care would suit Zain's needs when he was ready for discharge.

Prior to discharge the community team met with the ward, the provider and family in order to review support strategies, complete risk assessments and protocols. The 3 week transition period from hospital to community took robust planning with everyone involved to ensure Zain had the best opportunity to settle into his new home.

Zain remains on the dynamic support register and the community learning disability team remain regularly involved. Weekly meetings continue to monitor and review support strategies and risk assessments and look at future planning to ensure Zain continues to have a good quality of life in the community.

## **7. Summary and Actions**

- NHS GGC HSCPs had committed to working together in 2019 to take forward a programme of redesign of inpatient services, the emphasis being on improving our responses in the community to reduce the use of inpatient beds when not clinically required. We had highlighted a need to review and improve performance in delayed discharge and have worked positively with Scottish Government to shape the original 'Coming Home' report in 2018 – this led to the publication of the recent 'Coming Home Implementation' 2022 report.
- Alongside this, the allocation of the Community Change Fund aligns to NHS GGC ambitions to redesign services for people with complex needs including learning disabilities and autism, and for people who have enduring mental health problems. NHS GGC have now developed a programme board which will provide strategic leadership and governance and direct the work of the community and inpatient redesign going forward. Avoiding admission and preventing placement breakdown is a key priority to addressing delayed discharges.
- Each HSCP has committed to develop a register of people with complex needs to ensure greater visibility of these individuals at risk of hospital admission and/or placement breakdown and the Challenging Behaviour Network Manager has been developing good practice standards and pathways to support this.
- Our in-patient services had embarked on a series of tests of change led by the Clinical Director, looking at a variety of approaches to reduce unnecessary admissions and support people at home. Future redesign of the service is dependent on excessive delays being addressed in order to effectively implement change in patient bed requirements.
- Many people are still delayed in hospital and do not have a clear and tangible plan about their future care arrangements. This has been more present in the past two years since the onset of the pandemic.
- There is a fundamental human rights issue for the people who find themselves living in hospital settings for prolonged periods often with no plan for discharge which must be addressed. There are further negative implications for families and carers.

The vision for learning disability inpatient services:

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





<b>Meeting of East Renfrewshire Integration Joint Board</b>	Integration Joint Board
<b>Held on</b>	21 September 2021
<b>Agenda Item</b>	13
<b>Title</b>	IJB Strategic Risk Register Annual Update 2022
<p><b>Summary</b></p> <p>This report provides the Integration Joint Board with the annual update on the IJB Strategic Risk Register.</p> <p>The risk register is reported to all Performance and Audit Committee meetings.</p>	
<b>Presented by</b>	Lesley Bairden, Head of Finance and Resources
<p><b>Action Required</b></p> <p>The Integration Joint Board is asked to note and comment on the IJB Strategic Risk Register.</p>	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD****21 September 2022****Report by Chief Financial Officer****IJB STRATEGIC RISK REGISTER ANNUAL UPDATE****PURPOSE OF REPORT**

1. This report provides the Integration Joint Board with an update on the IJB Strategic Risk Register.

**RECOMMENDATION**

2. The Integration Joint Board is asked to note and comment on the IJB Strategic Risk Register.

**BACKGROUND**

3. Good practice in the area of risk management suggest that a risk register should contain between six to eight of the most significant risks to make it a useful working document. The risk register uses a simple, clear and effective 4 x 4 likelihood and severity risk matrix as shown below.

Likelihood	Score								
Certain	4	Low (Green)	Medium (Yellow)	High (Red)	High (Red)	High (Red)	High (Red)	High (Red)	High (Red)
Likely/probable	3	Low (Green)	Medium (Yellow)	Medium (Yellow)	Medium (Yellow)	High (Red)	High (Red)	High (Red)	High (Red)
Possible/could happen	2	Low (Green)	Low (Green)	Medium (Yellow)	Medium (Yellow)	Medium (Yellow)	Medium (Yellow)	Medium (Yellow)	Medium (Yellow)
Unlikely	1	Low (Green)	Low (Green)	Low (Green)	Low (Green)	Low (Green)	Low (Green)	Low (Green)	Low (Green)
Impact		Minor	1	Significant	2	Serious	3	Major	4

4. In normal circumstances the policy states the tolerance for risk is as follows:

Risk Score	Overall rating
11-16	High/Red/Unacceptable
5-10	Medium/Yellow/Tolerable
1-4	Low/Green/Acceptable

**REPORT**

5. The Performance and Audit Committee receive updates on the IJB Strategic Risk Register at each meeting. Any additions, deletions and changes to the register are reported to the Performance and Audit Committee detailing the reason for each change. A brief summary of the main changes since the Strategic Risk Register was last reported to the IJB in September 2021 are included in this report, however the full audit trail is detailed in the individual Performance and Audit Committee reports available online.

Summary of main changes

6. Since last reported to the Integration Joint Board in September 2021:-
- All risk control measures have been reviewed and updated where necessary and specifics are detailed within Performance and Audit Committee reports.
  - All risk scores have been reviewed
    - 4 risk scores have reduced
    - 1 risk score has increased
  - No new risks have been added
  - No risks have been removed

Death or significant harm to vulnerable individual

7. This risk score reduced from 12 to 9 given the improvements made to our Adult Support and Protection arrangements.

Scottish Child Abuse Inquiry

8. The score has been reduced from 12 to 9 as the risk appears to be lower than previously reported due to the size and scale of East Renfrewshire in terms of identified individuals.

Increase in frail older population

9. This risk score has been reduced from 16 to 9. This is mainly due to the significant investment from Scottish Government for winter funding which we have used to strengthen our response in care at home, interim care and multidisciplinary team working.

In-House Care at Home Service

10. The risk score for care at home was reduced from 12 to 8 following successful recruitment of the Senior Homecare Manager and additional frontline staff, thus reducing the likelihood of the service being impacted due to capacity.

Workforce Planning and Change

11. This score was increased due to the significant ongoing issues within Adult Mental Health due to recruitment and retention of consultants. This is a board wide issue however East Renfrewshire is presently seeing significant impact as a result of reduced capacity. Work is ongoing with professional leads and the Clinical Director for Mental Health to explore solutions, both in the medium and longer term. A short-term contingency plan is in place to help with immediate pressures.

Red and significant risks

1. Risks which score between 11-16 and rated as High/Red/Unacceptable post mitigation and those which the Health and Social Care Partnership Management Team considers significant are brought to the attention of the Performance and Audit Committee by an 'exception report'. There are two risk which are currently red post mitigation:-
- *Financial Sustainability*: Financial Sustainability remains a high/red risk as last reported. This is still considered red post mitigation reflecting the current economic climate, including pressures around fuel, utilities, pay and inflation, combined with the unknown impact of Covid-19 in the longer term. Despite significant investment by Scottish Government in health and social care we still have legacy savings which we need to achieve on a recurring basis.

- Although *Failure of a Provider* is scored as 9 (medium) post mitigation, it is considered a significant risk given the potential impact on service delivery.

## CONCLUSIONS

2. The Integration Joint Board will continue to receive an annual update on the IJB Strategic Risk Register and Performance and Audit Committee will continue to review at each meeting.

## RECOMMENDATIONS

3. The Integration Joint Board is asked to note and comment on the IJB Strategic Risk Register.

## REPORT AUTHOR AND PERSON TO CONTACT

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[lesley.bairden@eastrenfrewshire.gov.uk](mailto:lesley.bairden@eastrenfrewshire.gov.uk)  
0141 451 0746

6 September 2022

Chief Officer, IJB: Julie Murray

## BACKGROUND PAPERS

IJB Paper: 22.09.2021: Strategic Risk Register Annual Report  
[https://www.eastrenfrewshire.gov.uk/media/6324/IJB-Item-16-22-September-2021/pdf/IJB\\_Item\\_16\\_-\\_22\\_September\\_2021.pdf?m=637672968724570000](https://www.eastrenfrewshire.gov.uk/media/6324/IJB-Item-16-22-September-2021/pdf/IJB_Item_16_-_22_September_2021.pdf?m=637672968724570000)

IJB Paper: 12.08.2020: Strategic Risk Register Annual Report  
[https://www.eastrenfrewshire.gov.uk/media/1786/Integration-Joint-Board-Item-11-12-August-2020/pdf/Integration\\_Joint\\_Board\\_Item\\_11\\_-\\_12\\_August\\_2020.pdf?m=637323284404970000](https://www.eastrenfrewshire.gov.uk/media/1786/Integration-Joint-Board-Item-11-12-August-2020/pdf/Integration_Joint_Board_Item_11_-_12_August_2020.pdf?m=637323284404970000)

IJB Paper: 29.01.2020: Risk Management Policy and Strategy  
[https://www.eastrenfrewshire.gov.uk/media/1436/Integration-Joint-Board-Item-14-29-January-2020/pdf/Integration\\_Joint\\_Board\\_Item\\_14\\_-\\_29\\_January\\_2020.pdf?m=637284294607930000](https://www.eastrenfrewshire.gov.uk/media/1436/Integration-Joint-Board-Item-14-29-January-2020/pdf/Integration_Joint_Board_Item_14_-_29_January_2020.pdf?m=637284294607930000)

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## EAST RENFREWSHIRE INTEGRATION JOINT BOARD

## STRATEGIC RISK REGISTER

DATE ORIGINATED: 09.11.2015

DATE REVIEWED: 31.08.2022

ERC Ref	No.	Risk Status S/C/N (Same, Changed, New)	Risk (Threat/Opportunity to achievement of business objective)- include the consequence of the risk in this description)	Risk Control Measures currently in Place (need to be SMART e.g. detail of what type of training took place with dates in evidence column)	Assessment of Risk (As it is now)			Proposed Risk Control Measures (should be SMART with detail included)	Completion date for proposed Risk Control Measure	Assessment of Residual Risk (with proposed control measures implemented)			Risk Owner	
					Risk Score 11-16 5-10 1-4	Overall rating HIGH MEDIUM LOW	Likelihood (probability) L			Impact (Severity) I	Risk Score (LxI) L	Likelihood (probability) L		Impact (Severity) I
n/a	1	S	<b>Death or significant harm to vulnerable individual</b>											
			<p>Risk of death or significant harm to a service user/ patient as a result of HSCP actions or omissions.</p> <p>Consequences could include:</p> <ul style="list-style-type: none"> <li>- Loss of life or long term damage and impact on service user &amp; family.</li> <li>- Possible perception of failure of care.</li> <li>- Poor workforce morale.</li> <li>- Reputational damage.</li> </ul>	<p>Professional leadership for social work practice strengthened</p> <p>We continue to operate within Clinical and Care Governance Framework</p> <p>ASP Quality Assurance Framework continues to be implemented and reported to APC</p> <p>Quality assurance of Adult Service Improvement Plans</p> <p>Senior Management rota for chairing ASP implemented</p> <p>Continual audit against compliance of MHO standards</p> <p>Professional supervision policy adopted for social work and social care staff.</p> <p>Review of rising demands and pressure points across adult services.</p> <p>Rolling training programme.</p>	3	3	9	<p>New Governance Framework providing assurance to CSWO being developed.</p> <p>Review risk management frameworks as we move towards recovery.</p>	31/12/2022	31/12/2022	2	3	6	Head of Adult Services / Chief Social Work Officer

4.4	2	S	<b>Scottish Child Abuse Inquiry</b>									
			<p>Children accommodated by East Renfrewshire Council and legacy areas from 1930 may have been the victims of historical abuse whilst in foster care.</p> <p>Capacity to meet the demands of the S21 notice and the possibly increased demand of access to records and potential claims against the Council as Inquiry work progresses.</p>	<p>Adult Protection Committee and Child Protection Committee have been sighted on these issues.</p> <p>Final s21 submission made to the Inquiry in July 2020 in relation to the foster care case study. The Inquiry requested further information which was submitted in Jan-22. The Inquiry will begin to take evidence from Jun-22 onwards – it is unclear at this point whether ER will be cited to court</p> <p>Key learning from S21 work shared with managers</p> <p>Identified leads in HSCP working alongside legal services to manage the progress of any allegations/claims made.</p>	3	3	9				3	3
4.1	3	S	<b>Child Protection, Adult protection and Multi-Agency Public Protection Arrangements</b>									
			<p>Inconsistent assessment and application of the public protection agenda (Child Protection, Adult Protection and Multi-Agency Public Protection Arrangements- MAPPA) may result in risk of children or vulnerable adults being harmed and lead to non-compliance with legislative standards.</p>	<p>The operation of Child Protection Committee (CPC), Adult Protection Committee (APC) and MAPPA meetings deal with strategic and practice issues.</p> <p>"Safe Together" model implemented in HSCP.</p> <p>Regular reporting to COPP in place for adult, children and high risk offenders.</p>	2	4	8	<p>Introduce rolling review of PVGs on 3 yearly basis. Consistent with Care Inspectorate regulations.</p> <p>Strengthen reporting arrangements around SSSC registrations. (<i>Short-life working group established Mar-22 - progressing action plan</i>)</p> <p>Roll out "Safe Together" across Council</p>	30/06/2022	31/12/2022	31/12/2022	1



4	C	Financial Sustainability										
		<p>Risk of being unsustainable due to one of the following causes:</p> <p>1) Unable to deliver in full the existing savings and achieve new savings to deliver a balanced budget.</p> <p>2) Unable to influence future funding to recognise demographic and other pressures, or realise future efficiencies &amp; savings.</p> <p>3) Implications of cessation of prescribing risk share and changes from hosted services funding structure.</p> <p>4) Financial Impacts relating to Brexit and other wider economic issues. Financial risks relate to staffing, purchase of care, drugs, equipment, consumables and food and utilities/other inflation</p> <p>5) Financial risks relating to Covid-19 There is a significant financial implication to the IJB if the costs of the response to the crisis are not fully funded. There are likely to be longer term implications with associated financial impact. The post Covid landscape is unclear</p> <p>6) Complexity of funding sources with some allocations late in the year and some instability from non-recurring funding.</p>	<p>The CFO provides regular financial advice and reporting to IJB, including savings progress.</p> <p>Detailed financial planning and monitoring for COVID 19 is in place and costs are considered by the Scottish Government as part of the NHSGCC response.</p> <p>Budget seminars are held with IJB Members.</p> <p>The regular budget updates and medium term financial plan set out funding pressures and scenarios. The HSCP is involved in the budget setting process with each of our partners.</p> <p>Medium Term Financial Plan latest revision March 22</p> <p>A local network and the National CFO Section meeting provide a discussion and decision making forum for wider issues impacting on partnerships, including prescribing and hosted services.</p> <p>The use of earmarked reserves allows us to deal with prescribing volatility in any one year.</p> <p>Review of hosted services is ongoing and this is a longer term review across all six HSCPs within NHSGCC.</p> <p>Ongoing monitoring of wider economic factors and inflation impacts</p> <p>Regular monitoring and planning combined with our reserves strategy allows us to maximise funding streams.</p>	3	4	12	<p>Conclude review of hosted service arrangements (indicative date)</p> <p>Refresh Medium Term Financial Plan for any significant changes during 2022/23 (including impact of fuel, utilities, pay award, prescribing short supply and other inflation costs)</p> <p>Develop the tri-partite financial planning discussions with partners as included in Strategic Improvement Action Plan.</p> <p>Covid funding exit strategy being discussed locally and nationally to manage the cessation of covid support funding.</p>	31/03/2023	Ongoing (review 31/03/2023)	Ongoing (review 31/03/2023)	31/03/2023	<p>3</p> <p>4</p> <p>12</p> <p>Chief Financial Officer</p>



6	S	<b>Access to Primary Care</b>										
		<p>Insufficient primary care practice list capacity due to increased population size. This is a result of new housing developments which include family housing, increasing the number of children in the area and specific developments for older people.</p> <p>Inability to recruit/cover posts resulting in poor access for local residents.</p>	<p>Primary Care Improvement Plan agreed by IJB.</p> <p>Local practices are supported to manage list size by encouraging patients from out with the practice's contracted catchment area to register with a GP more local to them.</p> <p>Work with practices to maximise premises capacity to enable them to extend primary care team.</p> <p>Back scanning completed for practices to ensure all East Renfrewshire practices notes are scanned to free up space.</p>	3	3	9	<p>Work with planning department to consider impact and mitigation for new housing developments.</p> <p>Support GPs in practices most likely to be impacted by rise in new registrations due to new housing development to agree short term measures and discuss and longer term options to increase capacity.</p> <p>Signpost new residents to Practices registering patients for postcode area.</p> <p>Scoping ways to increase capacity for PCIP staff at existing sites, and exploring potential other sites</p> <p>Exploring revenue funded solutions around GP space in Newton Mearns and Neilston</p> <p>Working with NHSGG to developing strategy to support GP practice sustainability</p>	<p>Ongoing (review Sep 22)</p> <p>Ongoing (review Sep 22)</p> <p>Ongoing (review Sep 22)</p> <p>Ongoing (review Sep 22)</p> <p>Ongoing (review Mar 23)</p>	3	2	6	Clinical Director
5.1	7	<b>S Increase in frail older population</b>										
		<p>Increase in frail older people, particularly very old, due to demographic changes leads to an over demand on certain services and failure to meet legislation, overspend and negative publicity.</p>	<p>Scottish Government provides additional resources (winter planning) for Health and Social Care with emphasis on managing demographic pressures.</p> <p>Outcome Delivery Plan (ODP) and HSCP strategic plans build on foundation of wider council prevention and early intervention strategy for older people.</p> <p>UCC Delivery Plan approved by IJB in March-22.</p> <p>Concluded redesign work focusing on rehabilitation</p>	3	3	9	<p>Review Talking Points approach as part of winter planning.</p> <p>Monthly reporting to Scottish Government on winter planning funding.</p>	<p>31/10/22</p> <p>Monthly</p>	3	2	6	Chief Officer HSCP

			<p>Annual budget setting takes account of demographic projections.</p> <p>Reviewed front door arrangements to ensure fit for purpose in terms of recovery – new model launched Summer and making significant positive impact on waiting list for assessment</p> <p>Re-started Talking Points as part of Community Led Support programme, diverting people to community resources and building own assets.</p>									
<b>8</b>	<b>C</b>	<b>Workforce Planning and Change</b>										
		<p>Lack of appropriately skilled workforce due to combination of loss of experience from retirement of ageing workforce and changes to registration and job requirements leads to a reduction in service levels and inability to deliver redesigns in line with Strategic Plan requirements. Use of temporary contracts as mitigation for financial uncertainty impacts on ability to recruit and retain staff.</p>	<p>Workforce planning group restarted and includes 3<sup>rd</sup> / independent sector reps</p> <p>HSCP management team actively review of all request to recruit and the number of temporary contracts have been minimised.</p> <p>Overarching workforce workstream in our recovery plan (as we have had some capacity issues resulting from Covid-19 and our response to the emergency).</p> <p>Recovery and Renewal Programme established (Jun’21)</p> <p>Interim HSCP workforce plan developed and work commenced on 3-Year Plan</p> <p>Trauma Steering Group continues to meet regularly</p> <p>Working with professional leads and MH Clinical Directors to explore medium and longer term cover. In addition re-advertising vacant posts and close monitoring.</p>	<b>4</b>	<b>4</b>	<b>16</b>	<p>Finalise 3-Year HSCP Workforce Plan following comments from Scottish Government (Submitted 31 July 2022)</p> <p>Medium term cover arrangements in place, however longer term recruitment plan to be developed board wide and we continue to work closely with the associated medical director.</p>	<p>30/11/2022</p> <p>30/09/22</p>	<b>2</b>	<b>4</b>	<b>8</b>	<p>Chief Officer HSCP</p>

<b>2.2</b>	<b>10</b>	<b>S</b>	<b>Increase in children &amp; adults with additional support needs</b>									
			Increase in the number of children and adults with additional support requirements leading to a rise in demand on services.	Advanced Practitioner post to improve practice across adult and children services in preparing young people with additional support needs for adulthood.				Present Transitions Strategy to Children Services Partnership Group for sign off	30/12/2022			
				Analysis of demographic changes and increased financial forecasting.				Implement Transitions Strategy - transition team to be developed to lead delivery of strategy – transitions team currently being recruited and transition planning to feature in R&R programme (reviewed Sep)	30/12/2022			
				Education Resource Group manage specialist resources and admission to specialist provision.	<b>4</b>	<b>3</b>	<b>12</b>			<b>4</b>	<b>2</b>	<b>8</b>
				Resource Allocation Group (RAG) strengthened membership to include educational psychologist and occupational therapist.				Continued monitoring and Covid support to partly offset increased demand.	Ongoing (review Mar 23)			
				Concluded work to review transitions and new strategy developed								Chief Officer HSCP

5.3	11	C	<b>In-House Care at Home Service</b>										
			<p>Ongoing pressures and limited service capacity impacts on service delivery and quality standards Impact on service users and carers</p>	<p>Increased resource to support robust absence management.</p> <p>Single base operating for Care at Home</p> <p>Ongoing quality assurance and monitoring activity.</p> <p>Significant frontline recruitment progressing</p> <p>Increased OT resource to maximise outcomes and reduce supports required</p> <p>Payment of carried over annual leave made to increase staff availability</p> <p>Enhanced recruitment and advertising arrangements continuing</p>	2	4	8	<p>Re-mobilise the service redesign activity – engagement event schedule for august</p> <p>Conclude work to realign staff work patters in order to maximise resource</p> <p>Enhance data availability and reporting capability of hospital referrals</p>	<p>31/08/2022</p> <p>31/08/2022</p> <p>31/08/2022</p>	2	3	6	Chief Officer HSCP
	12	S	<b>Failures within IT System</b>										
			<p>Critical information not been received due to failures in IT system</p> <p>Emails from outside the East Renfrewshire domain have been blocked or receipt failed due to ERC and 3rd party technical system issues.</p>	<p>Specific email addresses can be added to whitelist if required.</p> <p>Emails can be manually released.</p> <p>Analysis completed of referral source and destination mapping, to ensure information can be shared with ICT mailboxes and specific senders / emails prioritised, should an issue arise.</p> <p>Phase 1 of ICT Clearswift Review (looking at setup of rules and configuration within the email gateway solution) concluded 14.4.20 with changes to rules that should reduce some of the technical complexity with regards to email blocking.</p> <p>HSCP continue to work with ICT BRMs for both partner organisations to highlight and address both intermittent and known ICT issues</p>	3	2	6	<p>Conclusion of ICT Clearswift Review (Phase 2) on the Clearswift Gateway infrastructure.</p>	TBC	2	2	4	IT Business Partner

13	C	COVID19 & RECOVERY										
		<p>The significant impact of the pandemic on our workforce, supply chain, demand for and availability of services, delayed discharge targets, IT, accommodation, and resultant impact on financial and service planning.</p>	<p>Business Continuity and Operational Recovery Plans are in place and are reviewed by senior management regularly. Resilience Management Team continues to meet fortnightly.</p> <p>HSCP represented at local and national groups as well as integral part of our partners (ERC &amp; NHSGGC) response and recovery.</p> <p>Testing regimes remain in place for care homes and health and social care staff Majority of staff fully vaccinated</p> <p>Use of intermediate care beds to allow discharge from hospital for those awaiting care at home service.</p> <p>Increased communication and intelligence sharing with partners other statutory bodies implemented.</p> <p>Ongoing engagement and reporting with partner providers including Care Homes.</p> <p>Revised Initial Contact Team procedures to alleviate pressures at 'front door' with further review underway</p> <p>Infection control procedures and arrangements for PPE in place.</p> <p>Regular Covid-19 cost monitoring informs our revenue reporting as well as reporting to the Scottish Government through NHSGGC.</p> <p>Recommended Recovery and Renewal Programme – new team now in place.</p> <p>Removal of social distancing restrictions at the end of August is allowing more staff to adopt hybrid approach to working</p>	4	3	12	<p>Following scoping of accommodation and resource requirements develop proposals of how accommodation will be utilised to meet service needs and demands in line with NHSGGC Hybrid working and ERC The Way we Work – further work is required to understand the longer term impact on accommodation; both clinical and non-clinical</p>	30/12/2022	3	3	9	

	14	C	ANALOGUE TO DIGITAL SWITCHOVER										
			Vulnerable adults left without access to Telecare as a means of support due to accelerated switch from analogue to digital phone lines and associated financial implications.	Programme board established and full project team in place to take forward the transition to analogue to digital. HSCP representation on programme board. Analogue to digital implementation plan. ARC (Alarm Receiving Centre) system procured Nov 21 Decision made re first tranche of dispersed alarm units Recruited HSCP Senior User	3	3	9	ARC Go Live date  There is a Capital Project with our partner East Renfrewshire Council to manage replacement of analogue devices and peripherals within people's houses.  Monitoring global supply issues in relation to chip shortages	30/09/2022  Ongoing  Ongoing	2	3	6	