Notice of Meeting and Agenda
Renfrewshire Health and Social Care Integration Joint Board.

Date	Time	Venue
Friday, 26 June 2020	10:00	Remotely by Skype,

KENNETH GRAHAM
Clerk

Membership

Councillor Jacqueline Cameron: Councillor Jennifer Adam-McGregor: Councillor Lisa-Marie Hughes: Councillor James MacLaren: Dr Donny Lyons: Margaret Kerr: Dorothy McErlean: Dr Linda de Caestecker: Karen Jarvis: Shilpa Shivaprasad: Louise McKenzie: David Wylie: Alan McNiven: Fiona Milne: Stephen Cruickshank: John Boylan: Amanda Kelso: Dr Stuart Sutton: David Leese: Sarah Lavers: John Trainer.

Councillor Jacqueline Cameron (Chair); and Dr Donny Lyons (Vice Chair)

Members of the Press and Public

Members of the press and public wishing information in relation to the meeting should contact Elaine Currie, elaine.currie@renfrewshire.gov.uk

Items of business

Apologies

Apologies from members.

Declarations of Interest

Members are asked to declare an interest in any item(s) on the agenda and to provide a brief explanation of the nature of the interest.

Minute of Meeting
Renfrewshire Health and Social Care Integration Joint Board.

Date	Time	Venue
Friday, 20 March 2020	10:00	Corporate Meeting Room 2, Council Headquarters, Renfrewshire House, Cotton Street, Paisley, PA1 1AN

Present

Councillor Jacqueline Cameron, Councillor Michelle Campbell (substitute for Councillor Adam-McGregor) and Councillor James MacLaren (all Renfrewshire Council); Shilpa Shivaprasad (Registered Medical Practitioner (non-GP)); and David Leese, Chief Officer and Sarah Lavers, Chief Finance Officer (both Renfrewshire Health and Social Care Partnership).

Present by Skype

Dr Donny Lyons, Margaret Kerr, Dorothy McErlean and Dr Linda de Caestecker (all Greater Glasgow & Clyde Health Board); David Wylie (Health Board staff member involved in service provision); Alan McNiven (third sector representative); and Amanda Kelso (Trade Union representative for Health Board).

Chair

Councillor Jacqueline Cameron, Chair, presided.

In Attendance

Mark Conaghan, Legal and Democratic Services Manager (on behalf of Clerk) and Tracy Slater, Senior Committee Services Officer (both Renfrewshire Council); and Adam Haahr, Senior Auditor, Audit Scotland (by Skype).

Apologies

Councillor Jennifer Adam-McGregor and Councillor Lisa Marie-Hughes (both Renfrewshire Council); John Boylan (Trade Union representative for Council); and John Trainer, Chief Social Work Officer (Renfrewshire Council).

Declarations of Interest

Councillor Campbell declared an interest as she was a member of staff for NHS Greater Glasgow and Clyde. However, as she considered the interest to be insignificant in terms of the Code of Conduct and that she was not conflicted by any items on the agenda, she did not consider it necessary to leave the meeting.

Councillor Cameron declared a non-financial interest in relation to items 3 and 4 of the agenda as she was the Chair of the Alcohol and Drugs Commission and intimated that she would remain in the meeting.

Alan McNiven declared a non-financial interest in relation to items 3 and 4 of the agenda as he was a member of the Alcohol and Drugs Commission and intimated that he would remain in the meeting.

Order of Business

In terms of Standing Order 4.1 (iii), the Chair intimated that she proposed to alter the order of business to facilitate the conduct of the meeting by considering item 17 then 15 of the agenda after item 2 of the agenda.

1 Minute

The Minute of the meeting of the Integration Joint Board (IJB) held on 31 January 2020 was submitted.

DECIDED: That the Minute be approved.

2 Rolling Action Log

The rolling action log for the IJB was submitted.

DECIDED: That the rolling action log be noted.

3 COVID-19 Emergency Governance Arrangements

The Clerk submitted a report requesting approval for authority to be delegated to the Chief Officer to enable decisions to be taken without there being a requirement for the IJB to meet. This was in accordance with guidance issued by the UK Government, the Scottish Government and NHS Scotland on measures to restrict the spread of the COVID-19 virus.

The report outlined the advice, which was that members of the public should avoid unnecessary meetings and those in defined groups should take steps to self-isolate. It was, therefore, proposed that members of the IJB follow the guidance available and that arrangements be put in place to enable the business of the IJB to be carried on in circumstances where members may not be able to meet.

The next meeting of the IJB was due to take place on 26 June 2020 and, given the uncertainty surrounding whether that meeting could take place, it was recommended that authority be delegated to the Chief Officer, in consultation with the Chair and Vice Chair, to cancel that meeting, if necessary, and to make all decisions required relating to the functions of the Integration Joint Board until the next meeting could take place.

Following discussion, it was proposed that, in addition, if there was any item that the Chair or Vice Chair felt should be circulated to members for consideration, this would be done. This was agreed.

DECIDED:

(a) That authority be delegated to the Chief Officer, in consultation with the Chair and Vice Chair of the Integration Joint Board to cancel, if necessary, the planned meeting of the Integration Joint Board on 26 June 2020 and any subsequent meeting;

(b) That authority be delegated to the Chief Officer, in consultation with the Chair and Vice Chair, to make all decisions required relating to the functions of the Integration Joint Board in advance of its next meeting; and

(c) That, if required by the Chair or Vice Chair, any item be circulated to members for consideration.

Sederunt

Shilpa Shivaprasad entered the meeting during consideration of the following item of business.

4 Coronavirus Update

The Chief Officer provided a verbal update of the work being undertaken by the Health and Social Care Partnership to manage the impact of the COVID-19 virus.

The Chief Officer advised that the Integration Joint Board had a Business Continuity Plan which made provision for the response to major or significant events. However, due to the enduring impact of this situation, the Business Continuity Plan had been revisited.

A Primary Care Escalation Plan had been developed and shared with GPs to ensure that they were operating consistently. Within the Plan, there would be a move away from face-to-face appointments, the sharing of read-only patient records and providing Pharmacists with summarised read-only patient records.

Consideration was being given to home working where possible, protecting high risk staff and the re-deployment of staff from non-essential to essential services. The paramount consideration being staff and service user safety.

A range of communications had been issued to staff and service users from both Renfrewshire Council and NHS Greater Glasgow & Clyde (NHSGGC).

Management teams had been working to ensure that staff had some down time so as not to compromise their health, and advice in relation to equipment and social distancing was being followed.

The Chief Officer then responded to members' questions.

The Chair, Vice Chair and Chief Officer commended and thanked HSPC staff for the work that they were doing at this time.

DECIDED: That the verbal update by the Chief Officer be noted.

Declarations of Interest

Councillor Cameron and Alan McNiven having previously declared a non-financial interest in relation to the following item of business, remained in the meeting.

Prior to consideration of the undernoted report, the Chief Finance Officer advised that the Medium Term Financial Plan 2020/21 to 2025/26 submitted to the meeting of the IJB held on 22 November 2019 should in fact have referred to financial years 2020/21 to 2024/25 on the front page and each header page. She advised that all references to the financial years in the report would be amended and the revised report made available on the committee management system.

5 Financial Report 1 April 2019 to 31 January 2020

The Chief Finance Officer submitted a report relative to the revenue budget position at 31 January 2020 and the projected year-end position for the year ended 31 March 2020.

The overall revenue position for the HSCP for the year-to-date and projected outturn for 2019/20 was an underspend, as detailed in the report, prior to the transfer of balances to General and Earmarked Reserves at the financial year-end. The key pressures were highlighted in section 4 of the report.

The revenue budget position of the HSCP and Health for the financial period 1 April to 31 January 2020 and the year-end position was detailed in Appendices 1 to 4 to the report; the revenue budget position of Adult Social Care and 'other delegated services' for the period 1 April to 31 January 2020 and the year-end position to 31 March 2020 was detailed in appendices 5 to 7 to the report; appendices 8 and 9 to the report provided a reconciliation of the main budget adjustments applied this current financial year; Appendix 10 to the report detailed the projected movement in reserves; appendices 11 and 12 to the report detailed the vacancy position for the HSCP as at 31 January 2020 and Appendix 13 to the report outlined Mental Health Officer capacity pressures.

The report also provided information on Scottish Government funding 2019/20; reserves, including an increase to and creation of Ear Marked reserves; and the Living Wage increase for 2019/20.

DECIDED:

(a) That the in-year position as at 31 January 2020 be noted;

(b) That the projected year-end position for 2019/20 be noted; and

(c) That the increase and creation of Ear Marked reserves, as detailed in paragraphs 6.3 and 6.4 of the report be approved.

Declarations of Interest

Councillor Cameron and Alan McNiven having previously declared a non-financial interest in relation to the following item of business, remained in the meeting.

6 2020/21 Delegated Health and Social Care Budget

The Chief Finance Officer submitted a report relative to the financial allocation and budgets made available to the IJB for 2020/21 by Renfrewshire Council and NHSGGC and outlining the main financial pressures on health and adult social care services.

The Scottish Government draft budget for 2020/21 had been published on 6 February 2020 and approved on 5 March 2020. Due to the unscheduled General Election on 12 December 2019, the UK Government's spending review scheduled for November 2019 and the Scottish Government's draft budget scheduled for 12 December 2019 had been postponed. The Scottish Government decided to publish its draft budget ahead of the UK budget, based on announcements already made by the UK Government as well as ongoing engagement with the UK Government and HM Treasury, recognising that, should the UK budget differ materially from the assumptions made, the Scottish Government budget may have to be reconsidered.

Included within the conditions of the 2020/21 budget was the continued prioritisation of financial support for social care and integration, with a further £100 million for investment in this area. The allocation of this funding would be as follows: £57.2 million to support cost and demand pressures; £25 million to support continued delivery of the real living wage; £11.6 million to support the ongoing implementation of the Carers Act; £4 million to support school mental health services; and £2.2 million to support free personal and nursing care.

The Chief Finance Officer intimated that for 2020/21, the adult social care budget offer was £72,626 million and the health budget offer was £233,543 million.

A copy of the letter dated 6 February 2020 from the Interim Director of Health Finance and Governance, Scottish Government formed Appendix 1 to the report; a copy of the letter dated 6 February 2020 from the then Minister for Public Finance and Digital Economy, Scottish Government formed Appendix 2 to the report; a copy of the joint letter dated 28 February 2020 from the Interim Director of Health, Finance and Governance and the Director of Community Health and Social Care, Scottish Government, providing further clarification, formed Appendix 3 to the report; a copy of the letter dated 11 March 2020 from the Director of Finance and Resources, Renfrewshire Council formed Appendix 4 to the report; and a copy of the letter from the Assistant Director of Finance, NHSGGC formed Appendix 5 to the report.

The Chief Finance Officer highlighted that the 2020/21 budget proposals had been presented on a 'business as usual' basis, however, ongoing and developing COVID-19 issues had impacted on this and extraordinary costs were being incurred and would continue to be incurred for the foreseeable future. For accounting purposes, those costs would be recorded separately, with the assumption that the costs would be covered by the Scottish Government.

It was proposed (i) that the delegated adult social care budget for 2020/21 be accepted; (ii) that authority be delegated to the Chief Officer, in consultation with the Chair, to accept the 2020/21 delegated health budget, subject to the expected uplift of 3% reflecting the Board's uplift for 2020/21 including any final adjustments in relation to

recurring budget adjustments at month 12 and the final budget offer including a budget for set-aside for 2020/21; (iii) that the drawdown of reserves, in order to fund any shortfall in funding for 2020/21, be approved; and (iv) that, as highlighted in section 10 of the report, the 2020/21 budget proposals assumed 'business as usual', however, the potential financial and economic impact of COVID-19 represented a significant additional risk to the IJB and the wider public sector going forward. This was agreed.

DECIDED:

(a) That the delegated adult social care budget for 2020/21 be accepted;

(b) That authority be delegated to the Chief Officer, in consultation with the Chair, to accept the 2020/21 delegated health budget, subject to the expected uplift of 3% reflecting the Board's uplift for 2020/21 including any final adjustments in relation to recurring budget adjustments at month 12 and the final budget offer including a budget for set-aside for 2020/21;

(c) That the drawdown of reserves, in order to fund any shortfall in funding for 2020/21, be approved; and

(d) That it be noted that, as highlighted in section 10 of the report, the 2020/21 budget proposals assumed 'business as usual', however, the potential financial and economic impact of COVID-19 represented a significant additional risk to the IJB and the wider public sector going forward.

7 Performance Management Report: Unscheduled Care

The Chief Officer submitted a report relative to unscheduled care, with particular focus on the six Scottish Government Ministerial Strategic Group (MSG) targets.

The report intimated that unscheduled care was the unplanned treatment and care of a patient usually as a result of an emergency or urgent event. Most of the focus on unscheduled care was on accident and emergency attendances and emergency admissions to hospital. It was an important area of focus for Renfrewshire HSCP, working in partnership with NHSGGC acute and local primary care services.

The IJB had a set-aside budget for commissioning unscheduled care and, to date, there had been no scope for this budget to be used differently.

The report detailed the progress and the work being done to achieve the six MSG targets, as outlined in the report.

It was proposed (i) that it be noted that the NHSGGC Strategic Commissioning Plan for Unscheduled Care Services would be presented to the IJB at its meeting in June 2020; and (ii) that Renfrewshire's HSCP's performance against the Ministerial Strategy Group (MSG) targets for 2019/20 and the ongoing work to reduce reliance on unscheduled care be noted. This was agreed.

DECIDED:

(a) That it be noted that the NHSGGC Strategic Commissioning Plan for Unscheduled Care Services would be presented to the IJB at its meeting in June 2020; and

(b) That Renfrewshire's HSCP's performance against the Ministerial Strategy Group (MSG) targets for 2019/20 and the ongoing work to reduce reliance on unscheduled care be noted.

8 Change and Improvement Update

The Chief Officer submitted a report providing an update on the developing Renfrewshire Health and Social Care Partnership's (HSCP) Transformation Programme.

The report provided further detail on the emerging programme structure and supporting governance which would comprise two strands: (i) developing a Renfrewshire-wide approach to improving health and wellbeing; and (ii) delivering organisational change within the HSCP.

Information was provided on progress to date, which included: the creation of a Transformation Programme reserve to deliver a 'step change' in approach, provide resources to mitigate the risk of change and to support the transition of HSCP services; the approval of the Medium-Term Financial Plan 2020/21 which set out a two-tiered approach to delivering savings; the approval of tier one savings; and progress on the development of the programme scope and governance which was being informed by ongoing engagement with the IJB, Programme Board, Strategic Planning Group, HSCP senior managers, services and partners.

Following ongoing engagement by the HSCP with key stakeholders, the following four guiding principles were proposed which would underpin all activity undertaken as part of the Transformation Programme: 1. We share responsibility and ownership with our communities; 2. We take a person-led approach to public health and wellbeing; 3. We provide realistic care; and 4. We deliver the right services at the right time and in the right place. This was agreed.

A further progress report on the Programme's emerging scope and financial framework would be submitted to the IJB at its meeting in June 2020.

DECIDED:

(a) That the progress made in developing the Transformation Programme approach and governance be noted;

(b) That it be noted that a further update on the Programme's emerging scope and financial framework would be submitted to the IJB at its meeting in June 2020; and

(c) That the finalised guiding principles which would underpin activity undertaken across the two strands of the Transformation Programme be approved.

9 Older People's Services Review Update

Under reference to item 12 of the Minute of the meeting of this IJB held on 20 September 2019, the Chief Officer submitted a report relative to the review of Older People's Services in Renfrewshire.

The report advised that the review of Older People's Services was part of the HSCP's transformation programme. An overview of Phase 1 was provided, the purpose of which was to establish a clear service user view of Older People's service provision across Renfrewshire and to encourage aspirational thinking in relation to 'how good could we be when we work together'.

The report provided an update on the progress of Phase 2, which took a more user-centred, cooperative approach to refining the themes into tangible, deliverable actions. Between September 2019 and February 2020, Journey Associates carried out a series of consultation and engagement events to explore the opportunities to develop and re-design community-based services for older people in a way that might best meet changing need and demand. This comprised of 10 interviews, 12 workshops, one public event and a final feedback session involving over 150 participants from across the partnership, including older adults and unpaid carers.

Four thematic themes had been identified through the consultation and engagement events: services provided by the HSCP; health & wellbeing; early intervention and prevention; and living in our community. Proposals were outlined focusing on theme one, 'services provided by the HSCP'.

The report provided an illustration of the range of care and support services provided by the HSCP which, in order of needs, included day support, care at home, locality services, extra care housing, care homes and end of life care. It was also highlighted that a considerable amount of work was already underway, most notably, the draft Carers Strategy, Local Dementia Strategy and loneliness and isolation which would be taken forward by the Strategic Planning Group. A draft Local Dementia Strategy would be submitted to the IJB for consideration at its meeting in June 2020. It was proposed that the first tranche of work focus on care at home services and day support and information was provided on the actions to be taken to progress the review.

DECIDED:

(a) That the proposed approach to the next phase of the review, as outlined in sections 6.8 to 6.13 of the report, be agreed;

(b) That a draft dementia strategy be presented to the IJB for consideration at its meeting in June 2020;

(c) That the progress made in engaging with stakeholders during Phase 2, carried out by Journey Associates, be noted; and

(d) That it be noted that regular progress updates would continue to be presented to the IJB.

10 Adult Carers Strategy and Action Plan 2020/22

The Chief Officer submitted a report relative to the consultative draft of the Adult Carers' Strategy 202/22 and Action Plan.

The report advised that the Carers (Scotland) Act 2016 required local authorities, through IJBs, to prepare a local carers' strategy. The Strategy set out how the HSCP and its partners would support carers to continue in their caring role, whilst not compromising their own health and wellbeing.

The development of the Strategy and Action Plan was being overseen by the Carers Strategic Steering Group and to inform the content of the Strategy, a phased consultation process had been agreed. The outcomes from the first phase of the consultation had been incorporated into the current draft of the Strategy and Action Plan, attached as appendices to the report.

The second phase of the consultation would seek input from IJB members to shape the final draft which would be submitted to the IJB for consideration at its meeting in June 2020.

DECIDED:

(a) That the draft Adult Carers' Strategy 2020/22 and Adult Carers' Strategy 2020/22 Action Plan be noted; and

(b) That the final draft of the Adult Carers' Strategy 2020/22 and Adult Carers' Strategy 2020/22 Action Plan be submitted to the IJB at its meeting on 26 June 2020.

Declaration of Interest

Dr Lyons declared a non-financial interest in item 9 on the agenda as he was a member of the Mental Health Tribunal for Scotland. He intimated that he did not deal with any GGCHB cases and it was his intention to remain in the meeting and take part in any discussion.

11 Role of Mental Health Officers in Emergency Detentions under the Mental Health (Care and Treatment) (Scotland) Act 2003

The Chief Officer submitted a report relative to the role of Mental Health Officers (MHOs) in emergency detentions under the Mental Health (Care and Treatment) (Scotland) Act 2003.

The report advised that the Act provided a number of 'Orders' ranging from Emergency Detention Certificates (EDCs) Short Term Detention Certificates (STDCs) and Compulsory Treatment Orders (CTOs) and outlined the requirements of EDCs and STDCs. EDCs, which were designed to be used only in crisis or emergency situations, could be issued by any doctor, with the input of an MHO and allowed someone to be kept in hospital for up to 72 hours for assessment. Treatment was not authorised under these certificates and there was no right of appeal. STDCs required the recommendation of a psychiatrist and consent of an MHO. STDCs allowed for the detention of an individual for up to 28 days for assessment and treatment, and there was a right to appeal to the Mental Health Tribunal.

The report further advised that the use of the Mental Health Act was monitored by the Mental Health Commission (MHC) for Scotland which reported annually and highlighted the concerns of the MHC about the levels of emergency detentions with no MHO consent. Information was provided on EDCs within Renfrewshire for 2018/19 with and without MHO consent and the systems in place to monitor their use.

DECIDED: That the contents of the report be noted.

12 Equality Outcomes and Mainstreaming Progress Update Report and Consultation on Equality Outcomes 2020/24

The Chief Officer submitted a report relative to the Equality Outcomes and Mainstreaming Progress report 2020 and the development of the refreshed Equality Outcomes for 2020/24.

The report advised that the IJB had a statutory duty to set Equality Outcomes every four years and report on progress on achieving those outcomes and mainstreaming the general equality duty. The IJB's draft Equality Outcomes and Mainstreaming Progress report 2020 was attached as Appendix 1 to the report.

The report detailed the proposed Equality Outcomes for 2020/24 for approval and confirmed that the statutory requirement to consult with stakeholders had been undertaken.

Following approval of the Equality Outcomes for 2020/24, an action plan, incorporating SMART objectives, would be produced and submitted to the IJB at its meeting on 26 June 2020.

DECIDED:

(a) That the draft Equality Outcomes and Mainstreaming Progress Report 2020, attached as Appendix 1 to the report, be approved;

(b) That the refreshed Equality Outcomes for 2020/24 be approved; and

(c) That it be noted that an action plan, based on the Equality Outcomes for 2020/24 would be submitted to the IJB at its meeting in June 2020.

13 Non-financial Governance Arrangements

The Chief Officer submitted a report providing an update on the non-financial governance arrangements in place from 1 April 2019 to 30 September 2019, as detailed in Appendix 1 to the report.

The report provided performance information regarding Freedom of Information; health and safety; complaints; compliments; civil contingencies and business continuity; insurance and claims; risk management; general data protection regulations; records management plan; and communication.

DECIDED: That the content of the report be noted.

14 Directions

The Head of Administration submitted a report outlining the requirements that the Public Bodies (Joint Working) (Scotland) Act 2014 placed on the IJB to make Directions to the Council and NHSGGC and to propose a standardised format for those Directions.

The Scottish Government had recently published statutory guidance for IJBs in relation to Directions, as outlined in the report. However, no template or model for Directions had been provided.

A proposed template for Directions by the IJB, to ensure that Directions for the IJB complied with the statutory requirements of the Act, was attached as Appendix 1 to the report. A revised report format was attached as Appendix 2 to the report.

As of 26 June 2020, a log would be recorded of all papers submitted to the IJB which would also include the establishment of a central register for Directions that would be updated and maintained by the Head of Administration.

DECIDED:

(a) That the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 for Renfrewshire IJB to issue Directions, in writing, to the Council and/or Health Board be noted;

(b) That the 'Directions from integration authorities to health boards and local authorities: statutory guidance' published by the Scottish Government, be noted;

(c) That the draft template for Directions for Renfrewshire IJB to the Council and Health Board, attached as Appendix 1 to the report, be approved;

(d) That the format of the IJB reports to identify the Direction issued to either the Council and/or Health Board, attached as Appendix 2 to the report, be approved; and

(e) That the establishment of a central register for Directions from 26 June 2020, to be maintained by the Head of Administration, be agreed.

15 Climate Change Reporting

The Head of Administration submitted a report confirming that the IJB had submitted its Climate Change Report, attached as Appendix 1 to this report, to the Scottish Government in compliance with recent legislation on Climate Change Duties.

The Climate Change (Scotland) Act 2009 and subsequent Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015, required significant public bodies to prepare a report on their compliance with climate change duties. This included IJBs which were required to submit a report on or before 30 November 2019.

The report was to a standard template identical to that completed by all other public bodies, such as local authorities and NHS boards. Therefore, officers from the IJB, Council and NHSGGC liaised to ensure that duplication of reporting was avoided.

DECIDED: That the content of the report be approved.

16 Timetable for Expiry and Renewal of Integration Joint Board Memberships

Under reference to item 3 of the Minute of the meeting of the IJB held on 23 November 2018, the Clerk submitted a report setting out when the appointment of each of the current members of the IJB expired to enable members to discuss with the bodies they represented their future representation on the IJB.

The schedule to the report detailed the existing members of the IJB and indicated when their current membership of the IJB expired.

The report advised that a number of voting and substitute voting members appointed by the Council fall to be re-appointed by 17 May 2020. It was proposed that those voting members be re-appointed for a period up to the next Council elections scheduled to be held in May 2022.

Dorothy McErlean questioned the expiry date of her membership and it was agreed that this would be checked and amended accordingly.

DECIDED:

(a) That the dates for expiry of membership of each of the current IJB members, as set out in the schedule to the report, be noted subject to the expiry of Dorothy McElrean's membership being checked and amended accordingly;

(b) That those voting members and substitute voting members appointed by the Council who fell to be re-appointed by 17 May 2020, be re-appointed for a period up to the next Council elections scheduled to be held in May 2022; and

(c) That it be noted that a report would be submitted to the NHS Board on 28 April 2020 which would confirm the Renfrewshire IJB non-executive membership.

17 Date of Next Meeting

DECIDED: That it be noted that the next meeting of the IJB would be held at 10.00 am on 26 June 2020 in the Abercorn Conference Centre, Renfrew Road, Paisley, subject to the provisions agreed at item 3 of this minute.

IJB Rolling Action Log

Date of Board	Report	Action to be taken	Officer responsible	Due date	Completed
20/09/19	MoU between IJBs and Hospices	Report update on local delivery in Renfrewshire to future meeting	Frances Burns	31/01/20	
31/01/20	Financial Report 1 April to 30 November 2019	Establish what had been done and was being done in other IJBs around the care at home service and inform members at a future development session.	David Leese	26/06/20	
	Change and Improvement Update	Submit report to September meeting providing an update on digital opportunities available.	David Leese	18/09/20	
	Loneliness and Social Isolation	Advise group lead of Councillor Adam-McGregor's request to be nominated as champion.	Frances Burns	20/03/20	
20/0320	Performance Management Report: Unscheduled Care	Submit the NHS Strategic Commissioning Plan for Unscheduled Care Services to June meeting.	David Leese	26/06/20	
	Change and Improvement Update	Submit progress report on the Programme's emerging scope and financial framework to the IJB at its meeting in June 2020.	Frances Burns	26/06/20	
	Older People's Services Review Update	Submit draft dementia strategy to the IJB at its meeting in June 2020; and	David Leese	26/06/20	

		Submit regular progress updates to the IJB.		ongoing	
	Adult Carers' Strategy and Action Plan 2020/22	Submit final draft of the Adult Carers' Strategy 2020/22 and Adult Carers' Strategy 2020/22 Action Plan to the IJB at its meeting on 26 June 2020	David Leese	26/06/20	
	Equality Outcomes and Mainstreaming Progress Report and Consultation on Equality Outcomes 2020/24	Submit action plan, based on the Equality Outcomes for 2020/24 to the IJB at its meeting in June 2020.	David Leese	26/06/20	
	Directions	Establish and maintain a central register for Directions from 26 June 2020.	Jean Still	ongoing	
	Timetable for Expiry and Renewal of Integration Joint Board Memberships	Check expiry date of Dorothy McErlean's membership.	Jean Still	26/02/20	

To: **Renfrewshire Integration Joint Board**

On: **26 June 2020**

Report by: **Chief Finance Officer**

Heading: **Financial Report 1 April 2019 to 31 March 2020**

Direction Required to Health Board, Council or Both	**Direction to:**	
	1. No Direction Required	
	2. NHS Greater Glasgow & Clyde	
	3. Renfrewshire Council	X
	4. NHS Greater Glasgow & Clyde and Renfrewshire Council	

1. Purpose

1.1. The purpose of this report is to advise the Integration Joint Board (IJB) of the Revenue Budget year-end outturn for the HSCP for the financial year 2019/20.

2. Recommendations

It is recommended that the IJB:

- Note the year-end financial position; and
- Approve the proposed transfers to Earmarked and General Reserves in Section 11 and Appendix 8 of this report.

3. Year End Outturn

3.1. Budget Monitoring throughout 2019/20 has shown the IJB projecting an underspend, prior to the transfer of balances to General and Earmarked Reserves at the financial year end which includes the transfer of specific ring-fenced monies (including Scottish Government funding for Primary Care Improvement, Mental Health Action 15 and ADP monies) in line with Scottish Government Guidance.

3.2. As detailed in the table below the IJB final outturn position for 2019/20 is an underspend of £4.351m, prior to the transfer of balances to Earmarked and General Reserves.

Division	**Year End Outturn** (prior to the transfer and draw down of balances to Earmarked Reserves)	**Year End Outturn**
Total Renfrewshire HSCP	**Underspend £4.349m**	**Breakeven**
Other Delegated Services	**Underspend £0.002m**	**Underspend £0.002m**
TOTAL	**Underspend £4.351m**	**Underspend £0.002m**

3.3. The IJB approved the drawdown of reserves throughout 2019/20, in order to deliver on specific commitments including e.g. funding to mitigate any delays in delivery of approved savings; Primary Care Improvement Plan and Action 15 carry forward monies; Health Visitors, and, GP premises improvement monies. The total amount drawn down in 2019/20 was £2.268m from earmarked reserves. Appendix 8 provides a summary of the IJB's reserves at 31 March 2020.

3.4. The key pressures are highlighted in Section 4.

3.5. Throughout the financial year, adjustments were made to the original budget as a result of additional funding allocations, service developments and budget transfers reflecting service reconfigurations. Appendices 5 and 6 provide a reconciliation of the main budget adjustments which were applied in 2019/20.

4. Renfrewshire HSCP Outturn

	Year End Outturn (prior to the transfer and draw down of balances to Earmarked Reserves)	**Year End Outturn**
Total Renfrewshire HSCP	**Underspend £4.349m**	**Breakeven**

4.1. The overall net underspend for the HSCP at 31 March 2020 was an underspend of £4.349m. This position is in line with budget monitoring reports to the IJB throughout 2019/20 which projected an underspend prior to the transfer of balances to General and Earmarked Reserves at the financial year-end.

4.2. The final HSCP outturn position includes the draw down from earmarked reserves as detailed in the following table and in Appendix 8.

Earmarked Reserves	**Amounts Drawn Down in 2019/20**
	£000's
PCTF Monies Allocated in 16/17 and 17/18 for Tests of Change and GP Support	-78
Primary Care Improvement Program (19/20)_(20/21)	-816
GP Premises Fund - Renfrewshire share of NHSGGC funding for GP premises improvement	-438
ADP Funding	-66
Single Point of Access Implementation (19/20)	-28
Funding to Mitigate Any Shortfalls in Delivery of Approved Savings from Prior Years	-150
Health Visiting	-149
Tannahill Diet and Diabetes Pilot Project	-15
Mental Health Action 15 (19/20)_(20/21)	-306
Mile End Refurbishment	-11
Westland Gardens Refurbishment	-105
Care @ Home Refurbishment and Uniform Replacement	-46
Additional Support Costs for Transitioning Placement	-60
TOTAL EARMARKED RESERVES	**-2,268**

4.3. The main broad themes of the final outturn remain in line with those previously reported and include:

Adults and Older People	**Year End Outturn**
	Underspend £409k

4.3.1. The main pressures within Adults and Older People are in line with previous reports to the IJB throughout 2019/20, and mainly relate to:

- *Continued pressures within the Care at Home service* – the impact of keeping delayed discharges to a minimum has had a significant impact on these budgets throughout 2019/20.
- *Employee costs - Adult Social Care*
  Underspends in employee costs reflecting vacancies due to recruitment issues, throughout all service areas. These underspends offset pressures within third party payments (payments for externally commissioned services) for the Care at Home service, reflecting the impact of increasing demand including, the impact of keeping delayed discharges to a minimum.
- *Addictions (including ADP)*
  Underspend, reflecting the previous planned hold on recruitment, to enable new structures to be put in place, in line with the findings of the review of addiction services. Recruitment to posts within the new structure is actively under way.
- *Adult Community Services*
  Underspend, reflecting significant ongoing turnover and recruitment and retention issues across the Rehabilitation and District Nursing services.

Mental Health	**Year End Outturn**
	Underspend £491k

4.3.2. The underspend within Mental Health Services reflects vacancies due to recruitment issues, throughout all mental health service areas. In addition, there are underspends within the Adult Placement budget reflecting current client numbers and their needs. These underspends offset pressures in relation to costs associated with bank and agency staff required to maintain the recommended safe staffing and skill mix for registered nurse to bed ratios (enhanced observations).

Learning Disabilities	**Year End Outturn**
	Overspend (£66k)

4.3.3. The overspend within Learning Disabilities is mainly due to pressures on the Adult placement budget reflecting the impact of increasing demand and SDS, along with costs associated with Ordinary Residence client care packages transferring to Renfrewshire HSCP.

Children's Services	**Year End Outturn**
	Underspend £310k

4.3.4. As previously reported, the underspend within Children's Services is mainly due to vacancies reflecting recruitment and retention issues across the service, including: School Nursing; Children and Adolescent Mental Health, Speech and Language Therapy, and Occupational therapy.

Health Improvement	**Year End Outturn**
	Underspend £232k

4.3.5. This underspend reflects non-recurring monies received in the latter part of 2019/20 which, due to time constraints could not be fully spent in 2019/20. A proportion of this underspend, £100k, has been moved to earmarked reserves to be drawn down in 2020/21 towards the funding of a Renfrewshire-wide Prevention and Early Intervention Programme.

Resources	Year End Outturn
	Overspend (£2,273)k

4.3.6. The mechanism to create reserves from the delegated Health budget to the IJB balance sheet is via the 'Resources Care Group' within the health ledger. Accounting for reserves through this Care Group ensures the client group year-end position is accurate, ensuring over and underspends within individual client groups are transparent. A number of accounting entries in relation to the draw down and creation of reserves are posted through this Care Group resulting in the overall net overspend of £2,273k.

Hosted Services	Year End Outturn
	Underspend £398k

4.3.7. The underspend in Hosted Services is mainly due to vacancies within the Primary Care screening service which are currently being recruited to, and, vacancies within the Podiatry Service which is in the final stages of implementing their new workforce profile. In addition, changes in procurement arrangements have significantly reduced the pressure on the podiatry supplies budgets in 2019/20.

Prescribing	Year End Outturn
	Underspend £501k

4.3.8. To assist in mitigating risks associated with prescribing cost volatility, the IJB, as part of its financial planning for 2019/20, agreed a net increase of £2.1m to the prescribing budget. This net increase was based on a number of assumptions, including the delivery of prescribing efficiencies and initiatives across NHSGGC, and the potential impact of tariff reductions and discount clawbacks.

This positive year-end outturn position includes: the impact of tariff reductions and discount clawbacks, which for 2019/20 are significantly higher than when the IJB agreed the prescribing budget for 2019/20; and, the movement of £443k to earmarked reserves to provide further resilience over 2020/21. This increase to the prescribing earmarked reserve is in anticipation that the delivery of 2020/21 prescribing efficiencies and initiatives are unlikely to be delivered in full, and, also to protect against cost and volume increases directly linked to the impact of COVID 19.

4.4. **Current Vacancy Position**

As highlighted throughout Section 4, and Appendices 1 to 3 of this report, Employee Costs contributed significantly to the overall year-end underspend position throughout all services. This was due to a combination of vacancies reflecting recruitment and retention issues across all services.

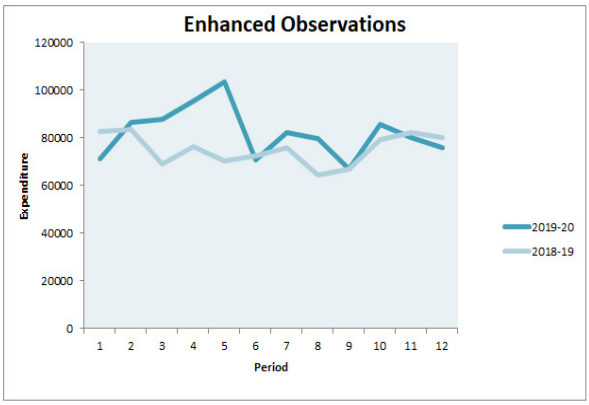
Appendices 10 and 11 provide a summary of the number and type of vacancies and the areas/ posts where these vacancies arose.

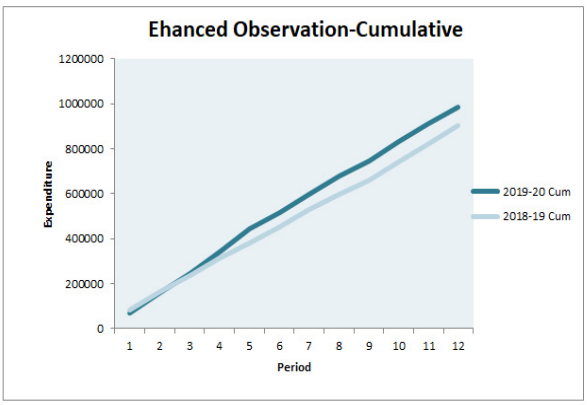
4.5. **Enhanced Observations**

As at 31 March 2020, expenditure on enhanced observations was £986.1k an increase of £84k from 2018/19. Members will be aware, as part of the 2018/19 Financial Plan a £900k budget was created for enhanced observations. It was

anticipated the cost of enhanced observations would increase in 2019/20 in line with the pay award and superannuation increase to approx. £981k. This means the service continues to work within the parameters of their enhanced observations budget.

The following graphs show the spend for both 2018/19 & 2019/20 highlighting the slight increase within 2019/20.





5. Responding to the Covid-19 Pandemic

5.1. In addition to the areas of pressure described in Section 4 of this report, the most significant challenge faced by Renfrewshire HSCP (since March 2020) and its partner organisations (and all HSCPs across Scotland) has been responding to the Covid-19 pandemic.

5.2. The HSCP responded rapidly to the emerging situation in March 2020, to ensure that services continued to be delivered safely and effectively, and, protect vulnerable people within our communities. The impact of Covid-19 on services delivered by the HSCP has been unprecedented. It has required a significant degree of service change within a short period of time, causing a surge in absence and ultimately having a substantial financial impact, the extent of which will become clearer as financial year 2020/21 progresses.

5.3. In response to the pandemic, Renfrewshire HSCP implemented a clear and structured approach to mobilisation and the implementation of service changes, led by the Local Response Management Team (LRMT) consisting of senior management within the partnership. Some of these service changes will continue long into the new financial year as the HSCP develops service recovery plans which reflect the 'new normal' context and the expected phased lifting of lockdown measures.

5.4. An estimate of the costs incurred in 2019/20 in relation to COVD 19 and the HSCP's mobilisation plan is included in the 2019/20 outturn position. A breakdown of which is summarised in the table below:

Type of Additional Spend Incurred	Estimated Cost
Employee Costs	£61,011
Agency Costs	£17,684
Training	£1,150
External Providers	£648,333
PPE	£97,449
ICT	£62,402
General Supplies	£489
TOTAL	**£888,518**

6. Scottish Government Funding 2019/20

6.1. As previously highlighted to members, the 2019/20 allocations for the: Primary Care Improvement Fund (PCIF); Mental Health Action 15 (Action 15) and Alcohol and Drug Partnership (ADP) have been issued. The Scottish Government confirmed that although the 2019/20 allocations were reduced by the level of earmarked reserves held by the IJB, this will not reduce the overall totality of their commitment to fund specific policy initiatives.

6.2. In line with Scottish Government requirements, regular returns are submitted to the relevant Scottish Government policy team on our progress of delivering on these programmes. These include updates on our spending profile, workforce and delivery of stated outcomes.

6.3. The following table provides a summary of the year-end position of these three programmes:

Funding Description	2018/19				2019/20				
	Allocation	Received 1st/2nd Tranche	Balance held by SG for future years	Transfer to Earmarked Reserves	Allocation	Drawndown from Reserves	Received @ 31st March	Outstanding	Transfer to Earmarked Reserves
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Primary Care Improvement Fund	1.554	1.465	0.089	0.792	1.861	0.792	0.931	0.930	0.264
Mental Health Action 15	0.374	0.333	0.041	0.306	0.575	0.306	0.097	0.478	0.130
Alcohol and Drug Partnership	2.139	2.139	0.000	0.321	2.229	0.000	2.229	0.000	0.453
TOTAL	4.067	3.937	0.130	1.419	4.665	1.098	3.257	1.408	0.847

*Please note £264k of allocation not currently held by HSCP - Awaiting transfer of Budget from NHS GGC Corporate

7. Delegated Health Budget Update 2020/21

7.1. At its meeting of 20 March 2020/21, the IJB agreed to delegate responsibility for the Chief Officer in consultation with the Chair, to accept the 2020/21 delegated health budget subject to the expected uplift of 3% reflecting the Board's uplift for 2020/21 including any final adjustments in relation to recurring budget adjustments at month 12.

7.2. NHSGGC's draft financial plan for 2020/21 was presented to the NHSGGC Board in February 2020. An updated version was due to be presented at the April Board meeting however, due to the COVID pandemic this was not possible as the full NHSGGC Board did not meet in April as it has been replaced by an Interim Board. NHSGGC's Operational Plan has been suspended and both it and the supporting Financial Plan will require to be reviewed in light of the COVID pandemic. There will therefore be a delay in IJB's being given their formal 20/21 budget offer, however, it is anticipated it will be in line with the interim budget offer made in March.

8. Set Aside Budget

8.1. The Health Board is required to determine an amount set aside for integrated services provided by large hospitals. There is an expectation that for the 2019/20 annual accounts that Health Boards and Integration Authorities agree

a figure for the sum set aside to be included in their respective Annual Accounts.

8.2. NHS GG&C are now in a position to report the set aside figures based on actual expenditure which has resulted in the restatement of 18/19 figures which were previously based on a notional budget figure. The notional budgets for set aside were based on NRAC activity and information from the cost book and were very high level. Actual figures are now based on a much more detailed approach including actual spend and activity for each year.

8.3. The set aside figure agreed with the Health Board for 2019/20 is £56.497m.

8.4. Work has been undertaken by all six HSCPs in GGC to develop a system wide strategic commissioning plan in partnership with the NHS Board and Acute Services Division and in line with the IJB's Strategic Plan. The draft Plan outlines how we intend to support people better in the community and develop alternatives to hospital care so that we can safely reduce the over-reliance on unscheduled care services.

8.5. The draft Plan will be presented to the IJB in June 2020, with a supporting cover paper asking members to: note the work undertaken to date; note that the final Plan will need to be updated to reflect the impact of COVID; and recommend an updated Plan will be brought back to a future meeting of the IJB.

9. Services Hosted by other HSCP's

9.1. Appendix 7 provides a summary of all hosted services across Greater Glasgow and Clyde. There is no risk sharing arrangement in place in relation to hosted services therefore each IJB is responsible for managing the services they host.

10. Other Delegated Services

Description	Full Year Budget	Final Outturn	Variance
Housing Adaptations	£829k	£829k	£0k
Women's Aid	£85k	£83k	£2k
Total	**£914k**	**£912k**	**£2k**

10.1. The table above shows the costs of other Renfrewshire Council services delegated to the IJB. Under the 2014 Act, the IJB is accountable for these services, however, these continue to be delivered by Renfrewshire Council. Renfrewshire HSCP monitors the delivery of these services on behalf of the IJB.

10.2. The summary position for the period to 31 March 2020 is an underspend of £2k.

11. Reserves

11.1. As detailed in Appendix 8, the opening IJB reserves position for 2019/20 was £5.473m. This figure comprised £4.543m of earmarked reserves and £0.930m of General Reserves.

11.2. As detailed in Appendix 8 and paragraph 4.2 the total amount drawn down from IJB reserves in 2019/20 was £2.268m.

11.3. Consistent with the IJB's Reserves Policy Members the IJB is required to decide how it wishes to treat the in-year underspend of £4.349m identified in 4.1:

- The assessment of risk by the Chief Finance Officer confirms that there is a requirement to continue to move towards the IJB's aim of securing general reserves of 2% over the medium term, where it is prudent to so, and depending on the financial performance of the IJB and the availability of funds which can support this increase. Given the level of the in-year underspend in 2019/20, it is therefore the recommendation of the Chief Finance Officer, that the IJB transfer £0.471m of the in-year underspend to general reserves, taking into account the risks faced by the IJB, and impact of current and new demand, projected reductions in future funding and the need for saving plans. This would mean the opening general reserves balance would be 0.5% of the 2020/21 net budget (not including set aside) this is in line with the reserve target approved by the IJB and represents good progress towards the 2% target set by the IJB's Reserve Policy.
- It is the recommendation of the Chief Finance Officer that the balance of the in-year underspend, £3.878m, is transferred to earmarked reserves as a number of commitments were made in 2019/20 in relation to local and national priorities which will not be complete until future years. Therefore, to ensure funding is in place to deliver on these commitments this funding needs to be earmarked. In addition, as some of this balance relates to ring-fenced funding from the SG to meet specific commitments it must be carried forward to meet the conditions attached to the receipt of this funding.

11.4. Members are therefore asked to approve the following new earmarked and general reserves for draw down as required, totalling £4.349m.

Proposed Reserves for Approval

Earmarked Reserves	New Reserves	To be Drawn Down 2020/21	To be Drawn Down 2021/22	Ongoing
	£000's			
Primary Care Improvement Program (19/20)_(20/21)	264	✔		
GP Premises Fund - Renfrewshire share of NHSGGC funding for GP premises improvement	153	✔		
District Nurse 3 year Recruitment Programme	33			✔
Prescribing	443	✔	✔	
ADP Funding	283	✔		
Facilitation of Multi-Discp teams in GP Practices - Renfrewshire Share of NHSGGC Programme	49	✔		
Funding to Mitigate Any Shortfalls in Delivery of Approved Savings from Prior Years	1,080	✔		
Mental Health Action 15 (19/20)_(20/21)	130	✔		
HSCP Transformation Programme Funding 20/21_23/24	1,329			✔
Renfrewshire Wide Prevention and Early Intervention Programme	100	✔	✔	
Henry Programme - Pre 5 Obesity Training	15	✔		
TOTAL EARMARKED RESERVES	**3,878**			

General Reserves	New Reserves
	£000's
Renfrewshire HSCP - Health delegated budget under spend carried forward	471
TOTAL GENERAL RESERVES	**471**

OVERALL RESERVES POSITION	**4,349**

11.5. In with the recommendations from 'The Ministerial Strategic Group' who requested that timescales for the use of reserves are identified, the table above and Appendix 8 provide details of the expected timescale for the use of all earmarked reserves.

12. Living Wage

12.1. Summary of 2019/20 Living Wage

To date, 5 out of 7 Care at Home providers have accepted our 2019/20 increase, the remaining 2 have been unable to agree due to travel time. For Supported Living, all 10 providers have accepted the increase for both day hours and sleepovers. The 4 Contracted providers of adult residential services were offered and agreed to an increase of 3.40% in line with the increase for the NCHC 19/20. Renfrewshire HSCP continues to review out of area placements and offer uplifts in line with either the Scotland Excel Framework Agreement, the host local authority rate, or, offer a rate that allows the payment of the Living Wage for 2019/20. All Scottish Living uplifts were backdated to the 1st May 2019.

12.2. Summary of 2020/21 Scottish Living Wage (SLW)

For 2020/21, the new Living Wage rate has been set at £9.30, an increase of 30p from the 2019/20 rate. In line with the current practice adopted for uprating provider rates to reflect Living Wage increases, a 3.3% increase will be applied as per communication issued by the Scottish Government.

All contracted providers of care at home services and supported living services have been offered an increase to allow the payment of the new Living Wage rate. To date 5 Care at Homes providers have accepted the increase, we await a response from the remaining 2. For supported living services, 5 providers have accepted the increase, we await a response from the remaining 5.

The 4 Contracted providers of adult residential services within Renfrewshire have been offered an increase of 3.3% for the payment of the new Scottish Living Wage.

All Scottish Living Wage uplifts will be from the 6th April 2020 as per the Guidance for Commissioned Services issued by COSLA in consultation with the Scottish Government on the 17th April 2020

13. National Care Home Contract 2020/21

13.1. The terms of the contract for 2020/21 were negotiated by COSLA and Scotland Excel, with Scottish Care and the Coalition of Care and Support Providers in Scotland (CCPS). An increase of 3.54% for Residential Care and 3.51% for Nursing Care was agreed which includes an allowance to support delivery of the Living Wage for 2020/21 of £9.30 per hour to all care staff from 6th April 2020. A Minute of Variation (MOV) will be issued to providers of care homes for older adults in Renfrewshire for their acceptance of the payment of the new Living Wage rate for 2020/21.

Implications of the Report

1. **Financial –** Financial implications are discussed in full in the report above.
2. **HR & Organisational Development** – none
3. **Community Planning -** none
4. **Legal –** This is in line with Renfrewshire IJB's Integration Scheme

5. **Property/Assets** – none.

6. **Information Technology –** none

7. **Equality & Human Rights –** The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.

8. **Health & Safety** – none**.**

9. **Procurement** – Implementation of the living wage impact on existing contracts with providers and their ability to deliver within the allocated funding package**.**

10. **Risk** – There are a number of risks which should be considered on an ongoing basis: adequate funding to deliver core services.

11. **Privacy Impact** – none.

List of Background Papers – None.

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Direction from the Integration Joint Board		

1.	**Reference Number**	260620-04
2.	**Date Direction issued by IJB**	26 June 2020
3.	**Date from which Direction takes effect**	26 June 2020
4.	**Direction to**	Renfrewshire Council
5.	**Does the Direction supersede, amend or cancel a previous Direction – if yes include IJB reference number**	No
6.	**Functions covered by the Direction**	All functions delegated to the IJB from Renfrewshire Council and NHS Greater Glasgow and Clyde
7.	**Full text of Direction**	Renfrewshire Council is directed to carry forward reserves totalling £4.349m on behalf of the IJB as outlined in Report "Financial Report 1 April 2019 to 31 March 2020"
8.	**Budget allocated by IJB to carry out Direction.**	£4.349m in reserves carried forward.
9.	**Outcomes**	The functions will be carried out in a manner consistent with the Joint Board's Strategic Plan (2019-22), which was considered by the Integration Joint Board on 22 March 2019.
10.	**Performance monitoring arrangements**	Performance management is monitored and reported to every meeting of the IJB.
11.	**Date of review of Direction**	June 2021.

Appendix 1

HSCP Revenue Budget Position
1st April 2019 to 31st March 2020

Subjective Heading	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend to Year End	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Employee Costs	76,710	4,819		1,234		82,763	80,130	2,634	3%	underspend
Property Costs	388	102		116		606	708	(101)	-17%	overspend
Supplies and Services	20,767	769	(12,254)	858		10,140	13,188	(3,048)	-30%	overspend
Third Party Payments	57,718	9,228		60		67,006	67,461	(455)	-1%	overspend
Purchase Of Healthcare	2,466	844		-		3,310	3,415	(105)	-3%	overspend
Transport	805	15		-		820	747	73	9%	underspend
Family Health Services	80,605	7,104		-		87,709	87,201	508	1%	underspend
Support Services	70	-		-		70	58	12	17%	underspend
Transfer Payments (PTOB)	4,256	(286)		-		3,970	3,779	191	5%	underspend
Resource Transfer	19,037	1,960	(20,997)	-		-	-	-	0%	breakeven
Set Aside	31,242	25,255		-		56,497	56,497	-	0%	breakeven
Gross Expenditure	**294,065**	**49,809**	**(33,251)**	**2,268**	**-**	**312,891**	**313,184**	**(293)**	**0%**	overspend
Income	(30,188)	(9,120)			(2,268)	(41,576)	(41,871)	295	-1%	underspend
NET EXPENDITURE	**263,877**	**40,689**	**(33,251)**	**2,268**	**(2,268)**	**271,315**	**271,313**	**2**	**0%**	**underspend**

HSCP Revenue Budget Position
1st April 2019 to 31st March 2020

Care Group	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend to Year End	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Adults & Older People	65,079	(223)		151	(151)	64,856	64,447	409	1%	underspend
Mental Health	20,975	2,238		307	(307)	23,213	22,722	491	2%	underspend
Learning Disabilities	15,744	772		165	(165)	16,516	16,582	(66)	0%	overspend
Children's Services	5,413	733		149	(149)	6,146	5,836	310	5%	underspend
Prescribing	35,302	919		-	-	36,221	35,720	501	1%	underspend
Health Improvement & Inequalities	880	162		-	-	1,042	810	232	22%	underspend
FHS	43,155	5,380		-	-	48,534	48,534	-	0%	breakeven
Resources	3,302	2,750		1,275	(1,275)	6,053	8,327	(2,273)	-38%	overspend
Hosted Services	10,580	743		221	(221)	11,324	10,926	398	4%	underspend
Resource Transfer	19,037	1,960	(20,997)			-	-	-	0%	breakeven
Social Care Fund	12,254	-	(12,254)			-	-	-	0%	breakeven
Set Aside	31,242	25,255				56,497	56,497	-	0%	breakeven
Other Delegated Services	914	-				914	912	2	0%	underspend
NET EXPENDITURE	**263,877**	**40,689**	**(33,251)**	**2,268**	**(2,268)**	**271,315**	**271,313**	**2**	**0%**	**underspend**

Appendix 2

Health Budget Year End Position
1st April 2019 to 31st March 2020

Subjective Heading	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend to Year End	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Employee Costs	44,796	4,451		1,234		50,481	48,224	2,258	4%	underspend
Property Costs	36					36	94	(57)	-157%	overspend
Supplies and Services	18,283	1,384	(12,254)	812		8,225	10,835	(2,610)	-32%	overspend
Purchase Of Healthcare	2,466	844				3,310	3,415	(105)	-3%	overspend
Family Health Services	80,605	7,104				87,709	87,201	508	1%	underspend
Set Aside	31,242	25,255				56,497	56,497	-	0%	breakeven
Resource Transfer	19,037	1,960	(20,997)			-		-		
Gross Expenditure	**196,466**	**40,997**	**(33,251)**	**2,046**	**-**	**206,258**	**206,266**	**(8)**	**0%**	**breakeven**
Income	(3,120)	(1,376)			(2,046)	(6,542)	(6,550)	8	0%	underspend
NET EXPENDITURE	**193,346**	**39,621**	**(33,251)**	**2,046**	**(2,046)**	**199,716**	**199,716**	**-**	**0%**	**breakeven**

Care Group	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend to Year End	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Addiction Services	2,684	22		66	(66)	2,707	2,695	11	0%	underspend
Adult Community Services	9,786	46		28	(28)	9,832	9,335	497	5%	underspend
Children's Services	5,413	733		149	(149)	6,146	5,836	310	5%	underspend
Learning Disabilities	1,085	90				1,175	1,021	154	13%	underspend
Mental Health	18,626	1,561		307	(307)	20,187	20,015	172	1%	underspend
Hosted Services	10,580	743		221	(221)	11,324	10,926	398	4%	underspend
Prescribing	35,302	919				36,221	35,720	501	1%	underspend
Gms	22,009	2,822				24,830	24,830	-	0%	breakeven
FHS Other	21,146	2,558				23,704	23,704	-	0%	breakeven
Planning & Health Improvement	880	162				1,042	810	232	22%	underspend
Primary Care Improvement Prog		837		1,245	(1,245)	837	837	0	0%	overspend
Resources	3,302	1,914		30	(30)	5,216	7,490	(2,275)	-44%	overspend
Set Aside	31,242	25,255				56,497	56,497	-	0%	breakeven
Resource Transfer	19,037	1,960	(20,997)			-		-		
Social Care Fund	12,254		(12,254)			-		-		
NET EXPENDITURE	**193,346**	**39,621**	**(33,251)**	**2,046**	**(2,046)**	**199,716**	**199,716**	**-**	**0%**	**breakeven**

Appendix 3

Adult Social Care Revenue Budget Year End Position
1st April 2019 to 31st March 2020

Subjective Heading	Annual Budget	In year adjustments	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend to Year End	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Employee Costs	31,809	368			32,177	31,798	379	1.2%	underspend
Property Costs	352	102	116		570	614	(44)	-7.7%	overspend
Supplies and Services	2,469	(615)	46		1,900	2,339	(439)	-23.1%	overspend
Third Party Payments	57,718	9,228	60		67,006	67,461	(455)	-0.7%	overspend
Transport	800	15			815	737	78	9.6%	underspend
Support Services	70				70	58	12	17.1%	underspend
Transfer Payments (PTOB)	3,309	(286)			3,023	2,835	188	6.2%	underspend
Gross Expenditure	**96,527**	**8,812**	**222**	**-**	**105,561**	**105,842**	**(281)**	**-0.3%**	**overspend**
Income	(26,910)	(7,744)		(222)	(34,876)	(35,157)	281	-0.8%	underspend
NET EXPENDITURE	**69,617**	**1,068**	**222**	**(222)**	**70,685**	**70,685**	**-**	**0.0%**	**breakeven**

Care Group	Annual Budget	In year adjustments	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend to Year End	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Older People	45,915	(1,976)	57	(57)	43,939	44,249	(310)	-0.7%	overspend
Physical or Sensory Difficulties	6,028	1,548			7,576	7,442	134	1.8%	underspend
Learning Difficulties	14,659	682	165	(165)	15,341	15,561	(220)	-1.4%	overspend
Mental Health Needs	2,349	677			3,026	2,707	319	10.5%	underspend
Addiction Services	666	137			803	726	77	9.6%	underspend
NET EXPENDITURE	**69,617**	**1,068**	**222**	**(222)**	**70,685**	**70,685**	**-**	**0.0%**	**breakeven**

Appendix 4

Other Delegated Services
1st April 2019 to 31st March 2020

Subjective Heading	Annual Budget £000's	Projection to Year End £000's	Variance £000's	%	
Employee Costs	105	108	(3)	-3%	overspend
Property Costs			-	0%	breakeven
Supplies and Services	15	14	1	7%	underspend
Transport	5	10	(5)	-50%	overspend
Support Services			-	0%	breakeven
Transfer Payments (PTOB)	947	944	3	0%	underspend
Gross Expenditure	**1,072**	**1,076**	**(4)**	**-45%**	**overspend**
Income	(158)	(164)	6	-4%	underspend
NET EXPENDITURE	**914**	**912**	**2**	**-49%**	**underspend**

Client Group	Annual Budget £000's	Projection to Year End £000's	Variance £000's	%	
Housing Adaptations	829	829	-	0%	breakeven
Women's Aid	85	83	2	2%	underspend
Grant Funding for Women's Aid	-	-	-	0%	breakeven
NET EXPENDITURE	**914**	**912**	**2**	**2%**	**underspend**

Appendix 5

2019/20 Adult Social Care Base Budget and In-Year Adjustments	
	£k
2019/20 Renfrewshire HSCP Opening Budget:	69,617.0
Additions:	
Non Recurring Drawdown of Council Reserves	1,231.7
SWIFT Hosting Costs	-23.0
	70,825.7
Budget Adjustments posted in month 13	
Recurring:	
Telephone Budget Transferred to Corporate	-109.0
Outlook Licences Transferred to ICT	-12.4
Network Upgrade Transferred to ICT	-0.4
	-121.8
Non-Recurring:	
Backsneddon Costs to Finance & Resources	-19.2
Adult Social Care Budget as reported @ 31st March 2020	**70,684.7**

Appendix 6

2019/20 Health Base Budget and In-Year Adjustments	**£k**
2019-20 Renfrewshire HSCP Financial Allocation	162,104.0
Add: Set Aside	31,242.0
less: Budget Adjustments	
Social Care Fund	-12,254.0
Resource Transfer	-20,662.0
= base budget rolled over	**160,430.0**
Additions:	
Continuing Care - Transfer	1,128.0
Budget Uplift - 2.54%	3,040.0
Family Health Service Adjustment	969.9
Smoking Cessation Funding	65.2
	5,203.1
Non-Recurring:	
Cognitive Behavioural Therapist Posts - Psychology review	150.0
Budget allocated as per 2019/20 Financial Allocation 31st May 2019	**165,783.1**
Budget Adjustments posted in month 3	
Non-Recurring:	
Funding from Health Board for Primary Care Screening Posts	86.7
Health Budget as reported @ 30th June 19	**165,869.8**
Budget Adjustments posted in month 4	
Additions:	
Superann Increase - Funding from Scottish Government	2,055.8
Non-Recurring:	
Transfer to Resource Transfer	-300.0
Health Budget as reported @ 31st July 19	**167,625.6**
Budget Adjustments posted in month 5	
Additions:	
Hospice Superann	56.0
Reductions:	
Primary Care Contract transferred to Board	-100.5
Non-Recurring:	
ADP Funding	256.2
Action 15	96.8
Prescribing Tariff Swap	-698.6
GMS Adjustment	911.9
	566.3
Health Budget as reported @ 31st August 2019	**168,147.4**
Budget Adjustments posted in month 6	
Additions:	
GP Subcommittee Funding	111.8
Reductions:	
Violence Reduction Post - Moved to Glasgow City	-50.0
Non-Recurring:	
GP Premises Supporting Improvements	101.5
Primary Medical Services (PMS) - Provision & Support	360.9
	462.4
Health Budget as reported @ 30th September 2019	**168,671.6**
Budget Adjustments posted in month 7	
Additions:	
GMS Adjustment	1,860.9
Non-Recurring:	
Scottish Government - Funding for Paid As If At Work 17-18	14.4
Primary Care Screening - HPV Boys Campaign	25.9
	40.3
Health Budget as reported @ 31st October 2019	**170,572.8**
Budget Adjustments posted in month 8	
Non-Recurring:	
Mental Health Outcomes Funding from Scottish Government	279.6
GMS Adjustment	-7.8
	271.8
Health Budget as reported @ 30th November 2019	**170,844.6**
Budget Adjustments posted in month 9	
Non-Recurring:	
Smoking Prevention Monies from Scottish Government	36.0
GMS Adjustment	517.8
	553.8
Health Budget as reported @ 31st December 2019	**171,398.4**
Budget Adjustments posted in month 10	
Non-Recurring:	
Funding from Scottish Government - CAMCHP123 ADP LOCAL IMP FUND	320.8
GMS Adjustment	359.1
	679.9
Health Budget as reported @ 31st January 2020	**172,078.3**
Budget Adjustments posted in month 11	
Additions:	
Set Aside Adjustment	24,685.0
Non-Recurring:	
PCIP Tranche 3 Funding	667.2
GP Premises Supporting Improvements	67.7
GMS Adjustment	-34.7
Revenue to Capital - Primary Care Support	-7.5
	692.7
Health Budget as reported @ 28th February 2020	**197,456.0**
Budget Adjustments posted in month 12	
Additions:	
GMS Adjustment	971.3
Non-Recurring:	
Anticipated Funding for COVID 19 expenditure 19-20	909.8
GMS Adjustment	-206.1
Set Aside Adjustment	570.0
Funding For Henry Programme - Pre 5 Obesity Training	15.0
	1,288.7
Health Budget as reported @ 31st March 2020	**199,716.0**

Appendix 7

Partnership Hosted Budget Position at 31 March 2020

Host	Service	Actual Net Expenditure to Date	Budgeted Net Expenditure to Date	Variance to Date
East Dunbartonshire	Oral Health	£9,834,812	£9,820,171	£14,641
	Total	**£9,834,812**	**£9,820,171**	**£14,641**
East Renfrewshire	SCTI	£118,662	£148,988	-£30,326
East Renfrewshire	Learning Disability	£8,359,362	£8,361,464	-£2,102
	Total	**£8,478,024**	**£8,510,452**	**-£32,428**
Glasgow	Continence	£3,876,864	£4,017,302	-£140,438
Glasgow	Sexual Health	£10,170,910	£11,004,985	-£834,076
Glasgow	Mh Central Services	£6,871,677	£6,285,189	£586,488
Glasgow	MH Specialist services	£10,137,509	£11,298,080	-£1,160,571
Glasgow	Alcohol + Drugs Hosted	£16,112,699	£16,869,165	-£756,466
Glasgow	Prison Healthcare	£7,300,414	£7,518,383	-£217,969
Glasgow	HC In Police Custody	£2,321,505	£2,656,919	-£335,414
Glasgow	Old Age Psychiatry	£16,545,390	£16,948,129	-£402,740
Glasgow	General Psychiatry	£40,074,926	£37,886,699	£2,188,227
	Total	**£113,411,893**	**£114,484,852**	**-£1,072,958**
Inverclyde	General Psychiatry	£6,141,820	£5,622,836	£518,984
Inverclyde	Old Age Psychiatry	£3,594,707	£3,441,894	£152,813
	Total	**£9,736,527**	**£9,064,730**	**£671,797**
Renfrewshire	Podiatry	£6,732,195	£6,964,477	-£232,283
Renfrewshire	Primary Care support	£4,144,772	£4,359,332	-£214,560
Renfrewshire	General Psychiatry	£7,479,719	£7,409,796	£69,922
Renfrewshire	Old Age Psychiatry	£6,800,216	£6,683,487	£116,729
	Total	**£25,156,901**	**£25,417,093**	**-£260,191**
West Dunbartonshire	MSK Physio	£6,370,000	£6,491,696	-£121,696
West Dunbartonshire	Retinal Screening	£815,416	£779,886	£35,530
West Dunbartonshire	Old Age Psychiatry	£1,004,099	£1,593,146	-£589,047
	Total	**£8,189,515**	**£8,864,727**	**-£675,213**
Total		**£174,807,672**	**£176,162,024**	**-£1,354,352**

Consumed By:-	
Glasgow	£101,734,905
East Dunbartonshire	£9,172,846
East Renfrewshire	£9,001,733
Renfrewshire	£27,327,277
Inverclyde	£15,014,510
West Dunbartonshire	£12,556,401
Total	**£174,807,672**

Appendix 8

Movement in Reserves

Earmarked Reserves	Opening Position 2019/20	Amounts Drawn Down in 2019/20	New Reserves	Closing Position 2019/20	Movement in Reserves 2019/20	To be Drawn Down 2019/20 c.£000's	To be Drawn Down 2020/21	To be Drawn Down 2021/22	Ongoing
	£000's	£000's	£000's	£000's	£000's				
PCTF Monies Allocated for Tests of Change and GP Support	458	-78		380	-78	-78	✔		
Primary Care Improvement Program (19/20)_(20/21)	816	-816	264	264	-552	-816	✔		
GP Premises Fund - Renfrewshire share of NHSGGC funding for GP premises improvement	562	-438	153	277	-286	-438	✔		
District Nurse 3 year Recruitment Programme	161		41	202	41				✔
Prescribing	557		443	1,000	443		✔	✔	
ADP Funding	321	-66	453	708	387	-66	✔		
Facilitation of Multi-Discp teams in GP Practices - Renfrewshire Share of NHSGGC Programme	0		49	49	49		✔		
Tec Grant	20			20	0		✔		
Single Point of Access Implementation (19/20)	28	-28		0	-28	-28			
Funding to Mitigate Any Shortfalls in Delivery of Approved Savings from Prior Years	150	-150	1,080	1,080	930	-150	✔		
Health Visiting	181	-149		32	-149	-149	✔		
Tannahill Diet and Diabetes Pilot Project	15	-15		0	-15	-15			
Mental Health Improvement Works	150			150	0		✔		
Mental Health Action 15 (19/20)_(20/21)	306	-306	130	130	-176	-306	✔		
Mental Health Strategy Interim Support Pending Completion of Psychology Review	0		115	115	115		✔		
HSCP Transformation Programme Funding for Temp Staff in Post	0		500	500	500		✔	✔	
HSCP Transformation Programme Funding 20/21_23/24	0		1,329	1,329	1,329				✔
ICT Swift Update Costs	27			27	0		✔		
Information Communcation Funding - Care @ Home Scheduling System	0		882	882	882		✔	✔	
Training for Mental Health Officers in HSCP	0		288	288	288		✔	✔	
Mile End Refurbishment	100	-11		89	-11	-11	✔		
LA Care Home Refurbishment	300			300	0		✔		
Westland Gardens Refurbishment	105	-105		0	-105	-105			
Eclipse Support Costs (2 Year)	156			156	0		✔	✔	
Care @ Home Refurbishment and Uniform Replacement	70	-46		24	-46	-46	✔		
Additional Support Costs for Transitioning Placement	60	-60		0	-60	-60			
Renfrewshire Wide Prevention and Early Intervention Programme	0		100	100	100		✔	✔	
Henry Programme - Pre 5 Obesity Training	0		15	15	15		✔		
TOTAL EARMARKED RESERVES	**4,543**	**-2,268**	**5,841**	**8,116**	**3,573**	**-2,268**			

General Reserves	Opening Position 2019/20	Amounts Drawn Down in 2019/20	New Reserves	Closing Position 2019/20	Movement in Reserves 2019/20
	£000's	£000's	£000's	£000's	£000's
Renfrewshire HSCP - Health delegated budget under spend carried forward	930		471	1,401	471
TOTAL GENERAL RESERVES	**930**	**0**	**471**	**1,401**	**471**

OVERALL RESERVES POSITION	**5,473**	**-2,268**	**6,312**	**9,517**	**4,044**

Appendix 9

Renfrewshire HSCP Vacancies as at Period 13 per Grade

Grade	Adult Comm Care	Older People	Physical Disabilities	Addictions	Children's Services	Learning Disabilities	Mental Health	Hosted Services	PHI	Admin	Total
Consultant						0.55	2.00	0.40			2.95
8a	0.63						1.00				1.63
7					1.30		2.00	2.60	1.00		6.90
6	10.42			1.00	1.18		5.00	1.53	1.00		20.13
5	0.64			2.00		1.00	13.70	1.73			19.07
4										1.80	1.80
3				1.00	0.45		9.49	1.00		0.67	12.61
2										1.00	1.00
GRB		0.03	0.00			0.19	0.00				0.22
GRC		73.81	0.54			1	1.03				76.38
GRD		3.82	0.00			2.78	0.19				6.79
GRE		3.55	0.00			0	0.00				3.55
GRF		4.13	0.59			0.33	0.00				5.05
GRG		1.00	0.00			0.2	1.00				2.20
GRH		1.00	0.00			0	0.00				1.00
GRI		3.00	0.00			1	0.00				4.00
GRJ		4.51	0.00			0	2.49				7.00
GRK		1.88	0.00			0	0.00				1.88
GRL		1.00	0.00			1	0.00				2.00
GRM		3.00	0.00			0	0.00				3.00
GRN		3.00	0.00			0	0.00				3.00
GRP		1.00	0.00			0	0.00				1.00
Total	**11.69**	**104.73**	**1.13**	**4.00**	**2.93**	**8.05**	**37.90**	**7.26**	**2.00**	**3.47**	**183.16**

Appendix 10

Renfrewshire HSCP Vacancies as at Period 13 per Post

Post Title	Adult Comm Care	Older People	Physical Disabilities	Addictions	Children's Services	Learning Disabilities	Mental Health	Hosted Services	PHI	Admin	Total
Admin & Clerical-Grade 2										1.00	1.00
Admin & Clerical-Grade 3				1.00						0.67	1.67
Admin & Clerical-Grade 4										1.80	1.80
Adult Services Co-ordinator		1.00									1.00
Adult Services Manager		1.00									1.00
Care Assistant			0.54								0.54
Caretaker						0.19					0.19
Care at Home Team Manager		2.00									2.00
Change & Improvement Officer		1.00									1.00
Community Alarm Manager		1.00									1.00
Community Alarm Responder		8.11									8.11
Community Alarm Responder (Night)		0.81									0.81
Community Alarms Team Leader (Nights)											0.00
Community Meals Driver		4.37									4.37
Consultant						0.55	2.00	0.40			2.95
Data Quality Assistant		3.00									3.00
Day Care Officer		0.03									0.03
Day Centre Officer			0.59								0.59
Day Service Assistant						2.78					2.78
Day Service Officer						0.14					0.14
Dietician	0.40										0.40
Digital Business Lead		1.00									1.00
Escort/Attendant		0.03									0.03
Finance, Planning & Improvement Manager		1.00									1.00
Health Promotion									2.00		2.00
Home Care Team Leader		3.79									3.79
Home Care Worker		53.28									53.28
Manager						1.00					1.00
Mental Health Support Worker							0.19				0.19
Nursing Staff-Trained	10.66			2.00	1.38	1.00	17.70				32.74
Nursing Staff-Untrained							8.99				8.99
Occupational Therapist				1.00	0.70		2.00				3.70
Physiotherapist					0.40						0.40
Physiotherapy Asst-Band 3					0.45		0.50				0.95
Podiatrist								3.90			3.90
Practical Support Team Member							1.03				1.03
Primary Care Support - Office Services								2.96			2.96
Principal Officer - Health		1.00									1.00
Principal Officer - Social Care		1.00									1.00
Psychology	0.63						2.00				2.63
Resource Officer		3.00									3.00
Senior Day Care Officer		0.50									0.50
Service Delivery Scheduler(temp)		3.05									3.05
Social Care Assistant		3.74				1.00					4.74
Social Care Assistant (Night)		0.50									0.50
Social Care Worker		2.25				0.19					2.44
Social Care Worker (Night)		1.88									1.88
Social Work Assistant						1.20	1.00				2.20
Social Worker		2.51					2.49				5.00
Strategic Service Delivery Team Manager		1.00									1.00
System Officer		1.00									1.00
Team Manager		1.88									1.88
Total	**11.69**	**104.73**	**1.13**	**4.00**	**2.93**	**8.05**	**37.90**	**7.26**	**2.00**	**3.47**	**183.16**

To:	**Renfrewshire Integration Joint Board**
On:	**26 June 2020**
Report by:	**Chief Finance Officer**
Heading:	**Unaudited Annual Accounts 2019/20**

Direction Required to Health Board, Council or Both	**Direction to:**	
	1. No Direction Required	
	2. NHS Greater Glasgow & Clyde	
	3. Renfrewshire Council	**x**
	4. NHS Greater Glasgow & Clyde and Renfrewshire Council	

1. Summary

1.1 The IJB's Accounts for 2019/20 will be submitted for audit by the statutory deadline of 30 June 2020. A copy of the IJB's Unaudited Accounts is attached for members approval. The accounts fully comply with International Financial Reporting Standards (IFRS).

1.2 Once approved the unaudited accounts and associated working papers will be passed to the external auditor (Audit Scotland) for their review. Their report on the Accounts will be submitted to a future meeting of the IJB Audit, Risk and Scrutiny Committee for consideration prior to the audited accounts being presented to the IJB for approval.

1.3 Owing to the ongoing Coronavirus pandemic, flexibility in terms of the timescales for approval of the audited annual accounts has been provided under the Coronavirus (Scotland) Act 2020; however, Scottish Ministers have indicated their expectation that audited annual accounts are published by 30 November 2020.

2. Recommendations

It is recommended that the IJB:

- Approve, subject to Audit, the Annual Accounts for 2019/20 (Appendix 1); and
- Note that Audit Scotland will endeavour to complete the audit of the annual accounts in line with the timescales indicated by Scottish Ministers (Appendix 2).

3. Background

3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 was passed by the Scottish Parliament on 25 February 2014 and received Royal Assent in April 2014. This established the framework for the integration of health and adult social care in Scotland, to be governed by Integration Joint Boards (IJB's) with responsibility for the strategic planning of the functions delegated to it and for ensuring the delivery of its functions through the locally agreed operational arrangements.

3.2 The IJB is specified in legislation as a "section 106" body under the terms of the Local Government Scotland Act 1973 and as such is expected to prepare annual accounts in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom (ACOP) and International Financial Reporting Standards (IFRS). The ACOP seeks to achieve comparability of financial performance across all IJB's and therefore prescribe the format to be used in presenting income and expenditure information.

3.3 LASAAC (The Local Authority (Scotland) Accounts Advisory Committee) and CIPFA have produced additional guidance on accounting for the integration of health and social care.

4. The Annual Accounts 2019/20

4.1 The Annual Accounts provide an overview of the financial performance of the IJB. Their main purpose is to demonstrate the stewardship of public funds for the delivery of the IJB's vision and its core objectives.

4.2 The attached Unaudited Annual Accounts contain the financial statements for Renfrewshire IJB for the year ended 31 March 2020.

4.3 IJB's need to account for their spending and income in a way which complies with our legislative responsibilities, the annual accounts for the IJB have been prepared in accordance with appropriate legislation and guidance.

5. Financial Governance and Internal Control

5.1 An overview of the process is set out below:

- **Financial Governance & Internal Control:** the regulations require the Annual Governance Statement to be approved by the IJB (or a committee of the IJB whose remit include audit & governance). This will assess the effectiveness of the internal audit function and the internal control procedures of the IJB.

- **Unaudited Accounts:** the regulations require that the unaudited accounts are submitted to the External Auditor no later than 30 June immediately following the financial year to which they relate (flexibility in terms of this timescale has been provided under the Coronavirus (Scotland) Act 2020. The IJB annual accounts for the year ended 31 March 2020 will be considered at the IJB meeting of 26 June 2020.

- **Right to Inspect and Object to Accounts:** the public notice period of inspection will start no later than 1 July and will be for a period of 3 weeks and will follow appropriate protocol for advertising and accessing the unaudited accounts.

- **Approval of Audited Accounts:** the regulations require the approval of the audited annual accounts by the IJB (or a committee of the IJB whose remit includes audit & governance) by the 30 September immediately following the financial year to which they relate. In addition, any further report by the external auditor on the audited annual accounts should also be considered by the IJB (or a committee of the IJB whose remit includes audit & governance). Owing to the ongoing Coronavirus pandemic and the impact associated restrictions may have in terms of allowing the audit of the accounts to progress, additional flexibility in terms of the approval process for the audited accounts has been provided under the Coronavirus (Scotland) Act 2020. In essence, each council (including IJB's as they are "section 106" bodies under the terms of the Local Government Scotland Act 1973 as highlighted in paragraph 3.2) may set its own timetable for approval of the audited accounts; however, Scottish Ministers have

indicated in Finance Circular 10/2020 that they consider audited accounts should be published (and therefore approved by the IJB) no later than 30 November 2020. The external auditor (Audit Scotland) will endeavour to complete the audit process in line with these timescales (reference Appendix 2) and an update will be provided to the IJB on progress with the audit at the earliest possible stage. The external audit report on the Accounts will be made available to all members and will be submitted to a meeting of the Audit, Risk & Scrutiny Committee for consideration prior to the IJB meeting where the audited accounts are considered.

- **Publication of the Audited Accounts:** the regulations require that the annual accounts of the IJB be available in both hard copy and on the website for at least five years, together with any further reports provided by the External Auditor that relate to the audited accounts. The annual accounts of the IJB must be published by 31 October and any further reports by the External Auditor by 31 December immediately following the year to which they relate. As per above, the ongoing Coronavirus pandemic and the impact associated restrictions may have in terms of allowing the audit of the accounts to progress, means that this date may also be subject to delay.

6. External Auditors Report and Audit Certificate

6.1 The IJB Audit, Risk & Scrutiny Committee will consider the external auditors report and proposed audit certificate (ISA 260 report) prior to inclusion in the audited annual accounts. Subsequently, the external auditor's Board Members Report and the audited annual accounts will be presented to the IJB for approval.

7. Approval Process and Timetable

7.1 *Key Dates*

The proposed sequence of events to approve the IJB's annual accounts is summarised in the following table:

Meeting	Items to be Approved
IJB Audit, Risk and Scrutiny Committee: 19 June 2020	Approve Annual Governance statement and associated reports for inclusion in the statutory accounts
IJB: 26 June 2020	Approve the submission of the unaudited annual accounts to Audit Scotland
IJB Audit, Risk and Scrutiny Committee: TBC 2020	Consider the Report of the External Auditors, the Board Members' Report and the audited annual accounts
IJB: TBC 2020	Approve the audited annual accounts

7.2 *Key Documents*

The regulations require a number of key documents to be signed by the Chair of the IJB, the Chief Officer and the Proper Officer. These are detailed in the following table:

Section	Signatory
Management Commentary	Chair of the IJB Chief Officer Chief Finance Officer
Statement of Responsibilities	Chair of the IJB Chief Finance Officer
Remuneration Report	Chair of the IJB Chief Officer
Annual Governance Statement	Chair of the IJB Chief Officer
Balance Sheet	Chief Finance Officer

Implications of the Report

1. **Financial –** These are the Unaudited Annual Accounts of the IJB for 2019/20. Subject to approval by the IJB, the Accounts will be released for audit by the statutory deadline of 30 June 2020.
2. **HR & Organisational Development – None.**
3. **Community Planning – None.**
4. **Legal –** The Unaudited Annual Accounts form part of the Local Authority Accounts (Scotland) Regulations 2014.
5. **Property/Assets – None.**
6. **Information Technology –** None.
7. **Equality & Human Rights –** None.
8. **Health & Safety – None.**
9. **Procurement – None.**
10. **Risk – None**
11. **Privacy Impact** – None.

List of Background Papers – None.

Author: Sarah Lavers, Chief Finance Officer

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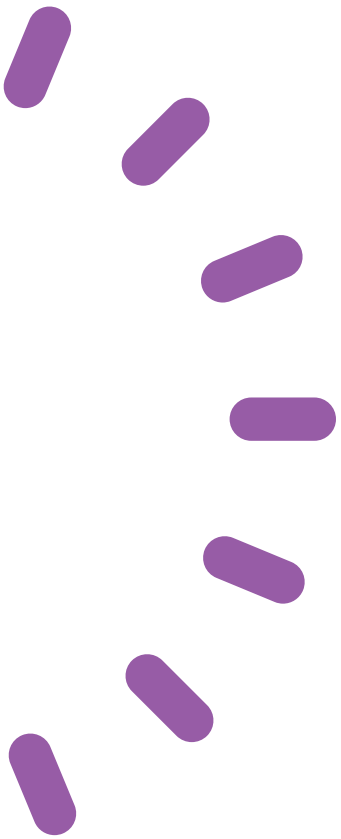
Direction from the Integration Joint Board		
1.	**Reference Number**	260620-05
2.	**Date Direction issued by IJB**	26 June 2020
3.	**Date from which Direction takes effect**	26 June 2020
4.	**Direction to**	Renfrewshire Council
5.	**Does the Direction supersede, amend or cancel a previous Direction – if yes include IJB reference number**	No
6.	**Functions covered by the Direction**	All functions delegated to the IJB from Renfrewshire Council and NHS Greater Glasgow and Clyde
7.	**Full text of Direction**	Renfrewshire Council is directed to carry forward reserves totalling £4.349m on behalf of the IJB as outlined in Report "Unaudited Annual Accounts 2019/20"
8.	**Budget allocated by IJB to carry out Direction.**	£4.349m in reserves carried forward.
9.	**Outcomes**	The functions will be carried out in a manner consistent with the Joint Board's Strategic Plan (2019-22), which was considered by the Integration Joint Board on 22 March 2019.
10.	**Performance monitoring arrangements**	Performance management is monitored and reported to every meeting of the IJB.
11.	**Date of review of Direction**	June 2021.

Renfrewshire
Health & Social Care
Partnership

Renfrewshire Integration Joint Board

Annual Accounts 2019/2020



Contents

Management Commentary

Purpose

This publication contains the financial statements of Renfrewshire Integration Joint Board (IJB) for the year ending 31 March 2020.

The Management Commentary outlines the key messages in relation to the IJB's financial planning and performance for the year 2019/20 and how this has supported delivery of the IJB's strategic priorities. This commentary also looks forward, outlining the future financial plans for the IJB and the challenges and risks that we will face as we strive to meet the needs of the people of Renfrewshire.

These annual accounts have been finalised within the context of the COVID-19 outbreak across the UK in late February 2020, and the impact of following government guidance throughout March 2020. The Health and Social Care Partnership's (HSCP) response to mitigating against the impact of COVID-19 had significant impact both financially and upon business as usual service delivery models. The uncertainty and challenges arising from this situation are unprecedented and will continue to impact beyond the next financial year. The IJB and the HSCP's Senior Management Team would like to take this opportunity to convey our thanks for the magnificent work that our staff have undertaken across health and social care to ensure that services to those in need in Renfrewshire continue to be delivered safely and effectively.

Role and Remit of Renfrewshire Integration Joint Board

Renfrewshire IJB, formally established on 1 April 2016, has responsibility for the strategic planning and commissioning of a wide range of health and adult social care services within the Renfrewshire area. The functions which are delegated to the IJB, under the Public Bodies (Joint Working) (Scotland) Act 2014, are detailed in the formal partnership agreement between the two parent organisations, Renfrewshire Council and NHS Greater Glasgow and Clyde (NHSGGC).

This agreement, referred to as the Integration Scheme, is available within the Integration Joint Board section of the HSCP's website at: Health and Social Care Partnership > About Us > Integration Joint Board

Under the requirements of the Act, Local Authorities and Health Boards are required to review Integration Schemes within five years of the scheme being approved in Parliament. Within Renfrewshire, work has been undertaken during 2019/20 to review and identify required updates to the local Integration Scheme. As a result of the exceptional circumstances surrounding COVID-19, the consultation on the proposed changes has been delayed and is now scheduled to take place during 2020/21. The existing Integration Scheme will remain in place until this time.

The Vision for the IJB is:

> Renfrewshire is a caring place where people are treated as individuals and supported to live well.

The IJB's primary purpose is to set the strategic direction for the delegated functions it has responsibility for through its Strategic Plan.

The IJB meets five times per year and comprises eight voting members, made up of four Elected Members appointed by Renfrewshire Council and four Non-Executive Directors appointed by NHSGGC. Non-voting members include the Chief Officer, Chief Finance Officer and Third Sector, professionals, carer and staff-side representatives.

A Profile of Renfrewshire

A full profile of Renfrewshire IJB is set out in the Strategic Plan. Some of the key characteristics include the following:

Renfrewshire Population

179,100

(2019 National Records of Scotland), which is 0.7% increase from previous year

It comprises :

30,267 (16.9%) children aged 0-15

114,946 (64.2%) adults aged 16-64

33,887 (18.9%) older adults aged 65 and over

29 GP Practices

43 Community Pharmacies

22 Community Optometrists

33 General Dental Practitioners

Royal Alexandra Hospital

12,868 Carers provide up to 50 hours of unpaid care per week.

4,576 Carers provide more than 50 hours of unpaid care per week.

10% of our population are unpaid carers.

80.4 years 2016-18 life expectancy for a Renfrewshire female

77.1 years 2016-18 life expectancy for a Renfrewshire male

Demographic Profile:

An estimated **826** adults are known to have a learning disability in Renfrewshire

It is estimated that more than **12,000** people in Renfrewshire have a Physical Disability

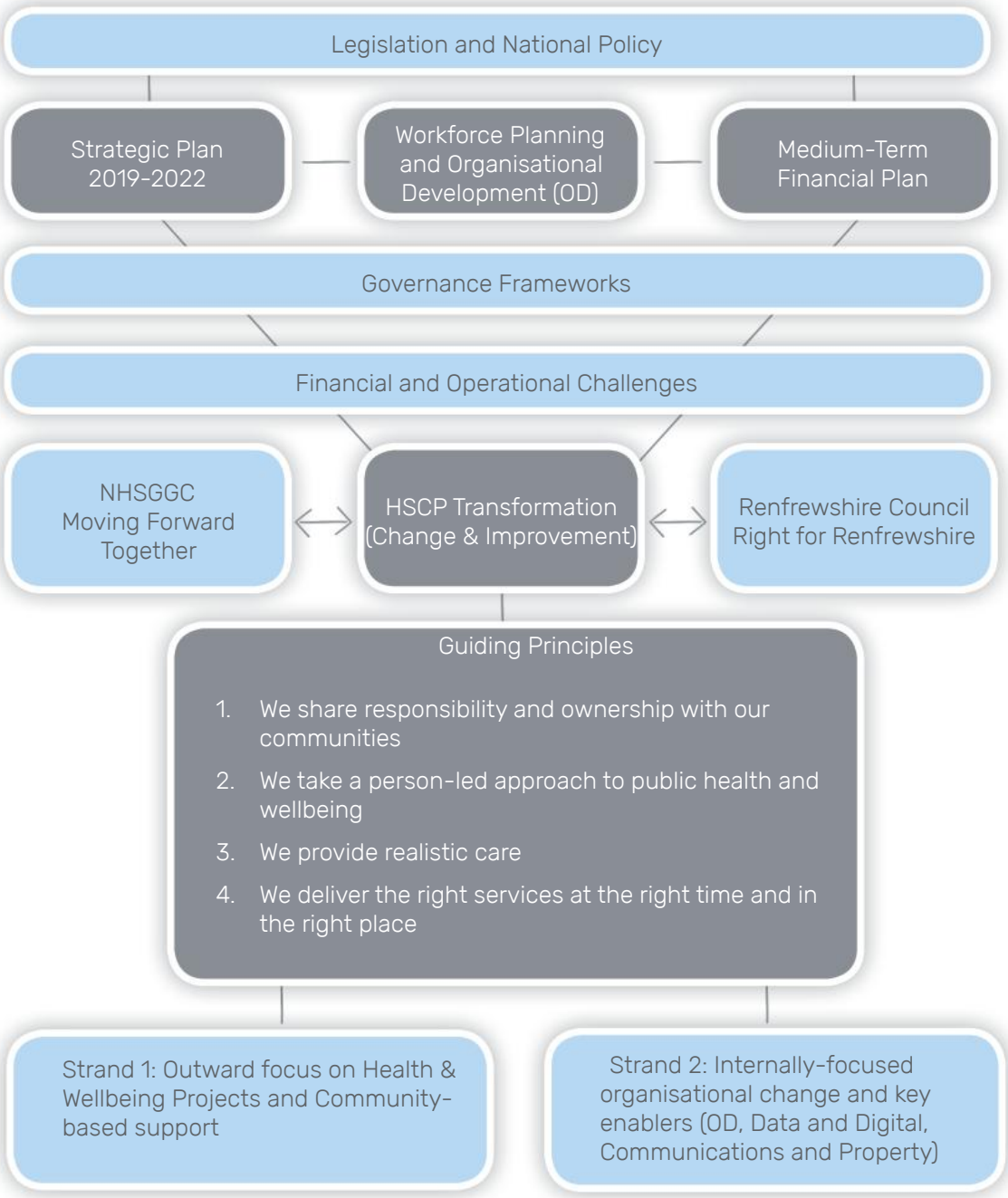
An estimated **2,700** problem drug users in Renfrewshire

An estimated **20%** of adults have common mental health problems in Renfrewshire

It is estimated that more than **2,800** people are living with dementia in Renfrewshire This is expected to increase to 4,400 in 2030

Renfrewshire IJB Strategy and Business Model: Determining Operations for the Year

Activity undertaken by the IJB throughout 2019/20, has been driven by our Strategic Plan 2019-22 and Medium-Term Financial Plan 2020/21 to 2024/25. These plans, as set out in the diagram below, provide the strategic direction for the delivery of health and social care services within Renfrewshire, embedding national legislation and policy within Renfrewshire's local context and enabling the identification of priorities to be addressed through Renfrewshire HSCP's Change and Improvement activity.



Strategic Plan 2019-22

The HSCP's Strategic Plan sets out the vision and future direction of community health and adult social care services in Renfrewshire. It covers the period April 2019 to March 2022 and describes how we will deliver the nine national outcomes, taking account of national strategies and legislation, regional planning, Renfrewshire Council's Plan, 'Our Renfrewshire', Renfrewshire's Community Plan for 2017-2027 and NHSGGC's Moving Forward Together programme. The Strategic Plan articulates our three key priorities, which provide the framework for us to deliver upon the national outcomes within Renfrewshire's local context. These are:

- Improving Health and Wellbeing;
- Ensuring that the people of Renfrewshire will get the health and adult social care services they need: the right service, at the right time, in the right place;
- Working in partnership to support the person as well as the condition

The Strategic Plan is also aligned to our Market Facilitation Plan, which aims to inform, influence and adapt service delivery to offer a diverse range of sustainable, effective and quality care so people can access the right services for themselves and their families at the right time and in the right place.

The Market Facilitation Plan is a live document which is continually updated as data becomes available. It supports our financial planning processes and ultimately informs how we allocate our resources moving forward. It also gives service providers an insight into the changes in the health and care needs of the population of Renfrewshire and the future shape of services that need to be developed and delivered to meet those changing needs.

Renfrewshire IJB and HSCP has been committed to driving forward activity against our strategic plan priorities throughout 2019/20 and continues to review the progress we are making in achieving our objectives. The following case studies highlight some of the work that has been undertaken to ensure the best possible outcomes for people in Renfrewshire.

Setting the Strategic Direction for our Services

The HSCP has continued to develop the strategic direction for integrated services, ensuring they continue to develop in line with best practice and meet the changing demand of people in Renfrewshire. Work has included:

- Continued implementation of Renfrewshire's Primary Care Improvement Plan (PCIP)
- Development of our Carers' Strategy for Renfrewshire 2020-22, to be published in Summer 2020
- A Renfrewshire Dementia Strategy created jointly with partner organisations, to be published in 2020
- A draft Renfrewshire Palliative Care Strategy
- Contribution to 'The Challenge is Change', a Strategic Commissioning Plan for NHSGGC to be finalised in Spring 2020.
- A draft Renfrewshire Suicide Prevention Strategy

Continuing to provide Self-Determination and Choice

- Renfrewshire HSCP continued to extend Self-Directed Support services, embedding the requirement to assess for outcomes rather than time-based services.
- Formal and informal training for staff has continued to provide the foundation for ensuring supported people are actively involved in the planning and delivery of their support.
- Linking our Strategic Plan to Change and Improvement activity, three workshops were held with 39 staff as part of our Older People's Services Review to help the continued development of our approach to SDS.

Improving Outcomes through Continuous Improvement

- Speech and Language Therapy (SLT) drop-in clinics have been fully established in five bases, resulting in an increase in pre-referral consultations. Parents can now obtain advice in a community-health setting at a time that suits them with referrals completed at the drop-in clinics. This has resulted in no 'Did Not Attends'.
- The Macmillan Renfrewshire 'Improving the Cancer Journey' project has been developed, with the first referrals received in January 2020.
- The HSCP has maintained focus on addressing unscheduled care challenges, supported by ongoing work with the Red Bag Initiative, Anticipatory Care Planning and Falls Prevention.

Engaging with our Staff

- Views and opinions of staff are sought through ongoing engagement and through the iMatter survey which provides results on a team basis and enables the identification of areas of improvement. The tool aims to help the understanding and improvement of staff experience. This includes individuals feeling motivated, supported and cared for at work, and, can be observed in levels of engagement, motivation and productivity.
- The HSCP also holds quarterly Leadership Network meetings, to discuss key issues and topics with senior managers from across integrated services. Topics covered in 2019/20 include the development of guiding principles for the HSCP's Transformation Programme and the identification of actions to support the effective management of absence.
- Staff receive regular communications and briefing notes from their employing organisation, NHSGGC or Renfrewshire Council, and, from the HSCP including regular updates from the Chief Officer. Throughout COVID-19, the provision of essential updates to staff has been managed through the HSCP's Communications Lead, ensuring consistent and frequent engagement.

Early Intervention, Prevention and Harm Reduction

- The HSCP's Health Improvement Lead for Alcohol Licensing continues to respond to licensing applications to ensure local health and wellbeing needs are effectively considered.
- Renfrewshire Community Planning Partnership's Alcohol and Drug Commission also worked over the course of 2019/20 to build a picture of alcohol and drugs to aid understanding of underlying reasons and impacts. This will enable the ongoing development of effective support mechanisms and services to help improve life outcomes. Recommendations have now been identified and both Renfrewshire HSCP and Renfrewshire Council have committed funding to delivering on these in 2020/21.
- The Choose Life suite of suicide prevention training courses are also ongoing, including the creation of improved links with Education Services.
- Work continues to deliver the GGC-wide Mental Health Strategy and local Action 15 proposals through the Renfrewshire Mental Health Strategy and Action 15 implementation group.

A Healthy Renfrewshire: Improving Health & Wellbeing

- School counselling and peer mentoring programmes have been further developed. With funding from the Renfrewshire Poverty Commission, the service is provided in all secondary schools and Additional Support Needs provision in Renfrewshire with support also offered in school holidays if required. Between October and December 2019, 173 young people accessed counselling support.
- The Healthier, Wealthier Children income maximisation project supported 313 families between April and September 2019, resulting in a total of £500k of additional income for these families.
- Other areas of focus have included the implementation of the Oral Health programme, 'Weigh to go' and 'Eat Better, Feel Better' cookery courses for people with Type 2 Diabetes
- In February 2020, as part of the HSCP's developing transformation programme, the HSCP commenced development of a strand of work designed to provide a Renfrewshire-wide response to improving Health and Wellbeing. This will be taken forward in partnership with the Strategic Planning Group in its community-planning function over the course of 2020/21.

Renfrewshire's Medium-Term Financial Plan

Renfrewshire IJB approved its first Financial Plan in September 2017, setting out the challenging financial outlook facing the IJB and providing the foundations for the determination of budget savings which would be required within the context of ongoing external uncertainty (for example the impact of Brexit) and ongoing financial constraint.

Work was undertaken in early 2019/20 to update the assumptions and projections outlined within this plan, and the IJB approved a revised Medium-Term Financial Plan (MTFP) 2020/21 to 2024/25 in November 2019. This updated plan outlines the financial challenges and opportunities the HSCP faces over the next 5 years and provides a framework for the HSCP to remain financially sustainable. The MTFP also provides the ongoing financial context for delivery of the IJB's existing Strategic Plan and will assist in the strategic planning process, allowing the IJB to make informed decisions when planning for the future whilst maintaining sufficient flexibility to allow us to adapt, invest, redesign and change models of service delivery as required.

The Medium-Term Financial Plan also reflects developments within the Scottish Government's Medium-Term Health and Social Care Financial Framework, which forecast little growth through to 2022/23. The Plan provides the foundations for Renfrewshire to continue to deliver service and financial integration, and to shift the balance of care, as set out within the Health & Social Care Delivery Plan and more recent recommendations from both Audit Scotland and the Ministerial Strategic Group's (MSG) reviews of progress being made in integration (published in November 2018 and February 2019 respectively).

A range of key assumptions have been used to develop the MTFP, which are subject to a significant degree of uncertainty. Reflecting this context, four scenarios are modelled within the plan (low, medium, high and worst case), to determine a range of possible outcomes which may occur. Consequently, the plan will be kept under continuing review with appropriate adjustments made as these become clearer. The most recent review in March 2020, which was undertaken in the context of delayed Scottish Government and UK Government budget announcements, identified a net budget gap of £9m to £19m between 2021/22 and 2023/24 which the IJB will need to address.

However, the above projections do not consider the severe impact which the COVID-19 pandemic has had and will continue to have on Renfrewshire IJB's financial position. The full extent of this impact is inherently uncertain and will not be clear until the next financial year. The HSCP continues to monitor additional spend incurred as a result of COVID-19 and provides regular updates to the Scottish Government on this developing position. Consequently, existing savings proposals are unlikely to be delivered in full in financial year 2020/21 and both service budgets and savings plans will need to be continually reviewed and re-baselined as the COVID-19 situation progresses.

Ultimately, this means that a step-change in the HSCP's approach to service change and improvement will be absolutely essential over the coming years.

Medium Term Financial Strategy

Stemming future demand

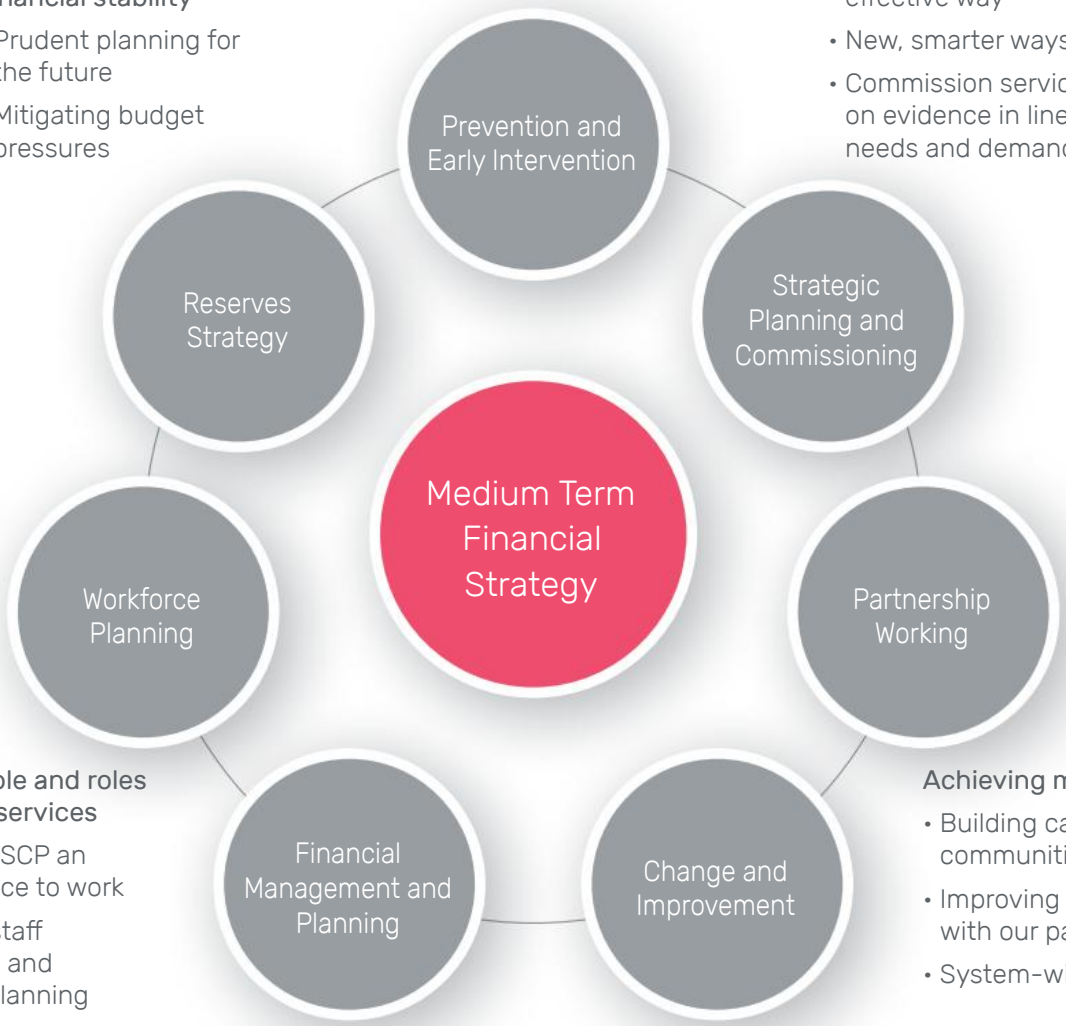
- Creating healthier communities that require less intervention
- Tackling inequalities that create pressure in the system

Aligning our resource to outcomes

- Plan and commission our services in the most cost effective way
- New, smarter ways of working
- Commission services based on evidence in line with future needs and demand

Financial stability

- Prudent planning for the future
- Mitigating budget pressures



The right people and roles to deliver our services

- Making the HSCP an attractive place to work
- Investing in staff development and succession planning
- Supporting attendance at work

Achieving more together

- Building capacity in our communities
- Improving interfaces with our partners
- System-wide working

Better value

- Financial management in line with MSG Review
- Robust financial planning process
- Good governance
- Monitoring pressures

Enabling and manging change

- Integrated working and shifting the balance of care
- Delivering on our statutory requirements and national policy
- Supporting service reviews and redesign
- Delivering safe and sustainable services within budget

The IJB has agreed the adoption of a two-tier approach to delivering this financial strategy. This approach will ensure focus on the continued delivery of short-term savings alongside medium-term transformation of the way in which Renfrewshire HSCP operates:

- Tier 1 savings which can be derived through ongoing efficiencies and furthering integrated working within 2020/21. A total of £1.934m Tier 1 savings have been agreed by the IJB, however, as noted above, delivery of these will be subject to the ongoing COVID-19 response requirements.
- Tier 2 savings should be delivered by 2024 through the creation of a transformation programme within the HSCP, building on the progress made to date through Change and Improvement work. The longterm impact of COVID-19 will however play a significant role on how we deliver our transformation programme including the ability to make significant cost reductions within tight timescales.

Overview of Services Delivered by Renfrewshire HSCP

Renfrewshire HSCP's service delivery model is structured to deliver the vision and future direction of community health and adult social care services in Renfrewshire as set out in the HSCP's Strategic Plan for 2019-22. The HSCP has continued to work towards the establishment of a more integrated organisational model which provides the right services, in the right place and at the right time for individuals.

The following diagram provides a summary of the services delivered by the HSCP across health and social care, shown by an indicative scale of associated budget. Our services are delivered in 2 geographical localities (Paisley and West Renfrewshire) and each has a Locality Manager co-ordinating a range of multi-disciplinary teams and services. The 29 GP practices within Renfrewshire operate in 6 clusters - two in Paisley and four in West Renfrewshire.

In the first year of our Strategic Plan 2019-22, the HSCP has made strong progress in developing services to deliver the objectives identified with our strategic planning partners. These achievements are described in further detail in the Strategic Plan section of this management commentary. They have been informed by a broad range of work which includes, but is not limited to:

- The continued implementation of the new GP Contract through Renfrewshire's PCIP. Examples of progress made include: alignment of Community Link Workers to all GP practices; and, a number of pilot projects including 2-5-year-old flu vaccinations across 9 GP practices and, an NHSGGC pilot for the delivery of immunisations (flu and pertussis) to pregnant women in 2019/20;
- Work to deliver the NHSGGC-wide Mental Health Strategy and local Action 15 proposals through the Renfrewshire Mental Health Strategy and Action 15 implementation group. Progress made includes the recruitment of nurses to support clients with Borderline Personality Disorder and the development of job descriptions for nursing roles supporting community safety, early discharge coordination and community wellbeing. Training has also been developed for an 'Introduction of the Decider Life Skills'. Occupational Therapy Support Worker posts have also been established to support activities within Continuing Care wards.

- Implementation of the recommendations of the review of Addictions Services, including services moving to a recovery focus, agreement of a new management structure, and, work underway to create a Recovery Hub at the Whitehaugh Centre. This has been complemented by work with the Renfrewshire Alcohol and Drugs Commission;
- Further work to develop agreed action plans for implementing the recommendations of the Learning Disabilities review carried out by Paradigm in February 2019, including the identification of additional workstreams through collaborative workshops with staff and partners;
- Continued delivery of the Older People's Services review including completion of a series of consultation and engagement events, supported by Journey Associates, to explore opportunities to develop and redesign community-based services for older people;
- Ongoing work to develop our Care at Home services including the piloting of the Totalmobile electronic scheduling system;
- Implementation of Phase 1 of implementing outcomes-based commissioning in our Supported Living services which included moving all providers to individual contracts to enable the definition and implementation of outcomes-based approaches;
- Set up of a Delivery Group with third sector and strategic planning partners to address Loneliness and Social Isolation in Renfrewshire, as part of a key strand of community-focused health and wellbeing work within the HSCP's transformation programme; and
- An ongoing focus on the digital transformation of our services through the completion of the nationally led Digital Maturity Assessment and identification of emerging digital priorities. This strategic focus has been underpinned by operational work ongoing to implement the above piloting of a digital scheduling system in Care at Home; our new ECLIPSE Case Management and Financial system; and transitioning telecare services from analogue to digital.

A wide range of support services provided to adults including: assessment and care management, adult support and protection, support to adults with incapacity, physical disability, sensory impairment, district nursing and rehabilitation services.

Specialist team of staff that provide services to 500+ adults with a learning disability through our day opportunities, Respite and Gateway services.

Teams of staff that focus on supporting and enabling recovery for individuals through a range of interventions and therapies.

The Health Improvement & Inequalities team works with partners and our communities to improve health and wellbeing in Renfrewshire and to reduce inequalities.

A range of supports for older adults to live independently through day support as well as provision of Care at Home, residential and extra care services, support to those with dementia and with end of life care.

Our provision includes a community service providing access to a multidisciplinary secondary care service for people with mental health problems and inpatient services for those over the age of 16 with a mental health diagnosis.

Our 'Set Aside' budget is used in respect of functions delegated by the Health Board which are carried out in a hospital setting. The IJB is responsible for the strategic planning of these, but not their operational delivery.

Services provided with an aim to improve the health and wellbeing of children, whilst reducing health inequalities. Service delivery includes Health Visiting and Family Nurse Partnership, School Nursing, childhood immunisations and additional support for breastfeeding and homestart. Our specialist services include child development, CAMHs, Speech and Language Therapy and support children with disabilities.

Family Health Services (FHS) refers to the services delivered through the four primary care disciplines i.e. General Medical Practice, Community Pharmacy, General Dental Practitioners and Optometrists.

On behalf of NHSGGC, Renfrewshire hosts boardwide Podiatry services and Primary Care Support and Development.

While Renfrewshire has achieved many successes in developing and improving service delivery in financial year 2019/20, several challenges remain constant. These are described in further detail in the assessment of future challenges section of this Management Commentary, and include:

- Most significantly, the impact of COVID-19 on service users and their families as a result of necessary changes to service delivery models, and the associated impact that this will have on the financial sustainability of services and transformational requirements in the medium term (described in the responding to the COVID-19 section);
- Ongoing financial constraints which require increasing savings to be achieved each year and which limit the ability of the HSCP and IJB to 'invest to save' in new service delivery models and digital technology;
- An ageing workforce, which may contribute to increased absence rates particularly in frontline services and can lead to a knowledge drain over the medium-term;
- An ageing population which is changing the nature of demand for health and social care services and the increasing pressure on services for older people and those with dementia; and
- Ongoing challenges in fully integrating health and social care services through the management of different IT systems and applications and managing staff through two different HR processes, differing terms and conditions and performance management requirements.

Change and Improvement

Renfrewshire HSCP has continued to deliver upon its established Change and Improvement Programme which has focused on proactively developing our health and social care services in line with national direction and statutory requirements, and, furthering integrated working. This programme has supported our work to ensure we provide the best possible services, and, care, to people who use our services, and, to enable our service and resource planning to focus on, and, deliver the right outcomes for all. The strands of the programme which have been delivered to date include:

Our Workstreams

Optimising Joint and Integrated Working and Shifting the Balance of Care

To proactively develop our health and social care services, exploiting the opportunities joint and integrated working offers and with service redesign being informed by a strategic commissioning approach. This in turn will support the financial sustainability of the Partnership.

Statutory Requirements, National Policy and Compliance

To ensure the timely delivery of legislative requirements and national policy, whilst managing the wider service, financial and workforce planning implications these can often present.

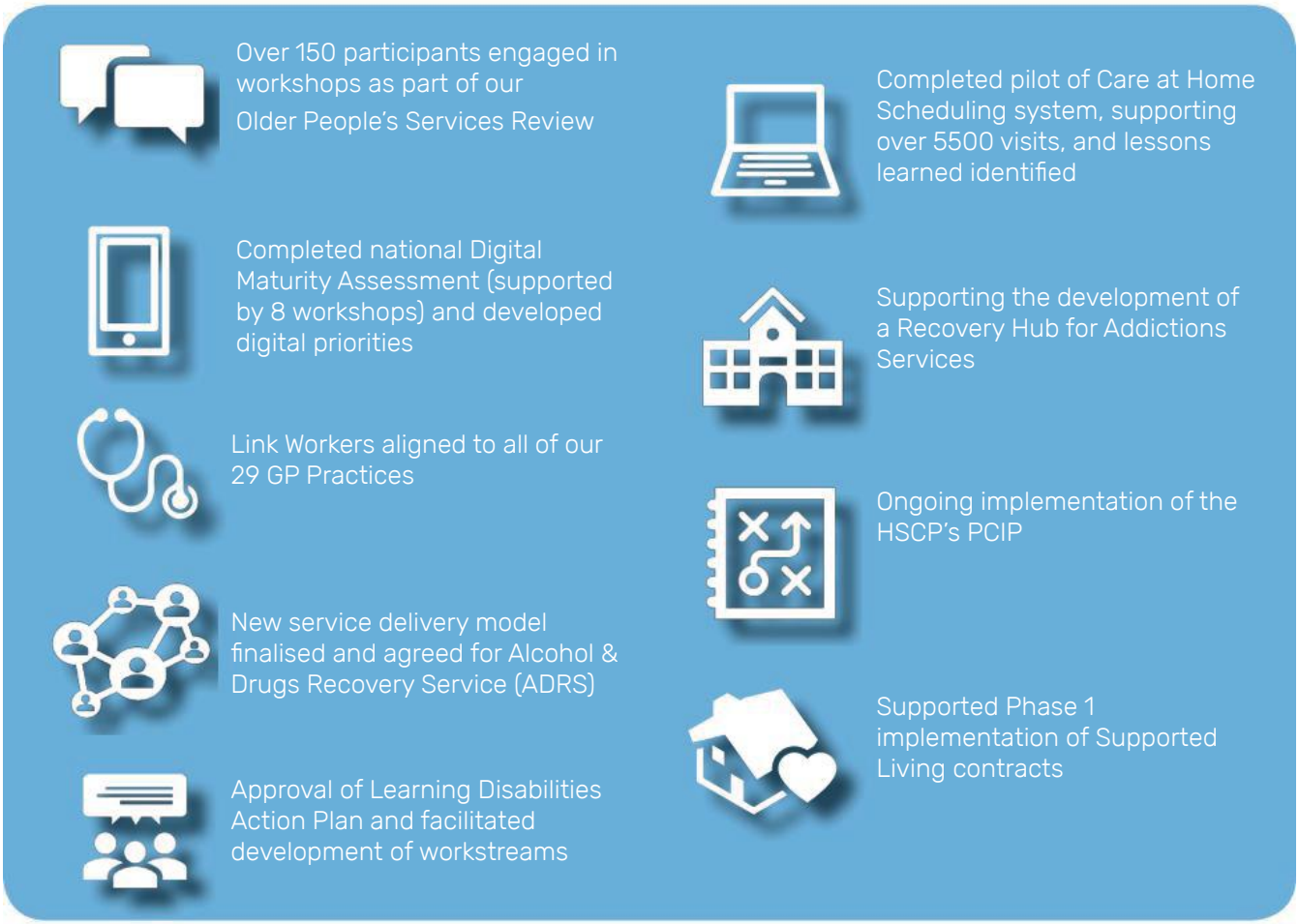
Service Reviews

The HSCP is committed to undertaking regular Service Reviews to ensure our Services are: modern, flexible, outcome focused, financially efficient and 'fit for the future', whilst taking account of changing trends, demographics, demands, local and national policy drivers, changing needs, inequalities, good practice, and service user and carer views.

Delivering Safe and Sustainable Services

To identify innovative and smarter ways of working to support the HSCP to deliver on its strategic priorities within budget.

A number of key highlights have emerged from this work, and examples of these are provided in the following table. More widely, the HSCP's Change and Improvement team has been critical in supporting services to react and evolve at speed in response to the spread of COVID-19, providing support around service redesign and implementation enabling the HSCP to continue to provide safe and reliable care within a complex and challenging situation:



Alongside continued delivery of this essential work, the HSCP has worked with internal stakeholders, and, external partners to develop the structure and focus of a wider Transformation Programme, which encompasses existing Change and Improvement work, and, delivers the step-change required to bridge the projected financial gap. This programme will seek to ensure services are structured to meet the changing needs and demands of Renfrewshire's population and support individuals to manage their health and life independently within our communities for as long as possible. The IJB has agreed a set of principles which will guide this work over the next three years:

The first and second guiding principles promote a focus on developing capacity in community-based support to improve health and wellbeing for people who live in Renfrewshire. This cannot be solely achieved by the HSCP, and, requires a partnership response with a sustained commitment to prevention and early intervention. Whilst it is critical that action is taken now, the full benefits of this work will be realised over a longer-term period, through a reduction in future demand, rather than medium term savings.

The third and fourth principles are closely linked to this approach but focus upon addressing immediate demand and financial pressures. These principles recognise that the HSCP needs to move from a 'paternalistic' delivery model to providing services with a greater focus on personal outcomes - enabling access to the right services and promoting reablement, self-management and recovery. This will require a fundamental change in staff and leadership behaviours and service user's expectations.

These strands of work will be underpinned by a focus at a project and programme level on ensuring the enablers for change are considered: Communications; Organisational Development; Data and Digital; and Internal and External Property. Putting these enablers in place will support the delivery of new service delivery models and help maximise the benefits which can be realised through the Transformation Programme.

Responding to the COVID-19 pandemic

In addition to the challenges described above, and as outlined in this commentary, the most significant challenge faced by Renfrewshire HSCP and its partner organisations (and all HSCP's across Scotland) has been responding to the COVID-19 pandemic in March 2020. The HSCP responded rapidly to the emerging situation to ensure that services continued to be delivered safely and effectively whilst protecting vulnerable people within our communities. The impact of COVID-19 on services delivered by the HSCP has been unprecedented. It has required a significant degree of service change within a short period of time, causing a surge in absence to approximately 22% and ultimately having a substantial financial impact, the extent of which will become clearer as financial year 2020/21 progresses.

In response to the pandemic, Renfrewshire HSCP implemented a clear and structured approach to mobilisation and the implementation of service changes, led by the Local Response Management Team consisting of senior management and representatives from the staff partnership (trade unions). A summary of this approach is provided in the following diagram. This summary also sets out the actions that have been undertaken within the new financial year and will continue to be delivered as the HSCP develops service recovery plans which reflect the 'new normal' context and the expected phased lifting of lockdown measures. These plans will consider:

- An assessment of the changes made in response to plans to understand their impact and consider whether they should be maintained, amended or reverted to pre-COVID-19 models;
- Lessons learned from the mobilisation and stabilisation period to ensure that the HSCP is in a strong position to flex its approach and respond quickly to further peaks should these occur;
- Future phases where lockdown conditions are expected to be gradually lifted but with some form of social distancing in place affecting service delivery and the use of office space;
- How the COVID-19 response has impacted upon transformational plans and objectives and an appropriate point for recommencing transformational activity which reflects the new position and changes made. The speed and focus of our previous transformation plans will need to change – further information is provided in our following assessment of the impact of COVID-19.

Flexing response to emerging situation and developing Government guidance

LRMT and Governance initiation (March)

- Initiation of Local Response Management Team, with SMT membership
- Agreement with IJB for enhanced delegated authority for Chief Officer (in consultation with Chair and Vice Chair)
- Set up of governance to track risks, issues, decisions and service updates
- HSCP engagement in NHSGGC COVID-19 governance and response delivery
- Implementation of additional financial governance for COVID-19 spend
- Implementation of communications protocols

Service Mobilisation Planning (March to April)

- Updating Business Continuity Plans (BCP) with COVID-19 specific actions
- Development of service mobilisation plans and implementation of financial reporting to NHSGGC and Scottish Government
- Development of lockdown scenario plans and contingency plans to guide activity
- Development of agile working plans
- Implementation of absence reporting to track COVID-19 related and other absences
- Commenced ordering of required Personal Protective Equipment (PPE).

Implement Service Change (March to April)

- Implementation of service changes to reflect government guidance and ensure continued delivery of effective services and protect vulnerable individuals
- Move towards essential and critical service provision
- Closure of day centres to support social distancing and infection control
- Implementation of new services including COVID-19 Assessment Centre; National Helpline for Shielding and Group 2 individuals; RAMH helpline and prescription deliveries

Ongoing Response in Financial Year 2020/21

Stabilisation (April onwards)

- Implementation of Community Hubs and development of community response with partner organisations
- Service stabilisation within 'new normal'
- Continued assessment of government guidance and provision
- Weekly service update reporting to inform updates to mobilisation plan and financial reporting to Scottish Government

Recovery planning (May onwards)

- Review international experience to recovering from disasters and/or significant incidents to inform planning
- Determine and implement recovery planning structures
- Undertake lessons learned of changes implemented and determine whether changes should be maintained, adapted or reverted to pre COVID-19 approach
- Define phased approach to developing services to reflect expected phased changes to lockdown
- Re-establish transformation programme

Assessing the Impact of COVID-19

This commentary outlines the significant and unprecedented impact that COVID-19 has had on all aspects of Renfrewshire HSCP's operations and service delivery models. These impacts are likely to continue over the medium term and at least over the next few financial years. The HSCP and IJB also recognise that changes made to service delivery in the initial response period will need to be reviewed on an ongoing basis to ensure that as far as possible the changing needs of communities across Renfrewshire during this period continue to be met. An initial assessment of the impact of the COVID-19 response is provided below:

Impact on Renfrewshire HSCP's workforce

- The COVID-19 pandemic places those with underlying health conditions and of older age at a greater risk. Staff with underlying health conditions as identified by government, self-isolated and/or shielded in line with national policy (approximately 4% of staff are classed as high risk but continue to work at home, and 7% as high risk but unable to work from home)
- This resulted in significantly increased levels of staff absence up to 22% across the HSCP, and 40% in some services such as Care at Home through self-isolation, COVID-19 symptoms or positive diagnoses and other absences, putting substantial pressure on service delivery
- Agile working was further rolled out to the workforce, meaning, where possible and suitable, those self-isolating have been able to continue to support service delivery
- Staff were also deployed from closed or reduced services to support service delivery in critical areas and in new services implemented as part of the COVID-19 response
- Risk assessments were carried out and are regularly refreshed to ensure staff are well supported and have access to the right guidance and equipment
- Recognising the wellbeing impact the pandemic can have on staff, several measures were implemented to support health and social care staff including access to support and resources including a new occupational helpline to support Council employees with any questions about the impact of Coronavirus on their role, a COVID-19 Staff Support Line for all Greater Glasgow and Clyde Health and Social Care staff, and the implementation of drop-down hubs for Care at Home staff

Impact on Service Provision

Health and Social Care services have responded at speed across Renfrewshire to ensure continued delivery of safe and effective services. This response included:

- The development of mobilisation plans and lockdown scenarios to guide activity through a quickly changing situation
- The closure of day services to reflect national guidance and support effective infection control
- The re-focusing of services across Renfrewshire on critical and essential service provision
- Stopping visits to Care Homes and Extra Care, replaced by the introduction of video calls. Exceptions to this approach were put in place for those at End of Life
- The use of Attend Anywhere technology to support service provision across primary care, district nursing and community mental health, and enhanced use of additional technology such as Microsoft Teams across all services
- Implementation of additional services with partner organisations including the Renfrewshire COVID-19 Assessment Centre, food and medicine deliveries, delivery of the national helpline for shielding and Group 2 individuals and service specific models

Cont...

- The setup and ongoing management of PPE ordering and distribution to ensure staff are equipped to deliver front line services safely
- Provision of additional support to external providers where required, supported through regular contract monitoring
- Working with partners to offer a range of enhanced support and assurance to care homes, which also includes work led by Public Health to undertake risk assessments and weekly meetings with the Care Inspectorate team and Chief Social Work Officer to share information and ensure a consistent response.

Financial Performance

The financial impact of COVID-19 was felt in March 2020 and will continue to impact across the 2020/21 financial year. To manage this effectively, additional financial governance was implemented:

- COVID-19 spend approval forms to enable the separate tracking and management of spend incurred in the COVID-19 response
- The regular completion (weekly) of financial reporting at an NHSGGC and Scottish Government level
- In recognition of the challenges faced by providers, confirmation was provided that the HSCP would allow the relaxation of contract specifications to promote delivery flexibility, and would pay reasonable additional costs incurred in provider responses (subject to Scottish Government and COSLA guidance)

Additional uncertainty remains over the HSCP's financial position due to:

- The continually changing situation and uncertainty over the extent of costs incurred which will be funded by the Scottish Government
- The potential for future spikes in demand for services which could create additional delivery and financial pressures
- The associated impact of these on the HSCP's transformation and savings plans, which will require ongoing review and realignment.

The HSCP's Strategic Direction

Prior to the COVID-19 pandemic, Renfrewshire HSCP was implementing a transformation programme focused on delivering a community response to improving health and wellbeing, and an internal organisational review. As part of the HSCP's response, it was decided to pause transformational activity to enable all resources to be focused on delivering frontline services. As the wider context develops, transformation plans will require review and refresh to recognise:

- Significant changes have been implemented in a short period of time (for example through remote working and development of community support mechanisms) which will already have contributed to the achievement of the transformational guiding principles originally agreed, enabling future focus on other change activities
- There is an opportunity to build on the spirit in which activity has been delivered to date to progress the HSCP's strategic objectives
- The needs of Renfrewshire's communities, and associated demand on services, may change as recovery from the pandemic commences
- As noted above, savings plans and requirements may need to be re-baselined and changed, influencing the nature and pace of change activity undertaken

Moving Towards Recovery and Renewal

Following a relative period of stabilisation in the COVID-19 response, focus has turned to planning for recovery and renewal across the health and care system. Taking into account the impact of COVID-19 on service delivery models, it is essential that appropriate time is taken to reflect on the changes made to date and to identify lessons which can inform the approach required over future phases of the pandemic. However, in doing so it is recognised that the current phase of responding to the pandemic will continue for several months. Consequently, recovery and renewal planning will overlap with this response and will place additional demands on existing resources. Work undertaken by the HSCP will continue to focus on the following key areas:

Governance: The Local Response Management Team, consisting of the Senior Management Team and Staff partnership representatives will form a Recovery Steering Group, and will ensure ongoing engagement and collaboration with partners and key stakeholders (such as the third sector) as recovery and renewal plans develop and are implemented. In particular, the HSCP will participate and contribute to recovery planning governance structures put in place by Renfrewshire Council and across NHSGGC. Consistency in approach and the development of planning assumptions, where appropriate, will be an essential element of this next phase.

Adopting a phased approach: As noted above, it is likely that the existing response and next recovery and renewal phases will overlap. There remains a high risk of further infection peaks, and Scottish Government guidance has set out a staged approach to removing lockdown rules and enabling greater freedom in line with progressing the management of infection rates. The HSCP is developing a phased approach to inform recovery and renewal planning taking into consideration various aspects including: lockdown and social distancing guidelines; the role of new services such as the COVID-19 Assessment Centres; the roll out of Test, Trace, Isolate and Support processes; and, the impact of changing circumstances on demand for health and social care services. It is recognised however that the situation will be fluid and the HSCP's response will need to flex to and fro between phases, depending on wider circumstances.

Building on lessons learned from the response phase: Lessons and reflections from the initial response to the pandemic will be critical in informing future planning. This will form part of a review undertaken by each service area, and, across the partnership, and, will ensure that HSCP staff and service users can be supported as effectively as possible. This will include reviewing whether changes that have been made to date are suitable for the longer term, or, if further developments are needed; and considering experience from elsewhere, to guide the alignment of resources to expected demand. For example, international experience suggests that the increased isolation, lack of social integration and experience of grief and bereavement may lead to increasing demand for mental health support.

Aligning future changes with transformation guiding principles: While the HSCP's developing Transformation Programme was paused to focus fully on the COVID-19 response, several of the changes made have supported progress towards delivering the HSCP's transformational guiding principles. For example, significant progress has been made in rolling out the use of digital technologies such as 'Attend Anywhere' and 'Microsoft Teams' to enable remote consultations and team working. The response of Renfrewshire's communities has also been exceptional with the third sector and volunteers supporting vulnerable individuals and groups, very much in line with the guiding principle of delivering early intervention and prevention through community empowerment.

Challenges in delivering Recovery and Renewal

The recovery and renewal process provides an opportunity for the health and social care system to work together with partners to ensure services are suitable for future needs, and continue to improve outcomes for local communities. However, several challenges exist which will need to be carefully managed:

- The response of frontline staff has been outstanding. However, it is clear that the pressures that have been placed on staff in this pandemic, alongside increased absence levels, means that staff are tired. Recovery and Renewal plans must continue to focus on promoting staff health and wellbeing and ongoing engagement with them (alongside engagement with patients, staff partnership and service users) to ensure they are supported through the next phases.
- The potential short-term impact of Test & Trace on frontline services such as Care homes, Extra Care and Care at Home which may lead to large groups of staff having to isolate on numerous occasions, placing significant pressure on service delivery;
- As noted above, there continues to be the potential of a second and further wave of infections, requiring the HSCP to revert to the response model adopted during lockdown. This will need to be managed safely but at speed, learning from the initial response phase;
- The sustainability of external Care Home providers will continue to be a significant risk. Due to the impact of the pandemic on Care Homes, external perceptions of these services may negatively change, putting at risk independent provider sustainability. This could lead to increased delays in discharge and increased pressure on Care at Home services;
- There is a risk that demand – whether new, changing or 'pent-up' – will have significant impacts on aspects of service provision and require the targeting of resources. In particular, work to restart services which have been paused and reduced is strongly linked with the extent to which 'new' services such as the COVID-19 Assessment Centre continue. Many staff have been supporting delivery of these new services and therefore any moves in staff will have knock-on impacts which require careful management;
- As noted above, there will remain inherent uncertainty in the HSCP's ongoing financial position as a result of the impact of COVID-19. Additional financial governance will remain in place for the foreseeable future to ensure effective control over COVID-19 related spend, supported by ongoing engagement with partners and Scottish Government.

Service Performance

Renfrewshire HSCP has had a proactive approach to reporting on performance since 2015, with changes in our reporting approach reflecting the IJB's views and preferences on how and what is reported. Renfrewshire HSCP produced its third Annual Report on 31 July 2019, which is available at http://www.renfrewshire.hscp.scot/article/6316/Performance-Reports

In our regular IJB reports and in our Annual Performance Reports we use a range of methods to demonstrate progress towards our organisational vision. The IJB discusses performance at every meeting.

An overview of our performance for 2019/20 is included below (full year data is not currently available for all performance indicators. Where it is not available, data to the latest Quarter has been used):

The percentage of children seen within 18 weeks for paediatric Speech and Language. Target: 100%

100%
2020
↑
63%
2019

We achieved this via the following methods:

- Increased pre-referral work at our drop-in clinics
- An increased focus on universal approaches in partnership with Education Services (Renfrewshire's Inclusive Communication Environments)
- Evidence based clinical pathways for early language and communication delay delivered by a wider skill mix, utilising a coaching and strengths-based model of Clinical Support Workers delivering the PATIR programme (Play and Talk in Renfrewshire)
- A focus on community and locality team-based working in West Renfrewshire and Paisley, ensuring easier access for SIMD (Scottish Index of Multiple Deprivation) areas 1-5. This in turn reduces appointment DNAs (did not attends), increases parental engagement and maximises collaboration.

Reduce the rate of pregnancies for those under 16 years (rate per 1,000 population). Target: Rate 3.1

1.5
2019/20
↑
2.4
2018/19

In response to a national review of Relationships, Sexual Health and Parenthood Education (RSHPE) resource that can now be accessed online. The Health Improvement Team have provided training to education staff as well as to primary and secondary school staff to support the delivery of this agenda. They have also provided LBGT training in partnership with colleagues from Education and LBGT Youth Scotland, to primary schools to support obtaining the LBGT Youth Charter School Award.

The promotion of the Free Condom Scheme (FCS) and local Sandyford Services was also promoted across all alternative provision education establishments in order for the most vulnerable young people to access services as required.

99.1%
Q3, 2020

↑

71.4%
2019

Alcohol and Drugs waiting times for referral to treatment. Percentage seen within 3 weeks. Target: 91.5%

Recent performance has shown an improvement in alcohol and drug waiting times compared to previous quarters. This can be attributed to a number of new processes which have been put in place to ensure new referrals are allocated in a timely manner; an increase in the number of assessment clinics being provided; and training has been offered to staff to improve data quality.

Uptake rate of child health 30-month assessment. Target: 80%

During 2019/20, Renfrewshire has benefited from increased health visiting capacity due to reaching the end point of the Healthy Children's Programme. This has led to reduced caseload numbers and has facilitated a sustained performance in relation to the 30-month Ready to Learn assessment.

95.5%
2020

↑

93%
2019

The percentage of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks Target: 100%

90.5%
2019/20

↑

86.5%
2019

The team has consistently achieved rates over 90% for the last quarter despite vacancies and sickness absence levels.

Performance had increased to 95% at February 2020, however a vacancy, short term staff sickness along with a reduction in referrals due to COVID-19 has resulted in a year end figure of 90.5% at March 2020.

Plans to improve performance include recruitment to vacant posts. In line with other services, the Doing Well service also embraced the advantages of technology and quickly utilised the Attend Anywhere system for self-referral, assessment and treatment appointments. Staff are located in most GP practices and the technology is readily available in each practice.

Doing Well staff have also been issued with laptops and mobile phones that will enable Attend Anywhere from community clinics and via home working where practicable. It is hoped this will reduce DNA (did not attend) appointments and improve the efficiency of the service. The Doing Well Team Leader will also continue to robustly manage the demands on the service in a number of ways: screening referrals on a daily basis; ensuring telephone assessment clinics are fully covered; supporting staff with face to face assessments; 4-6 weekly case management to monitor staff productivity and efficiency to ensure all available appointments for treatment and assessment are utilised; regular monitoring of capacity within individual clinics and allocation of resources in high demand clinics; timeous recruitment to vacant posts.

It is unclear quite how the COVID-19 pandemic will impact on demand and capacity in the future. Currently all Doing Well staff are redeployed. There have been minimal referrals, however the service continues to have an extensive waiting list for both assessment and treatment.

Exclusive breastfeeding at 6-8 weeks. Target: 21.4%

Despite performance being 20.5% at December 2019, the overall average for the calendar year 2019 is 22.9%, which is above target.

Both Paisley Maternity Unit and Renfrewshire HSCP have achieved UNICEF Baby Friendly Accreditation.

In November 2019 Renfrewshire HSCP was awarded UNICEF Baby Friendly Re-accreditation. The HSCP is aiming to achieve the UNICEF Baby Friendly Gold Sustainability Award in 2020.

A weekly HSCP Breastfeeding Support Group is available to breastfeeding mothers, facilitated by a trained Health Visitor.

39 establishments in Renfrewshire have achieved the Breastfeeding Welcome Award. They will now transition on to the new National Scheme Breastfeeding Friendly Scotland.

100% (74) of nurseries have achieved the Breastfeeding Friendly Nursery Award and will transition on to the new National Scheme Breast Feeding Friendly Scotland Early Learning.

A three-year project was due to begin in April 2020 in partnership with key services and organisations to focus on improving support provided to breastfeeding mothers in the early stages of their feeding journey and the public acceptability of their feeding choice. It will focus on three of the most deprived areas in Renfrewshire – Linwood, Foxbar and Ferguslie Park. Unfortunately this project has been postponed due to the COVID-19 pandemic.

Third sector partners The Breastfeeding Network (BFN) have been awarded funding for three Breastfeeding Support Groups in Renfrewshire (Linwood, Paisley East and Bishopton) in addition to the current BFN support group in Johnstone. Groups will be led by trained peer support workers. Again, this has been postponed due to the COVID-19 pandemic.

Support is being provided during the pandemic via the national breastfeeding helpline and the BFN have a Facebook support page, email address that women can email for support and they are also offering virtual breastfeeding group chats.

Mothers can also still contact their Health Visitor (HV) if they need support. Support will be given via the phone. HVs are carrying out house visits at 11-15 days and 6-8 weeks.

The Scottish Government Parent Club website is also being promoted to mothers. It is full of breastfeeding info and advice - https://www.parentclub.scot

20.5%
2019 Q3

↓

24.4%
2018/19

Child and Adolescents Mental Health (CAMHS) - % of patients seen within 18 weeks. Target: 80%

66.7%
Mar 2020

↓

82.5%
Mar 2019

The CAMHS performance measure to see patients within 18 weeks is a single performance measure, which on its own does not reflect the complexity of the service and requires to be considered along with other performance measures. Over the past three years there has been a 10% increase in referrals to the service. Rejected referrals have decreased from 35% to 10% over the past 18 months and staff changes over the same time period due to retirements and staff moving to promoted posts and the time gap to recruit to a post, all impact on service performance. The Scottish Government committed to fund two additional Band 6 posts for a two-year period, which have been recruited to. In addition, the service has looked at delivering alternative service models such as group work and developing new clinical pathways.

The number of delayed discharge bed days lost
Target: 4,501

This area of work is a challenge for Health and Social Care Partnerships nationwide. Renfrewshire is currently sitting in sixth position of all 31 HSCPs in Scotland.

Renfrewshire HSCP continues to focus on reducing delayed discharges and continued to improve our position in March 2020 (year-end bed days data is not yet available). For example, the HSCP's target to achieve a 20% reduction in the number of individuals delayed for discharge in Acute services against a baseline of 26 individuals was exceeded by 31st March (16 individuals delayed-Target: 21).

This work has included:

The ongoing implementation of a Delayed Discharges Action Plan and further complementary actions to reduce delays as part of Renfrewshire HSCP's COVID-19 mobilisation plans and service response. These have included:

- Deployment of staff to reinforce critical roles supporting discharge.
- Rolling recruitment programmes within Care at Home.
- Creating additional capacity for step-down beds.
- Introducing electronic scheduling in Care at Home to support enhanced planning and increased capacity.

Forward plans for addressing delayed discharges recognise that due to COVID-19, the number of people being discharged from hospital will continue to increase, placing additional demand on service provision in financial year 2020/21.

8,161
Feb 2020

↓

6,085
Mar 2019

27%
Mar 2020

↓

28%
Mar 2019

Percentage of long term care clients receiving intensive home care
Target: 30%

Clients receiving intensive home care are those who are receiving more than 10 hours of home care per week.

The service continues to actively review the needs of service users to ensure that the HSCP meets their care requirements appropriately. This may result in changes to the level and nature of services that some individuals receive.

Sickness absence rate for HSCP Adult Social Care staff (work days lost per FTE).
Target: 11.7 Days (Q3 Target)

There are a number of planned measures in place to address ongoing sickness absence challenges within the HSCP. These include:

- HR Teams continuing to work closely with service management teams to offer training and identify areas that require additional support.
- Ongoing health improvement activities and support through Healthy Working Lives (HWL), aimed at raising employee awareness of health issues.

Unfortunately, year-end data for 2019/20 is currently unavailable.

13.64
2019

↓

17.43
2018/19

4.75%
Mar 2020

↑

5.39%
Mar 2019

Sickness absence rate HSCP NHS staff.
Target: 4%

Renfrewshire was the best performing HSCP in Greater Glasgow and Clyde based on the March 2020 figures. The Board average was 4.99% and HSCP average was 5.52%.

The absence level in March 2020 can be heralded as encouraging, with long term absence reflecting all the positive but time consuming work in bringing many long term sickness absence cases to an end point. However, the absence level does not reflect any COVID-19 specific absence recording.

For Information Only - No Target Assigned for 2019/20
Emergency admissions from care homes.

Work continues with Care Home Liaison Nurses providing support to Care Homes with high admission rates.

The Red Bag initiative is now embedded into practice to support Care Homes' transfers to and from Acute Services. Benefits include: a quicker transfer to hospital; less time collecting key information; shorter hospital stay; better communication at discharge.

Admissions shown to the right are by month for Quarter 4 and also by Quarter. It should be noted that it is possible that the COVID-19 pandemic may have contributed to and affected the number of hospital admissions in Quarter 4 of 2019/20.

2019/20 data was obtained from a new Performance Dashboard, so this year's baseline will be used to set a target for 2020/21.

746
2020

↑

823
2019

Financial Performance

The financial position for public services continues to be challenging, with the IJB operating within ever increasing budget restraints and pressures which are reflected in regular monitoring reports by the Chief Finance Officer (CFO) to the IJB. This also requires the IJB to have robust financial arrangements in place to deliver services within the funding available in year, as well as planning for future years.

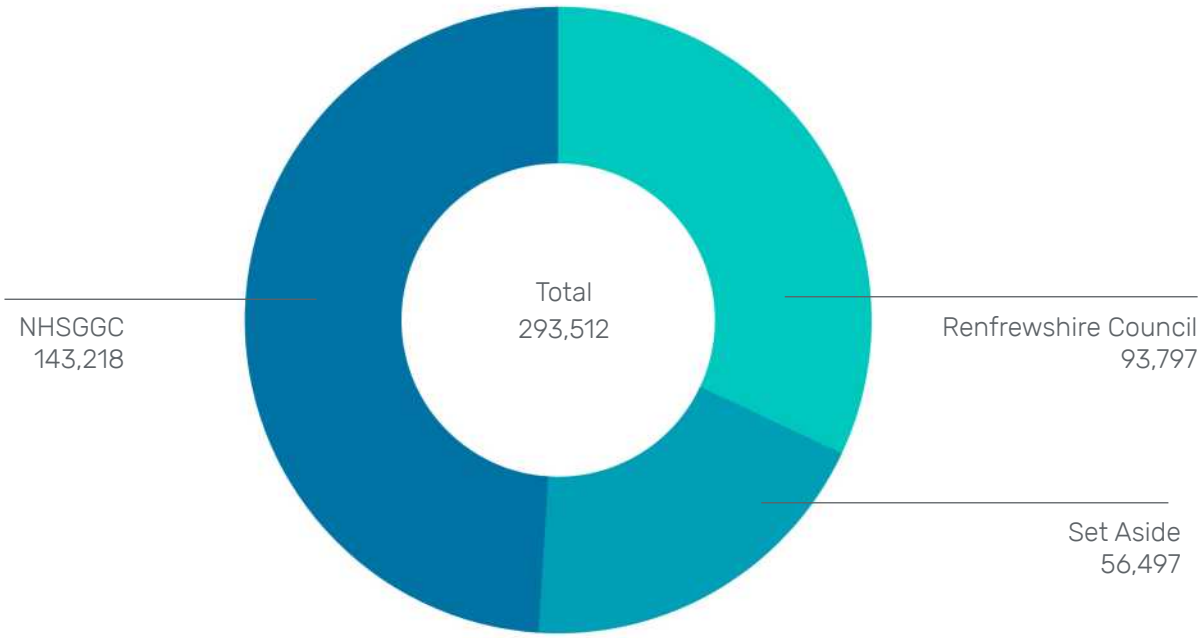
Since the establishment of the IJB, the HSCP has successfully managed to deliver year on year financial balance. This has been achieved through a combination of:

- Flexible use of recurring and non-recurring resources made available by Renfrewshire Council to support the financial sustainability of Adult Social Care services;
- Drawdown of general and earmarked reserves in order to deliver on specific commitments including, for example, funding to mitigate any delays in delivery of approved savings, and,
- Delivery of approved savings through the Change and Improvement Programme; and other operational efficiencies.

Resources Available to the IJB 2019/20

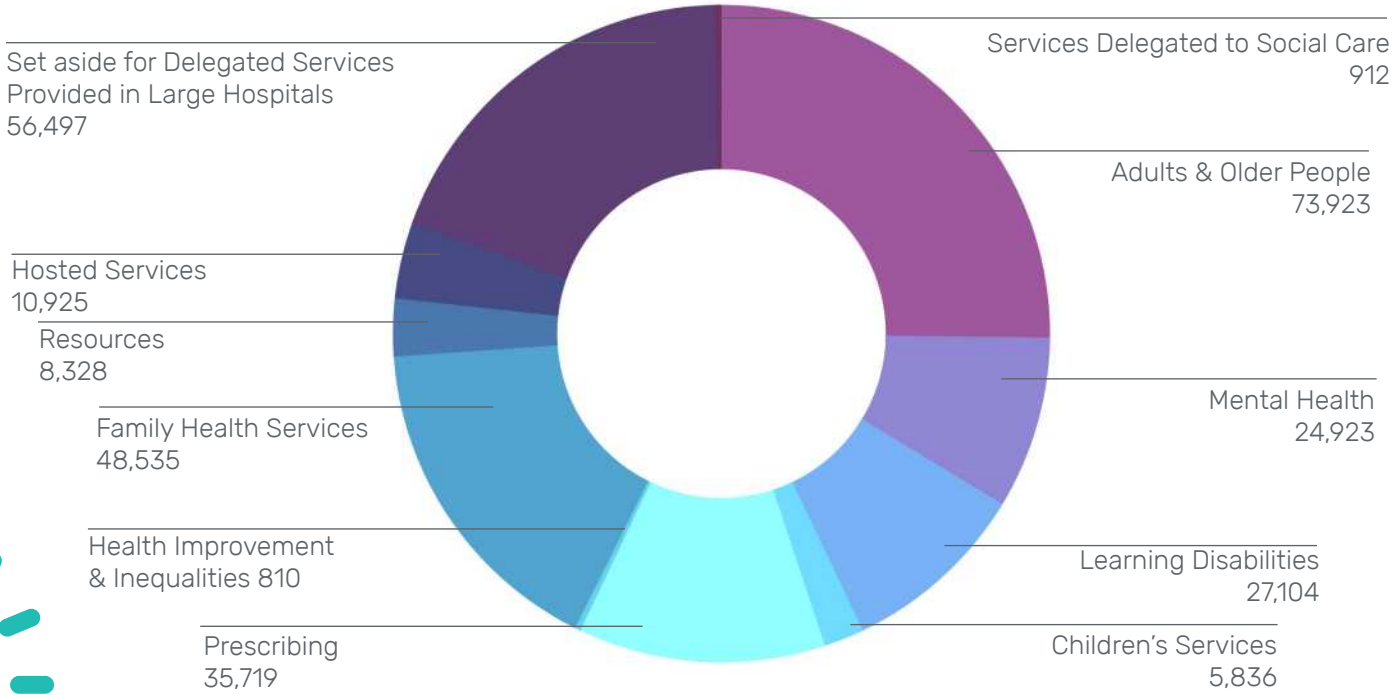
Renfrewshire IJB delivers and commissions a range of health and adult social care services to the population of Renfrewshire, this is funded through budgets delegated from both Renfrewshire Council and NHSGGC. The resources available to the IJB in 2019/20 to take forward the commissioning intentions of the IJB, in line with the Strategic Plan, totalled £293.512m. The following charts provide a breakdown of where these resources come from, and how it is split over the range of services we deliver.

Resources Available (£000s)



Included within the Resources Available to the IJB is a 'Large Hospital Services' (Set Aside) budget totalling £56.497m, (based on actual spend and activity). This budget is in respect of those functions delegated by the Health Board which are carried out in a hospital within the Health Board area. The IJB is responsible for the strategic planning of these services but not their operational delivery.

Our Budget (£000s)



As the purpose of the Comprehensive Income and Expenditure Statement (CIES) is to show the gross cost of the services provided, the CIES shows the IJB's gross income as £311.824m, as it includes service income, grant funding, resource transfer and social care fund monies which are included within the net funding from our partners.

Summary of Financial Position

Throughout 2019/20, the Chief Finance Officer's budget monitoring reports to the IJB, projected an underspend, prior to the transfer of balances to General and Earmarked Reserves at the financial year end. This included the transfer of specific ring-fenced monies (including Scottish Government funding for Primary Care Improvement Plan, Mental Health Action 15 and Alcohol & Drug Partnership monies) in line with Scottish Government Guidance.

The final HSCP outturn position for 2019/20 was an underspend of £4.351m, prior to the transfer of balances to Earmarked and General Reserves.

The CIES describes income and expenditure by client group across the HSCP, and, shows that a surplus of £4.044m was generated in 2019/20.

The following table shows the final outturn position for all delegated HSCP services in 2019/20 net of transfers to reserves. The net expenditure figure differs from that of the CIES due to differences in the presentation of earmarked reserves, resource transfer and social care fund adjustments, and, in line with External Audit recommendations (from the 2018/19 Annual Accounts audit), transfer of balances held on behalf of the IJB by Renfrewshire Council from the Council's balance sheet to sit more appropriately in the IJB's earmarked reserves.

Care Group	Budget 2019/20 £000's	Actual 2019/20 £000's	Variance		
			£000's	%	
Adults & Older People	64,856	64,447	409	1%	Underspend
Mental Health	23,213	22,722	491	2%	Overspend
Learning Disabilities	16,516	16,582	(66)	0%	Overspend
Children's Services	6,146	5,836	310	5%	Underspend
Prescribing	36,221	35,720	501	1%	Overspend
Health Improvement & Inequalities	1,042	810	232	22%	Underspend
Family Health Services	48,533	48,534	1	0%	Overspend
Resources	6,053	8,327	(2,274)	(38)%	Overspend
Hosted Services	11,324	10,926	398	4%	Underspend
Set Aside	56,497	56,497	0	0%	Breakeven
Other Delegated Services	914	912	2	0%	Underspend
NET EXPENDITURE	**271,315**	**271,313**	**2**	**0%**	**Underspend**

The IJB approved the drawdown of reserves throughout 2019/20, in order to deliver on specific commitments including e.g. funding to mitigate any delays in delivery of approved savings; Primary Care Improvement Plan and Action 15 carry forward monies; Health Visitors, and, GP premises improvement monies. The total amount drawn down in 2019/20 was £2.268m from earmarked reserves, details of which are included in the following table.

Earmarked Reserves	Amounts Drawn Down in 2019/20
	£000's
Primary Care Transformation Fund (PCTF) Monies Allocated in 16/17 and 17/18 for Tests of Change and GP Support	-78
Primary Care Improvement Program (19/20)_(20/21)	-816
GP Premises Fund - Renfrewshire share of NHSGGC funding for GP premises improvement	-438
ADP Funding	-66
Single Point of Access Implementation (19/20)	-28
Funding to Mitigate any Shortfalls in Delivery of Approved Savings from Prior Years	-150
Health Visiting	-149
Tannahill Diet and Diabetes Pilot Project	-15
Mental Health Action 15 (19/20)_(20/21)	-306
Mile End Refurbishment	-11
Westland Gardens Refurbishment	-105
Care at Home Refurbishment and Uniform Replacement	-46
Additional Support Costs for Transitioning Placement	-60
TOTAL EARMARKED RESERVES	-2,268

The main broad themes of the final outturn are in line with those reported throughout 2019/20 and include:

Adults and Older People	Year End Outturn
	Underspend £409K

Continued pressures within the Care at Home service

The impact of keeping delayed discharges to a minimum had a significant impact on these budgets throughout 2019/20.

Employee costs - Adult Social Care

Underspends in employee costs reflecting vacancies due to recruitment issues throughout all service areas which helped offset pressures within third party payments (payments for externally commissioned services) for the Care at Home service, reflecting the impact of increasing demand including, the impact of keeping delayed discharges to a minimum.

Addictions (including ADP)

Underspend, reflecting the planned hold on recruitment, to enable new structures to be put in place, in line with the findings of the review of addiction services. Recruitment to posts within the new structure is now actively under way.

Adult Community Services

Underspend, reflecting significant ongoing turnover, recruitment, and, retention issues across the Rehabilitation and District Nursing services.

Mental Health	Year End Outturn
	Underspend £491K

Pressures in relation to costs associated with bank and agency staff required to maintain the recommended safe staffing and skill mix for registered nurse to bed ratios (enhanced observations), were offset by vacancies due to recruitment issues, throughout all mental health service areas. In addition, there were underspends within the Adult Placement budget reflecting current client numbers and their needs.

Children's Services	Year End Outturn
	Underspend £310K

Underspend mainly due to vacancies reflecting recruitment and retention issues across the service, including: School Nursing; Children and Adolescent Mental Health service, Speech and Language Therapy and Occupational Therapy.

Health Improvement	Year End Outturn
	Underspend £232K

Underspend reflecting non-recurring monies received in the latter part of 2019/20 which, due to time constraints could not be fully spent in 2019/20. A proportion of this underspend, £100k, has been moved to earmarked reserves to be drawn down in 2020/21 towards the funding of a Renfrewshire-wide Prevention and Early Intervention Programme.

Resources	Year End Outturn
	Overspend (£2,273)K

The mechanism to create reserves from the delegated Health budget to the IJB balance sheet is via the 'Resources Care Group' within the health ledger. Accounting for reserves through this Care Group ensures the client group year-end position is accurate, ensuring over and underspends within individual client groups are transparent. A number of accounting entries in relation to the draw down and creation of reserves were posted through this Care Group resulting in the overall net overspend of £2,273k.

Hosted Services	Year End Outturn
	Underspend £398K

Underspend mainly due to vacancies within the Primary Care Screening Service, and, Podiatry Service which is in the final stages of implementing its new workforce profile. In addition, changes in Podiatry procurement arrangements significantly reduced the pressure on the Podiatry supplies budgets in 2019/20.

Prescribing	Year End Outturn
	Underspend £501K

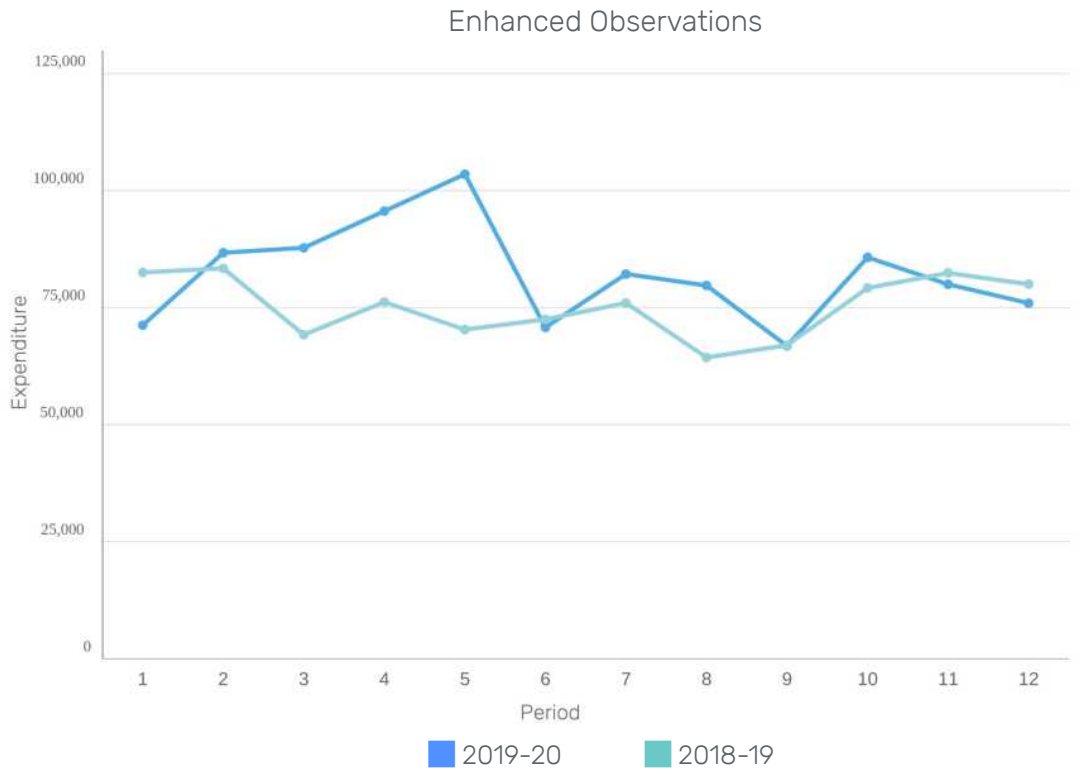
To assist in mitigating risks associated with prescribing cost volatility, the IJB, as part of its financial planning for 2019/20, agreed a net increase of £2.1m to the prescribing budget. This net increase was based on a number of assumptions, including the delivery of prescribing efficiencies and initiatives across NHSGGC, and the potential impact of tariff reductions and discount clawbacks.

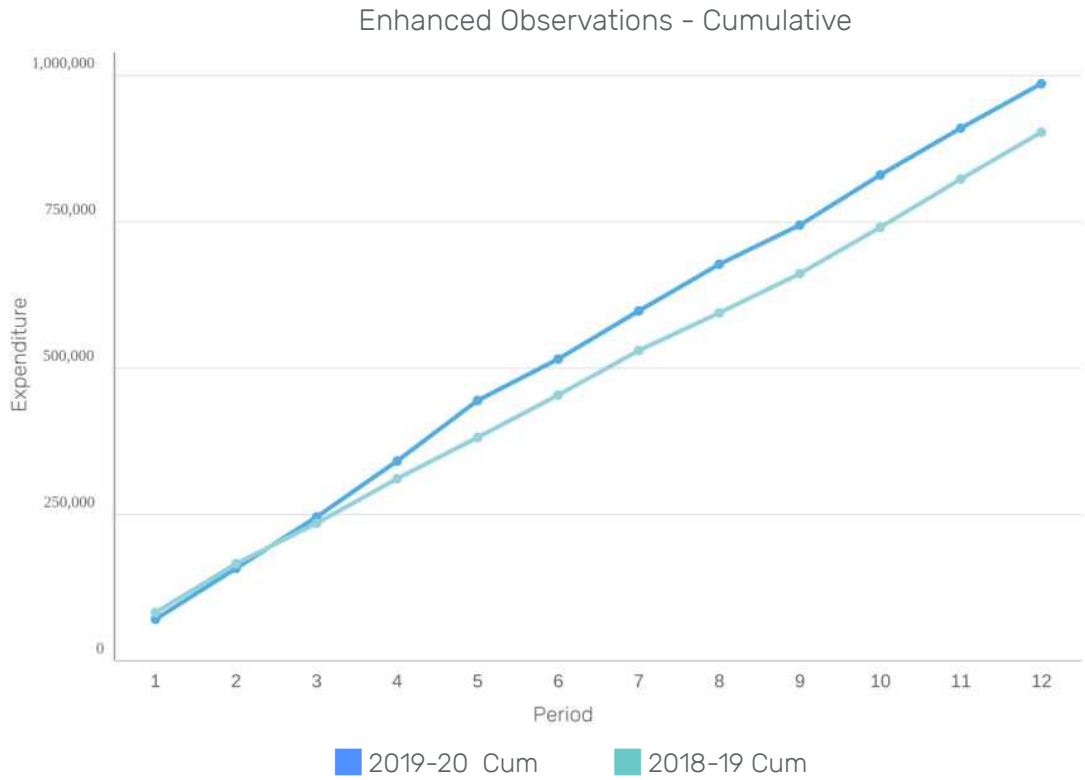
The positive year-end outturn position includes: the impact of tariff reductions and discount clawbacks, which for 2019/20 were significantly higher than when the IJB agreed the prescribing budget for 2019/20; and, the movement of £443k to earmarked reserves to provide further resilience over 2020/21. The increase to the prescribing earmarked reserve was made in anticipation that the delivery of 2020/21 prescribing efficiencies and initiatives are unlikely to be delivered in full, and, also to protect against cost and volume increases directly linked to the impact of COVID-19.

Enhanced Observations

Expenditure on enhanced observations in 2019/20 was £986k, an increase of £84k from 2018/19. As part of the 2018/19 Financial Plan a £900k budget was created for enhanced observations, it was however anticipated that the cost of enhanced observations would increase by approximately £80k in 2019/20 in line with pay award and superannuation increases.

The following graphs show the spend for both 2018/19 & 2019/20 highlighting the slight increase within 2019/20.





COVID-19 Pandemic 2019/20 Financial Impact

In addition to the areas of pressure described earlier, the most significant challenge faced by Renfrewshire HSCP (since March 2020) has been responding to the COVID-19 pandemic. As detailed earlier in this management commentary, the HSCP's priority in relation to responding to the emerging situation in March 2020 was ensuring that services continued to be delivered safely and effectively, whilst still protecting the most vulnerable people within our communities. This resulted in significant service changes being implemented, the financial impact of which will only become clear as financial year 2020/21 progresses.

An estimate of the costs incurred in 2019/20 in relation to COVID-19 and the HSCP's mobilisation plan is included in the 2019/20 outturn position.

Services Hosted by other Health & Social Care Partnerships (HSCPs)

Currently, the six HSCPs within NHSGGC have operational responsibility for services, which they host on behalf of the other IJBs. In delivering these services the IJB has primary responsibility for the provision of the services and bears the risk and reward associated with this service delivery in terms of demand and the financial resources required. As such, the IJB is considered to be acting as 'principal', therefore the full costs of these services are included within all financial statements for the services which it hosts. There are no financial transactions between each HSCP for hosted services, however, information regarding the proportionate costs incurred by each HSCP are included in these Annual Accounts for each of the 6 IJBs.

The services hosted by Renfrewshire are Podiatry and Primary Care Support (included in the CIES under hosted services) which includes expenditure for 2019/20 and the value consumed by other IJB's within NHSGGC.

Host	Service	Actual Net Expenditure to Date £000's	Consumed by other IJB's £000's
Renfrewshire	Podiatry	6,732	5,784
Renfrewshire	Primary Care Support	4,145	3,565
TOTAL		10,877	9,349

The services which are hosted by the other 5 Greater Glasgow and Clyde IJBs, on behalf of the other IJBs including Renfrewshire are detailed in the following table (these figures are not included in Renfrewshire IJB's Annual Accounts). The table also includes expenditure in 2019/20 and the value consumed by Renfrewshire IJB.

Host	Service	Actual Net Expenditure to Date £000's	Consumed by Renfrewshire IJB £000's
East Dunbartonshire	Oral Health	9,835	1,433
TOTAL		**9,835**	**1,433**
East Renfrewshire	Learning Disability Tier 4 Community & Others	1,672	289
East Renfrewshire	AAC (Augmentative and Alternative Communication)	119	7
TOTAL		**1,791**	**296**
Glasgow	Continence	3,877	583
Glasgow	Sexual Health	10,171	1,293
Glasgow	MH Central Services	6,872	1,231
Glasgow	MH Specialist Services	10,138	1,528
Glasgow	Alcohol & Drugs Hosted	16,113	1,570
Glasgow	Prison Healthcare	7,300	994
Glasgow	HC in Police Custody	2,321	353
TOTAL		**56,792**	**7,552**
West Dunbartonshire	MSK Physio	6,370	954
West Dunbartonshire	Retinal Screening	815	126
TOTAL		**7,185**	**1,080**

Future Challenges

The immediate financial outlook for the public sector and beyond is highly challenging and unpredictable as the scale of the COVID-19 pandemic grows. In the medium-term, there is significant uncertainty over the scale of the funding gap facing the IJB. As highlighted above, a net budget gap of £9m to £19m between 2021/22 and 2023/24 was projected in the budget approved by the IJB in March 2020 (not taking into account additional financial impacts of COVID-19). It is therefore important that the IJB continues to plan for a range of potential outcomes which provide flexibility to manage the financial position in response to COVID-19 and wider pressures which arise over the next few years.

Local demographics and socio-economic issues such as poverty, deprivation and inequalities can vary significantly across Renfrewshire which, in turn, can impact upon the demand for and supply of services in the community. Vulnerable individuals are most at risk from the COVID-19 epidemic and it is highly likely that existing issues with loneliness and social isolation will be exacerbated by current circumstances. The HSCP and Renfrewshire Council continue to coordinate local responses to addressing these issues and work will continue beyond the transition to business as usual in 2020/21.

The key financial risks and pressures for Renfrewshire include:

COVID-19 Response

The spread of COVID-19 across the UK and locally within Renfrewshire has significantly impacted upon what services continue to be delivered within Renfrewshire, and the nature in which these are delivered. Business Continuity Plans have been implemented to ensure safe and effective delivery of services to those in need in Renfrewshire. This has had a material impact in the current financial year and will continue to impact during financial year 2020/21. The extent and length of the interruptions is however unknown.

Brexit

The EU Exit transition period in which the UK and EU are required to negotiate additional trade arrangements is currently scheduled to end on 31st December 2020. This date is enshrined in UK law and there are currently no plans to change this date to reflect the extent of disruption which is being caused by COVID-19. Consequently, the impact of Brexit on the IJB is still unknown, as is the Scottish Government's response, which could include proposals for a second independence referendum. Renfrewshire HSCP is however actively participating in Brexit planning being undertaken by its partner organisations in line with current Scottish Government direction.

Continued Complexity of IJB Governance Arrangements

Audit Scotland and the Ministerial Strategic Group identified the complexity of IJB governance arrangements as an ongoing concern. This is the subject of ongoing review and consideration, however, such complexity still remains, particularly with regards clarity around decision-making. The IJB, Renfrewshire Council and NHSGGC have sought to work collaboratively throughout the COVID-19 crisis however, existing challenges persist.

Shortage of key professionals

Renfrewshire HSCP continues to face recruitment and retention challenges for key professionals. This is a national issue faced by many if not all HSCPs. This includes but is not limited to General Practitioners, District Nurses and Care at Home Staff and the severity of this risk has been heightened by the COVID-19 outbreak. A high proportion of HSCP frontline staff are older and/or have underlying health conditions. Over time this will place significant pressure on the HSCP in terms of additional recruitment and management of service knowledge lost. This could negatively impact upon:

- The sustainability of, access to, and quality of, our services;
- The resilience and health of our existing workforce as they attempt to provide the required level of services with reduced resources; and
- The additional cost of using bank and agency staff

Set Aside Arrangements

The Health Board is required to determine an amount set aside for integrated services provided by large hospitals. Since the Joint Bodies Act came into force, this has not operated fully as the legislation required.

The Ministerial Steering Group (MSG) Review of Integration proposed that all delegated hospital budgets and set aside requirements must be fully implemented over 2019. Work has been undertaken by all six HSCPs in GGC to develop a system wide strategic commissioning plan in partnership with the NHS Board and Acute Services Division and in line with the IJB's Strategic Plan. The draft Plan outlines how we intend to support people better in the community and develop alternatives to hospital care so that we can safely reduce the over-reliance on unscheduled care services.

The draft Plan will be presented to the IJB in June 2020, with a supporting cover paper asking members to: note the work undertaken to date; note that the final Plan will need to be updated to reflect the impact of COVID-19; and recommend an updated Plan will be brought back to a future meeting of the IJB.

Prescribing costs

The increased costs of drugs, that have a short supply, create additional financial pressures for the IJB. The COVID-19 outbreak is also projected to have had a material impact on prescribing costs. To assist in mitigating risks associated with prescribing volatility, the IJB, as part of its financial planning for 2020/21 agreed a net increase of £1.4m to the prescribing budget.

Investing in Digital Technology

Digital is identified in the Health and Social Care Delivery Plan as key to transforming health and social care services and enabling greater integration. This is reinforced through the ambitions in Scotland's Digital Health and Care Strategy. The need to invest in digital technology is therefore essential in supporting the transition to a model of care where people are supported to manage their own conditions and live independently for as long as possible. The HSCP has existing commitments to fully implement a scheduling system within Care at Home, and, the ECLIPSE Case Management and Finance system, alongside the national transition from analogue to digital telecare. This limits opportunities for further short-term investment.

Delivering the HSCP's Transformation Programme and Savings in 2020/21

Agreed savings to be achieved within financial year 2020/21 were predicated on continued delivery of existing service reviews and the wider implementation of Renfrewshire HSCP's Transformation Programme. This change activity has been halted as the HSCP focuses upon the COVID-19 response and savings plans will need to be re-profiled and realigned, with the launch of a transformation programme at a later date than expected and required. It is expected that proposed savings linked to care packages and prescribing costs will not be achieved in full.

Managing Increasing Demand from an Ageing Population

People in Renfrewshire are living longer but not necessarily healthier lives, often experiencing multiple long-term conditions and changing the nature and volume of demand for care and support. Services in Renfrewshire are supporting more people at home for longer, often with more complex needs and with unpaid family carers who are themselves in poor health. The number of Care at Home Hours has increased significantly year on year. Such demand places increasing financial and operational pressure on services delivered by HSCP.

Acknowledgements

We would like to acknowledge the significant effort required to both produce the Annual Accounts and successfully manage the finances of the IJB; and to record our thanks to the Finance team and colleagues in other services within the Partnership for their continued hard work and support.

Councillor Jacqueline Cameron
Chair, Renfrewshire Integration Joint Board
Date:

David Leese
Chief Officer
Date:

Sarah Lavers CPFA
Chief Finance Officer
Date:

Statement of Responsibilities

Responsibilities of the IJB

The IJB is required to:

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

I confirm that these Annual Accounts were approved for signature at a meeting of Renfrewshire IJB held on _____ 2020.

Signed on behalf of Renfrewshire IJB

_____

Councillor Jacqueline Cameron
Chair, Renfrewshire Integration Joint Board

Date:

Responsibilities of the Chief Finance Officer

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

In preparing the Annual Accounts, the Chief Finance Officer has:

- selected suitable accounting policies and then applied them consistently
- made judgements and estimates that were reasonable and prudent
- complied with legislation
- complied with the local authority Code (in so far as it is compatible with legislation)

The Chief Finance Officer has also:

- kept proper accounting records which were up-to-date
- taken reasonable steps for the prevention and detection of fraud and other irregularities.

I certify that the financial statements give a true and fair view of the financial position of Renfrewshire IJB as at 31 March 2020 and the transactions for the year then ended.

Sarah Lavers CPFA
Chief Finance Officer

Date:

Remuneration Report

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

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

Voting Board Members

Voting IJB members constitute councillors nominated as board members by constituent authorities and NHS representatives nominated by the NHS Board. The voting members of Renfrewshire IJB were appointed through nomination by NHSGGC and Renfrewshire Council.

Voting board members do not meet the definition of a 'relevant person' under legislation. However, in relation to the treatment of joint boards, Finance Circular 8/2011 states that best practice is to regard Convenors and Vice-Convenors as equivalent to Senior Councillors. The Chair and the Vice Chair of the IJB should therefore be included in the IJB remuneration report if they receive remuneration for their roles. For Renfrewshire IJB, neither the Chair nor Vice Chair receives remuneration for their roles.

The IJB does not pay allowances or remuneration to voting board members; voting board members are remunerated by their relevant IJB partner organisation.

The IJB does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting IJB members. Therefore, no pension rights disclosures are provided for the Chair or Vice Chair. For 2019/20, no voting members received any form or remuneration from the IJB.

There were no exit packages payable during the financial year.

From 15 September 2019, Councillor Jacqueline Cameron succeeded Dr Donald Lyons as Chair of the IJB.

Officers of the IJB

The IJB does not directly employ any staff in its own right, however specific post-holding officers are non-voting members of the Board.

Under Section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014, a Chief Officer for the IJB has to be appointed and the employing partner has to formally second the officer to the IJB. The employment contract for the Chief Officer adheres to the legislative and regulatory framework of the employing partner organisation (NHSGGC). The remuneration terms of the Chief Officer's employment were approved by the IJB.

No other staff are appointed by the IJB under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included in the following table:

Total Earnings 2018/19 £	Name and Post Title	Salary, Fees & Allowances £	Compensation for Loss of Office £	Total Earnings 2019/20 £
122,632	D Leese Chief Officer, Renfrewshire IJB	128,646	-	128,646
88,983	S Lavers Chief Finance Officer, Renfrewshire IJB	91,690	-	91,690

Pension Benefits

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

The IJB, however, has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the IJB. The following table shows the IJB's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

Name and Post Title	In Year Pension Contributions		Accrued Pension Benefits*		
	For Year to 31/03/19 £	For Year to 31/03/20 £		As at 31/03/19 £	As at 31/03/20 £
D Leese Chief Officer, Renfrewshire IJB	17,469	25,238	Pension	25,085	28,155
			Lump sum	60,478	62,293
S Lavers Chief Finance Officer, Renfrewshire IJB	17,101	17,677	Pension	36,859	41,332
			Lump sum	62,440	64,328

* Accrued pension benefits have not been accrued solely for IJB remuneration.

Disclosure by Pay Bands

As required by the regulations, the following table shows the number of persons whose remuneration for the year was £50,000 or above, in bands of £5,000.

Number of Employees 31 March 2019	Remuneration Band	Number of Employees 31 March 2020
1	£85,000 - £89,999	-
-	£90,000 - £94,999	1
1	£120,000 - £124,999	-
-	£125,000 - £129,999	1

Councillor Jacqueline Cameron
Chair, Renfrewshire Integration Joint Board

Date:

David Leese
Chief Officer

Date:

Annual Governance Statement

The Annual Governance Statement explains the IJB's governance arrangements and reports on the effectiveness of the IJB's system of internal control.

Scope of Responsibility

The IJB is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards, that public money is safeguarded, properly accounted for, and used economically, efficiently and effectively. The IJB also aims to foster a culture of continuous improvement in the performance of the IJB's functions and to make arrangements to secure best value.

To meet this responsibility, the IJB has established arrangements for governance which includes a system of internal control. The system is intended to manage risk to support the achievement of the IJB's policies, aims and objectives. Reliance is also placed on the NHSGGC and Renfrewshire Council systems of internal control which support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives, as well as those of the IJB.

This system can only provide reasonable and not absolute assurance of effectiveness.

The IJB has adopted governance arrangements consistent where appropriate, with the six principles of CIPFA and the Society of Local Authority Chief Executives (SOLACE) framework "Delivering Good Governance in Local Government". This statement explains how the IJB has complied with the governance arrangements and meets the requirements of the Code of Practice on Local Authority Accounting in the UK, which details the requirement for an Annual Governance Statement.

Purpose of the Governance Framework

The governance framework comprises the systems and processes, and culture and values, by which the IJB is directed and controlled. It enables the IJB to monitor the achievement of the objectives set out in the IJB's Strategic Plan. The governance framework will be continually updated to reflect best practice, new legislative requirements and the expectations of stakeholders.

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the IJB's objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them effectively.

Governance Framework and Internal Control System

The Board of the IJB comprises the Chair and 7 other voting members; four are Council Members nominated by Renfrewshire Council, and, four are Board members of NHSGGC. There are also a number of non-voting professional and stakeholder members on the IJB Board. Stakeholder members currently include representatives from the third and independent sector bodies, carers and service users. Professional members include the Chief Officer and Chief Finance Officer. The IJB, via a process of delegation from NHSGGC and Renfrewshire Council, and its Chief Officer has responsibility for the planning, resourcing and operational delivery of all delegated health and social care within its geographical area.

The main features of the governance framework in existence during 2019/20 were:

- The IJB is formally constituted through the Integration Scheme agreed by Renfrewshire Council and NHSGGC and approved by Scottish Ministers.
- The IJB operates within an established procedural framework. The roles and responsibilities of Board members and officers are defined within: Standing Orders and Scheme of Administration; Contract Standing Orders; Scheme of Delegation, and, Financial Governance arrangements; these are subject to regular review.
- A Local Code of Corporate Governance was approved by the IJB early in 2017 which is subject to ongoing updates as required. Board members adhere to an established Code of Conduct and are supported by induction and ongoing training and development. Performance and Personal Development (PPD) schemes are also in place for all staff, the aim of which is to focus on performance and development that contributes towards achieving service objectives
- The overarching strategic vision and objectives of the IJB are detailed in the IJB's Strategic Plan which sets out the key outcomes the IJB is committed to delivering with its partners.
- The Strategic Planning Group sets out the IJB's approach to engaging with stakeholders. Consultation on the future vision and activities of the IJB is undertaken with its Health Service and Local Authority partners. The IJB publishes information about its performance regularly as part of its public performance reporting.
- Effective scrutiny and service improvement activities are supported by the formal submission of reports, findings and recommendations by Inspectorates and the appointed Internal Audit service to the IJB's Senior Management Team, the main Board and the Audit, Risk and Scrutiny Committee, as appropriate.
- The HSCP has a robust Quality, Care and Professional Governance Framework and supporting governance structures which are based on service delivery, care and interventions that are: person centred, timely, outcome focused, equitable, safe, efficient and effective. This is reported annually to the IJB and provides a variety of evidence to demonstrate the delivery of the core components within the HSCP's Quality, Care and Professional Governance Framework and the Clinical and Care Governance principles specified by the Scottish Government.
- The HSCP has an Organisational Development and Service Improvement Strategy developed in partnership with its parent organisations. Progress, including an update on the Workforce Plan, is reported annually to the IJB.
- The IJB follows the principles set out in CoSLA's Code of Guidance on Funding External Bodies and Following the Public Pound for both resources delegated to the IJB by the Health Board and Local Authority and resources paid to its Local Authority and Health Service partners.
- Responsibility for maintaining and operating an effective system of internal financial control rests with the Chief Finance Officer. The system of internal financial control is based on a framework of regular management information, Financial Regulations and Standing Financial Instructions, administrative procedures (including segregation of duties), management and supervision, and a system of delegation and accountability. Development and maintenance of these systems is undertaken by managers within the HSCP supported by NHSGGC and Renfrewshire Council in relation to the operational delivery of health and social care services.
- Performance management, monitoring of service delivery and financial governance is provided by the HSCP to the IJB, who are accountable to both the Health Board and the Local Authority. It reviews reports on the effectiveness of the integrated arrangements including the financial management of the integrated budget. This ensures there is regular scrutiny at senior management, committee and Board level. Performance is linked to delivery of objectives and is reported regularly to the IJB. Information on performance can be found in the Annual Performance Report published on the IJB website.
- The IJB's approach to risk management is set out in its Risk Management Strategy and the Corporate Risk Register. Regular reporting on risk management is undertaken through regular reporting to the Senior Management Team and also to the IJB Audit, Risk and Scrutiny Audit Committee for their review and comment.

- Effective scrutiny and service improvement activities are supported by the formal submission of reports, findings and recommendations by the external auditors, Inspectorates and the appointed Internal Audit service to the IJB's Senior Management Team, the main Board and the Audit, Risk and Scrutiny Committee.
- The HSCP's medium term approach (Tier 2) to financial planning recognised the need to transform the way in which the HSCP delivers services, to ensure the sustainability of health and social care services going forward. A key element of the Tier 2 approach is the implementation of the HSCP's Transformation Programme. A Programme Board which will provide governance and oversight of progress has been established, and through implemented governance structures, all transformational activity will reflect and contribute to the delivery of four guiding principles which have been developed to align with the key principles set out in the Financial Plan.

Review of Adequacy and Effectiveness

The IJB has responsibility for conducting at least annually, a review of effectiveness of the system of internal control and the quality of data used throughout the organisation. The review is informed by the work of the Senior Management Team (who have responsibility for the development and maintenance of the internal control framework environment), the work of the internal auditors and the Chief Internal Auditor's annual report, and reports from external auditors and other review agencies and inspectorates.

The review of the IJB's governance framework is supported by a process of self-assessment and assurance certification by the Chief Officer. The Chief Officer completes "Self-assessment Checklists" as evidence of review of key areas of the IJB's internal control framework, these assurances are provided to Renfrewshire Council and NHSGGC. The Senior Management Team has input to this process through the Chief Finance Officer. In addition, the review of the effectiveness of the governance arrangements and systems of internal control within the Health Board and Local Authority partners places reliance upon the individual bodies' management assurances in relation to the soundness of their systems of internal control. There were no significant internal control issues identified by the review.

Internal Audit undertakes an annual programme following an assessment of risk completed during the strategic audit planning process. The appointed Chief Internal Auditor provides an annual report to the Audit Committee and an independent opinion on the adequacy and effectiveness of the governance framework, risk management and internal control.

Due to the nature of IJB Board Membership, a conflict of interest can arise between an IJB Board Members' responsibilities to the IJB and other responsibilities that they may have. The IJB has arrangements in place to deal with any conflicts of interest that may arise. It is the responsibility of Board and Committee Members to declare any potential conflicts of interest, and it is the responsibility of the Chair of the relevant Board or Committee to ensure such declarations are appropriately considered and acted upon.

The Management Commentary provides an overview of the key risks and uncertainties facing the IJB.

Although no system of internal control can provide absolute assurance, nor can Internal Audit give that assurance. On the basis of audit work undertaken during the reporting period and the assurances provided by the partner organisations, the Chief Internal Auditor is able to conclude that a reasonable level of assurance can be given that the system of internal control, risk management and governance is operating effectively within the organisation.

Significant Governance Issues due to the Impact of COVID-19

The IJB's agreed governance framework has been in place for the majority of the year ended 31 March 2020. However, from March 2020 the governance context in which the IJB operates has been impacted by the need to implement business continuity processes in response to the significant public health challenge presented by the COVID-19 pandemic. The planning and delivery of health and social care services has had to adapt to meet this challenge and the IJB has had to adapt its governance structures accordingly. In response to the pandemic and the requirement to move quickly and decisively to manage the subsequent pressures on health and social care services in Renfrewshire, the IJB approved and initiated temporary decision-making arrangements at its meeting of Friday 20 March 2020. The temporary arrangements will be in place for as long as is necessary, subject to ongoing review.

Under these temporary arrangements, authority is delegated, if required, to meet immediate operational demand, to the Chief Officer in consultation with the Chair and Vice Chair of the IJB.

HSCP Clinical Governance Groups have been postponed as key individuals are leading or have been deployed to assist with the COVID-19 response. This will remain under review and will be reinstated once the impact of the virus lessens. Additional governance implemented includes:

- HSCP participation in daily CMT meetings with Renfrewshire Council
- HSCP participation in NHS Board COVID-19 Governance at Strategic, Tactical and Operational Level.
- HSCP SMT meetings, held three times a week, to discuss and manage key issues and risks, using implemented risk, issue and decision monitoring, absence and status reporting (with additional meetings as required).
- Financial governance remains in place and has been supplemented by additional controls to manage and monitor COVID-19 related expenditure.

Renfrewshire IJB is working with partners to participate in the wider response to the pandemic at Health Board and national level and is a key participant in the Council family and Greater Glasgow and Clyde governance structures working with other HSCPs to manage the impact of the pandemic.

The HSCP has implemented new service areas in response to the pandemic, examples of which have included the establishment of an assessment centre to support assessment and testing of potential COVID-19 patients and the creation of a hub to support the distribution of PPE to our social care services and those delivered by the third and independent sector and personal assistants and carers.

With significant disruption to how health and social care services across Renfrewshire are currently being delivered likely to continue in the short to medium term, officers within the HSCP are developing plans to capture the extent of the shift from business as usual activity and ensure the IJB can continue to meet need and achieve the strategic priorities set out in the Strategic Plan. A vital element of the recovery planning activity being undertaken is learning from the interim changes put in place. The HSCP are actively seeking to understand the impact of the measures implemented to identify which could be retained or adapted to improve services and continue to meet individuals' outcomes. Some of the innovative approaches and service alterations put in place out of necessity may present opportunities as we seek to re-start services within the new context in which health and social care services need to be delivered. In doing so the IJB will continue to follow appropriate governance structures and consider equalities and human rights requirements.

The financial impact of implementing the required changes to services and service delivery models (e.g. to support social distancing requirements, support staff with the appropriate protective equipment, and manage the new and changing levels of need and demand) is significant, and, likely to be ongoing and evolving. A detailed approval/decision tracker log is being maintained internally by the Chief Finance Officer to record the details, including approval routes, of any decisions with financial implications for the IJB. This is supported by a mobilisation plan which has been approved by the Scottish Government, with discussions in relation to funding ongoing.

Action Plan

Following consideration of the review of adequacy and effectiveness the following action plan has been agreed to ensure continual improvement of the IJB's governance. Regular updates on progress of the agreed actions will be monitored by the IJB Audit, Risk and Scrutiny Committee.

A copy of the agreed Action Plan is included in the following table:

Agreed Action	Responsible Person	Date
Reprofile scheduling of 2020/21 savings targets and transformational activity for period to 2022/23 in response to COVID-19 crisis and implement robust programme and benefits management to ensure continued financial control	Chief Finance Officer	November 2020
Implement standing agenda item at each IJB Audit, Risk and Scrutiny Committee to provide update on transformational activity and benefits management in line with above reprofiling	Chief Finance Officer	November 2020
Put in place a plan to review, on a rolling basis, IJB key governance documents, including for example Standing Orders, Scheme of Delegation and Financial Regulations.	Head of Administration / Chief Finance Officer	November 2020
Working with NHSGGC and the five other GGC HSCP's, Develop commissioning plans in relation to acute set-aside resources	Chief Officer / Head of Strategic Planning and Health Improvement	November 2020
Review existing Risk Management arrangements, including an agreed risk appetite statement.	Head of Administration / Strategic Service Improvement Manager	March 2021
Review existing Business Continuity arrangements, in light of current COVID-19 impact on service delivery and lessons learned.	Head of Administration / Strategic Service Improvement Manager	March 2021

Update on 2018/19 Action Plan

Agreed Action	Progress	Responsible Person	Date
Review and update, as necessary, the Audit Committee Terms of Reference	Completed and approved by IJB in January 2020. IJB Audit Committee will be renamed IJB Audit, Risk and Scrutiny Committee.	Head of Administration	Complete
Implement Ministerial Steering Group Review of Integration Proposals and Self Actions identified to be delivered over 2019/20, including: the development of commissioning plans to support the implementation of the set aside arrangements; working closely with the IJB and the Director of Finance for NHSGGC to ensure that all possible steps are taken to enable the IJB to approve the delegated health budget prior to the start of the financial year.	In progress. Work ongoing to develop updated Set Aside arrangements in line with MSG recommendations through the Unscheduled Care Commissioning Plan	Chief Officer	Ongoing
Carry out a review of the Renfrewshire Integration Scheme in line with the Public Bodies (Joint Working) (Scotland) Act 2014)	Updated Integration Scheme drafted and will be subject to consultation following COVID-19 pandemic. Action plan developed to complete review in line with legislative requirements.	Chief Officer	Ongoing

Conclusion and Opinion on Assurance

While recognising that improvements are required, as detailed above, it is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the IJB's governance arrangements.

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

Systems are in place to regularly review and improve the internal control environment and the implementation of the action plan will be monitored by the HSCP Senior Management Team throughout the year.

Councillor Jacqueline Cameron
Chair, Renfrewshire Integration Joint Board

Date:

David Leese
Chief Officer

Date:

Comprehensive Income and Expenditure Statement

This statement shows the cost of providing services for the year according to accepted accounting practices. It includes, on an accruals basis, all expenses and related income.

2018/19 Gross Exp. £000's (Restated)	2018/19 Gross Income £000's (Restated)	2018/19 Net Exp. £000's (Restated)		Note	2019/20 Gross Exp. £000's	2019/20 Gross Income £000's	2019/20 Net Exp. £000's
80,835	(11,130)	69,705	Adults & Older People		84,226	(12,282)	71,944
23,657	(330)	23,327	Mental Health		25,409	(425)	24,984
26,987	(1,228)	25,759	Learning Disabilities		28,554	(1,285)	27,269
5,449	(390)	5,059	Children's Services		6,381	(411)	5,970
35,942		35,942	Prescribing		35,276		35,276
1,066	(127)	939	Health Improvement & Inequalities		883	(173)	710
47,777	(2,495)	45,282	Family Health Services		51,464	(2,929)	48,535
4,241	(230)	4,011	Resources		6,587	(314)	6,273
10,900	(296)	10,604	Hosted Services		11,427	(329)	11,098
57,461		57,461	Set aside for Delegated Services Provided in Large Hospitals	14	56,497		56,497
1,015	(135)	880	Services Delegated to Social Care	8	1,076	(164)	912
295,330	(16,361)	278,969	Total Costs of Services		307,780	(18,312)	289,468
	(281,000)	(281,000)	Taxation and Non-Specific Grant Income	5		(293,512)	(293,512)
295,330	**(297,361)**	**(2,031)**	**(Surplus) or deficit on Provisions of Services (movements in Reserves)**		**307,780**	**(311,824)**	**(4,044)**

NHSGGC are now in a position to report set aside figures based on actual expenditure. The CIES has therefore been restated in 2018/19 to reflect the revised set aside figures which were previously based on a notional budget figure. (This is explained in Note 14 to the Accounts).

There are no statutory or presentation adjustments which affect the IJB's application of the funding received from partners. The movement in the General Fund balance is therefore solely due to the transactions shown in the CIES. Consequently, an Expenditure and Funding Analysis is not provided in these annual accounts as it is not required to provide a true and fair view of the IJB's finances.

Movement in Reserves Statement

This statement shows the movement in the year on the IJB's reserves. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices.

	General Fund Balance £000's	Earmarked Reserves £000's	Total Reserves £000's
Movement in Reserves during 2018 – 2019:			
Opening Balance at 31 March 2018	(930)	(2,512)	(3,442)
Total Comprehensive Income and Expenditure			
(Increase) or Decrease in 2018/19		(2,031)	(2,031)
Closing Balance at 31 March 2019	(930)	(4,543)	(5,473)
Movement in Reserves during 2019 – 2020:			
Opening Balance at 31 March 2019	**(930)**	**(4,543)**	**(5,473)**
Total Comprehensive Income and Expenditure			
(Increase) or Decrease in 2019/20	(471)	(3,573)	(4,044)
Closing Balance at 31 March 2020	**(1,401)**	**(8,116)**	**(9,517)**

Balance Sheet

The Balance Sheet shows the value of the IJB's assets and liabilities as at 31 March 2020. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

31 March 2019 £000's		Notes	31 March 2020 £000's
5,473	Short Term Debtors	6	9,517
5,473	**Current Assets**		**9,517**
-	Short Term Creditors	6	-
-	Current Liabilities		-
5,473	**Net Assets**		**9,517**
(930)	Usable Reserves: General Fund	7	(1,401)
(4,543)	Unusable Reserves: Earmarked	7	(8,116)
(5,473)	**Total Reserves**		**(9,517)**

The statement of Accounts presents a true and fair view of the financial position of the IJB as at 31 March 2020 and its income and expenditure for the year then ended.

The unaudited accounts were issued on 26 June 2020 and the audited accounts were authorised for issue on _____

Balance Sheet signed by:

_____

Sarah Lavers CPFA
Chief Finance Officer

Date:

Notes to the Financial Statements

Note 1: Significant Accounting Policies

General Principles

The Financial Statements summarise the transactions of Renfrewshire IJB for the 2019/20 financial year and its position at 31 March 2020.

The IJB was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973. It is a joint venture between NHSGGC and Renfrewshire Council.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2019/20, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

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

Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when settlement in cash occurs. In particular:

- Expenditure is recognised when goods or services are received, and their benefits are used by the IJB.
- Income is recognised when the IJB has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable.
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down.

Funding

The IJB is primarily funded through funding contributions from its statutory funding partners, Renfrewshire Council and NHSGGC. Expenditure is incurred as the IJB commissions specified health and social care services from the funding partners for the benefit of service recipients in the Renfrewshire area and service recipients in Greater Glasgow & Clyde, for services which are delivered under Hosted arrangements.

Cash and Cash Equivalents

The IJB does not operate a bank account or hold cash. All transactions are settled on behalf of the IJB by the funding partners. Consequently, the IJB does not present a 'Cash and Cash Equivalent' figure on the balance sheet. This has resulted in there being no requirement for the IJB to produce a cash flow statement. The funding balance due to, or from, each funding partner as at 31 March, is represented as a debtor or creditor on the IJB's balance sheet.

Employee Benefits

The IJB does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The IJB therefore does not present a Pensions Liability on its balance sheet.

The IJB has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partners are treated as employee costs. Where material, the Chief Officer's absence entitlement at 31 March is accrued, for example in relation to annual leave earned but not yet taken. In the case of Renfrewshire IJB any annual leave earned but not yet taken is not considered to be material.

Provisions, Contingent Liabilities and Contingent Assets

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March due to a past event; settlement of the obligation is probable; and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the IJB's Balance Sheet, but, is disclosed in a note where it is material.

A contingent asset is a possible asset arising from events on or before 31 March, whose existence will only be confirmed by later events. A contingent asset is not recognised in the IJB's Balance Sheet, but, is disclosed in a note only if it is probable to arise and can be reliably measured.

Reserves

The IJB's reserves are classified as either Usable or Unusable Reserves.

Reserves have been created from net surpluses in current or prior years, some of which are earmarked for specific purposes, the remainder is the general reserve. Considering the size and scale of the IJB's responsibilities, the IJB's approved Reserves Policy recommends the holding of general reserves at a maximum of 2% of the net budget of the IJB.

When expenditure to be financed from a reserve is incurred it will be charged to the appropriate service in that year and will be processed through the Movement in Reserves Statement.

Indemnity Insurance / Clinical and Medical Negligence

The IJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities through the CNORIS scheme. NHSGGC and Renfrewshire Council have responsibility for claims in respect of the services for which they are statutorily responsible and that they provide.

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

Known claims are assessed as to the value and probability of settlement. Where it is material, the overall expected value of known claims taking probability of settlement into consideration, is provided for in the IJB's Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

Debtors

Financial instruments are recognised in the balance sheet when an obligation is identified and released as that obligation is fulfilled. Debtors are held at fair value and represent funding due from partner bodies that was not utilised in year.

Note 2: Critical Judgements and Estimation Uncertainty

In preparing the 2019/20 financial statements within NHSGGC, each IJB has operational responsibility for services, which it hosts on behalf of the other IJB's. In delivering these services the IJB has primary responsibility for the provision of the services and bears the risk and reward associated with this service delivery in terms of demand and the financial resources required. As such the IJB is considered to be acting as 'principal', and the full costs should be reflected within the financial statements for the services which it hosts. This is the basis on which Renfrewshire IJB accounts have been prepared.

In responding to the COVID-19 pandemic the HSCP's priority in relation to responding to the emerging situation in March 2020 was ensuring that services continued to be delivered safely and effectively, whilst still protecting the most vulnerable people within our communities. This resulted in significant service changes being implemented, from March 2020. An estimate of the costs incurred in 2019/20 in relation to COVID-19 and the HSCP's mobilisation plan is included in the 2019/20 CIES. This included anticipated additional costs such as: staff overtime and agency cover; personal and protective equipment; and, increases in provider costs. The estimate used for provider costs was based on National Guidance from the Scottish Government which recommended an uplift of 25% against 2019/20 budgeted provider costs. It is anticipated that this expenditure will be reimbursed by the Scottish Government therefore a corresponding credit entry was also made in 2019/20.

Note 3: Events after the Balance Sheet Date

The Annual Accounts were authorised for issue by the Chief Finance Officer on_____2020. Events after the balance sheet date are those events that occur between the end of the reporting period and the date when the Statements are authorised for issue.

Where events take place before the date of authorisation and provide information about conditions existing as at 31 March 2020, the figures in the financial statements and notes have been adjusted in all material aspects to reflect the impact of this information.

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

Note 4: Expenditure and Income Analysis by Nature

The following table shows the gross expenditure and income for Renfrewshire IJB against subjective headings.

Expenditure and Income Analysis by Nature	2018/19 £000's	2019/20 £000's
	(Restated)	
Employee Costs	75,037	79,473
Property Costs	1,065	708
Supplies and Services	8,616	9,997
Third Party Payments	62,997	67,318
Transport	765	748
Support Services	58	59
Transfer Payments	3,143	3,307
Purchase of Healthcare	2,476	2,915
Family Health Service	83,712	86,758
Set Aside	57,461	56,497
Income	(16,361)	(18,312)
Total Cost of Services	**278,969**	**289,468**
Partners Funding Contributions and Non-Specific Grant Income	**(281,000)**	**(293,512)**
(Surplus)/Deficit on Provision of Services	**(2,031)**	**(4,044)**

*Note 4 has been restated in 2018/19 to reflect the revised set aside for delegated services provided in large hospitals.

Note 5: Taxation and Non-Specific Grant Income

The following table shows the funding contribution from the two partner organisations:

Taxation and Non-Specific Grant Income	2018/19 £000's (Restated)	2019/20 £000's
NHS Greater Glasgow and Clyde Health Board	191,893	199,715
Renfrewshire Council	89,107	93,797
TOTAL	**281,000**	**293,512**

*Note 5 has been restated in 2018/19 to reflect the revised set aside for delegated services provided in large hospitals.

The funding contribution from the NHSGGC shown above, includes £56.497m in respect of 'set aside' resources relating to hospital services. These are provided by the NHS which retains responsibility for managing the costs of providing the services. The IJB however has responsibility for the consumption of, and level of demand placed on, these resources.

Note 6: Short Term Debtors and Creditors

At 31 March 2020, Renfrewshire IJB had short term debtors of £9.517m relating to the reserves held, there were no creditors. Amounts owed by funding partners are stated on a net basis.

Short Term Debtors	2018/19 £000's	2019/20 £000's
NHS Greater Glasgow and Clyde Health Board	4,655	7,110
Renfrewshire Council	818	2,407
TOTAL	**5,473**	**9,517**

Short Term Creditors	2018/19 £000's	2019/20 £000's
NHS Greater Glasgow and Clyde Health Board	-	-
Renfrewshire Council	-	-
TOTAL	**-**	**-**

Note 7: Usable Reserves

As at 31 March 2020 the IJB has created earmarked reserves in order to fund expenditure in respect of specific projects. In addition, a general reserve has been created as part of the financial strategy of the IJB. This will be used to manage the risk of any future unanticipated events and support service provision that may materially impact on the financial position of the IJB in later years.

The following tables show how reserves are allocated:

General Reserves	2018/19 £000's	2019/20 £000's
Renfrewshire HSCP – delegated budget underspend carried forward	930	1,401
TOTAL GENERAL RESERVES	**930**	**1,401**

Earmarked Reserves	2018/19 £000's	2019/20 £000's
Renfrewshire HSCP – delegated budget planned contribution to reserve:		
PCTF Monies Allocated Tests of Change and GP Support	458	380
Primary Care Improvement Program (19/20) and (20/21)	816	264
GP Premises Fund - Renfrewshire share of NHSGGC funding for GP premises improvement	562	276
District Nurse 3-year Recruitment Programme	161	202
Prescribing	557	1,000
ADP Funding	321	708
Facilitation of Multi-Discipline teams in GP Practices - Renfrewshire Share of NHSGGC Programme		49
TEC Grant	20	20
Single Point of Access Implementation (19/20)	28	
Funding to Mitigate Shortfalls in Delivery of Approved Savings from Prior Years	150	1,080
Health Visiting	181	32
Tannahill Diet and Diabetes Pilot Project	15	
Mental Health Improvement Works	150	150
Mental Health Action 15 (19/20) and (20/21)	306	130
Mental Health Strategy Interim Support Pending Completion of Psychology Review		115
HSCP Transformation Programme Funding for Temp Staff in Post		500
HSCP Transformation Programme Funding 20/21_23/24		1,329
Renfrewshire Wide Prevention and Early Intervention Programme		100
Henry Programme – Pre 5 Obesity Training		15
Training for Mental Health Officers in HSCP		288
ICT Swift Update Costs	27	27
Information Communication Funding - Care at Home Scheduling System		882
Mile End Refurbishment	100	89
LA Care Home Refurbishment	300	300
Westland Gardens Refurbishment	105	
Eclipse Support Costs (2 Year)	156	156
Care at Home Refurbishment and Uniform Replacement	70	24
Additional Support Costs for Transitioning Placement	60	
TOTAL EARMARKED RESERVES	4,543	8,116

Note 8: Additional Council Services Delegated to the IJB

The following table shows the costs of Renfrewshire Council services delegated to the IJB. Under the Public Bodies (Joint Working) (Scotland) Act 2014, the IJB is accountable for these services, however, these continue to be delivered by Renfrewshire Council. HSCP monitor the delivery of these services on behalf of the IJB.

Additional Council Services Delegated to the IJB	2018/19 £000's	2019/20 £000's
Housing Adaptations	800	829
Women's Aid	215	247
Grant Funding for Women's Aid	(135)	(164)
NET AGENCY EXPENDITURE (INCLUDED IN THE CIES)	880	912

Note 9: Related Party Transactions

The IJB has related party relationships with NHSGGC and Renfrewshire Council. In particular, the nature of the partnership means that the IJB may influence, and be influenced by, its partners. The following transactions and balances included in the IJB's accounts are presented to provide additional information on the relationships. The following table shows the funding that has transferred from the NHS Board via the IJB to the Council. This amount includes Resource Transfer Funding.

Service Income Received	2018/19 £000's	2019/20 £000's
NHS Greater Glasgow and Clyde Health Board	(3,884)	(4,504)
Renfrewshire Council	(12,477)	(13,808)
TOTAL	**(16,361)**	**(18,312)**

Expenditure on Services Provided	2018/19 £000's (Restated)	2019/20 £000's
NHS Greater Glasgow and Clyde Health Board	194,080	201,764
Renfrewshire Council	101,250	106,016
TOTAL	**295,330**	**307,780**

Funding Contributions Received	2018/19 £000's (Restated)	2019/20 £000's
NHS Greater Glasgow and Clyde Health Board	191,893	199,715
Renfrewshire Council	89,107	93,797
TOTAL	**281,000**	**293,512**

Debtors	2018/19 £000's	2019/20 £000's
NHS Greater Glasgow and Clyde Health Board	4,655	7,110
Renfrewshire Council	818	2,407
TOTAL	**5,473**	**9,517**

*Note 9 has been restated in 2018/19 to reflect the revised set aside for delegated services provided in large hospitals.

Note 10: IJB Operational Costs

NHSGGC and Renfrewshire Council provide a range of support services for the IJB including finance services, personnel services, planning services, audit services, payroll services and creditor services. There is no charge to the IJB for these support services.

The costs associated with running the IJB are shown in the following table:

IJB Operational Costs	2018/19 £000's	2019/20 £000's
Staff Costs	292	308
Audit Fees	25	27
TOTAL	317	335

Note 11: VAT

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

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

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

Note 12: External Audit Costs

Fees payable to Audit Scotland in respect of external audit services undertaken in accordance with Audit Scotland's Code of Audit Practice in 2019/20 are £26,560. There were no fees paid to Audit Scotland in respect of any other services.

Note 13: New Standards issued but not yet adopted

The Code requires the disclosure of information relating to the impact of an accounting change that will be required by a new standard that has been issued but not yet adopted. The IJB considers that there are no such standards which would have significant impact on its annual accounts.

Note 14: Prior Year Restatement

NHSGGC are now able to report the set aside figure based on actual expenditure which has resulted in the restatement of the 2018/19 set aside figure which was previously based on a notional budget figure. This notional budget was originally based on NRAC activity and information from the cost book. Actual figures are based on a more detailed approach including actual spend and activity for each year. This has had no impact on the total expenditure and income reported for 2018/19.

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AUDIT SCOTLAND

Ms Sarah Lavers
Chief Finance Officer
Renfrewshire Integration Joint Board
Renfrewshire House
Cotton Street
Paisley
PA1 1AL

3 June 2020

Dear Sarah

Renfrewshire Integration Joint Board – Audit Timescales 2019/20

1. As part of our recent discussions we agreed it would be helpful for us to set out revised accounts and audit timescales for the 2019/20 financial statements in light of the current Covid-19 emergency.

2. Scottish Government has actioned provisions within the Coronavirus (Scotland) Act 2020 to modify the Public Finance and Accountability (Scotland) Act 2000 for the financial year ending 31 March 2020. Whilst the statutory deadline remains the same for central government bodies, 31 October, the administrative deadlines for health accounts have been extended by 3 months and local government, by 2 months. The legislative deadline for laying accounts in the Scottish Parliament remains at 31 December 2020.

3. In our original audit plan, presented to the Audit Committee on 31 January 2020 we agreed that Renfrewshire Integration Joint Board would present unaudited accounts, and a complete set of supporting working papers, to us by 30 June 2020. Following our discussion the finance team continue to work to this deadline. However, as a result of the changes to statutory deadlines outlined above, a revised timetable for the key stages of the audit is shown below at Exhibit 1.

Proposed timeline

4. As a result of recent events and the revised agreed date for receipt of the unaudited accounts, we have updated the audit timetable to reflect the ambition of reporting to the Audit Committee by 30 November 2020. If the date of the Committee meeting changes the following dates will be revised as appropriate:

Exhibit 1

Key stage	Date
Agreed date to submit annual report and accounts (with a complete working papers package) for audit.	30 June 2020
Latest date for final clearance meeting with management	October 2020
Issue of Letter of Representation and proposed independent auditor's report	November 2020
Agreement of audited unsigned annual report and accounts	November 2020
Issue of draft annual report to those charged with governance	November 2020
Independent Auditor's Report signed	30 November 2020

Challenges

5. Audit Scotland continues to follow Scottish Government guidance around employees working arrangements and has taken the decision for all staff to continue to work remotely for the foreseeable future. This is a significant change to our normal working arrangements and will present a number of challenges.

6. We are progressing arrangements to adapt to this new way of working which includes establishing arrangements for audit working papers to be available electronically and for an increase in the frequency of virtual meetings with key officers.

7. We acknowledge that working remotely will create pressures for both finance officers and audit staff. The audit process will take longer to complete and there may be challenges in obtaining sufficient and reliable audit evidence in a timely manner, especially when this information is coming from outwith the finance department.

8. We will continue to work closely with officers throughout the audit to meet the revised timescales. Nevertheless, there may be slippages in the process which may result in the proposed dates within the timeline not being met.

Yours sincerely

John Cornett

Audit Director

cc:

To: **Renfrewshire Integration Joint Board**

On: **26 June 2020**

Report by: **Chief Officer**

Subject: **Performance Management End of Year Report 2019/20**

Direction Required to Health Board, Council or Both	**Direction to:**	
	1. No Direction Required	X
	2. NHS Greater Glasgow & Clyde	
	3. Renfrewshire Council	
	4. NHS Greater Glasgow & Clyde and Renfrewshire Council	

1. Summary

1.1 Performance information is presented at all Renfrewshire IJB meetings. This is the second full performance report for the financial year 2019/20 and covers the period April 2019 to March 2020. There are two appendices attached: the performance Dashboard which summarises progress against a number of key indicators to give IJB members a quick overview of indicators that are doing well and have green status; indicators that have amber status and could move to green or red status at a later date; and indicators that have red status, where performance can be improved. The Dashboard is attached at Appendix 1. The full Scorecard provides more detail, with trend data where available, and updates all performance measures against the nine National Health and Wellbeing Outcomes. The Scorecard is attached at Appendix 2.

1.2 While this report is for the period April 2019 to March 2020, data is not yet available for all performance measures to March 2020. Information provided in the report is the most up to date available at this point.

1.3 The report provides an update on indicators from the Performance Scorecard 2019/20. There are 67 indicators of which 42 have targets set against them. Performance status is assessed as either green, on or above target; amber, within 10% variance of target; or red, more than 10% variance from target.

1.4 Currently 54.8% of our performance measures have green status, 23.8% amber status and 21.4% red status.

1.5 The most significant challenge faced by Renfrewshire HSCP and its partner organisations (and indeed all HSCPs across Scotland) has been responding to the COVID-19 pandemic in March 2020. The HSCP responded rapidly to the emerging situation to ensure services have continued to be delivered safely and effectively and protect

vulnerable people within our communities. The impact of COVID-19 on services delivered by the Partnership has been unprecedented, requiring a significant degree of service change within a short period of time. The full impact of these changes in demand across health and social care services are unknown. Where patients have avoided or delayed attendance for symptoms and conditions that would typically require treatment, it is possible that these may be exacerbated, leading to more serious health conditions over time. This could place significant additional pressures on healthcare services in addition to the ongoing response to COVID-19. At this point it is unclear how substantial the impact will be on our performance measures. The extent will become clearer as we move forward during 2020/21. Our performance in all areas will continue to be closely monitored and risks assessed appropriately.

1.6 An update on the development of our Annual Performance Report for 2019/20 is included in section 9 of this report.

---

2. Recommendations

It is recommended that the IJB:

- Approves the Performance Management End of Year Report 2019/20 for Renfrewshire HSCP;
- Notes that an Improvement Plan for Renfrewshire HSCP's Child and Adolescents' Mental Health Service (CAMHS) will be brought to a future IJB for approval;
- Notes that further to the guidance from the Scottish Government regarding the timetable and content for Partnerships' 2019/20 Annual Performance Reports, we seek IJB approval to delay publication of the Report to September 2020; and
- Notes that the impact of COVID-19 on the HSCP's performance at this point is not fully understood.

---

3. Performance Reporting 2019/20

3.1 The Scorecard is structured on the nine National Health and Wellbeing Outcomes. It includes measures from the Core Indicator set, incorporating some high level outcome indicators drawn from the Health and Care Experience Survey which is carried out every two years. Feedback from our performance reporting during 2018/19 has been taken into account to ensure a balanced coverage in terms of services, outcomes and performance measures.

3.2 At year-end 2019/20, the Scorecard shows the status of the 42 indicators that have targets set against them as:

- 23 green indicators (54.8%)
- 10 amber indicators (23.8%)
- 9 red indicators (21.4%)

3.3 In Sections 4 to 7 of the report we cover: an update on our performance against four of the six Ministerial Strategy Group (MSG) indicators that are updated more frequently (section 4); Scorecard indicators where there has been improved performance in 2019/20 (section 5); Scorecard indicators where there has been a deterioration in performance in 2019/20 (section 6); and an update on the Local Government Benchmarking Framework indicators (section 7).

4. Ministerial Strategy Group (MSG) Indicators and Unscheduled Care

4.1 At the IJB meeting on 20th March 2020, members received a performance report on Unscheduled Care. The report detailed our performance against the six Scottish Government Ministerial Strategy Group (MSG) 2019/20 targets for unscheduled care.

The Performance Scorecard attached at Appendix 1 focuses on the following four indicators that are updated more frequently. As the data is not yet fully validated, the time periods used are the most reliable for each indicator to date.

- Emergency admissions (18+) April – December 2019
- Unplanned bed days (18+) April – December 2019
- A&E attendances April – March 2020
- Delayed discharge bed days (18+) April – February 2020

4.2 Current performance on these indicators is as follows:

4.2.1 **Emergency admissions (18+):** at December 2019 there were 13,785 admissions against a Quarter 3 target of 13,127 (amber status). The annual target is 17,502.

4.2.2 **Unplanned bed days; acute specialties:** at December 2019 there were 90,947 unplanned bed days against a Quarter 3 target of 92,982 (green status). The annual target is 123,976.

4.2.3 **A&E Attendances (All):** at March 2020 the annual total was 60,238 attendances at A&E, against a target of 56,119, (amber status).

4.2.4 **A&E Attendances (18+):** at March 2020 the annual total was 47,295 attendances at A&E, against a target of 45,121(amber status).

4.2.5 **Delayed discharge bed days (18+):** at February 2020 there were 8,161 delayed discharge bed days against a Quarter 3 target of 4,126 (red status). The annual target is 4,501.

4.3 Along with this Performance Report, the NHS Greater Glasgow and Clyde draft Unscheduled Care Commissioning Plan for 2020 – 2025 is also presented at this IJB meeting on 26th June 2020. The purpose of the Unscheduled Care Commissioning Plan, which all six HSCPs in NHSGGC have contributed to, is to outline how we will respond to the continuing pressures on health and social care services in Greater Glasgow and Clyde and meet future demand. The draft explains that with an ageing population and changes in how and when people

choose to access services, we need to adapt so we can meet patients' needs in a variety of ways, with integrated services that the public understand how to use.

4.4 One key aspect of the Unscheduled Care work is learning from the pandemic, during which we have seen a fall in unscheduled care activity. For example, emergency attendances for those 18+ in NHSGGC were 25,099 in January 2020; 22,820 in February 2020; and 17,427 in March 2020. Attendances have begun to increase again and we are already seeing an upturn in activity in some areas in response to the 'NHS is open' campaign. It is important, going forward that we learn lessons from what has worked well during the pandemic and might be followed through as part of our system-wide approach to improving patient services and managing demand effectively.

5. Scorecard Indicators with Improved Performance

There has been improved performance in 2019/20 for the following Scorecard indicators:

5.1 **The percentage of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks** (Outcome 3), has increased from 86.5% at March 2019 to 90.5% at March 2020 against the target of 100%, changing its status from red to amber. Performance had increased to 95% at February 2020; however vacancies and short term staff sickness, along with a reduction in referrals due to COVID-19, have all impacted on the year-end figure. Plans to improve performance include recruitment to vacant posts. The service is also embracing the advantages of technology and will utilise the Attend Anywhere system for self-referral, assessment and treatment appointments. It is hoped this will reduce DNAs (did not attend) appointments and improve the efficiency of the service.

5.2 **Uptake rate of the 30-month child assessment** (Outcome 4): the current uptake of assessments has increased from 93% at March 2019 to 95.5% of eligible families at March 2020. During 2019/20, Renfrewshire has benefited from increased health visiting capacity due to reaching the end point of the Healthy Children's Programme. This has led to reduced caseload numbers and has facilitated a sustained performance in relation to the 30-month Ready to Learn assessment.

5.3 **The percentage of NHS staff that have passed the Fire Safety LearnPro module** (Outcome 3) has increased from 45.6% at March 2019 to 80.2% at March 2020, against a target of 90%. Performance at February 2020 was 88.1%. Year-end performance is likely to have been affected by the COVID-19 pandemic and the ability of staff to complete the module due to COVID-19 response requirements, as well as staff sickness absence and shielding. We hope to increase performance during 2020-21, however it is unclear how the continuing effects of the pandemic will impact on this area/indicator. In terms of monitoring and reassurance, each employee and their manager receive a monthly update from HR on statutory and mandatory LearnPro module compliance, including Fire Safety. These monthly updates should ensure this requirement does not lose continued focus and responsibility.

5.4 **The percentage of children seen within 18 weeks for paediatric Speech and Language Therapy assessment to appointment** (Outcome 4) achieved the target of 100% at March 2020. This compares to 63% at March 2019 and 86.7% at mid-year. The indicator status has therefore changed from red to green. During the period affected by COVID-19, most of the delivery method was online and the longer term impact of online delivery on children's outcomes will be assessed going forward.

We achieved this via the following methods:

- Increased pre-referral work at our drop-in clinics
- An increased focus on universal approaches in partnership with Education Services (Renfrewshire's Inclusive Communication Environments)
- Evidence based clinical pathways for early language and communication delay delivered by a wider skill mix, utilising a coaching and strengths-based model of Clinical Support Workers delivering the PATIR programme (Play and Talk in Renfrewshire)
- A focus on community and locality team based working in West Renfrewshire and Paisley, ensuring easier access for SIMD (Scottish Index of Multiple Deprivation) areas 1-5. This in turn reduces appointment DNAs (did not attends), increases parental engagement and maximises collaboration.

5.5 We have exceeded our target for **alcohol related hospital stays** (Outcome 4) with a rate of 8.2 per 1,000 population aged 16+ (target 8.9) at December 2019 (Quarter 3) compared to 8.8 at March 2019. This is the lowest rate achieved since the recording of this indicator in January 2009.

5.6 **The percentage of people seen within three weeks for Alcohol and Drug Services** (Outcome 4) has increased from 71.4% at March 2019 to 99.1% at December 2019 (Quarter 3). The improvement in performance can be attributed to a number of new processes which have been put in place to ensure new referrals are allocated in a timely manner; an increase in the number of assessment clinics being provided; and training has also been offered to staff to improve data quality. The Alcohol and Drug Service has successfully continued to deliver during COVID, ensuring clients are well supported.

5.7 **The rate of pregnancies for those under 16 years (rate per 1,000 population)** has reduced from 2.4 in 2018/19 to 1.5 in 2019/20, against a target of 3.1. In response to a national review of the Relationships, Sexual Health and Parenthood Education (RSHPE) resource that can now be accessed online, the Health Improvement Team has provided training to education staff, as well as primary and secondary school staff, to support the delivery of this agenda. In addition, Sandyford, the specialist sexual health service for NHS Greater Glasgow and Clyde has, as part of their service redesign, planned changes to their youth services to increase the accessibility of services for young people going forward.

5.8 **Emergency admissions from care homes** (Outcome 4). Performance at March 2020 is 746 compared to 823 at March 2019. 2019/20 data was obtained from a new Performance Dashboard and a target for this indicator will now be set for 2020/21. Work continues with Care Home Liaison Nurses providing support to Care Homes with high admission rates to hospital. The Red Bag initiative is now embedded into practice to support Care Homes' transfers to and from Acute Services. Benefits include: a quicker transfer to hospital; less time collecting key information; shorter hospital stay; and better communication at discharge. It should be noted that it is possible that the COVID-19 pandemic may have contributed to and affected the number of hospital admissions in Quarter 4 of 2019/20.

5.9 **Percentage of children vaccinated against MMR at 24 months** (Outcome 4). Performance has increased from 94.7% at June 2019 to 96% at December 2019, against a target of 95%. Status has therefore changed from amber to green. During COVID, we have emphasised the importance for families to continue to attend child immunisation clinics where possible.

5.10 **The sickness absence rate for NHS HSCP staff** (Outcome 8) has decreased from 5.39% at March 2019 to 4.75% at March 2020 against the national NHS target of 4%. Based on March 2020 figures, Renfrewshire is the best performing HSCP in Greater Glasgow and Clyde against a Board average of 4.99% and an HSCP average of 5.52%. The absence level in March 2020 is encouraging with long term absence reflecting all the positive but time-consuming work in bringing many long term sickness absence cases to an end point. However, the absence level does not reflect any COVID specific absence recording.

5.11 **Total number of A&E attendances** has decreased from 61,174 at March 2019 to 60,238 at March 2020, while the **total number of A&E attendances (18+)** has decreased from 47,718 to 47,295 for the same time period. While attendance numbers at A&E had reduced in March 2020 with the COVID-19 pandemic, the number of attendances are now increasing and are almost back to pre-COVID days. Work to reduce pressure in this area is on-going, with a HSCP and NHSGGC Board-wide campaign to redirect service users from both A&E and GPs to other more appropriate services, where possible, using printed material and social media.

6. Scorecard Indicators with Deteriorated Performance

Performance has deteriorated in 2019/20 for the following indicators:

6.1 Performance on **Alcohol Brief Interventions (ABIs)** (Outcome 1) at March 2020 is 224 completed compared to 306 for the same period in 2018/19. Renfrewshire HSCP is keen to improve performance in this area and funding has been secured from the Renfrewshire Alcohol and Drug Partnership to recruit a full-time post for one year. Unfortunately having gone through the recruitment process, there has not been a suitable candidate to appoint to this post. Taking account of the current situation with COVID-19, the recruitment of this post has been postponed and will be progressed as soon as it is appropriate to do so.

6.2 At 20.5%, the rate for **the number of babies exclusively breastfed at their 6-8 week review** (Outcome 1) at December 2019 (Quarter 3) is below target for 2019/20 (21.4%). This means the indicator status changes from green to amber. However, the overall average for the calendar year 2019 is 22.9%, which is above target.

Our third sector partner, the Breastfeeding Network (BFN) has been awarded funding for three Breastfeeding Support Groups in Renfrewshire (Linwood, Paisley East and Bishopton) in addition to the current BFN support group in Johnstone. Groups will be led by trained peer support workers and will commence as soon as possible after the COVID-19 pandemic.

Support is however being provided during the pandemic via the national breastfeeding helpline. The Breastfeeding Network has a Facebook support page, an email address that women can email for support, and also offers virtual breastfeeding group chats. Mothers can also still contact their Health Visitor if they need help, and support will be given via the phone. Health Visitors are carrying out house visits at 11-15 days and 6-8 weeks.

6.3 **Exclusive breastfeeding at 6-8 weeks in the most deprived areas** (Outcome 5) has also seen a deterioration in performance from 17.7% at March 2019 to 11.5% at March 2020 against a target of 19.9%. The overall average for the calendar year 2019 was 15.9%. It should be noted however, the number of mothers' breastfeeding in deprived areas is small and percentage rates can fluctuate considerably from one quarter to the next.

6.4 At 8,161 at February 2020, **the number of delayed discharge bed days** (Outcome 2) for 2019/20 is above the annual target of 4,501, remaining at red status. Renfrewshire HSCP continues to focus on reducing delayed discharges and has continued to improve our position in March 2020. For example, the HSCP's target to achieve a 20% reduction in the number of individuals delayed for discharge in Acute services against a baseline of 26 individuals was exceeded by 31st March (16 individuals delayed against a target of 21).

Improvement work has included:

The on-going implementation of a Delayed Discharges Action Plan and further complementary actions to reduce delays as part of Renfrewshire HSCP's COVID-19 mobilisation plans and service response. These have included:

- Deployment of staff to reinforce critical roles supporting discharge
- Rolling recruitment programmes within Care at Home
- Creating additional capacity for step-down beds
- Introducing electronic scheduling in Care at Home to support enhanced planning and increased capacity.

Forward plans for addressing delayed discharges recognise that due to COVID-19, the number of people being discharged from hospital will

continue to increase, placing additional demand on service provision in the financial year 2020/21.

6.5 **Percentage of long term care clients receiving intensive home care (national target: 30%)** (Outcome 2). Performance has decreased from 28% at March 2019 to 27% at March 2020. Clients receiving intensive home care are those who are receiving more than 10 hours of home care per week but does not include other home care services such as community meals and technology enabled care (TEC). The service continues to actively review the needs of service users to ensure that the Partnership meets their care requirements appropriately. This may result in changes to the level and nature of services that some individuals receive.

6.6 **Percentage waiting for dementia post-diagnostic support (PDS)** within a 12-week standard was a new indicator for 2019/20 with performance at 91.8% at mid-year, September 2019. Performance has since deteriorated to 25% at year-end March 2020.The main impact has been a national under estimation of the dementia prevalence rate by up to 50%. This along with service vacancies and the length of time to recruit to posts, and staff sickness rates, has made this target challenging for the service. In order to achieve the 12-week standard for all patients, a review of staffing levels is required. The introduction of PDS did not come with any financial support and is therefore funded within the existing budget.

6.7 **A&E waits less than 4 hours** (Outcome 3) has shown some deterioration in performance, with a decrease from 89.5% at March 2019 to 84% at February 2020, against a target of 95%.

6.8 **Child and Adolescents' Mental Health Service (CAMHS) – percentage of patients seen within 18 weeks** (Outcome 3) has reduced from 82.5% at March 2019 to 66.7% at March 2020 against a target of 80%. CAMHS waiting times are a challenge across the Greater Glasgow and Clyde Board area, with a Board rate of 46.4% at March 2020. Over the past three years there has been a 10% increase in referrals to the service. The number of rejected referrals has decreased over the last 18 months from 35% to 10%. Staff changes over the same period, due to retirements and staff moving to promoted posts, as well as the time gap to recruit, have all impacted on service performance. The Scottish Government committed to fund two additional Band 6 posts for a two-year period, which have been recruited to. In addition, the service has looked at delivering alternative service models, such as group work *a*nd developing new clinical pathways. An Improvement Plan for the service will be brought to a future IJB for approval.

6.9 **The percentage of babies with a low birth weight (<2,500g)** (Outcome 4) increased from 6.3% at March 2019 to 7.1% at December 2019 (Quarter 3). The target for this indicator is 6%, which was last achieved at June 2017.

6.10 Performance has dipped slightly for Smoking cessation - **non-smokers at the 3-month follow up in the 40% most deprived areas** (Outcome 5). There were 127 quits at Quarter 3, December 2019, against a target of 131, changing the status from green to amber. It is hoped this target will be achieved when Quarter 4 data becomes available.

6.11 **The percentage of health staff with completed TURAS profiles/Personal Development Plans (PDPs)** (Outcome 8) has increased slightly from 48.7% at March 2019 to 49.3% at March 2020. Performance had increased to 62.6% at mid-year, September 2019 against the target of 80%. Despite this dip in performance, Renfrewshire HSCP currently has the highest level of compliance amongst the six Partnerships in NHSGGC and is above the GGC average. That stated, there has been a message issued from the Senior Management Team that staff not currently fully occupied during this disruption to normal activities should populate the evidence for their TURAS/Knowledge Skills Framework (KSF) Review and update their PDP in preparation to meet with their manager when COVID priorities scale down.

6.12 **Sickness absence rate for HSCP Adult Social Work staff** (work days lost per full-time equivalent (FTE) (Outcome 8). Performance at Quarter 3, December 2019, is 13.64 days lost against a Quarter 3 target of 11.7 days. Performance at year-end 2018/19 was 17.43 days lost. Unfortunately, year-end data for 2019/20 is currently unavailable.

There are a number of planned measures in place to address on-going sickness absence challenges within the HSCP. These include:

- HR Teams continuing to work closely with service management teams to offer training and identify areas that require additional support
- On-going health improvement activities and support through Healthy Working Lives (HWL), aimed at raising employee awareness of health issues.

6.13 **The percentage of diabetic foot ulcers seen within 4 weeks Renfrewshire (Clyde)** has seen performance decrease from 91.1% at March 2019 to 81.7% at March 2020, with performance in NHSGGC as a whole also dipping from 87.4% at March 2019 to 81.2% at March 2020. The status of both these indicators is now amber.

The Podiatry Service has faced particular challenges in recruiting bank staff during 2019-20, and was unable to backfill long term sickness absence and maternity leave. With rising referrals into Foot Protection, response times dropped below the two-day target, however over 90% of patients were seen within three working days, both in Renfrewshire (Clyde Quadrant) and across NHSGGC. Recruitment for 2020-21 looks more promising; however the impact of the COVID contingencies on service performance will be significant.

7. Local Government Benchmarking Framework (LGBF) Indicators (Outcome 9)

7.1 2019/20 data for the Local Government Benchmarking Framework indicators is not expected until early 2021. A recent update on the 2018/19 data is included at Outcome 9 in the Scorecard. There are no targets assigned to these indicators.

7.2 **Care at Home costs per hour (65 and over)** have increased from £22.83 at 2017/18 to £26.40 at 2018/19. The Scottish average is £24.67 - The Local Government Benchmarking Framework figure is calculated from the Local Financial Return and the Social Care Census. Renfrewshire's cost per hour is above the Scottish average and is the second highest within the family group with only South Ayrshire costs being higher at £27.56.

7.3 **Direct Payment spend on adults 18+ as a % of total social work spend on adults 18+** has increased from 4.25% at 2017/18 to 5.8% at 2018/19. The Scottish average is 7.3%. The Partnership has seen a year on year rise in the uptake of direct payments in line with national and local policy for supporting people within their communities. The service will continue to promote Self Directed Support and increase uptake to ensure those who are eligible can have greater choice and control over how they receive services.

7.4 **Net residential costs per week for older persons (over 65)** have decreased from £414 at 2017/18 to £277 at 2018/19. The Scottish average is £381. This can partly be attributed to a 16% increase in the number of clients. Also, more detailed allocation of catering and cleaning costs across client groups was processed in 2018/19, whereas most of these recharges were allocated to Older People in prior years. This change is due to the normal review undertaken regularly to check that overhead allocations are reasonable.

8. Impact of COVID-19 on Performance

8.1 As mentioned throughout this report the full impact of COVID-19 on our performance towards the end of financial year 2019/20 and going forward in 2020/21 is not fully known. It is still early days, but with the nature of COVID-19 and the actions taken to address it, there is likely to be increased demand on unscheduled care, mental health and community based services, which will bring additional complexity into the transition/recovery planning. Innovative ways of working have been put in place to maintain services and reduce risk to staff, patients and clients. Adaptions made as part of this are being considered with learning and good practice as part of the approach to transition and recovery.

8.2 The HSCP's response to mitigating against the impact of COVID-19 had significant impact both financially and upon business as usual service delivery models. The uncertainty and challenges arising from this situation are unprecedented and will continue to impact well into the 2020/21 financial year. At this point it is unclear how substantial the impact will be on our performance measures. However, our

performance in all areas will continue to be closely monitored and risks assessed appropriately.

9. Annual Performance Report 2019/20

9.1 As already advised in the IJB Bulletin, in previous years a draft of our Annual Performance Report has been presented at IJB meetings in June of each year, then finalised, sent to the Scottish Government, and published online by 31 July. The reports have a balance of qualitative information and statistical data and highlight the importance of patients', service users' and carers' feedback in the development and improvement of our services.

9.2 There is a new power in paragraph 8 of Schedule 6 to the Coronavirus (Scotland) Act, to postpone publication of Integration Authorities' Annual Performance Reports due to the COVID-19 pandemic. Further to a National Meeting on Monday 15 June, the Scottish Government has confirmed that 2019/20 Annual Performance Reports have been granted an extension to 31 October 2020. We therefore plan to bring Renfrewshire HSCP's 2019/20 Annual Performance Report to the next IJB meeting for approval and we will publish the Report online by September 2020.

Implications of the Report

1. **Financial –** None
2. **HR & Organisational Development –** None
3. **Community Planning –** None
4. **Legal –** Meets the obligations under clause 4.4 of the Integration Scheme.
5. **Property/Assets –** None
6. **Information Technology –** None
7. **Equality & Human Rights –** The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report.
8. **Health & Safety –** None
9. **Procurement –** None
10. **Risk –** None
11. **Privacy Impact –** None

List of Background Papers – None.

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Dashboard Indicators

	Perf.	Target
Reduce the rate of pregnancies for those under 16 years (rate per 1,000 population)	1.5	3.1
Uptake rate of child health 30-month assessment	95.5%	80%
At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation	94%	80%
Number of carers accessing training	192	165
Smoking cessation - non-smokers at the 3 month follow up in the 40% most deprived areas	127	131
Exclusive breastfeeding at 6-8 weeks	20.5%	21.4%
% of diabetic foot ulcers seen within 4 weeks in NHS GGC	81.2%	90%
% of long term care clients receiving intensive home care (national target: 30%)	27%	30%
Reduce the percentage of babies with a low birth weight (<2500g)	7.1%	6%
Sickness absence rate for HSCP NHS staff (%)	4.75%	4%
Exclusive breastfeeding at 6-8 weeks in the most deprived areas	11.5%	19.9%
Number of delayed discharge bed days	8,161	4,126

Renfrewshire Integration Joint Board Scorecard 2019-2020

Performance Indicator Status		Direction of Travel		Target Source	
	Target achieved		Improvement	**N**	National Target
	Warning		Deterioration	**B**	NHSGGC Board Target
	Alert		Same as previous reporting period	**L**	Local Target
	Data only			**M**	MSG Target

National Outcome 1	**People are able to look after and improve their own health and wellbeing and live in good health for longer**						
Performance Indicator	**17/18 Value**	**18/19 Value**	**19/20 Value**	**Target**	**Direction of Travel**	**Status**	**Target Source**
Exclusive breastfeeding at 6-8 weeks	23.4%	24.4%	Dec 19 20.5%	21.4%			B
Number of Alcohol Brief Interventions	549	306	224	-	-		-

National Outcome 2	**People are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community**						
Performance Indicator	**17/18 Value**	**18/19 Value**	**19/20 Value**	**Target**	**Direction of Travel**	**Status**	**Target Source**
Percentage of clients accessing out of hours home care services (65+)	89%	89%	Dec 19 89%	85%			L
Average number of clients on the Occupational Therapy waiting list	302	349	[1]Sep 19 365	350			L
People newly diagnosed with dementia have a minimum of 1 year's post-diagnostic support	100%	100%	100%	100%			N
Percentage waiting for dementia post-diagnostic support within 12 week standard	-	-	25%	2019-20 data will establish baseline	-		N

Appendix 2

Performance Indicator	17/18 Value	18/19 Value	19/20 Value	Target	Direction of Travel	Status	Target Source
Number of unscheduled hospital bed days; acute specialties (18+)	130,409	131,451	[2]Dec 19 90,947	Q3 92,982 Annual 123,976			M
Number of emergency admissions (18+)	16,961	17,083	[2]Dec 19 13,785	Q3 13,127 Annual 17,502			M
Percentage of long term care clients receiving intensive home care (national target: 30%)	28%	28%	27%	30%			N
Number of delayed discharge bed days	4,680	6,085	[2]Feb 20 8,161	Feb 20 4,126 Annual 4,501			M
Homecare hours provided - rate per 1,000 population aged 65+	459	444	Annual indicator available June 2020	-	-		-
Percentage of homecare clients aged 65+ receiving personal care	99%	99%	99%	-	-		-
Population of clients receiving telecare (75+) - Rate per 1,000	39.47	40.17	Annual indicator available June 2020	-	-		-
Percentage of routine OT referrals allocated within 9 weeks	-	52%	[1]Sep 19 46%	-	-		-
Number of adults with a new Anticipatory Care Plan	257	185	*156	-	-		-

National Outcome 3	People who use health and social care services have positive experiences of those services, and have their dignity respected						
Performance Indicator	**17/18 Value**	**18/19 Value**	**19/20 Value**	**Target**	**Direction of Travel**	**Status**	**Target Source**
Percentage of deaths in acute hospitals (65+)	41.9%	42.7%	Sep 19 40.3%	42%			L
Percentage of deaths in acute hospitals (75+)	40.7%	41.6%	Sep 19 39.0%	42%			L
Percentage of patients who started treatment within 18 weeks of referral to Psychological Therapies	100%	94.0%	92.3%	90%			N
Child and Adolescents Mental Health (CAMHS) - % of patients seen within 18 weeks	100%	82.5%	66.7%	80%			N
A&E waits less than 4 hours	84.9%	89.5%	Feb 20 84.0%	95%			N
Percentage of NHS staff who have passed the Fire Safety LearnPro module	67%	45.6%	80.2%	90%			B
Percentage of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks.	79%	86.5%	90.5%	100%			B
Number of routine sensitive inquiries	178	249	*200	-	-		-
Number of referrals made as a result of the routine sensitive inquiry being carried out	8	1	*1	-	-		-

National Outcome 4	Health and social care services are centred on helping to maintain or improve the quality of life of service users						
Performance Indicator	**17/18 Value**	**18/19 Value**	**19/20 Value**	**Target**	**Direction of Travel**	**Status**	**Target Source**
Reduce the rate of pregnancies for those under 16 years of age (rate per 1,000 population)	3.1	2.4	1.5	3.1	↑	✓	N
At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation	85.1%	93.0%	94.0%	80%	↑	✓	N
Uptake rate of child health 30-month assessment	89%	93%	95.5%	80%	↑	✓	N
Percentage of children vaccinated against MMR at 5 years	97.0%	97.2%	Dec 19 98.0%	95%	↑	✓	N
Percentage of children vaccinated against MMR at 24 months	95.5%	96.0%	Dec 19 96.0%	95%	–	✓	N
Reduction in the rate of alcohol related hospital stays per 1,000 population	9.0	8.8	Dec 19 8.2	8.9	↑	✓	N
Emergency admissions from care homes	-	823	746	-	-	📈	-
Percentage of paediatric Speech & Language Therapy wait times triaged within 8 weeks	100%	100%	100%	100%	–	✓	B
Alcohol and Drugs waiting times for referral to treatment. % seen within 3 weeks	84.9%	71.4%	Dec 19 99.1%	91.5%	↑	✓	N

Performance Indicator	17/18 Value	18/19 Value	19/20 Value	Target	Direction of Travel	Status	Target Source
Reduce drug related hospital stays - rate per 100,000 population	156.1	2018/19 data not available until Sep 2020	2019/20 data not available until Sep 2021	170			N
Reduce the percentage of babies with a low birth weight (<2500g)	7.0%	6.3%	Dec 19 7.1%	6%			B
Percentage of children seen within 18 weeks for paediatric Speech & Language Therapy assessment to appointment	73%	63%	100%	95%			B
Emergency bed days rate 65+ (rate per 1,000 population)	263	262	279	-	-		-
Number of readmissions to hospital 65+	1,337	1,368	1,366	-	-		-

National Outcome 5	Health and social care services contribute to reducing health inequalities						
Performance Indicator	**17/18 Value**	**18/19 Value**	**19/20 Value**	**Target**	**Direction of Travel**	**Status**	**Target Source**
Smoking cessation - non-smokers at the 3 month follow up in the 40% most deprived areas	201	165	Dec 19 127	Q3 131 Annual 195			N
Exclusive breastfeeding at 6-8 weeks in the most deprived areas	14.5%	17.7%	Dec 19 11.5%	19.9%			B
Number of staff trained in sensitive routine enquiry	-	94	28	-	-		-
Number of staff trained in Risk Identification Checklist and referral to MARAC.	-	133 (Mental Health, Addictions, Children's Services Staff)	64	-	-		-

National Outcome 6	People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and wellbeing						
Performance Indicator	**17/18 Value**	**18/19 Value**	**19/20 Value**	**Target**	**Direction of Travel**	**Status**	**Target Source**
Number of carers accessing training	242	229	Dec 19 192	Q3 165 Annual 220			L
Number of adult support plans completed for carers (age 18+)	-	93	Dec 19 88	-	-		-
Number of adult support plans declined by carers (age 18+)	-	78	Dec 19 27	-	-		-
Number of young carers' statements completed	-	78	Dec 19 51	-	-		-

National Outcome 7	People using health and social care services are safe from harm						
Performance Indicator	**17/18 Value**	**18/19 Value**	**19/20 Value**	**Target**	**Direction of Travel**	**Status**	**Target Source**
Number of suicides	23	13	Data available 2020. No update as yet	-	-		-
Number of Adult Protection contacts received	2,830	2,723	Dec 19 1,875	-	-		-
Total Mental Health Officer service activity	200	723	683	-	-		-
Number of Chief Social Worker Guardianships (as at position)	117	113	110	-	-		-
Percentage of children registered in this period who have previously been on the Child Protection Register	23%	24%	[3]Sep 19 28%	-	-		-

National Outcome 8	People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged in the work they do						
Performance Indicator	**17/18 Value**	**18/19 Value**	**19/20 Value**	**Target**	**Direction of Travel**	**Status**	**Target Source**
% of health staff with completed TURAS profile/PDP	75.8%	48.7%	49.3%	80%	↑	🔴	B
Improve the overall iMatter staff response rate	59%	64%	*Result currently unavailable	60%	↑	✔	B
% of complaints within HSCP responded to within 20 days	76%	81%	78%	70%	↓	✔	B
Sickness absence rate for HSCP NHS staff	5.5%	5.39%	4.75%	4%	↑	🔴	N
Sickness absence rate for HSCP Adult Social Work staff (work days lost per FTE)	15.71	17.43	Dec 19 13.64	Q3 11.7 days Annual 15.3 days	↓	🔴	L

National Outcome 9	Resources are used effectively in the provision of health and social care services						
Performance Indicator	**17/18 Value**	**18/19 Value**	**19/20 Value**	**Target**	**Direction of Travel**	**Status**	**Target Source**
Formulary compliance	79.7%	78.5%	Feb 20 78.2%	78%	↓	✔	L
Prescribing cost per treated patient	£83.70	£83.23	Feb 20 £85.56	£86.63	↓	✔	L
Total number of A&E attendances	56,797	61,174	60,238	56,119	↑	⚠	
Total number of A&E attendances (18+)	44,684	47,718	47,295	45,121	↑	⚠	M

Performance Indicator	17/18 Value	18/19 Value	19/20 Value	Target	Direction of Travel	Status	Target Source
Care at Home costs per hour (65 and over)	£22.83	£26.40	Annual Indicator Due early 2021	-	-		-
Direct Payment spend on adults 18+ as a % of total social work spend on adults 18+	4.25%	5.80%	Annual Indicator Due early 2021	-	-		-
Net residential costs per week for older persons (over 65)	£414	£277	Annual Indicator Due early 2021	-	-		-
Prescribing variance from budget	3.95% over budget	0.5% over budget	2.61% under budget	-	-		-
% of new referrals to the Podiatry Service seen within 4 weeks in Renfrewshire	96.6%	95.4%	90.1%	90%			B
% of new referrals to the Podiatry Service seen within 4 weeks in NHS GG&C	97.4%	93.5%	91.4%	90%			B
% of diabetic foot ulcers seen within 4 weeks in Renfrewshire (Clyde)	93.7%	91.1%	81.7%	90%			B
% of diabetic foot ulcers seen within 4 weeks in NHS GG&C	90.5%	87.4%	81.2%	90%			B

Notes

***** Denotes an indicator where year-end data is unavailable due to the impact of the COVID-19 pandemic impact on services.

1. Average number of clients on the Occupational Therapy waiting list and **Percentage of routine OT referrals allocated within 9 weeks**

Data recording for these indicators is moving to a new system; comparable data is currently unavailable for year-end.

2. Number of emergency admissions (18+) and **Number of unscheduled hospital bed days; acute specialties (18+)**

Please note that this data remains provisional at December 2019 and will be subject to change.

3. Percentage of children registered in this period who have previously been on the Child Protection Register

Quarter 3 data for this indicator is unavailable until late June 2020.

To: **Renfrewshire Integration Joint Board**

On: **26 June 2020**

Report by: **Chief Officer**

Subject: **Draft Unscheduled Care Commissioning Plan 2020 - 2025**

Direction Required to Health Board, Council or Both	**Direction to:**	
	1. No Direction Required	**x**
	2. NHS Greater Glasgow & Clyde	
	3. Renfrewshire Council	
	4. NHS Greater Glasgow & Clyde and Renfrewshire Council	

1. Summary

1.1 Greater Glasgow and Clyde's Unscheduled Care Programme contributes to all nine National Health and Wellbeing Outcomes and in particular is fundamental to the delivery of Outcome 9: that resources are used effectively and efficiently in the provision of health and social care services.

1.2 Pre COVID-19, work was undertaken by all six HSCPs in Greater Glasgow and Clyde to develop a system wide strategic Commissioning Plan in partnership with the NHS Board and Acute Services Division and in line with the IJB's Strategic Plan. The draft Plan attached builds on the Greater Glasgow and Clyde Board-wide Unscheduled Care Improvement Programme (http://www.nhsggc.org.uk/media/245268/10-unscheduled-care-update.pdf.) and is integral to the Board-wide Moving Forward Together programme (https://www.nhsggc.org.uk/media/251904/item-10a-paper-18_60-mft-update.pdf).

1.3 The draft Unscheduled Commissioning Plan is being presented to all six IJBs for consideration and approval, recognising that further work is required, on key aspects as outlined below, in the development of the final draft.

1.4 One key aspect of the Unscheduled Care work is learning from the pandemic, during which we have seen a fall in unscheduled care activity. While the bulk of the draft Plan is still relevant, the learning from what has worked well during the pandemic will be incorporated in the key actions in the final version. This learning is outlined in Section 4.

2. Recommendations

It is recommended that the IJB:

- Approve the attached (Appendix 1) Draft Unscheduled Commissioning Plan for NHS Greater Glasgow and Clyde;
- Notes the further work underway to finalise the Plan, including our learning from COVID and the new considerations it presents, and the planned engagement process; and
- Receive a further update, with a finalised Plan later in the year for approval.

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3. Draft Unscheduled Care Commissioning Plan

3.1 Purpose

The purpose of the Unscheduled Care Commissioning Plan, which all six HSCPs in NHSGGC have contributed to, is to outline how we will respond to the continuing pressures on health and social care services in Greater Glasgow and Clyde and meet future demand. The draft explains that with an ageing population and changes in how and when people choose to access services, we need to adapt so we can meet patients' needs in a variety of ways, with integrated services that the public understand how to use.

3.2 The draft Commissioning Plan explains that providing more of what we have (e.g. more emergency departments) is not possible within existing resources. Nor does it fit with our longer term ambition of providing care closer to where patients live and reducing reliance on hospitals. The direction of travel is to meet people's needs in community settings, with primary care as the cornerstone of the health and social care system.

3.3 The draft outlines how we plan to support people better in the community and develop alternatives to hospital care, so we can safely reduce over-reliance on unscheduled care services. The draft Plan describes the delivery of an integrated system of health and social care services that we believe will better meet patients' needs. While this is a strategic plan outlining improvements for patients to be implemented over the next five years, the Plan also includes some immediate actions that can be delivered in the short term, in response to current requirements.

3.4 The programme outlined in the Plan is based on our estimation of patient needs in Greater Glasgow and Clyde. The programme is focused on three key themes:

- **Early intervention and prevention** of admission to hospital to better support people in the community and includes actions on:
  - implementing anticipatory care plans within specific patient groups; e.g. COPD, residential care home clients etc.;
  - working with GPs through the national Frailty Collaborative to better manage frailty within the community;
  - working with care homes to reduce hospital admissions;
  - working with the Scottish Ambulance Service (SAS) to reduce the number of falls conveyed to hospital as part of a wider falls prevention strategy;

- continuing to develop the palliative care fast track service; and,
- extending the community respiratory service to provide a service over weekends.

- **Improving hospital discharge** and better supporting people to transfer from acute care to community supports and includes actions on:

  - expansion of the hospital discharge team;
  - intermediate care improvement programme designed to reduce length of stay and increase the number of people returning home;
  - additional intermediate care capacity introduced as part of the winter planning arrangements;
  - additional Red Cross transport capacity purchased to assist with hospital discharge; and,
  - continued robust performance management of delays.

- **Improving the primary/secondary care interface** jointly with acute to better manage patient care in the most appropriate setting and includes actions on:

  - reviewing acute assessment unit referrals discharged on the same day to explore scope for managing this activity as part of planned care;
  - reducing the number of frequent A&E attenders to explore scope for an early intervention approach to reduce attendances;
  - introducing a re-direction policy;
  - introducing a test of change, involving consultant geriatricians and GPs to better manage care home patients; and,
  - introducing Consultant Connect to improve GP to Consultant liaison.

3.5 The changes proposed will not take effect immediately or all at the same time. Some need testing and evaluation first, and others need time to bed in. Change will be gradual but should be fully implemented by 2022/23. While the challenge is to change to respond to current and future demand, it is also to maintain the direction outlined in the Plan over the longer term so we can better meet the needs of Greater Glasgow and Clyde's communities.

3.6 We will communicate more directly with patients and the general public to ensure people can access the right service, at the right time and in the right place.

3.7 Progress on these actions is reported regularly to the HSCP Unscheduled Care Planning Group.

4. Learning from the Pandemic

4.1 Unscheduled care services have seen dramatic changes as a result of the pandemic. As well as an unprecedented drop in A&E attendances, emergency admissions and delays, there have also been significant

changes in primary and secondary care services. These changes include the opening of COVID-19 Assessment Centres, GPs operating by telephone triage, and new COVID-19 pathways introduced in secondary care. These changes, together with lockdown measures and a strong public messaging and information campaign, have impacted on unscheduled care activity. It is important, therefore, going forward that we learn lessons from what has worked well during the pandemic and might be followed through as part of our system-wide approach to improving patient services and managing demand effectively.

4.2 Key examples of what has worked well and, subject to further testing and evaluation, could be included in our Unscheduled Care Commissioning Plan include:

- the introduction of the Greater Glasgow and Clyde-wide community respiratory service to improve the management of COPD in the community and reduce hospital admissions
- building on our approach to Shielding to improve community support to vulnerable patients with specific conditions, including working with the third sector, and integrating this with our approach to Anticipatory Care Plans
- embedding actions to improve delays so this becomes standard practice across Greater Glasgow and Clyde
- learning from the operation of the Community Assessment Centres to introduce an appointment based model in GP assessment units with same day and next day appointments
- aligned to this, accelerating the introduction of appointment based 'hot clinics' for specific conditions as part of an integrated primary/ secondary care pathway
- refreshing and updating our re-direction protocol to coincide with the re-opening of Minor Injury Units and a wider public awareness - raising campaign on Unscheduled Care services.

4.3 These and other actions will also be included in the NHS Board's Turnaround Plan as part of the performance escalation reporting process with the Scottish Government.

4.4 Given the nature of COVID-19 and actions taken to address it, there is likely to be increased demand on unscheduled care, mental health and community based services, which will bring additional complexity into the transition/recovery planning. Innovative ways of working have been put in place to maintain services and reduce risk to staff, patients and clients. Adaptions made as part of this are to be considered with learning and good practice considered as part of the approach to transition and recovery. We will be flexible with our approach to ensure we are prepared for a potential second wave of COVID and also respond to other issues including delayed discharges; care homes' sustainability and appropriate care packages that suit people's needs.

5. Next Steps

5.1 Key next steps include:

- to update the Plan to reflect learning from the pandemic
- engagement on the draft Plan with key partners and stakeholders
- further work to finalise the in-scope Acute beds plan and financial framework
- the key impact measures to be used in reporting on progress.

5.2 Originally the Plan was to be subject to a period of engagement with key stakeholders and clinicians in primary and secondary care over the coming months. Key stakeholders include Scottish Ambulance Service (SAS), NHS24, the third and independent sectors, GPs and other primary care contractors, acute clinicians and staff, and neighbouring HSCPs/NHS Boards. The intention was the draft would be discussed at various events and fora across Greater Glasgow and Clyde while the draft was being considered by the six IJBs. In light of the pandemic, this engagement process will now be extended into the summer. Thereafter, a period of public/patient/carer engagement is planned and will be co-ordinated with other public engagement exercises to ensure a joined up and consistent public message. This is now likely to take place towards the autumn.

5.3 Further work is also required on the financial framework to support delivery of the Plan – please see Section 8 of the draft. The draft Plan identifies a number of key actions that could require financial investment to deliver. It is anticipated that a full Financial Plan will be incorporated in the final Commissioning Plan to be reported to the IJB later in the year. Until this is completed, only aspects of the Plan which can be funded within existing budgets will be progressed.

5.4 Work is also in hand on the key impact measures to be used to demonstrate improvements in performance – see Section 9 of the draft. Among the indicators to be used will be:

- Emergency admissions
- Unscheduled hospital bed days; acute specialties
- A&E attendances
- Bed days lost due to delayed discharges.

5.5 Internal discussions have taken place and Renfrewshire IJB feedback will be communicated to the Unscheduled Care Commissioning Group on the Draft Plan, regarding additional content around Mental Health and Addictions, as well as signposts/links to these strategies.

Implications of the Report

1. **Financial –** The IJB's budget for 2019/20 includes a "set aside" amount for the commissioning of acute hospital services within scope (e.g. accident & emergency services). This is currently estimated to be £56.497m for Renfrewshire. The Ministerial Strategic Group for Health and Social Care's report in February 2019 included proposals on implementation of the set aside arrangements.

The draft Unscheduled Care Commissioning Plan includes a Financial Framework (section 8) to support delivery of the proposals in the Plan. Work to identify the annual investment over the life of the Plan is in hand. It is anticipated that a Financial Plan will be incorporated into the final Plan to be reported to the IJB later in the year. Until this is complete only aspects of the plan which can be funded within existing budgets will be progressed.

2. **HR & Organisational Development –** None
3. **Community Planning –** None
4. **Legal –** Meets the obligations under clause 4.4 of the Integration Scheme.
5. **Property/Assets –** None
6. **Information Technology –** None
7. **Equality & Human Rights –** The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report.
8. **Health & Safety –** None
9. **Procurement –** The HSCP's Strategic Commissioning Plan for Unscheduled Care will comply with these requirements.
10. **Risk –** None
11. **Privacy Impact –** None

List of Background Papers – None.

Author Clare Walker, Planning and Performance Manager

Any enquiries regarding this paper should be directed to Frances Burns, Head of Strategic Planning and Health Improvement (Frances.Burns@renfrewshire.gov.uk/ 0141 618 7621 / 07966 160175)

Appendix 1

NHS GREATER GLASGOW AND CLYDE
HEALTH AND SOCIAL CARE PARTNERSHIPS

D R A F T

Moving Forward Together

The challenge is change

D R A F T

Strategic Commissioning Plan for Unscheduled Care Services in Greater Glasgow & Clyde 2020-2025

March 2020

SUMMARY

- **Unscheduled care services in Greater Glasgow & Clyde are facing an unprecedented level of demand**
- **The wider health and social care system, including primary and social care, has not seen such consistently high levels of demand before**
- **While we are performing well compared to other health and social care systems nationally, and the system is relatively efficient in managing high levels of demand we are struggling to meet key targets consistently and deliver the high standards of care we aspire to**
- **We need major change if we are to meet the challenge of rising demand**
- **This draft plan charts a way forward over the next five years to 2025**
- **Essentially it aspires to patients being seen by the right person at the right time and in the right place**
- **For hospitals that means ensuring their resources are directed only towards people that require hospital-level care**
- **At present, an unsustainable number of people are accessing hospital resources on an unplanned basis when their needs can and should be met in a different way**
- **Therefore the emphasis in this strategy is on seeing more people at home or in other community settings when it is safe and appropriate to do so**
- **The plan includes proposals for a major public awareness campaign so that people know what services to access when, where and how**
- **We will work with patients to ensure they get the right care at the right time**
- **Analysis shows that a significant number of patients who currently attend emergency departments could be seen appropriately and safely by other services. A number of services could be better utilised by patients**
- **We also need to change and improve a range of services to better meet patients' needs**
- **Not all the changes in this plan will take effect at the same time. Some need to be tested further and others need time to be fully implemented. That is why this is a long term plan with some short term actions we need to take soon**
- **The challenge is change**
- **A summary of the key actions in this plan and timescales are shown on the next page. Work to measure the overall impact of the programme is in hand**

KEY ACTIONS

Below is a summary of the key actions in the plan and the timescale for implementation.

Key Actions	Timescale
Communications plan (page 26)	
1) We will take forward a major campaign across a range of media to better inform the public about which service to access for what and when. The campaign will also raise awareness about issues such anticipatory care plans, and key health promotion initiatives. The aim will be to have a more informed public consumer of health and care services.	**Through 2020/21 and updated for future years**
Prevention & early intervention (pages 30-37)	
2) We will implement a systematic programme of anticipatory care plans across GG&C with aim of supporting a reduction in emergency admissions	**2020/21**
3) We will work with the Scottish Ambulance Service (SAS) and patient groups to develop a care pathway to safely manage the care of patients who have had a fall but do not need to be seen in an A&E department.	**2020/21**
4) We will through the frailty collaborative develop an integrated frailty pathway with secondary care, GPs and community teams to provide alternatives to hospital or to reduce length of stay for patients admitted with frailty and that contributes to a reduction in emergency admissions.	**2021/22**
5) We will increase support to carers as part of implementation of the Carer's Act	**2020/21 and ongoing**
6) We will increase the number of community links workers working with primary care to 50 by the end of 2020/21	**2020/21**
7) We will develop integrated pathways for the top six conditions most associated with admission to hospital with the aim of better supporting patients in the community	**By end 2020**
8) We will develop a range of alternatives to admission for GPs such as access to consultant advice, access to diagnostics and "hot clinics" e.g. community respiratory team advice for COPD and promote consultant connect – that enable unscheduled care to be converted into urgent planned care wherever possible.	**By end 2020**
9) We will further pilot access to "step-up" services for GPs as an alternative to hospital admission.	**By end 2020**
10) We will continue the work with the independent sector, GPs and others to further reduce avoidable emergency department attendances and admissions from care homes.	**2020/21**
11) We will explore extending the care home local enhanced service to provide more GP support to care homes	**By end 2020**
Primary and Secondary care interface (pages 38-52)	
12) We will develop and apply a policy of re-direction to ensure patients see the right person, in the right place at the right time.	**2020/21**

Key Actions	Timescale
13) We will test a service in emergency departments that offers patients who could be seen elsewhere advice and assistance in getting the most appropriate service.	**2020/21**
14) To improve the management of minor injuries and flow within emergency departments and access for patients, separate and distinct minor Injury Units (MIUs) will be established at all main acute sites.	**2020/21**
15) We will incentivise patients to attend MIUs rather than A&E with non-emergencies through the testing of a 2 hour treatment targets	**2020/21**
16) We will explore extending MIU hours of operation to better match pattern of demand	**2020/21**
17) We will assess the feasibility of opening an MIU on the Gartnavel site	**By the end of 2020**
18) We will continue to improve urgent access to mental health services	**2020/21**
19) We will reduce the number of A&E attendances accounted for by people who have attended more than five times in the previous twelve months equivalent to 2% of total attendances	**2020/21**
20) We will reduce the number of people discharged in the same day from GP assessment units through the implementation of care pathways for high volume conditions such as deep vein thrombosis and abdominal pain. To enable this we will review same day discharges and signpost GPs to non-hospital alternatives that can be accessed on a planned basis.	**2020/21**
21) We will develop hospital at home approaches that strengthen joint working between consultant geriatricians and GPs in order to better support patients in the community at most risk of admission to hospital. Specific populations will be prioritised, including care home residents and people living with frailty.	**2020/21**
Improving hospital discharge (pages 53-61)	
22) We will work with acute services to increase by 10% the number of hospital discharges the number of discharges occurring before 12.00 noon and at weekends and during peak holiday seasons, including public holidays.	**By end of 2020**
23) Working closely with Acute Teams, HSCP staff will proactively begin care planning as soon as possible after a patient is admitted to hospital with the aim of expediting discharge at the earliest opportunity once the person is medically fit	**2020 / 21**
24) We will undertake a programme of continuous improvement in relation to HSCP intermediate care and rehabilitation and re-ablement services in an effort to optimise efficient and effective use of these resources which are critical to the overall acute system performance.	**2020/21**
25) We will reduce delayed discharges so that the level of delays accounts for approximately 2.5%-3.00% of total acute beds, and bed days lost to delays is maintained within the range of 37,000 – 40,000 per year.	**2020/21**

CONTENTS

List of tables and figures

1. INTRODUCTION

1.1 The health and social care system in Greater Glasgow & Clyde (GG&C) – the largest in Scotland – is facing unprecedented levels of demand. Demand for acute hospital services continues to rise and has increased by 4.3% since 2017/18 and shows no sign of reducing. Whilst the whole system is working hard to deliver more quality care to people than ever before, our performance against some key performance targets has deteriorated in line with this increased demand for example, the percentage of patents seen within 4 hours at emergency departments at currently at 90%, and bed days lost due to delayed discharges has increased by 9,323 since 2017/18. There is also evidence that people are using A&E services more now than they used to in the past.

1.2 Despite this the health and social care system in GG&C performs well compared to other systems nationally, and is relatively efficient in managing high levels of demand and dealing with complexity. However, an over-reliance on unscheduled care services can indicate that a health and social care system is not performing optimally in helping people to know where to go to for help.

1.3 The health and social care system can be confusing for patients, and complicated to navigate for clinicians, staff and the general public. It is often not clear to patients and families which service should be accessed for different needs, how and when. This is an inherent challenge when there are such a broad range of needs, specialisms, professional groups and varying levels of health literacy amongst the general population.

1.4 We must adapt our service model in response to an ageing population, and changes in how and when people choose to access services, so that we can meet patients' needs in different ways, ensure services are more clearly integrated and that the public understand better how to use them. The challenge is change.

1.5 Providing more of what we currently have (e.g. more emergency departments) is neither possible within the resources we have nor does it fit with our longer term ambitions of providing care closer to where patients live, and reducing our reliance on hospitals. We believe people's needs should be met in community settings whenever possible with primary care as the corner-stone of the health and social care system.

1.6 This draft strategy outlines how we as Health and Social Care Partnerships (HSCPs) in Greater Glasgow & Clyde, in partnership with secondary care colleagues and other partners plan to support people better in the community, developing alternatives to hospital care that ensure hospitals are utilised only by those that require that level of medical care. This plan describes the delivery of an integrated system of health and social care services that we believe will better meet patients' needs. While this is a strategic plan outlining improvements for patients to be implemented over the next five years, we also include some immediate actions that can be delivered in the short term in response to current imperatives.

1.7 We will require patients and the wider public to share responsibility for achieving the improvement in service performance and experience we all want to see over the next 5 years. A key element of that will be working with the public to increase general knowledge and understanding of which services to access for what and when.

1.8 In developing this strategy we recognise that the health and social care system operates in a wider social and economic context which often drives demand for health and care support. This plan has been developed at a time when significant changes are taking place in the population we serve, and in society as a whole, that will have an impact on health and social care services. According to the National Records Office "In recent years … increases in life expectancy have stalled"[1], and the Institute for Fiscal Studies has reported that "average household income [in the UK] growth stalled in 2017-18 and is still only 6% above its pre-recession levels"[2].

1.9 Both these factors, and others, will influence the shape and pattern of demand over the next few years. Therefore whilst we make estimates of the potential impact of our programme, it is impossible to provide guarantees of future impact. There are many complex and unpredictable factors involved in being able to predict future impacts with certainty, particularly into the long term. The estimates of potential impact should therefore be viewed with this qualification in mind.

What is unscheduled care?

1.10 Unscheduled care has been defined as:

"… any unplanned contact with health and / or social work services by a person requiring or seeking help, care or advice. Such demand can occur at any time, and services must be available to meet this demand 24 hours a day. Unscheduled care includes urgent care and acute hospital emergency care."[3]

Integration Joint Boards' responsibilities

1.11 As part of the legislation on health and social care integration, Integration Joint Boards were given a statutory duty for the strategic planning of unscheduled care services. The integration scheme for Integration Joint Boards includes the following statement and which forms the statutory basis for our strategic planning responsibilities:

"The Integration Joint Board will assume lead responsibility jointly with the five other Health and Social Care Partnerships within the Greater Glasgow and Clyde area for the strategic planning of the following:

- accident and emergency services provided in a hospital.

[1] Life Expectancy in Local Areas 2015-17, National Records for Scotland, December 2018,
[2] Institute for Fiscal Studies, March 2019, Briefing note: No growth in household incomes in the last year – for only the fourth time in the last 30 years
[3] *Commissioning a new delivery model for unscheduled care in London,* Healthcare for London, 2016

- in-patient hospital services relating to the following branches of medicine:
i. general medicine;
ii. geriatric medicine;
iii. rehabilitation medicine;
iv. respiratory medicine; and
- palliative care services provided in a hospital."

National picture

1.12 Audit Scotland in their recent report on the NHS in Scotland stated that:

> "***The healthcare system faces increasing pressure from rising demand and costs, and it has difficulty meeting key waiting times standards. Without reform, the Scottish Government predicts that there could be a £1.8 billion shortfall in the projected funding for health and social care of £18.8 billion by 2023/24. So far, the pace of change to address this, particularly through the integration of health and social care, has been too slow."***[4]

1.13 Audit Scotland recommended that the Scottish Government in partnership with health boards and integration authorities should:

> ***"develop a new national health and social care strategy to run from 2020 that supports large-scale, system-wide reform, with clear priorities that identify the improvement activities most likely to achieve the reform needed"***[5]

1.14 In 2015 Scotland's Deputy First Minister in his budget speech stated that:

> ***"The nature and scale of the challenges facing our NHS – in particular the challenge of an ageing population – mean that additional money alone will not equip it properly for the future. To be blunt, if all we do is fund our NHS to deliver more of the same, it will not cope with the pressures it faces. To really protect our NHS, we need to do more than just give it extra money - we need to use that money to deliver fundamental reform and change the way our NHS delivers care."***[6]

This draft plan

1.15 The purpose of this draft plan is to set out the six NHSGG&C HSCPs' collective response to Audit Scotland's recommendation, and how we aim to fulfil the statutory requirement for strategic planning of unscheduled care services laid down in Integration Joint Boards' integration schemes.

[4] NHS IN Scotland 2019, Audit Scotland
[5] Op cit
[6] John Swinney, MSP, Deputy First Minister, Budget Speech, December 2015

1.16 The draft plan looks at where we are now, assesses the demographics and needs of our population, and current trends in unscheduled care activity in Greater Glasgow & Clyde. We then move on outline our vision for unscheduled care services to respond to the pressures and demands within the health and social care system. We go on to outline specific changes we wish to introduce working with acute colleagues, GPs and others and the estimated impact these changes might have, together with the benefits for patients. Finally we outline the resource framework that will support this work and the implementation arrangements to ensure success.

1.17 This plan should be read together with other plans being taken forward by the NHS Board and Health and Social Care Partnerships including:

- the wider Moving Forward Together programme[7] ;
- our digital and eHealth programme[8];
- our local primary care improvement plans[9] ;
- our Board-wide adult mental health strategy and older people's mental health strategy [in development];
- our redesign of out of hours services[10] ;
- our wider programme of integration of health and social care services[11] ; and,
- our partners' plans such as the Scottish Ambulance Service, NHS24, Strategic Housing Investment Plans and Community Planning plans.

1.18 Before we move on we need to clarify who we are serving when describing the changes we want to see. HSCPs are responsible for delivering health and social care services for their resident populations. Acute services in GG&C however serve a much larger population than those who live in GG&C – approximately 10% of the total acute service activity in GG&C comes from out with the Board area. So while some changes in this plan will affect the wider population e.g. minor injury services, others will only affect HSCPs' resident population e.g. anticipatory care plans. In the main we use Health Board data as it relates to our resident population and where we use data that relates to the totality of activity in GG&C serving the wider catchment population we will explain this in the appropriate section. For any national comparisons that are used we will use national data.

1.19 This plan is a draft because we want to hear your views. We will outline separately how comments may be made as part of our engagement process.

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[7] https://www.movingforwardtogetherggc.org/
[8] https://www.nhsggc.org.uk/about-us/digital-as-usual/digital-strategy-outlook-2018-2022/
[9] https://www.nhsggc.org.uk/media/250803/item-12-primary-care-improvement-plans-18-49.pdf
[10] https://glasgowcity.hscp.scot/sites/default/files/publications/IJB%2026%2004%202017%20Item%20No%2011%20-%20Out%20of%20Hours%20Reform%20Update.pdf
[11] https://glasgowcity.hscp.scot/strategic-and-locality-plans

2. WHY WE NEED CHANGE

Introduction

2.1 In this section we look at where we are now, current and projected needs and demand for unscheduled care services. A comprehensive needs analysis was undertaken to inform NHSGG&C's *Moving Forward Together* programme, including a literature search of the available evidence on best practice and system wide change. This analysis is not repeated here and can be found at[12] .

Changes in Demand

2.2 The health and social care system in Greater Glasgow & Clyde is experiencing a period of sustained high demand. The reasons for this are considered to be changes in patient expectations and behaviour (see page 46 below), and changes in our population with an increase in the number of people aged over 75 (see page 13 below) and increases in levels of deprivation[13]. Some of this demand is also due to advances in treatments and technology. A key factor in looking at the pattern of demand in GG&C appears to be an over-reliance by some patients on emergency departments (EDs) for non-urgent conditions. This is sometimes associated with adverse life circumstances and ageing.

2.3 At a headline level in 2018/19 there was:

- a continued growth in emergency department attendances at all main acute sites (a 4.3% increase on 2017/18);
- which creates difficulties in meeting the national 4 hour waiting time target on a consistent basis (at the time of writing performance was at 80.9%[14]). During 2018/19 in emergency departments in GG&C the percentage of patents seen within 4 hours at main sites was 88% compared to the national value of 90%;
- a slight decrease in GP referrals to assessment units year on year (-1.3%) with no change in the percentage of patients discharged on the same day (45%-48%);
- a slight increase emergency admissions (0.5%) and a decrease in emergency admission bed days (-1.2%);
- an increase in delayed discharges with, in 2018/19, 36,968 acute hospital bed days lost due to delays; and,
- heightened levels of activity in all services over the winter period and on public holidays.

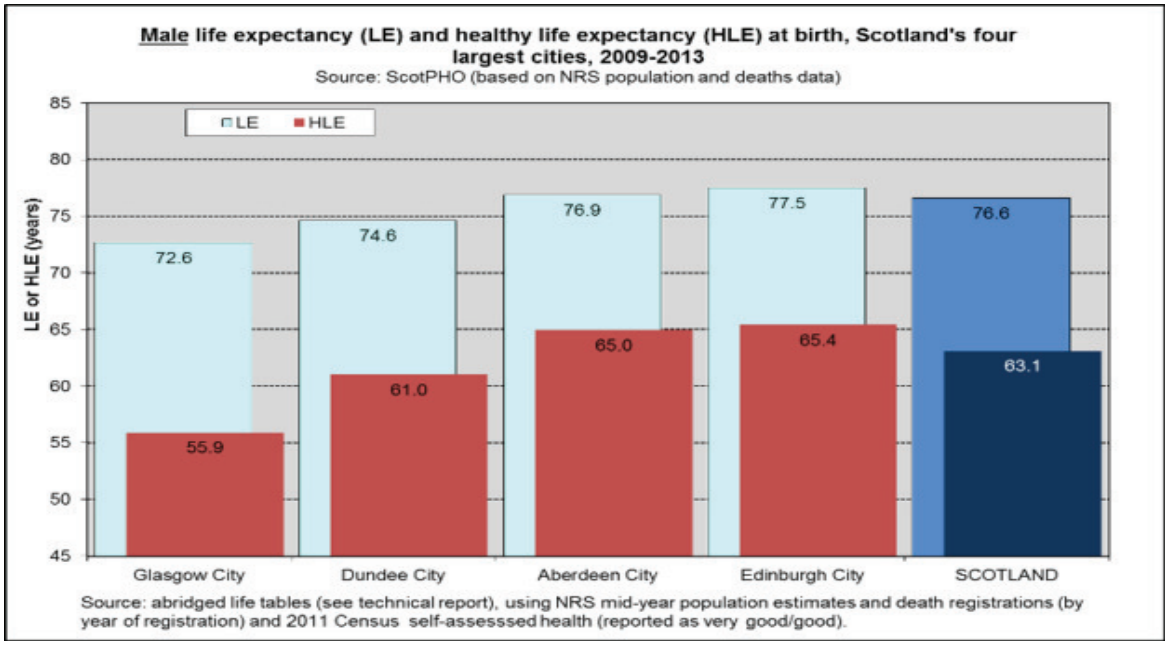
[12] https://www.movingforwardtogetherggc.org/media/248682/mft-top-100-transformational-articles.pdf

[13] https://www.gov.scot/publications/scottish-index-multiple-deprivation-2020/
[14] https://www.nhsperforms.scot/hospital-data?hospitalid=20

Changes in our population

2.4 Coupled with these changes in demand we have also seen changes in our population. We are now seeing for the first time a reversal in the increase in life expectancy for women and men; due it is thought to social and economic reasons[15] . People are still living longer than they were but when looking at healthy life expectancy (life expectancy adjusted to take account of health) we see that for many this is significantly lower than life expectancy (see figure 1)[16].

Figure 1: Male life expectancy and healthy life expectancy at birth 2009-2013

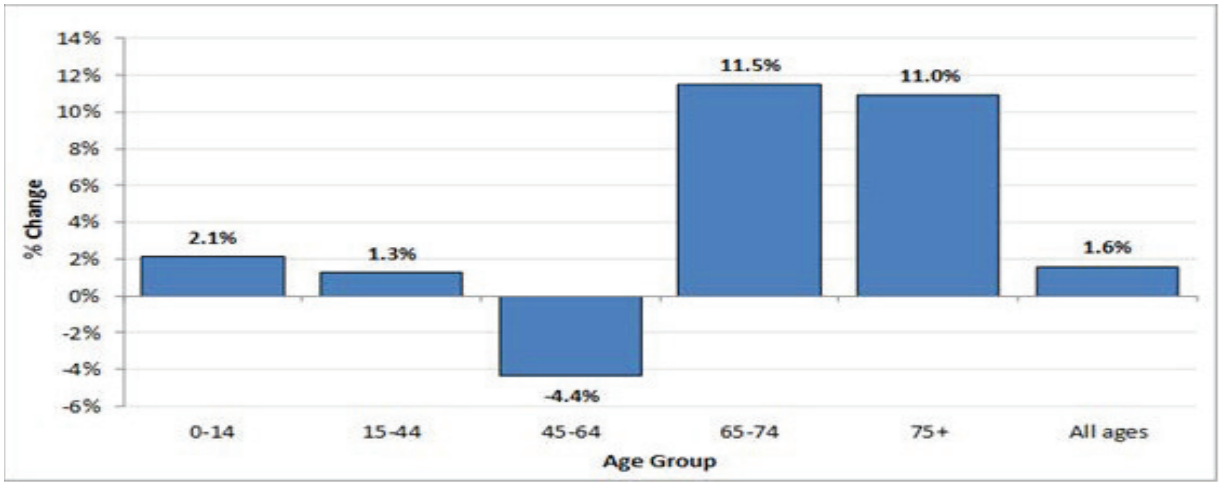


2.5 In addition it is projected that over the next ten years to 2030 in Greater Glasgow & Clyde we will see a 24% increase in the number of people aged over 65 and a 32% increase in the number of people aged over 90. There are also more immediate increases over the next five year with a projected 11% increase in those aged over 75 (see figure 2 below).

[15] *Mortality and Life Expectancy trends in the UK: stalling progress,* The Health Foundation, November 2019 *https://www.health.org.uk/publications/reports/mortality-and-life-expectancy-trends-in-the-uk*

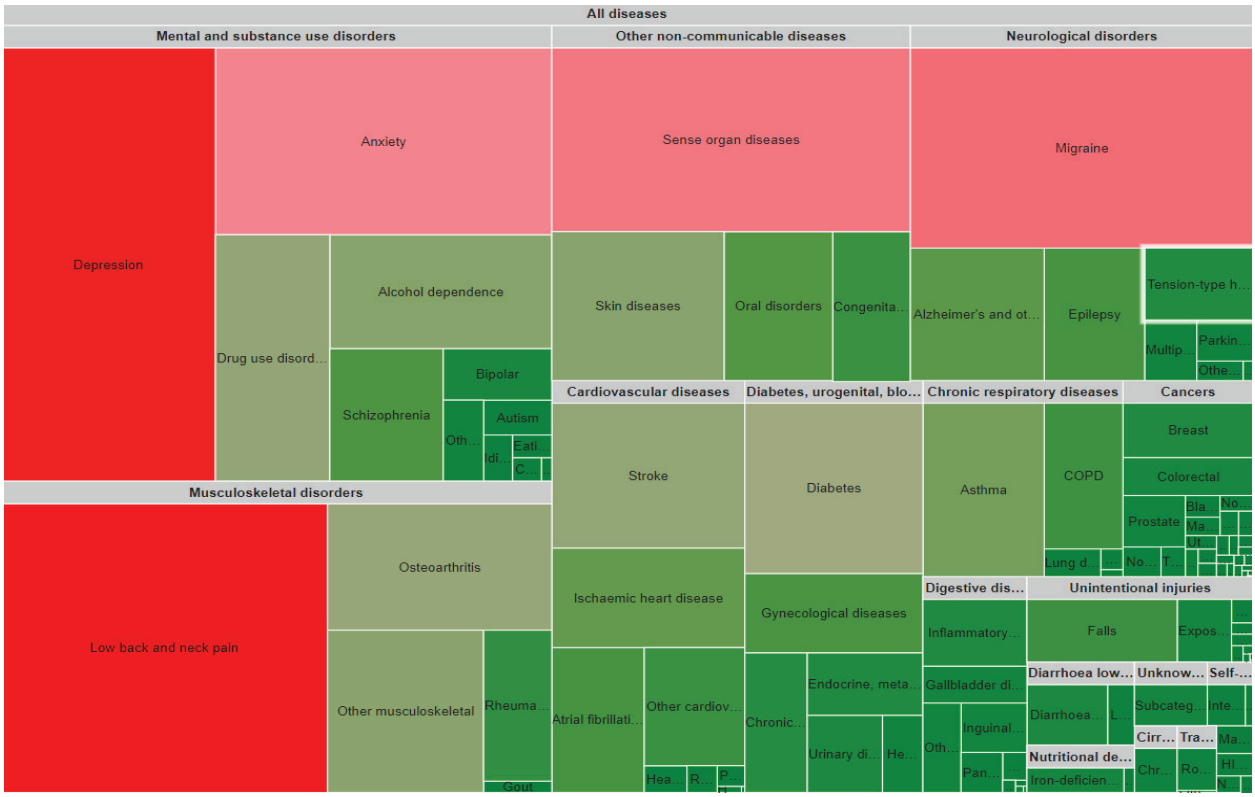
[16] http://www.understandingglasgow.com/indicators/health/trends/male_healthy_life_expectancy/scottish_cities/males

Figure 2: Projected GG&C population change 2019 to 2025



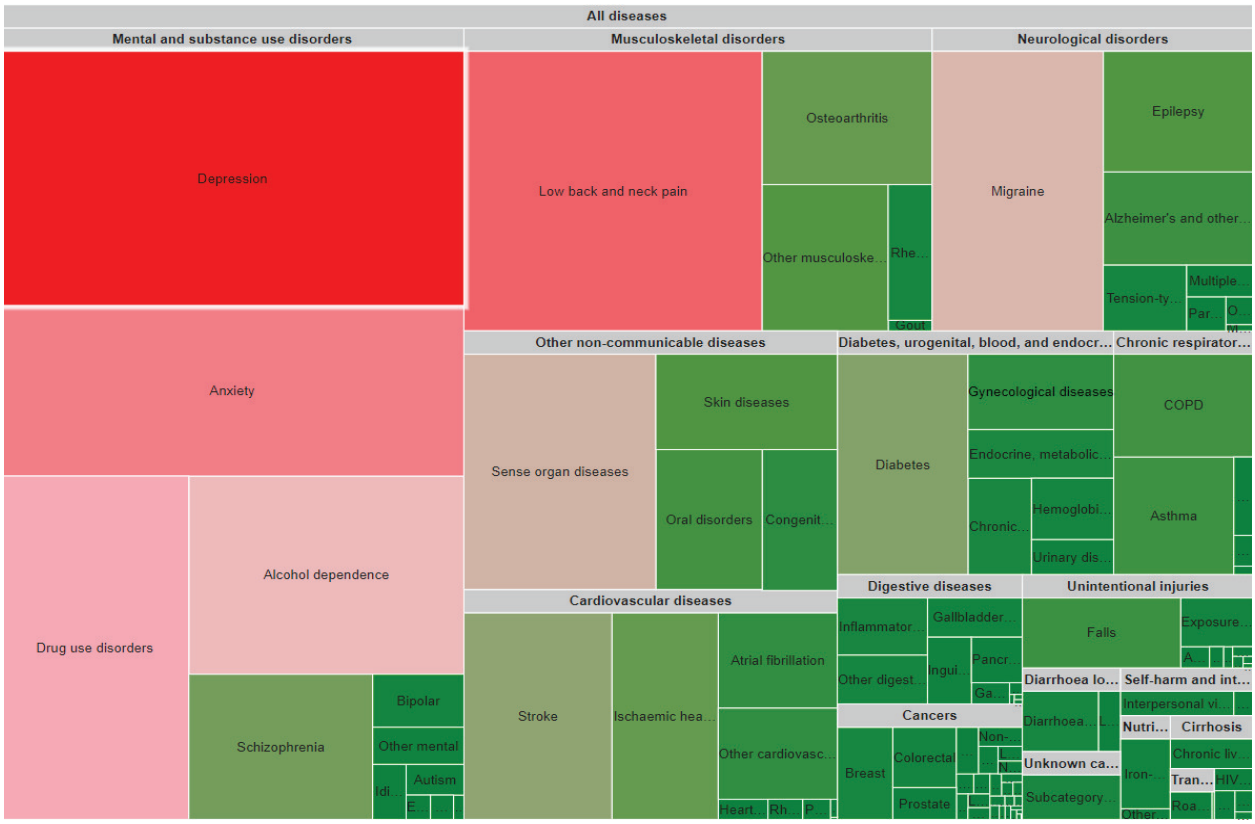
2.6 We can also look at the profile of disease in our population and while this shows considerable changes in the causes of ill health from ten years ago, it also shows differences within our population. The figure 3 below shows the burden of chronic illness and disability in the population as a whole in Scotland and figure 4 shows the picture for the poorest 10% of the population.

Figure 3 – Chronic illness and disability all Scotland



Source: ISD

Figure 4 – Chronic disease and disability Scotland poorest 10%



Source: ISD

2.7 For more information on the health population of Greater Glasgow & Clyde see https://www.nhsggc.org.uk/your-health/public-health/the-director-of-public-health-report/dph-report-2017-2019/

Understanding Current Trends[17]

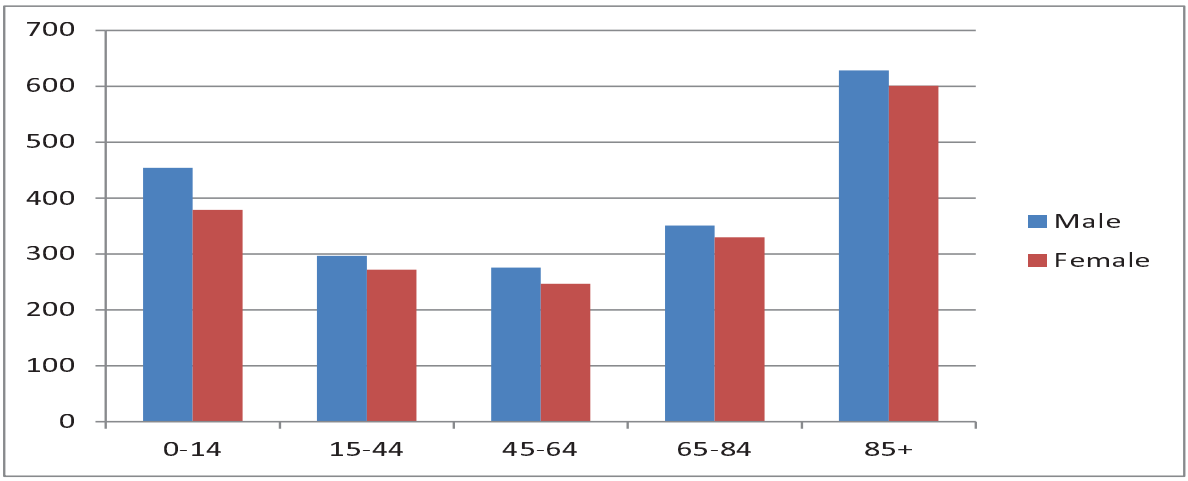
2.8 The current levels of unscheduled care activity in GG&C are unprecedented, and have been driven by demographic changes and the health of our population.

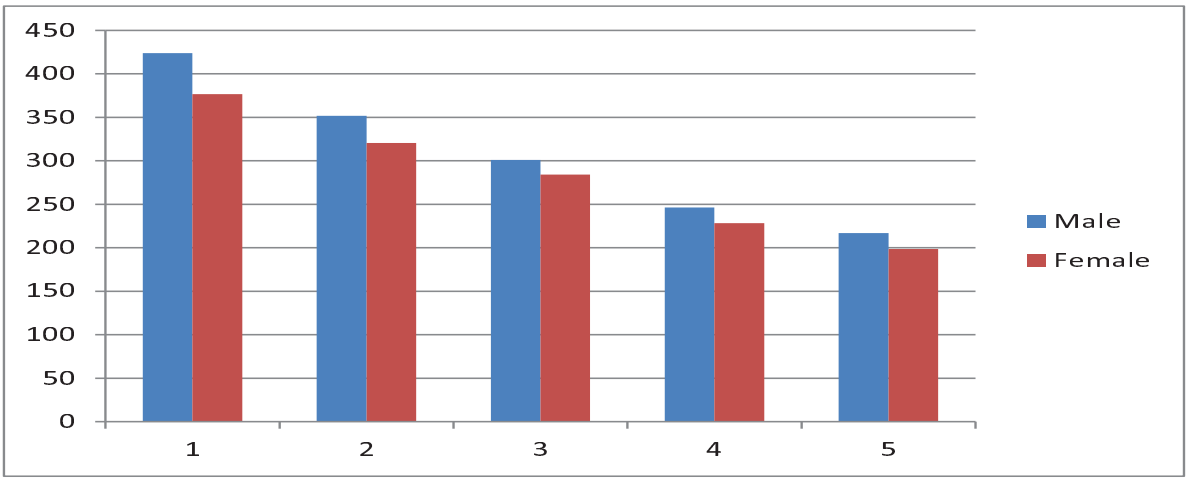
2.9 In 2018/19 there were a total of 517,730 unscheduled care attendances in secondary care. This includes attendances at emergency departments (EDs), GP assessment units (AUs) and minor injury units (MIU). This is a 4.3% increase on total attendances in 2017/18. Of these attendances 448,803 were GG&C residents (87%). The overall attendance rate per 1,000 residents for GGC was 338.2 compared to 285.7 nationally. The rate of attendance varies greatly by age, with higher rates among the young and older age groups. Furthermore attendance rates are higher for those who live in the most deprived areas when compared with the least deprived (see figures 5a and 5b below).

[17] Thanks to John O'Dowd for most of this analysis

This pattern is similar to other parts of the UK but is a particular factor in NHSGGC given the relatively high levels of deprivation in our communities.

Figure 5a. Rates of unscheduled care at hospitals for males and females by age-band. (2018/19). 5b. Rates of unscheduled care for males and females by SIMD quintile for deprivation, (2018/19), where 1 is most socio-economically deprived.





2.10 Of the total number of acute hospital attendances the proportion that requires admission is relatively low at 24% of all hospital attendances. When analysed by source of referral, this varies from 55% of attendances coming via 999 calls, to 37% from GP out of hour's calls, 15% from NHS24 calls, and 11% of patients who self-refer. Of unscheduled care attendances the majority of patients who attend self-refer (66% of all attendances). Of those who do attend emergency departments in GG&C analysis has shown that a significant number could been safely seen and treated elsewhere.

2.11 Based on current trends, and using ISD data, if nothing else changes we can expect a 14.6% increase in ED attendances (see figure 6 below) and a 4.8% increase in emergency admissions over the next five years (see figure 7 below) – this is essentially a do minimum option as it does not take into account the impact of population changes.

Figure 6: Projected total number of emergency department attendances 2020/21 to 2025/26

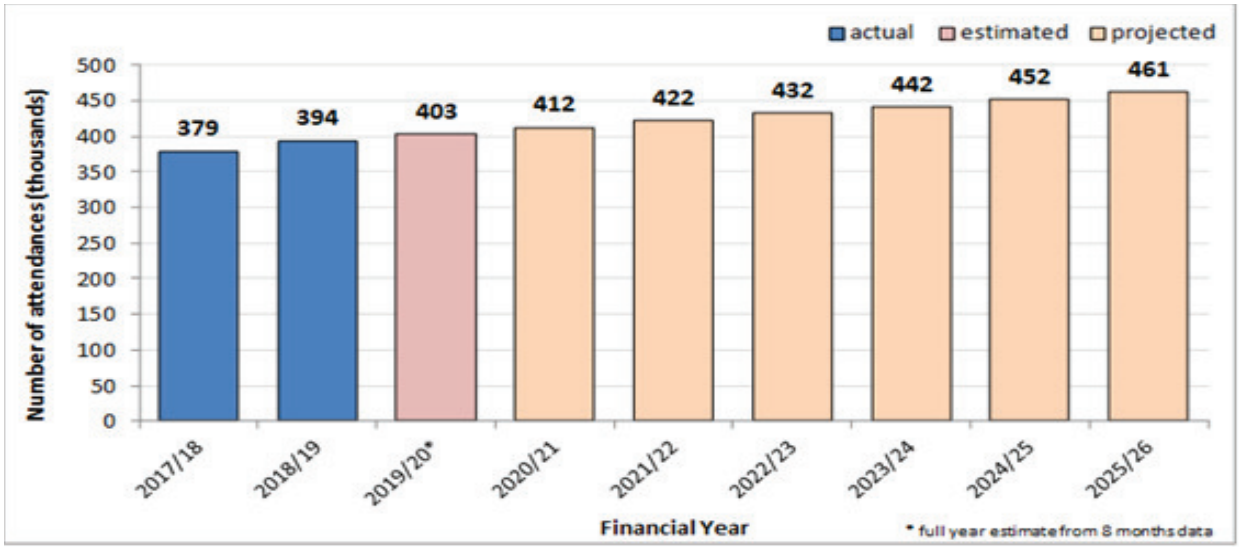
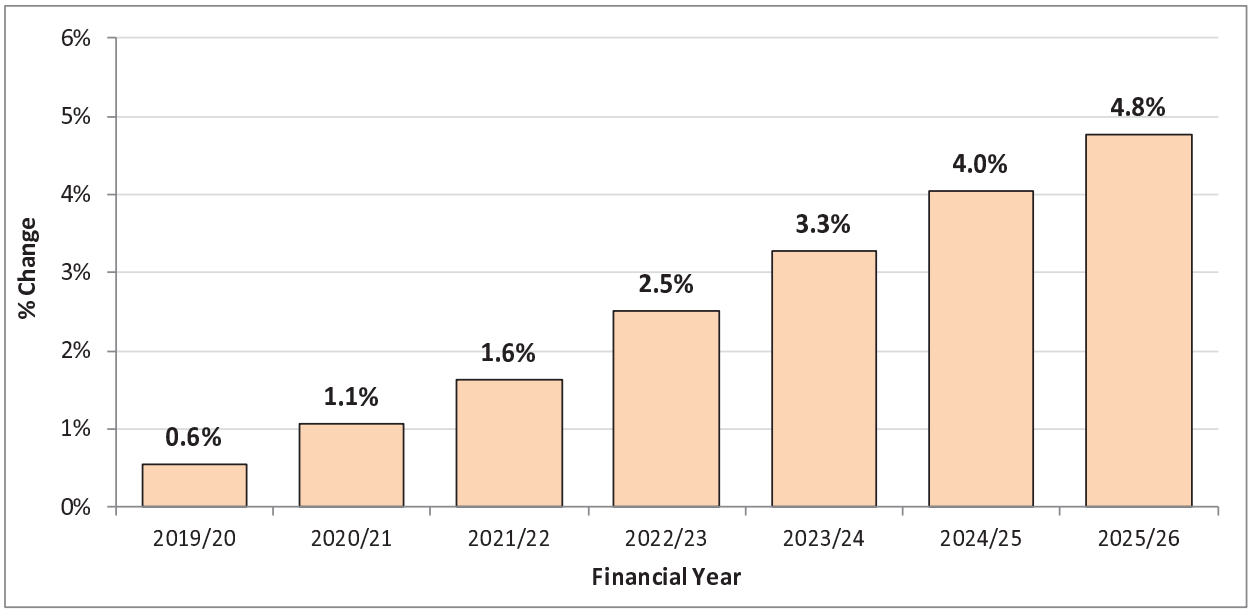


Figure 7: Projected percentage increase in emergency admissions from latest year 2018/19



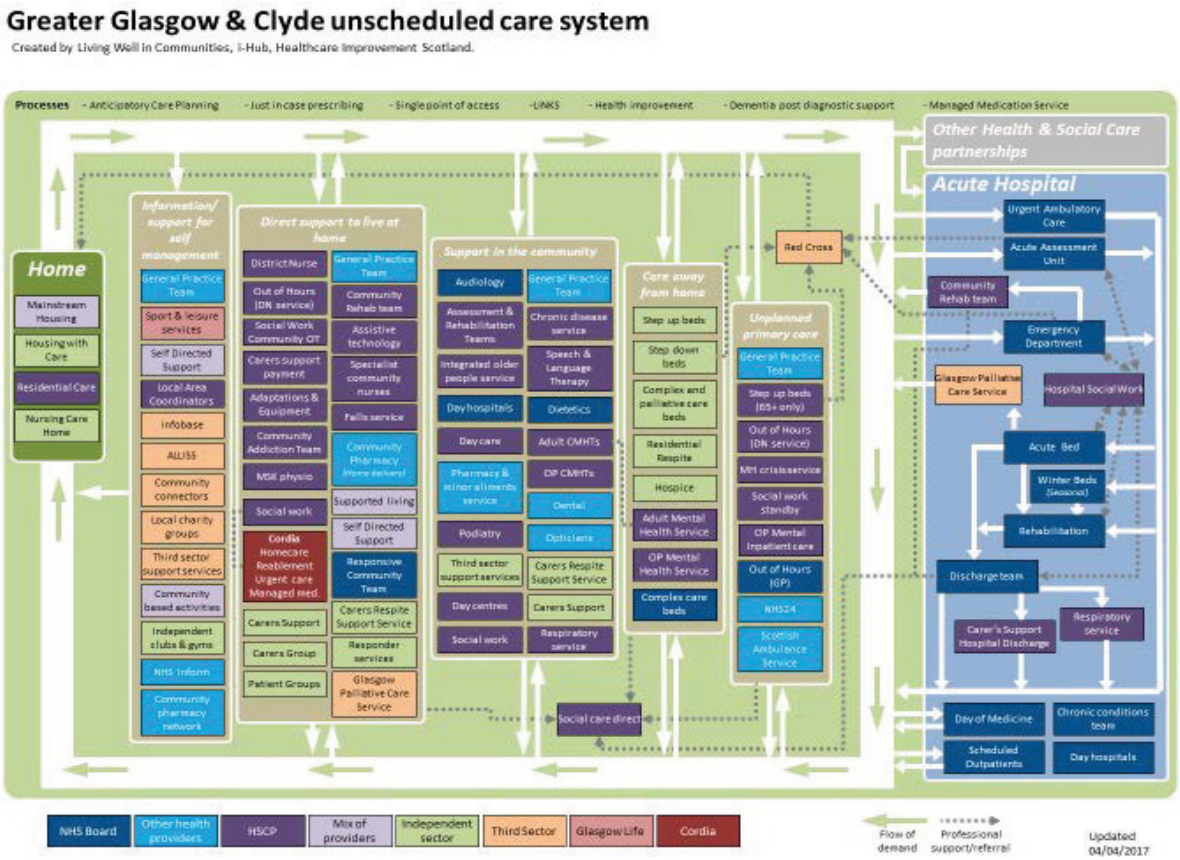
2.12 Unscheduled care is not just a secondary or acute care issue. Unscheduled care attendances also occur within primary care although data on this is not as readily available. We do however have data on GP out of hours activity (OOH). In 2018/19 there were 219,985 OOH consultations, at a rate of 187.2 per 1,000 residents. In hours

consultations can be estimated using English data[18], which shows consultation rates vary from 3.64 to 9.88 consultations per patient per annum nationally. This equates to a range of 4.69 to 12.74 million consultations per annum. The most reliable estimate is considered to be 6.33 million consultations per year. A significant proportion of this in hours work will also be urgent, though it is not yet possible to ascertain the proportion. Most GP practices will have provision for urgent same day appointments, and GPs will be called out to attend patients urgently at home. The Primary Care Improvement Plans have proposals to provide support to unscheduled care in primary care such as advanced practice based physiotherapy and advanced nurse practitioners.

Unscheduled care system

2.13 As explained in the introduction, the current unscheduled care health and social care system is complex (see figure 8). There are many entry and exit points and many interacting services provided by different organisations but all serving the patient. It is also clear that there is a wide range primary care and community based services actively working to support patients.

Figure 8 – Greater Glasgow & Clyde unscheduled care system
[19]



[18] https://www.kingsfund.org.uk/publications/pressures-in-general-practice

[19] Chart produced by iHub and reproduced with thanks

2.14 Our ambition is to change this so that this complex system operates in a more integrated way, supported by new technology. We aim to make it a more straight forward system to navigate for patients and clinicians alike. We will plan a major public awareness campaign to support patients access the right service for their needs, and which enables people to use services wisely. We also plan a co-ordinated approach to health and healthcare literacy skills as this will help people make informed choices about their care.

Primary Care

2.15 Significant changes are taking place in primary care too. GPs have a new contract that came into force in 2018/19 and aims to substantially improve patient care by maintaining and developing the role of primary care as the 'cornerstone of the NHS system'. The essence of the contract is to create conditions that enable GPs to operate as expert medical generalists by diverting from them work that is capable of being carried out by others, thereby allowing GPs more time to spend on more complex care for vulnerable patients and as senior clinical leaders of extended primary care teams.

2.16 The new contract outlines a range of changes that should take place between now and 2021. In the first phase the key priorities include changes in:

- vaccination services;
- pharmacotherapy services;
- community treatment and care services;
- urgent care services;
- additional professional services, including acute musculoskeletal physiotherapy services, community mental health services; and,
- community link worker services.

2.17 While there is limited data on activity within primary care, analysis in GG&C has estimated that there were 3.77 million face to face consultations with GPs and 1.77 million consultations with practice nurses, or 5.55 million face to face consultations in general practice in 2012/13 (the year the analysis was done). The King's Fund has reported a 13% increase in face to face contacts within general practice over the past five years[20]. If this change is reflected across Scotland, and applies equally to GPs and practice nurses, this equates to 4.26 million contacts with GPs and 2.0 million contacts with practice nurses, a total of 6.26 million face to face contacts per annum.

2.18 Changes are taking place in community pharmacy services too with the introduction of pharmacy first[21]. The new NHS Pharmacy First Service will be available from all community pharmacies in Scotland from April 2020. The service will promote community pharmacies as the first port of call for patients seeking care and support on self-limiting

[20] https://www.kingsfund.org.uk/publications/pressures-in-general-practice

[21] https://www.nhsggc.org.uk/patients-and-visitors/know-who-to-turn-to/pharmacist/pharmacy-first/

illnesses and stable long term conditions utilising the ease of access to clinical expertise within this setting available over extended hours of opening.

2.19 Pharmacy First has the potential to become an integral part of the local service provision as the first point of entry to health and social care provision for the majority of residents within a locality. Changes are required to be developed within the community pharmacy network to allow the service to progress due to new ways of working. This service development will lay the foundations for further extensions to local and potential national services and could lead to delivery of other services e.g. treatment of common clinical conditions, shingles, COPD, skin infections etc. It will be important to align these future developments with the demand coming from the GP practices, out of hours, emergency departments etc. to assist with identifying unscheduled care requirements

Out of Hours Redesign

2.20 Following the publication of the Professor Lewis Ritchie report[22] a local review of health and social care out of hour's provision was agreed by all six NHSGG&C Health and Social Care Partnerships, led by Glasgow City HSCP. The Review commenced in September 2017 and was completed in June 2019. A key output of the review process was that an Urgent Care Resource Hub (UCRH) model would be developed to facilitate integrated, person-centred, sustainable, efficient and co-ordinated health and social OOHs services throughout GG&C.

2.21 We plan to implement an Urgent Care Resource Hub model in the summer of 2020 in Springburn, Glasgow. Other hubs in GG&C will follow in a phased approach. This will enable a whole system approach to the provision of scheduled (where planned needs change and require something beyond what the service can provide) and unscheduled (where a patient / service user contacts NHS 24) Health and Social Care. The UCRH will provide a vehicle to enhance and develop integration and co-ordination across a wide range of services. The hub will also have a role to improve and co-ordinate the connection of contacts back into day time services and vice versa. The UCRH provides a single point of access across the health and social care system to support co-ordinated support from multiple services based on need.

2.22 There are currently many access points to out of hour's services including NHS 24, SAS and GPs. The UCRH will provide a whole system response via a single point of access.

2.23 Following the implementation of the UCRH model for the OOHs period we will evaluate the impact of the resource and determine which further opportunities could be considered to support the system, e.g. expand the hours of operation of the UCRH to cover daytime hours.

GP Out of Hours (OOHs)

[22] https://www.gov.scot/publications/main-report-national-review-primary-care-out-hours-services/pages/0/

2.24 GP OOHs services in Greater Glasgow and Clyde are currently facing a number of challenges which impact on delivering a sustainable service. These include:

- ensuring that that there are appropriate levels of GPs and other staffing across the service to respond safely to current demand;
- recruiting and retaining staff to work in the OOHs period;
- current workload and demand pressures in day time practice adversely impact on recruitment to work in OOHs;
- ensuring that the public are aware of how and when to use the service; and,
- reinforcing that GP OOHs is not an extension of in-hours general practice when patients are struggling to / do not attempt to obtain an appointment.

2.25 The service sees a significant number of patients every year in eight primary care emergency centres in GG&C and a home visiting service is also provided for patients who are unable to come to a centre – this is usually frail older people or people at the end of their lives. Centres are closed when the service has insufficient staff and patients are directed by NHS 24 to their nearest available centre. A home visiting service is always provided and transport is provided if people do not clinically require a home visit and do not have transport.

2.26 During 2017/18 and 2018/19 a series of key stakeholder engagement events, were undertaken which included a wide ranging exploration of the challenges faced by the service and identification of the opportunities which helped to shape a programme of work. The key changes are outlined below:

- **developing a sustainable workforce** – ongoing recruitment of GPs (including salaried GPs, ANPs and Primary Care Nurses to support the service);
- **developing professional to professional support** – another health professional working in the out of hours period, who required to speak directly to a GP who is working in the out of hours service require to contact via NHS 24. District Nurses can now contact the GP OOHs service direct during weekend days. There are plans, when resources allow, to extend this facility to cover the OOHs period.
- **frequent attenders** - it is recognised that there are people who frequently attend the GP OOH service. Some of these may also attend in hour's services and the Emergency Departments. Others may have made no effort to contact their GP or NHS 24. Details of these patients are provided to the HSCPs to incorporate into their work on people who frequently attend Emergency Departments.
- **self-referrals** - the service has always seen patients who arrive at a centre even if they have not called NHS 24 – self referrals or "walk-ins". Services elsewhere in Scotland do not provide this option. An element of this will be appropriate – patients who are experts in their own condition, who recognise their deterioration and know that it needs action. However, some could be given advice from NHS 24 and do not needed to not be seen, some could wait to see their own GP the next day and some could be seen by another service such as community pharmacy, dentistry or optometry. An implementation plan to support people to call NHS 24 has been

developed with the aim that the service will not see people unless they have called NHS 24 or have been directed by another heath professional such as the Emergency Department or Community Pharmacy.

2.27 The impact of this work will lead to a revised profile of demand on the service. Therefore further development work has been identified to:

- determine the number and location of centres from which GP out of hours urgent care is available. The hours of operation of these centres and the implementation of an appointment system to support the management of patient flow to the service. The workforce model of the GP OOHs service also needs to be considered as part of this work. This work will also describe the links to the Urgent Care Resource Hub (UCRH) through which links to other out of hours health and social care services may be available. The patient transport service should also be considered as part of this work;
- the changes that will be delivered in the six HSCP Primary Care Implementation Plans through to March 2021 and beyond will bring a clear focus on ensuring the use of day time, planned care services are maximised;
- develop a communication and engagement strategy which supports the recommendations of the site options appraisal and the service re-branding;
- develop a risk management framework, as part of a site options appraisal which considers all possible consequences of reconfiguration of GP OOHs services, e.g. increased attendances at Emergency Departments and work in partnerships with services across the system to describe and establish appropriate mitigation actions; and,
- work collaboratively with neighbouring NHS Boards/HSCPs to better understand how to reduce demand for Greater Glasgow and Clyde GP OOHs service from outside NHSGG&C.

Public Health Strategy

2.28 The Public Health strategy *"Turning the Tide through Prevention"*[23] sets the strategic direction for public health in Greater Glasgow and Clyde to improve public health outcomes through collaboration. The aim of the strategy is that NHS Greater Glasgow and Clyde (GGC) "becomes an exemplar public health system which means there would be a clear and effective focus on the prevention of ill-health and on the improvement of well-being in order to increase the healthy life expectancy of the whole population and to reduce health inequalities". The aim of the strategy is that by 2028, NHSGGC healthy life expectancy (HLE) should be equal to the rest of Scotland with a narrowing of the inequality in life expectancy within GGC.

2.29 The strategic objectives of the strategy are to:

[23] https://www.nhsggc.org.uk/media/251914/item-8-paper-18_59-update-on-turning-the-tide-through-prevention-board-paper-final-version.pdf

- reduce the burden of disease through health improvement programmes and a measureable shift to prevention;
- reduce health inequalities through advocacy and community planning;
- ensure the best start for children with a focus on early years to prevent ill-health in later life;
- promote good mental health and wellbeing at all ages;
- use data better to inform service planning and public health interventions; and,
- strengthen the Board and the Scottish Government's ability to be Public Health Leaders

Summary

2.30 The key points from this section are:

- there has been a continued growth in attendances at emergency departments in GG&C in recent years;
- we have also seen changes in our population with a projected increase of 11% in those aged over 75 over the next five years;
- if we do nothing it is projected that emergency admissions will increase by 4.8% over this period;
- our unscheduled care system is complicated to navigate both for patients and clinicians, and we need to change this so it is more integrated and straight forward;
- unscheduled care is not just an acute hospital issue as primary care and community services are facing increased demand too;
- changes are planned in GP services, community pharmacy and out of hours services to better meet patients' needs; and.
- our public health strategy aims to address the longer term issues of healthy life expectancy, tackling inequalities and reducing the burden of disease.

3. OUR VISION

3.1 Our ambition is to improve the health of our population, and meet people's health and social care needs better, by improving access to health and social care support when and where they need it. In order to do this we must transform the way we deliver health and social care services and work collaboratively with key partners in the third and independent sectors, SAS, NHS24, housing, GPs and other primary care contractors, our staff, and users and carers. Each Partnership has published a strategic plan that describes the specific programmes we plan to take forward to realise these ambitions over the next three years.

3.2 The *Moving Forward Together* programme[24] was launched in 2017 as a wide range transformation programme in response to changes in needs and demands, advances in technology and changes in the way health care is delivered. The programme culminated in a report published in June 2018 that set out a strategic direction for health and care services over to next five to eight years. That report stated that in respect of unscheduled care:

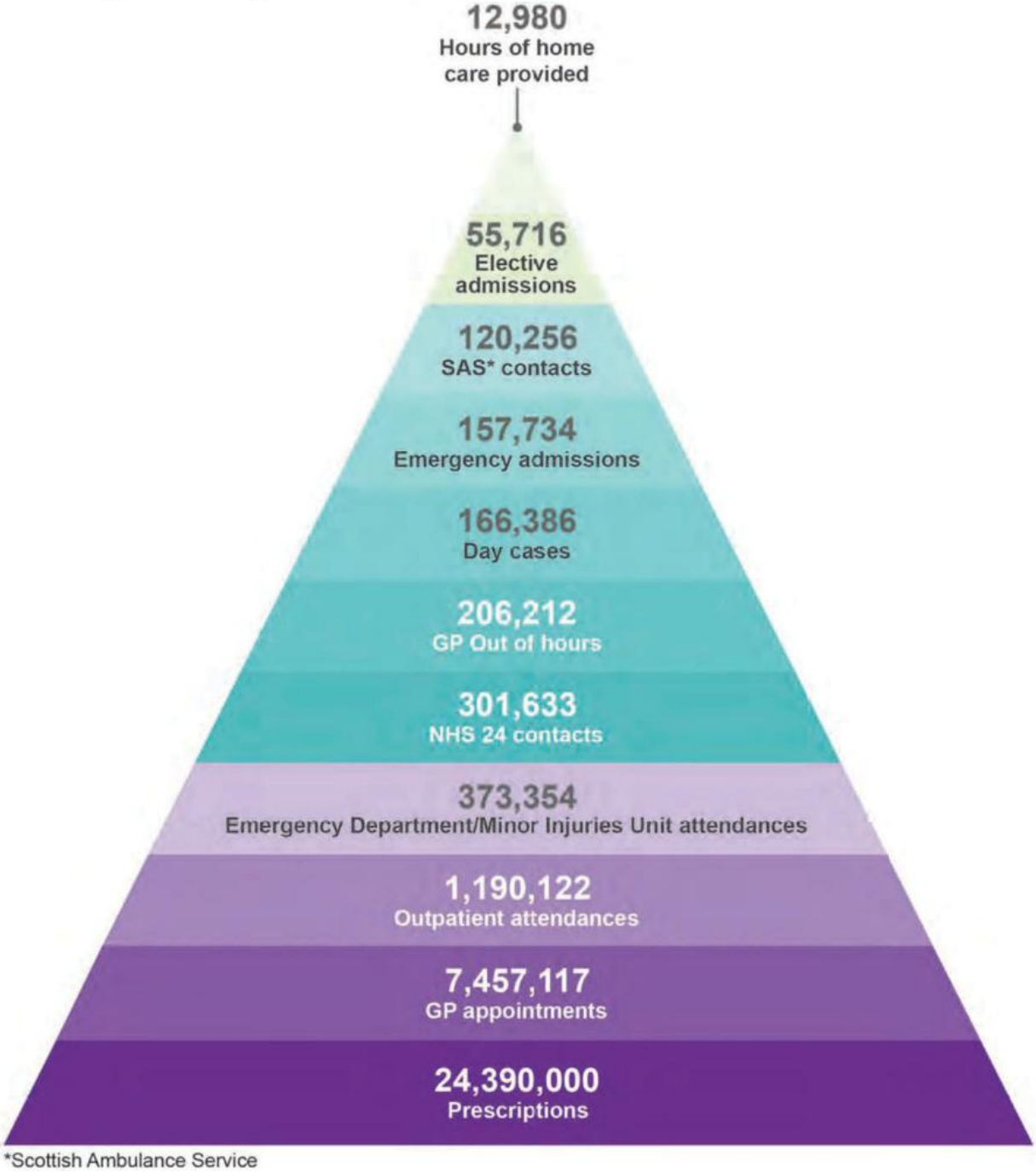
> ***"Our approach … should ensure people are admitted to hospital only when it is not possible or appropriate to treat them in the community. Admissions should be reduced whenever alternatives could provide better outcomes and experiences.***
>
> ***We should develop our system wide approach to unscheduled care in which:***
>
> - ***people have access to a range of alternatives to attendance at their GP surgery or local hospital emergency department;***
> - ***care is better coordinated between community and hospital services at crisis/transition points;***
> - ***services are tiered to provide an appropriate level of care;***
> - ***some specialist services are provided on fewer sites in order to achieve a higher volume of cases and better outcomes;***
> - ***local access to emergency care is at a level that is clinically safe and sustainable;***
> - ***the enhancement of community-based services provide a more appropriate alternative to hospital care;***
> - ***IT systems enable the rapid exchange of up-to-date information between services and support integrated working;***
> - ***ambulatory care services reach out into the community-based networks with jointly designed and delivered pathways across the whole system with specialist support and diagnostic services provided when required;***
> - ***there is better connectivity with community services and participation in agreed ambulatory care pathways across the whole system, involving also NHS 24, GP out of hours services and the [Scottish Ambulance Service, to ensure the***

[24] https://www.movingforwardtogetherggc.org/

most appropriate care for individuals by the most appropriate person or service at the right time and in the right place."

3.3 This can be illustrated in the model shown below.

Figure 9 – Moving Forward Together tired model



3.4 In step with this approach is the maximising independence programme being developed by Glasgow City HSCP which has echoes in approaches by other HSCPs for example compassionate Inverclyde. The maximising independence programme proposes a step change in individual, family and community independence from statutory support, a focus

on prevention and early intervention approaches in partnership with local community organisations and third, independent and housing sector partners. This assets based approach is in recognition that the tolerance of the health and social care system to absorb increasing demand is limited and change is needed[25]

3.5 Our vision is that self-care and prevention is prioritised, so that a greater proportion of needs are met in a planned way. This approach involves a number of elements working together to maximum effect including:

- health education and promotion at both a population level and individual level;
- strengthened community-based services to respond to urgent care needs in-hours and out of hours; and
- a sophisticated ongoing public awareness campaign advising patients which service to turn to when.

[25] https://glasgowcity.hscp.scot/publication/item-no-19-maximising-independence-glasgow-city

4. CHANGING THE BALANCE OF CARE

Introduction

4.1 If we are to respond to the current increases in demand and pressures across the health and social care system described above, and to better meet patients' needs, we need to make some changes. In this section we focus on the key improvements we plan to take forward over the next five years.

4.2 In our view it is highly improbable that the health and social care system can absorb continuous year on year increases in demand without making some fundamental key changes. More importantly we would not be acting in patients' best interests, and getting the best from the resources we have available, if we did nothing to change the services we deliver and commission. The challenge is change.

Long term direction

4.3 We need to present these changes as part of a much longer term strategic direction of travel for the whole health and social care system. *Moving Forward Together* [26] describes the strategic direction for health and social care is to move away from hospital based or bed based services to providing more support to patients in community settings. And to work with primary care, NHS24, the Scottish Ambulance Service, the third and independent sectors, including housing, to develop preventative approaches. This is coupled with an approach that seeks to manage patient care so that patients are seen by the right person, in the right place at the right time.

4.4 This means that each part of the health and social care system should focus on what it does best, and the links and connections between services should be as smooth and efficient as possible so patients receive care when and where they need it. For example emergency departments will function best if they are to focus on accidents and emergencies, and primary care will function best if GPs are supported by other community based professionals to be expert medical generalists.

4.5 There is evidence that a significant proportion of patients may be attending secondary care unnecessarily and could be seen safely and more appropriately elsewhere. For many, their care could be better treated through scheduled care approaches in the community or through supported self-care or care and treatment as outpatients. A number of different explanations for the use of unscheduled care for non-urgent problems have been identified in the literature. These relate to lack of knowledge of healthcare use or confidence in accessing this in the community, and barriers to using in hours care due to work or stigma.

[26] https://www.movingforwardtogetherggc.org/

4.6 To achieve such changes means that we must develop both short term and longer term responses, and test new approaches on the way to see what might work best. In order to support these changes we will develop a major public awareness campaign the purpose of which will be to inform patients and professionals on how best to access the right service at the right time. A consistent message we receive when we engage with the public is that people do not know what service to turn to for what and when. We need to do more to support people become aware of what service to access and when.

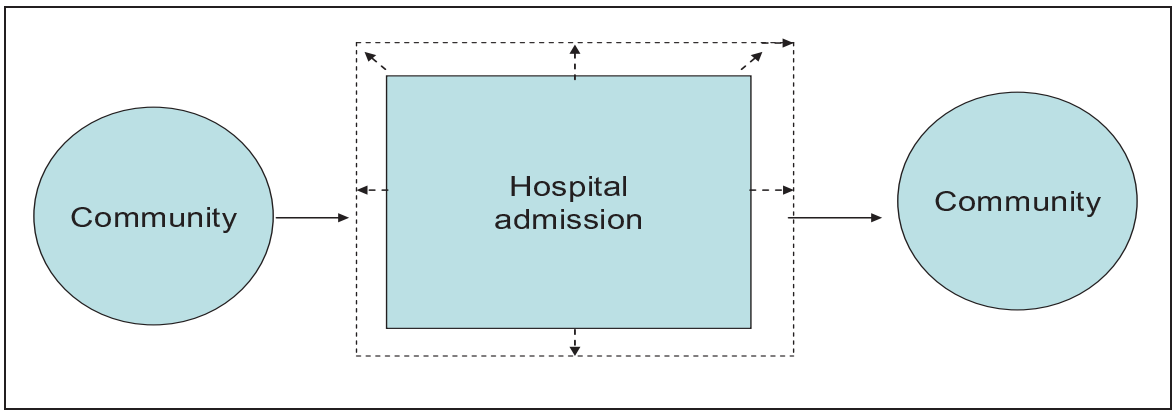
Our priorities

4.7 What follows is our plan to do this by focusing on three key areas each with their distinct but linked programmes of activity:

- ***prevention and early intervention*** to better support people receive the care and treatment they need at or close to home and to avoid hospital admission where possible;
- so that our health and social care system works more smoothly and efficiently in patients' interest we aim to ***improve the interface between primary and secondary care services***; and,
- for people who are admitted to hospital for whatever reason we aim to ***improve hospital discharge*** and better support people to transfer from acute care to appropriate support in the community.

4.8 This reflects the patient pathway as shown in figure 10, below, and is based on the best available evidence of what works – this is described in the 2017 Nuffield Trust report[27] on shifting the balance of care and is summarised in annex A.

Figure 10 – current system of care



[27] *Imison C, Curry N, Holder H, Castle-Clarke S, Nimmons D, Appleby J, Thorlby R and Lombardo S (2017), Shifting the balance of care: great expectations. Research report. Nuffield Trust.*

4.9 Prevention and early intervention, and improving hospital discharge, involve programmes that are in the main led by HSCPs working closely with other partners such as GPs, the third and independent sectors and the Scottish Ambulance Service. The primary / secondary care interface programme is a joint endeavour between HSCPs, acute hospitals and clinicians working in primary and secondary care, to test and introduce improvements and will therefore require specific arrangements to take these forward.

4.10 In presenting our programme we have identified the short term actions we intend to take over the period to 2022, in response to current pressures (see section 2 above) and the longer term actions we will work towards up to 2029 to fulfil our vision and the ambitions set out in *Moving Forward Together*. Examples are given of where some of these initiatives are already underway in GG&C or elsewhere.

4.11 In section eight we outline the financial framework to support these changes, and in section nine we identify the impact and outcomes of our programme.

5. PREVENTION AND EARLY INTERVENTION

Introduction

5.1 In this section we outline the actions we have in place to better support people receive the care and treatment they need at or close to home and to avoid hospital admission where possible. We include here our early intervention and prevention strategies and their impact on reducing unscheduled care activity and managing patients in the community. This programme also forms part of the broader early intervention and prevention agenda that is key to delivering the ambitions in the Board's public health strategy outlined in section 2 above.

5.2 The programme is based on the conclusions drawn from a review of the evidence (summarised in annex A), and with reference to the recent iHub review [28] and the framework for community health and social care integrated services published by Health and Social Care Scotland[29]. It is important to note that the reviews of the evidence base are not conclusive about what works in reducing admissions to hospital although they do give us a valuable base from which to plan our programmes. That said the iHub review report stated that:

> ***"It is not possible to draw firm conclusions or recommend implementation of specific interventions for NHS Scotland based on this review [of the evidence] but there was at least some moderate evidence of effectiveness relating to broad groups of interventions***."

Anticipatory care planning

5.3 Anticipatory care plans (ACPs) are key to supporting people with specific needs in the community, including those with long term conditions. A national model for ACPs was introduced in 2017 (www.myacp.scot). In GG&C HSCPs have developed a standardised approach to ACPs that involves a summary of the patient led ACP being completed by community teams and shared with GPs (with the patients' consent) so that relevant information can be included in the Key Information Summary (KIS). The KIS is vital information that is seen by out of hours services, SAS and A&E and crucial to support decision making should a patient attend emergency services.

5.4 By 2021/22 we plan that all people in Greater Glasgow and Clyde over 65 with a chronic condition, who would benefit from an ACP because of a high risk of admission to hospital, will have been introduced to anticipatory care planning and asked to consent to a summary of their ACP being shared with their GP and other relevant care providers via Clinical Portal and KIS. There will be a far greater number of people, families and carers who have been introduced to ACPs and may take up an ACP at a later stage. ACPs are still

[28] https://ihub.scot/improvement-programmes/evidence-and-evaluation-for-improvement/review-of-literature-and-evidence-summaries/reducing-unplanned-admission-to-hospital-of-community-dwelling-adults/
[29] https://hscscotland.scot/resources/

a new concept for the most people and it will take time for the message about the benefits of ACPs to be widely understood. ACPs will be promoted as part of our wider communications strategy to support this plan.

5.5 Through this programme we estimate that over a number of years the take up of ACPs will contribute to a reduction in emergency admissions for those aged over 65. In future years we will further extend this programme to other patients groups (e.g. care home residents) targeting those who may be at risk of admission or re-admission.

Example – Glasgow City HSCP
Glasgow City HSCP is leading on the development of an electronic ACP tool in Riverside Residential Care Home and other care homes to support timely information sharing in decision making in residential care settings.

Falls prevention

5.6 In 2018/19 there were 8,948 people aged over 65 who attended hospital because of a fall. There is a strong link between falls and frailty, although not everyone who experiences a fall is frail. Frailty can contribute to falls and result in a person making a slower or poorer recovery following a fall, and a fall can trigger or accelerate the progression of frailty. Most people who attend hospital because of a fall are aged 85 and over.

5.7 The Scottish Government has launched a new draft *"Falls and Fracture Prevention Strategy"*[30] . In Greater Glasgow and Clyde we have taken action to prevent falls working with other agencies such as the Scottish Fire & Rescue Service, housing and leisure services on early risk identification and promotion of positive messages about physical activity and bone health. We support all staff to be aware of the risk factors and where appropriate to assess patients for falls risk or start a conversation with individuals that could identify that risk. We also work with Scottish Care to support care homes in falls prevention strategies and promoting physical activity, reducing sedentary behaviour to improve strength and balance. We also promote strength and balances classes through our rehabilitation teams and by the community falls team.

5.8 We also aim to work with the Scottish Ambulance Service to reduce the number of people who have had a fall needing to be conveyed to hospital. Not all falls need to attend hospital as other alternatives are available. We are working with the SAS and patient groups to develop a care pathway to safely manage the care of patients who have had a fall but do not need to be seen in an A&E department.

Frailty

[30] https://www.gov.scot/publications/national-falls-fracture-prevention-strategy-scotland-2019-2024/

5.9 Supporting people living with frailty is an increasingly urgent issue for health and social care services. Approximately 10 per cent of people aged over 65 years, and 25 to 50 per cent of those aged over 85 years, are living with frailty. Frailty (see definition below[31]) is associated with age. Older people living with frailty are often at risk of adverse outcomes following a relatively minor event and often fail to recover to their previous level of health.

5.10 Hospitals admit older people more frequently than other age groups and so an ageing population creates additional demand for health and social care services. These admissions are often unplanned and older people who are frail are more susceptible to healthcare associated infections, falls, delirium and difficulties in maintaining good nutrition, hydration, and skin care. As a result frail older people often have longer hospital stays, higher readmission and mortality rates, and are more likely to be discharged to residential care.

5.11 Frailty identification and management to support people is therefore an important part of our early intervention and prevention strategy. There are 23 GP practices in GG&C who have joined the national frailty collaborative to better identify and support people living with frailty[32] . By the end of 2020/21 we aim to have identified all patients whose frailty score has changed from 'moderate to severe' and develop an ACP with information uploaded onto KIS. As a result we estimate that people who are frail will:

- spend more time living in the community with fewer moments of crisis;
- experience fewer incidents of unplanned care, including GP home visits; and,
- be more involved in decisions about their care through ACPs.

5.12 We will also develop, as part of the collaborative, an integrated frailty pathway with secondary care so that there is a seamless service for those patients who require admission to hospital. We will also manage frailty more proactively for those admitted and to optimise pre hospital management where appropriate for this patient group

Carer support

5.13 Carers play a crucial and important role in supporting people at home or other community settings. Carers are key to any strategy that aims to shift the balance of care towards more support and intervention in the community. It is vital therefore that this plan recognises and supports carers in their caring role. Each Partnership has its own carer's strategy as required by the Carers Act 2017[33]

[31] "a geriatric syndrome of decreased reserve and resistance to stressors, resulting from cumulative declines across multiple physiologic systems, causing vulnerability to adviser health outcomes including falls, hospitalisation, institutionalisation and mortality" Fried, 2018

[32] https://ihub.scot/news-events/new-living-and-dying-well-with-frailty-collaborative/

[33] https://www2.gov.scot/Topics/Health/Support-Social-Care/Unpaid-Carers/Implementation/Carers-scotland-act-2016

5.14 In total we estimate that Partnerships will support each year, through one means or another, over 4,000 new carers in their caring role.

Primary care based community links workers

5.15 Links workers support people through strengthening connections between community resources and primary care services. Links workers work with patients to identify issues and personal outcomes and then support patients to overcome barriers to addressing these by linking with local and national support services and activities. Links workers support GP practice teams to become better equipped to match support services to the needs of individuals attending primary care. They will also build relationships between the GP practice and community resources, statutory organisations, other health services and voluntary organisations to better support patients. Links workers can therefore play a vital role in the community based network of support to prevent people needing to access hospital services.

5.16 In Greater Glasgow and Clyde we aim to have over 50 link workers in post by the end of 2020/21 focused on GP practices with the most deprived patient populations. In total we estimate that by the end of 2020/21 links workers will have supported 17,500[34] people registered with GP practices in the most deprived areas of GG&C.

5.17 These new posts will be aligned with other similar roles such as community connectors, Local Area Co-ordinators and the community orientated primary care initiative. Community connectors, Local Area Co-ordinators, and others also help people access community supports to improve well-being.

Avoidable admissions[35]

5.18 Ambulatory Care Sensitive Conditions (ACSCs) also known as Primary Care Sensitive Conditions (PCSCs) have been used as a way of assessing what proportion of hospital admissions could potentially be avoided through other interventions, including stronger community management and early intervention / prevention. The thrust of this plan is to better support people at home or in community settings. So if we can do more to prevent hospital admissions and provide care and treatment in the community we should do so, particularly where there is an evidence base to support such an approach. We need to avoid circumstances where decisions to admit a patient to hospital are taken for largely social reasons rather than clinical reasons

5.19 In 2018/19 in GG&C the main reasons for admission to hospital were:

- COPD & pneumonia
- sepsis
- cerebral infarction

[34] Calculated on the basis that each worker receives 350 referrals per annum based on caseload in East Ren
[35] Thanks again to John O'Dowd for this analysis

- fracture of femur, and
- other disorders of the unitary system

Table 1 – main reasons for hospital admission 2018/19

2018-19 non elective inpatient activity		
Reason for admission	**Occupied Bed days**	% of Total OBD
Pneumonia	**43,776**	4.5%
Sepsis	**43,742**	4.5%
Cerebral Infarction	**37,102**	3.8%
Fracture of Femur	**36,465**	3.7%
COPD	**34,518**	3.5%
Other Disorders of Urinary System	**33,125**	3.4%
TOTAL	**228,728**	**23.5%**

Notes:
1. Discharges of Non elective IP only
2. Excludes other HSCP
3. Includes all ages

5.20 Of these COPD & Pneumonia accounts for 8% of total occupied bed days following an emergency admission. We will continue to develop our community respiratory services across GG&C that have proven effective in supporting people with COPD in the community and prevent admission to hospital. In this way we estimate that in 2020/21 we will have avoided a significant percentage of these admissions.

5.21 In 2020/21 we will also introduce a revised model of care for heart failure utilising the skills of the specialty nurse practitioners and other professionals within a multi-disciplinary team construct to develop alternatives to admission.

5.22 For the other conditions we will develop new care pathways with primary care to ensure that wherever possible patients can avoid attending hospital. Our aim will be to start patient pathways in primary care and community services supported by access to diagnostics and secondary care clinical advice as an alternative to an overnight stay in hospital.

Example – Glasgow Community Respiratory Service
The Community Respiratory Team is a nationally unique service that supports the needs of people living with COPD in their own home and is made up of physiotherapists, respiratory nurses, pharmacists, occupational therapists, dieticians and rehabilitation support workers. GPs refer to the service as an alternative to patients going into hospital by accessing the specialist service to support the patient in their own home. The service also facilitates early discharge from hospital by closely linking with secondary care colleagues and providing responsive follow

up and support.

The ethos of the service is to provide a personalised approach to care, enabling self-management by those affected by COPD including:

- *increasing their own knowledge of their condition.*
- *knowing what to do when they are unwell.*
- *improving knowledge of inhaled therapies.*
- *knowing how to clear secretions from their chest.*
- *increasing their physical activity and independence through the provision of home pulmonary rehabilitation and equipment.*

An evaluation has shown a reduction in the impact of disease, an improvement in quality of life and a reduction in hospital admissions.[36]

Hospital at Home

5.23 Hospital at Home is being promoted as an innovative initiative to support older people with frailty who would ordinarily require admission to hospital to receive treatment in their home[37]. The i hub guidance points out however that while the evidence base identifies potential benefits from this approach there are "areas of uncertainty". Further work is needed to test the benefits of introducing this model in GG&C alongside existing services such as the FIT team in West Dunbartonshire and the Glasgow Community Respiratory Team. Glasgow City HSCP is developing a trial of the Hospital at Home model within a care home in the North East of the City. A number of GP practices in HSCPs are also involved in the frailty collaborative (see above).

Alternatives to admission

5.24 We also need to look at potential alternatives to admission so that GPs have a range of options available to manage patient care in the community. There are five specific measures we wish to test with acute clinicians and GPs to assess the impact on patient care. These are:

- **GP access to consultant advice:** the facility for GPs to obtain direct and timely consultant or senior clinical advice on an individual patient's care has the potential to reduce the need for patients to attend hospital and thus avoid the transport and other arrangements that might need to be put in place in enable this to happen. Consultant Connect piloted at the QEUH has shown some benefits in this respect, and it is now been rolled out to other specialities and hospitals. Experience in Tayside has shown that this also has benefits for emergency departments and GP assessment units. We plan to further test its benefits in

[36] CRT final evaluation report, 2018
[37] https://ihub.scot/project-toolkits/hospital-at-home/hospital-at-home/

2020/21.

- **GP direct access to diagnostics:** access to diagnostic tests is crucial in determining a patient's treatment and care plan. Currently GPs have to refer patients to GP assessment units or ambulatory care clinics for an acute clinician to then order the appropriate tests and review the results. If GPs had access directly to an agreed range of tests and the results, such as CT and MRI, with the facility to discuss the results with a senior acute clinician if need be, then patients may not need to be referred and care and treatment could be managed within primary care. We wish to test this approach with acute diagnostics and evaluate its potential impact on GP referrals and acute activity.

- **next day outpatient appointments:** GP direct access to next day out patient appointments or "hot clinics" in line with an agreed care pathway, supported by patient transport, would provide GPs with a further alternative to referral to GP assessment units. Here we would be seeking the freeing up of an agreed number of appointments to allow GPs to book these direct instead of referring a patient to an assessment unit and potentially being admitted overnight. Essentially this would move some unscheduled care activity to being dealt with in a more planned way. A test of change to evaluate this should be set up involving acute clinicians on the main acute sites.

- **referral for assessment:** the ability for GPs to refer for assessment via SCI gateway with a view to preventing admission is another potential alternative that could be explored. We will set up a test of change to evaluate the potential for such a facility to be introduced across GG&C.

- **step-up care:** we have piloted step up care in care homes that GPs can access for patients who are unwell and need nursing care and observation but don't need to be admitted to hospital. The GPs who use these beds find them helpful in providing patients with care in a community setting for a short period of time before they go home again. If these beds were not available it is highly likely that such patients would have been admitted to hospital via a GP assessment unit (see below). In 2020/21 we will work with GPs and others to review this service as part of a wider review of intermediate care (see below) to determine if this is something we should develop further.

Example – West Dunbartonshire Focused Intervention Team (FIT)
West Dunbartonshire introduced the FIT team in July 2019 with the aim of providing an integrated community based service to support people to remain at home or homely setting as an alternative to hospital admission. The team provide a rapid response service to avoid admission, a care home liaison service to support care homes and COPD. It is estimated that to date, of the referrals received by the team nearly 60% have avoided a hospital admission.

Reducing admissions from care homes

5.25 In 2017/18 across Greater Glasgow and Clyde care homes accounted for 5,900 emergency admissions – 5% of total emergency admissions. Since then Partnerships have developed programmes with care homes to reduce emergency admissions by:

- providing training;
- support to GP practices covering care homes;
- introducing anticipatory care planning; and
- implementing the red bag scheme to safely transfer patients to and from hospital.

5.26 We have also in our residential care homes in Glasgow introduced advanced nurse practitioners covering approximately 550 beds who have already made an impact on both reducing GP call outs and admissions to Hospital.

5.27 By further developing this whole programme we estimated that by the end of 2020/21 we will have reduced emergency admissions from care homes by 2.5% from the level it was in 2018/19.

Summary

5.28 The aim of our prevention and early intervention programme is to reduce emergency hospital admissions particularly for those aged over 65, and support more patients in the community. Our programme based on the evidence of what works includes:

- extending anticipatory care plans;
- falls prevention strategies;
- work to manage frailty in the community;
- link workers to support GPs;
- support to carers;
- developing more integrated patient care pathways for the top key conditions that result in admission;
- assessing Hospital at Home;
- providing GPs with alternatives to admission and more options and support to manage patient care in the community; and,
- work with care homes to reduce admissions to hospital.

5.29 This is an extensive programme and will take time to be fully implemented in its entirety across GG&C. In section 9 we give an indication of the potential impact of the programme on the system as a whole.

6. PRIMARY AND SECONDARY CARE INTERFACE

Introduction

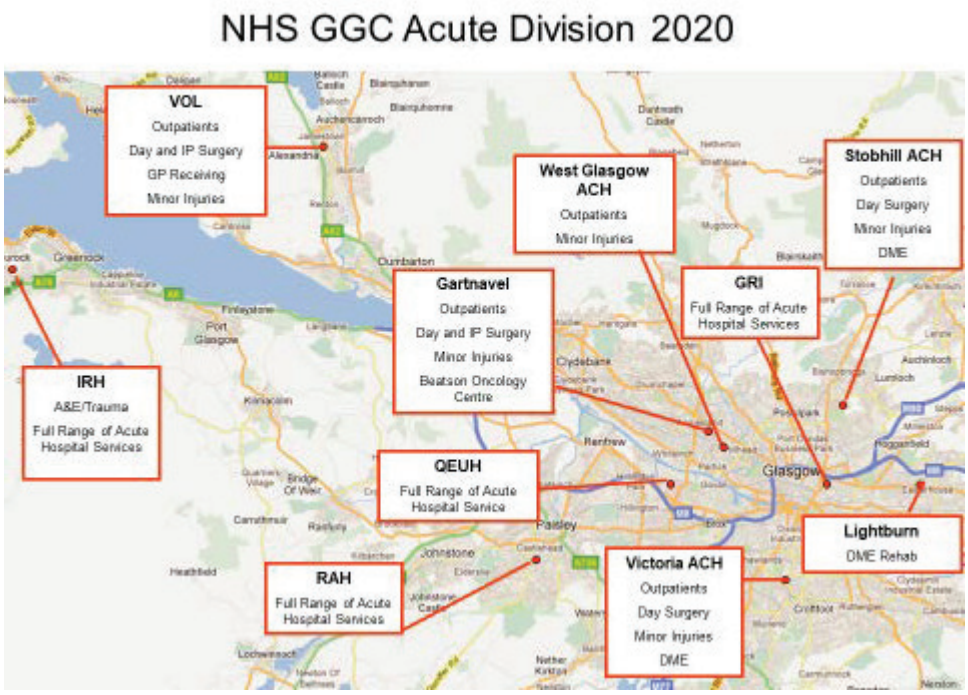
6.1 The interface between primary care, where most patients are seen, and secondary or acute hospital care, where patients attend for specialist treatment and investigations, is important in delivering a quality service to patients. It is in everyone's interest that the communications and links between primary and secondary care work smoothly and efficiently so that patients receive the right care in the right place at the right time.

6.2 In this section we focus on our priorities to improve the interface between primary and secondary care, including actions to reduce demand on our emergency departments as these have seen a significant growth in attendances in recent months (see section 2 above). Actions to address pressures in primary care are included in each HSCPs' Primary Care Improvement Plan.

6.3 Our proposals here focus on what has emerged from our analysis of the population's health and the balance of care, key issues highlighted by GPs and secondary care clinicians, and are set within the context of the strategic direction outlined in *Moving Forward Together*.

6.4 Patients in Greater Glasgow & Clyde access acute emergency and unscheduled care services at the four main acute hospitals – GRI, IRH, QEUH and the RAH (see figure 11 for location of acute hospital services including other hospitals).

Figure 11 – main acute hospital sites in GG&C



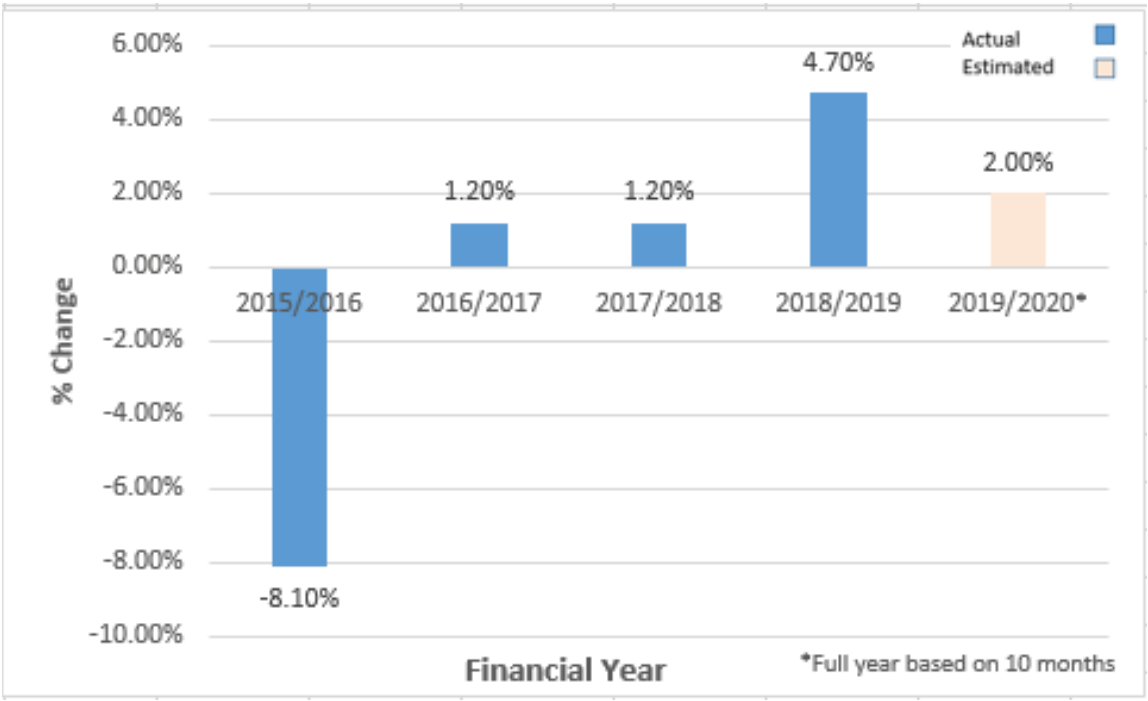
Information sharing

6.5 Information sharing between clinicians and primary and secondary care is vital in reaching decisions about patient care. Great strides have been made in improving information sharing between GPs and secondary care and the eHealth strategy outlines further developments[38] planned in the future. At a micro level improving access to EMIS for secondary care clinicians and the role of ECAN nurses pulling together patient information to inform decision making can make a difference. HSCPs are also encouraging GPs to update the Key Information Summary with summary ACPs to assist managing patients who attend emergency services.

Emergency department attendances

6.6 Emergency department (ED) attendances (see figure 12) have risen steadily in recent years and all EDs in GG&C have struggled recently to achieve the national 95% target for four hour waits (see figure 13). During 2018/19 in emergency departments in GG&C the percentage of patents seen within 4 hours at main sites was 90% against the national target of 95%.

Figure 12: Percentage change in ED attendances from previous year, 2015/16 to 2019/20



[38] https://www.gov.scot/publications/scotlands-digital-health-care-strategy-enabling-connecting-empowering/

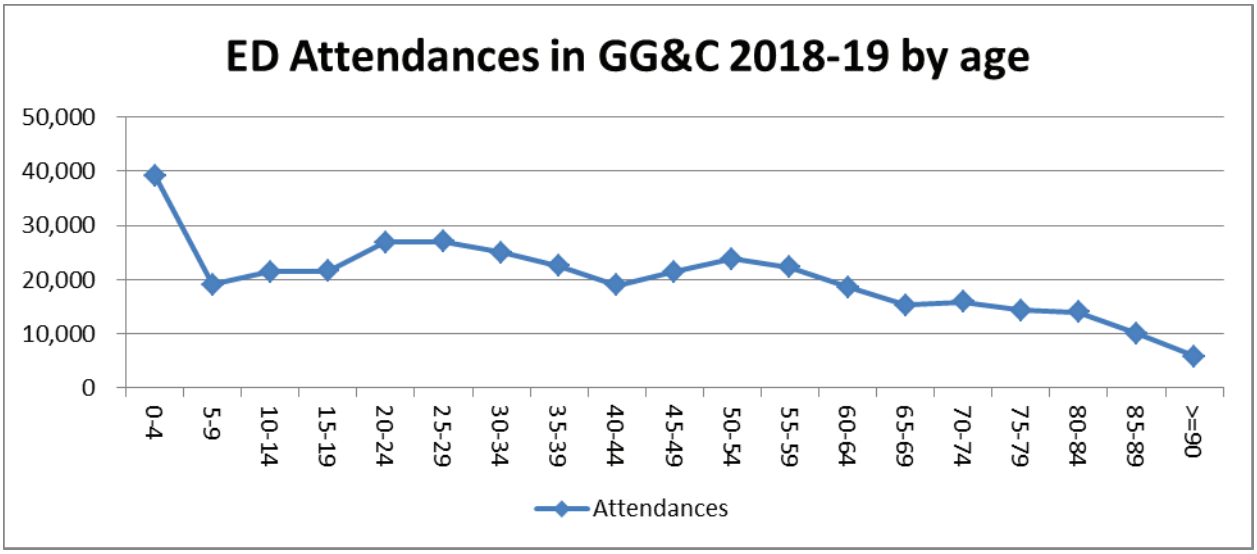
Table 2 – Emergency attendances and 4 hour target – GG&C

Year	% Compliance
2014/2015	87.7%
2015/2016	92.3%
2016/2017	91.9%
2017/2018	89.7%
2018/2019	90.0%
2019/2020 (to February)	85.2%

6.7 Analysis also shows that:

- the highest proportion of emergency department attendances were very young children and those in their twenties;

Figure 13 – ED attendances in GG&C 2018/19 by age



- in 2018/19 there were more than 300 attendances at the four main emergency departments for every 1000 people aged over 65;

Table 3 – Total attendances at 4 major emergency departments in NHS GG&C (2018/19) and rate per 1,000 population

Age	Number of attendances	2018 Population Estimate	Rate per 1,000 population
Age 65+	65,546	181,637	360.9
All attendances	265,514	1,174,980	226.0

- the proportion of attendances for over 65s at the main emergency departments has increased. One in 4 attendances at main emergency departments are over 65;

Table 4 - Attendances at 4 major emergency departments in NHS GG&C (2018/19) by age

Age	Attendances	% attendances
65+	65,546	24.7%
All Attendances	265,514	100.0%

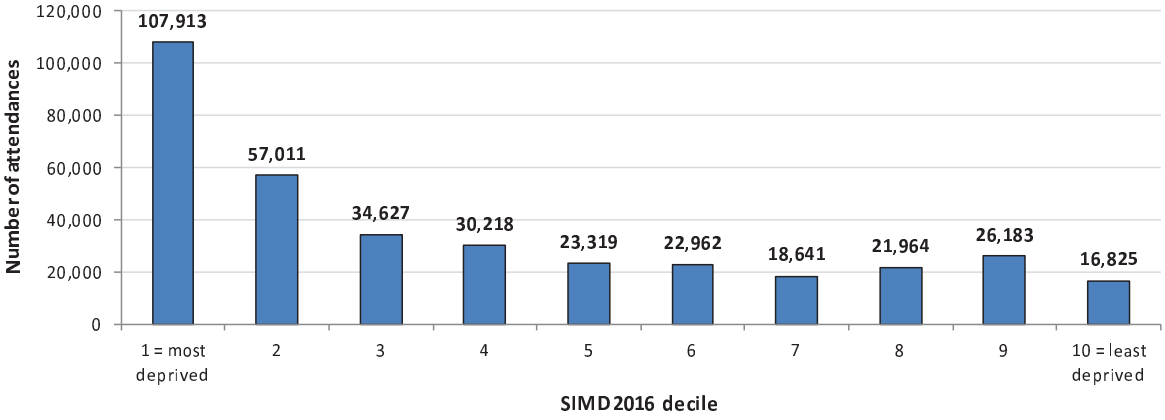
- in 2018/19, on average 58% of attendees referred themselves to ED while 8% were referred by a GP;

Table 5 - Attendances at all emergency departments in NHS GG&C (2018/19) – source of referral

Source of referral	Attendances	% attendances
GP	37,200	8%
Self-referral	256,803	58%
All attendances	440,007	100%

- a patient living in one of the most deprived areas in GG&C is more than six times likely to attend ED than a patient one of the least deprived areas (see figure 14);

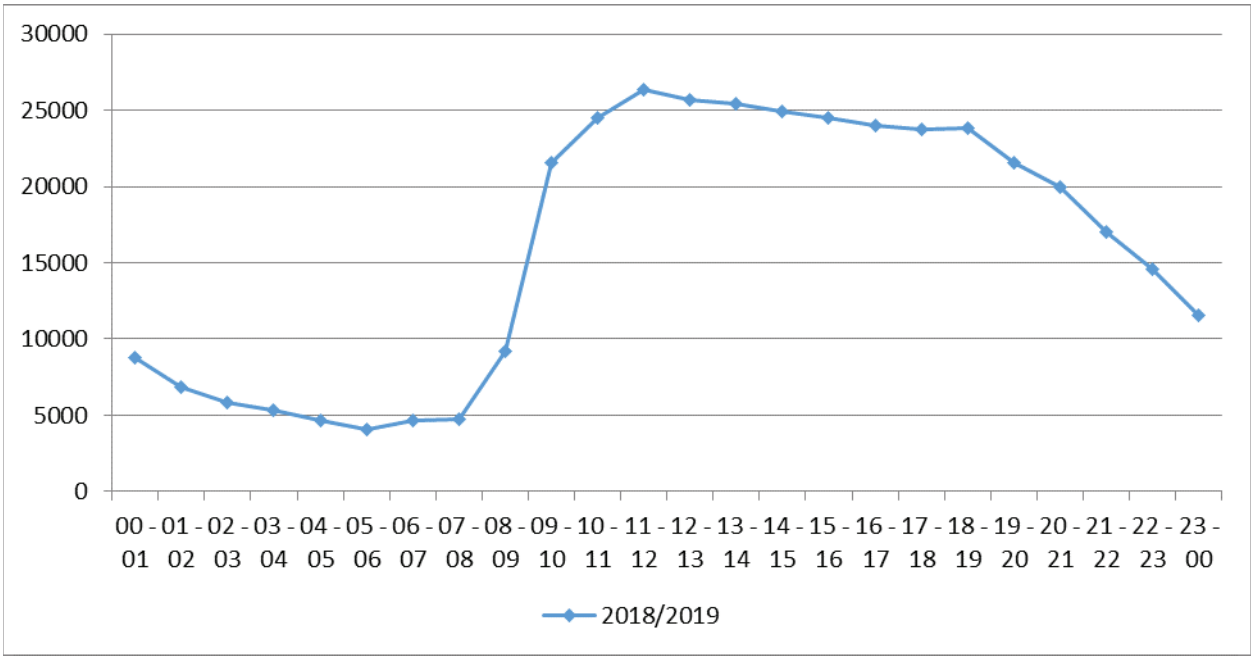
Figure 14 - attendances at all emergency departments in NHS GG&C (2018/19) by SIMD



- users of mental health services were more than twice as likely to have attended ED as non-users. They were also likely to attend more frequently;

- the pattern of arrival time by hour of day has remained consistent over the past five years with most attendances occurring between the hours of 10:00 and 18:00 (see figure 17 below);

Figure 15 - attendances at all emergency departments in NHS GG&C by time of day (2018/19)



- more than one in four of all ED attendances ended with admission to hospital.

Table 6 - attendances at all emergency departments in NHS GG&C (2018/19) percentage admitted

Discharge Destination	Number of attendances	Proportion of all attendances
Admitted	105,126	28.5%
All attendances	368,993	100%

- over half of all ED attendances for people aged over 65 ended with admission to hospital. Compared to nearly one in three for people aged under 10.

Table 7 - attendances for those aged 65+ at all emergency departments in NHS GG&C (2018/19)

Discharge Destination	Total attendances (all ages)	% of attendances (all ages)	Total attendances (64+)	% of total attendances (64+)
Admitted	87,848	23%	35,250	47%
All attendances	383,298	100%	75,390	100%

Table 8 - attendances for those aged under 10 at all emergency departments in NHS GG&C (2018/19)

Discharge Destination	Number of attendances (65+)	Proportion of all attendances (65+)
Admitted	92,715	31.0%
All attendances	299,540	100%

6.8 Further analysis of attendances also shows that approximately 51% of self-presentations are as a result of a minor illnesses or ailments[39]. It is possible then that a significant proportion of self-presentations at emergency departments could be treated by other services such as primary care, pharmacy or minor injuries units[40]. Currently there are no national or GG&C policies in place to support front line staff to direct patients to other services, therefore all individuals who attend ED are seen and assessed. We wish to develop a policy of re-direction to support patients accessing the right service in the right place at the right time.

Public attitudes to A&E

6.9 In putting such a policy in place we need to understand why some people attend ED instead of other services. Recent research[41] into public attitudes to accident and emergency services found that:

- **People living in deprived areas** are more likely to prefer A&E departments over their GP to get tests done quickly, find it more difficult to get an appointment with their GP and think A&E doctors are more knowledgeable than GPs;
- **Parents with children under 5** are most likely to have used A&E in the last year, to think it is hard to get an appointment with their GP, less likely to trust their GP but are also more likely to use the internet to try to decide what the problem might be; and,
- **Men** are less knowledgeable about how to contact a GP out of office hours and less likely to use the internet to research a health problem.

6.10 The study also found that in the main people believe that A&E is overused, and a clear majority (86%) think that too many people unnecessarily use A&E services. This increases to 94% for people aged 65 to 74 years old and drops to 79% for those aged 18 to 24 years.

[39] Demand and Capacity Model for NHS Greater Glasgow and Clyde, Final Report and Recommendations, NECS, 2019

[40] Richardson M, Khouja C, Sutcliffe K, Hinds K, Brunton G, Stansfield C, Thomas J (2018). Self-care for minor ailments: systematic reviews of qualitative and quantitative research. London: EPPI-Centre, Social Science Research Unit, UCL Institute of Education, University College London.

[41] National Centre for Social Research (August 2019)

When asked whether they had actually accessed A&E services in the previous 12 months for themselves or others, 32% of the public and more than half of parents with a child under 5 (54%) report they have done so at least once. 29% of those without young children in the household say they have visited A&Es in the same period.

6.11 Around half (51%) the population agrees that it is hard to get an appointment with a GP. Those with children under 5 (65%) and those living in the most deprived areas (59%) are most likely to agree. While over one third (36%) of the public report that they prefer NHS services where they do not need to make an appointment, those living in the most deprived areas (48%) and those with no educational qualifications (48%) are most inclined to say so. Only 27% of people living in the least deprived areas and 30% of graduates express this sentiment.

6.12 17% prefer A&Es to GPs because they can get tests done quickly. The figure rises to 29% when looking at people in the most deprived areas. This view is held by just 11% of people who live in the least deprived areas. By the same token those with no qualifications are twice as likely (26%) as degree holders to prefer A&Es to GPs to get tests done quickly (13%).

6.13 65% of the total population have confidence in GPs, while 11% state they do not have much confidence. This compares to 18% of those living in the most deprived areas, 16% of people with no qualifications and 20% of parents with a child aged under 5 who do not have much confidence. In contrast, 10% of those without young children and 8% of degree holders and 8% of those living in the least deprived areas feel the same.

6.14 Overall just 19% agree that doctors at A&Es are more knowledgeable than GPs. However, this jumps to a third for those without any qualifications (32% compared with 14% of graduates) and 28% of those in the most deprived areas (compared with 15% living in the least deprived areas).

6.15 58% of people with internet access say they would look online to help understand a health problem, while 47% would use the internet to decide what to do about it. Nevertheless, substantial gaps between demographic groups exist. Young people aged 18 to 24 are twice as likely (62%) to research health problems online than those aged 75 and over (30%). Those without children under 5 (56% compared with 72% of those with young children) and people with no qualifications (42% compared with 71% of graduates) and men (54% compared with 62% of women) are less likely to turn to the internet for health advice.

6.16 When it comes to awareness and confidence to access the right NHS services, most people (90%) report being confident that they know when to see a doctor regarding a health problem. Men (76% compared with 85% of women) and young people (64% compared with 79% of those 75 and over) emerged as the groups least confident in knowing how to contact a GP out of hours. And while 85% of people say they could rely on family and friends to care for them in the case of a non-life-threatening health

problem, this drops to 76% for those in the most deprived areas and rises to 91% for those living in the least deprived areas.

The challenge is change

6.17 So taking public attitudes into account and looking at our performance and recent trends shown above it is clear we need to do two things - change services to meet rising demand and change public awareness and attitudes. The data shows (see figure 6 above) that if emergency departments continue to operate as it stands they will not be able to cope with annually increasing demand[42]. If we do not change either, and ideally both, then primary and secondary care services are going to struggle to keep pace with demand and we will not be able to deliver the best we can for patients.

6.18 We outline our plans to raise public awareness and change attitudes in section 3. The challenge is change.

Patient advice - right service right place

6.19 From the analysis presented above it is possible some patients who are not an accident or an emergency could in theory be seen appropriately by other services rather than having to wait to be seen in A&E. We will test the potential for a service in emergency departments that offers patients who could be seen elsewhere advice and assistance in getting the most appropriate service. This could operate at peak periods and assist in easing pressure on emergency departments and ensuring patients are seen by the most appropriate professional.

6.20 As part of a comprehensive whole-system strategy for unscheduled care, helping patients with minor ailments navigate to alternative sources of support can also be an important change. There is evidence from other health and social care systems that supporting patients who attend A&E and who could more appropriately and safely be seen in primary care can work; e.g. Tayside. Such a policy has been implemented at GRI for certain conditions; e.g. COPD. Patients triaged are provided with information on alternative sources of community support for their condition. The policy has relatively modest aims and follows guidance from the Royal College of Emergency Medicine[43].

6.21 It is important we look at what can be done to guide patients safely and smoothly to alternative services where we can. We wish to work with acute clinicians to test re-direction arrangements at all the main acute sites so that emergency departments can focus on treating patients who need acute care. We will discuss with primary care how this might be done to ensure appointment slots are available timeously for patients re-directed from emergency departments. We estimate the impact of such a policy, supported by a public awareness campaign, the use of Consultant Connect and improved

[42] Demand and Capacity Model for NHS Greater Glasgow and Clyde, Final Report and Recommendations, NECS, 2019
[43] https://www.rcem.ac.uk/docs/SDDC%20Intial%20Assessment%20(Feb%202017).pdf

pathways, could be that potentially in a full year in GG&C 8,000 attendances could be seen within primary care either by GPs or community pharmacies (see table 9). For GP practices this could mean an additional two appointments per week.

Table 9 – potential impact of re-direction

	Total
Non Urgent - 80%	8,711.2
Standard - 10%	9,332.9
Total	**180,44.1**

Note estimate based on 2018/19 data and assumes a reduction of 80% of activity triaged as "non-urgent" and around 10% of "standard" activity.

Minor injuries

6.22 Minor injuries units offer a safe and effective service to patients. The units at Stobhill and the New Victoria see a large number of patients year on year and regularly achieve the four hour waiting time target (see table 10 below). They offer a good model for how we can serve patients better. We think that there should be similar dedicated minor injury units at the main acute hospital sites in addition to those at Stobhill and the New Victoria. Such units would relieve pressure on busy emergency departments and improve the flow within A&E departments and access for patients, separate and distinct MIUs should be established at all main acute sites

Table 10 – MIU attendances

Year	Total attendances	No. under 4 hours	% Compliance
2018/2019	46,575	108	99.8%
2019/2020 (to February)	44,215	129	99.7%

6.23 We will test developing further the MIU service model to deliver shorter waiting times consistently and reliably to increase attendances, and encourage patients to attend MIUs for appropriate cases instead of A&E e.g. patients seen and treated within 2 hours at MIUs versus the 4 hour A&E target. We will also test a change in the hours of operation to better match pattern of demand with MIUs open to 11.00 pm at weekends and Bank Holidays. We also wish to explore the costs and benefits of opening an MIU at Gartnavel.

6.24 If minor injuries were seen in dedicated units rather than being seen in emergency departments we estimate this could significantly reduce A&E attendances with no detrimental impact on patient safety.

Frequent attenders at Emergency Departments

6.25 In 2018/19 there were 1,188 patients who had attended an A&E department in Greater Glasgow and Clyde more than ten times. In total these patients accounted for 17,918 A&E attendances – 3.5% of the total attendances in GG&C. Each Partnership has a programme of work with GPs and other services such as mental health and addictions, to review individual cases to see what early intervention or preventative measures can be taken to support these patients.

6.26 Through this programme we estimated that by the end of 2020/21 the number of A&E attendances accounted for by people who have attended more than ten times in the previous twelve months will have reduced by 2.5%. Through further extension of this programme beyond 2020/21 we estimate will reduce the number of frequent attenders as a percentage of total A&E attendances from the current level to approximately 2%.

Example – Inverclyde HSCP
Data suggests that in Inverclyde the largest group of frequent attenders either have Alcohol & Drugs issues or poor mental wellbeing. Inverclyde HSCP set a target to reduce number of frequent attenders the aim being to work with individuals on a partnership basis to reduce attendances with the provision of appropriate community services. Alcohol and Drugs Recovery Service implemented a test of change in September 2019, involving an MDT and assessment and care management approach.

Mental Health

6.27 Individuals with mental health problems have been identified nationally to be as likely to breach the four-hour emergency access target as those with any other presentation. Action 13 of the national mental health strategy highlights the unnecessary delays experienced and aims to streamline care pathways irrespective of the patient's mental health problem. The recommended model for all unscheduled care services is one part of the *Moving Forward Together* programme matching demand to a prompt and effective response. 2020 sees the proposed implementation for a more standardised approach to maximise effectiveness and efficiency. The identified actions include:

- psychiatry liaison services – rolling out a single adult mental health liaison service across NHSGGC, with designated teams working into each acute hospital during working hours and a coordinated out of hours response via a single point of access to emergency departments 24/7. Services will operate to defined response and accessibility criteria. The ability to provide a 24 hour timeous response will be coordinated across liaison and out of hours Community Psychiatric Nursing services.
- Acute Psychiatric Liaison for Older People will commence enhancing capacity of older people's liaison services to the acute sector and to care homes. This will be implemented by Liaison Services using a range of low level interventions and support for people suffering with dementia. These will target people who access

services and their families/carers at an earlier stage, help people live longer in the community and reduce attendance at emergency departments.

- Crisis Resolution and Home Treatment - enhanced Board-wide access to crisis resolution and home treatment teams as an alternative to hospital admission. The service will implement intensive home treatment coordinated across Crisis and OOH CPN services, close an identified gap in response to Emergency Departments and will be available from 8am to 11pm, 7 days a week and will offer home-based care visits up to three times daily.
- Out of Hours – Implementing in 2020 a single point of access that will coordinate care across all unscheduled activity arising outside normal working hours. This will include provision of CRHT (Crisis Resolution & Home Treatment Teams) and Liaison Services to Emergency Departments as well providing access for emergency and urgent care assessment for people presenting in distress. A senior clinician will be available to offer telephone advice to referrers and to coordinate responses from Community Mental Health Teams and Crisis Resolution & Home Treatment Teams (CRHTs) as needed. Access as identified has also been increased to OOH CPNs from 5.00pm to 9.00am which will improve accessibility and be connected to the broader OOH review.
- Mental Health Services and emergency departments have established a standardised response time to EDs from point of referral to Mental Health Services. Both Mental Health Services and EDs are promoting a supportive joint working ethos and shared responsibility to ensure that people with a mental health presentation get the most appropriate care treatment response. The standard target response time is to carry out a face to face mental health assessment within one hour from point of receipt of referral (time of initial telephone call). Prioritisation of all referrals are based on individual patient risk factors, current demand/activity within the service, current risk factors within Emergency Departments, medical fitness, ability to engage in psychiatric assessment due to substance intoxication or availability of interpreting services.

6.28 The focus of implementation during 2020 will be on the following:

- GGC wide approach to Crisis Resolution and Home Treatment (CRHT) service 8am-11pm x 7 days. HT up to 3 x visit/treatment daily;
- Provide single point of Out of Hours access co-ordinated across all unscheduled care services arising outside normal working hours;
- One coordinated single board wide adult mental health liaison service;
- Dedicated liaison teams working in to each of the 5 acute hospital sites GRI; VOL; QEUH; RAH & IRH;
- Coordinated Out of Hours response to 4 x Emergency Departments 24/7;
- Implement an SOP describing input to the EDs and inpatient wards;
- Development in partnership with third sector, a tender for Safe Haven Crisis outreach model to provide an alternative response to people in distress (away from EDs);

- Evaluating pathways and safe response models as an element of a partnership with a commissioned 3rd Sector Safe Haven hub approach across Glasgow City to support distressed people to access care and prevent attendance at accident and Emergency Units; and,
- Test the concept of new health and social care assessment model for older adults.

GP assessment units

6.29 At each main hospital site in GG&C there are assessment units located close to emergency departments where GPs can refer patients to be assessed. Such referrals are usually unplanned and made on the same day when a patient has been seen by a GP, and a decision taken that they need assessment in secondary care. These units provide an essential service to patients and support to GPs and are extremely busy departments. Prior to these units being introduced referrals such as these would be made straight to emergency departments. The current rate of referral to assessment units is shown in table 12.

Table 11 – GP referrals to assessment Units

	2017/2018	2018/2019	2019/2020 (to February)
GP referrals	13,030	12,587	10,040
Total attendances	55,705	56,709	49,152
% GP referrals	23%	22%	20%

6.30 There is a variation across the main hospital sites in the ratio of attendances at assessment units and the number of admissions. We will work with assessment units and GPs to explore the reasons for this variation with a view to improving overall ratios and in particular reduce the number of people discharged in the same day by the development of care pathways for such conditions such as DVT and abdominal pain (see above). Providing alternatives to admission as described above will assist in achieving such improvements.

Table 12 – GP Assessment Units - ratio of attendance to admission

	2017/2018	2018/2019	2019/2020 (to February)
Total admissions	31,106	31,022	25,929
Total attendances	55,705	56,709	49,152
% admissions	56%	55%	53%

6.31 A significant proportion (45-48%) of GP referrals to AUs are discharged on the same day and not admitted. Most attendances occur between the 4pm and 6 pm with same day discharges often taking place in the evening. As well as being inconvenient for patients and their families there is a risk that patients are admitted overnight because of

difficulties in getting patients home safely. Work will be undertaken to review same day discharges and what alternatives could be offered to GPs on a planned basis, and what the impact might be if discharge to assess was scaled up. It is also suggested that the contact telephone number of the consultant in charge should be shared to encourage GPs to contact the consultant to seek advice before making a referral.

6.32 We will look at potential alternatives for GPs for this group of patients where advice and or tests are needed and can be managed the next day. The potential here might be we give GPs the ability to book patients directly into next day clinics for advice and treatment. This would alleviate pressure on assessment units and give patients and GPs assurance that they will be seen quickly and on a more planned basis.

6.33 Initial analysis indicates that the effect of such a programme could be a significant reduction in admissions from assessment units although clearly some of this activity would be converted into planned activity in other services such as diagnostics.

Advice to secondary care clinicians

6.34 In seeing patients who attend emergency departments it is important secondary care clinicians can access support and advice in order to make decisions about the next steps. Currently emergency departments can access advice from CPNs, community rehab, hospital discharge teams and others for support in managing patients. HSCPs will review these arrangements with acute clinicians to see what improvements can be made to respond to an increase in the numbers attending. We are conscious that in a busy ED department when decisions about a patient need to be taken quickly it can be confusing to know who to turn to in HSCPs for advice and support.

Day of care survey

6.35 A national Day of Care survey was carried in October and May 2019 out to provide an overview of in-patient bed utilisation across NHS Scotland. In GG&C the survey involved 3,038 patients in 3,216 beds and an overall occupancy level of 94.7%. The results of the survey were that:

- 13.8% of in-patients did not meet survey criteria for acute hospital care;
- the main three reasons identified for patients not being discharged were:
  - awaiting social work allocation/assessment/completion of assessment;
  - awaiting consultant decision/review; or,
  - legal or financial reasons.

6.36 The audit also concluded that the older the patients were, the less likely they were to meet the criteria for acute care.

6.37 These numbers compare well with previous audits although the number of patients and beds surveyed, and occupancy levels were higher than in May 2019 when the last survey was conducted.

6.38 HSCPs are keen to work with the NHS Board and the acute division to take forward the results of the survey. Our programme to improve discharge and our proposals to provide GPs with alternatives to admission should positively impact on these results going forward. We would wish to see an improvement in performance from current 14% of bed days not meeting the acute care criteria to 10% in 2022/23.

Length of stay

6.39 One area highlighted in the day of care survey that impacts on patient flow within the acute hospital system is the length of time patients spend in a hospital bed. There are variations in length of stay across specialties and hospital sites. When comparing GG&C hospitals performance there is significant variation (see table 9 below).

Table 13 – length of stay by specialty by hospital compared with Scotland – general, geriatric & respiratory medicine 2018/19

Hospital	All specialties	General Medicine	Geriatric Medicine	Respiratory Medicine
Glasgow Royal Infirmary	5.2	3.3	10.8	7.4
Inverclyde Royal Hospital	7.2	5.9	20.6	*2.6
Queen Elizabeth University Hospital	6.3	5.1	12.2	5.9
Royal Alexandra Hospital	6.1	6.1	16.1	*1.9
Vale of Leven General Hospital	6.6	4.5	14.7	*1.1
NHS Greater Glasgow & Clyde	**6.2**	**4.9**	**15.5**	**6.1**
NHS Scotland	**6.3**	**4.9**	**16.7**	**5.9**

* - denotes small number of spells

Source: NSS Discovery dashboard

Notes:

Description: Analysis of the variation in LOS based on Total LOS and number of spells

Numerator: Total LOS (days)

Denominator: Number of spells

6.40 There is a need for fast access to investigation, diagnostic services and pharmacy services to shorten lengths of stay and prevent potentially avoidable admissions. We need also to optimise bed use given demand pressures generated by scheduled and unscheduled care needs, and delivery of waiting time targets. Implementation of the NHS Board's 2017 unscheduled care improvement programme is key to this and the following should contribute to delivering these improvements for patients.

Consultant geriatricians and GPs

6.41 Considerable progress has been made in joint working between HSCPs, GPs and consultant geriatricians. Further development of these links is desirable to better support patients in the community. Particular areas of focus for the next stage of this work would be:

- geriatrician support to GPs who cover care homes potentially utilising Attend Anywhere for MDTs;
- defining the geriatrician's role in anticipatory care planning, the management of complex cases and involvement in MDTs;
- introducing telephone or virtual clinics between GPs and geriatricians including advising GPs before referrals to AUs;
- considering the role of day hospitals in the provision of community based older people's services including the potential for the urgent / rapid review of patients referred by GPs; and,
- improving the management of frailty in the community as part of the frailty collaborative and the development of an integrated primary / secondary care frailty pathway.

6.42 Consultant geriatricians currently undertake a number of sessions in the community at a day hospital or other community setting. These sessions are important in supporting patients in the community after discharge or preventing potential future hospital admission and providing integrated care with community based services including GPs. As part of this plan we would like to explore the potential for more community sessions as part of developing an integrated approach to managing frailty within community settings, working with the third and independent sectors, including housing. We will work with consultant geriatricians to explore the opportunities to take further steps to develop more integrated care pathways.

Summary

6.43 In this section we have focused on our priorities to improve the interface between primary and secondary care, including actions to reduce demand on our emergency departments. This programme requires a whole system approach to make progress, and further discussion particularly at a clinical level between GPs and secondary care clinicians to move these proposals forward. Improving links between primary and secondary care is a long term agenda recognising the changes taking place within general practice and the scale and size of the health and social care system in GG&C. Nevertheless some important key steps can be made early to impact on emergency care such as:

- introducing dedicated minor injury units at each emergency department to improve flow and performance against the four hour target;
- introducing a re-direction policy to support patients access appropriate emergency services;
- reducing the number of frequent attenders at A&E;
- improving the proportion of patients seen on a planned basis as an alternative to attendance at GP assessment units;
- improving length of stay; and,
- improving links between GPs and consultant geriatricians.

7. IMPROVING HOSPITAL DISCHARGE

Introduction

7.1 The plan is about taking a 'whole system approach' to unscheduled care and outlines a range of community alternatives to hospital admission. We recognise that hospitals provide valued and essential assessment, treatment and care and patients are often admitted because the necessary care and treatment they need cannot be provided safely and effectively at home or in the community. It is important that all potential options are explored with patients and their carers before a decision is taken to admit someone to hospital. Anticipatory care plans have a role to play here.

7.2 A prolonged stay in hospital however is often not associated with a good outcome so we must do as much as we can to speed up the discharge process. Being in hospital can disconnect people from their family, friends and social network and can result in a sense of isolation, loss of confidence and depression. Visiting hospital for a long period may heighten an already stressful situation for family carers. Older people experience functional decline as early as 72 hours after admission and are more likely to have an episode of delirium or infection. The risk of a poor outcome increases every time a frail patient is moved from ward to ward.

7.3 Every unnecessary day in hospital increases the risk of an adverse outcome for the individual, drives up the demand for institutional care and reduces the level of investment that is available for community support.

Improving discharge

7.4 Achieving safe, timely and person centred discharge from hospital to home is therefore an important indicator of quality and a key measure of effective and integrated care. Once a patient is fit for discharge it is in their best interest that this takes place as quickly as possible so that they can settle safely and comfortably at home or other appropriate setting. For those patients who need further support in the community from health and / or social care it will often be the HSCPs' discharge teams that make sure that support is in place. For most patients discharge will be followed up by community services and / or their GP. We want to ensure that people get back into their home or community environment as soon as appropriate and with minimal risk of re-admission to hospital.

7.5 On a typical day there are over 250 discharges from acute hospitals in GG&C. Most of these discharges occur during the hours of 14.00 and 17.00. The pattern of discharges varies during the week with most discharges occurring towards the end of the week. Ideally we would like to see this pattern spread more evenly throughout the week, including weekends, and increase the number of discharges occurring before 12.00 noon and at weekends as this easies pressure on home care, community services and others who follow up patients in the community.

7.6 We will aim to routinely discharge patients home from hospital in days not weeks. We believe that when a patient no longer requires to remain in hospital, they should be discharged home and their post hospital rehabilitation, care and support needs met by the local community services. If return home is not possible in the short term, they should transfer to a step down bed in the community for a period of Intermediate care and rehabilitation.

Example - Home for Me, East Dunbartonshire
In East Dunbartonshire Home for Me is working closely with orthopaedics to support early discharge with follow up rehabilitation and home care re-ablement

Example – Home First, Inverclyde
In Inverclyde Home First tracks patients in hospital and once a discharge date is agreed early referral is made so patients can be discharged to assess with an appropriate risk assessment. The Home1st team brings together ACM, reablement, in reach team and discharge team to move the emphasis of discharge planning from hospital to community provision. Discharge planning begins in the community and assessments completed in the service users home. The discharge to assess approach, when an individual is medically fit to be discharged they return home where an assessment for future needs is completed by the Home 1st (Reablement) Team. In this way Inverclyde ensure a smooth patient pathway, early referral for social care assessment and reduce duplication. Care Home Liaison Nurses are also involved in supporting care homes to maintain residents in community and avoid hospital admission

Discharge process

7.7 We will begin care planning as soon as possible after a patient is admitted to hospital and involve the appropriate members of the multi-professional team at the earliest opportunity. Planning for discharge with clear dates and times reduces a patient's length of stay, potential re-admission and therefore pressure on acute hospital beds. The multi-disciplinary team should meet ideally within 12 hours of a patient's admission to consider the patient's discharge plan so that patients can be discharged safely onto the next appropriate area of care.

7.8 Key to a successful discharge is:

- specifying an estimated date and/or time of discharge and discharge planned from the point of admission (or before) with the norm being discharge within hours and days of readiness rather than weeks;
- identifying early what a patient's discharge needs are and how they will be met;
- taking a personal outcomes approach that tackles every delay, every day and uses data to examine performance and challenge causes of variation;
- active participation by patients and their carers ensuring that they understand and are able to contribute as appropriate to care delivery and discharge planning;

- identifying a named person with responsibility for co-ordinating all stages of discharge planning throughout the patient's journey including engagement with housing where appropriate;
- an acute hospital bed is not the best place for assessing an individual's need for long term care and support so, unless unavoidable, no-one should move directly from an acute bed to a long-term care home placement; and,
- most importantly we will adopt of a culture of 'Home First' as a default position - wherever possible and safe, patients should return to the home they were admitted from and only explore alternatives if this is not possible.

Discharges before 12.00 noon

7.9 This plan proposes more discharges before 12.00 noon – currently less than 10% of discharges are before midday. Earlier in the day discharges would be better for patients allowing them time to settle beck at home or other setting, and also ease pressure on wards. We propose an improvement of 10% over the next 12 months.

Intermediate care

7.10 Intermediate care acts as a bridge between hospital and home for those deemed medically fit for discharge but who are delayed in hospital. In this way it ensures that acute hospital capacity is used appropriately and individuals achieve their optimal outcome and has been shown to be effective[44] .

7.11 There are a number of intermediate care places in GG&C commissioned by HSCPs from the independent care sector. The function of this service is to create a stable non-acute environment where individuals being discharged from hospital with enduring complex care needs can have their long-term social care assessments undertaken.

7.12 Most intermediate care resources are of this 'step down' type of provision for patients transferred from an acute hospital. However, the model also lends itself to 'step up' intermediate care where a patient might be referred to avoid a potential hospital admission. This aspect of the model needs further development and has the potential to offer GPs another option for patients even in an emergency or urgent situation. We will explore this further with GPs and the independent care sector and how this service might operate.

Adults with Incapacity (AWI)

7.13 At the time of writing there were 57 patients in acute hospital beds who have been identified as AWI patients within the definition of the Act[45]. AWI patients typically have a

[44] Implementing a step down intermediate care service, Kate A. Levin, Martine A. Miller, Marion Henderson, Emilia Crighton, Journal of Integrated Care, ISSN: 1476-9018, 10 October 2019

[45] https://beta.isdscotland.org/find-publications-and-data/health-and-social-care/delayed-discharges/delayed-discharges-in-nhsscotland-monthly/

longer length of stay than other patients and therefore consume more acute bed days than other patients. In 2018/19 AWI patients accounted for 10,037 bed days in GG&C – over a quarter of all bed days. HSCPs will bring a dedicated focus and resources to monitoring and expediting guardianship process as far as their authority extends

7.14 Following a legal challenge to the Health Board policy on AWI by the Equalities and Human Rights Commission we have ceased admitting AWI patients to specific care home places. Currently alternative pathways are being explored. In the interim the number of AWI delays in acute hospital beds is likely to rise.

Improving Delayed Discharges

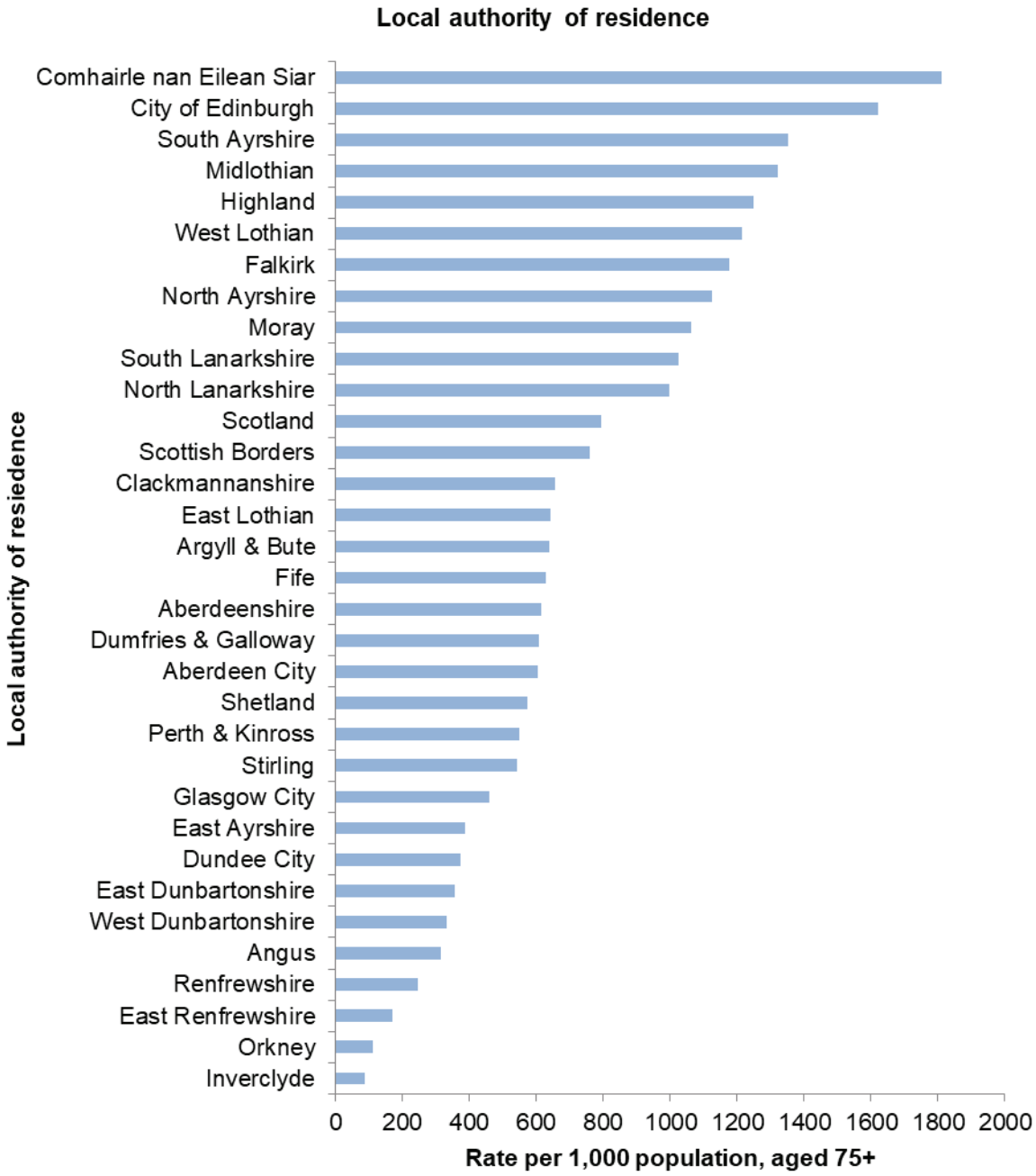
7.15 HSCPs have performed well in recent years in managing delayed discharges which have been on a downward trajectory since 2016. However, reflecting pressures in the wider health and social care system our performance has declined over the past 12 months. While this mirrors a trend nationally, GG&C performance as a whole continues to compare favourably with other Health Boards. HSCPs and the Acute Services Division have robust processes in place to manage delays on a day-to-day basis, and a range of actions are currently being implemented designed to improve hospital discharge arrangements and patient outcomes.

7.16 It is widely acknowledged that delays in patients being discharged from hospital can be detrimental to patient care. No patient ideally wants to remain in hospital any longer than they need to. A long delay can often lead to a patient falling ill again, or losing vital life skills, independence or mobility. It could ultimately result in the patient having to be admitted to a care home due to the deterioration in their health and mobility. There is clear evidence that an unnecessary, prolonged stay in hospital can be detrimental to a person's physical and mental wellbeing.

7.17 In GGC acute patients who are declared fit for discharge are immediately recorded as such and "the clock starts ticking" with reports generated daily on the number of delayed patients in the health and social care system and into which category they fall e.g. AWI, mental health etc. The discharge planning process will begin much before this date, and this is now further improved with the introduction of the Estimated Date of Discharge on admission to an acute ward, and availability to HSCPs of inpatient data via dashboards.

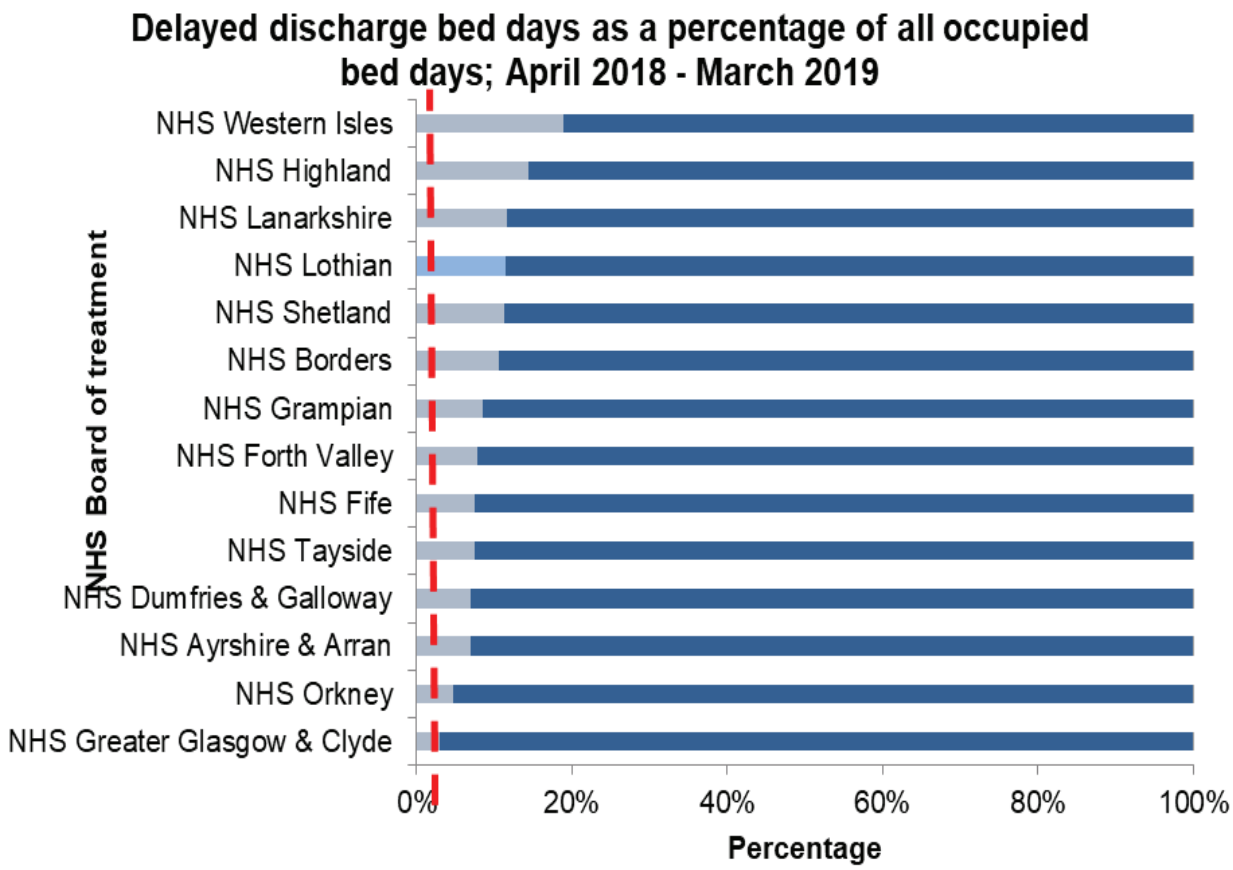
7.18 The current rate of delays (i.e. all delays) for all patients aged 75 plus per head of population by HSCP for 2018/19 is shown in figure 24 below and illustrates that the performance of GG&C HSCPs compares favourably with other HSCPs nationally.

Figure 16 – Delayed discharges per 1,000 population aged over 75 by HSCP – April 2018 to March 2019



7.19 This is further illustrated when considering the percentage of acute beds in GG&C (3.1%) occupied by people who were delayed in their discharge (see figure 17 below);

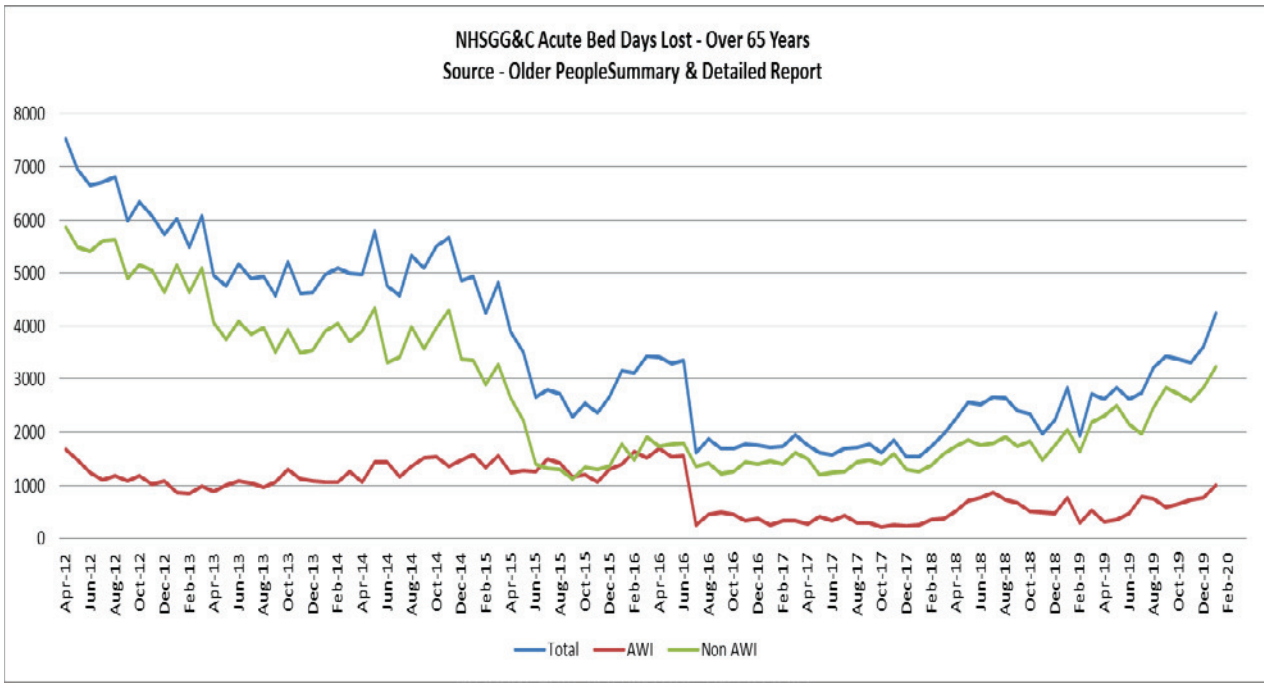
Figure 17 – delays as a percentage of acute beds – 2018/19



7.20 The number of delayed discharges in GG&C and the associated bed days due to delays has increased in recent months:

- the number of acute delays for patients aged over 65 in GG&C has risen from 352 in January 2019 to 472 in January 2020 – the highest since 2012/13;
- total acute delays for all ages in GG&C has risen from 342 in September 2018 to 527 in January 2020 (this is the highest it has been for some years);
- in 2018/19 there were 36,968 bed days occupied by people delayed in their discharge, and of these 29,072 were occupied by people aged 65 years and over (see figure 26 below); and,
- there has been an increase of 9,323 in delayed discharge bed days between 2017/18 and 2018/19.

Figure 18 – Acute hospital bed days lost due to delays – over 65 – AWI and none AWI - April 2012 to February 2020



7.21 The main reasons for delay in GG&C are:

- awaiting place availability (28.4%);
- awaiting completion of care arrangements (22.4%);
- complex delay reasons (21.5%);
- awaiting community care assessment (20.6%); and,
- other reasons including funding, transport, patient and family related reasons (6.8%).

7.22 Recent analysis has shown that there is a significant variation across hospital sites in the timing of referrals to social work services as part of the discharge process. This variation creates an added challenge to respond effectively to the assessment of individuals in a time sensitive manner. There is a clear relationship between early referral to social work and a reduction in delays. Where referral occurs earlier in the patient pathway, the data shows that delays are mitigated or reduced. The average delay following same day referral to social work for those who become delayed discharges is eight days. A third of referrals were made with less than three days of the patient being reported as 'Ready for Discharge' (RFD). The average length of stay for those referred on the same day was 26 days at the point of referral. This would suggest that for many people, there could be opportunities for earlier signposting of patients in areas of high activity in advance of referral and for referrals to be made earlier in the patient stay.

7.23 All HSCPs have action plans in place to reduce delays (see annex B). Additional staffing is being recruited to Glasgow City HSCP's hospital discharge team. East Dunbartonshire

have substantiated the Social work resource within the Home for Me service to improve relationships, communication and consistency within the wards. Inverclyde HSCP has additional assessment staff for the Home1st Assessment and Rehabilitation Service. West Dunbartonshire HSCP are re-aligning staff within the Hospital Discharge Team to place greater emphasis on in-reach/ early assessment. In addition, West Dunbartonshire's new Focussed Intervention Team is responding to referral where a hospital admission is being considered, and through intense support, avoid these admission in 60% of cases.

7.24 The aim of these actions at a GG&C level is to reduce delays so that they account for approximately 2.5% to 3% of total acute beds, and that bed days lost due to delays (non AWI patients) are maintained within the range of 37,000 to 40,000 per year. In summary these actions include:

- increased intermediate care capacity;
- discharge teams linked more closely to acute wards;
- estimated date of discharge planning;
- direct access to home care or same day response to care packages;
- increased support within hospital discharge teams; and,
- improvements to the process for managing AWI patients

Managing capacity at peak times – seasonal planning

7.25 The health and social care system experiences peaks of demand at certain periods during the year usually over the winter period and at bank holidays, and also when conditions such as flu affect large sections of the population. It is essential that we review the capacity of the system to meet these peaks in demand and ensure patients continue to receive a consistently high quality service throughout the year. We must plan additional supports during these key points of the year, and scale up services quickly where we need to. In doing so we will be guided by our strategic direction to manage patient care in the community and avoid the need for hospital admission. Each year we will develop a capacity plan informed by the latest projections of future demand.

7.26 We also need to consider managing services on a 52 week annual cycle. At present we scale services down for several days over annual holiday periods. As demand is 24/7 all year round we do put strain on the system by managing 52 weeks demand over a 51-50 week year. We fully recognise that staff need a break and are entitled to annual leave, but we do need to look at ways we can deliver services throughout 52 weeks of the year.

7.27 Our aim is that we have a coherent system wide plan capable of adapting to seasonal or system pressures so we can flex capacity and service responses as needed. Traditionally our response has been to open additional beds over the winter period the consequence of which is to place additional demands on other parts of the health and social care system. Our aim starting in 2020/21 will be not to open any additional beds in line with our overall approach in this plan to prevent admission and build capacity within community services. As part of our seasonal planning we will continue to:

- proactively manage a flu immunisation campaign both to staff and the general public to encourage increased uptake, including capitalising on the role of community pharmacies;
- proactively deliver a public awareness campaign on what services to access for what over the holiday period and alternatives to accident and emergency such as minor injuries;
- implementation of the re-direction protocol in emergency departments to advise patients on appropriate services;
- seven day working to support improving weekend discharges and discharges earlier in the day;
- introducing "hot clinics" for quick access for GPs for specific conditions such as abdominal pain; and,
- take forward actions to improve communication between GPs and secondary care clinicians e.g. consultant connect for GP to consultant advice

Summary

7.28 In this section we have outlined our priorities for improvements in unscheduled care services to ensure patients receive the right care in the right location and at the right time. We have outlined proposals we intend to test with secondary care clinicians and primary care to provide GPs with alternatives to admission and other actions that can be taken to better respond the changes in demand that can yield further improvements in our health and care system.

7.29 In summary the key actions to improve the discharge process planned are:

- take a personal outcomes approach and encourage the active participation by patients and their carers in the discharge planning process;
- identify a named person with responsibility for co-ordinating all stages of discharge planning;
- as early as possible following admission, including agreeing an estimate date of discharge;
- adopt a home first default position;
- better managing community capacity by increasing the number of discharges earlier in the week, before 12.00 noon and at weekends;
- improving our management of delays; and,
- better manage capacity over the winter period and at other times of the year.

8. RESOURCING THE CHANGES

Introduction

8.1 In this section we outline the financial framework to support delivery of the plan. A number of the proposals in this plan are already funded in HSCPs or the Acute Services Division. Others will need additional or a shift in resources to support implementation.

Financial Framework

8.2 This commissioning plan represents the first step in moving towards delegated hospital budgets and set aside arrangements within Greater Glasgow and Clyde. In 2019/20 unscheduled care is estimated to cost Greater Glasgow and Clyde £438.7m. With a budget of £409.3m identified by Greater Glasgow and Clyde Health Board. This is a shortfall in funding of £29.4m and represents a significant financial risk to Greater Glasgow and Clyde Health Board and the six IJB's with strategic responsibility for this area.

8.3 This budget shortfall impacts on the IJB's ability to strategically plan for unscheduled care. Nationally there is an expectation that IJB's, through commissioning plans, can improve outcomes and performance in relation to unscheduled care, which in turn will support the release of resources to support investment in primary care and community services. This was reiterated in the Scottish Government's Medium Term Financial Plan[46] which assumes that 50% of savings released from the hospital sector will be redirected to investment in primary, community and social care service provision. The ability to achieve this in Greater Glasgow and Clyde is hindered by the existing financial position outlined at 8.3 above.

8.5 The commissioning plan identifies a number of key actions and investments which require financial investment to deliver. Work is in hand with all HSCPs and the acute division to identify the level of resource needed across the life of the plan. Until this is complete only projects which can be funded within existing resources will be progressed.

Acute Inpatient Beds Plan

8.6 There is a requirement that this Commissioning Plan outlines an inpatients beds plan for the specialities included in the set aside arrangements (see 1.11 above). Annex C shows the changes in inpatient beds across the main acute hospital sites in GG&C since 2010. These numbers show that the potential to significantly reduce further acute beds capacity in NHSGGC is limited given the current and projected future demand for acute hospital care.

[46] https://www.gov.scot/publications/scotlands-fiscal-outlook-scottish-governments-medium-term-financial-strategy-2019/

8.7 Further the acute system in NHSGGC already benchmarks favourably with the rest of Scotland in terms of its efficiency KPIs, reflected in average length of stay (ALOS) and day of care audit data (see table 14).

Table 14 – acute inpatient beds benchmarks 2019

Indicator	Pan-Scotland Acute (28 Sites) Oct 2019	Pan-Scotland Acute (29 sites) May 2019	NHSGG&C Oct 2019	NHSGG&C May 2019
Bed Occupancy %	**96%**	95%	94.7	96.29
Day of Care - criteria not met %	**19%**	21%	13.8	14.12

8.8 NHSGGC has also given effect to the Scottish Government's Hospital Based Complex Clinical Care (HBCCC) guidance from May 2015, which saw all acute continuing care capacity in the Board area phased out over the past 3 years (see annex c).

8.9 As the scope to deliver a further significant reduction in future acute inpatient bed capacity is limited we will take action to support the acute hospital system to manage growing demand without having to expand bed capacity (the thrust of the actions in section 5) and specifically we will work with the acute system to reduce the requirement to open additional winter beds over the winter period to zero over the lifetime of this plan (see annex D).

8.10 As per the set aside arrangements, this would require funds to be directed towards community alternatives to hospital, in line with the programme detailed in this plan. The ability to do this will be dependent on the level of funds available for investment over the life of the plan and represents a risk to delivery.

9. MEASURING IMPACT AND PROGRESS

Introduction

9.1 In this section we look at the potential impact of the programme outlined in this draft plan and the key measures we will use to monitor progress.

9.2 In a large and complex system such as GG&C with many moving parts estimating and forecasting the impact of specific interventions is not an exact science. There are many external factors that can influence the impact of any given intervention – some of which are not in our control. Forecasting or estimating impact is even more difficult when looking into future years. The numbers presented below should therefore be viewed with caution and should not be considered as a firm guarantee of future impact; they are a guide and our best estimate based on what the evidence says and our knowledge of the health and social care system in GG&C. These numbers will also need regular review and updating following implementation.

Key Measures

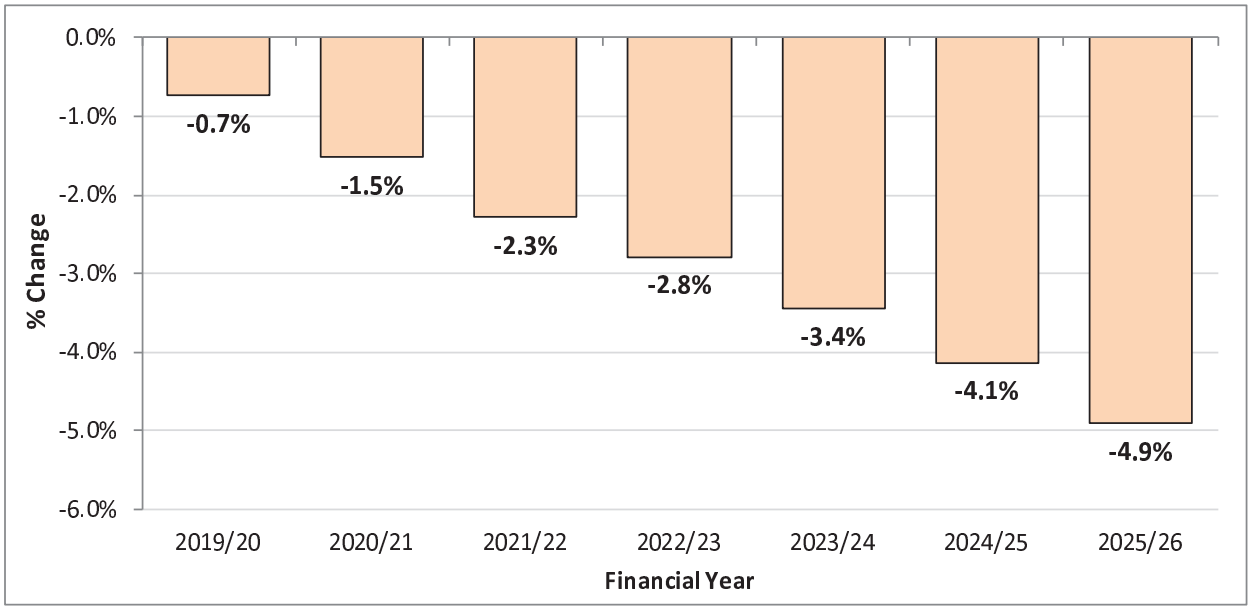
9.3 The key indicators we propose to use to measure the impact of our programme are:

- emergency departments attendances:
  - delivery of the four hour target
  - total attendances by age, sex and deprivation
  - total attendances per head of population
  - rates of admissions and discharges
  - frequent attenders
- minor injury units attendances:
  - delivery of the four hour target
  - total attendances by age, sex and deprivation
  - total attendances per head of population
  - rates of admissions and discharges
- GP assessment units attendances:
  - total attendances by age, sex and deprivation
  - total attendances per head of population e.g. 65-74, 75+
  - rates of admissions and discharges
  - GP referral rates
- emergency hospital admissions:
  - admissions by age, sex and deprivation
  - rates per head of population e.g. 65-74, 75+
  - length of stay
  - rates per GP practice
- acute unscheduled care bed days
  - rates per head of population e.g. 65-74, 75+
- acute bed days lost due to delayed discharges

- rates by age e.g. e.g. 65-74, 75+
- AWI and non AWI rates
- bed days lost as % of total acute beds

9.4 In assessing the impact of the programme outlined in section 5 to prevent admissions, and based on current rates of admission per head of population and for different age groups (e.g. 65-74, 75 plus) we estimate that the full implementation of this programme will likely result in a reduction in the rate of emergency admissions for over 65s by 4.9% by 20205 (see figure 19 below). This estimate takes into account the demographic changes forecast over this period.

Figure 19 – projected percentage change in emergency admissions (based on 2018/19 data)



9.5 An important caveat to these projections is that other changes in the population e.g. changes in life expectancy, wider society and the economy highlighted in section 1, will affect these numbers in ways that are difficult to predict at the present time.

9.6 Work is underway to identify the potential impact of all the actions outlined in this draft plan. Through this further work we aim to demonstrate that if plans are delivered in full by 2021/22 as envisaged this will not only enable increases in demand anticipated from changes in our population to be met, it will also result in a reduction in current costs.

10. CONCLUSION

10.1 The purpose of this plan is to outline how the six NHSGG&C HSCPs in partnership with Acute Division and other partners aim to respond to the continuing pressures on health and social care services in Scotland's largest Health Board. For a number of reasons health and social care services are stretched and we are struggling to meet key targets. In a large system such as GG&C a large number of patients are seen by health and social care professionals in a variety of different settings on a daily basis. When looking to the future we can see that demand will increase as the number of people aged over 75 is forecast to rise over the next five years. We need to change therefore if we are to both meet current and future demand.

10.2 The challenge is change. We need to do somethings differently (e.g. out of hours services) and we need to change some services (e.g. mental health services) to respond better to patients. We need to scale up some of what we are already doing (e.g. anticipatory care planning) and we need to try new things (e.g. "hot clinics" for GPs). We also need to look at putting new additional services in place (e.g. minor injury units) and changing how emergency departments operate more effectively.

10.3 We also need to communicate more directly with patients and the general public to ensure people know what service is best for them and can access the right service at the right time and in the right place.

10.4 The programme outlined in this plan is based on evidence from elsewhere of what works and our estimate of patient needs in GG&C. We believe it is the right way forward. The changes proposed will not take effect immediately or all at the same time. Some need testing and others need time to bed in. Change will be gradual but should be fully implemented by 2022/23. While the challenge is change to respond to current and future demand, the challenge is also maintaining the direction outlined in this plan over the longer term so that we can better meet the needs of the people we serve.

Annex A

SUMMARY OF THE EVIDENCE[47]

Redesigning elective care pathways

Relative strength of evidence of reduction in activity and whole-system costs	Initiative
Most positive evidence	• Improved GP access to specialist expertise
Mixed evidence, particularly on overall cost reduction	• Peer review and audit of GP referrals • Shared decision-making to support treatment choices • Shared care models for the management of chronic disease • Direct access to diagnostics for GPs
Evidence of potential to increase overall costs	• Consultant clinics in the community • Specialist support from a GP with a special interest • Referral management centres

Redesigning urgent and emergency care pathways

Relative strength of evidence of reduction in activity and whole-system costs	Initiative
Most positive evidence	• Ambulance/paramedic triage to the community
Emerging positive evidence	• Patients experiencing GP continuity of care
Evidence of potential to increase overall costs	• Extending GP opening hours • NHS 111 (NHS24 in Scotland) • Urgent care centres including minor injury units (not co-located with A&E)

Avoiding hospital admission and accelerating discharge

Relative strength of evidence of reduction in activity and whole-system costs	Initiative

[47] *Imison C, Curry N, Holder H, Castle-Clarke S, Nimmons D, Appleby J, Thorlby R and Lombardo S (2017), Shifting the balance of care: great expectations. Research report. Nuffield Trust.*

Relative strength of evidence of reduction in activity and whole-system costs	Initiative
Most positive evidence Emerging positive evidence	• Condition-specific rehabilitation • Senior assessment in A&E • Rapid access clinics for urgent specialist assessment
Mixed evidence, particularly on overall cost reduction	• Intermediate care: rapid response services • Intermediate care: bed-based services • Hospital at Home

Managing 'at risk' populations

Relative strength of evidence of reduction in activity and whole-system costs	Initiative
Most positive evidence	• Additional clinical support to people in nursing and care homes • Improved end-of-life care in the community • Remote monitoring of people with certain long-term conditions
Emerging positive evidence	• Extensive model of care for high risk patients
Mixed evidence, particularly on overall cost reduction	• Case management and care coordination • Virtual ward

Support for patients to care for themselves and access community resources

Relative strength of evidence of reduction in activity and whole-system costs	Initiative
Most positive evidence	• Support for self-care
Emerging positive evidence	• Social prescribing

Annex B

HSCP DELAYED DISCHARGE ACTION PLANS
SUMMARY

Each HSCP, working closely with the acute services division, has a number of actions in train to improve outcomes for patients and current performance. Progress on actions plans and performance is routinely reported to IJBs. Key actions being taken by HSCPs are summarised below.

East Dunbartonshire:

- Linked Mental Health Officer to Hospital Assessment Team to lead improvement in relation to AWI focusing on timeous completion of reports, local authority guardianship applications etc.;
- Dedicated Intermediate Care Unit;
- Palliative and Complex Care beds;
- Hospital attached Social Workers linked to wards who proactively engage with discharge co-ordinators and MDT discussions;
- Proactive use of unplanned inpatient activity dashboard to identify those who have been inpatient for 10 days+ and those with an EDD of 1 month+ to facilitate early referral and allocation of case;
- Same day response to care packages

East Renfrewshire:

- continued use of the inpatient dashboard to identify at earliest point East Renfrewshire residents in acute wards to support early referral;
- continue to strengthen relationships between our Hospital to Home Social Work Assistants aligned to acute sites, staff in acute wards and discharge co-ordinators;
- Proactive planning by Hospital to Home multidisciplinary team to support safe, early discharge collaborating with Care @ Home services and wider RES team;
- Further development of Intermediate bed capacity model as a result of Local Authority Care Home refurbishment over the winter period;
- Unscheduled Care daily huddles to identify those at risk of admission and planned discharges; and,
- Implementation of pan Greater Glasgow & Clyde AWI approach.

Glasgow City:

- a continuing programme of improvement in relation to intermediate care with a focus on reducing average length of stay;
- additional capacity recruited to the HSCP hospital social work team;
- for under 65s, a named Adult Service Manager in each locality to hold accountability and ensure progress with complex adult delays daily;

- improved links with complex wards to improve early referral and effective communication;
- the sharing of estimated day of discharge information to a give early indication of potential future discharges; and,
- a management focus on everyday activities, including:
    - a reduction in same day (as fit for discharge) referrals from Acute – which automatically generate delays;
    - more assiduous prioritisation of delays by HSCP community staff – these are marginal, as most cases are held by the hospital-facing Home Is Best team; and,
    - improved communication arrangements between ward staff and the hospital discharge team around individual patients i.e. single points of contact, more effective networks.

Inverclyde:

- 7 Day Service - we will continue to work in partnership with local Care Homes to accept safe weekend and evening discharges for new admissions;
- Following last Winter's successful Pilot we wish to again increase capacity in our Home care Service to cover 175 hours per week to focus upon evening and weekend discharges for new service users as well as restarting existing packages;
- Test of Change Care Coordination - Coordination of Emergency Department Frequent Re-Attenders will utilise existing Locality Meetings to identify people at risk of hospital re-attendance and implement review and development of appropriate support to address unnecessary presentation. This will be across Health and community Care (including OPMHT) and have similar process in place to address frequent attendances of people known to Alcohol and Drugs Service and Community Mental Health Team;
- Day Care Services - a further Test of Change is to utilise Day Care Services to prevent Unscheduled Attendance's at Hospital This will identify 10 Frailty Day Places which will help to address Isolation and Anxiety amongst Older People which we have identified as a factor for some attendance's and admissions. These will be short term placements with clear link to reablement and accessing community supports;
- Assessment and Care Coordination at Emergency Department - we also intend to support the strengthening decision making at Emergency Department with greater knowledge of community resources and services to allow safe return home rather than admit. To support this we are requesting funding for 6 months to cover a Care Management post who would link directly to IRH Emergency Department complete assessments and return people home with necessary support thus avoiding unnecessary admissions;
- Choose the right Service - we have also extended our local Choose the Right Service campaign to cover attendance at emergency department and families with children.
- Purchase of step up beds on call off basis to prevent inappropriate admissions and also short term placements to facilitate discharge as required.

Renfrewshire:

- Discharge Coordinator post created from November 2019. This dedicated role solely focuses on working with Families, Acute and HSCP Services to manage the discharge process;
- when available, beds at Hunterhill Care Home are used for the reablement of delayed discharged patients;
- Hospital discharge protocol to be finalised and implemented;
- Acute and HSCP meet 3 times a day to discuss discharge planning and review active cases/delayed discharges and agree appropriate actions;
- Hospital Social Work Team attending daily huddle including bank holidays; and
- Weekly meetings with the Care at Home Service Delivery Team Manager; Acute; and the Royal Alexandra Hospital Social Work Team to discuss delayed discharges

West Dunbartonshire:

- Full use of inpatient dashboard to identify patients with admissions of 10 days+
- Dedicated early assessment cohort (Social Care, Nursing, OT) undertaking assertive in reach in wards
- Continuing programme of robust review in relation to use of s13za for AW patients.
- Refresh of hospital discharge homeless policy in conjunction with WDC Housing to ensure streamlined approach
- Refinement of engagement by colleagues in mental health and learning disability services to support safe and timely discharge

Annex C

Acute Inpatient Beds Totals by Hospital site 2010-2025

2010	Beds	2015	Beds	2020	Beds	Projected 2025	Beds
Southern General	900	QEUH campus	1450	QEUH campus	1400	QEUH campus	1400
Victoria Infirmary	370	New Victoria	60	New Victoria	60	New Victoria	60
Western Infirmary	500						
Stobhill Hospital	440	Stobhill ACH	60	Stobhill ACH	60	Stobhill ACH	60
Glasgow Royal	930	Glasgow Royal	910	Glasgow Royal	870	Glasgow Royal	870
Gartnavel General	450	Gartnavel G	360	Gartnavel G	360	Gartnavel G	360
RHSC Yorkhill	230	RHC	215	RHC	215	RHC	215
RAH	650	RAH	550	RAH	550	RAH	550
IRH	320	IRH	300	IRH	300	IRH	300
VOL	90	VOL	80	VOL	80	VOL	80
Total	**4880**		**3985**		**3895**		**3895**

2008 – publication of QEUH business case
2015 – opening of QEUH/ closure of Victoria Infirmary, Southern General Hospital, Western Infirmary, conversion of Stobhill Hospital to ACH
2020 – year 1 of Joint Unscheduled Care Commissioning Strategy – figures include additional winter beds
2025 – year 5 of Joint Unscheduled Care Commissioning Strategy (will be the same as 2020 minus the winter beds)

Notes:

All numbers are rough estimates. Bed numbers fluctuate seasonally and for other operational pressures
2010 figures include total bed numbers in the catchments of each hospital, including continuing care beds, e.g. Drumchapel, Blawarthill, etc.
QEUH campus includes QEUH, Institute of Neurological Sciences, Maternity & Gynaecology, and the Langlands building. RHC shown separately
GRI numbers exclude Lightburn
Gartnavel campus is GGH and BWOSCC only

Annex D

Proposed Reduction of Use of Additional Winter Beds

	2019/20	2020/21	2021/22	2022/23	2024/25	2025/26
South	88					
North	51					
Clyde	89					
Total GG&C	228	200	175	100	75	0

To: **Renfrewshire Integration Joint Board**

On: **26 June 2020**

Report by: **Chief Officer**

Heading: **COVID-19 Recovery and Renewal Planning**

Direction Required to Health Board, Council or Both	**Direction to:**	
	1. No Direction Required	X
	2. NHS Greater Glasgow & Clyde	
	3. Renfrewshire Council	
	4. NHS Greater Glasgow & Clyde and Renfrewshire Council	

1. Summary

1.1. The report provides detail to the IJB on Renfrewshire HSCP's response to the COVID-19 pandemic and an initial assessment of the impact this has had strategically, financially, on the HSCP's workforce and on service provision.

1.2. The report further describes the emerging approach being developed by the HSCP to take forward recovery and renewal activity in line with the Scottish Government's route map published on 21 May 2020, and NHS Scotland's 'Re-mobilise, Recover and Re-design' framework published on 31 May 2020. This approach will build on lessons learned from the response phase and will seek to build on a range of positive elements identified.

1.3. The next phase of recovery will continue to overlap with the ongoing response and will continue to be shaped as the wider context and Scottish Government guidance develops. In doing so, the HSCP is adopting a risk-based approach to recovery and renewal which will enable management of ongoing risks and challenges.

2. Recommendation

It is recommended that the IJB:

- Note the HSCP's response to COVID-19 and initial assessment of the impact of the pandemic;

- Note that further updates on the recovery and renewal planning will be brought to the IJB; and
- Approve the HSCP's proposed approach to taking forward recovery and renewal planning

3. COVID-19 Background

3.1. The Novel coronavirus (COVID-19) is a strain of coronavirus first identified in Wuhan, China in 2019. Clinical presentation may range from mild-to-moderate illness to pneumonia or severe acute respiratory infection. COVID-19 was declared a pandemic by the World Health Organisation on 12 March 2020.

3.2. Scotland, in common with all parts of the UK, entered lockdown on 23 March 2020. These constraints were implemented then strengthened through legislation (the Coronavirus (Scotland) Act 2020) and through the Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020. Under law, the UK and Scottish Governments must review this lockdown at least every three weeks. This ensures the impact of restrictions remains proportionate to the threat posed to wider societal and economic aspects. In addition, the Coronavirus (Scotland) (No.2) Bill became an Act on 26 May 2020.

3.3. Despite the four nations entering lockdown at the same point, relaxation of lockdown conditions is now proceeding at different pace across the UK. England implemented some relaxations from 13 May. Scotland maintained full lockdown prior to announcing their route map on 21 May and implementation of limited relaxations under Phase 1 of the route map on 28 May. In all cases, future reductions in social distancing and lockdown measures will be determined by reductions in the rate on infection and the ability of the health and social care system to manage future infection peaks. Consequently, there is significant uncertainty over timescales for moving to a 'new normal' position.

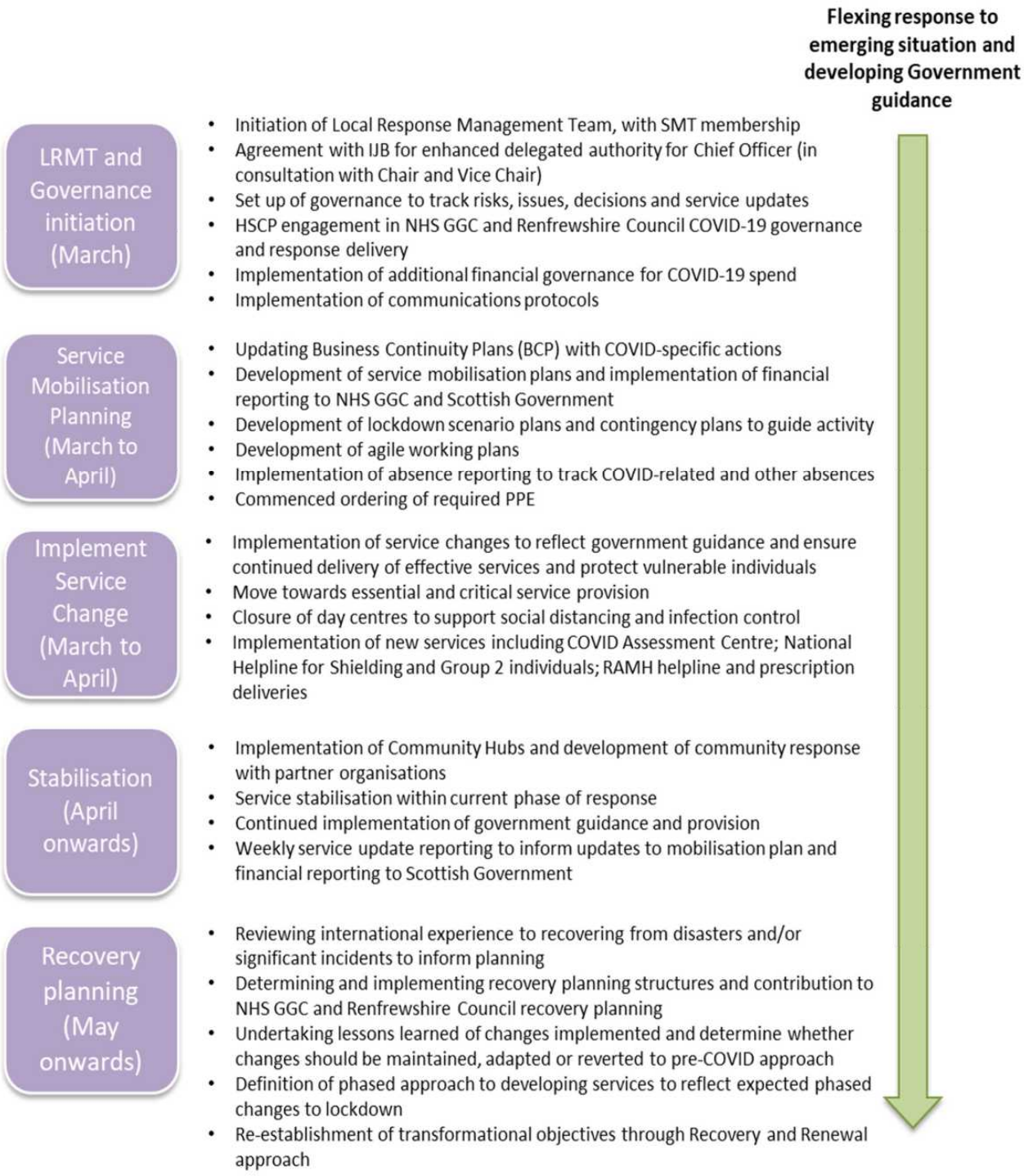
4. Renfrewshire HSCP's response

4.1. The COVID-19 pandemic is the most significant challenge faced by health and social care systems globally, across the UK and in Scotland. In response, Renfrewshire HSCP implemented a clear and structured approach to mobilisation and the implementation of service changes, led by the Local Response Management Team (LRMT) consisting of senior management and representatives from the staff partnership. As the current response phase of the pandemic has stabilised, this approach has been adapted to enable focused discussion of 'business as usual' items by SMT, supported by a weekly LRMT (response) and recovery and renewal planning meeting.

4.2. The HSCP has integrated the above response with partner organisations and implemented additional processes to manage the COVID response and put in place additional monitoring and reporting. In summary, the actions taken include:

- Implementation of the LRMT, as noted above, to manage necessary service changes and to monitor and mitigate emerging risks and issues within the COVID response, in line with the additional delegated authorities agreed with the IJB in March 2020;
- Ongoing participation in Renfrewshire Council CMT and NHS GGC Board-level governance;
- Contribution to the Council's Emergency Management Team and NHS GGC's Strategic, Tactical and Operational Groups within its COVID-19 Governance structure;
- The provision of weekly updates to the Council Emergencies Board and to the IJB;
- The development and implementation of lockdown scenario and contingency plans and reporting on mobilisation plans and associated financial implications to Scottish Government;
- Commencing development of Recovery and Renewal plans within the HSCP and participation in recovery planning with Council and NHS partners to enable a coordinated approach.

4.3. The above actions have been undertaken in support of the changes to service delivery models which have been necessitated by the pandemic and associated government guidance and legislation. The diagram below sets these changes out in further detail and provides an overview of the approach that will be taken to recovery planning, which is described further in section 8 of this report.



5. Impact of COVID-19

5.1. The impact of COVID-19 on services delivered by the HSCP has been unprecedented. As outlined in the above diagram it has required a significant degree of service change within a short period of time, caused a surge in absence and ultimately having a substantial financial impact, the extent of which will become clearer as FY20/21 progresses. These impacts are likely to continue in the medium term and at least over the next few financial years. This section provides an initial assessment of the impact observed.

Workforce impacts

5.2. The COVID-19 pandemic places those with underlying health conditions and of older age at a greater risk. Staff with underlying health conditions as identified by government self-isolated and/or shielded in line with national policy (approximately 5.6% of staff are classed as high risk but continue to work at home, and 7.75% as high risk but unable to work from home as at 10 June).

5.3. Where possible, agile working practices have been rolled out to the HSCP's workforce so that, where suitable, staff have been able to continue supporting delivery by working at home. However, absence has increased to approximately 20% currently (and up to 40% in some frontline services).

5.4. Recognising the wellbeing impact the pandemic can have on staff, several measures have been implemented locally and nationally to support health and social care staff. These include the implementation of Rest and Relaxation rooms within Mental Health Inpatient wards and the creation of three dropdown hubs within the community for Care at Home carers. Staff are also able to self-refer for testing if they are symptomatic and staff will continue to be prioritised as key workers for access to testing. This will enable earlier identification of staff who are COVID positive and allow those who are COVID negative to return to work more quickly.

Impact on service provision and ways of working

5.5. Health and Social Care services responded at speed to ensure the continued delivery of safe and effective services. This response was guided by the development of mobilisation and lockdown scenario plans, which set out activity to be undertaken under changing scenarios.

5.6. In support of ongoing infection control and the implementation of national guidance, all day centres within Renfrewshire were closed and services refocused on the delivery of critical and essential service provision. In doing so, the HSCP has continually assessed service delivery risks with a view to increasing our support offering to a wider group where and when possible.

5.7. Changes to service delivery models have been implemented to meet urgent and emergency needs, for example through the implementation of a four-tiered support model within learning disability services offering outreach day respite and support and crisis respite provision. Models of care have been integrated further, including through the HSCP's work with partners to deliver the Renfrewshire Covid Assessment Centre; the integration of locality teams; and development of integrated MSK 'pods' within podiatry foot protection services.

5.8. In addition, visits to Care Homes and Extra Care (with some limited exceptions) have been stopped and replaced by video calls. Enhanced support and assurance processes are in place to provide support to Care Homes. This includes implementation of (i) enhanced testing procedures within Care Homes and (ii) additional daily oversight from 18 May through a multi-disciplinary team (MDT) comprising of key clinical and care leads, including Public Health and the local authority's Chief Social Work Officer, in line with Scottish Government statutory guidance. These support measures are in addition to daily contact with Care Homes through the HSCP's contracts team, weekly clinician-led support meetings, and weekly meetings with the Care Inspectorate and Public Health.

5.9. New service provision has also been implemented in collaboration with partners. The Renfrewshire COVID assessment centre, as noted above, was launched successfully on 6 April 2020, and significant effort has been applied to ensure that available PPE stocks for health and social care staff have now reached a sustainable position.

5.10. More widely, the HSCP has been working with Council and third sector partners to provide a humanitarian response for vulnerable and shielding individuals. This has included the delivery of food parcels and prescriptions delivery and the national helpline for shielding and Group 2 individuals. Neighbourhood hubs are also in place to provide additional support within our communities.

5.11. The use of technology has been a significant enabler in supporting service changes. Attend Anywhere technology has been successfully implemented to support service delivery within Primary Care, Community Mental Health and District Nursing. The use of Skype and Microsoft Teams has enabled ongoing remote team working across services.

Impact on Financial Performance

5.12. The COVID-19 response has had a financial impact in March 2020 and is expected to have financial implications for the 2020/21 and 2021/22 financial years as a minimum. Additional governance is in place to manage COVID-related spend and financial updates are provided on a monthly basis to the Scottish Government, having initially been provided weekly.

5.13. In recognition of the challenges faced by providers, the HSCP has also confirmed that the HSCP would allow the relaxation of contract specifications to enable flexibility in service delivery. Reasonable additional costs incurred by providers in their COVID response will also be paid.

5.14. The fluid nature of this situation means that uncertainty remains over the HSCP's financial position. The extent to which costs incurred will be covered by the Scottish Government remains unclear and future spikes in demand for services whether as a result of an increase in infection rates or through the return of 'pent-up' demand will create additional pressures. Consequently, previously agreed savings plans and transformational activity will require ongoing review and realignment.

Wider system impacts

5.15. No aspect of the health and social care system across Greater Glasgow and Clyde has remained untouched by the nature of the COVID-19 pandemic and associated response. Pathways have been redesigned, new services have been implemented and, similar to the above, a range of services have been reduced or suspended.

5.16. The health and care system has also seen significant concurrent drops in demand during the crisis. For example, emergency attendances in NHS GGC fell from 6,862 in the week commencing 1 March to 2,339 in the week commencing 29 March. Attendances have begun to increase again, with a total of 3,910 in the week commencing 10 May. Similarly, Out of Hours Primary Care across Scotland observed significant reductions. For the month of March 2020 there were 55,805 cases compared to 71,435 in March 2019, a reduction of 22 percent [source: Public Health Scotland].

5.17. The full impact of these changes in demand across health and social care services are unknown. Where patients have avoided or delayed attendance for symptoms and conditions that would typically require treatment it is possible that these may be exacerbated, leading to more serious health conditions over time. Over time this could place significant additional pressures on healthcare services in addition to the ongoing response to COVID-19.

Impact on Strategic Direction and Transformational Objectives

5.18. The IJB approved the HSCP's four guiding principles for transformation in March 2020. These principles are (i) We share responsibility and ownership with our communities; (ii) We take a person-led approach to public health and wellbeing; (ii) We provide realistic care; and (iv) We deliver the right services at the right time and in the right place.

5.19. However, all transformational activity was then paused by the HSCP to enable focus on the delivery of critical and essential services during the pandemic. Nevertheless, the response phase has enabled the HSCP to achieve a range of related changes:

- Greater consistency in service models across HSCPs;
- The implementation of digital technology to deliver services and changes to ways of working;
- A move away from building-based delivery models;
- Community empowerment and involvement in support provision;
- Greater organisational flexibility;
- More effective partnership working and integrated models of care;
- Less unscheduled care, and more planned care; and
- Working with the Third Sector to tackle loneliness

5.20. A number of successes have therefore been achieved, and the importance of the guiding principles set out by the HSCP previously have been reinforced. The recovery phase must therefore not look to return to a 'pre-COVID' situation but should build on these in line with the two strands of activity set out within the HSCP's transformation approach: (i) an outward focus on health and wellbeing projects; and (ii) internally-focused organisational change. The complimentary principles and objectives set out in NHS Scotland's 'Re-mobilise, Recover and Re-design' framework will also be embedded within activity taken forward.

6. Reflecting on the COVID-19 response and implications for recovery and renewal planning

6.1. Following a period of stabilisation in the COVID-19 response, focus has turned to planning for recovery and renewal across the health and care system. Taking into account the impact of COVID-19 on the HSCP's service delivery model, it is essential appropriate time is taken to reflect on the changes made to date and to identify lessons which can inform the approach required over future phases of the pandemic. Work is ongoing across services to assess changes made, and key findings to date are:

i. The response of all staff has been exceptional and has enabled the HSCP to continue delivering safe and effective services to vulnerable individuals and communities across Renfrewshire. The impact of this period on staff wellbeing is also recognised and must be reflected in the nature and phasing of recovery and renewal plans.

ii. The scale and effects of the pandemic are unprecedented and will require consideration of where financial resources and our people are best focused in future. In particular, the lack of social

integration, increase in isolation and impact of grief and bereavement will impact on the mental health and wellbeing of many people. Similar impacts have been noted globally following disasters and serious incidents.

iii. There are significant knock-on effects which will need to be managed in recovery planning. Staff have been deployed to support existing and new services (such as the Renfrewshire COVID Assessment Centre) and restarting existing services would require the return of these staff. Plans to restart services must consider the pace at which this can be done safely, and the knock-on effects of doing so on other services.

iv. Changes that have been made to services have worked well and helped to maintain services to the most vulnerable. However, not all changes may be suitable in the medium to long-term. The recovery and renewal phase must therefore ensure sustainable models of care are put in place.

v. The use of technology, such as Attend Anywhere and Microsoft Teams has enabled digital transformation across a range of services and will assist in the move away from building-based models. It will also promote efficiency through the elimination of unnecessary travel and associated costs. However, digital solutions will not be appropriate in all cases and face to face services will need to be maintained where clinically appropriate and to prevent digital exclusion.

7. Managing Ongoing Risks and Challenges

7.1. The development and implementation of effective recovery and renewal plans will not be easy. This work will need to be undertaken alongside the HSCP's ongoing COVID response. In doing so, several challenges exist which will need to be carefully managed by the Recovery and Renewal Steering Group.

- The pressures that have been placed on staff in this pandemic, alongside increased absence levels, means that staff are tired, anxious and stressed. Recovery and Renewal plans must continue to focus on promoting staff health and wellbeing and ongoing engagement with them (alongside engagement with patients, staff partnership and service users) to ensure they are supported through the next phases;

- The potential short-term impact of Test and Protect on frontline services such as Care homes, Extra Care and Care at Home which may lead to large group of staff having to isolate on numerous occasions, placing significant pressure on service delivery;

- The continued need for physical distancing under the phases of the Scottish Government's route map will limit the extent to which buildings are able to be utilised to deliver services, and the flow of staff, service users and patients within these buildings;

- As noted above, there continues to be the potential for a second and further wave of infections, requiring the HSCP to revert to the response model adopted during lockdown. This will need to be managed safely but at speed, learning from the initial response phase;

- The sustainability of external Care Home providers will continue to be a significant risk. Due to the impact of the pandemic on Care Homes, external perceptions of these services may negatively change, putting at risk independent provider sustainability. This could lead to increased delays in discharge and increased pressure on Care at Home services;

- There is a risk that demand – whether new, changing or 'pent-up' – will have significant impacts on aspects of service provision and require the targeting of resources. HSCP data shows that initial Adult Social Care contacts dropped significantly between March (2260) and April (1656), with demand now starting to recover.

- Work to restart services which have been paused and reduced is strongly linked with the extent to which 'new' services such as the COVID Assessment Centre continue. Many staff have been supporting delivery of these new services and therefore any moves in staff will have knock-on impacts which require careful management;

- The sourcing and provision of PPE to services is currently stable. However, as services restart or are expanded from their current position, it is expected that demand for PPE will increase significantly locally and nationally;

- The pandemic has exposed and exacerbated deep-rooted health and social inequalities, with the impact of COVID-19 felt more acutely by the most vulnerable and those in poverty; and

- As noted above, there will remain inherent uncertainty in the HSCP's ongoing financial position as a result of the impact of COVID-19. Additional financial governance will remain in place for the foreseeable future to ensure effective control over COVID-related spend, supported by ongoing engagement with partners and Scottish Government.

8. Planning for Recovery and Renewal

8.1. The current phase of responding to the pandemic will continue for several months. Consequently, recovery planning will overlap with this response and will place additional demands on existing resources.

8.2. In developing these plans, flexibility in the HSCP's approach will therefore be essential. While infection rates may currently be reducing, the risk of additional peaks remain and services must be able to respond quickly should this occur, drawing on the initial lessons outlined above. This section sets out the HSCP's developing approach to recovery and renewal planning.

Recovery and Renewal Planning Objectives

8.3. The HSCP's Recovery and Renewal Planning will be led by clear objectives which are agreed across the health and social care system but also reflect the local context in Renfrewshire. NHS Scotland has set out a number of objectives in their 'Re-mobilise, Recover and Re-design' framework. These are reflected in the HSCP's developing planning approach:

- Services will be resilient and flexible to rapidly changing circumstances;
- Services are re-established where appropriate and safe to do so, reflecting population needs and changing demand;
- Planning will understand the impact of changes made to inform future decisions;
- Services will be focused on supporting people to recover, including a focus on mental health and wellbeing for people and staff;
- Approaches developed will improve population health and reduce inequalities, embedding preventative and early intervention approaches;
- Future models of delivering health and social care will build on evidence showing the effectiveness of new ways of working and will be designed collaboratively with staff, service users and patients, carers and partner organisations; and
- Innovation and digital technology will be embedded in future delivery models

Governance

8.4. The Local Response Management Team, consisting of the Senior Management Team and Staff Partnership representatives have formed a Recovery and Renewal Steering Group. This group will ensure

ongoing engagement and collaboration with partners and key stakeholders (such as the third sector and other HSCPs) as recovery and renewal plans develop and are implemented.

8.5. In particular, the HSCP will participate and contribute to recovery planning governance structures put in place by Renfrewshire Council through the Health and Social Care Recovery Planning workstream, and across NHS GGC through the Recovery Tactical Group within the Board's COVID-19 governance model. Work will continue to be undertaken to reflect the approach which has been set out in the 'Re-mobilise, Recover and Re-design' framework. Consistency and collaboration in the refinement of planning approaches and assumptions, where appropriate, will be an essential element of this next phase.

8.6. In addition, recovery and renewal work undertaken will align with the HSCP's two strands of transformational activity as outlined earlier in section 5 (paragraph 20) of this report. This will ensure that appropriate governance structures are in place and provide the opportunity for key stakeholders to participate and contribute as effectively as possible.

8.7. The governance above will predominantly focus on the second transformation strand. The first strand of activity, focused on improving health and wellbeing across Renfrewshire, will be taken forward collaboratively between the HSCP and Strategic Planning Group (SPG). A meeting is scheduled in the week commencing 29 June 2020 with SPG members to reflect on the impact of COVID-19 to date, and lessons learned which can inform the approach to delivering this activity.

8.8. The meeting will consider whether any changes are required to previously discussed priorities: (i) loneliness and social isolation; (ii) lower level mental health and wellbeing; (iii) housing as a health issue; (iv) inequalities; (v) early years and vulnerable families; and (vi) healthy living. Discussions will also focus on opportunities where SPG members can work together in partnership to support one another in adapting to the impact of COVID-19, considering digital connectivity, reshaping service offerings and the safe re-design of workspaces and buildings to support new service models.

Phasing to support planning

8.9. As noted above, it is likely that the existing response and next recovery and renewal phases will overlap. There remains a high risk of further infection peaks, and Scottish Government guidance, published on 21 May, has set out a staged approach to removing lockdown rules and enabling greater freedoms in line with progress on the management of infection rates.

8.10. Based on the government's route map, the HSCP has developed a phased approach to inform recovery and renewal planning taking into consideration various aspects including: lockdown and physical distancing guidelines; the role of new services such as the COVID assessment centres; the roll out of Test and Protect processes; and, the impact of changing circumstances on demand for health and social care services. These assumptions will be present throughout the route map phases. However, it is recognised however that the situation will be more fluid and the HSCP's response may need to flex to and fro between phases, depending on wider circumstances. This approach will therefore continue to evolve over time. Further details are set out in Appendix 1 to this report.

8.11. Each phase will incorporate specific actions to increase provision of services where possible and safe to do so in line with the route map and NHS Scotland framework.

The HSCP's Supporting Approach to Recovery and Renewal Planning

8.12. Services commenced development of initial recovery plans looking across all route map phases. These plans provide an initial assessment of the 'As was' or pre-COVID baseline within each service, considers the changes that have been made to date, and how service delivery models and processes will continue develop in line with the phasing set out in the Scottish Government's roadmap. For the changes that have been made in response to COVID, these plans have been designed to consider whether:

- They should **revert** to the pre-COVID approach at an appropriate time;
- They should be **maintained** as they are working well, and they are required to meet national guidance;
- They should be **adapted** to reflect changing circumstances or needs of service users/patients, particularly where the initial response is only suitable for a period;
- They should be **stopped** at an appropriate point, of consideration where new services have been implemented to support the response.

8.13. These considerations will reflect the guiding principles of the HSCP's transformation programme and reflecting the wider financial context of the HSCP. It is critical that emerging plans seek to build on the renewed sense of community support evident in many neighbourhoods and recognise the fundamental changes which have occurred in the way in which services are delivered, and the new environment in which the

HSCP operates. This will be essential in delivering improved outcomes for people in Renfrewshire.

8.14. In developing these plans, the HSCP will continue to adopt a gradual, risk-based, approach to the extension of services beyond critical need. This approach will prioritise activity through consideration of a range of criteria:

- The impact of Scottish Government guidelines, including physical distancing and shielding;
- The availability of staff, their capacity to deliver and the impact of changes on their health and wellbeing;
- The availability of buildings and ability to utilise space and implement enhanced cleaning;
- Health and Safety requirements;
- Clinical and Care governance guidance;
- The needs of specific client groups and assessment of client vulnerability, and associated infection control requirements;
- The suitability of changes made during the response phase over a longer period of time; and
- The financial impact and affordability of proposed changes

8.15. Workforce considerations represent a critical element of these criteria. In particular, the experience of staff and a focus on their health and wellbeing will be central to this activity. More widely, changes to services made to date and proposed in future will necessitate updated workforce plans which build in the need for flexibility in the HSCP's workforce and identify those areas where staff will require additional support as the recovery progresses.

8.16. Recovery and renewal plans will necessarily be iterative in nature as our understanding of the impact of the response phase develops and as further national guidance is released. They must also be based on effective engagement and consultation with staff, service users, patients and other key stakeholders including the third sector. While the response phase necessarily required the HSCP to move quickly and implement changes without broad consultation, this will not be the case during the recovery and renewal phases. The HSCP recognises a structured approach to service change, supported by engagement, will be crucial, and we are considering how best we engage with users and

carers going forward, to draw upon their lived experience through the pandemic.

8.17. A return to a pre-COVID situation will not be possible, nor desirable. There is an opportunity to take a needs-led approach in coming months which builds on the benefits provided through application of new technologies; determines how best early intervention and preventative approaches can be embedded within communities; and refocuses on individual self-management and recovery.

8.18. Taking into account the aspects outlined above, appendices 2 and 3 set out a high-level plan and supporting methodology which the HSCP proposes adopting as options for future delivery approaches become clearer.

Taking Forward Phase 1 of the Route Map and Beyond

8.19. The Scottish Government set out a number of areas where the provision of services should be restarted where possible in Phase 1 of the route map. The HSCP continues to work with partners to assess services and expand provision where it is possible and safe to do so, developing plans in line with the recovery and renewal process outlined above.

8.20. Respite and day services are typically associated with a buildings-based approach. Whilst the HSCP is considering how building-based services can be reopened, this requires careful planning to ensure that is done safely for staff and services users and reflects physical distancing and hygiene requirements, the often complex needs of service users, and the ability to access transport to attend and utilise such provision. The HSCP has demonstrated throughout the pandemic that respite and day services can be provided through a range of models and will continue to utilise alternative approaches where appropriate.

8.21. Within Renfrewshire Learning Disabilities Services, during the pandemic the HSCP has moved to alternative delivery models to support service users and their families through more one to one activities and support. The feedback from families has been very positive to date. The availability of these services and the scope of what can be offered in each phase of the Scottish Government Route Map is under ongoing review. The HSCP has also continued to offer emergency residential respite throughout the pandemic, and this will continue. However, capacity at Weavers Linn LD Respite Centre is reduced by 50% as result of social distancing measures required, and therefore planned respite is unable to recommence at this time.

8.22. Older people's respite services are largely provided through buildings-based services in care homes. At present, admission to care homes for respite is not recommended unless there are specific needs that cannot

be met through other means. Day Services for older people has also traditionally been provided through day centres across Renfrewshire. Work is underway to review the arrangements for day care for this vulnerable group and their unpaid carers. Consistent with the position in Learning Disability services, the HSCP will be unable to reopen full-service provision given the challenges around physical distancing for this group. Physical disability day support will continue to be offered on a one to one basis for the time being.

8.23. The HSCP continues to plan with COSLA and Scottish Care and other national and local partners to support and, where needed, review social care and care home services. There will be a phased resumption of visiting to care homes by designated visitors and family members in a managed way where and when it is clinically safe to do so.

8.24. Work is progressing with partners within NHS GGC to develop remobilisation plans in line with NHS Scotland's framework and to increase the provision of services across primary, community and mental health services; continue delivery of GP and pharmacy care in line with escalation plans; roll-out Pharmacy First and increase face-to-face provision in community optometry. These plans build on provision which has remained in place throughout the pandemic and seek to address backlog cases identified.

8.25. All of the recovery and renewal planning activity outlined in this report will continue to be completed in line with guidance from Scottish Government and associated timescales.

Implications of the Report

1. **Financial –** There are no financial implications for this report. However, the ongoing response to COVID-19, and the development of recovery and renewal plans as outlined in this report will have financial implications which will be assessed and monitored on an ongoing basis.

2. **HR & Organisational Development** – There are no immediate HR & OD implications from this report. However, as recovery and renewal planning progresses HR & OD implications will be identified and managers will liaise closely with staff-side and HR colleagues as appropriate.

3. **Community Planning** – Recovery and renewal planning will involve consideration of the role of communities and community planning partners in future service delivery. Community planning governance and processes will be followed throughout.

4. **Legal –** Supports the implementation of the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014. Legal guidance will be

sought at appropriate junctures throughout the delivery of the Transformation Programme.

5. **Property/Assets –** No immediate implications however ongoing COVID guidelines around physical distancing, proposals for future service delivery models and the increased adoption of technology will impact upon the nature of property and assets used to deliver services.

6. **Information Technology –** Future proposals will require consideration of how technology can be most effectively adopted and utilised to support new ways of working.

7. **Equality and Human Rights** – There are no Equality and Human Rights impacts from this report. However, future proposals will be assessed in relation to their impact on equalities and human rights.

8. **Health & Safety –** Health and safety procedures will continue to be reviewed to ensure safe and effective joint working as the COVID response continues and service models develop.

9. **Procurement** – Procurement activity will remain within the operational arrangements of the parent bodies.

10. **Risk –** Risks and issues arising during the COVID response have been tracked and managed on an ongoing basis. The risks identified in this paper and those that emerge in future will continue to be assessed and managed through recovery and renewal governance structures.

11. **Privacy Impact** – None from this report.

List of Background Papers –

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David Fogg, Change and Improvement Manager

Any enquiries regarding this paper should be directed to Frances Burns, Head of Strategic Planning and Health Improvement (Frances.Burns@renfrewshire.gov.uk/ 0141 618 7621

Appendix 1: Recovery and Renewal Planning Phases (Indicative timescales provided to support planning purposes but are subject to change)

A range of assumptions are common across all phases of the route map

- Continued support provided to shielding and Group 2 individuals (at varying levels)
- Ongoing physical distancing and infection control focus
- Increasing demand for HSCP services (as previously provided) with surge capacity remaining in place across health and social care
- Continued response across health and social care to meet backlog of demand
- Care home testing ongoing
- Renfrewshire COVID Assessment Centre remains in place, developed in line with NHS GGC approach
- Patient and staff safety maintained through COVID and non-COVID pathways
- Test and Protect processes in place – potential for impact of (multiple) staff self-isolations
- Potential further peaks of COVID-19 infections
- Ongoing sourcing and supply of PPE
- Alignment of service development proposals with transformational and savings plans and further national plans (e.g. Renewal Plan) in light of new position

3 months

(June to August 2020 indicatively)

- Consideration of visits to care home by designated individuals
- Care home testing ongoing
- Provision of day support and respite through alternative means and where safe to do so
- Commenced restart where possible of primary, community and mental health NHS services, working to address demand backlog
- Remobilisation plans implemented by Health Boards and IJBs in Phase 2

3 to 6 months

(September to November 2020 indicatively)

As previous phases plus:

- Demand for HSCP services shifts towards particular services e.g. mental health
- Expansion of screening services and adult flu vaccinations in care homes and at home
- Some communal living experience restarted where safe
- Winter flu vaccination programme
- Reform of services in line with guiding principles and savings plans and 'Renew' Programme post first 100 days re-mobilisation

6 months+

(December to May 2021 indicatively)

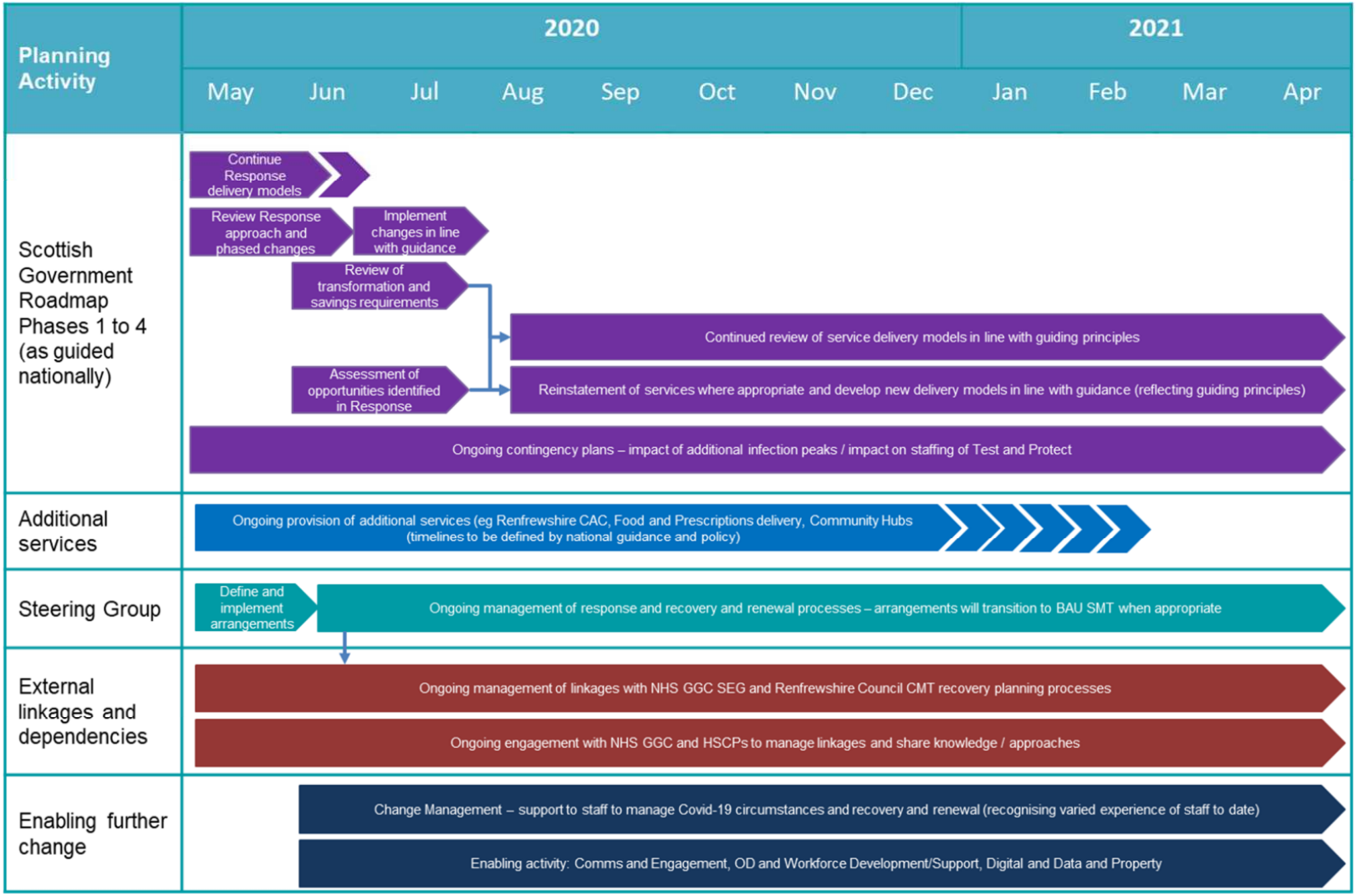
As previous phases plus:

- 'New normal' operating position eventually achieved, with gradual move towards Scottish Government route map phase 4
- Full range of health and social care services eventually delivered with greater use of digital, and surge capacity remaining in place across health and social care

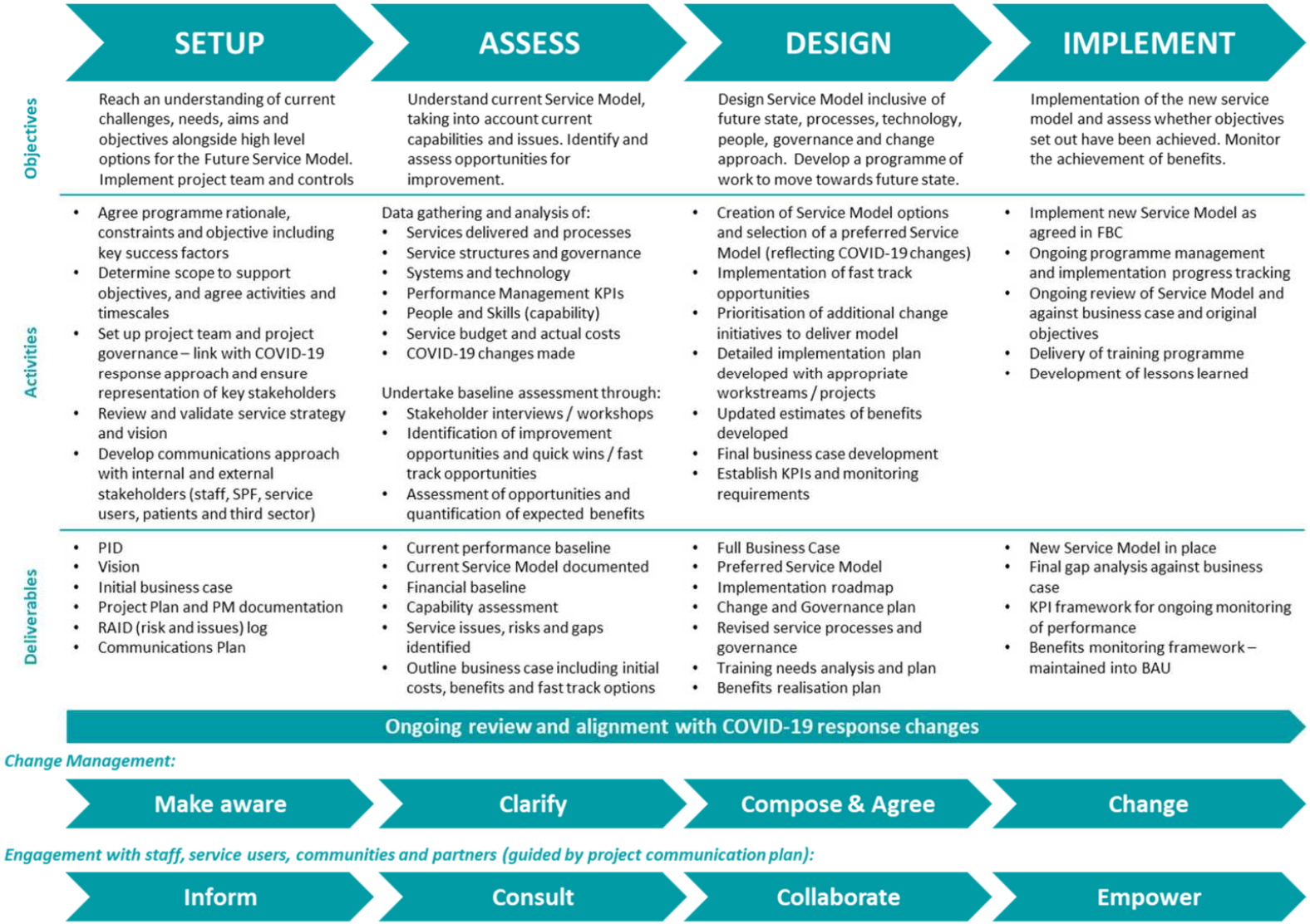
Notes:

- *Service reinstatement and future changes will require careful management of interdependencies*
- *future infection peaks may require moving to lower phases and enhanced lockdown requirements*

Appendix 2: Indicative High-level Recovery and Renewal Activity Plan



Appendix 3: Service Design Methodology



To: **Renfrewshire Integration Joint Board**

On: **19 June 2020**

Report by: **Chief Officer**

Heading: **Adult Carers' Strategy and Action Plan 2020-2022**

Direction Required to Health Board, Council or Both	**Direction to:**	
	1. No Direction Required	X
	2. NHS Greater Glasgow & Clyde	
	3. Renfrewshire Council	
	4. NHS Greater Glasgow & Clyde and Renfrewshire Council	

1. Summary

1.1 This report provides members of the Integration Joint Board (IJB) with a final draft of the Adult Carers' Strategy 2020-2022 (Appendix One) and Adult Carers' Strategy 2020-2022 Action Plan (Appendix Two), for approval.

2. Recommendation

It is recommended that the IJB:

- Approve the final draft Adult Carers' Strategy 2020-2022 and Adult Carers' Strategy 2020-2022 Action Plan;
- Notes the consultation process followed in the development of the Strategy and Action Plan;
- Notes that regular updates on the progress of implementing the Action Plan will be provided to the IJB;
- Notes the support provided to unpaid carers, in partnership with the Carers Centre, during the Coronavirus (COVID-19) outbreak;
- Notes the changes to service delivery made by Renfrewshire Learning Disability Service and Localities Services in response to the COVID-19 outbreak.

3. Background

3.1 The Carers (Scotland) Act 2016[1] commenced on 1 April 2018 and placed several new legislative requirements on Local Authorities, including duties to be implemented through IJBs.

[1] http://www.legislation.gov.uk/asp/2016/9/contents/enacted

3.2 The IJB received regular updates on the work undertaken before 1 April 2018, to ensure the duties in the Carers Act were implemented.

3.3 Section 31 of the Carers Act sets out the duty to prepare a local carers' strategy[2].

4. Development and Consultation

4.1 The HSCP established a Carers Strategic Steering Group in 2018 to ensure that we continue to implement legislative requirements, to oversee the development and implementation of the Adult Carers' Strategy and to plan and develop services for carers. The Group includes carer representatives and relevant stakeholders from the HSCP and Renfrewshire Council Children's Services, Renfrewshire Carers Centre and other Partners.

4.2 The Strategy and Action Plan's development was overseen by the Carers Strategic Steering Group and to inform the content of the Strategy, a phased consultation process was agreed.

4.3 The first phase of consultation comprised of:

- a consultation event at Renfrewshire Carers' Centre on Carers' Rights day;
- the Strategic Planning Group focused on carers and the draft Strategy at its meeting on the 10 of April 2019; and
- the draft Strategy was made available online from the 28 October 2019 to 6 December 2019 for comment.

4.4 The responses and outcomes of discussion were incorporated into the consultative draft of the Strategy and Action Plan, approved by the IJB on 20 March 2020.

4.5 The second phase of consultation gave members of the IJB the opportunity to shape the final draft of the Strategy and Action Plan, including an update in the HSCP IJB Bulletin – Friday 15 May.

4.6 The Carers Strategic Steering Group will report progress to the IJB on a regular basis and provide an annual report on all actions and measures. The Strategy is due for renewal in 2022.

[2] http://www.legislation.gov.uk/asp/2016/9/section/31

5. Supporting Carers during the Coronavirus (COVID-19) Outbreak

5.1 Due to the additional pressures that unpaid carers face as a result of the COVID-19 outbreak, the HSCP, in partnership with the Carers Centre, is working to ensure that carers continue to receive support related to their caring role, but also additional support due to the impact of the COVID-19 outbreak on their caring role.

5.2 In recognition of the importance of good up to date information, the HSCP extended funding for an Information Worker post at the Carers Centre to ensure carers get information about changes to services. The Carers Centre have moved most of their services online so that carers can continue to receive support such as telephone advice and information, regular telephone calls to carers who feel isolated and online group support.

5.3 Carers who are shielding or caring for someone who is in the shielding category can get support with food and medicine via the local assistance helpline. The Carers Centre are also delivering medicines to carers where required.

5.4 In response to the Government's guidance on providing Personal Protective Equipment (PPE) to carers delivering personal care, the HSCP and Carers Centre quickly established a request, triage and delivery process. The process means that carers can request PPE from the Carers Centre and have it delivered to their home and as of 22nd May 2020, 68 carers delivering personal care had received PPE. The process is supported by the local PPE Hub at Dykebar.

5.5 The HSCP and Carers Centre continue to fund short breaks for carers and are supporting carers to identify creative short breaks during the pandemic including online courses, virtual museums, exercise programmes, read-alongs, and websites for children and young people, as well as support services that are delivered online.

5.6 The Coronavirus (Scotland) (No.2) Bill, passed by the Scottish Parliament on 20th May 2020, included a provision to make an extra payment of £230.10 to Carer's Allowance recipients in June 2020. The HSCP and Carers Centre will continue to ensure that carers are aware of the Carer's Allowance.

Renfrewshire Learning Disability Service

5.7 Renfrewshire Learning Disability Service has adapted its services to respond to the current situation, including the introduction of new methods of carer support, delivered via Day/Respite Service staff and local Community Teams. Examples of these new service delivery methods include:

- An easy read Covid-19 information guide to support carers.
- Provision of essential support to the most vulnerable adults with learning disabilities, where risk to their welfare is assessed as critical.
- Implementation of a 4-tier model of service response:
  - Tier 1 - Over 3,700 welfare phone calls
  - Tier 2 - 12 service users/families, experiencing critical need, have been supported by doorstep visits. This included support for daily exercise and shopping
  - Tier 3 - From 11 May, Spinners Gate was re-opened to provide a critical response to Gateway service users who cannot safely be supported within the community
  - Tier 4 - 48 nights Respite has been provided at Weavers Linn to 4 families in crisis, including caring for a service user with suspected Covid-19.
- Provision of a tailored outreach day respite service for critical priority one service users/families, aimed at those with complex autism, learning disabilities and challenging behaviours.
- Provision of a critical response for emergency short term respite (up to 5 nights) for up to 5 adults with a learning disability at any given time.
- Closed Facebook and WhatsApp groups for carers to share information and provide support where required.
- Mirin, Milldale and Gateway services have utilised social media channels to stay connected with service users and carers. A broad range of video activity sessions have been held including Makaton sign along, yoga, keep fit and cook along. Carers and service users are encouraged to share ways in which they are keeping active, including sharing Tic Tok videos and crafts they have been working on.
- Home Activity Packs have been developed along with our Speech Therapists, supporting people to maintain their skills and stay active at home. The packs have been delivered to all families who requested one.
- Business continuity planning has been implemented to ensure continuation of critical services. Continuation of Adult Support

and Protection cases and investigations to ensure critical interventions are maintained.

- Implementation of digital technology including virtual clinics, to provide innovative and modern methods of providing health-based support.

Locality Services

5.8 Locality Services cover a range of care groups and service areas. The service model is one of assessment, and for more complex cases, care management often accompanied by the direct provision or commissioning of care, is provided to meet the assessed needs and personal outcomes of individuals and their unpaid carers. Part of the care management process also involves the delivery of care through self-directed support.

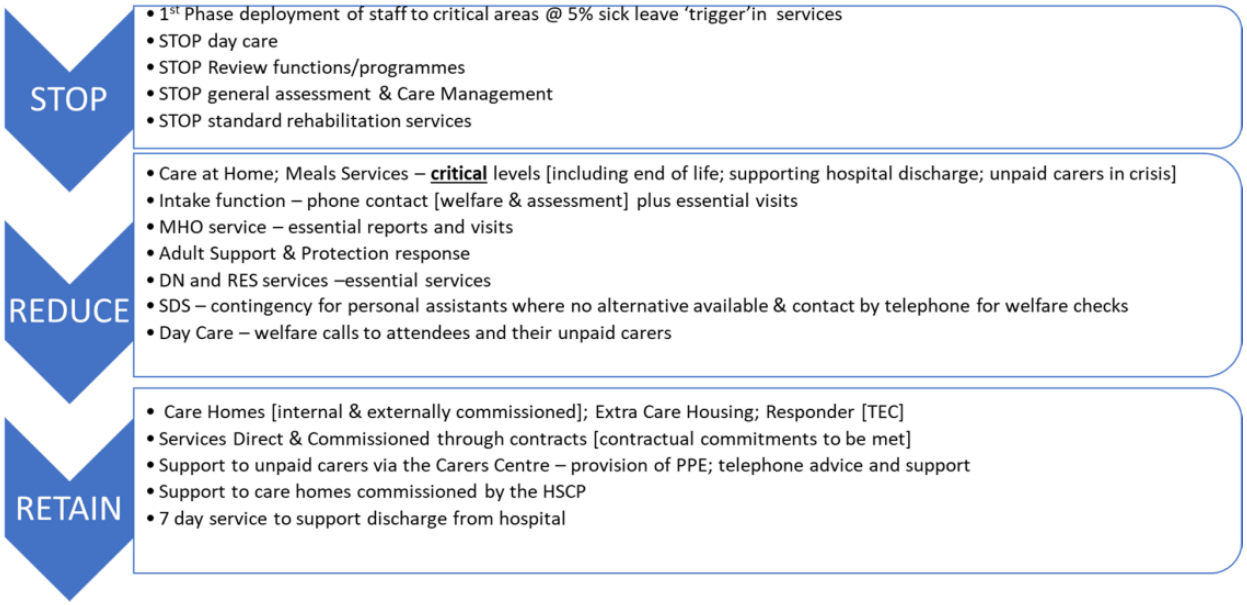
5.9 The range of services offered include:

- Intake service and services to the hospital primarily to support timeous discharge of patients to the community;
- Older people, including day support and care at home services;
- People with physical disabilities, including day support; people with sensory impairment;
- unpaid carers; and
- services which are umbrella of reablement and rehabilitation including Occupational Therapy, Physiotherapy and nursing services.

A considerable level of work is also carried out with commissioned services across both care at home and the care home sector.

5.10 At the outset of the response to the pandemic, Locality Services used the Stop: Reduce: Retain framework and applied the national risk-based criteria for service provision – Critical; Substantial; Moderate; and Low. It is important to recognise that all services were operating at both the critical and substantial levels prior to the pandemic. For people, following the assessment of need, who are assessed as having moderate or low needs, Locality Services provide advice and information on how best to stay as healthy and well as possible and signpost to other services including ROAR.

5.11 Implementing the Stop: Reduce: Retain framework approach essentially moved services onto a critical level of service provision, including services which support unpaid carers. In common with learning disability services, some key areas of service were retained throughout the period from 18 March 2020 to date. These services are outlined in the ‘Reduce’ and ‘Retain’ sections of the framework below and include the key care at home and care home services.



5.12 The most significant area where services were stopped was day care for older people and the Disability Resource Centre. Contact with attendees of the Disability Resource Centre was maintained by telephone. In older people's services it is recognised that the closure of day services has had a significant impact on unpaid carers. During this period, 5000 welfare phone calls have been made to service users and unpaid carers. For people attending day care, additional community meals were provided to support both service users and unpaid carers.

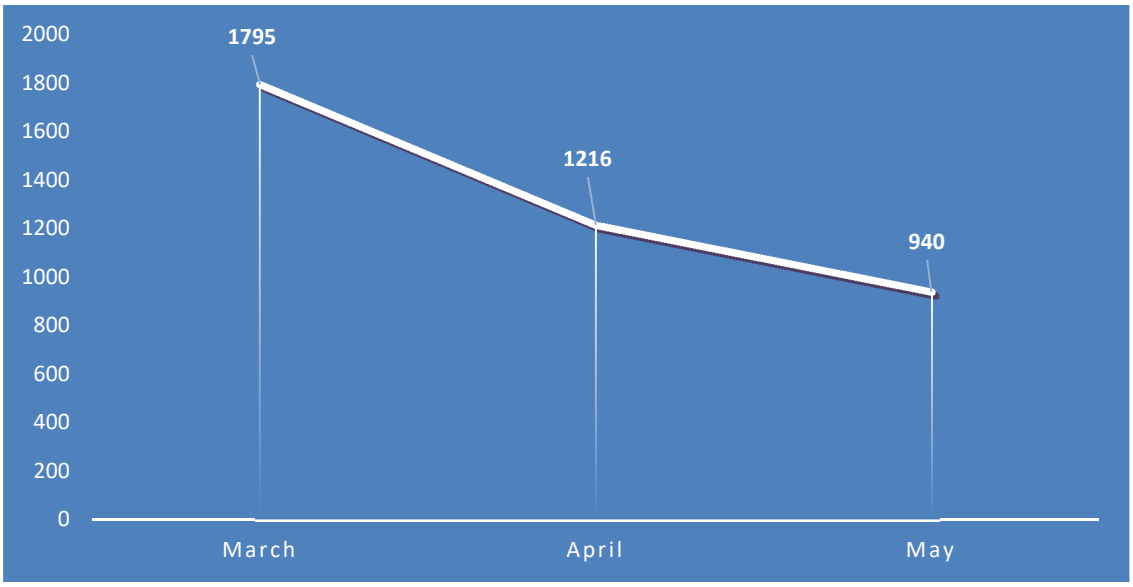
5.13 Respite services are currently being reviewed and will require careful consideration in respect of adults. Respite services for older people takes place in residential care home settings however this has not been possible during the COVID-19 pandemic. Individuals entering a care home setting are required to undertake a 14-day isolation period and this would affect any respite supports within these settings. Respite services are assessed on critical need and would currently be offered as a home-based respite provision.

5.14 As noted above, a 7-day service was established to support discharge from hospital and intake services have continued to operate fully during this period. At the 22nd May 2020, intake and referral figures (table 1 and chart 1 below) show a reduction in requested supports throughout the pandemic.

Table 1: Service Intake to 22nd May 2020

	March	April	May
Paisley Locality	311	258	176
West Ren Locality	283	248	197
Care at Home Services	636	402	303
Community Meals Service	88	25	21
SDS- Direct Payments	22	23	10
Adult Support and Protection	82	94	56
Day Care	29	0	0
Reablement (T1 and T2)	289	155	161
Sensory Impairment	55	11	16
Total	**1795**	**1216**	**940**

Chart 1: Referrals Received to 22nd May 2020



5.16 As the HSCP continues to work on implementing phases one and two of the Government's route map out of lockdown and the number of referrals begins to increase, the HSCP will ensure appropriate social distancing and infection control measures are in place where a service is provided.

Implications of the Report

1. **Financial –** The Financial Memorandum to the Carers Bill sets out the Scottish Government's estimated costs of implementing the Carers Act in Scotland. It is estimated that total costs will rise from £19.4m in year one (2018-19) to a recurring level of £88.521m by year 5 (2022-23).

   At its meeting on 26 January 2018, the IJB agreed to ring fence Renfrewshire's local allocation of the Scottish Government's funding solely to fulfil its new duties and provisions under the new Carers Act.

2. **HR & Organisational Development** – Nil
3. **Community Planning –** Nil
4. **Legal –** Section 31 of the Carers Act sets out the requirement to prepare a local carers' strategy.
5. **Property/Assets –** Nil
6. **Information Technology –** Nil
7. **Equality & Human Rights –** Nil
8. **Health & Safety –** Nil
9. **Procurement –** Nil
10. **Risk –** Nil
11. **Privacy Impact –** Nil

List of Background Papers:

Adult Carers' Strategy 2020-2022 and Adult Carers' Strategy 2020- 2022 Action Plan (Renfrewshire IJB, 20 March 2020)

Preparation for Implementation of the Carers (Scotland) Act 2016 (Renfrewshire IJB, 26 January 2018).

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Appendix 1

Renfrewshire Health and Social Care Partnership

Adult Carers' Strategy 2020-22

Table of Contents

1 Introduction

Renfrewshire Health and Social Care Partnership (HSCP) recognises the contribution carers make to those they care for and to the wider community of Renfrewshire. The HSCP's Adult Carers' Strategy reaffirms our commitment to carers, by setting out a preventive approach to supporting carers to continue in their caring role, whilst not compromising their own health and well-being.

The Carers (Scotland) Act 2016 (the Act), which commenced in April 2018, provided a legislative basis for supporting carers. The HSCP is implementing the duties related to adult carers, including a duty to prepare a local carers' strategy and to review it no more than three years after publication[3].

The Strategy has been developed in collaboration with our partners and is centred on eight principles:

1. Carers are key partners in the delivery of care.
2. Carers are identified at the earliest opportunity.
3. Carers have an Adult Carer Support Plan.
4. Carers have the information they need about their caring role.
5. Carers get the right level of support at the right time.
6. Our staff have the knowledge and skills to identify and signpost carers.
7. Carers are involved in the assessment and care planning of the person they care for.
8. Renfrewshire is a carer-friendly community.

Key to supporting carers is identifying carers as early as possible. By identifying carers earlier, we can provide support to ensure they remain engaged their family, friends and communities to help maintain their own health and wellbeing and to support them in their caring role.

To reflect the importance of this, the HSCP has made identification of carers the key priority for the Strategy.

Whilst the Strategy in the main deals with adult carers, we also have a role in supporting young carers, in partnership with Renfrewshire Council's Children's Services. Renfrewshire's Young Carers' Strategy recognises that young carers are children and young people first and aims to support young carers to have the same opportunities as their peers[4]. We are committed to working with our partners in Children's Services to support this work, including supporting young carers as they transition to adult services.

[3] http://www.legislation.gov.uk/asp/2016/9/section/31/enacted

[4] http://www.renfrewshire.gov.uk/media/10423/Young-Carers-Strategy/pdf/Children_Services_-_Young_Carers_Strategy.pdf?m=1568035286057

The challenges we face are significant, particularly when considering increasing demand for health and social care services, against a backdrop of financial constraints. It is vital that we develop and foster good partnerships across all sectors and communities of Renfrewshire, so that we can continue to support carers in their caring role; this strategy sets out how we aim to achieve that in Renfrewshire.

2 Strategy at a Glance

VISION

Renfrewshire Health and Social Care Partnership's vision is for Renfrewshire to be a caring place where people are treated as individuals and are supported to live well.

PRINCIPLES

Carers are key partners in the delivery of care.

Carers are identified at the earliest opportunity.

Carers have an Adult Carer Support Plan.

Carers have the information they need about their caring role.

Carers get the right level of support at the right time.

Our staff have the knowledge and skills to identify and signpost carers.

Carers are involved in the assessment and care planning of the person they care for.

Renfrewshire is a carer-friendly community.

CARERS CAN EXPECT THAT:

They are identified early and offered the right support at the right time
They are involved in health and social care decisions.
They get the support they need when they need it.
They are well informed about their caring role.
Their health and wellbeing is not adversely impacted by caring.
They get the support they need when they need it.
They can participate in and are valued by their community.

SUCCESS

More carers are active participants in their communities.

More carers say they have a say in the services provided for the person they care for.

More carers say they feel supported to continue caring.

Fewer carers say caring has a negative impact on their health and wellbeing.

More carers have an Adult Carer Support Plan.

More carers say they have a good balance between caring and other things in their life

More carers are identified.

More carers say that local services are well coordinated for the people they look after.

3 Our Key Priority: Identification of Carers

Carers do not always self-identify or associate with the term 'carer' and if carers do not identify as a carer, then they are unlikely to consider asking for an Adult Carers Support Plan, applying for Carer's Allowance Supplement, or accessing information and advice to support them in their caring role.

According to research[5], the majority of carers take years to recognise their role, missing out on crucial financial, practical and emotional support in the meantime. The research demonstrated that, by not receiving support at an early stage, the negative impacts of caring are intensified with many carers missing out on benefits and entitlements and others forced to give up work altogether, with a significant long term effect on personal and family finances. On a personal level, a lack of practical help can have a huge impact on health and wellbeing, from long-term physical health effects such as back pain, to mental ill health and social isolation as a result of caring without a supportive network. The longer it takes to identify as a carer the more likely it is that carers will struggle without the support and advice they need.

People become carers when a family member or friend cannot manage without help because of an illness, addiction, frailty or disability. The caring journey may start in a doctor's surgery, with a nurse specialist, at a hospital outpatient clinic or at hospital discharge when the cared for person receives their diagnosis.

Key to supporting carers is identifying carers as early as possible. By identifying carers earlier, we can provide support to ensure they remain healthy but also to help prevent a breakdown of the caring role.

The HSCP recognises the need to refresh our approach to service provision and strategic commissioning, to identify and support more carers, including carers of people from BME communities, Gypsy, Travellers, and people with a head injury, mental health, drug, alcohol difficulty. We will work with our partners to develop a co-ordinated approach to identifying and supporting all carers across Renfrewshire.

To reflect the importance of this, the HSCP has made identification of carers the key priority for the Strategy.

[5] https://www.carersuk.org/for-professionals/policy/policy-library/missing-out-the-identification-challenge

4 Development of the Strategy

Carers are key partners in the delivery of care and should be involved in shaping the services that are designed to support them. The Strategy was informed by hearing from carers and our partners what we need to put in place to ensure carers are supported in their caring role.

Carers and their representatives were involved at all stages of development and the key stages were:

- The Strategic Carers Group and an Adult Carers Strategy Implementation Group oversaw the development of the Strategy.
- A consultation event was held at Renfrewshire Carers' Centre on Carers' Rights Day (30th November 2018).
- The Strategic Planning Group focused on carers and the draft Renfrewshire Carers' Strategy at its meeting on 10 April 2019.
- The draft Strategy was made available online from 28 October 2019 to 6 December 2019 and people were encouraged to comment on the draft.

5 Legislative & Policy Context

5.1 Renfrewshire Health and Social Care Partnership Strategic Plan 2019-22

The 'Renfrewshire Health and Social Care Partnership Strategic Plan 2019-22', sets out the vision and future direction of community health and adult social care services in Renfrewshire.

The Plan recognises the role carers have in supporting people in Renfrewshire and commits to supporting the health and wellbeing of carers through three priorities:

- Identification – continue to ensure carers are identified early, have the information they need and are signposted to relevant services.

- Adult Carer Support Plans – continue to ensure all carers who request or are offered an Adult Carer Support Plan have one.

- Implement the duties in the Carers Act – continue to meet the duties (see 4.4 below) which are the responsibility of the HSCP[6].

The Strategic Plan 2019-22 can be found here:
https://www.renfrewshire.hscp.scot/media/9704/Strategic-Plan-2019-2022/pdf/Strategic_Plan_2019_Final.pdf?m=1556881081757

5.2 Our Renfrewshire: Renfrewshire's Community Plan 2017-2027

Our Renfrewshire is Renfrewshire's Community Plan and Local Outcome Improvement Plan. Our Renfrewshire recognises that, as the number of people living longer increases, the number of carers and older carers will also increase. To meet this challenge, Our Renfrewshire prioritises:

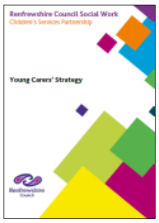
- Promoting wellbeing and good mental health;
- Promoting healthy lifestyles that support both physical and mental health;

[6] https://www.renfrewshire.hscp.scot/media/9704/Strategic-Plan-2019-2022/pdf/Strategic_Plan_2019_Final.pdf?m=1556881081757

- Tackling isolation and loneliness, by connecting people to their communities, and to services;
- Enable people to live healthier, for longer, by supporting our older population to stay active;
- Developing strong community-based services that respond to local need; and
- Enabling communities to have their voice heard, and influence the places and services that affect them[7].

Our Renfrewshire can be found here:
http://www.renfrewshire.gov.uk/media/4598/Our-Renfrewshire---Renfrewshires-Community-Plan-2017-2027/pdf/Community_Plan.pdf?m=1506695136457

5.3 Renfrewshire Young Carers' Strategy



The Young Carers Strategy's aim is for young carers to have the same opportunities as their peers by ensuring that no child or young person has caring responsibilities inappropriate to their age and stage of development[8].

The Carers Act places responsibility for pre-school children with "the health board for the area in which the child resides"[9]. The HSCP and Renfrewshire Council's Children's Services are committed to:

- preventing children from undertaking excessive or inappropriate caring roles;
- ensuring children are supported to enjoy their right to a childhood; and
- ensuring very young children are not undertaking caring roles.

To support this, the HSCP will not offer Young Carers' Statements to pre-school children and will instead refer them for assessment and support.

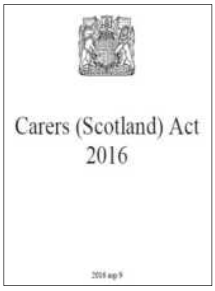
Renfrewshire Council's Children's Services Young Carers' Strategy can be found here: http://www.renfrewshire.gov.uk/article/3354/Young-carers.

[7] http://www.renfrewshire.gov.uk/media/4598/Our-Renfrewshire---Renfrewshires-Community-Plan-2017-2027/pdf/Community_Plan.pdf?m=1506695136457

[8] http://www.renfrewshire.gov.uk/media/10423/Young-Carers-Strategy/pdf/Children_Services_-_Young_Carers_Strategy.pdf?m=1568035286057

[9] http://www.legislation.gov.uk/asp/2016/9/section/19/enacted

5.4 Carers (Scotland) Act 2016



The Carers Act came into effect on 1 April 2018 and aims to support carers' health and wellbeing, helping them to remain in their caring roles and to manage their own life alongside their caring responsibilities[10].

Renfrewshire Health and Social Care Partnership (HSCP) has responsibility for implementing the following duties in the Act:

- The duty to develop and offer an Adult Carer Support Plan to someone who is identified as a carer.
- The duty to set out and publish local eligibility criteria including recognition that support will be provided if the eligible criteria are met.
- The duty to provide support to carers who have eligible needs including consideration for short breaks from caring.
- Publish a short breaks services statement.
- Provide carers with information and advice services
- Involve carers in the planning of services.
- Develop a local carers' strategy.

The Carers (Scotland) Act 2016 can be found here:
https://www.gov.scot/policies/social-care/unpaid-carers/

[10] https://www2.gov.scot/Topics/Health/Support-Social-Care/Unpaid-Carers/Implementation/Carers-scotland-act-2016

5.5 Health and Wellbeing National Outcomes

Scotland's Health and Wellbeing National Outcomes[11] aim to ensure that Health Boards, Local Authorities and Health and Social Care Partnerships are clear about their shared priorities by bringing together responsibility and accountability for their delivery.

The Outcomes provide a strategic framework for the planning and delivery of health and social care services and together this suite of outcomes focuses on improving the experiences and quality of services for people using those services, carers and their families.

The National Health and Wellbeing Outcomes can be found here: https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/

[11] https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/

6 Progress Summary

6.1 Renfrewshire Carers' Strategy 2013-2016

The Renfrewshire Carers' Strategy 2013-2016, made significant progress in supporting the lives of carers and below are some examples of the service developments that have been achieved:

- An increase in numbers of adult carers identified and supported;
- Increased opportunities for carers to shape their own support and services;
- Increased flexible and personalised support options;
- Updated information on HSCP and Carers Centre websites;
- Staff training on Carers Act and carer awareness raising sessions for staff in RAH;
- Carers and carer representatives on Integration Joint Board and Strategic Planning Group.

6.2 Carers Act 2016

Renfrewshire Health and Social Care Partnership has responsibility for implementing the duties relating to adult carers in the Act and the table below summarises the work done to implement the Act.

Section of Act	Summary	What we did
1	New definition of carer	Relevant paperwork and information sources updated to reflect the new definition of carer
6	Duty to prepare adult carer support plan	New Adult Carers Support Plan paperwork and process introduced on 1 April 2018
21	Duty to set local eligibility criteria	Renfrewshire's Adult Carer Eligibility Criteria approved by the IJB on 26 January 2018
24	Duty to provide support to meet eligible needs	Carers who meet the eligibility threshold receive support to meet their eligible needs Carers who do not meet the eligibility threshold can access support such as information and advice, training, one to one support
27	Duty to involve carers	Carers and their representatives involved in the planning of services (Integrated Joint

		Board, Strategic Planning Group, Carers Steering Group). Carers are involved in the assessment of the cared for person
31	Duty to prepare local carer strategy.	Carers' Strategy to be published in 2020
35	Short breaks services statements	Short Breaks Statement approved by IJB on 25 January 2019.

6.3 Future Work to Support Carers

As the number of carers continues to increase, the HSCP and its partners will continue the good work that has been done since the previous Strategy and in implementing the Carers Act. An Action Plan *(link)* has been developed alongside the Strategy, in consultation with carers and partners. The actions will respond to the current and future needs of carers. The Carers Strategic Steering Group will monitor the Action Plan and report progress to the IJB on annual basis.

Supporting carers is relevant to all services areas and in recognition of this the Steering Group will ensure that any recommendations resulting from the HSCP's Transformation Programme and service reviews are implemented. We will work together to ensure that this Strategy and supporting implementation plan develop in a way that reflects the new national strategy for dementia which is expected in 2021, acknowledging the profound impact of dementia on individuals, families and communities. The Steering Group will also ensure that the needs and views of carers are reflected in this work.

7 Carers in Renfrewshire

The 2011 Census[12] found that 17,759 people in Renfrewshire identified themselves as carers, this is approximately 10% of the population.
The Census also found that:

- 59% of carers are female.
- 54% of carers are employed.
- 19% of carer are aged 65 and over.

The 2017/18 Health and Care Experience Survey[13] found that:

- 64% of carers in Renfrewshire who responded to the survey said they have a good balance between caring and other things in their life (this compares to 63% in Renfrewshire in 2015/16 and 65% for Scotland 2017/18).

- 35% said caring had not had a negative impact on their health and wellbeing (34% in 2015/16 and 39% for Scotland).

- 44% said they have a say in the services provided for the person they care for (45% in 2015/16 and 46% for Scotland).

- 38% said local services are well coordinated for the people they look after (38% in 2015/16 and 40% for Scotland).

- 35% feel supported to continue caring (39% in 2015/16 and 37% for Scotland).

There are several demographic and activity changes that will affect our current and future understanding of need across Renfrewshire, all of which are likely to have an impact on the numbers and demands upon unpaid carers, including:

- An ageing population, with an expected increase of 76% for those aged 75+. By 2041, 14% of the population will be over 75, compared to 8% in 2016.

- An increase in people living with long term conditions,

- A 47% increase in dementia prevalence by 2035. Current prevalence is 2,994[14].

[12] http://www.scotlandscensus.gov.uk/en/censusresults/bulletin.html

[13] http://www.isdscotland.org/Products-and-Services/Consultancy/Surveys/Health-and-Care-Experience-2017-18/Detailed-Experience-Ratings.asp

[14] http://www.renfrewshire.hscp.scot/media/9704/Strategic-Plan-2019-2022/pdf/Strategic_Plan_2019_Final.pdf?m=1556881081757

8 Universal Carer Pathway and Discharge Planning

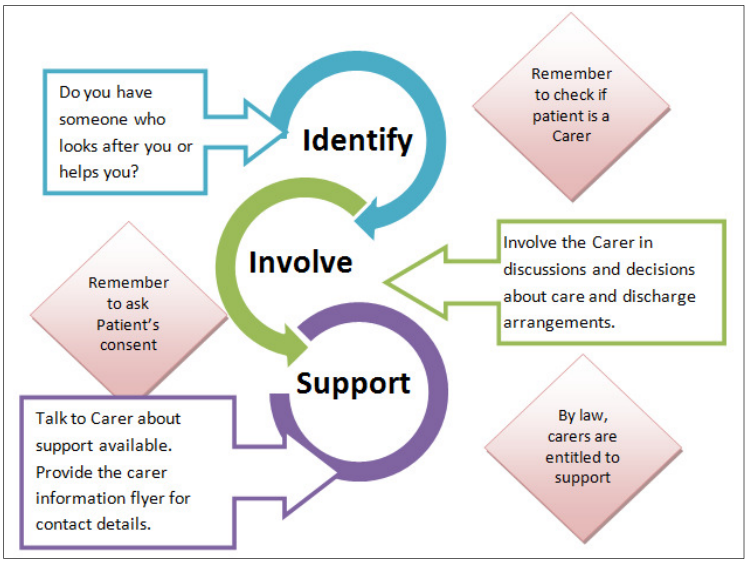
Planning for a patient's discharge from hospital is a key aspect of effective care. Many patients who are discharged from hospital will have ongoing care needs that must be met in the community. Discharge planning is the process by which the hospital team considers what support might be required by the patient in the community, refers the patient to these services, and then liaises with these services to manage the patient's discharge.

The Carers Act contains a specific duty for Health Boards to involve carers in discharge planning soon after someone is admitted[15]. This early planning helps avoid delays once a person no longer requires care in an acute hospital.

Across all NHS Greater Glasgow and Clyde (NHSGGC) hospitals carers can expect that:

- they will be involved in discussions soon after the person they care for is admitted and ongoing discussions on treatment and proposed discharge arrangements; and
- they will be informed about what will happen on the day of discharge.

A universal pathway (below) is in place across all hospital services to identify, involve and support carers.



[15] http://www.legislation.gov.uk/asp/2016/9/section/28/enacted

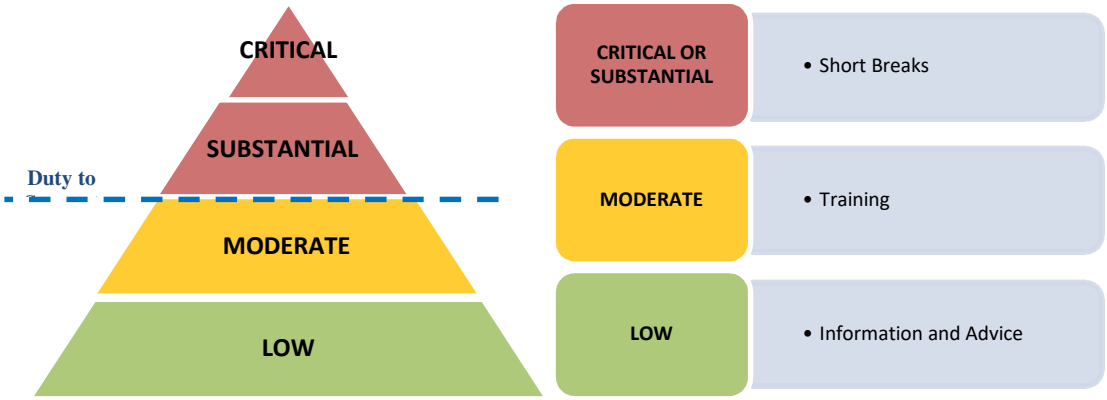
9 Supporting Carers

9.1 How We Support Carers

The Act placed a duty on local authorities to set eligibility criteria to determine whether it is required to provide support to meet carers' identified needs[16]. All carers can request or accept the offer of an assessment of need through an Adult Carer Support Plan (ACSP). The ACSP will determine whether a carer has eligible needs which meet the eligibility criteria. If a carer has eligible needs the local authority must provide support to the carer to meet their eligible needs[17].

In January 2018, and following consultation with carers and carer organisations, the Integration Joint Board approved Renfrewshire's Eligibility Criteria for Adult Carers, which can be accessed via this link: Eligibility Criteria for Adult Carers.

The diagram below sets out the levels of eligible need and indicates that the HSCP has a duty to support carers who have critical or substantial needs.



All carers can access information and advice relevant to their caring role. The support carers may be eligible for in addition to information and advice will be determined by the completion of an ACSP.

As set out in the ACSP pathway (Appendix 1), carers can request an ACSP from the Carers' Centre and when a carer has moderate or low needs they can complete their ACSP with the Carers' Centre; where a carer has critical or substantial needs, the Carers' Centre will refer the carer on to the HSCP to complete the ACSP with them.

[16] http://www.legislation.gov.uk/asp/2016/9/enacted

[17] http://www.legislation.gov.uk/asp/2016/9/enacted

9.2 Current Support for Carers

The HSCP and Renfrewshire Carers' Centre provided a range of services to over 600 new adult carers in 2018-19, including:

- Support with ACSPs, including what should happen in an emergency;
- Information and advice;
- Training;
- One to one support;
- Group support;
- Advocacy;
- Emergency planning;
- Young Adult Carer Project; and
- Short breaks.

Following the completion of an ACSP, carers may be eligible for a break from their caring role which aim to provide carers with an opportunity to have time away from caring and focus on their own health and well-being. The HSCP's Short Breaks Services Statement for Adult Carers[18], sets out in more detail what a short break is and how a short break can support carers.

9.3 Transition Planning to Adult Services

As set out in the Carers Act, Young Carers' Statements will continue to have effect until the young carer is provided with an Adult Carer Support Plan[19].

Preparing for the future is one of the priorities for Renfrewshire's Young Carers' Strategy, due to the additional challenges for young carers as they approach adulthood, as a result of their caring role. The Young Carers Strategy commits to meeting this priority by "including future planning and transitions in every Young Carer Statement and developing a protocol with adult services which clearly describes what will happen for young carers and what they can expect when they turn 18"[20].

[18] http://www.renfrewshire.hscp.scot/media/9425/Renfrewshire-Health-and-Social-Care-Partnership-Short-Breaks-Statement/pdf/SBSS_For_Website1.pdf?m=1553081854497

[19] http://www.legislation.gov.uk/asp/2016/9/section/18/enacted

[20] http://www.renfrewshire.gov.uk/media/10423/Young-Carers-Strategy/pdf/Children_Services_-_Young_Carers_Strategy.pdf?m=1568035286057

The HSCP will work with Children's Services to support transition planning for young carers, ensuring that young adult carers receive the support the need at a critical time in their lives.

10 What Carers Can Expect

In response to what carers told us during the consultation for the Strategy, all adult carers can expect that:

- They are identified early and offered the right support at the right time
- They are involved in health and social care decisions.
- They get the support they need when they need it.
- They are well informed about their caring role.
- Their health and wellbeing is not adversely impacted by caring.
- They get the support they need when they need it.
- They can participate in and are valued by their community.

11 Monitoring and Reporting on the Strategy

The HSCP established a Carers Strategic Steering Group in 2018, to ensure that we continue to implement legislative requirements; to oversee the development and implementation of the Adult Carers' Strategy; and to plan and develop services for carers.

The Group includes carer representatives and relevant stakeholders from HSCP Adult Services and Renfrewshire Council Children's Services, Renfrewshire Carers Centre and other Partners.

The Strategic Carers Group will report progress to the Integration Joint Board and the Strategy is due for renewal by 1 April 2022.

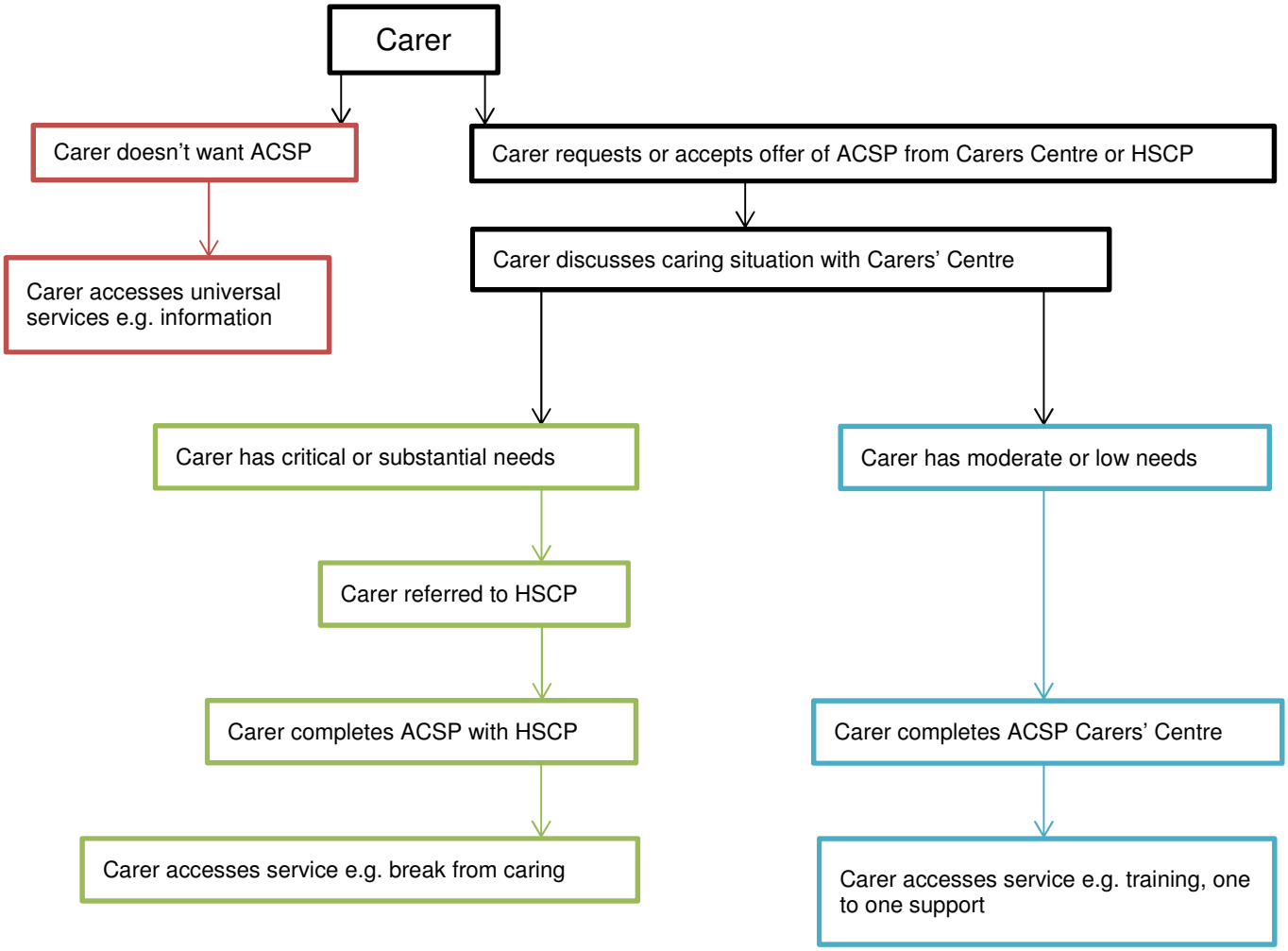
As set out in Section 3, the HSCP's key priority is the identification of carers. By identifying carers earlier, we can provide support to ensure they remain engaged their family, friends and communities to help maintain their own health and wellbeing and to support them in their caring role. To measure whether we have achieved this key priority, we will report on whether more carers have been identified over the lifetime of the Strategy.

Alongside this, we will report on a number of measures that will identify whether the Strategy has achieved what it set out to and by 2022 we want to see:

- An increase in the number of carers being identified as a carer.
- An increase in the number of carers who say they have a say in the services provided for the person they care for.
- An increase in the number of carers who feel supported to continue caring.
- An increase in the number of carers who say caring does not have a negative impact on their health and wellbeing.
- An increase in the number of carers who have Adult Carer Support Plan.
- An increase in the number of carers who have a good balance between caring and other things in their life.
- An increase in the number of carers who say that local services are well coordinated for the people they look after.
- An increase in the number of carers actively participating in their community.

12 Appendices

Appendix 1 Adult Carer Support Plan Pathway



Appendix 2

Renfrewshire Adult Carers' Strategy 2020 – 2022

Action Plan

1	**Health and Wellbeing National Outcome**	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.			
	What we will do	**Statutory Duty**	**When we will have it done**	**Who will be responsible**	**How we will know it is working**
1.1	Work with partners to develop a co-ordinated approach to the identification of carers.	No	31/3/2022	Allan Mair	More carers identified.
1.2	Develop and implement a communication and engagement plan to raise the profile of carers and services for carers.	No	31/3/2021	Allan Mair	Communication and Engagement plan is published and actioned.
1.3	Work with partners to provide support to a wider group of carers	No	31/03/2022	Allan Mair	More carers are supported to continue to care.
1.3	Introduce a Carer's Passport.	No	30/8/2021	Allan Mair and Diane Goodman	Carer's Passport available within Renfrewshire.
1.4	Evaluate the Adult Carer Support Plan document and process.	No	31/6/2021	Allan Mair	Pathway is reviewed and recommendations implemented.

2	**Health and Wellbeing National Outcome**	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.			
	What we will do	**Statutory Duty**	**When we will have it done**	**Who will be responsible**	**How we will know it is working**
2.1	Support carers of people from minority ethnic communities, Gypsy, Travellers, and those with a head injury, mental health, drug, alcohol difficulty.	No	31/3/2022	Allan Mair	Increased number of Adult Carer Support Plans within these targeted groups.
2.2	Review and update HSCP and Carers Centre literature and websites.	No	31/3/2021	Allan Mair and Diane Goodman	New literature published and websites updated.
2.3	Develop carer awareness training resources for staff.	No	31/10/2020	Felix Haggerty	More carers say that local services are well coordinated for the people they look after.
2.4	Ensure HSCP staff are aware of ACSP process and can access the ACSP paperwork.	No	31/10/2020	Allan Mair	Increase in number of ACSP's completed.
2.5	Work with Children's Services to develop a pathway and protocol for young carer to adult carer transition planning.	No	31/3/2021	Allan Mair	Transitions pathway and protocol developed and in use.

3	**Health and Wellbeing National Outcome**	Resources are used effectively and efficiently in the provision of health and social care services.			
	What we will do	**Statutory Duty**	**When we will have it done**	**Who will be responsible**	**How we will know it is working**
3.1	Review the Eligibility Criteria for Adult Carers and revise the document where necessary, ensuring carers, relevant staff and partners are consulted on any changes.	Yes	31/3/2022	Allan Mair	Eligibility criteria is reviewed, approved and published.
3.2	Review commissioned services for carers and prepare for contract renewals as appropriate, taking into consideration the requirements of the Act and the Adult Carers' Strategy.	No	31/3/2021	Shaun Docherty	Contract renewals reflect legislation, strategic priorities and service requirements.
3.3	Implement any recommendations resulting from the Transformation Programme and service reviews.	No	31/03/2022	Allan Mair	Recommendations implemented.

4	**Health and Wellbeing National Outcome**	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.			
	What will we do	**Statutory Duty**	**When we will have it done by**	**Who will be responsible**	**How we will know it is working**
4.1	Review the Short Break Statement and revise the document where necessary.	Yes	31/3/2022	Allan Mair	Short Break statement is reviewed, published and in use.

5	**Health and Wellbeing National Outcome**	People are able to look after and improve their own health and wellbeing and live in good health for longer.			
	What will we do	**Statutory Duty**	**When we will have it done by**	**Who will be responsible**	**How we will know it is working**
5.1	Work with local colleges, universities and partners to develop a joint approach to identifying and supporting carers within Higher and Further Education.	No	31/3/2022	Allan Mair	More carers have an ACSP.
5.2	Promote events, activities and campaigns which improve the health and wellbeing of carers.	No	31/3/2022	Allan Mair	Fewer carers say caring has a negative impact on their health and wellbeing.

To: **Renfrewshire Integration Joint Board**

On: **26 June 2020**

Report by: **The Clerk**

Heading: **COVID-19 Emergency Governance Arrangements for Summer 2020**

Direction Required to Health Board, Council or Both	**Direction to:**	
	1. No Direction Required	X
	2. NHS Greater Glasgow & Clyde	
	3. Renfrewshire Council	
	4. NHS Greater Glasgow & Clyde and Renfrewshire Council	

1. Summary

1.1. A report was submitted to the Integration Joint Board meeting on 20 March 2020 which explained that due to guidance issued by the UK Government and to support measures to prevent the spread of the COVID-19 virus, approval was sought for a delegation to the Chief Officer to enable decisions to be taken without there being a requirement for the Integration Joint Board to meet. That delegation included the power, in consultation with the Chair and Vice Chair of the IJB to cancel today's meeting.

1.2. Following consultation, it was decided that today's meeting should proceed and would be held remotely using an audio/visual system that would enable members of the IJB to participate in the meeting. This would give the IJB the opportunity to scrutinise the actions taken in response to the emergency and to plan future arrangements for overseeing the services provided through the Health and Social Care Partnership as public health protection measures are relaxed in line with the Scottish Government's phased route-map out of lockdown. Accordingly, this report seeks approval for governance arrangements to be put into place over Summer 2020 involving holding two additional meetings of the IJB to be held with remote access and also changing the date for the IJB meeting previously arranged for 18 September 202

2. Recommendations

It is recommended that the IJB:

- Notes the arrangements made by the Chief officer in consultation with the Chair and Vice Chair for today's meeting of the IJB.
- Agrees to additional meetings of the IJB taking place on Friday 31 July 2020 and 28 August 2020 and to change the date of the next scheduled meeting of the IJB on 18 September 2020 to Friday 2 October 2020.
- Notes that there will require to be a further additional meeting of the IJB in November 2020, to consider the audited accounts of the IJB.
- Agrees that the meetings will all start at 10am and will be conducted remotely using a video and/or audio service and following the procedures all as described in paragraph 3.3 of the report.
- Agrees to continue the existing emergency delegation to the Chief Officer in consultation with the Chair and Vice Chair to make all decisions required relating to the functions of the IJB if any decision requires as a matter of urgency to be taken advance of the next available meeting of the IJB.
- Notes that the governance arrangements for the IJB during the Covid-19 emergency will be reviewed at the October meeting of the IJB.

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3. Background

3.1 Members of the IJB will be aware of the serious situation arising from the spread of the Covid-19 virus and the impact that has had on services provided through the Health and Social Care Parnership. At the start of the pandemic it was difficult to predict the impact of the virus on services and when the IJB would be able to meet again. In those circumstances, it was agreed to delegate authority to the Chief Officer to take any decisions necessary arising from the pandemic.

3.2 The advice at that time was that unnecessary meetings should be avoided and those in defined groups should take steps to self isolate. Although that advice is still in place and it is not possible to hold a physical meeting of the IJB, the use of video and audio conference tachnology to conduct meetings has become commonplace and it is considered possible to hold effective meetings of the IJB using this technology. Accordingly, the view of the Chief officer in consultation with the Chair and Vice-Chair was that it was possible for today's meeting to take place and that all members will be given the opportunity to access appropriate training in the system that is to be used to allow them to partcipate. However, it was recognised that by approving these

arrangements members of the public would not be able to attend the meetings or to watch them as they occur.

3.3 Due to the seriousness and complexity of the issues that have arisen affecting the IJB since the last meeting of the IJB in March 2020 and which are expected to arise in the coming weeks, it is now considered essentail that those issues are properly considered at Board level rather than under delegations to the Chief Officer. In these circumstances, it is proposed that two additional meetings are programmed through the summer months, at the end of July and the end of August. It is also proposed that the meeting scheduled for September is moved back until October. These meetings will continue to be held remotely subject to any changes in Government guidance with the public unable to access the meetings but for future meetings, a recording will be made of each meeting which will then be published as soon as possible after it has concluded.

3.4 It should be explained that normally, the meeting in September each year is scheduled to take place to meet the statutory deadline for the approval of the audited accounts. However, officers are aware that it is unlikely that the audited accounts will be available for approval in September. This situation is common across IJBs nationally and the Scottish Government has now advised that public bodies have been allowed some flexibility in the deadline for approval of audited accounts to recognise the additional pressure on those involved in preparing and auditing the accounts during the pandemic. Therefore, the IJB can now approve its audited accounts in November without being in breach of the statutory requirement. A further meeting for the IJB will be arranged in November once there is greater clarity on when the audited accounts will be available and this will be the subject of a report to one of the future meetings of the IJB referred to in this report.

3.5 The governance arrangements put in place for the Covid-19 emergency will be reviewed at the meeting in October 2020 to establish whether further emergency measures are necessary.

Implications of the Report

1. **Financial –** none
2. **HR & Organisational Development** – none
3. **Community Planning** – none
4. **Legal –** This report seeks approval for temporary governance arrangements to be established between now and November 2020
5. **Property/Assets –** none
6. **Information Technology –** none

7. **Equality & Human Rights –** The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety –** the proposed arrangements for meetings to be held remotely are intended to protect the health and safety of the members of the IJB and others who would attend those meetings.
9. **Procurement** – procurement activity will remain within the operational arrangements of the parent bodies.
10. **Risk –** None.
11. **Privacy Impact** – none.
12. **Climate Risk - none**

List of Background Papers – none

Author: Ken Graham, Clerk,